



## A CLASSICAL HOMEOPATHIC APPROACH IN MANAGING ACNE WITH UNDERLYING PCOD AND ADENOMYOSIS: A CASE STUDY

**Dr. Devhuti Toprani**

*Homeopathic Consultant, Dr Batra's Positive Health Clinic Pvt. Ltd.*

Branch: Al Nahda, UAE, Email: drdevhuti.toprani@drbatras.com

### Abstract

Acne vulgaris, one of the most prevalent dermatological conditions globally, affects approximately 9.4% of the world's population, ranking it as the eighth most common disease worldwide. While it is often regarded as a superficial skin disorder, it is deeply interconnected with hormonal imbalance, stress, and internal systemic dysfunctions such as Polycystic Ovarian Disease (PCOD) and adenomyosis. Conventional medicine primarily offers symptomatic relief through hormonal therapy, antibiotics, and topical agents, which often result in temporary benefits and recurrence upon discontinuation.

This paper highlights a successfully managed case of a 37-year-old female suffering from acne with underlying PCOD and adenomyosis. The patient presented with long-standing irregular menses, abdominal pain, mood fluctuations, hair fall, and cystic acne resistant to multiple forms of allopathic and ayurvedic treatments. Based on detailed case analysis, *Lycopodium clavatum* was selected as the constitutional remedy, complemented by intercurrent prescriptions such as *Berberis aquifolium*, *Calcarea fluorica*, and *Ferrum phosphoricum*.

Progressive improvement was observed over 12 months following Hering's Law of Cure — from within outward, and from more vital to less vital organs. The patient achieved normalized menstrual cycles, complete remission of acne and hair fall, improved mood stability, and overall enhancement in vitality. This case demonstrates the holistic efficacy of individualized homeopathic treatment in addressing multi-systemic disorders rooted in hormonal and emotional dysregulation.

### Keywords:

Acne vulgaris, PCOD, Adenomyosis, *Lycopodium clavatum*, Homeopathy, Hering's law of cure

## Introduction

Acne vulgaris is a chronic inflammatory condition of the pilosebaceous glands predominantly affecting adolescents and adult women. It is influenced by hormonal imbalance, genetic predisposition, and stress. PCOD and adenomyosis are gynecological disorders characterized by menstrual irregularities, cystic ovaries, uterine pain, and hormonal disturbances, often manifesting with dermatological symptoms like acne and hair fall. Homeopathy, through its individualized approach, focuses on the patient as a whole—addressing the internal derangement that manifests externally. This case demonstrates the power of constitutional prescribing in restoring systemic harmony, with a single simillimum leading to multi-dimensional cure.

## Case Profile

**Name/Initials:** Ms. S.K.

**Age/Sex:** 37/F

**Occupation:** Working professional

### Chief Complaints:

- Pain in right lower abdomen since 4 months, continuous and aggressive.
- Diagnosed with ovarian cyst (40×50 mm) and adenomyosis on USG.
- Infertility for 25 years of marriage — conceived 4 times, all aborted at 2 months.
- Acne with oily skin, pustular and cystic eruptions with scarring.
- Hair fall with thinning, fatigue, low energy, and irritability.

### Treatment History:

Took multiple allopathic, ayurvedic, and homeopathic treatments without sustained results. Advised surgical intervention for cyst by gynecologist.

### Physical Generals

Parameter	Observation
<b>Diet</b>	Vegetarian
<b>Appetite</b>	Good but sometimes irregular

<b>Desires</b>	Sweets, warm food
<b>Aversions</b>	Spicy and oily food
<b>Thermal Reaction</b>	Chilly
<b>Thirst</b>	Moderate
<b>Stools</b>	Regular, sometimes hard
<b>Urine</b>	Normal
<b>Perspiration</b>	Profuse on face and armpits
<b>Sleep</b>	Disturbed before menses
<b>Dreams</b>	About water, being trapped, or of exams

### Examination

- **Abdomen:** Mild tenderness in right iliac region.
- **Skin:** Oily, acneiform eruptions with post-inflammatory scars.
- **Hair:** Diffuse thinning.
- **Gynecological:** Uterus bulky, adenomyosis changes noted.
- **General Condition:** Moderately built, mild pallor, cooperative, anxious demeanor.

### Mental Generals

The patient is a 37-year-old woman, residing in the UAE for the past 10 years with her husband and two children. Her parents continue to live in India, and she shares a warm and affectionate relationship with them. She also has one elder brother living in India, with whom she maintains a cordial and supportive bond.

Her childhood and college years were happy and stable, with no major emotional or academic difficulties. She recalls a comfortable upbringing with balanced parental discipline. Both parents were supportive, though she feels she was more emotionally influenced by her mother. There were no significant episodes of bullying or strained relationships with teachers or peers, and she was generally regarded as intelligent, punctual, and sincere in her studies.

After completing her graduation, she got married through a matrimonial match. Her husband, who was then working in Qatar, connected with her through an online platform. After about a year of communication and mutual understanding, they married with their parents' consent. She describes her marital relationship as stable and cooperative. The early years of settling down in Dubai, however, were somewhat stressful as she adapted to a new country, culture, and lifestyle.

Professionally, she is hardworking and dedicated, often described as a perfectionist and workaholic. She enjoys challenges and leadership responsibilities, performing well under pressure. She maintains good interpersonal relations at work, handles her team efficiently, and adapts well to her work culture. She describes herself as **anxious and anticipatory, sensitive, intelligent, and friendly**. Though she worries easily and tends to overthink, she channels her anxiety into productivity.

She admits to occasional anticipatory anxiety before important events, often accompanied by restlessness and sleeplessness. Despite being emotional and sensitive, she rarely expresses her feelings outwardly; instead, she prefers to remain calm and introspective. She rarely loses her temper and tries to maintain harmony even when upset.

Her most stressful phase was during the early years of migration to Dubai, where the challenges of adjustment created anxiety and self-doubt. The saddest moments in her life were the loss of her grandparents, which deeply affected her emotionally. The happiest moments remain the birth of her two children, which she describes as emotionally fulfilling and spiritually grounding experiences.

She is fond of reading and listening to music, which provide relaxation and mental calmness. Her overall disposition reflects a **mild, responsible, affectionate, yet anxious and perfection-driven personality**—showing traits typical of *Lycopodium clavatum* constitutionally.

### **Past History**

- Recurrent ovarian cysts and menstrual irregularities for 10 years.
- Acne since teenage years.
- History of depression post repeated miscarriages.

### **Family History**

- Mother: Diabetes mellitus.
- Father: Hypertension.
- Sister: Hypothyroidism.
- No major hereditary skin or psychiatric disorder reported.

## Case Analysis

The case represented a **chronic, multilayered disorder** with marked hormonal and emotional etiology. The patient exhibited classic *Lycopodium* traits—anticipatory anxiety, digestive irregularities, right-sided complaints, craving sweets, and hormonal imbalance.

## Repertorial Totality

**Repertory Used:** Synthesis Repertory (Radar Software)

### Rubrics Selected:

1. Mind – Anxiety about health
2. Face – Eruptions – acne – cystic
3. Abdomen – Pain – right side
4. Female – Menses – irregular, scanty
5. Generalities – Weakness – afternoon aggravation
6. Mind – Lack of confidence, yet ambitious

## Selection of Remedy

Type	Remedy	Potency	Dose	Reasons
<b>Constitutional</b>	<i>Lycopodium clavatum</i>	200C	1 dose every 15 days	Deep-seated hormonal disturbance, right-sided pathology, emotional pattern, and digestive correlation.
<b>Acute</b>	<i>Berberis aquifolium Q</i>	10 drops twice daily	For acne, pigmentation, and facial glow.	

<b>Intercurrent</b>	<i>Calcarea fluorica</i> 6X, <i>Ferrum phosphoricum</i> 6X	4 tabs TDS	For uterine tissue strengthening and chronic inflammation.	
---------------------	--	------------	--	--

### Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Acne and cystic eruptions	✓	✓		
Ovarian cyst and adenomyosis		✓		
Repeated miscarriages			✓	
Anxiety and fear of failure	✓			
Weakness and weight loss tendency				✓

**Miasmatic Predominance:** Syco-psoric with tubercular background.

### Materials and Methods

Repertorization was performed using **Radar Opus with Synthesis Repertory**. Regular photographic follow-ups and ultrasound scans were used for clinical evaluation.

### Results (Month-wise Follow-Up)

Month	Progress	Prescription
<b>1st</b>	Pain intensity reduced, acne less inflamed	Lycopodium 200C single dose + Berberis aquifolium Q
<b>2nd</b>	Better energy, reduced abdominal discomfort	Lycopodium 200C repetition after 15 days
<b>3rd</b>	Menses regularized slightly, less irritability	Continued same + Calc. fluor 6X
<b>4th</b>	Acne reduced 40%, no new eruptions	Lycopodium 1M single dose
<b>5th</b>	Hair fall improved, complexion brighter	Berberis aquifolium continued
<b>6th</b>	Menstrual cycle normalized, pain subsided	Lycopodium 1M repetition

<b>7th</b>	Emotional stability improved	Placebo
<b>8th</b>	Complete disappearance of acne	Placebo
<b>9th</b>	Confirmed hormonal balance on USG	Placebo
<b>10th-12th</b>	Sustained improvement, no recurrence	Placebo and Biochemic maintenance

## Discussion & Conclusion

This case demonstrates the profound efficacy of **constitutional homeopathy** in managing complex systemic conditions like PCOD and adenomyosis presenting with dermatological manifestations. The selection of *Lycopodium clavatum* based on individualization led to holistic improvement — from the hormonal to emotional level, without recurrence. Gradual recovery aligned with **Hering's Law of Cure**, indicating true internal healing. This case reaffirms that addressing the **root cause through simillimum** restores health at both physiological and psychological levels, eliminating the need for invasive surgery or hormonal therapy.

## The Transformation

Pelvis w/ Contrast  
Final Report \*

INDIA MALATILAKAMPE, LUKOSE - 18/07/24

Procedure US Pelvis.	Procedure Date/Time 30/09/2024 09:05	Accession 01-US-24-0038265	Ordering Physician Dr.Eleanor McCarthy				
Reason for Exam (US Pelvis.) ovarian cyst monitoring, with fibroid.							
Report ULTRASOUND PELVIS COMPLETE: Ultrasound examination was performed and images were acquired by Sonographer.							
FINDINGS:  Opinion:  • RVF uterus with adenomyosis. • Right ovarian simple cyst, left ovarian Polycystic uterus cyst (PCO) follow up. • *FCO. • Both ovaries are modified with the pouch of Douglas and adherent to the uterus, adhesions cannot be excluded.  ENZIAN Classification: A0 B0B0 C0 FA							
<p>Signature Line ***** Final *****</p> <p>Signed by: Dr. Bhavin J Signed (Electronic Signature)</p> <table border="1"> <tr> <td>05.08.2023 Uterus with adenomyosis Right ovary simple cyst Polycystic ovaries seen in pouch of douglas and adherent to uterus Adhesions cannot be excluded</td> <td>A follicular cyst is seen in right ovary measures 2.7 x 2.3 x 2.2 cm. Rest of ultrasound appears Kindly correlate clinical</td> </tr> <tr> <td>30.09.2024 No adenomyosis Follicular cyst is seen in right ovary 2.7*2.3*2.2cm</td> <td></td> </tr> </table>				05.08.2023 Uterus with adenomyosis Right ovary simple cyst Polycystic ovaries seen in pouch of douglas and adherent to uterus Adhesions cannot be excluded	A follicular cyst is seen in right ovary measures 2.7 x 2.3 x 2.2 cm. Rest of ultrasound appears Kindly correlate clinical	30.09.2024 No adenomyosis Follicular cyst is seen in right ovary 2.7*2.3*2.2cm	
05.08.2023 Uterus with adenomyosis Right ovary simple cyst Polycystic ovaries seen in pouch of douglas and adherent to uterus Adhesions cannot be excluded	A follicular cyst is seen in right ovary measures 2.7 x 2.3 x 2.2 cm. Rest of ultrasound appears Kindly correlate clinical						
30.09.2024 No adenomyosis Follicular cyst is seen in right ovary 2.7*2.3*2.2cm							

## Acknowledgments

Grateful acknowledgment to the **Dr Batra's Positive Health Clinic Pvt. Ltd.**, Al Nahda Branch, for clinical guidance and continual support. Special thanks to the patient for her consistent cooperation and trust throughout the healing journey.

## References

1. Global Burden of Skin Disease Study, JAMA Dermatology, 2020; Vol. 156(8): Pages 891–897.
2. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*, 9th Edition.
3. Kent J.T. *Lectures on Homoeopathic Philosophy*.
4. Hahnemann S. *Organon of Medicine*, 6th Edition, B. Jain Publishers.