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CASE REPORT

Long-Term Improvement in Atrophic Acne Scarring Following Individualized Homoeopathic Treatment at Dr Batra's® Positive Health Clinics: A Case Report

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ABSTRACT

Background

Acne vulgaris is one of the most prevalent chronic inflammatory disorders of the pilosebaceous unit and frequently results in permanent atrophic scarring despite adequate control of inflammatory lesions. Atrophic acne scars have a profound psychosocial impact, particularly among young adults, and remain therapeutically challenging because dermal collagen loss is often irreversible. Individualized homoeopathic treatment aims to address the patient's constitutional susceptibility while reducing inflammatory activity and improving long-term skin health.

Case Presentation

A 23-year-old female student presented with Grade III acne vulgaris of 6–7 years' duration involving the face, shoulders, back, and occasionally the chest. Clinical examination revealed multiple inflammatory papules, pustules, open comedones, enlarged pores, excessive sebum production, greasy skin, post-inflammatory erythema, uneven skin tone, and extensive bilateral atrophic acne scarring. AI skin analysis demonstrated markedly increased sebum production with porphyrin positivity, while Wood's lamp examination showed coral-red fluorescence, indicating significant Cutibacterium acnes activity. The patient had previously undergone Ayurvedic treatment without satisfactory improvement. Following detailed constitutional assessment, Natrum muriaticum was prescribed as the constitutional remedy, Calcarea sulphurica during active inflammatory episodes, and Psorinum as an intercurrent remedy. Treatment was integrated with standard dermatological skin care and AI-guided skin sessions at Dr Batra's® Positive Health Clinics.

Outcome

Over one year of follow-up, active inflammatory acne gradually resolved with marked reduction in erythema, pustules, pain, and seborrhea. Serial standardized clinical photographs demonstrated progressive softening of bilateral atrophic acne scars, improvement in skin texture, reduction in pore prominence, and significant cosmetic enhancement.

Conclusion

This case demonstrates sustained improvement in inflammatory acne and visible remodeling of atrophic acne scars following individualized homoeopathic treatment integrated with comprehensive dermatological care.

Keywords: *Acne vulgaris, Atrophic acne scars, Homoeopathy, Natrum muriaticum, AI skin analysis, Case report*

INTRODUCTION

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit characterized by seborrhea, follicular hyperkeratinization, colonization by Cutibacterium acnes, and inflammation. It affects nearly 80–90% of adolescents and young adults and frequently persists into adulthood.

Although active acne can often be controlled, permanent atrophic scars remain one of the most distressing sequelae. Ice-pick, rolling, and boxcar scars develop following destruction of dermal collagen during prolonged inflammation. These scars substantially affect facial appearance, self-esteem, and quality of life.

Recent advances such as AI-assisted skin analysis permit objective assessment of sebum production, porphyrin fluorescence, pore characteristics, and treatment response. However, reports documenting objective improvement in acne scarring using individualized homoeopathic treatment remain limited.

This report describes a young female with chronic Grade III acne vulgaris and extensive bilateral atrophic scarring managed successfully at Dr Batra's® Positive Health Clinics using individualized homoeopathic treatment integrated with AI-assisted dermatological assessment.

CASE PRESENTATION

A 23-year-old unmarried female student from Hanspura presented with recurrent facial acne for approximately seven years.

The acne had an intermittent course with repeated inflammatory flare-ups despite previous treatment.

Chief Complaints

- Grade III inflammatory acne
- Multiple pustules
- Papules
- Open comedones
- Oily skin
- Enlarged pores
- Atrophic acne scars
- Uneven skin tone
- Excessive facial sebum
- Greasy skin

Distribution

Lesions involved:

- Both cheeks
- Chin
- Forehead
- Shoulders
- Upper back
- Occasionally the chest

Nature of Lesions

Clinical examination demonstrated:

- Numerous inflammatory papules
- Painful pustules
- Open comedones
- Seborrhea
- Post-inflammatory erythema
- Bilateral atrophic acne scars
- Enlarged facial pores

Associated Symptoms

- Painful acne
- Itching over chin lesions
- Tenderness on touch
- Facial redness
- Greasy skin

Previous Treatment

The patient had previously received:

- Ayurvedic medication for one month
- Herbal skin care products

No satisfactory improvement was achieved.

Family History

Positive family history was present.

Brother: Acne vulgaris

Sister: Acne vulgaris

Mother: Diabetes mellitus, Hypertension, Cardiac disease

Father: Cardiac disease, Prostatic disease

Menstrual History

Cycles: Regular

Flow: Normal

No significant menstrual aggravation was noted initially.

Personal History

Appetite: Good

Thirst: 1–1.5 L/day

Sleep: Refreshing

Stool: Regular

General Examination

General examination was unremarkable. No pallor or systemic abnormalities were detected.

Dermatological Examination

The patient had:

- Grade III acne vulgaris
- Numerous inflammatory papules
- Pustules
- Open comedones
- Greasy facial skin
- Excessive sebaceous activity
- Enlarged pores
- Bilateral atrophic acne scars
- Post-inflammatory erythema
- Uneven facial pigmentation

AI Skin Analysis

Artificial intelligence-based skin assessment demonstrated:

- Sebum: ++++
- Porphyrin positivity
- Enlarged pores
- Marked facial oiliness
- Active inflammatory acne

These findings correlated well with the clinical severity of acne.

Wood's Lamp Examination

Wood's lamp examination revealed:

- Coral-red fluorescence
- Consistent with increased porphyrin production by Cutibacterium acnes
- Active inflammatory acne

DIAGNOSIS

Primary Diagnosis

Grade III Acne Vulgaris

Associated Diagnosis

- Atrophic acne scarring

- Post-inflammatory erythema
- Seborrhea

CASE ANALYSIS

The patient presented with chronic inflammatory acne characterized by recurrent papules, pustules, open comedones, marked seborrhea, porphyrin positivity, and extensive bilateral atrophic scarring. The strong family history suggested an inherited predisposition, while AI skin analysis objectively confirmed severe sebaceous activity.

Constitutionally, the patient was caring, hardworking, cheerful, and socially interactive but also fastidious, self-conscious about her appearance and height, and easily irritated by minor issues. She remained emotionally resilient despite repeated relapses and continued to pursue her academic goals. Based on this constitutional profile, Natrum muriaticum was selected as the constitutional remedy. Calcarea sulphurica was prescribed during acute pustular flare-ups because of its affinity for suppurative inflammatory skin lesions, while Psorinum was administered as an intercurrent remedy because of the chronic recurrent nature of the disease.

Clinical management at Dr Batra's® Positive Health Clinics combined individualized homoeopathic treatment with standardized skin care, AI-assisted skin analysis, and periodic dermatological sessions. Serial photographic documentation demonstrated progressive reduction in inflammatory acne followed by gradual improvement in the appearance of atrophic scars, skin texture, and overall facial complexion.

TOTALITY OF SYMPTOMS

Mental Generals

- Caring and affectionate
- Cheerful and smiling disposition
- Talkative
- Friendly and easily mingles with people
- Fastidious
- Particular about appearance
- Self-conscious regarding facial skin and short stature
- Hardworking
- Responsible student
- Irritable over small matters
- Emotionally strong despite repeated setbacks
- Determined to improve herself

Physical Generals

- Appetite good
- Thirst 1–1.5 L/day
- Sleep refreshing

- Stool satisfactory
- Oily skin
- Excessive sebaceous secretion
- Family history of acne

Particular Symptoms

- Grade III inflammatory acne
- Multiple pustules
- Papules
- Open comedones
- Oily greasy face
- Enlarged pores
- Atrophic acne scars
- Post-inflammatory erythema
- Uneven skin tone
- Painful acne
- Itching over chin lesions
- Sensitive to touch
- Acne over face, shoulders, back and chest
- Coral-red fluorescence on Wood's lamp
- AI skin analysis showing Sebum++++ and porphyrin positivity

EVALUATION OF CHARACTERISTIC SYMPTOMS

The constitutional prescription was based on:

Mental Characteristics

- Caring personality
- Cheerful despite illness
- Fastidious
- Concern regarding appearance
- Irritable at trivial matters
- Strong will power
- Responsible and hardworking

Physical Characteristics

- Oily skin
- Excessive sebum
- Strong family tendency

- Good appetite
- Refreshing sleep

Particular Symptoms

- Chronic recurrent acne
- Grade III inflammatory lesions
- Extensive bilateral atrophic scars
- Greasy skin
- Open pores
- Painful pustules

REPERTORIAL ANALYSIS

Kent's Repertory was consulted using the constitutional totality.

Selected Rubrics

Mind:

- Mind; Fastidious
- Mind; Irritability
- Mind; Industrious
- Mind; Cheerful

Face:

- Face; Acne
- Face; Eruptions
- Face; Sebaceous activity increased

Skin:

- Skin; Pimples
- Skin; Pustules
- Skin; Greasy
- Skin; Scars
- Skin; Eruptions; chronic

Generalities:

- Chronic recurrent disease
- Family tendency

The repertorial analysis supported Natrum muriaticum as the constitutional remedy. Calcarea sulphurica corresponded well to the suppurative inflammatory stage of acne, while Psorinum addressed the chronic relapsing tendency.

REMEDY DIFFERENTIATION

Natrum muriaticum (Constitutional Remedy)

Natrum muriaticum was selected because of:

- Caring disposition
- Hardworking personality
- Fastidiousness
- Concern regarding appearance
- Emotional strength
- Chronic recurrent disease
- Family tendency toward acne
- Constitutional susceptibility

Although Natrum muriaticum is often associated with grief, in this patient it was prescribed based on the broader constitutional picture, including personality traits, sensitivity, and chronic dermatological predisposition.

Calcarea sulphurica (Acute Remedy)

Calcarea sulphurica was prescribed during inflammatory flare-ups because of its well-known affinity for:

- Pustular acne
- Suppurative skin lesions
- Persistent inflammatory eruptions
- Delayed healing of acne lesions

It helped reduce active inflammation before constitutional improvement became evident.

Psorinum (Intercurrent Remedy)

Psorinum was prescribed because of:

- Long-standing recurrent acne
- Persistent seborrhea
- Chronic tendency to relapse
- Strong hereditary predisposition

The intercurrent prescription was intended to address the chronic psoric background and improve responsiveness to constitutional treatment.

PRESCRIPTION

Constitutional Remedy — Natrum muriaticum 200C

Selected based upon the constitutional totality.

Acute Remedy — Calcarea sulphurica

Prescribed during active pustular episodes.

Intercurrent Remedy — Psorinum

Administered intermittently because of the chronic recurrent tendency and strong hereditary background.

MIASMATIC ANALYSIS

The case demonstrated a predominantly Psoric miasm with mild sycotic features.

Psoric Features

- Chronic inflammatory acne
- Seborrhea
- Recurrent eruptions
- Itching
- Oily skin

Sycotic Features

- Enlarged pores
- Chronic sebaceous hyperactivity
- Persistent atrophic scarring

FOLLOW-UP

Table 1. Clinical Follow-up

Follow-up	Clinical Findings	Outcome
Baseline	Grade III inflammatory acne with numerous papules, pustules, open comedones, oily skin, porphyrin positivity, enlarged pores and extensive bilateral atrophic scars.	Baseline severity
July 2025	Reduction in inflammatory lesions. AI skin sessions initiated. Painful pustules reduced.	Early improvement
August 2025	No active acne noted. Skin clearer. Residual scars persisted.	Significant inflammatory control
September–November 2025	Acne remained largely controlled. Only occasional eruptions observed. Scar texture appeared softer.	Continued improvement
December 2025	Active acne resolved almost completely. Residual post-acne marks and scars remained. Xoderma advised for scar management.	Stable disease
January–April 2026	Few intermittent acne lesions. Hair fall also improved. No major inflammatory relapse.	Sustained remission
May 2026	Temporary flare following emotional stress, illness within family, antibiotic use, and meniscus injury. Painful pustular acne recurred briefly.	Transient aggravation
June 2026	Approximately 50% improvement from recent flare. Pain, burning, itching, and inflammation reduced.	Recovery phase

Follow-up	Clinical Findings	Outcome
July 2026	Occasional jawline lesions remained. Serial photographs demonstrated marked reduction in inflammatory lesions and noticeable improvement in bilateral atrophic acne scars.	Excellent cosmetic improvement

OBJECTIVE CLINICAL ASSESSMENT

Serial standardized photographs documented:

- Complete resolution of most inflammatory papules and pustules
- Significant reduction in facial erythema
- Reduction in sebaceous activity
- Less prominent enlarged pores
- Improvement in skin texture
- Appreciable softening of bilateral atrophic acne scars
- More uniform facial complexion
- Improved overall cosmetic appearance

Comparison of baseline and follow-up photographs showed that while scar depressions were still visible, their depth and prominence were substantially reduced, producing a smoother facial contour.

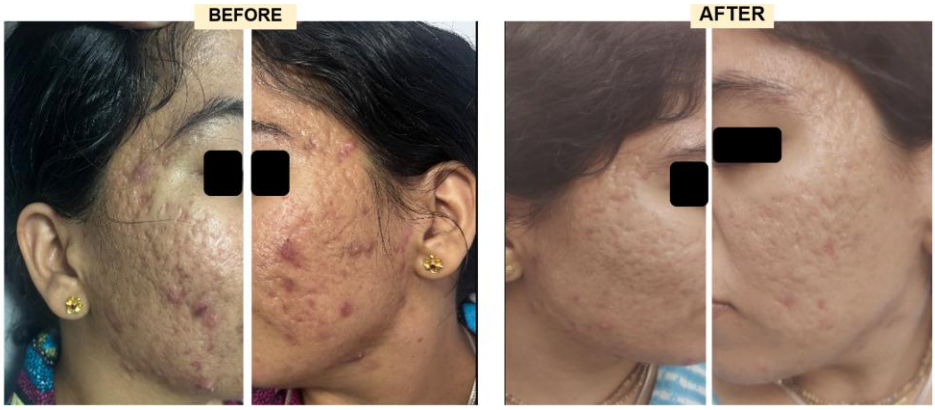

Figure 1. Facial appearance before and after individualized homoeopathic treatment, showing reduction in inflammatory lesions and softening of atrophic scars.

DISCUSSION

Acne scarring represents one of the most challenging sequelae of chronic inflammatory acne vulgaris. Dermal collagen destruction during prolonged inflammation results in permanent architectural changes, producing ice-pick, rolling, and boxcar scars that often persist despite complete control of active acne. Consequently, improvement in scar morphology is considerably more difficult to achieve than resolution of inflammatory lesions.

The present patient exhibited severe Grade III acne vulgaris with excessive sebaceous activity, porphyrin positivity on AI skin analysis, enlarged pores, recurrent inflammatory lesions, and extensive bilateral atrophic scarring. Despite previous Ayurvedic treatment, the disease remained active for nearly seven years.

At Dr Batra's® Positive Health Clinics, management combined individualized homoeopathic treatment with AI-assisted skin analysis, standardized skin care, periodic skin sessions, and serial photographic monitoring. The constitutional prescription of Natrum muriaticum addressed the patient's overall susceptibility, while Calcarea sulphurica was administered during pustular exacerbations and Psorinum as an intercurrent remedy for the chronic recurrent tendency.

Over one year of treatment, inflammatory lesions progressively resolved. More importantly, sequential photographs demonstrated appreciable softening of atrophic scars, reduction in erythema, improved skin texture, and decreased pore prominence. Although adjunctive dermatological skin sessions likely contributed to cosmetic improvement, the sustained constitutional management was associated with long-term disease stability and prevention of significant relapse.

As a single observational case, definitive conclusions regarding causality cannot be drawn. Nevertheless, this report illustrates that an individualized integrative approach combining constitutional homoeopathy with objective dermatological monitoring may contribute to meaningful long-term cosmetic improvement in patients with chronic acne scarring.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

At presentation, the patient reported embarrassment because of persistent acne, oily skin, enlarged pores, and facial scars, leading to reduced confidence during social interactions. Following treatment, active acne almost completely resolved, facial appearance improved, and the patient expressed greater confidence in her appearance and daily activities.

PATIENT PERSPECTIVE

> *“I had been struggling with acne and scars for many years. Even after the pimples reduced, the marks and uneven skin made me uncomfortable. After treatment, my skin became much clearer, the painful pimples almost disappeared, and my scars became much less noticeable. I feel much more confident now.”*

LEARNING POINTS

- Long-standing inflammatory acne should be managed early to minimize permanent scarring.
- AI-assisted skin analysis and Wood's lamp examination provide valuable objective tools for monitoring acne severity and treatment response.
- Standardized serial photography is an effective method for documenting changes in acne scars over time.

- Individualized homoeopathic treatment may be integrated with dermatological skin care to support long-term control of inflammatory acne.
- Improvement in acne scarring generally follows successful control of inflammation and requires prolonged follow-up.

CONCLUSION

This case describes the successful long-term management of Grade III acne vulgaris with extensive bilateral atrophic acne scarring at Dr Batra's® Positive Health Clinics using an individualized integrative treatment approach. Constitutional prescribing with Natrum muriaticum, supported by Calcarea sulphurica during active inflammatory episodes and Psorinum as an intercurrent remedy, was associated with sustained control of inflammatory acne over one year. Objective assessments using AI skin analysis, Wood's lamp examination, and standardized serial photography documented marked reduction in active lesions, sebaceous activity, erythema, and pore prominence, together with appreciable improvement in the appearance of atrophic acne scars. While this single case does not establish efficacy, it highlights the potential role of individualized homoeopathic treatment as part of a comprehensive management strategy for chronic acne and its long-term cosmetic sequelae.

DECLARATIONS

Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest: None declared.

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