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Case report: Individualized homoeopathic treatment in a case of cystic acne

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Abstract
Cystic acne (nodulocystic acne) is a severe form of acne vulgaris characterized by deep-seated inflammatory nodules and cysts involving the pilosebaceous units, often healing with scarring [1]. Homoeopathy, based on the principle of individualization, offers a holistic approach by prescribing constitutional medicines that address the patient's physical, (mental), and emotional constitution along with underlying miasmatic tendencies [3].

Keywords: Homoeopathy, constitutional medicine, cystic acne, acne vulgaris, individualization, miasmatic approach, repertorization, holistic treatment, chronic skin disease

Introduction
Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit characterized by the formation of comedones, papules, pustules, nodules, and, in severe cases, cysts and scarring. It commonly affects adolescents and young adults and predominantly involves the face, chest, shoulders, and back. Cystic acne, also known as nodulocystic acne, represents a severe form of acne vulgaris characterized by deep-seated, painful inflammatory nodules and cystic lesions which often heal with permanent scarring and post-inflammatory pigmentation [2].

Case Presentation
The case was managed at North Eastern Institute of Ayurveda and Homoeopathy Hospital. The patient was registered under OPD card number 1538. A 21-year-old female presented with complaints of painful swelling over the chin for the past 6 months. The lesions initially appeared as small pimples over the chin and jawline and gradually progressed into larger inflamed cystic eruptions associated with redness, swelling, and occasional pain. The patient reported aggravation of complaints during emotional stress and exposure to sunlight. The patient reported persistent recurrence of lesions with post-acne dark marks over the affected areas. About 1 year ago, she had taken treatment with topical ointments, which provided temporary relief for the nodular acne; however, the eruptions reappeared and gradually worsened. There was no significant history of systemic illness reported. On examination, multiple inflammatory papules, pustules, and cystic acne lesions with post-inflammatory hyperpigmentation were observed over the facial region, predominantly involving the chin and jawline. A detailed case-taking revealed significant mental and physical generals. Mentally, the patient is anxious and mentally stressed mainly due to studies, with difficulty relaxing. She was oversensitive in nature, easily irritated by small matters, and had a tendency to become tense under pressure. These features indicated a deeply affected emotional sphere. Physically, she had a craving for spicy food, tea increased thirst, and oily skin, especially on the face. She also reported aggravation from sun exposure, often accompanied by headache. Disturb sleep due to mental stress, normal bowel and bladder habits. The personal and family history did not reveal any major pathology but suggested a background of chronic susceptibility. From a miasmatic perspective, the case showed a predominance of sycotic miasm, evidenced by the nodular, indurated, and overgrown nature of acne lesions, along with a tendency for chronicity and recurrence. The presence of cystic formations and scarring also indicated a syphilitic miasmatic influence, suggesting destructive changes in the skin.

Additionally, underlying functional disturbances such as oily skin and hypersensitivity pointed toward a psoric base. Thus, the case represented a mixed miasmatic state with sycotic predominance and syphilitic traits.

The totality of symptoms was constructed by giving importance to characteristic mental generals such as the patient is anxious and mentally stressed mainly due to studies, with difficulty relaxing. She was oversensitive in nature, easily irritated by small matters, and had a tendency to become tense under pressure and she desires for spicy food and tea.

Repertorial analysis was performed using standard rubrics, which prominently indicated Nux vomica as the leading remedy. Silicea was the second remedy as it was also considered for cystic acne but Nux vomica as it covered the totality most completely, particularly the mental-emotional characteristics and physical generals.

Management Approach

The case was managed with an individualized homoeopathic approach based on the patient's presenting symptoms and overall constitution. Nux Vomica 200C was prescribed as a single dose with Sac Lac for one week. On follow-up, considering the persistence of cystic eruptions and tendency toward suppuration, Silicea 200C was prescribed in two doses along with Sac Lac for two weeks. Along with.

Lifestyle Advice

Maintain proper facial hygiene.
Avoid picking or squeezing lesions.
Limit oily and junk foods.
Drink plenty of water and maintain adequate sleep.
Manage stress and avoid excessive cosmetic use.

This case illustrates the importance of constitutional prescribing in homeopathy, where the remedy selection is based on the totality of symptoms rather than local pathology alone. The action of Nux vomica for one week which was followed by silicea not only resolved the nodular cystic acne but also brought about significant improvement in the patient's mental and emotional state. The miasmatic understanding further aided in evaluating the chronicity and depth of the disease, guiding appropriate remedy selection and prognosis.

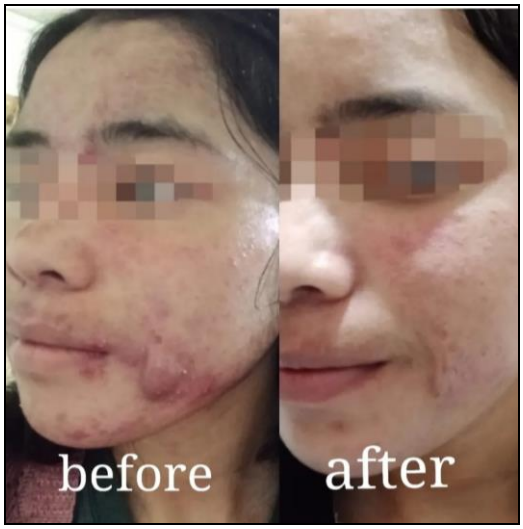

Fig 1: Before and after clinical photographs showing reduction in cystic acne lesions following homoeopathic treatment.

Conclusion

The case was managed with an individualized homoeopathic approach based on the patient's presenting symptoms and constitutional characteristics. Nux Vomica 200C was prescribed in a single dose followed by Sac Lac for one week. On subsequent follow-up, considering the persistence of cystic eruptions with a tendency toward suppuration, Silicea 200C was prescribed in a single dose followed by Sac Lac for one week, and repeated once again after one week along with Sac Lac. After 2 months of regular follow-up and treatment, marked clinical improvement was observed, as evident in the follow-up photographs.

Conflict of Interest

There are no conflicts of interest related to this study.

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