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CASE REPORT

Homoeopathic Management of Severe Recurrent Nodulocystic Acne Vulgaris with Post-Acne Scarring: A Case Report at Dr Batra's

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ABSTRACT

Acne vulgaris is one of the most common chronic inflammatory disorders of the pilosebaceous unit affecting adolescents and young adults. Severe nodulocystic acne frequently results in recurrent lesions, permanent scarring, and considerable psychological distress. This case report describes a 20-year-old male presenting with recurrent painful nodulocystic acne involving both cheeks and forehead for two years, associated with oily skin, post-inflammatory hyperpigmentation, acne scars, and constipation. The patient had a strong family history of acne and had experienced only temporary relief with conventional therapy. Detailed constitutional case analysis revealed significant emotional stress following a relationship breakup, suppressed grief, anger, irritability, revengeful disposition, and tendency toward overthinking. Based on the totality of symptoms, Natrum muriaticum 200C was prescribed as the constitutional remedy with Nux vomica 200C as an intercurrent remedy for associated constipation. Progressive reduction in inflammatory lesions, improvement in digestion, decreased recurrence, and stabilization of acne were observed during follow-up. This case illustrates the role of individualized homoeopathic treatment in the holistic management of chronic recurrent acne vulgaris.

Keywords: *Acne vulgaris, Nodulocystic acne, Natrum muriaticum, Individualized Homoeopathy, Post-acne scars, Case Report*

INTRODUCTION

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit characterized by comedones, papules, pustules, nodules, cysts, and varying degrees of post-inflammatory pigmentation and scarring. The condition predominantly affects adolescents and young adults and has a multifactorial etiology involving genetic predisposition, androgen-mediated sebaceous gland activity, follicular hyperkeratinization, Cutibacterium acnes proliferation, and inflammation.

Besides physical manifestations, acne considerably affects self-esteem, social interactions, and emotional well-being. Conventional treatment includes topical retinoids, benzoyl peroxide, antibiotics, hormonal therapy, and

isotretinoin; however, recurrence is common after discontinuation and long-term therapy may be associated with adverse effects.

Individualized homoeopathic treatment emphasizes constitutional characteristics along with local pathology to achieve long-term clinical improvement. This report presents successful management of recurrent severe nodulocystic acne with individualized homoeopathy.

CASE PRESENTATION

A 20-year-old unmarried male from Lucknow presented with complaints of severe acne over the face for the past two years.

The lesions consisted of painful papules, pustules, nodules, and cystic eruptions predominantly involving both cheeks and forehead. Multiple post-acne scars and hyperpigmented marks were present. The patient reported frequent recurrences despite previous treatment.

The acne aggravated during summer and improved during winter. His skin was markedly oily.

He had previously received allopathic treatment for approximately two months with only temporary improvement and had been taking homoeopathic medicines for one month before detailed constitutional evaluation.

Associated complaints included chronic constipation.

Associated Complaints

- Chronic constipation
- Oily skin
- Acne scars
- Post-inflammatory pigmentation

Past History

- Left renal calculus (6 mm) 1.5 years earlier, treated successfully with homoeopathy
- Typhoid fever nine months prior
- Tuberculosis (2020), completely recovered
- History of pica during childhood
- History of recurrent worm infestation

Family History

Strong positive family history of acne vulgaris.

Mother: Acne, Arthritis
Elder brother: Acne
Sisters: Acne

Personal History

Occupation: Student (Completed 12th standard)
Diet: Mixed
Appetite: Decreased
Craving: Spicy food, fermented food
Aversion: Milk and curd

Thirst: 2–3 litres/day
Stool: Constipated
Urine: Normal
Sleep: Disturbed
Thermal reaction: Chilly patient
Dreams: Anxious

Addiction History

- Smoking: Two cigarettes daily for one year
- Alcohol: Occasional consumption for approximately 1.5 years

Mental Generals

The patient described himself as communicative and generally extroverted despite having an introverted childhood under a dominant father. He experienced a prolonged depressive phase following a relationship breakup approximately one and a half years before consultation. During this period he developed smoking and occasional alcohol consumption.

He reported frequent anger, irritability, excessive overthinking, and a marked revengeful disposition. Emotional stress was mainly related to his career and concern regarding his mother's chronic joint disease. Although emotional, he rarely cried.

He enjoyed cricket, adventure activities, online games, and bodybuilding. Following recovery from tuberculosis, he became highly motivated toward improving his physical fitness.

Life Space

The patient belonged to a middle-class family from Lucknow.

His father worked at a petrol pump, while his mother was a homemaker suffering from arthritis. He had one elder brother and two elder sisters. Family relationships were cordial, although paternal dominance was evident during childhood.

School life was described as unpleasant because of strict teachers and repeated punishment for not participating in extracurricular activities. Academically he was an average student and completed his higher secondary education despite experiencing significant emotional distress during the period of examination due to depression.

Clinical Examination

Cutaneous examination revealed:

- Multiple inflammatory papules
- Pustules
- Painful nodules
- Cystic lesions
- Numerous post-inflammatory hyperpigmented macules
- Atrophic acne scars over both cheeks
- Marked facial seborrhoea (oily skin)

The lesions were predominantly distributed over both cheeks and forehead.

DIAGNOSIS

Severe Recurrent Nodulocystic Acne Vulgaris with Post-inflammatory Hyperpigmentation and Atrophic Acne Scarring

CASE ANALYSIS

The patient presented with recurrent inflammatory acne despite previous conventional treatment, accompanied by a strong hereditary predisposition. The constitutional picture was characterized by prolonged silent grief following emotional disappointment, irritability, revengeful disposition, overthinking, suppressed emotions, craving for spicy food, aversion to milk and curd, constipation, disturbed sleep, and oily skin.

The totality of mental characteristics together with physical generals and local disease manifestations indicated Natrum muriaticum as the constitutional remedy. Associated constipation and lifestyle factors were addressed simultaneously through dietary advice, smoking cessation counselling, and appropriate intercurrent prescribing. Regular follow-up demonstrated progressive reduction in inflammatory lesions, decreased recurrence, improvement in digestion, and stabilization of the skin condition.

TOTALITY OF SYMPTOMS

Mental Generals

- Silent grief following relationship breakup
- Depression for nearly 1.5 years
- Introverted during childhood; presently communicative and extroverted
- Easily angered and irritable
- Revengeful disposition
- Overthinking
- Emotional but does not weep easily
- Stress regarding career and mother's illness
- Dominating influence of father during childhood

Physical Generals

- Craving for spicy and fermented foods
- Aversion to milk and curd
- Chilly patient
- Disturbed sleep with anxious dreams
- Constipation
- Oily skin

Particulars

- Recurrent nodulocystic acne for 2 years
- Painful papules, pustules, cysts and nodules
- Acne scars and post-inflammatory pigmentation
- Oily facial skin
- Aggravation in summer
- Amelioration during winter

- Strong family history of acne

REPERTORIAL TOTALITY

Rubric	Selected Symptom
Mind	Silent grief after disappointment
Mind	Dwells on past unpleasant events
Mind	Anger easily
Mind	Revengeful disposition
Mind	Overthinking
Rectum	Constipation
Generals	Desire for spicy food
Skin	Acne vulgaris
Skin	Oily skin
Face	Nodular, pustular eruptions

Final Constitutional Remedy: Natrum muriaticum 200C

REMEDY DIFFERENTIATION

Natrum muriaticum

Selected because of:

- Long-standing grief after emotional disappointment
- Dwells on past events
- Reserved emotions despite being communicative
- Overthinking
- Revengeful disposition
- Desire for spicy food
- Chronic recurrent acne with oily skin
- Strong constitutional correspondence

Staphysagria

Considered because of suppressed emotions and disappointment but rejected as the patient expressed anger rather than suppressing it.

Nux vomica

Considered for constipation, irritability, smoking habit and sedentary lifestyle but represented mainly the associated complaint rather than the complete constitutional picture.

Sulphur

Considered because of oily skin and chronic acne but lacked the characteristic emotional history and constitutional features.

PRESCRIPTION

Natrum muriaticum 200C: Constitutional remedy

Nux vomica 200C: Intercurrent remedy for chronic constipation and lifestyle-related digestive disturbance

Saccharum lactis: Placebo during observation period

Lifestyle advice included:

- Smoking cessation counselling
- Healthy low-glycaemic diet
- Adequate hydration
- Proper sleep hygiene
- Regular facial cleansing with a mild cleanser
- Avoid manipulation of acne lesions

MIASMATIC ANALYSIS

The case predominantly reflected the Sycotic miasm, evidenced by recurrent inflammatory eruptions, oily skin, cystic acne, nodules, and chronic tendency for recurrence.

Psoric manifestations included itching, seasonal aggravation, constipation, and hypersensitivity.

Tubercular background was suggested by the previous history of tuberculosis, recurrent infections, and hereditary predisposition.

The dominant active miasm was considered Sycotic.

FOLLOW-UP

Follow-up	Clinical Progress
Baseline	Multiple painful nodules, papules, pustules, oily skin, active inflammation, constipation and disturbed sleep.
1 Month	Acne lesions reduced. Digestion improved. Sleep better. Healthy diet reinforced.
2 Months	Significant reduction in inflammatory lesions. Oily skin persisted but recurrence decreased. No major digestive complaints.
3 Months	Condition better than baseline. Occasional eruptions only. Skin less inflamed. Overall clinical improvement maintained.

OUTCOME

The patient demonstrated progressive clinical improvement during individualized homoeopathic treatment.

- Active inflammatory acne markedly reduced
- Frequency of new eruptions decreased
- Painful nodules became less frequent
- Facial inflammation subsided
- Digestion normalized
- Sleep improved
- Acne remained stable with only occasional recurrences

- Lifestyle modifications further contributed to maintaining improvement

Overall improvement was estimated at approximately 70–80% over the follow-up period.

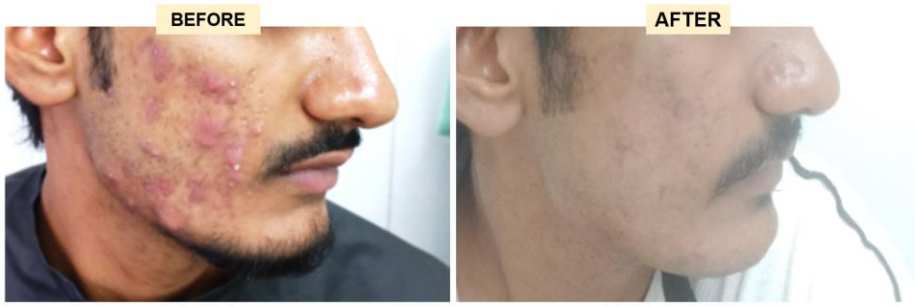

Figure 1. Facial appearance before and after individualized homoeopathic treatment.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

At presentation, recurrent painful acne caused cosmetic concern, reduced confidence, and emotional distress. Following treatment, the patient reported fewer active lesions, improved appearance, better digestion, improved sleep, and greater confidence in social interactions. Reduced recurrence also decreased anxiety regarding his skin condition.

PATIENT PERSPECTIVE

> *"Earlier, painful acne kept coming back despite treatment. My face has become much better now, the painful eruptions are fewer, digestion has improved, and I feel more confident. I understand that continuing treatment and following dietary advice are important to prevent recurrence."*

LEARNING POINTS

- Severe recurrent nodulocystic acne requires constitutional evaluation rather than treatment of local lesions alone.
- Emotional stress and unresolved grief can influence chronic inflammatory skin disorders.
- Family history should be considered while assessing prognosis.
- Lifestyle modification, smoking cessation, and dietary counselling are valuable adjuncts to treatment.
- Individualized homoeopathic management may reduce recurrence and improve long-term disease control in chronic acne vulgaris.

DISCUSSION

Acne vulgaris is a multifactorial inflammatory dermatosis influenced by genetic susceptibility, hormonal activity, sebaceous gland hyperactivity, follicular hyperkeratinization, microbial colonization, and psychological stress. Severe nodulocystic acne frequently follows a chronic relapsing course and often results in permanent scarring.

This patient had several contributing factors, including a strong family history of acne, oily skin, constipation, emotional stress following a relationship breakup, smoking, and disturbed sleep. These constitutional and psychological features were incorporated into remedy selection rather than focusing solely on the dermatological diagnosis.

Natrum muriaticum closely corresponded to the patient's constitutional profile, particularly the history of prolonged grief, overthinking, revengeful disposition, emotional reserve, and characteristic physical generals. Nux vomica complemented treatment by addressing chronic constipation and lifestyle-related digestive disturbances.

Serial follow-ups demonstrated gradual reduction in inflammatory lesions, fewer recurrences, improved bowel habits, and better quality of life, suggesting the benefit of an individualized constitutional approach combined with lifestyle modification.

CONCLUSION

This case demonstrates successful management of recurrent nodulocystic acne vulgaris with individualized homoeopathic treatment. Constitutional prescribing based on the patient's mental and physical characteristics, together with supportive lifestyle measures, resulted in sustained reduction of inflammatory lesions, decreased recurrence, improvement in associated constipation, and enhanced quality of life. Further well-designed clinical studies are required to evaluate the role of individualized homoeopathy in chronic acne vulgaris.