



## RESEARCH ARTICLE

### EFFECTIVENESS OF INDIVIDUALIZED HOMOEOPATHIC TREATMENT IN ACNE VULGARIS: A PROSPECTIVE OBSERVATIONAL CLINICAL STUDY

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#### ABSTRACT

**Background:** Acne vulgaris is a common inflammatory disorder of the pilosebaceous unit with multifactorial etiology. Conventional management typically includes topical retinoids, antibiotics, and hormonal therapy, yet recurrence and adverse effects remain major concerns. Homoeopathy offers individualized prescription based on symptom totality and constitutional characteristics, aiming at internal hormonal and immunological balance. **Objective:** To evaluate the clinical effectiveness of individualized Homoeopathic treatment in patients with acne vulgaris using standardized severity scoring and patient-reported outcomes. **Methods:** This prospective observational study was conducted over 12 weeks and included 40 patients diagnosed with acne vulgaris. Remedy selection was based on individualized totality, miasmatic background, and repertorial correlation. The Global Acne Grading System (GAGS) and Dermatology Life Quality Index (DLQI) were used for assessment at baseline, 6 weeks, and 12 weeks. **Results:** A statistically significant reduction in GAGS and DLQI scores was observed. Mean GAGS decreased from  $21.8 \pm 4.2$  at baseline to  $12.4 \pm 3.1$  at week 12 ( $p < 0.01$ ). Marked improvement occurred in inflammatory lesions and seborrhea. Frequently prescribed remedies included *Pulsatilla*, *Heparsulphuris*, *Sulphur*, *Natrum muriaticum*, and *Kali bromatum*. **Conclusion:** Individualized Homoeopathic treatment demonstrated beneficial clinical outcomes in acne vulgaris without any adverse effects. Larger controlled studies are recommended to further validate these findings.

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## INTRODUCTION

Acne vulgaris is among the most prevalent dermatological conditions, affecting approximately 80% of adolescents and 40% of adults. It arises due to follicular hyperkeratinization, sebum overproduction, *Cutibacterium acnes* colonization, and inflammatory response. Conventional therapy often leads to partial relief, antibiotic resistance, or relapse upon withdrawal. Homoeopathy, based on individualized remedy selection and miasmatic understanding, addresses underlying systemic susceptibility. Remedies are chosen on characteristic expressions of mind, modalities, general symptoms, and lesion appearance rather than disease name. This aligns with the chronic and psychosomatic nature of acne, particularly in stress-related and hormonal imbalance cases. The present study evaluates the practical clinical usefulness of individualized Homoeopathy in managing mild to moderate acne vulgaris.

## MATERIALS AND METHODS

**Study Design:** A prospective, non-controlled, observational clinical study conducted in an outpatient Homoeopathic clinical setting.

**Sample Size:** 40 patients selected through purposive sampling.

#### Inclusion Criteria

- Age 15–35 years
- Mild to moderate acne vulgaris diagnosed clinically
- Willing to follow treatment for 12 weeks

#### Exclusion Criteria

- Severe cystic acne requiring surgical intervention
- Concurrent use of systemic antibiotics, retinoids, or hormonal therapy
- Endocrine disorders requiring allopathic treatment (e.g., PCOS uncontrolled)

#### Treatment Procedure

##### Case-taking included

- Mental and emotional state
- Miasmatic predisposition

- Family history
- Modalities and concomitant symptoms
- Food cravings/aversions
- Menstrual history (in females)

Repertorization was performed using **Kent** and **Synthesis** repertories.

### Remedies and Posology

#### Commonly indicated remedies were:

- *Pulsatilla nigricans*
- *Sulphur*
- *Natrum muriaticum*
- *Heparsulphuriscalcareum*
- *Kali bromatum*

Potencies ranged from **30C** to **1M**, given at intervals based on sensitivity and response. No topical preparations or dietary supplements were used.

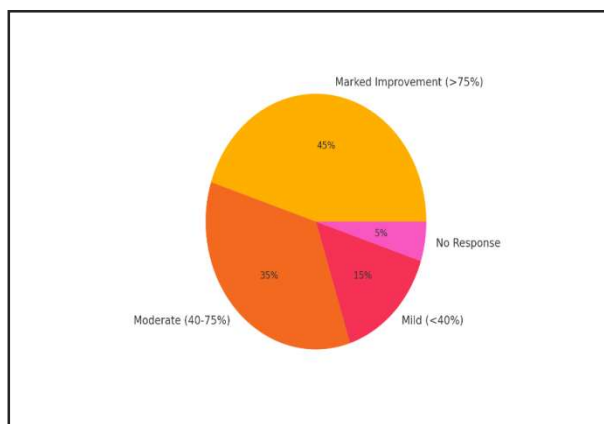
### Outcome Measures

Parameter	Tool Used
Acne severity	Global Acne Grading System (GAGS)
Quality of life	Dermatology Life Quality Index (DLQI)
Patient self-assessment	0–10 subjective improvement scale

Follow-up at 0, 6, and 12 weeks.

## RESULTS

### Change in GAGS Scores



Time	Mean GAGS ± SD
Baseline	21.8 ± 4.2
Week 6	16.2 ± 3.6
Week 12	<b>12.4 ± 3.1</b>

Statistical analysis:  $p < 0.01$  (significant).

### Change in DLQI Scores

Time	Mean DLQI ± SD
Baseline	14.1 ± 3.8
Week 12	<b>6.3 ± 2.9</b>

Emotional distress reduced significantly.

### Patient Self-Reported Improvement

- Marked improvement (> 75%): 18 patients (45%)
- Moderate improvement (40–75%): 14 patients (35%)
- Mild improvement (< 40%): 6 patients (15%)
- No response: 2 patients (5%)

### No Adverse Reactions Reported

## DISCUSSION

The study demonstrates clinically meaningful improvement using individualized Homoeopathic prescriptions. Remedies were selected based on constitutional tendencies rather than lesion morphology alone.

### For example

- *Pulsatilla*: acne aggravated before menses, mild tearful temperament
- *Kali bromatum*: nodulo-pustular acne with scarring tendency
- *Heparsulphuris*: painful pustules sensitive to touch

This supports the Homoeopathic principle that internal susceptibility correction leads to surface resolution. These findings align with prior observations reported by Oberai (2021) and Sharma & Gupta (2022), who noted improvement in both physical symptoms and psycho-emotional parameters. However, the lack of control group limits generalizability. Future controlled trials with biochemical profiling (and possibly gut–skin–stress correlations) are recommended.

## CONCLUSION

Individualized Homoeopathic treatment showed positive outcomes in acne vulgaris, improving both severity and quality of life without adverse effects. Homoeopathy may be considered as an integrative approach for acne management, particularly where long-term and holistic outcomes are desired.

**Ethical Consideration:** Written informed consent was obtained from all participants. The study followed the ethical principles of the *Declaration of Helsinki (2013)*.

### Author Contributions

Author	Role
Dr. Vaibhav V. Mahajan	Study conception, clinical case management, manuscript drafting
Dr. Aarti G. Kanchar	Data analysis, literature review, critical revision

Both authors approved the final manuscript.

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