

Original Research Article

Volume 15 Issue 06

June 2026

THERAPEUTIC OUTCOME OF INDIVIDUALISED HOMOEOPATHIC MEDICINE IN ACNE VULGARIS: A CASE REPORT

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ABSTRACT

Acne vulgaris is a long-term inflammatory disorder of the skin involving pilosebaceous units, which include the hair follicles and their associated sebaceous (oil) glands.(1,2) Although it is most frequently seen during adolescence, acne may continue beyond the teenage years or may first appear after the age of 25 years, which is known as adult-onset acne.

Changes in specific hormonal levels, particularly androgens such as dehydro-epiandrosterone (DHEA), play a significant role in the development of acne. In addition, colonization by Cutibacterium acnes contributes to the development of pathogenesis. Clinically, acne presents with a spectrum of lesions that may be non-inflammatory, such as open and closed comedones (blackheads and whiteheads), or inflammatory, including papules, pustules, nodules, and in more severe cases, cystic lesions.(1) Although acne does not have a single definitive cause, its development is influenced by multiple contributing factors, including hormonal disturbances, psychological stress, dietary habits, and genetic predisposition. Management typically involves topical preparations or systemic medication,

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depending on the severity of the condition. In certain cases, homeopathic approaches are also considered, with the intention of managing symptoms, regulating excess sebum production, and helping to reduce post-acne scarring and pigmentation.

Approximately sixty percent of teenagers with acne experience only mild symptoms and usually manage them on their own using non-prescription products, without seeking medical advice. The other forty percent have more significant concerns and therefore represent the group that typically presents to healthcare professionals for evaluation and treatment.

CASE SUMMARY

A 19-year-old female presented to our outpatient department with complaints of facial eruptions involving both cheeks, associated with itching, redness, comedones (blackheads), and residual scarring after resolution. After detailed case taking and evaluation of the totality of symptoms—including characteristic mental and physical generals—Natrium muriaticum 200 was selected as the indicated homoeopathic remedy. The documented case, supported by serial photographic records, demonstrates the clinical improvement observed in acne vulgaris following the administration of this remedy.

KEYWORDS

Acne vulgaris, homoeopathic medicine, individualisation, Natrium muriaticum.

INTRODUCTION

Acne is among the most common dermatological disorders, with a prevalence exceeding 80–85% during adolescence. It generally begins around the time of puberty due to hormonal influences and often improves gradually in early adulthood. However, in some individuals, the condition may persist well beyond the teenage years, extending into the fourth or even fifth decade of life.(4) Clinically, acne is characterized by a spectrum of lesions that include open comedones (blackheads), closed comedones (whiteheads), inflammatory papules, pustules, nodules, and cystic lesions. In more severe or prolonged cases, these lesions may result in permanent scarring and post-inflammatory pigmentation changes.

According to estimates from the Global Burden of Disease Study, acne affects approximately 9.4% of the global population, making it one of the most common disorders worldwide and placing it among the top ten most prevalent diseases.(5)

Mild forms of acne vulgaris, particularly Grade I and Grade II lesions commonly seen in adolescents, are usually manageable with appropriate treatment. In contrast, more advanced presentations such as Grade III and Grade IV acne tend to be more severe and often require comprehensive therapeutic intervention.(7)

Beyond its cutaneous manifestations, acne is associated with considerable morbidity. Persistent lesions may result in permanent scarring, and many patients experience psychological consequences including diminished self-esteem, depressive symptoms, and anxiety, ultimately impairing overall quality of life. Dietary factors, particularly the consumption of high-glycemic index foods, have also been linked to exacerbation of acne in susceptible individuals.(6)

A variety of external environmental influences are known to play a role in the onset and aggravation of acne. These include conditions such as excessive humidity, persistent perspiration, and increased hydration of the skin surface. Additional contributing factors may involve exposure to dust and pollutants, fumes from heated cooking oils, contact with petroleum-based substances, and the frequent or excessive use of cosmetic products, all of which can promote follicular blockage and inflammation.

PRESENTING COMPLAINT

19-year-old female attended the OPD on 26 May 2025 with complaints of facial eruptions over both cheeks persisting for the past one year. The lesions were described as multiple, small, reddish papular eruptions associated with a few comedones and without any noticeable discharge.

FAMILY HISTORY

- Father: Alive and apparently healthy, with no significant medical history.
- Mother: Known case of bronchial asthma.
- Brother: Alive and healthy, without any major illnesses reported.

PAST HISTORY

Had dengue in 2021.

MEDICINAL HISTORY

Had taken allopathic treatment for acne, but no significant changes were seen.

PERSONAL HISTORY

- Food habits: Vegetarian
- Developmental milestones: On time
- Habits/Addictions: Takes tea 2 times/day
- Hobbies: Painting and listening to songs

GYNAECOLOGICAL HISTORY

- Menarche (age): At the age of 15 years; regular
- LMP: 28 April 2025
- Menstrual cycle: 3 days/26–28 days, regular, normal bleeding
- Quantity: Scanty [1st & 2nd day – 2 pads/day]
- Character of blood: Dark red, with clots
- Leucorrhoea: White in colour, 2 days before menses

MENTAL GENERALS

The patient is shy and introverted by nature, with difficulty initiating interactions. She prefers solitude and generally avoids social gatherings. She tends to feel that her friends may disappoint her or speak about her negatively in her absence. Although she is affectionate, caring, and sincere in friendships, she feels that these emotions are not equally reciprocated.

She dislikes consolation, especially when angry or emotionally upset. She frequently dwells on past events and reflects on whether she was at fault. At times, she experiences a sense of neglect from peers. She is sympathetic and compassionate in her behaviour. She becomes anxious when reprimanded or when someone raises their voice at her.

She has a fear of darkness and occasional forgetfulness, particularly regarding misplaced

objects. Despite her reserved temperament, she possesses a cheerful and artistic side, with interests in painting and listening to music.

PHYSICAL GENERALS

- Thermal: Chilly patient
- Cravings: Chinese food
- Appetite: Diminished; eats 1 chapati at a time
- Thirst: Drinks 2 bottles/day, at long intervals and 2 sips at a time
- Stool: Satisfactory, soft stool
- Urine: Clear, 5–6 times/day; no complaints
- Perspiration: Comes only on the face, with no odour or staining
- Sleep: Sound and refreshing, 7–8 hours/day; position not specific
- Dreams: Not specific, related to routine life; does not remember properly

GENERAL PHYSICAL EXAMINATION

- Height: 4'9"
- Weight: 38 kg
- Nails: Pale
- Pallor: Present
- Tongue: Moist and clean
- Conjunctiva: Pinkish
- Cyanosis: Absent
- Throat: No congestion, redness, or swelling
- Blood pressure: 110/70 mmHg
- Respiratory rate: 18/min
- Pulse: 86/min
- Temperature: Afebrile, 97.2°F

before menses, stress, eating oily food, and spicy food

SYSTEMIC EXAMINATION:

- Respiratory system- Bilateral vesicular breath sounds heard normal.
- Cardio-vascular System- S1 & S2 heard normal.
- Nervous System- Orientation to time, place and persons
- Gastro-intestinal System- No superficial/deep tenderness; Normal bowel sounds heard
- Locomotor System- Normal.
- Genitourinary system – Normal in colour & frequency

LOCAL EXAMINATION:

1. Distribution of lesions-Acne was observed bilaterally over both cheeks.
2. Size of lesion – The lesions were predominantly small in size.
3. Type of lesion- Multiple inflammatory Papules with acne vulgaris were present.
4. Severity of acne- The overall presentation was suggestive of moderate acne.
5. Skin type- The patient had an oily skin type,which may contribute to lesion development.

ANALYSIS AND EVALUATION OF SYMPTOMS:

Table 1: Analysis of symptoms

Mental generals	Physical generals	Particulars
<ul style="list-style-type: none"> • Not like consolation • Reserved • Sympathetic • fear of darkness • disappointed or neglected feeling 	<ul style="list-style-type: none"> • Thirstless • Desire chinese food • Appetite diminished • chilly patient • oily skin 	<ul style="list-style-type: none"> • Eruptions on face (cheeks) • Redness and itching • Aggravation- before menses, stress, eating oily and spicy food

TOTALITY OF SYMPTOMS:

1. Reserved
2. Sympathetic
3. Fear of darkness
4. Disappointed or neglected feeling

5. Not like consolation
6. Thirstless
7. Eruptions on face (cheeks)
8. Redness and itching
9. Aggravation- before menses, stress, eating oily food and spicy food

REPERTORIAL TOTALITY:

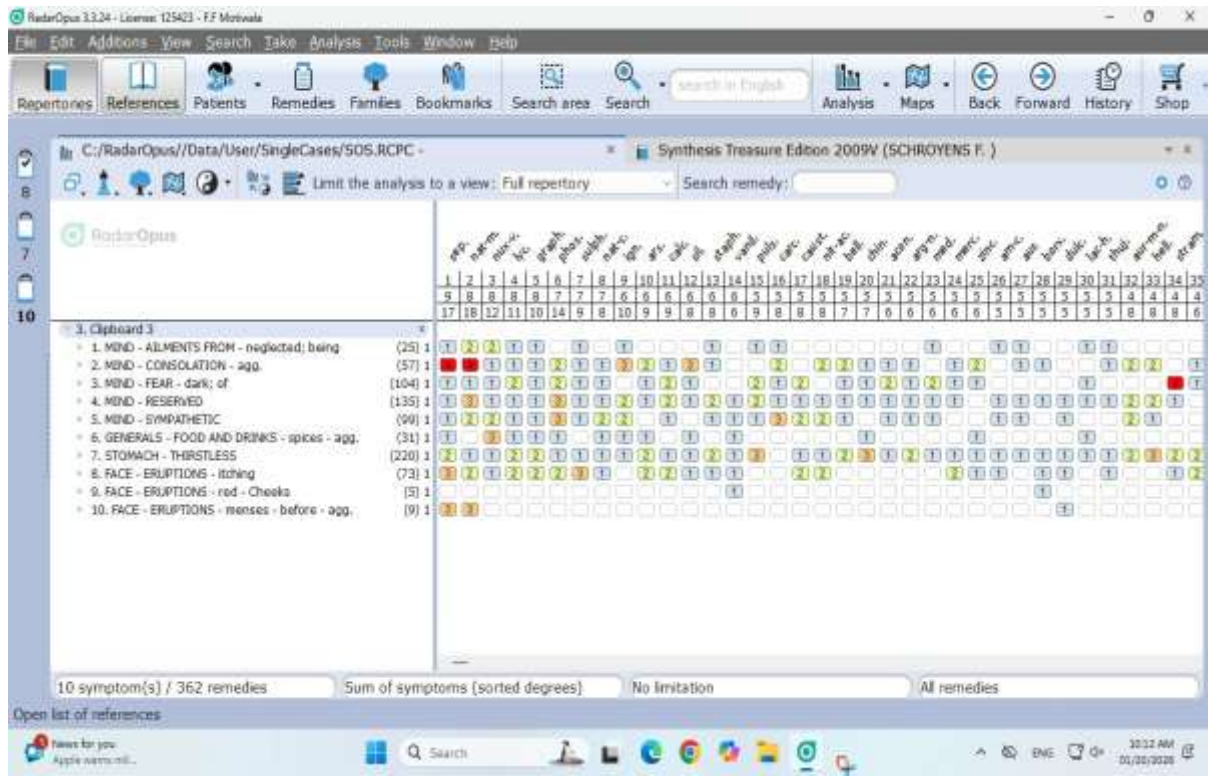


Figure 1: Rubrics and Remedy analysis

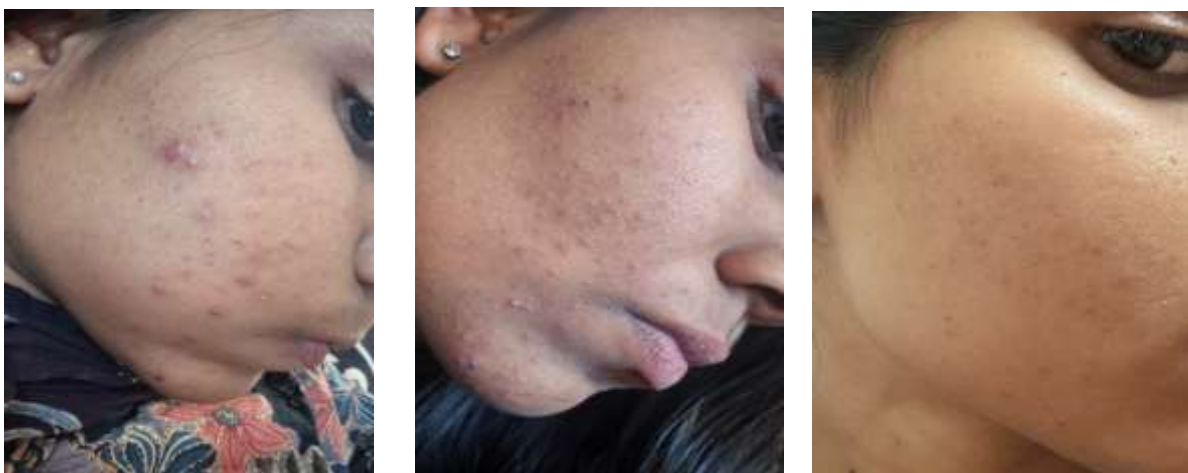


Figure 2: Marked clinical improvement following homoeopathic treatment, showing resolution of signs and symptoms.

FOLLOW UPS:

Dates	Follow up	Prescriptions
<u>12 JUNE 2025</u>	<ul style="list-style-type: none"> • Eruptions persist as before. • Mild reduction in itching. • Redness continues to be present. • Lesions are painful. 	Rx Phytum / 4 pills / BD / 15 days
<u>1 JULY 2025</u>	<ul style="list-style-type: none"> • No associated pruritus is reported. • Mild erythema is present over the affected area. • Post-inflammatory scar marks are evident. • A few active lesions remain and are tender on palpation. 	Rx Natrium muriaticum 200/ 3 doses/ every 5 th day/ OD Phytum / 4 pills/ bd / 15 days
<u>20 JULY 2025</u>	<ul style="list-style-type: none"> • No pruritus is currently reported. • Erythema has reduced compared to the previous presentation. • no new eruptions have developed. • Residual scar mark are there. 	Rx Phytum / 4 pills / BD / 15 days
<u>7 AUGUST 2025</u>	<ul style="list-style-type: none"> • No new lesions appeared. • Scar mark slightly improved. 	Rx Natrium muriaticum 200/ stat dose Phytum/4 pills /BD/ 15 days

ADVICE

- Avoid frequent consumption of Chinese or highly processed foods, particularly those rich in oil, additives, and excessive seasoning.
- Maintain adequate hydration by consuming at least 2.5–3 liters of water daily, unless medically contraindicated.
- Cleanse the face gently three times a day to maintain skin hygiene.
- Include green leafy vegetables regularly in the diet to support overall health and provide essential vitamins and antioxidants.

DISCUSSION

Following repertorisation, three remedies were shortlisted based on the totality of symptoms. Among them, Natrium muriaticum 200 was given and showed the closest similarity to the patient's complete symptom picture, covering the selected rubrics comprehensively. The final selection was made after correlating the repertorial result with the Materia Medica, taking into consideration the patient's constitutional features and susceptibility. Accordingly, Natrium muriaticum 200 was repeated once as a single dose based on the clinical response and improvement pattern.

The mental and emotional characteristics of the patient played a decisive role in remedy selection. The patient exhibited marked introversion, shyness, reserved disposition, preference for solitude, anxiety when reprimanded, fear of darkness, and a tendency to dwell persistently on past unpleasant experiences. She reported emotional sensitivity in relationships, feelings of disappointment, and a habit of silently bearing emotional distress. These features closely correspond with the mental picture of Natrium muriaticum as described in standard homoeopathic Materia Medica particularly its themes of reserved nature, grief, brooding over past events, and aggravation from consolation.

Further confirmation was obtained from her dislike of consolation, sympathetic disposition, artistic interests, and inclination toward music and painting, which strengthened the constitutional indication for Natrium muriaticum.

At the final follow-up, no new eruptions were observed, and the existing lesions had resolved without fresh activity, indicating sustained improvement and a favourable therapeutic outcome.

CONCLUSION

Following careful case analysis and selection of the similimum based on the totality of symptoms, the administration of the indicated remedy produced marked clinical improvement. The patient, who had been experiencing recurrent episodes of acne despite undergoing various conventional and alternative treatments, responded favorably to individualized homoeopathic management.

Not only was there significant reduction in the cutaneous eruptions with no fresh lesions observed during follow-up, but there was also noticeable improvement in her emotional

state. The previously reported anxiety and feelings of disappointment showed considerable decline.

The case highlights the homoeopathic principle of individualized prescription as described in classical texts such as the Organon of Medicine by Hahnemann, wherein the carefully selected similimum, administered in appropriate potency, aims to bring about gentle, rapid, and sustained restoration of health. The overall improvement in both physical and psychological domains reflects a positive therapeutic response and enhanced patient confidence and well-being.

CONFLICT OF INTEREST: Nil

FINANCIAL SUPPORT: Nil

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