



HOMOEOPATHIC RESOLUTION OF ACNE VULGARIS WITH *PULSATILLA NIGRICANS* – A CASE REPORT

Homeopathy

Dr. Sammaia Papiah

Assistant Professor, Department of Organon of Medicine, North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong, Meghalaya, India.

Dr. Gouri Ningthoujam*

Assistant Professor, Department of Organon of Medicine, North Eastern Institute of Ayurveda and Homoeopathy, Mawdiangdiang, Shillong, Meghalaya, India.
*Corresponding Author

ABSTRACT

The most prevalent pustular skin disease is acne vulgaris which arises when sebum from the sebaceous glands is confined in the hair follicles forming plugs along with dead skin cells. Too often, acne is written off as a minor condition that does not require medical attention. Parents of children with acne put off seeking medical help because they think it is only a phase of the condition getting worse and that the lesions will soon go away. Each lesion is visibly visible and greatly lowers one's self-esteem because they cannot be concealed by clothing. Homoeopathy plays a major part in skin diseases and helps in full recovery of the patient through individualization and constitutional remedies. A particular case of acne vulgaris with marked pustular eruptions treated by a homoeopathic remedy, *Pulsatilla nigricans* has been discussed here. Before and after the treatment evidence-based photos were taken showing the pustular eruptions were determined to have significantly improved. This case study with supporting data suggests positive role of homoeopathy in the management of acne vulgaris.

KEYWORDS

Acne vulgaris, Homoeopathy, Pulsatilla nigricans, Case report

INTRODUCTION

The pilo-sebaceous units are chronically inflamed in acne vulgaris. The illness is very prevalent; statistics indicate that it affects more than 90% of teenagers and typically begins after puberty. It is usually more severe in the late thirties and forties, particularly in females.^[1]

Acne lesions are divided into inflammatory and non-inflammatory where non-inflammatory consists of open and closed comedones while inflammatory acne lesions are characterized by the presence of papules, pustules and nodules (cysts). Papules have a diameter of under 5 mm. A central core of purulent material is readily apparent in pustules. Nodules are greater than 5mm in diameter and may become suppurative or hemorrhagic. A severity grade based in lesion count approximation is assigned as mild, moderate and severe.^[2]

The largest and most numerous sebaceous glands are found in locations where acne occurs most frequently and strongly. Oily substance is created by a diverse mixture of sebaceous gland cells. Hormones influence sebaceous glands secretion.^[3] Following puberty, androgen production increases sebaceous glands to secrete sebum.^[4] Defective keratinization of the follicular infundibulum above the opening of the sebaceous ducts initiates acne. Keratinocytes multiply and show enhanced cohesiveness thereby obstructing follicular channels. Cellular debris and sebum collect behind and forms a solid mass, comedo.^[4] Anaerobic diphtheroid propionibacterium acnes, a common skin inhabitant, is the main element of the pilo-sebaceous follicle's microbial flora. Acne is thought to be significantly influenced by the microorganisms.^[2] Papules, pustules, and cysts are caused by bacterial (Propionibacterium acnes) multiplication within the comedo, which predisposes to the pilo-sebaceous unit rupturing and extravasating into the surrounding dermis.^[5] Bread, bagels, doughnuts, crackers, sweets, cake, and chips are examples of foods with high glycemic carbs that significantly raise blood glucose levels and promote a sequence of hormonal changes that lead to acne.^[6]

The most frequent site of involvement is the face, but back, shoulders and upper chest may be involved. Lesions may leave behind post inflammatory hyperpigmentation and scars. Severely inflamed lesions heal with small but deeper scars known as *ice-pick scars*.^[4] Sometimes the patient may develop keloids at the sites of acne lesions.^[5] Acne has an average lifetime of 20 years. A mean age of 37 years and a mean age at onset of 16 years were recorded at the time of the survey. According to reports, 80% of women have persistent acne. Menstrual aggravation was noted by 83%, stress by 67%, and diet by 26% of people. In 65% of the women, pregnancy had an impact on acne, with 41% expressing improvement and 29% reporting aggravation.^[2] Young people seeking treatment for acne frequently turn to homoeopathy. The key literature, Textbook of Dermatology for Homoeopaths has 43 drugs for

acne.^[6] There are 122 drugs in Kent's Repertory, 107 in Boger-Boeninghausen's Repertory, 10 in Boger Synoptic Key, and 84 in Boericke's Repertory.^[7, 8, 9, 10] In a study "Homoeopathic Treatment of Acne vulgaris: An open, Single-Arm, Non-comparative Study" remedies *Natrum muriaticum*, *Calarea sulphurica*, *Sulphur*, *Kali bromatum*, *Hepar sulphuricum*, *Antimonium crudum*, *Pulsatilla nigricans*, *Tuberculinum*, *Psorinum*, *Sepia*, *Silicea*, *Nux vomica*, *Calcareo carbonica* and *Bovista* were found helpful for treating acne vulgaris.^[11]

CASE REPORT

A 17-year-old girl, Christian by religion, 11th passed, belonging to middle socioeconomic family, presented with symptoms of multiple pustular eruptions on the face for 1 year. There was yellow pustular discharge with mild itching and burning sensation which aggravated after eating pork, fatty food. The patient had a medical history of pulmonary tuberculosis when she was 12 years old and got recovered through allopathic treatment. She had aversion to pork and fatty food and desired for sweets. Her thermal was chilly in nature and her menses was regular with no abnormality. She was mild, desired company and was loquacious in nature. She had taken local application treatment for the same but was not recovered. There was no significant surgical and family history.

Clinical Findings

She was ectomorphic with dark complexion. Her pulse rate was 70/min, her temperature was 96.2°F and her blood pressure was 110/70 mmHg.

Locally, there were multiple pustular eruptions on the face with yellowish-pus discharging in few of the eruptions.

On a detailed study and examination of the parts, she was diagnosed as a case of Acne vulgaris.

Intervention

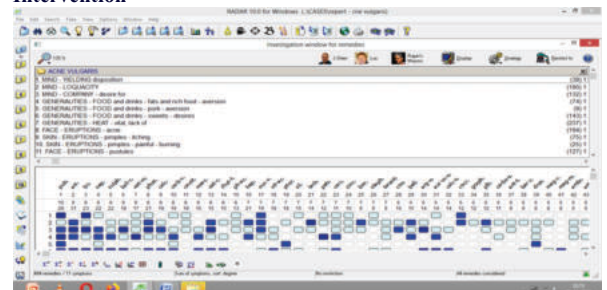


Figure 1: Repertorization chart

The totality of symptoms was yielding disposition; loquacity; desires for company; desires for sweets; aversion to pork and fatty food; chilly patient; eruptions on face, acne; itching of pimples; burning sensation of pimples and eruptions on face, pustules. *Pulsatilla nigricans* 200 was selected on the basis of the totality of the symptoms and with the help of repertorization (Figure 1).

The patient was instructed to maintain good facial cleanliness and refrain from consuming pork and fatty foods.



Figure 2: Acne vulgaris before treatment



Figure 3: Acne vulgaris during treatment



Figure 4: Acne vulgaris after treatment

Follow-up And Outcome

The patient displayed signs of several pustular eruptions on the face at the initial visit. There was yellowish-pus discharge with mild itching and burning sensation which aggravated after eating pork, fatty food. She had aversion to pork and fatty food and desire for sweets. Her nature was mild with yielding disposition, desires company and loquacious. Her thermal was chilly. The patient was given *Pulsatilla nigricans* from 200 to 1M in an increasing potency on the basis of totality of symptoms and her eruptions improved in 1 month. Further, *Tuberculinum* was prescribed as an intercurrent remedy, when the symptoms were persistent. Later, after *Tuberculinum* was prescribed, the case was re-taken again and *Pulsatilla nigricans* was prescribed again based on the totality of symptoms.

Table 1: Timeline

Date of follow-ups	Symptoms	Prescriptions	Justification of prescriptions
30 September 2021	Eruptions on the forehead only were decreased. Itching was persisting. Burning sensation was persisting. Yellowish-pus discharge was persisting.	Sac lac for 1 week	Sac lac was given to wait and watch for the complete action of the previous medicine i.e <i>Pulsatilla nigricans</i> 200.

7 October 2021	Pustular eruptions were disappearing slowly. Itching had decreased. Burning sensation had slightly reduced. Yellowish-pus discharge was persisting.	<i>Pulsatilla nigricans</i> 1M two doses Sac lac for 15 days	The patient was feeling better and the yellowish-pus discharge was persisting. The medicine was therefore administered in its next higher potency.
20 October 2021	Pustular eruptions were disappearing slowly. Itching had decreased. Burning sensation had slightly reduced. Yellowish-pus discharge was persisting.	<i>Tuberculinum</i> 200 one dose Sac lac for 30 days	As the patient had a medical history of pulmonary tuberculosis, an intercurrent remedy was being given. Burnett recommends to give <i>Tuberculinum</i> , if there is a tubercular element in the case. ^[15]
23 November 2021	Eruptions were still present around the mouth with mild itching sensation. Burning sensation was much reduced. Visible acne scar marks were seen.	<i>Pulsatilla nigricans</i> 1M two doses Sac lac for 30 days	The eruptions were persisting around the mouth with mild itching and burning sensation. Aversion to pork and fatty food was present. <i>Pulsatilla nigricans</i> was repeated on the basis of totality of symptoms.
29 December 2021	Eruptions were disappearing slowly. Burning sensation was very much reduced. No more discharge of yellowish-pus. Visible acne scar marks were slightly reduced.	<i>Pulsatilla Nigricans</i> 1M two doses Sac lac for 30 days	As the eruptions were persisting around the mouth with mild itching and burning sensation, the remedy was repeated again.
7 February 2022	Eruptions had very much disappeared. Itching had stopped. Burning sensation had stopped. Visible acne marks were reduced.	Sac lac for 30 days	Sac lac was administered as the patient started to feel better.
2 March 2022	Eruptions were completely disappeared. Visible acne scar marks were much reduced.	Sac lac for 30 days	Sac lac was administered as the patient started to feel better.
7 April 2022	Pustular eruptions on the skin had completely disappeared. Visible scar marks were reduced.	Sac lac for 30 days	Sac lac was administered as the patient started to feel better.

Table 2: Global Acne Grading System Scale^[12]

Before Treatment			
Location	Factor (F)	Severity (S)	Local Score (F x S)
Forehead	2	Nil=0	0
		Comedone=1	2
		Papule=2	4
		Pustule=3	6
		Nodule=4	8
Right Cheek	2	Nil=0	0
		Comedone=1	0
		Papule=2	4
		Pustule=3	6
		Nodule=4	8

Left Cheek	2	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 2 4 6 8
Nose	1	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Chin	1	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 1 2 0 0
Chest and Upper back	3	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Total			53

After Treatment			
Location	Factor (F)	Severity (S)	Local Score (F x S)
Forehead	2	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 4 0 0
Right Cheek	2	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Left Cheek	2	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Nose	1	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Chin	1	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Chest and Upper back	3	Nil=0 Comedone=1 Papule=2 Pustule=3 Nodule=4	0 0 0 0 0
Total			4

Table 3: Acne Severity Table^[12]

Mild	11-18
Moderate	19-30
Severe	31-38
Very severe	>39

DISCUSSION

The treatment of acne is challenging and often chronic. In this case report, the usefulness and advantage of homeopathic treatment for acne vulgaris are discussed. On the basis of totality of symptoms and with the help of repertorization (Table 1) using Schroyens F. RADAR [Computer Program]. Version.10.0. Belgium: Archibel; 2007.^[13] *Pulsatilla nigricans* of 200th potency slowly increasing to 1M was given. The patient continued follow up for the next 5 months with no recurrence and did not complain of any side effects or negative consequences. Burnett recommends giving *Tuberculinum*, if there is a tubercular element in the case and since the patient had a medical history of pulmonary tuberculosis, an intercurrent remedy *Tuberculinum* was given.^[14]

Considering the symptomatology and pathology along with the past

medical history of the patient, the case appeared to be a pseudo-psoric case. It was Dr J.H. Allen who proposed pseudo-psora a combination of psora and syphilis for the first time which later came to be known as tubercular miasm.^[15, 16] One of the characteristic symptoms of this tubercular miasm is the strong tendency to pustulation.^[17] The objective assessment scale, GAGS was applied to the case at an interval of 8 months and a substantial reduction of the score from 53 [Table 2] to 4 [Table 3]^[12] was found by the end of the follow-up ranging from very severe to mild.

A similar case of acne vulgaris was reported and treated with *Pulsatilla nigricans* and had improved significantly.^[18] In an experimental, open-label, non-comparative study which was carried out to evaluate the potential effects of individualized homeopathic treatments in individuals with acne vulgaris, 14 different homeopathic medicines were found useful and out of which *Pulsatilla nigricans* was one of the indicated medicine.^[19] One more experimental study which was carried out to determine how homeopathic treatments might be used in cases of acne vulgaris in young adults, 12 homeopathic medicines were found useful and out of which *Pulsatilla nigricans* was one of them.^[19] Although topical therapies and systemic antibiotic medications may prevent further spread of the disease within the patient, it may palliate or even suppress the skin disease leading to more complications. Hence, individualized homeopathic medicine is the best treatment for acne vulgaris.

The limitation of this case report is the inability to carry out the follow-up for a longer duration. The scar marks on the patient's face were still present even on the last follow-up; hence, it would be better if the follow-up would have been continued for a longer duration to find out the disappearance of scar marks and any other recurrence of the symptoms.

CONCLUSION

In this case, the most appropriate individualized homeopathic medicine with proper treatment protocol have shown a significant improvement of the lesions of the skin without any side effects or complications seen, thus, paving the path for further research to evaluate the efficacy of homeopathy in treating skin diseases like acne vulgaris.

Declaration Of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for the images and other clinical information to be reported in the journal. The patient understands that her name and initial will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Financial Support And Sponsorship

Nil

Conflicts Of Interest

None declared

REFERENCES

- Davidson S, Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's Principle and Practice of Medicine, 23rd ed. London: Elsevier Ltd; 2018. p. 1241.
- Habif TP. Clinical Dermatology. 6th ed. London: Elsevier Ltd; 2016. p. 219, 220, 225, 226.
- Goldman L, Schafer AI, Crow MK, Doroshov JH, Drazen JM, Griggs RC. Goldman-Cecil Medicine. 25th ed. Vol.2. Philadelphia: Elsevier Ltd; 2016. p. 2680.
- Das KV. Textbook of Medicine. 6th ed. Vol.2. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2017. p. 1510.
- Pasricha SJ, Gupta R. Illustrated Textbook of Dermatology. 4th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2013. p. 135.
- Gupta R, Manchanda RK. Textbook of Dermatology for Homoeopaths. New Delhi: B. Jain Publishers; 2005. p. 112-8.
- Kent JT. Repertory of Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd; 2007. p. 1316
- Boger CM. Boenninghausen's Characteristics Materia Medica and Repertory. New Delhi: B.J Publishers; 2007. p.1316
- Boger CM. Synoptic Key of the Materia Medica. New Delhi: B. Jain Publishers; 2008. p.502
- Boericke OE. Repertory. Available from: <http://www.homeoint.org/books4/boerirep/skin.htm#acne>. [Last accessed on 2019 Dec 20]
- Sharma R, Manchanda RK. Homoeopathic Treatment of Acne Vulgaris: An Open, Single-Arm, Non-Comparative Study. Homoeopathic Links 2020; 33:272-82.
- Schroyens F. RADAR [Computer Program]. Ver. 10.0. Belgium: Archibel; 2007.
- Doshi A, Zaheer A, Stiller MJ. A comparison of current acne grading systems and proposal of a novel system. International journal of dermatology. 1997 Jun; 36(6):416-8.
- Clarke JH. A Dictionary of Practical Materia Medica. Vol.3. New Delhi: B. Jain Publishers (P) Ltd; 2015. p. 1463.
- Nigam H. Miasma The Road Less Travelled. 2nd ed. New Delhi: B. Jain Publishers (P) Ltd; 2017. p. 41.
- Degroote F. Notes on Miasms, Hereditary and Nosodes. 2nd ed. New Delhi: B. Jain Publishers (P) Ltd; 2010. p.18.
- Sharma SN, Rajput G, Mewara S, Tiwari HS, Gupta A. Acne vulgaris to healthy skin by classical homeopathy: A case report. International Journal of Homoeopathic Sciences. 2022; 6(4):296-9.
- Deeksha, Singh AK. Role of Homoeopathic Medicines in Cases of Acne Vulgaris in Young Adults Using Acne-QOL. TUJ Homo & Medical Science. 2020;3(4):19-29