

Acne: Matter of Elegance, Embarrassment, Appearance and its Homoeopathic Treatment

Dr. Digna Solanki¹, Dr. Urmila Bhalgariya², Dr. Hitarth Mehta³

¹PG Scholar, Department of Practice of Medicine,

²MD.Hom-Assistant Professor, Department of Practice of Medicine,

³Ph.D. Scholar, MD. Hom, Principal, Professor and HOD, Department of Practice of Medicine,

^{1,2,3}Rajkot Homoeopathic Medical College, Parul University, Gujarat, India

ABSTRACT

Acne is a disorder of the pilosebaceous apparatus characterized by comedones, papules, pustules, cysts and scars. Acne is mostly common disorder among youngsters between 14-30 years. Now a days acne is a common problem among youngsters due to diet, stress, lifestyle and environment. A one tiny pimple is being reason for embarrassment and feels unattractive. This review article contains the prevalence, causes, pathology, psychological effect, types, clinical features and homoeopathic management of acne.

KEYWORDS: Acne, adolescent, homoeopathy, appearance

How to cite this paper: Dr. Digna Solanki | Dr. Urmila Bhalgariya | Dr. Hitarth Mehta "Acne: Matter of Elegance, Embarrassment, Appearance and its Homoeopathic Treatment"

Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-2, April 2025, pp.676-678,

URL: www.ijtsrd.com/papers/ijtsrd78435.pdf



Copyright © 2025 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



INTRODUCTION

Prevalence

The Global Burden of Disease Study 2010 found that acne vulgaris (henceforth acne) is the eight most common skin disease, with an estimated global prevalence (for all ages) of 9.38%.^[1] Nearly all teenagers have some acne (acne vulgaris). It affects the sexes equally, starting usually between the ages of 12 and 14 years, tending to be earlier in females. The peak age for severity in females is 16–17 and in males 17–19 years.^[2] on a global scale, it is the eighth most frequent disease, with 9.4% predominance, including both adults and adolescents of several ethnic groups. 83% percent exacerbation with menses, 67% with stress, and 26% by diet. Pregnancy affected acne in 65% of the women, with 41% reporting improvement and 29% reporting worsening with pregnancy.^[3]

Pathology

- Occlusion of pilosebaceous orifice
- Increased sebum secretion

- Microbial colonization
- Release of inflammatory mediators

Psychosocial Effects of Acne.

Acne is too often dismissed as a minor affliction not worthy of treatment. Believing it is a phase of the growing process and that lesions will soon disappear, parents of children with acne postpone seeking medical advice. Permanent scarring of the skin and the psyche can result from such inaction. The disease has implications far beyond the few marks that may appear on the face. Lesions cannot be hidden under clothing; each is prominently displayed and detracts significantly from one's personal appearance and self-esteem. Taunting and ridicule from peers is demoralizing. Appearing in public creates embarrassment and frustration. Because acne is perceived by adolescents to have important negative personal and social consequences, improvement in

these areas accompanies medical treatment. Facial appearance then becomes more acceptable to peers, embarrassment diminishes, and patients feel less socially inhibited.^[2]

The Physician-Patient Relationship.

Many acne sufferers expect to be disappointed with the results of treatment. They may be sensitive to actual or supposed lack of acceptance on the part of their physicians. Adolescence is usually characterized by the challenge of parental rules, and this philosophy transfers to the relationship with the physician. Noncompliance can be decreased by carefully explaining the goals and techniques of treatment and leaving the choice of implementation to the adolescent. Parents who offer to make sure the adolescent follows the treatment plan may encourage noncompliance by placing the treatment within the context of existing parent-child struggles. Greater consideration of adolescents' psychologic situations improves the therapeutic outcome, increases compliance, and leads to a greater confidence in the physician.^[2]

Post adolescent Acne in Women.

A low-grade, persistent acne is common in professional women. Closed comedones are the dominant lesions, with a few papulopustules. Premenstrual flare-ups are typical. Many of these patients passed through adolescence without acne. One author postulated that chronic stress leads to enhanced secretion of adrenal androgens, resulting in sebaceous hyperplasia and subsequent induction of comedones. A survey was taken of adult premenopausal women treated for mild-to-moderate, nonscarring, inflammatory acne who had undergone standard acne treatments without success or who had a clinical presentation suggesting hyperandrogenism (premenstrual exacerbations, irregular menses, coexisting hirsutism, androgenetic alopecia, seborrhoea, or acne distribution on the lower face area, mandibular line, or neck).^[2]

Clinical features

- Comedones, the first lesion usually develops on forehead (preadolescent acne), later covers entire face (adolescent acne) and settles on jaws, neck, cheeks (adult acne)
- Larger inflammatory lesions are painful or tender.
- Occasionally mild itching
- Leave post inflammatory pigmentation and scar.

Classification

1. Noninflammatory: Characterized by comedones.
2. Inflammatory: Characterized by papules, pustules, nodules, and cysts

Variants of acne^[4]

1. **Infantile acne-** may follow transplacental stimulation of a child's sebaceous glands by maternal androgens.
2. **Mechanical.** - Excessive scrubbing, picking, or the rubbing of chin straps or a fiddle can rupture occluded follicles
3. **Hormonal acne-** Acne accompanying the polycystic ovarian syndrome is caused by modestly raised circulating androgen levels.
4. **Drug-induced.** Corticosteroids, androgenic and anabolic steroids, gonadotrophins, oral contraceptives, lithium, iodides, bromides, antituberculosis and anticonvulsant therapy can all cause an acneiform rash.
5. **Acne cosmetica** – acne due to oil-based make-up and skin care products.
6. **Acne Fulminans.** Acne fulminans is a rare variant in which conglobate acne is accompanied by fever, joint pains and a high erythrocyte sedimentation rate (ESR).
7. **Acne conglobata-** A severe form of acne, characterized by intercommunicating abscesses, cysts, and sinuses loaded with serosanguinous fluid or pus. Comedones are typically **multiparous**. Lesions take months to heal and on healing leave behind deep pitted or hypertrophic (sometimes keloidal) scars, joined by keloidal bridges.
8. **Acne vulgaris** -Acne vulgaris is a disorder of pilosebaceous complex which predominantly affects the peripubertal population and clinically manifests as comedones (open/closed), papules, nodules, pustules, and cysts and heals with scars.

Acne associated with suppurative hidradenitis and perifolliculitis of scalp

Management

- Hygiene-Regular gentle cleansing with soap and water should be encouraged.
- Avoid cosmetics when acne is active. Avoid touch on face
- restrict high glycaemic diets.
- Acne induces stress and stress cause acne and visa versa. manage stress

Now a days cosmetology market increase day by day. Many new skin care products already launched because the youth is very conscious about look and appearance.

- Topical Allopathic medicines cause most common side effects like skin dryness and

irritation. Potential side effects for oral medications can be more serious. Antibiotics can give you an upset stomach or make you dizzy and lightheaded. Hormonal pills can cause massive side effects.

- Now a days laser treatment for acne is on trending among youngsters. But it causes more damage of skin, it is not permanent solution but rising of other worsening conditions.^[5]

Homoeopathic medicines for acne^[6]

- **Antim crudum**- Small red pimples on the face, acne in drunkards with gastric derangements, thirst and white coated tongue.
- **Calc. Flour** -Disfigurement of face due to acne, scars or boils.
- **Berberis aqua**: Acne, blotches and pimples. Clear complexion. Also used as a mother tincture
- **Borax**-small pimples on eye lids which get glued together.
- **Asteria rubens**- Without pliability and elasticity. Itching spots. Acne worse left arm and chest. Enlarged axillary glands worse at night and in damp weather.
- **Bovista**-acne from cosmetics
- **Merc Iod rubrum** -painful pimples, making eating difficult.
- **Graphitis** - Rough, hard, persistent dryness in the portions of the skin unaffected by eczema, pimples and acne, eruptions oozing out a sticky exudation, unhealthy skin.
- **Pulsatilla** - Acne at puberty. After rich food, from delayed menses.
- **Sanguinaria candensis**- Acne with scanty menses. Burning and itching, worse by heat.
- **Eugenia jambos**- Acne, simple and indurated. The pimples and some area around it is painful
- **Dulcamara** -Humid eruptions on the cheeks and face generally, vesicular eruptions, pruritis always worse in cold, wet weather. Swelling and indurated glands from exposure to cold.

- **Lycopodium clavatum**- Acne, violent itching, fissured eruptions. Skin become thick and indurated. Worse from warm applications.
- **Sulphur** - Dry scaly, unhealthy; every little injury suppurates. Freckles, itching, burning, worse scratching and washing. Pimples eruption, pustules, rhagades, hang nails
- **Kali brom**-acne at chest, back leaves with scar.

CONCLUSION

Acne is the most common disorder seen in youngsters. They are very much conscious about look and concern of appearance which has psychological impact too. Homoeopathic medicines having marvelous results on hormonal imbalance, stress management, decreases relapsing of acne. Homeopathy can effectively counter all possible causes of acne and fix this condition from the root along with diet and life style modifications

REFERENCES

- [1] <https://pmc.ncbi.nlm.nih.gov/articles/PMC7113252/>
- [2] Habif TP. Clinical dermatology: a color guide to diagnosis and therapy. 6th ed. St. Louis: Elsevier; 2015 Apr 23.
- [3] Rocha MA, Bagatin E. Adult-onset acne: prevalence, impact, and management challenges. Clin Cosmet Invest Dermatol. 2018 Feb 1;11:59–69. doi: 10.2147/CCID.S137794. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5798558/>
- [4] N'Khanna R, Kubba R. World clinics: dermatology - acne. London: Jp Brothers Medical; 2014. Chapter 7, p. 109-128.
- [5] Marks R. Roxburgh's common skin diseases. 17th ed. London: Chapman & Hall; [year]. Chapter 10, p. 151
- [6] Boericke O. New manual of homoeopathic materia medica with repertory. 3rd rev. & augmented ed. New Delhi: B. Jain Publishers Pvt. Ltd; 2010