Homoeopathic management of non-responsive, nodulocystic acne: A case report

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Abstract

Introduction: Nodulocystic acne is a severe form of acne that can significantly damage the skin and impact the quality of life. Although oral isotretinoin is considered an effective conventional treatment for such cases, it often fails. A case of severe facial nodulocystic acne is reported here, where allopathic treatment failed to control the condition. Homoeopathic treatment was administered, and the patient improved. Case Summary: A 16-year-old female patient presented with pustular, nodular, cystic and painful eruptions on the face, which were treated with individualised homoeopathic medicine Tarentula cubensis. The symptoms improved without any relapse. The causal attribution of changes was assessed by modified Naranjo criteria. The case progress was documented photographically at the beginning, during and at the end of treatment. The patient’s quality of life had also improved markedly, along with the presenting complaints. The uniqueness of this case was that the severe acne, which did not respond to conventional treatment, was resolved with homoeopathy.

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Abstract

Background: Nodulocystic acne is a severe form of acne that can significantly damage the skin and impact the quality of life. Although oral isotretinoin is considered an effective conventional treatment for such cases, it often fails. A case of severe facial nodulocystic acne is reported here, where allopathic treatment failed to control the condition. Homoeopathic treatment was administered, and the patient improved.

Case Summary: A 16-year-old female patient presented with pustular, nodular, cystic and painful eruptions on the face, which were treated with individualised homoeopathic medicine *Tarentula cubensis*. The symptoms improved without any relapse. The causal attribution of changes was assessed by modified Naranjo criteria. The case progress was documented photographically at the beginning, during and at the end of treatment. The patient’s quality of life had also improved markedly, along with the presenting complaints. The uniqueness of this case was that the severe acne, which did not respond to conventional treatment, was resolved with homoeopathy.

Keywords: Cardiff Acne Disability Index, Homoeopathic treatment, individualisation, nodulocystic acne, *Tarentula cubensis*

Introduction

Acne vulgaris is a chronic skin disease in which the elementary lesion is an inflammatory nodule or pustule or a non-inflammatory comedone.\(^1\) Inflammatory acne vulgaris tends to leave scars of variable intensity, but non-inflammatory acne vulgaris does not.\(^1,2\) Acne vulgaris is a disorder of the pilosebaceous unit with multifactorial pathogenesis and variable morphology that has a great psychological impact, especially in severe forms, including nodulocystic acne. The four pathogenic factors in acne are follicular hyperkeratosis, sebum accumulation, the presence of bacteria and inflammation. Sebum production is increased in patients with acne, though there is no difference in quality between the sebum of acne patients and that of those without acne. A reduction in sebum production improves acne. Comedo rupture results in inflammation, a pathogenic factor in the production of lesions. In recent literature, more severe forms of inflammatory acne vulgaris are classified as cystic or nodulocystic.\(^3-5\) This process is fostered by androgenic stimulation. *Propionibacterium acnes* is present in a growing number of patients with more severe acne lesions and contributes to inflammation.\(^6,7\) The treatment depends on the type and severity of acne lesions, with topical and systemic antimicrobials (retinoids) being the main therapeutic classes, followed by systemic hormonal therapy.\(^5\) However, this case improved with homoeopathic intervention despite its severity. There are many medicines in the homoeopathic Materia Medica that can be considered for acne, some being *Antimonium crudum*, *Berberis aquifolium*, *Kali bichromatum*, *Ledum palustre*, *Hydrocotyle*, etc.\(^8\) Homoeopathy also has evidence of efficacy in the management of acne.\(^9,10\) In this case report, the Cardiff Acne Disability Index\(^11\) was used to measure the health-related quality of life of an adult patient suffering from acne.

Case Report

Patient information

A 16-year-old female visited the outpatient department of the Dr. D. P. Rastogi Central Research Institute for Homoeopathy on 12\(^{th}\) March, 2021 with a complaint of a nodulocystic form of acne. This did not respond to conventional treatment. Homoeopathic treatment was administered, and the patient improved.

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Acne affecting her face [Figure 1]. She was frustrated and felt miserable about her skin condition. Her past medical history was unremarkable. At the time of reporting, she was not taking any treatment. There was no significant family history. She had been on allopathic treatment for 2 months for her problem, reportedly without any significant improvement. She had a body mass index of 22.8 (height 1.55 m and weight 55 kg).

**Clinical findings**

The patient had purplish eruptions on the cheeks, forehead and chin [Figure 1], which were hard, nodular, cystic and a few pustular. There was burning, pain, and itching in the lesions without any specific modality. She was a chilly patient and had a desire for spicy food.

On physical examination, painful aphthous ulcers were an added finding.

**Diagnostic assessment**

This was a known case of nodulocystic acne that had been treated conventionally by a dermatologist for 2 months. Since it was a diagnosed case, only routine investigations like a complete blood count, erythrocyte sedimentation rate, thyroid profile, follicle stimulating hormone, luteinizing hormone, testosterone, fasting blood sugar and fasting serum insulin were done to rule out other disorders with acne as a common presentation. Polycystic ovarian disease, hyperandrogenism and insulin resistance were ruled out since her menses were normal, there was no history of hirsutism and hormone levels were normal. The Cardiff Acne Disability Index was filled out at the first visit to assess the impact of disease on the quality of life of the patient, which showed that disease had a “very large effect” on the patient’s life. The following characteristic symptoms were considered for repertorisation:

1. Mildness
2. Desire for company
3. Desire for spices
4. Chilly patient
5. Thirst for small quantity of water, and often
6. Ulcerative stomatitis
7. Eruptions on face with burning sensation
8. Eruptions on face with itching
9. Nodular eruptions on face
10. Painful eruptions on face
11. Pustular eruptions on face
12. Hard eruptions on face
13. Purple discoloration of skin.

**Therapeutic intervention**

Repertorisation was done using the *Synthesis repertory* in Radar Opus software version 3.0.16 on the basis of 15 rubrics[12] [Figure 2]. The top four medicines were *Arsenic album* (19/9), *Sulphur* (18/9), *Rhus toxicodendron* (15/8) and *Calcarea carbonica* (14/8). After consulting Materia Medica, *Arsenic album* was selected as the patient was chilly and had a thirst for small quantities of water at short intervals, along with a burning sensation in the eruptions. Hence, *Arsenic album* 30C, 5 globules, three times a day was prescribed on 12th March 2021 for 3 days, followed by a placebo for the next 15 days. Placebo consisted of 5 globules of 20 number size, impregnated with dispensing alcohol, to be taken twice a day. She was advised not to prick her acne and to avoid taking junk or fast food.

**Follow up**

In the next follow-up, very little improvement was observed, and *Arsenic album* was prescribed in a higher potency of 200C, 1 dose, followed by placebo for 15 days. There was still little improvement in the next follow-up [Figure 3]. Hence, on 11th May, 2021, *Thuja occidentalis* 200C, five globules as a single dose, was given as an intercurrent to break the miasmatic blockage and also, since *Thuja* complements and follows *Arsenic* well in its action.[10] After this prescription, there was a slight improvement in pain, burning and itching, but new acne continued to appear. Again, *Thuja occidentalis* (1M, 1 dose, 5 globules) was prescribed, followed by placebo for 15 days. There was no further improvement in the skin condition [Figure 4]. However, in this visit, the characteristic finding of purple discoloration of the lesion was focussed upon. So after consulting the Materia Medica, *Tarentula cubensis* (30C, 5 globules, TDS) was prescribed.[13] Furthermore, according to Dr. Elizabeth Wrightt, *Tarentula cubensis* follows *Arsenic album* well in the series: *Arsenic, Thuja occidentalis*, and *Tarentula cubensis*. [14] Eventually, sustained improvement followed. The modified Naranjo criteria[15] used for assessing causal attribution of improvement yielded a total score of 8 [Table 1]. The Cardiff Acne Disability Index also reduced from 15 to 2 after the treatment [Table 2].

On subsequent follow-ups, there was continuous improvement based on the clinical assessment, as shown in Table 3. At the end of the treatment, there was complete remission of acne [Figure 5], and the quality of life was improved after treatment [Table 2].

**Discussion**

A report mentions two cases of severe acne successfully treated using individualised homoeopathic medicines, *Natrum muriaticum* and *Palladium metallicum*, respectively.[16] Another study reports that out of 83 patients treated for acne with individualised homoeopathic medicines, 68 (81.9%) went into remission.[10] The most useful medicines were...
thereafter in pain, burning and itching, but new acne continued
to develop and there was no reduction in the size of the nodules.
Then *Tarentula* was prescribed on the basis of the characteristic
purplish colour of eruptions, and it completed the series of
medicines as suggested by Dr. Elizabeth. These medicines are
cognate in relation.\[14\]
The patient then improved remarkably\[Figures 5 and 6\].

In addition to physical effects such as permanent scarring
and disfigurement, acne has long-lasting psychosocial effects

*Lycopodium*, *Palladium* and *Platina*, though 17 different
medicines were used in that study. In this case report, after
careful recording of the medical history, repertorisation and
consultation with Materia Medica, *Arsenic album 30C* was
prescribed, but there was very little improvement in the itching
of acne, and hence *Arsenic album 200* was given. However,
there was still little improvement [Figure 3]. *Thuja occidentalis*
200C and 1M were then prescribed as an intercurrent to remove
the miasmatic blockage (as the acne was hard, nodular and
cystic in appearance, these are predominantly sycotic kind of skin manifestations).\[17\] There was a slight improvement

\[Figure 2: (a and b) Repertorisation chart\]

\[Figure 3: (a-c) During treatment 11 May 2021\]

\[Figure 4: (a and b) During treatment 29 July 2021\]

\[Figure 5: During treatment 21 November 2022\]
Table 1: Modified Naranjo Criteria score for causal attribution

<table>
<thead>
<tr>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was there an initial aggravation of symptoms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition, (i.e. Were other symptoms, not related to the main complaint, improved or changed?)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did overall wellbeing improve? (Suggest using validated Scale [Table 2] or mention about changes in physical, emotional and behavioural elements)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 (a). Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 (b). Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>–From organs of more importance to those of less importance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>–From deeper to more superficial aspects of the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>–From the top downwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are there alternative causes (i.e. other than the medicine) that could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td></td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g. laboratory test, clinical observation, etc.)</td>
<td></td>
<td></td>
<td>+2</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total score – 8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Cardiff Acne Disability Index at the beginning and at the end of treatment

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Items</th>
<th>Score</th>
<th>Score at beginning of treatment</th>
<th>Score at end of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>As a result of having acne, during the last month have you been aggressive, frustrated or embarrassed?</td>
<td>Very much indeed 3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>A lot 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A little 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Do you think that having acne during the last month interfered with your daily social life, social events or intimate personal relationships?</td>
<td>Severely, affecting all activities 3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Moderately, in most activities 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasionally or in only some activities 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>During the last month have you avoided public changing facilities or wearing swimming costumes because of your acne?</td>
<td>All the time 3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Most of the time 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasionally 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not at all 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>How would you describe your feelings about the appearance of your skin over the last month?</td>
<td>Very depressed and miserable 3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Usually concerned 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasionally concerned 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not bothered 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Please indicate how bad you think your acne is now:</td>
<td>The worst it could possibly be 3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>A major problem 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A minor problem 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not a problem 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total score</td>
<td>15/15</td>
<td>2/15</td>
<td></td>
</tr>
</tbody>
</table>

that affect the patient’s quality of life. The evidence suggests that the impairment in quality of life can be alleviated by appropriate acne treatment.[18] In this case, there was a marked improvement, both in the main complaint and in the patient’s quality of life. The modified Naranjo score of the patient after treatment was 8, which indicates there is a likelihood of causality between the result observed and the prescribed medicine [Table 1]. The Cardiff Acne Disability Index was
15 at the baseline and 02 at the end of treatment [Table 2]. This shows that, in this case, the homoeopathic treatment not only relived the signs and symptoms but also significantly improved the quality of life of the patient. This case, thus, has highlighted the importance of an individualised approach in such treatment cases.

**Conclusion**

The presented case report showcases the successful treatment of nodulocystic acne, along with improvement in quality of life with individualised homoeopathic treatment. Well-designed clinical studies will be required to establish the role of homoeopathy as one of the reliable treatment methods available to patients for such severe type of acne.

**Declaration of patient’s consent**

The authors declare that they have obtained all appropriate patient consent forms. The patient had consented for her images and other clinical information to be reported in the journal. The patient understands that her name and initials 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**

Prise en charge homéopathique de l’acné nodulokystique non réactive – Un rapport de cas

Contexte: L’acné nodulokystique est une forme grave d’acné qui peut endommager considérablement la peau et avoir un impact sur la qualité de vie. Bien que l’isotretinoïne orale soit considérée comme un traitement conventionnel efficace dans de tels cas, elle échoue souvent. Un cas d’acné nodulokystique faciale sévère est rapporté ici, où le traitement allopathique n’a pas réussi à contrôler la maladie. Un traitement homéopathique a été administré et l’état du patient s’est amélioré.

Résumé du cas: Une patiente de 16 ans a présenté des éruptions pustuleuses, nodulaires, kystiques et douloureuses au visage, qui ont été traitées avec le médicament homéopathique individualisé Tarentula cubensis. Les symptômes se sont améliorés sans aucune rechute. L’attribution causale des changements a été évaluée selon les critères de Naranjo modifiés. L’évolution du cas a été documentée photographiquement au début, pendant et à la fin du traitement. La qualité de vie du patient s’est également nettement améliorée parallèlement aux plaintes présentées. La particularité de ce cas était que l’acné sévère qui ne répondait pas au traitement conventionnel a été résolue grâce à l’homéopathie.
无反 性 性 座 的 势 法 治 - 一例报告

背景： 性座是一种重的痤，会重害皮肤并影响生活量。尽管口服异甲酸是治此类病例的有效 常治方法，但它常失。本文报道了一例重的面部 性座，对抗治未 能控制病情。予 势 法 治，患者病情好。

病例摘要：一名16女性患者面部出疱、 性、囊性、疼痛性皮疹，接受个 体化 势 法 治 Tarentula cubensis治。症状改善，没有任何复。通过改良的 Naranjo 准 估化的因 果归因。病例 展 录在治 始、治 期 和治 束时的照片。患者的生活 量也着主的出 而明 改善。这种情况的独特之处在于，对 治 没反的 重痤 可以通过 势 法解决。