

Review Article

Acne Vulgaris and its Homoeopathic Treatment

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ABSTRACT

Acne Vulgaris is one of the skin complaint seen more prominently during adolescence age group. There are various treatments for it but considering the Homoeopathy been an effective treatment cures the patient.

Keywords: Homoeopathy, acne vulgaris, treatment

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INTRODUCTION:

Acne vulgaris (or **cystic acne**) is a common human skin disease, characterized by areas of skin with seborrhea (scaly red skin), comedones (blackheads and whiteheads), papules (pinheads), pustules (pimples), Nodules (large papules) and possibly scarring. Acne affects mostly skin with the densest population of sebaceous follicles; these areas include the face, the upper part of the chest, and the back. Severe acne is inflammatory, but acne can also manifest in noninflammatory forms. The lesions are caused by changes in pilosebaceous units, skin structures consisting of a hair follicle and its associated sebaceous gland, changes that require androgen stimulation. Acne occurs most commonly during adolescence, and often continues into adulthood. In adolescence, acne is usually caused by an increase in testosterone, which people of both genders accrue during puberty. For most people, acne diminishes over time and tends to disappear or at the very least decrease after one reaches one's early twenties. There is, however, no way to predict how long it will take to disappear entirely and some individuals will carry this condition well into their thirties, forties, and beyond.

Some of the large nodules were previously called "cysts" and the term *nodulocystic* has been used to describe severe cases of inflammatory acne. The "cysts," or boils that accompany cystic acne, can appear on the buttocks, groin, and armpit area, and anywhere else where sweat collects in hair follicles and perspiration ducts. Cystic acne affects deeper skin tissue than does common

acne. Aside from scarring, its main effects are psychological, such as reduced self-esteem and in very extreme cases, depression or suicide. Acne usually appears during adolescence, when people already tend to be most socially insecure. Early and aggressive treatment is therefore advocated by some to lessen the overall long-term impact to individuals.

Signs and symptoms:

Typical features of acne include: seborrhea (scaly red skin), comedones (blackheads and whiteheads), papules (pinheads), pustules (pimples), nodules (large papules) and, possibly scarring. It presents somewhat differently in people with dark skin.

Scars:

Acne scars are the result of inflammation within the dermis brought on by acne. The scar is created by the wound trying to heal itself resulting in too much collagen in one spot. Physical acne scars are often referred to as "Icepick" scars. This is because the scars tend to cause an indentation in the skin's surface. There are a range of treatments available. Although quite rare, the medical condition Atrophia Maculosa Varioliformis Cutis also results in "acne-like" depressed scars on the face.

Ice pick scars: Deep pits, which are the most common and a classic sign of acne scarring.

Box car scars: Angular scars that usually occur on the temple and cheeks, and can be either superficial or deep, these are similar to chickenpox scars.

Rolling scars: Scars that give the skin a wave-like appearance.

Hypertrophic scars: Thickened, or keloid scars.

Pigmentation:

Pigmented scars is a slightly misleading term, as it suggests a change in the skin's pigmentation and that they are true scars; however, neither is true. Pigmented scars are usually the result of nodular or cystic acne (the painful 'bumps' lying under the skin). They often leave behind an inflamed red mark. Often, the pigmentation scars can be avoided simply by avoiding aggravation of the nodule or cyst. Pigmentation scars nearly Always fade with time taking between three months to two years to do so, although can last forever if untreated.

Causes:

Acne develops as a result of blockages in follicles. Hyperkeratinization and formation of a plug of keratin and sebum (a microcomedo) is the earliest change. Enlargement of sebaceous glands and an increase in sebum production occur with increased androgen (DHEA-S) production at adrenarche. The microcomedo may enlarge to form an open comedone (blackhead) or closed comedone (milia). Comedones are the direct result of sebaceous glands' becoming clogged with sebum, a naturally occurring oil, and dead skin cells. In these conditions, the naturally occurring largely commensal bacterium *Propionibacterium acnes* can cause inflammation, leading to inflammatory lesions (papules, infected pustules, or nodules) in the dermis around the microcomedo or comedone, which results in redness and may result in scarring or hyperpigmentation. Hormonal activity, such as menstrual cycles and puberty, may contribute to the formation of acne. During puberty, an increase in male sex hormones called androgens causes the follicular glands to grow larger and make more sebum. Use of anabolic steroids may have a similar effect. Several hormones have been linked to acne: the androgens testosterone, dihydrotestosterone (DHT) and dehydroepiandrosterone sulfate (DHEAS), as well as insulin-like growth factor 1 (IGF-I).

Development of acne vulgaris in later years is uncommon, although this is the age group for rosacea, which may have similar appearances.

Genetic:

Psychological:

Infectious:

Diet: A high glycemic load diet is associated with worsening acne. There is also an association between the consumption of milk and the rate

and severity of acne.

Diagnosis:

There are multiple grading scales for grading the severity of acne vulgaris three of these being:

Leeds acne grading technique: Counts and categorises lesions into inflammatory and non-inflammatory (ranges from 0–10.0).

Cook's acne grading scale: Uses photographs to grade severity from 0 to 8 (0 being the least severe and 8 being the most severe).

Pillsbury scale: Simply classifies the severity of the acne from 1 (least severe) to 4 (most severe).

Differential Diagnosis:

Keratosis pilaris

Rosacea

Chloracne

In modern medicines the management is done by:

Medications:

Benzoyl peroxide, Antibiotics, Hormones, Topical retinoids, Oral retinoids, Antiinflammatories.

Procedures:

Dermabrasion, Phototherapy, Photodynamic therapy, Laser treatment

Surgery:

For people with cystic acne, boils can be drained through surgical lancing.

Homoeopathic management:

- 1) Proper and detailed case taking is done.
- 2) Case processing is done:-
 - Diagnosis of disease.
 - Diagnosis of miasm.
 - Diagnosis of phase of disease.
 - Totality of symptoms.
 - Analysis of symptoms.
 - Evaluation of symptoms. Reportorial totality is considered.

Final selection of remedy is done

Some important homoeopathic medicines:

Aloe Vera, Calendula, Berberis Aquifolium, Kali-Brom, Echnicea, Graphites, Sulphur, Psorinum, Belladonna, Calcarea Carb, Nat-Mur, Phos, Arsenic, Lachesis. But cure is possible only by a constitutional simillimum.

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