

# To Study the Role of Homoeopathy in Acne Vulgaris

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**Abstract:** *Acne vulgaris is one of the most common dermatological disorders that afflicts people in their adolescence. It is characterized by seborrhea, comedones, papule, nodules & scarring. It is a disease of pilosebaceous unit. Both sexes are equally affected but females have more tendency. It affects the social status of the person. This exploratory study was conducted on 70 patients from age group of 9yrs to 39 years of both sex who visited the OPD and Peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital over a time period of one and half year. The work was intended "To study the role of Homoeopathy in Acne Vulgaris". Out of 70 cases 16 cases are improved i. e 22.8%, 16 cases shows moderate improvement i. e 22.8%, 28 cases shows mild improvement i. e 40% & 10 cases were not improved i. e 14%.*

**Keywords:** Acne, Homoeopathy, Acne Vulgaris, comedones, Individualisation

## 1. Introduction

Acne vulgaris is a common cutaneous inflammatory disorder of the pilosebaceous unit, which runs a chronic course. The condition commonly manifests with papules, pustules, or nodules primarily on the face, although it can also affect the upper arms, trunk, and back. The pathogenesis of acne vulgaris involves the interaction of multiple factors that ultimately lead to the formation of its primary lesion, which is known as "comedo" Although acne vulgaris is commonly observed among adolescents, it is not restricted to this age group and can affect individuals of various ages. The severity of this condition can vary, ranging from a mild presentation with only a few comedones to more severe forms characterized by disfiguring inflammatory manifestations, which can lead to hyperpigmentation, scarring, and adverse psychological effects [1]

**Pathogenesis:** Causes remains unknown but several factors incriminated which are as follows:

**Occlusion of Pilosebaceous Orifice:** It is occluded by a keratinous plug induced by chemicals & reduced levels of linoleum acid in sebum of acne patients that results in retention of sebum encourages the growth of microbes. distended follicles ruptures releasing the pro inflammatory chemicals into the dermis causes intense inflammation [2]

**Increased sebum secretion:** Sebaceous gland activity is controlled by androgens some patients have normal level of circulating androgens but their glands are unusually sensitive due to enhanced end organ sensitivity this activity converts testosterone to more potent 5alpha dihydrotestosterone that binds to the receptors of glands increases sebum production. [2]

**Microbial colonisation:** Organism like Propionibacterium spa. Especially P. acnes trigger type IV inflammatory response that produces extracellular enzymes which attract inflammatory cells [2]

**Modifying factors:** There are various modifying factors that produces & aggaravate acne such as

- Genetic predisposition
- Diet
- Cosmetics
- Psychological factors such as stress few drugs like NsAIDS
- Hormonal imbalance [2]

### Clinical Features:

- Greasy skin with patulous follicular openings.
- Eruption is polymorphic characterised by comedones, papule, postule, nodule and cyst
- Lesion of acne usually heal leaving scars [2]

**Comedones:** There are two type of comedones -:

**OPEN (BLACK HEADS):** are due to plugging of pilosebaceous orifice by keratin and sebum on the skin surface. [2]

**CLOSED (WHITE HEAD):** are due to plugging of keratin and sebum on pilosebaceous duct below the skin surface. Some closed comedones are deep seated and are best seen by stretching the skin known as **Submarine comedones**. [2]

**2 - Scars:** Lesions of acne usually heal with **scarring**. **Acne scars can be: Depressed scars: Ice pick scars:** which are deep pits. **Box car scars:** which can be superficial or deep. **Rolling scars. Hypertrophic and keloidal scars** [2]

**Site:** Lesions mostly occur on Forehead, Cheeks, Chin, Shoulders, upper chest & Back. [2]

### Types of ACNE:

**Acne Conglobata:** A severe form of acne, characterized by intercommunicating abscesses, cysts, and sinuses loaded with pus. In this comedones are multiparous. Lesions take months to heal and after healing leave behind deep pitted scar [2]

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**Occupational acne:** It is caused by exposure to industrial chemicals like tar, chlorinated hydrocarbons etc. Lesions are mostly comedones but sometimes inflammatory cystic lesions may be present. [2]

**Site:** Forearms, retroauricular region & legs

**Age:** Middle aged males

**Cosmetic Acne:** Eruptions seen in women using cosmetics especially oil based lesions always comedones.

**Site:** Chin [2]

**Drug Induced Acne:** It is due to steroids, hormonal pills, oral contraceptives etc. Lesions are monomorphic consisting of papule and sometimes pustules comedones and scarring are unusual especially when induced by steroids

**Site:** Trunk especially back [2]

**Infantile acne:** Due to the presence of maternal hormones in child. More common in males. It may present at birth and may last upto three years. Lesions are similar to adolescent acne. [2]

**Late Onset Acne:** Occurs after 25 years of age. Predominantly women affected. Exclude androgen secreting pathology especially polycystic ovarian syndrome.

**Site:** deep seated present on lower half of face. [2]

**Acne Exocrine:** occur in young girls who obsessively pick their otherwise mild acne results in discrete excoriations of face while comedones & papule are few and far in between. [2]

**Acne Fulminans:** Acute onset present as crusted, ulcerated lesion associated with fever, myalgia and arthralgia. [2]

**Acne after Facial massage:** It may be followed by an acneiform eruption in about 30% of patient. Indolent deep seated nodules with very few comedones Heal with hyperpigmentation after several weeks.

**Site:** cheeks along the mandible. Less on chin. [2]

**Investigation:** No investigations are require for routine management But In women who have late onset acne associated with hirsutism, virilization and menstrual irregularities investigate to exclude an androgen secreting pathology

Blood tests include Hormone profile - FSH, LH, TSH, CBC, ESR, Eosinophil Count, LFT, USG whole abdomen if needed [2]

**Diagnosis:** Based on age, type of eruption & distribution of eruption [2].

**Differential Diagnosis:** Acne Rosacea  
Folliculitis  
Acneiform eruption [2]

**Treatment:** Based on Totality of symptoms on the basis of symptom similarity. In Homeopathy no medicine is fixed but Proper Case has to be taken and similimum has to be found on the basis of individualization. Disease alone cannot be treated by simply viewing the skin symptoms but proper case has to be taken & find uncommon, peculiar, specific symptoms to prescribe the medicine.

## 2. Materials and Methods

The study has been conducted on patients who attended OPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and hospital, Ludhiana.

**Inclusion Criteria:** Patients of both sexes of various age from 9yrs - 39yrs.

**Exclusive Criteria:** Patients with underlying medical conditions like Diabetic Patients, Hypertensive Patients, Hypersensitive patient & old people.

**Intervention:** After Proper detailed case taking and careful examination of the eruption case has to be repetorised and individualized Medicines were prescribed. Medicines were repeated as per individual requirement of each case and guidelines given in organon of medicine. Intervention was given to each patient and follow up was conducted after 1 month. **Statistical analysis:** Statistical analysis has been done with the help of textbook of statistics. Collected sample has been statistically studied and analysed based on paired t test. [3]

**Outcome of Treatment:** "To study the Role of homoeopathy in Acne Vulgaris", 70 cases were taken into the study Out of 70 cases 16 cases are improved i. e 22.8%, 16 cases shows moderate improvement i. e 22.8% 28 cases shows mild improvement i. e 40% & 10 cases were not improved i. e 14% after receiving homoeopathic treatment. Stataistical analysis has been done with the help of paired t test. Null hypothesis stated that "Homoeopathy does not play role in treatment of acne vulgaris". The results shows that critical t value is greater than the tabulated t value at confidence level 95%, hence it is rejected and the alternate hypothesis is accepted which states that "Homoeopathy plays a effective role in Acne Vulgaris".

**Medicines used:** Each patient was prescribed by homoeopathic medicine according to symptom similarity, after analyzing out of which Pulsatilla nig was prescribed to 13 patients (18.5%), Natrum Mur to 7 patients (10%), Sulphur to 7 patient (10%), Phosphorus to 6 patients (8.5%), Lachesis to 5patients (8.5%), lycopodium to 5 patients (8.5%), Sepia to 5 patients (8.5%), calcarea carb to 4 patients (5.7%), Silicea to 3 patients (4.2 %), Calcarea sulph to 2 patients (2.8%), Stramonium to 2 patient (2.8%), Arsenic album to 2 patients (2.8%), Sulph iod to 1 patient (1.42%), kali brom to 1 patient (1.42%), Belladonna to 1 patient (1.42%), Barayata carb to 1 patient (1.42%), Calcarea flour to 1 patient (1.42%), carbo veg to 1 patient (1.42%), Natrum sulph to 1 Patient (1.42%) & Germanium Met to 1 patient (1.42%)

## 3. Discussion

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This exploratory study was aimed to study the role of homoeopathy in acne Vulgaris Out of 70 patients suffering from acne vulgaris. Maximum no. of patients were of age 14 - 19 yrs & 19 - 24 yrs age, 11 patient was of 9 - 14 yrs. 7 patients of 29 - 34 yrs, 4 patients of 34 - 39 yrs, 1 patient of 24 - 29 yrs of age

Homoeopathy plays an important role in treating acne vulgaris as it not only emphasis on treating the disease but the whole individual.

#### **4. Conclusion**

Acne is a disease that affects on the social and psychology behavior of the patients life With the help of this exploratory study, this is proved that homoeopathy plays an important role in treating acne vulgaris.

#### **References**

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