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Clearing the Path: A Holistic Approach to Acne Vulgaris with Homoeopathy

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Abstract:
Acne vulgaris is a prevalent skin inflammation of the hair follicles and oil glands that is typically long-lasting. It normally presents as small red bumps, whiteheads, or larger bumps on the face but can also appear on the upper arms, chest, and back. The development of acne vulgaris involves various factors working together to create its main characteristic, the "comedo". Although it is often seen in teenagers, acne vulgaris can also impact people of different ages and is not exclusive to this group. The intensity of the condition can range from a minor appearance with a small number of comedones to more serious forms that display disfiguring inflamed symptoms, resulting in darkened skin, scarring, and negative mental impacts.[1] Traditional medicine typically uses emollients and topical steroids for treatment.. However, by using Homoeopathic medicine one can improve, and cure the disease as well as prevent its return. Homeopathy has shown to have a more favorable outcome in these circumstances, as demonstrated by the following case study. A 24-year-old male patient attended OPD for complaints of pimples on his face, itching, painful, pus formation, and very sensitive to touch. He suffered from this condition for the last 5 years, Following unsuccessful results from both modern medicine and ayurvedic treatment, the individual sought homoeopathic treatment after conducting a thorough case analysis. Homoeopathy medicine is prescribed and dose and medicine are given according to the relationship of medicine as per the response of medicine to the patient. After 9 months of receiving homoeopathic treatment, the patient's condition began to improve and remained free from symptoms during their latest visit to the outpatient department.

Keywords: Acne vulgaris, Homoeopathy Medicine, Comedons, Papules, Pustules, Nodules, Cysts.
Abbreviation: OPD [Outdoor Patient Department]

Introduction

A. Brief overview of acne vulgaris:

Definition and classification of acne vulgaris:

Definition of acne vulgaris:

Acne is a common skin issue caused by blocked hair follicles due to excess oil and dead skin cells. It typically appears on the face, neck, chest, back, and shoulders. While there are effective remedies, acne can be stubborn. The healing process for pimples and bumps is slow and often as one fades, new ones appear.

Grading of acne vulgaris: acne may be classified as mild, moderate or severe.
Mild acne:
<20 comedones
<15 inflammatory lesions
Or total lesion count <30
Moderate acne :
20-100 comedones
15-50 inflammatory lesions
Or total lesion count 30-125
Severe acne
>5 pseudocysts
Total comedo count>100
Total inflammatory count >50
Or total lesion count>125 [2].
Pathophysiology and aetiology, including factors such as:
Pathophysiology of acne:
The pathogenesis of acne vulgaris is multifactorial. Genetics is the primary determinant. Acne arises due to a combination of four elements:

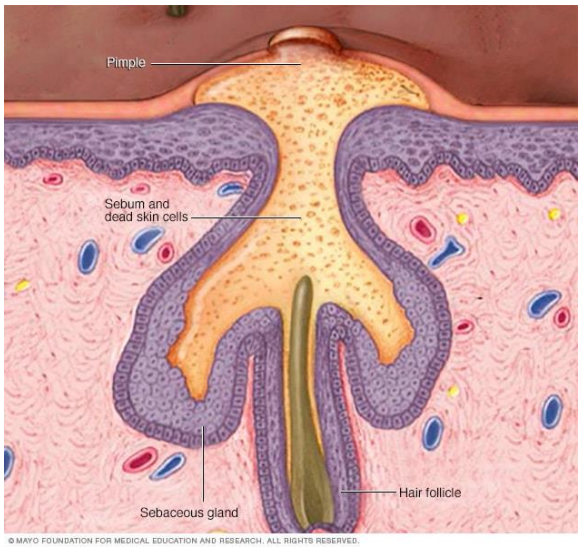
1. The release of substances that cause inflammation on the skin.
2. An overgrowth of keratin in hair follicles leading to blockage.
3. The presence of Cutibacterium acnes [formerly known as Propionibacterium acnes] in hair follicles.
4. Excessive production of sebum [3].

Studies indicate that the body's inflammatory reactions precede hyperkeratinization. CD4+ T cells and macrophages produce cytokines that stimulate nearby endothelial cells to increase the levels of inflammatory substances like VCAM-1, ICAM-1, and HLA-DR in the blood vessels near the pilosebaceous follicle. [3]
Excessive production of keratin by skin cells and reduced shedding, known as follicular hyperkeratinization, results in the formation of small bumps filled with oil and keratin.[3]
C acnes, previously known as P acnes, is a type of bacteria that can be found in acne lesions. This bacterium plays a role in causing inflammation through several methods. One way it does this is by producing substances that promote inflammation and spread through the follicle wall. Research has demonstrated that C acnes (formerly P acnes) activates the toll-like receptor 2 present in monocytes and neutrophils. [3]
Stimulation of the toll-like receptor 2 results in the generation of various inflammatory substances, such as interleukins 12 and 8 and tumour necrosis factor. Sensitivity to C acnes (previously known as P acnes) may also be a possible explanation for the development of inflammatory acne vulgaris in certain people while others remain unaffected. [3]
An overproduction of sebum is a significant contributor to the formation of acne vulgaris. Various hormones and mediators play a role in controlling the production and release of sebum. Specifically, androgen hormones stimulate the production and release of sebum. The amount of comedonal acne in young girls before puberty is linked to the levels of the adrenal androgen hormone dehydroepiandrosterone sulfate (DHEAS) in their bloodstream. [3]

Many other regulators and receptors, such as growth hormone and insulin-like growth factor, along with peroxisome proliferator-activated receptors, also play a role in controlling the sebaceous gland and could potentially impact the formation of acne. [3]

Furthermore, the sebaceous gland acts as a neuroendocrine-inflammatory organ that is activated via corticotrophin-releasing hormones in response to stress and normal functions. [3]

Aetiology of Acne:



Four main factors cause acne:

Excess oil (sebum) production

Hair follicles clogged by oil and dead skin cells

Bacteria

Inflammation

Acne typically appears in common areas such as the face, forehead, chest, upper back and shoulders as these are the regions with the most sebaceous glands, which produce oil. These glands are connected to hair follicles. The follicle wall can become enlarged and create a white bump called a whitehead. Alternatively, the blockage can be open to the surface and darken, resulting in a blackhead. Despite their appearance of being debris stuck in pores, blackheads are actually caused by a buildup of bacteria and oil that oxidizes and turns brown when exposed to air. Pimples, on the other hand, are red bumps with a white center that form when hair follicles become clogged and infected with bacteria. Inflammation and blockages deep within the follicles can result in cyst-like lumps under the skin's surface. Sweat gland pores, which are different from sebaceous gland pores, do not typically contribute to acne development. [4]

Hormonal influences

A comprehensive examination was conducted to clarify the function of natural hormones such as testosterone, progesterone, estrogen, insulin-like growth factor, insulin, and glucocorticoids in the common skin condition known as acne vulgaris. Through a thorough analysis of published studies, we gathered data from each reported measurement. Our research involved reviewing over 1000 studies and revealed that individuals with acne vulgaris have elevated levels of serum testosterone, progesterone, glucocorticoids, insulin, and insulin-like growth factors. Conversely, it was found that serum estrogen

levels were low in these patients. These findings emphasize the importance of assessing hormone levels in clinical settings and providing treatment accordingly to prevent potential endocrine disorders at an early age.[5]

Increased sebum production:

An overproduction of sebum plays a significant role in the formation of acne. The levels of sebum are controlled by various hormones and mediators. Specifically, androgen hormones stimulate the production and release of sebum. [6]

Follicular hyperkeratinization:

The rapid shedding of skin cells in the sebaceous gland and upper section of the hair follicle is known as follicular hyperkeratinization and is a significant factor in the development of acne lesions. This process, also referred to as ductal hypercornification or retention hyperkeratosis, occurs when keratinocytes become sticky and do not shed properly on the skin's surface. This abnormal shedding leads to the formation of a microcomedone, which can be seen on the skin 8 weeks before an acne lesion appears. Ductal hypercornification can occur due to excessive production of keratinocytes or a lack of separation between these cells, causing them to clump together in the follicle. Studies have also shown that patients with acne have irregular shedding of the outer layer of their skin, known as the stratum corneum. This layer consists of dead skin cells containing keratin and is held together by specialized cell junctions called desmosomes. These desmosomes, along with intermediate keratin filaments known as tonofilaments, are found in higher numbers in acne-affected follicles, resulting in a thicker and more cohesive stratum corneum.

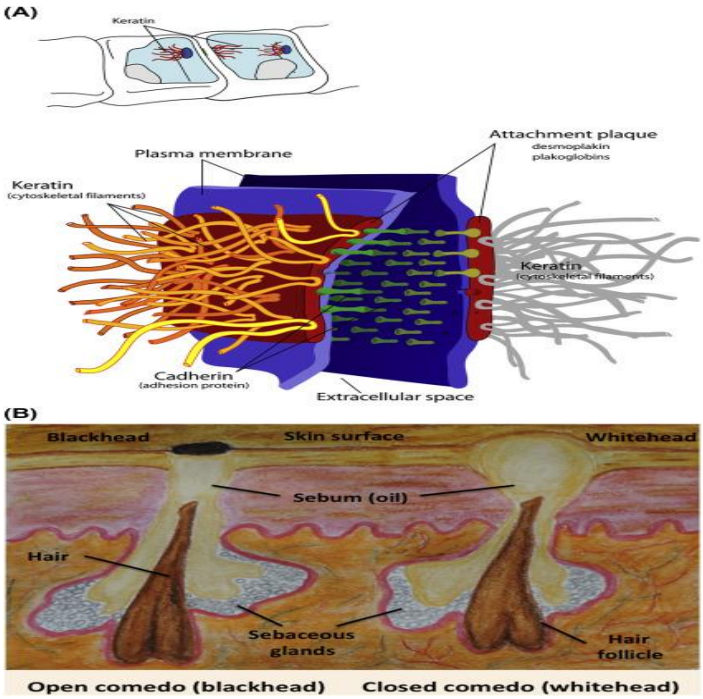


Figure 2 (A) Desmosome cell junction with tonofilaments that contribute to skin barrier function (Ruiz, 2007), and (B) blackhead and whitehead comedones (Bastian, 2013).

The formation of lipid droplets and the release of lamellar granules into the spaces between keratinocytes in the granular cell layer can result in a decrease in their number. This results in abnormal shedding of cells, leading to the development of a keratinous plug that obstructs the follicular canal and causes the formation of comedones. According to Pawin et al. (2004), Thiboutot (2000), and Toyoda & Morohashi (2001), this process is responsible for hyperkeratinization, which can be caused by decreased levels of sebaceous linoleic acid due to excessive sebum production and abnormal differentiation of keratinocytes. It has also been suggested that 5α-reductase type 1 may play a role in this process, leading to the formation of microcomedones associated with acne lesions. Additionally, inflammatory cytokines like interleukin 1-α (IL-1α) produced by keratinocytes and lymphocytes can stimulate keratinocyte differentiation through inflammation and androgen hormones, contributing to hyperkeratinization and comedogenesis. The bacteria responsible for acne, P. acnes, has the ability to form biofilms - complex structures that protect them from external agents - by secreting substances that adhere to the follicular lining. Arora et al. (2011), Dessinioti & Katsambas (2010), and Toyoda & Morohashi (2001) suggest that during biofilm formation, glycocalyx polymers released by P. acnes can become incorporated into sebum, acting as a "biological glue" between keratinocytes and contributing to comedone formation. [7]

Bacterial colonization (Propionibacterium acnes)

Persistent inflammatory acne cannot be classified as a contagious illness, as the bacteria responsible for it are typically found on the skin of most people regardless of whether they have acne or not. The bacteria, P. acnes, only seems to cause the condition when it encounters favorable skin conditions. While colonization of P. acnes on the skin is necessary for the development of acne, it is not sufficient on its own. The main known causes of acne are excessive androgen production leading to increased sebum production, thickening and clogging of hair follicles, proliferation of P. acnes, and resulting inflammation.

The process of comedogenesis involves the change of the hair follicle into a primary acne lesion known as a comedone. This occurs due to abnormal skin cell growth caused by an excess of oil production. During this process, the bacteria P. acnes can become trapped in layers of dead skin cells and oil, leading to the formation of a microcomedone. These are not visible to the naked eye but can eventually develop into larger structures called comedones. Comedones can take the form of closed (whitehead) or open (blackhead) structures. Closed comedones are unable to release the buildup of dead skin cells, oil, and bacteria onto the skin's surface, making them more vulnerable to inflammation and rupture. In cases of inflammatory acne, comedones may rupture and spread their contents into the deeper layers of the skin instead of on its surface. This can result in various types of inflammatory lesions such as papules, pustules, or nodules depending on the severity of damage to the comedone wall. Nodules are considered the most severe form of acne lesions and may lead to scarring in cases of severe inflammation.[8]

1. Clinical manifestations and presentation, covering:

Types of lesions (comedones, papules, pustules, nodules, cysts)

Comedones

Comedones are tiny, skin-colored or dark bumps that create a bumpy texture on the skin. These bumps are a form of acne and can be found around the pores on the skin. Often, there is a solid center visible within these small bumps. They are categorized as either open or closed, depending on whether the surface is broken (open) or unbroken (closed). Blackheads are open comedones while whiteheads are closed comedones.[9]

Papules:

A papule is a small, raised patch of skin that is typically less than 1 centimeter in diameter. It may have well-defined or unclear borders and can vary in shape, color, and size. It should not be considered a specific medical condition or illness.

Papules are often referred to as skin lesions, which are changes in the appearance or texture of the skin. Sometimes, multiple papules may form together and create a rash.

In most cases, papules are not a cause for concern. Depending on their underlying cause, such as a wart, they can be treated with home remedies.[10]

Pustules:

Pustules are small pus-filled bumps that commonly develop in areas such as the shoulders, back, and face. Pustules, which can be sensitive to touch and lead to inflammation of the surrounding skin, are often caused by acne. Other potential triggers for pustules include food allergies, exposure to environmental allergens, or bites from poisonous insects. [18]

Nodules:

In medicine, **nodules** are small firm lumps, usually greater than 1 cm in diameter. If filled with fluid they are referred to as cysts. Smaller (less than 0.5 cm) raised soft tissue bumps may be papules.

The evaluation of a skin nodule includes a description of its appearance, location, how it feels to touch and any associated symptoms that may give clues to an underlying medical condition.

Nodules in skin include dermatofibroma and pyogenic granuloma. Nodules may form on tendons and muscles in response to injury and are frequently found on vocal cords. They may occur in organs such as the lung, or thyroid, or be a sign in other medical conditions such as rheumatoid arthritis. [19]

Cysts:

Cysts are fluid-filled sacs that can develop in tissues in any part of the body. They are relatively common, and there are many different types.

Infections, tumors, parasites, and injuries can cause cysts. They are usually benign, but sometimes, they can be cancerous.[20]

2. Impact on quality of life, Psychological effects , Social Implications

Acne vulgaris, a common skin condition, significantly impacts individuals' psychological and social well-being. Psychologically, it often leads to lower self-esteem, anxiety, and depression due to the perceived impact on appearance. Many individuals experience heightened self-consciousness and body image issues, which can contribute to social withdrawal and reduced quality of life. Socially, acne can affect personal relationships and social interactions, as those affected may feel stigmatized or judged based on their appearance. The condition can also lead to difficulties in professional settings, where confidence and social perceptions play crucial roles. Overall, the psychological and social burdens of acne vulgaris underscore the importance of effective treatment and support for those affected.

3. Epidemiology and prevalence, highlighting:

Acne is a skin condition that is estimated to affect approximately 9.4% of people worldwide, making it the eighth most common disease globally. Research has shown that acne is most prevalent in teenagers after puberty, with boys being more commonly affected and experiencing more severe forms of the condition. This article aims to provide an updated overview of the global epidemiology of acne. Recent studies from various sources have found that the prevalence of acne is similar worldwide, except for certain populations which will be discussed. However, it is important to note that there is a wide range of

different methods used to measure acne in epidemiological studies, and there is a need for a standardized and reliable assessment scale in the future. Special populations, such as those without acne, are also addressed in this review, as well as the influence of potential factors on the epidemiology of the disease.[11]

4. Diagnosis and assessment, including:

There are various methods for evaluating the severity of acne. It is crucial to have a suitable and user-friendly approach to assessing acne for several reasons, including initial evaluation, follow-up appointments, clinical trials, and comparing research studies. This study aimed to examine the consistency among different observers (known as inter-observer variation) when using the Global Acne Grading System (GAGS) and the Investigator Global Assessment of Acne (IGA). Additionally, it sought to determine the correlation between these evaluation scores and their impact on the patient's quality of life through two scales: Dermatology Life Quality Index (DLQI) and Cardiff Acne Disability Index (CADI).[12]

Differential diagnosis to rule out other skin conditions with similar presentations

Differential diagnosis is necessary when dealing with acne vulgaris, a commonly diagnosed condition that can easily be mistaken for other disorders such as skin diseases, acneiform rash, and other non-acneic conditions due to their similar appearance. In order to confirm the diagnosis, a thorough examination must be conducted to rule out other potential diseases. These may include inflammatory lesions such as rosacea, periorificial dermatitis, pseudofolliculitis of the beard, and facial angiofibromas in tuberous sclerosis. Non-inflammatory lesions like sebaceous hyperplasia, nevus comedonicus, adnexal tumors, and Favre-Racouchot syndrome should also be considered. Similar lesions on the trunk and extremities may indicate folliculitis, keratosis pilaris, suppurative hidradenitis, or steatocystoma multiplex.

Acneiform Rash: This condition is characterized by a rash that resembles acne, but is not linked to true acne vulgaris.

Drug-Induced Acne: This type of acne is caused by medications like glucocorticoids, lithium, isoniazid, androgens, and phenytoin. It typically manifests as an inflammatory papular rash with lesions in the same stage of development.

Neonatal Cephalic Pustulosis: Formerly known as "neonatal acne," this condition differs from infantile acne because it appears in the first weeks of life (while infantile acne develops between three and six months of age). It presents as papules and inflammatory pustules on the face without comedones.

Cosmetic Acne: Certain cosmetic products may contain ingredients that can cause comedones, leading to the formation of acne lesions. However, advancements in product design have reduced their presence in the market. In some cases, irritant reactions to cosmetics can also result in a rash similar to acne vulgaris, though inflammatory lesions usually appear within a few hours of product application.

Mechanical Acne: This type of acne can occur when the skin comes into contact with tight or rough clothing items such as high collars, suspenders, shoulder straps, orthopaedic casts, or sports helmets. These can irritate the hair follicles and prompt the formation of comedones.

Occupational Acne and Chloracne: Exposure (through direct contact, inhalation of vapours, or ingestion) to certain chemical products including insoluble cutting oils used for metal work or derivatives of coal tar and chlorinated hydrocarbons can result in comedones, inflammatory papules, pustules, nodules or cysts on the skin.[13]

5. Treatment options, briefly mentioning:

Mild Acne Vulgaris:

Topical therapies

Retinoids: Topical retinoids, derived from vitamin A, work by attaching to retinoic acid receptors (RARs) and retinoid X receptors (RXRs) found in keratinocytes. Trifarotene is specifically targeted towards the RAR-gamma receptor. Tretinoin, tazarotene, and adapalene are also topical retinoids that primarily affect the RAR-beta and RAR-gamma receptors. Tretinoin additionally targets the RAR-alpha receptor. When these retinoid-receptor complexes bind, they are transported into the nucleus of the cell and activate the retinoid hormone response element. This leads to the activation of regulatory genes, resulting in normalized follicular keratinization and a decrease in cohesiveness among keratinocytes. As a result, there is a reduction in the formation of microcomedones.

Benzoyl peroxide: Benzoyl peroxide has the ability to reduce clogged pores and fight against bacteria. It comes in different forms and strengths, ranging from 2.5% to 10%. Usually, it is used once a day, targeting a few small areas for the first three days to check for any potential allergic reactions. It is not recommended to use benzoyl peroxide and tretinoin together as it can cause tretinoin to break down. To prevent any negative effects, benzoyl peroxide should be applied in the morning while tretinoin should be used at night.

Topical Clindamycin: Different forms of topical clindamycin can be found, including those combined with benzoyl peroxide or topical retinoids. The usual application is once or twice a day. To prevent antibiotic resistance, it is suggested to use clindamycin with benzoyl peroxide. Though generally well-tolerated, some people may experience skin irritation as a potential side effect.

Topical Erythromycin:Using topical erythromycin may be seen as a substitute for topical clindamycin in treating acne. However, there has been a rise in cases of erythromycin resistance, making clindamycin the more favorable option. Therefore, it is wise to combine benzoyl peroxide with topical clindamycin whenever feasible.

Azelaic Acid: Azelaic acid is a type of dicarboxylic acid that is found in nature. It has properties that can help unclog pores, fight against microbes, and lighten the skin. This is because it blocks the activity of the tyrosinase enzyme, making it useful for individuals with both acne and hyperpigmentation.

Topical Salicylic Acid: Topical salicylic acid can serve as a substitution for topical retinoids in cases where they are not well-tolerated or accessible.

Moderate to severe Acne Vulgaris:

Oral isotretinoin: is a type of retinoid used to treat acne vulgaris by addressing the four underlying factors that cause the condition. This medication is commonly used to treat severe nodular acne with scarring and is considered an effective treatment option. It is typically prescribed as the sole therapy and taken daily for a period of several months at a dosage of 0.5 to 1 mg/kg per day.

Oral Antibiotics: By taking antibiotics by mouth, the growth of C acnes in the pilosebaceous unit is effectively stopped. Among these antibiotics, tetracyclines stand out for their ability to reduce inflammation, making them the top choice for treating acne vulgaris. In cases where tetracyclines are not successful or cause discomfort for patients, other types of antibiotics (like macrolides, cephalosporins, penicillins, and trimethoprim-sulfamethoxazole) can be considered as alternative options.

Oral Hormonal Therapies: There are various types of oral hormonal treatments, such as oral contraceptives and spironolactone, that are successful in treating acne in women. These treatments work by decreasing the impact of androgens on the body's pilosebaceous units, resulting in a reduction of

sebum production and improvement in acne symptoms. Hormonal therapy is suitable for different groups of women, including those who have just started menstruating and have severe acne, those who have acne caused by high levels of androgens, and those with mild acne who also want contraception.[14]

Procedural interventions (chemical peels, laser therapy, extraction)

Personalized medicine approaches for acne management: In the past, additional treatments were used alongside medical treatment for acne, such as injecting steroids into the affected area, using chemical peels, and performing microdermabrasion. More recent techniques involve using radiofrequency, light or laser therapy, and photodynamic therapy as alternatives to taking medication. While these procedures are still being developed, they offer a new and important range of options for treating acne. The most extensively researched and advanced therapies include blue or blue/red light combinations, 1,450-nm diode laser treatment, and photodynamic therapy using 5-aminolevulinic acid or indocyanine green. A review of current literature on these physical procedures can serve as a useful starting point for physicians who wish to safely and effectively treat their patients' acne with these innovative methods. [15]

B. Rationale for exploring homoeopathy in acne management

Exploring the potential benefits of homeopathy in managing acne is driven by various factors:

1. **Customized Treatment:** Homeopathy provides tailored treatment plans that take into account a patient's specific symptoms, lifestyle, and overall health. This personalized approach may be appealing to those who feel that traditional treatments do not adequately address their individual needs.
2. **Holistic View:** Homeopathy considers health holistically and aims to treat the whole person rather than just treating isolated symptoms. This approach may lead to improvements in overall well-being and uncover underlying issues that contribute to acne.
3. **Limited Side Effects:** Homeopathic remedies are highly diluted, resulting in minimal to no side effects. This is in contrast to some conventional acne treatments that can cause adverse reactions such as dryness, irritation, or more severe systemic effects.
4. **Natural Ingredients:** The use of natural substances in homeopathy is attractive to individuals looking for more organic or natural treatment options. This aligns with a broader trend towards minimizing the use of synthetic or chemical products.
5. **Management of Chronic Conditions:** Acne is often a chronic condition that can be challenging to treat with traditional methods. As a result, some patients turn to homeopathy as a new or complementary approach that may offer relief.
6. **Dissatisfaction with Traditional Treatments:** Many patients seek out homoeopathic treatment because they are dissatisfied with conventional methods, whether due to their ineffectiveness, side effects, or a desire for more holistic care.
7. **Complementary Therapy:** Homeopathy is often used alongside traditional treatments, potentially enhancing their effectiveness and improving patient satisfaction. It offers a complementary approach that may help manage symptoms or improve the results of other treatments.
8. **Anecdotal Evidence and Tradition:** With its long history and anecdotal evidence from individuals reporting significant improvements in their acne, homeopathy has become an accepted treatment option for many people seeking alternative or complementary treatments. While the scientific community remains doubtful about the effectiveness of homeopathy due to a lack of robust empirical

evidence, these reasons contribute to its exploration and adoption by those seeking alternative or complementary treatments for acne.

Case Report

Patient Information

A 24 -year-old male patient reported to the OPD on 20 April 2022 with complaints of recurrent large pimple on all over face. Looking unhealthy skin, very sensitive to touch, burning, stinging sensation with easily bleeds on touch. Amel by after wash face with warm water. Pus formation occurs recurrently. Distention of stomach, compelling one to loosen the clothing. Burning in stomach. Heaviness and pressure in stomach after a slight meal.

Medical History:

Taken Modern Medication for treatment, antibiotics, cream etc.

Past History:

Chikenpox at age of 14-year-old

3 episode of Typhoid Fever.

Hospitalization for typhoid fever.

Family History:

Mother: Healthy

Father: Has same complaint of acne on all over face.

Brother: Has same complaints of acne on all over face.

Physical generals:

Appetite:Heaviness and pressure in stomach after a slight meal.

Desire: Acids, strong tasting food, and wine.

Aversion: Faty foods

Perspiration: profuse.

Urine: flow of urine slow.

Stool: clay-colored and soft. Sour, white, undigested, bad odor .

Sleep: Distrubed due to pain of pimple of face.

Dreams: Dreams of Fire.

Thermal State: Chilly patient.

Physical Examination:

Apperence: Average

Hair Type and colour: black

Eyes : Normal

Ear: Normal

Tongue: Normal

Teeth: Sore , sensitive.

Fingers: normal

Nails : Normal

Skin type and colour: chapped skin , unhealthy

Pallor : absent

Temperature: Normal

Mind:

Oversensitiveness to touch , noise, odours, Impatient ,Hasty in speech ,Peevish, Highly impulsive,

Suicidal thoughts, Anguish in the evening and night, Slightest cause irritates him.

III. Homoeopathic Intervention :

Repertorisation:

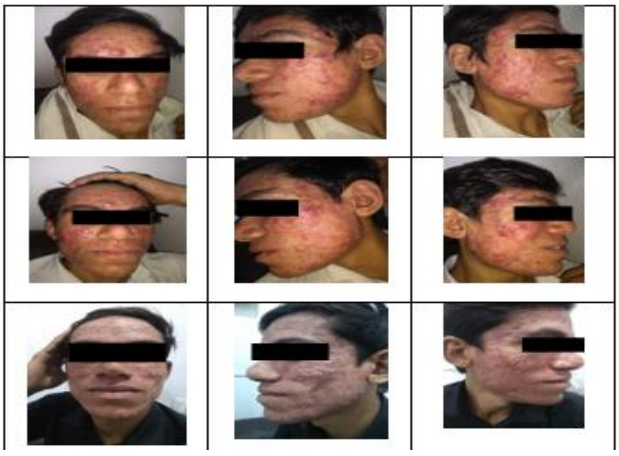
Repertorisation Sheet - Zomeo Pro															
Remedy	**Hep**	**Sulph**	**Ars**	**Phos**	**Sep**	**Nux-v**	**Calc**	**Lach**	**Lyc**	**Rhus-t**	**Merc**	**Nit-ac**	**Sil**	**Bry**	**Ph-ac**
Totality	**73**	**72**	**66**	**62**	**60**	**58**	**57**	**56**	**54**	**53**	**53**	**52**	**52**	**52**	**51**
Symptoms Covered	**27**	**22**	**26**	**24**	**24**	**23**	**24**	**25**	**21**	**23**	**22**	**23**	**20**	**19**	**21**
[Complete] [Face]Eruptions:Pimples:	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Face]Eruptions:Pimples:Painful:	0	4	1	2	1	0	2	1	0	2	0	0	3	0	0
[Complete] [Face]Eruptions:Pimples:Red:	0	3	0	1	2	3	0	3	0	3	1	3	0	0	1
[Complete] [Face]Eruptions:Pimples:Chin:	3	1	0	0	1	1	1	0	3	3	1	1	1	1	1
[Complete] [Face]Eruptions:Pimples:Forehead:	3	3	3	1	3	1	1	1	0	0	0	1	0	1	3
[Complete] [Face]Eruptions:Pimples:Itching:	3	4	3	0	3	3	1	0	2	3	0	2	1	0	1
[Complete] [Face]Eruptions:Pimples:Cheeks:	0	0	0	0	1	1	0	0	0	3	3	0	0	0	0
[Complete] [Face]Eruptions:Pimples:Suppurating:	0	0	0	0	2	0	0	1	1	1	0	0	0	0	1
[Murphy] [Face]Acne, vulgaris:	3	2	2	0	3	3	2	2	0	0	0	2	3	0	2
[Complete] [Mind]Anguish:Evening:	1	0	1	3	0	0	1	0	0	1	0	1	0	0	0
[Complete]	1	0	1	0	1	3	1	0	1	1	0	1	0	0	0

[Mind]Anguish:Night:															
[Complete] [Mind]Suicidal disposition:Thoughts:Evening especially:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Mind]Suicidal disposition:Thoughts:	3	0	3	1	0	3	0	1	0	3	3	3	0	3	0
[Knerr] [Mind and Disposition]Irritable:	3	3	1	3	0	4	3	0	4	0	4	3	3	4	2
[Kent] [Mind]Speech:Hasty:	3	0	1	0	2	1	0	3	1	0	3	0	0	1	2
[Murphy] [Mind]Sensitive, mental, oversensitive, emotional, (see Generals, chapter):Touch, to:	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0
[Complete] [Mind]Sensitive, oversensitive:Noise, sounds, to, agg.:	1	3	3	3	4	4	3	4	4	1	3	4	4	4	4
[Complete] [Mind]Sensitive, oversensitive:Odors, to:	4	4	4	4	4	4	3	1	4	0	1	1	4	3	4
[Murphy] [Mind]Impulsive, behavior:	1	0	2	1	1	2	0	1	0	1	1	0	0	0	0
[Kent] [Skin]Unhealthy:	3	2	0	2	2	1	3	3	2	3	1	1	3	0	1
[Murphy] [Skin]Dry, skin, (see Chapped, Inactivity):	1	3	3	3	2	1	3	2	3	2	2	2	3	3	2
[Allen] [T]Teeth:Soreness:	0	0	0	1	0	0	1	0	3	1	3	0	0	1	0
[Complete] [Mind]Dreams:Fire:	4	3	3	3	0	0	2	1	3	3	1	0	1	0	0
[Complete] [Sleep]Disturbed:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Urine]Scanty:	3	4	4	4	4	4	4	3	3	4	4	4	1	4	4
[Complete] [Perspiration]Profuse:	4	4	4	4	4	3	4	3	4	3	4	4	4	4	4
[Complete]	3	3	3	3	3	1	1	1	1	1	3	1	3	3	0

[Generalities]Food and drinks:Fat and rich food:Aversion:															
[Complete] [Generalities]Food and drinks:Sour, acid:Desires:	4	4	4	4	3	0	3	3	1	2	0	1	1	3	3
[Complete] [Generalities]Food and drinks:Wine:Desires:	3	4	3	4	3	1	4	3	0	0	1	0	1	3	0
[Murphy] [Stool]Claycolored, stools:	2	0	1	1	1	0	1	2	0	0	2	2	1	0	2
[Special] [Diarrhoea]Character of the stools:Undigested:	2	2	1	2	0	0	2	1	1	0	0	1	0	1	2
[Boenning] [Stool]Bad odour, offensive:	0	4	4	0	2	2	3	4	1	3	3	3	4	2	1
[Complete] [Stomach]Heaviness:Eating:After:	3	4	3	3	0	4	0	3	4	1	1	3	3	3	3

Selection of homoeopathic remedy: According to the analysis of symptoms, repertorisation is done by the Zomoeo Pro app, Repertorisation chart is given. According to repertorisation medicine, covered number of symptoms are, Hepar sulph 73/27, Sulph 72/22, Ars 66/26, Phos 62/24, Sep 60/24, Nux.vomica 58/23, Calc 57/24, Lach 56/25, Lyco 54/21, Rhus.tox 53/23, Merc 53/22, Nit.ac 52/23, Sili 52/20, Bry 52/19, Ph.ac 51/21, According this Hepar Sulph is selected for patient according to symptoms similarity. Hepar sulph 30 OD for 3 days, dose is given with placebo on the first visit on 5th April 2023 considering the reportorial totality and causation in the path of improvement. The patient was improved symptomatically as compared to before on 30th Jan 2024.

IV. Discussion:



Photographs of the patients Acne Vulgaris is collected periodically after consuming the prescribed medicine .

After Repertorisation many medicines namely Hepar. Sulph, Sulphur,Phos, Nux.Vomica, Calc, Lach, Lyco, Rhus.tox, Merc, Nit.ac, Sili,Bry, Ph.ac etc. came but after taking details through Materia Medica.[16]

In this case , after through case taking and analysis, we selected Hepar.sulph 30 as the most appropriate medicine for the patient of Acne vulgaris.

Hepar sulph is a mineral based medicine derived from chemical prepation, finely pulverized Oyster shells and chemically pure flowers of sulphur, equal parts kept for ten minutes at a white heat. And made up by triturations. Through the great vegetative nervous system, Hepar sulphur has six special centers of action Glandular system, Mucous memerne , skin, blood, digestive organs, venous system.[17]

Hepar sulph have several keynotes that match the patient symptoms. One of the most relevant keynote in this case is face eruption pimples, eruption of pimples itching, eruption suppurating, acne vulagrais, mental symptoms also coverd by Hepar sulph anguish at evening, night, suicidal disposition thoughts at evening, mind irritable, speech hasty, oversentitive to noise , odour, impulsive behaviour , skin unhealthy, skin dry, dreams of fire, sleep disturbed, urine scanty, perspiration profuse, aversion to fat , desire for sour acid drinks, claycolored stool, undigested food particles, stool has bad odor, heaviness of stomach after food , these are the keynotes of Hepar sulph as its totality of symptomswas right . in this case the patient shows significant improvement with Hepar sulph 30. Homoeopathy also take into account the mental and emotional aspects of a person while choosing a remedy.homoeopathy treated patients with individualized medicine and doses depending on their unique symptoms ans response too the remedy. In this case Hepar sulph 30 is medicine given in stages and it shows signs of improving acne vulgaris.

V. Follow-up on the case:

SI. No	Date	Symptoms	Remedy with dose
	5/4/2023	face eruption pimples itching,	1] Hepar sulph 30 x OD

		anguish at evening, night, suicidal disposition thoughts in the evening, mind irritable, speech hasty, oversensitive to noise, odour, impulsive behaviour, skin unhealthy, skin dry, dreams of fire, sleep disturbed, urine scanty, perspiration profuse, clay-coloured stool, undigested food particles, the stool has a bad odour, heaviness of the stomach after food.	x 3days 2] Placebo x BD X 15days
	20/4/2023	face eruption pimples itching, decreased by 10 % Mentally patient feels 15 % better now Skin improvement by 10 % sleep disturbance better by 10 % Urine flow is good now Stool odour and digestion problems are better by 10 % heaviness of the stomach after food.is better by 10 % His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	5/05/2023	face eruption pimples itching, decreased by 15 % Mentally patient feels 20 % better now Skin improvement by 15 % sleep disturbance better by 15 % Urine flow is good now Stool odour and digestion problems are better by 15 % heaviness of the stomach after food.is better by 15 % His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	20/05/2023	face eruption pimples itching, decreased by 20 % Mentally patient feels 25 % better now Skin improvement by 20 % sleep disturbance better by 20 % Urine flow is good now Stool odour and digestion problems are better by 20 % heaviness of the stomach after food.is better by 20 % His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days

	4/06/2023	face eruption pimples itching, decreased by 25 % Mentally patient feels 30% better now Skin improvement by 25 % sleep disturbance better by 25 % Urine flow is good now Stool odour and digestion problems are better by 25 % heaviness of the stomach after food.is better by 25 % His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	19/06/2023	face eruption pimples itching, decreased by 30 % Mentally patient feels 35% better now Skin improvement by 30 % sleep disturbance better by 30 % Urine flow is good now Stool odour and digestion problems are better by 30% heaviness of the stomach after food.is better by 30 % His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	4/07/2023	face eruption pimples itching, decreased by 35% Mentally patient feels 40% better now Skin improvement by 35 % sleep disturbance better by 35 % Urine flow is good now Stool odour and digestion problems are better by 35% heaviness of the stomach after food.is better by 35% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	19/07/2023	face eruption pimples itching, decreased by 40% Mentally patient feels 45% better now Skin improvement by 40 % sleep disturbance better by 40 % Urine flow is good now Stool odour and digestion problems are better by 40% heaviness of the stomach after food.is better by 40% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 15days
	03/08/2023	face eruption pimples itching, decreased by 45% Mentally patient feels 50% better now Skin improvement by 45 % sleep disturbance better by 45 % Urine flow is good now	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30 days

		Stool odour and digestion problems are better by 45% heaviness of the stomach after food.is better by 45% His appetite is good, and thirst is normal.	
]	02/09/2023	face eruption pimples itching, decreased by 50% Mentally patient feels 55% better now Skin improvement by 50 % sleep disturbance better by 50 % Urine flow is good now Stool odour and digestion problems are better by 50% heaviness of the stomach after food.is better by 50% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30 days
]	02/10/2023	face eruption pimples itching, decreased by 55% Mentally patient feels 60% better now Skin improvement by 55 % sleep disturbance better by 55 % Urine flow is good now Stool odour and digestion problems are better by 55% heaviness of the stomach after food.is better by 55% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30 days
]	01/11/2023	face eruption pimples itching, decreased by 60% Mentally patient feels 65% better now Skin improvement by 60 % sleep disturbance better by 60 % Urine flow is good now Stool odour and digestion problems are better by 60% heaviness of the stomach after food.is better by 60% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30days
]	01/12/2023	face eruption pimples itching, decreased by 70% Mentally patient feels 80% better now Skin improvement by 70 % sleep disturbance better by 80 % Urine flow is good now Stool odour and digestion problems are better by 80% heaviness of the stomach after food.is better by 70% His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30days
]	31/12/2023	face eruption pimples itching, decreased by 90% Mentally patient feels 90% better now Skin improvement by 90%	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X

		sleep disturbance better now Urine flow is good now Stool odour and digestion problems are better now heaviness of the stomach after food.is better . His appetite is good, and thirst is normal.	30days
]	30/01/2024	face eruption pimples itching, decreased by 95% only scar mark are remaining. Mentally patient feels better now Skin improvement. sleep disturbance better now Urine flow is good now Stool odour and digestion problems are better now heaviness of the stomach after food.is better . His appetite is good, and thirst is normal.	1] Hepar sulph 30 x OD x 3days 2] Placebo x BD X 30days

VI. Conflict Of Interest:

Not Sponsored.

VII. Acknowledgement:

Not Sponsored.

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