

# Acne Vulgaris and Its Homoeopathic Management

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**Abstract:** Skin is the outer covering of human body which protects the internal organs. There are various diseases which can appear on the skin leading to psychological stress to the patient suffering. Acne is a condition in which hair follicles get plugged with oil and dead skin cells causing pain and redness which further leads to psychological trauma, as it makes the person isolate from the society. By prescribing appropriate homoeopathic treatment and management, the acne can get cure, as homoeopathic medicines also work on mental level.

**Keywords:** Skin, Acne Vulgaris, Homoeopathy

## 1. Introduction

Skin is the mirror of reflection of internal dynamism of the human body. Skin diseases can lead to loss of confidence, self esteem and shame; the disfigurement of the skin results in psychological problems like depression and make person isolate from the society.

Acne vulgaris is a self-limited disorder of the pilosebaceous unit that is seen primarily in adolescents. Most cases of acne present with a pleomorphic variety of lesions, consisting of comedones, papules, pustules, and nodules. Although the course of acne may be self-limiting, the sequelae can be lifelong, with pitted or hypertrophic scar formation.

### Prevalence

Predominantly seen in adolescence. It affects 80% of the population in the age group of 11 to 30 years.

### Aetiopathogenesis

Acne is hormonal in origin. Acne results from a complex interplay of increased sebum production, ductal hypercornification, follicular colonisation with Propionibacterium acnes, and inflammation. Acne lesions begin with the microcomedo, a microscopic lesion not visible to the naked eye. With time, the follicle fills with lipids, bacteria and cell fragments. Ultimately, a clinically apparent lesion occurs, either a non-inflammatory lesion (open or closed comedo) or an inflammatory lesion. Comedogenesis is unique to acne and ductal hypercornification is a key step in it. There is hyper proliferation and abnormal cellular differentiation in the follicular infundibulum, resulting in accumulation of excess and sticky keratinocytes that turn into plugs (comedones). Propionibacterium acnes, a Gram-positive, rod-like bacterium, resides in sebaceous follicles and contributes to comedogenesis and inflammation in acne through production of lipases and proteases, through elaboration of cytokines (TNF- $\alpha$ , IL-1 $\alpha$ , IL-8), and through activation of toll-like receptor 2 (TLR 2).

### Clinical features

Acne usually affects the face and often the trunk. Greasiness of the skin may be obvious (seborrhea). The hallmark is the comedone: open comedones (blackheads) are dilated keratin-filled follicles, which appear as black papules due to the

keratin debris; closed comedones (whiteheads) usually have no visible follicular opening and are caused by accumulation of sebum and keratin deeper in the pilosebaceous ducts. Inflammatory papules, nodules and cysts occur and may arise from comedones. Scarring may follow deep-seated or superficial acne and may be keloidal.

### Types

Acne conglobata: characterized by comedones, nodules, abscesses, sinuses and cysts, usually with marked scarring. It is rare, usually affecting adult males, and most commonly occurs on trunk and upper limbs. It may be associated with hidradenitis suppurativa (a chronic, inflammatory disorder of apocrine glands, predominantly affecting axillae and groins), scalp folliculitis and pilonidal sinus.

Acne fulminans: a rare but severe presentation of acne, associated with fever, arthralgias and systemic inflammation, with raised neutrophil count and plasma viscosity. It is usually found on the trunk in adolescent males. Costochondritis can occur.

Acne excoriee: describes self-inflicted excoriations due to compulsive picking of pre-existing or imagined acne lesions. It usually affects teenage girls and underlying psychological problems are common.

Secondary acne: comedonal acne can be caused by greasy cosmetics or occupational exposure to oils, tars or chlorinated aromatic hydrocarbons. Predominantly pustular acne can occur in patients using systemic or topical corticosteroids, oral contraceptives, anticonvulsants, lithium or antineoplastic drugs, such as the epidermal growth factor receptor (EGFR) inhibitor, cetuximab. Most patients with acne do not have an underlying endocrine disorder. However, acne is a common feature of polycystic ovary syndrome, which should be suspected if acne is moderate to severe and associated with hirsutism and menstrual irregularities.

### Grading of Acne

<b>Grade 1: Mild acne</b>	Comedones < 30
Predominance of comedones	Papules < 10
	No scarring
<b>Grade 2: Moderate acne</b>	Comedones any number
Predominance of papules	Papules > 10
	Nodules < 3

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	Mild scarring ±
<b>Grade 3: Severe acne</b>	Comedones any number
Predominance of nodules/cysts	Papules any number
	Nodules/cysts > 3
	Extensive scarring

### Precautions to be taken to prevent acne vulgaris

- 1) Maintain proper hygiene, wash the face twice daily.
- 2) Reduce stress.
- 3) Avoid smoking and alcoholic beverages.
- 4) Increase water intake.
- 5) Regular exercise.

### Homoeopathic Management

Homoeopathy works best in cases of all skin complaints is given according to symptoms similarity. Following medicines are being proved helpful in cases of acne vulgaris.

**Antimonium crudum:** Pimples, pustules, and boils on face. Yellow crusted eruptions on cheeks and chin. A thick milky-white coating on the tongue. Aggravation on extremes of cold and heat, amelioration after a cold bath.

**Arsenic bromatum:** Acne rosacea, with violent papules on nose; worse in the spring. Acne in young people.

**Asterias rubens:** Pimples on side of nose, chin and mouth. Disposition to pimples at adolescence. Acne with black tip and red base. Aggravation at cold damp weather, better after menses.

**Belladonna:** Pustules on face. Boils. Tender and red with burning pain. Acne rosacea.

**Berberis aquifolium:** Acne. Blotches and pimples. Skin is pimply, dry, rough and scaly. Eruption on scalp extending to face and neck. Clears the complexion.

**Borax:** Face swollen, with pimples on nose and lips. Aggravation from warmth and after menses, better in cold weather.

**Bovista:** Acne worse in summers; due to use of cosmetics, pimples on entire body. Itching on getting warm.

**Calcarea carbonica:** Little pimples on the root of the hairs which bleeds when scratched in fat and flabby girls.

**Dulcamara:** Humid eruptions on cheeks and face generally around the menstrual periods.

**Eugenia jambos:** Acne, simple and indurated. The pimples are painful for some distance around. Comedones.

**Heparsulphuris:** The tendency to suppuration is most marked, and has been a strong guiding symptom in practice. The lesion spread by formation of small papules around the side of the old lesion. Acne in youth. Suppurate with prickly pain. Easily bleed.

**Kalium bromatum:** Acne of face, pustules. Itching; worse on chest, shoulders and face. Acne on face in young fleshy people of gross habit.

**Ledum pal:** Red pimples on forehead and cheeks; stinging when touched. Crusty eruptions around nose and mouth. Better from cold and worse from heat of bed.

**Mercurius solubus:** Syphilitic pustules on face. Pimples around the main eruptions. Itching, worse from warmth of bed. General tendency to free perspiration, but patient is not relieved thereby.

**Natrum muriaticum:** Face oily, shiny as if greased. Dry eruptions, specially on margins of hairy scalp and bend of joints. Worse from heat, at seashore, from excess salt. Better in open air and cold bathing.

**Pulsatilla:** Acne at puberty and at start of menstruation, especially in girls who are over-weight and have delayed menstruation.

**Radium bromatum:** Small pimples. Erythema and dermatitis, with itching, burning, swelling and redness. Burning as if a fire.

**Selenimetallicum:** Seborrhoeaoleosa; comedones with an oily surface of the skin. Acne. Black pimples.

**Silicea:** Rose colored blotches. Skin is delicate, pale and waxy. Scars suddenly becomes painful. Pus offensive. Eruptions itch only in daytime and evening. Worse during menses, cold; better by warmth.

**Sulphur:** Dry, scaly, unhealthy skin. Every little injury suppurates. Pimply eruptions. Itching, burning; worse scratching and washing. Skin affections after local medication. Worse from warmth, washing and bathing, from alcoholic stimulants. Better in dry warm weather.

## 2. Conclusion

This is to be concluded that acne vulgaris can be best treated by Homoeopathic medicines, as in Homoeopathy the medicines are being prescribed on the basis of individualization of the patient. With proper management acne vulgaris can get cure.

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