



Utility of Homoeopathic Medicines in Acne Vulgaris in Females

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ABSTRACT

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit that generally presents in adolescence with pleomorphic lesions such as comedones, papules, nodules, and cysts. Recent surveys reflect a wide range of causative agents and factors for acne flare-ups. Long-term and uncontrolled use of steroids in the form of topical applications and conventional drugs presents a challenge in the treatment of acne cases in the era of antibiotic resistance. Skin disease is an external reflection of an internal dynamic disorder; this dynamic disturbance requires the dynamic power of the healing substance to overcome. The study was therefore undertaken to understand the exact clinical presentation of Acne vulgaris and the characteristic symptomatology of the most commonly indicated remedies for the same along with studying the role of homeopathic remedies in its treatment.

Keywords: Acne, Pimple, Homoeopathic Medicines, Homoeopathy and Practice of Medicine

Introduction

The term acne is defined from the Greek word "acme" which means peak of life. Although acne is generally considered a benign, self-limiting condition, it can cause serious psychological problems or disfiguring scars that can last a lifetime. The prevalence has been increasing over the years.

Acne currently affects 80–85% of the population in the 11–30 age group in the developed world and is probably just as common in urban India.[1] It is a very common disease of adolescents. The disease occurs in all races worldwide and affects 90% of people at some point in their lives.

A substantial percentage of adults are affected either as a continuation of their teenage acne or as an onset in their third or fourth decade.[3]

Since a skin disease is an outward reflection of an internal dynamic disorder, this dynamic disorder requires the dynamic power of the healing substance to overcome. Acne or pimples, a universal accompaniment of adolescence and youth, is a disease of the pilosebaceous glands. Acne vulgaris is common and affects almost all teenagers and adults at some point in their lives.

Although overall health is not improved, acne is not a trivial disease, it can cause skin and emotional scars that last a lifetime.

No promising results with available therapeutic approaches, as treatment failure and recurrences and scarring are common, and thus current therapies are seen to be inadequate.

"In order to successfully and safely treat 'diseased skin', we must treat the body it covers; the skin rash is only an effect, an external and visible sign of an internal dynamic disorder."

Homeopathy offers a vital piece to the puzzle of treating acne as an institutional approach.

Acne is primarily manifested at the skin level, its cause is multifactorial and its effects are multi-axial. So to think of it as simply a local ailment is disingenuous. Since the skin is biologically outside the organism, it is nourished from within, has its life from within and has its diseases from within, it must also be treated from within. It manifests itself not only in an external impression, but also in an internal disharmony. Treating it only as a local disease is therefore equally wrong.

Homeopathic treatment based on a holistic approach, where detailed psychological characteristics and symptoms of physical characteristics are taken into account. The case is analyzed on the basis of a summary of symptoms for the selection of similimas. For diseases caused by a transient disposition caused by improper diet or habits, one must adjust them to achieve health. The purpose of this study is to know the role of homeopathics as they improve a person's life and to get the most common clinical picture of Acne vulgaris.

Thus, in this study, an attempt is made to investigate the role of homeopathic medicines in the treatment of Acne vulgaris.

Literature review:

DEFINITION:

Acne vulgaris is defined as a chronic, self-limiting, inflammatory disease of the pilosebaceous unit, presenting generally in adolescence with pleomorphic lesions such as comedones, papules, nodules and cysts.

A. PREDISPOSITION:

- B. Diet – Diet, especially chocolate, high fat diets and ice creams, have been commonly blamed for acne.
- C. Chemicals and drugs - many occupations (eg soldiers in uniform for a long time; chef; people working with oils, chemicals provide a conducive environment for acne to worsen.
- D. Emotional stress and strain – plays a significant role in exacerbating pre-existing acne.
Stress can also affect hormone levels and may explain why some adults develop acne.
- E. Cosmetics - heavy makeup, creams, moisturizers, oily and greasy cosmetics increase the risk of acne vulgaris because it clogs the pores of the skin, which leads to sebum saturation, which leads to acne.
- F. Occupation – a certain occupation predisposes a person to the fact that pimples appear regularly. For example, if a person is exposed to oils and grease, they will have acne more often because the oil irritates the hair follicles. Exposure to certain chemicals, such as chlorinated hydrocarbons, can cause or worsen this.
- G. There are several other causes such as genetic predispositions, secondary infections, pregnancy, sexual habits, hormonal influences, etc. that cause acne.
- H. Menstrual Period - Many girls develop acne or old acne just ten days before their period. The exact cause of premenstrual exacerbation is unknown, although it is likely that it is caused by an imbalance between various hormones such as androgen, androgens, progesterone.
- I. Birth control pills and pregnancy also trigger acne on some level by causing changes in hormone levels.

PATHOGENESIS:

Acne vulgaris is multifactorial in origin and severity is influenced by several and several factors.

1. Increase in sebum secretion
2. Strengthening of the keratin lining of the sebaceous duct.
3. Increase in the number of Propionibacterium acne bacteria in the ducts.
4. Increase in free fatty acids.
5. Inflammation around the sebaceous gland, probably due to the release of bacterial enzymes.

I. Increased sebum secretion

There is an increased production and secretion of sebum from the sebaceous glands.

This increased activity is due to stimulation of the glands by androgens. Androgen metabolism, and especially plasma testosterone levels, are known to be normal in men with acne, but about fifty percent of women with the disease have elevated plasma testosterone levels. There is ample evidence to show that androgen plays an important role in sebaceous gland function and activity.

II. Strengthening of the keratin lining of the sebaceous ducts –

Keratin obstruction of the pilosebaceous duct begins in the infra infundibulum part of the duct. In this area, there is an increased proliferation of the epithelium and the formation of microcomedones. There is increased keratin cohesion and comedones gradually form, the factors responsible for these proliferative changes are not clear.

III. An increase in Propionibacterium acne bacteria in the ducts –

Corynebacterium acne and staphylococcus epidermis and Pityrosporum Ovale are normally present on the skin and also reside in the pilosebaceous unit. These bacteria are anaerobic, i.e. they grow abundantly in the absence of air. If an obstacle is created in the hair follicle, their number increases

enormously. These bacteria release certain enzymes, lipase and esterase, which hydrolyze triglycerides into free fatty acids and glycerol. These free fatty acids are capable of causing mild to severe inflammatory reactions.

IV. Increase in free fatty acids:

Follicular free fatty acid concentrations can be so high that they affect the missing follicular epithelium. The bacteria responsible for lipolysis in the follicle produce enzymes other than lipases, as well as antigens and possibly other undefined materials that may play an active role in the formation of acne lesions.

The hypothesis that free fatty acids are involved in the pathogenesis is the microbial pathogenesis of acne; if it is to be taken seriously, aspects other than lipase production cannot be ignored.

V. Inflammation around the sebaceous gland, probably due to the release of bacterial enzymes:

Sometimes cysts can adhere to form ducts or drainage cavities. Acne vulgaris occurs as a result of increased sebum secretion, hyperproliferation of ductalomeopathica, overgrowth of bacteria and hosts associated with acne.

CLASSIFICATION OF ACNE / GRADING OF ACNE:

Acne can appear with different characteristics.

- A. Acne is generally divided into two broad groups, which in turn include different features.
 - Superficial acne: These forms of acne that clear up without leaving scars.
 - Deep acne: These are cases of acne affecting several layers of the skin, which leave scars on the skin after healing. The most common causes of deep acne are;

Indurate acne: Affects the dermis, epidermis and occasionally the epidermis.

Purulent acne: painful acne, caused by nodules in the pores that cause such pain.

Boiled acne: acne that manifests as one or more ulcers.

Menton acne: Related to the female reproductive cycle. It can occur with menopause or the last period or accompany each period.

CLINICAL MANIFESTATIONS:

The clinical sign of acne vulgaris are comedones, which can be closed (white dots) or open (black dots). Closed comedones appear as 1-2 mm pebbly white papules. Open comedones, which rarely lead to inflammatory acne lesions, have a large dilated follicular opening and are filled with easily expressed oxidized, darkened, oily residues. Comedones are usually accompanied by inflammatory lesions: papules, pustules or nodules and cysts.

Comedones: Comedones are characteristic early lesions of acne. A comedone (pleural comedones) is a plug of sebaceous and keratinous material lodged in the opening of a hair follicle, initially the obstruction in the follicle is microscopic and cannot be perceived clinically; such lesions are called microcomedones. As comedones enlarge, they become apparent as open comedones (blackheads) or closed comedones (whiteheads).

Open comedones: (which are 1-2 mm in diameter on the surface of the skin) are follicles with a wide opening. Closed comedones (1 to 3 mm in diameter) are macular or papular lesions without surrounding erythema. These lesions go undetected unless the skin is stretched between the fingers to reveal it.

Inflammatory lesions, namely the popular ones, pustules, nodules and cysts, indicate the severity of the disease.

Papules: A papule is a small firm elevation of the skin less than one cm in diameter. Papules may originate from hyperplasia of the epidermis, dermis, or both, or may result from extra-venous elements (eg,

For pimples, the papules are red or star-red and their tips are slightly round and can be painful.

Pustules: Pustules are circumscribed raised lesions containing visible purulent exudates. Pus is composed of leukocytes and cell debris and often contains bacteria.

For pimples, they can either develop on the tip of the papule or they can occur separately next to the papule.

Macula: A macula is a circumscribed discoloration of the skin without any changes in texture.

Nodule: A nodule is a palpable, firm, round lesion that often results from the three-dimensional growth of a papule. Nodules are similar to pustules, but they are relatively deep-seated structures and much larger in size (5 mm to 25 mm). They disappear through the papular phase and tend to persist for a longer period of time, usually around eight weeks. Some of them tend to disappear and remain on the skin as solid to hard masses.

Cyst: A cyst is a sac that contains fluid or semi-solid material consisting of white blood cells, dead cells, and bacteria. It is larger than a pustule, can be highly inflamed, extends into a deeper layer of the skin, can be very painful and can cause scarring. In acne, a cyst consists of an accumulation of pus in the center of a cavity that is deep-seated surrounded by a type of scar. They can be unilocular or multilocular. A cyst occurs when a hair follicle is completely blocked by a black or white head and the contents of the pilosebaceous apparatus seep into the surrounding normal skin, causing very severe inflammation of the dermis and possibly large amounts of inflammatory exudates that cannot escape resulting in cyst formation.

PSYCHOLOGICAL EFFECTS OF ACNE:

Acne is associated with a greater psychological burden than many other chronic diseases.

Patients with severe acne and scarring have demonstrated a wide range of psychological abnormalities including depression, suicidal ideation, anxiety, psychosomatic symptoms (pain and discomfort), embarrassment, body dysmorphic disorder, social inhibition.

A recent UK survey (Acne vulgaris: the psychosocial and psychological burden of disease) found that the emotional burden can be significant.

Studies have revealed:

1. Acne burden reduces adolescents' quality of life (QoL) and affects their global self-esteem. Many acne sufferers have problems with self-image and interpersonal relationships.
2. Between 30%-50% of adolescents have psychological problems associated with their acne, and although the interaction is complex, it can be linked to developmental issues of body image, socialization and sexuality.

DIAGNOSIS OF ACNE VULGARIS:

Acne vulgaris is diagnosed clinically; diagnostic features:

1. Division: face and shoulders.
2. Polymorphic lesions: pustules, papules and comedones.

Laboratory tests are performed only to evaluate hormonal imbalances and to screen and monitor certain treatments.

Differential diagnosis The characteristics of the acne lesion, its course, type of lesion, frequency of occurrence, origin in puberty and association with comedones, especially in the multiple variant, should facilitate differentiation from the following:

Acne rosecea: usually occurs in adulthood, begins with temporary hyperemia, gradually followed by more permanent redness of the facial skin and dilation of superficial vessels. Acnoid lesions occur secondarily.

Folliculitis decal vans, in its pustular form, is characterized by small pinhead-sized pustules, each punctured by a hair, confined to the scalp and audible, and usually showing the resulting patches of alopecia.

Papulopustular eczema has smaller lesions that form in patches with exudation, crusting, and itching, unrelated to comedones.

Pustular syphilis occurs in groups and small boils are found under the crusts.

In addition, there is a history of other syphilitic manifestations and a much wider distribution than acne.

Prognosis: A cure can be expected if the correct treatment can be followed symmetrically and permanently. The duration of treatment depends on the underlying factors and the ability of the patient to follow the instructions, even if they still refuse. Scarring can be expected in cases of a deep, indurated or long-lasting nature.

HOMEOPATHY AND ACNE VULGARIS-

"Modern doctors believe that they cannot get rid of skin disease fast enough – as if it were an external disease of the skin. He does so regardless of the major injuries attending this course. "

The skin is a mirror or reflector of inner tension, inner dynamics, inner workings of the human machine. He has in his skin, in his spotlights, his kinetoscopic view of his inner movements and his many shades of disease, his lights and shadows that make up the picture, he casts upon it a human canvas, a skin, showing much of the twisted life. action in the organism.

"The treatment of skin diseases as merely local and pertaining only to the skin, as is now the practice of almost all physicians of all schools and throughout the world, is, in my opinion, nothing less than a crime against humanity." The generally accepted external treatment of skin disease, whether with lotions or ointments or anything else, is demonstrably superficial, theoretically flawed, in practice harmful and therefore indivisible. Treatment of skin diseases with ointments and washes or other external applications is not really a treatment of the disease state at all, but only a prevention of its peripheral manifestations.

HOMEOPATHIC THERAPEUTIC MANAGEMENT:

Eugenia Jambosia: is specially indicated for stubborn and painful acne

comedones. Pimples are painful at some distance. It is also useful for acne rosacea.

Cracks in the skin on the fingers, cracks between the toes and night cramps in the feet become important accompanying symptoms.

Berberis Aquafolium: Acne breakouts come in patches. The rest of the skin is dry and scaly. Pimples spread from the face towards the neck. It is an age-old remedy for cleansing the skin of the face.

Antimonium Crudum: Pimples that mainly affect the face and chin. Simple acne that turns into pustules and then gradually develops into pustules and then gradually develops into ulcers.

Pimples associated with stomach disorder. The patient's skin is prone to cracks and warts. There is a burning and itching sensation in the acne, worse at night.

Antimonium tartaricum: in obstinate cases with craving for acids and a decided tendency to postulation. The pustules are thickest on the neck and shoulders and leave bluish-red scars after discharge. Can be used internally and topically.

Asimina: itchy red pimples, appearing first on the left, then on the right side. Pustulous acne, with itching in the evening on understanding.

Aurum Met: red pimples on the face. A tendency to melancholy. In onanists and syphilitics. After potassium iodide overdose.

Carbo Animalis: Acne rosecea with burning and rawness. The skin is prone to [ulcers with indurated glands, especially of the neck, armpits, and groin.

Chrysarobinum: Acne rosecea, which leads to easy crusting. Acne is associated with severe itching.

Calcerea phosphoricum: The face is pale, yellowish, earthy and full of pimples. They ulcerate very easily and form deep scars. They also tend to suppurate easily, acne vulgaris in individuals who they are tall, slim, anemic with enlarged glands.

Calcerea sulphuricum: A tendency to suppuration after the pus has found a vent comes under the ambit of this remedy. The face is full of pimples and pustules. The discharge is thick, yellow, lumpy and bloody. Stubborn pimples that refuse to heal soon. Although a hot patient, calculus. sulfate feels better with local heat.

Carbo. Vegetabilis: Pimples with blotchy cheeks and a red nose. Pimples appear in an individual who is fat, slow, old, lazy and lifeless. Pimples that fester and have an unpleasant odor.

Cimicifuga: Pimples with facial spots in young women. Pimples that are associated with ovarian and uterine problems. Acne in individuals who are nervous, depressed and hypersensitive.

Conium Mac: Pimples, small, red burning appear with scanty menstruation and disappear when menstruation ends. Pustulous acne on the face that itches badly. The skin is colored red. Pustules burst and form thick crusts. Acne alternates with internal symptoms such as diarrhea.

Graphities: acne that exudes sticky moisture but bleeds easily and tends to form thick crusts. Acne vulgaris before menstruation. Skin symptoms alternate with digestive problems.

Juglans Regia: Comedones and pimples on the face that itch violently. When acne breaks, thick crusts form on it - acne that is associated with menstrual irregularities.

Kali bromium: The face has a mottled red appearance with multiple acne and disappeared. Acne arising in individuals after sexual excess.

Kali. Arsenium: pustular acne worse during menstruation. The skin is dry, scaly and loose. There is an unbearable itching, which is worse from heat.

Ledum pal: Red pimples on forehead and cheeks, stinging when touched. Pimples arising in individuals after suppressed discharges or in the absence of alcohol.

Oophorinum: acne rosacea associated with ovarian dysfunction.

Medorrhinum: Acne and pustules appear in spots of a reddish color during menstruation; worse after menses. Acne discharge has a fishy odor. Appearance of acne in individuals with a history of sycosis.

Nux Vomica: Pimples and acne that form after excessive use of liquors and cheeses. Pimples associated with stomach disorder.

Psorinum: acne rosacea with dirty, rough, scaly, oily skin.

Acid phosphoricum: acne from onanism. Acne with loss of hair from the beard. Acne that gradually turns into small painful boils with foul-smelling pustular discharge.

Sulphur: Pale sick face with bright red lips with multiple, painful acne. Acne associated with dry, rough, blinking, scaly skin. Acne has a burning and itching sensation that is worse at night in bed. Acne alternates with other problems such as asthma.

Conclusion:

Acne vulgaris as a chronic, self-limiting, inflammatory disease of the pilosebaceous unit, manifested generally in adolescence by pleomorphic lesions such as comedones, papules, nodules and cysts. In the case of acne vulgaris, conventional treatment is usually palliative.

Homeopathic medicines are a useful alternative to conventional medicines for acne vulgaris that offer good improvement in skin tone without suppressing it and provide maximum results in remission of the eruption.

The aim of this study was to study the role of homeopathy in the treatment of acne vulgaris in women.

The objectives were:

To study the clinical picture of Acne vulgaris.

To study the characteristic symptoms of commonly indicated drugs for acne vulgaris.

To achieve these goals, a study of 30 cases was concluded. Cases of acne vulgaris in women in the age group of 11 to 30 years were considered. Cases with popular pustular eruptions, nodules, comedones, and scars were considered, and cases where dust pollutants, stress, sweets, and chocolates were maintained or exciting causes were found. Cases with deep pathology or secondary onset of acne vulgaris due to any pathological disease were excluded. The clinical picture of acne vulgaris was studied in each case from the point of view of localization perception modalities and accompanying phenomena with an emphasis on the intensity of the symptoms, the pace of the disease and their special association. After a thorough collection and examination, homeopathic medicines were prescribed based on the summary of symptoms. Each individual case was studied for 6 months.

The evaluation of the result was carried out according to the following criteria: it was carried out on the basis of the clinical symptomatology and degree of acne vulgaris, the evaluation was carried out on the basis of the intensity of the eruptions. The result was confirmed by a paired t test.

The following conclusions were drawn from the 30 investigated cases:

In this study, the maximum number of patients in the age group of 15-25 years was female.

The sensitivity of most patients was high and the response was with a potency of 200.

Some cases were prescribed in the 30th potency.

Pulsatilla was used in 27% of cases, i.e. 8 cases, Silicea and Natrum Muriaticum were used in 3 cases, i.e. 11%, Arsenic Album and Thuja Occidentalis were used in 2 cases each, i.e. mostly 9%, Aggravation by heat and improvement by applying the cold frequently seen modality. Out of 30 cases, pustular nodules with excruciating pain, burning sensation, comedones with dry skin of the affected area were present in the maximum number of cases, out of which the eruption of comedones and skin tone showed significant improvement after the prescribed homeopathic medicine. 3 cases showed less than 50% improvement where there was no significant change in intensity and improvement after homeopathic treatment.

According to the statistical study, the t value is 17.44 which is greater than the table t value i.e. - 2.042 which is significant at 0.05 (\square) level of significance. Homeopathic medicines are therefore effective in treating Acne vulgaris.

This is my sincere effort to present my knowledge of the clinical manifestations of acne vulgaris and the characteristic symptoms of commonly indicated remedies with a study of the role of homeopathic remedies in its treatment. This work is not all about acne vulgaris. Further research with a larger sample size and controlled studies are needed to reach a conclusion about the role of homeopathic medicines in the treatment of Acne vulgaris.

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