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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 12th March, 2021 with a complaint of a nodulocystic form of

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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



Figure 1: (a and b) Before treatment first visit 12 March 2021

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*,^[13] *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 200 C, 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.^[8] 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 Wright, *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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1. MIND - MILDNESS (121) 1	3	2	3	2	2	2	2	2	3	3	1	1	1	1	1	1	1	2	1	1	1	2
2. MIND - COMPANY - desire for (189) 1	3	1	2	2	2	1	1	1	1	2	1	1	1	1	3	1	1	1	1	1	1	2
3. GENERALS - FOOD AND DRINKS - spices - desire (136) 1	1	3	1	1	1	1	3	2	1	2	1	1	1	1	3	1	1	1	1	1	1	2
4. GENERALS - HEAT - lack of vital heat (292) 1	2	2	3	3	2	1	3	3	2	2	2	1	3	2	3	2	3	1	3	3	3	3
5. STOMACH - THIRST - small quantities, for - often; and (36) 1	3	2	1	1	1	1	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1	1
6. MOUTH - STOMATITIS, ULCERATIVE (105) 1	2	3	1	2	2	1	1	1	2	1	1	1	1	1	1	1	2	1	1	1	1	1
7. FACE - ERUPTIONS - nodular (11) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. FACE - ERUPTIONS - hard (7) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. SKIN - DISCOLORATION - purple (36) 1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
10. FACE - ERUPTIONS - painful (45) 1	3	1	1	1	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1
11. FACE - ERUPTIONS - pustules (119) 1	2	1	3	2	1	1	1	2	2	1	3	3	2	1	1	1	2	3	1	1	1	1
12. FACE - ERUPTIONS - pimples - burning (8) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. FACE - ERUPTIONS - pimples - itching (22) 1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

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

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

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

Table 1: Modified Naranjo Criteria score for causal attribution

Domains	Yes	No	Not sure
1. Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
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?)	+1		
5. Did overall wellbeing improve? (Suggest using validated Scale [Table 2] or mention about changes in physical, emotional and behavioural elements)	+1		
6 (a). Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6 (b). Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: –From organs of more importance to those of less importance –From deeper to more superficial aspects of the individual –From the top downwards		0	
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?		0	
8. Are there alternative causes (i.e. other than the medicine) that That with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g. laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	
Total score – 8			

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

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

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

Table 3: Treatment history

Date	Symptoms	Medicine with doses and repetition
12 March 2021	Purplish, nodular, cystic eruptions on cheeks, forehead and chin with itching and burning in acne.	<i>Arsenic album</i> 30 5 globules and Placebo for 15 days
27 March 2021	Itching slightly reduced, the appearance of acne same. Aphthae same.	Placebo for 15 days
10 April 2021	No further improvement.	<i>Arsenic album</i> 200 CH 2 dose Placebo 15 days
26 April 2021	No new acne developed in the last 15 days, but the old one was the same.	Placebo for 15 days
11 May 2021	Pain and burning in acne persist, itching reduced. New acne developed. Burning in aphthae persisted.	<i>Thuja</i> 200 CH single dose, Placebo for 15 days
31 May 2021	New acne appeared, but those were not as hard as the previous ones. Burning in aphthae continued.	Placebo for 15 days
09 June 2021	Itching reduced, new, painful eruptions developed, pain persisted, burning same, new eruptions hard and painful, aphthae frequent	<i>Thuja</i> 1M single dose, Placebo for 15 days
30 June 2021	Pain reduced, burning in mouth reduced. New eruptions, which were hard and painful, continued to occur.	Placebo for 30 days
29 July 2021	Few new acne developed, which were nodular and cystic in appearance.	<i>Tarentula cubensis</i> 30 CH three times for 3 days, Placebo for 30 days
24 August 2021	Purple discoloration persists, pain slightly reduced. Slight improvement in burning and itching.	Placebo for 30 days
28 September 2021	Pain reduced; frequency of new acne reduced. Itching and burning: same in intensity. Old aphthae began to heal.	Placebo for 30 days
29 October 2021	Purple discoloration reduced. Itching and burning reduced slightly.	Placebo for 30 days
29 November 2021	New acne appear, but not as hard as before. Few pustular eruptions appear; have purple discoloration. Aphthae on and off.	<i>Tarentula cubensis</i> 200 CH three times a day for 3 days, with placebo for 30 days
28 December 2021	No pain in eruptions, only slight itching and burning; purple discoloration reduced. Aphthae reduced	placebo for 30 days
25 January 2022	No purple discoloration of eruptions, itching and burning reduced remarkably.	Placebo for 30 days
22 February 2022	Better, No new acne	Placebo for 30 days
22 March 2022	Better, face almost clear. No new eruptions	Placebo for 30 days

**Figure 6:** After treatment 22 March 2022

15 at the baseline and 02 at the end of treatment [Table 2]. This shows that, in this case, the homoeopathic treatment not only relieved 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.

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Nil.

Conflicts of interest

None declared.

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Prise en charge homéopathique de l'acné nodulocystique non réactive – Un rapport de cas

Contexte: L'acné nodulocystique est une forme grave d'acné qui peut endommager considérablement la peau et avoir un impact sur la qualité de vie. Bien que l'isotrétinoïne orale soit considérée comme un traitement conventionnel efficace dans de tels cas, elle échoue souvent. Un cas d'acné nodulocystique 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.

Homöopathische Behandlung von nicht ansprechender, nodulozystischer Akne - ein Fallbericht

Hintergrund: Nodulozystische Akne ist eine schwere Form der Akne, die die Haut erheblich schädigen und die Lebensqualität beeinträchtigen kann. Obwohl orale Isotretinoin als wirksame konventionelle Behandlung für solche Fälle gilt, schlägt sie häufig fehl. Hier wird über einen Fall von schwerer nodulozystischer Akne im Gesicht berichtet, bei dem die allopathische Behandlung nicht ausreichte, um den Zustand zu kontrollieren. Es wurde eine homöopathische Behandlung durchgeführt, und die Patientin verbesserte sich. **Zusammenfassung des Falls:** Eine 16-jährige Patientin stellte sich mit pustulösen, knotigen, zystischen, schmerzhaften Eruptionen im Gesicht vor, die mit dem individualisierten homöopathischen Arzneimittel *Tarentula cubensis* behandelt wurden. Die Symptome besserten sich, ohne dass es zu einem Rückfall kam. Die kausale Zuordnung der Veränderungen wurde anhand der modifizierten Naranjo-Kriterien beurteilt. Der Krankheitsverlauf wurde zu Beginn, während und am Ende der Behandlung fotografisch dokumentiert. Neben den Beschwerden hatte sich auch die Lebensqualität der Patientin deutlich verbessert. Das Einzigartige an diesem Fall war, dass die schwere Akne, die auf die konventionelle Behandlung nicht ansprach, durch die Homöopathie aufgelöst werden konnte.

गैर-प्रतिक्रियाशील, नोड्यूलोसिस्टिक एकने का होम्योपैथी प्रबंधन- एक केस रिपोर्ट

पृष्ठभूमि: नोड्यूलोसिस्टिक मुँहासे एक गंभीर रूप के मुँहासे है जिससे त्वचा को काफी नुकसान हो सकता है और जीवन की गुणवत्ता प्रभावित हो सकती है। हालाँकि ऐसे मामलों के लिए ओरल आइसोटेटिनोइन को एक प्रभावी पारंपरिक उपचार माना जाता है, लेकिन यह अक्सर विफल रहता है। यहां चेहरे पर गंभीर नोड्यूलोसिस्टिक मुँहासे का एक मामला प्रस्तुत किया गया जिसमें एलोपैथिक उपचार स्थिति को नियंत्रित करने में विफल रहा। होम्योपैथी उपचार दिया गया और मरीज में सुधार हुआ।

केस सारांश: एक 16 वर्षीय लड़की के चेहरे पर पुष्ठीय, गांठदार, सिस्टिक, पीड़ायुक्त दाने थे, जिसका इलाज व्यक्तिगत होम्योपैथी दवा टैरेंटुला क्यूबेंसिस से किया गया। लक्षणों में सुधार हुआ और पुनरावृत्ति नहीं हुई। परिवर्तनों के कारण का मूल्यांकन संशोधित नारंजो मानदंड द्वारा किया गया। उपचार की शुरुआत में, उसके दौरान और अंत में मामले की प्रगति को फोटोग्राफिक रूप से प्रलेखित किया गया था। वर्तमान शिकायतों के साथ-साथ रोगी के जीवन की गुणवत्ता में भी उल्लेखनीय सुधार हुआ। इस मामले की विशिष्टता यह थी कि गंभीर मुँहासे जिन पर पारंपरिक उपचार का असर नहीं हुआ था, वह होम्योपैथी से ठीक हुए।

Tratamiento homeopático del acné noduloquístico que no responde - Informe de un caso

Antecedentes: El acné noduloquístico es una forma grave de acné que puede dañar significativamente la piel y repercutir en la calidad de vida. Aunque la isotretinoína oral se considera un tratamiento convencional eficaz para estos casos, a menudo fracasa. Aquí se presenta un caso de acné noduloquístico facial grave en el que el tratamiento alopático no logró controlar la afección. Se administró un tratamiento homeopático y la paciente mejoró. **Resumen del caso:** Una paciente de 16 años presentó erupciones pustulosas, nodulares, quísticas y dolorosas en la cara, que se trataron con el medicamento homeopático individualizado *Tarentula cubensis*. Los síntomas mejoraron sin ninguna recaída. La atribución causal de los cambios se evaluó mediante criterios de Naranjo modificados. La evolución del caso se documentó fotográficamente al principio, durante y al final del tratamiento. La calidad de vida de la paciente también había mejorado notablemente junto con las quejas que presentaba. La singularidad de este caso es que el acné grave, que no respondía al tratamiento convencional, se resolvió con homeopatía.

无反性痤疮的顺势法治 - 一例报告

背景： 性痤疮是一种重的痤疮，会重害皮肤并影响生活质量。尽管口服异维甲酸被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痤疮，对抗法治未能控制病情。予顺势法治，患者病情好。**病例摘要：**一名16岁女性患者面部出痤疮、脓疱性、囊性、疼痛性皮疹，接受个体化顺势法药物 *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。患者的生活质量也随着主的出而明改善。这种情况的独特之处在于，对治没有反的重的痤疮可以通过顺势法解决。