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INTEGRATED HOMEOPATHIC & AESTHETIC APPROACH IN A 27-YEAR-OLD FEMALE WITH CYSTIC ACNE & SCARRING: A CASE REPORT

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ABSTRACT: Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit that manifests as cysts, pustules, and nodules. Beyond the physical symptoms, it often leads to long-term sequelae like post-inflammatory hyperpigmentation (PIH) and scarring, which can profoundly impact a patient's emotional well-being and self-confidence. This case study explores the efficacy of an integrated approach combining constitutional homeopathy with aesthetic dermatology to treat severe skin pathology. The primary objective was to resolve painful pustular–cystic acne, facial warts, and significant scarring in a 27-year-old female student who presented with low confidence and emotional distress. The materials and methods involved a detailed case history and repertorization to select a constitutional remedy, Pulsatilla, alongside Kali bromatum for acute eruptions and Sulphur as an intercurrent. Later stages included aesthetic interventions, specifically Hydrafacial and AI Homeo Clear, to refine skin texture. Results showed complete resolution of active acne and warts within ten months, with a 60–70% improvement in scarring and PIH. Furthermore, the patient's emotional stability and confidence were significantly restored. The study concludes that while homeopathy effectively regulates internal predispositions and hormonal triggers, the addition of targeted aesthetic therapy provides superior cosmetic refinement and faster clearance of pigmentation. This synergy offers a comprehensive solution for complex dermatological cases.

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INTRODUCTION

Acne vulgaris is a chronic, multifactorial inflammatory disorder of the pilosebaceous unit, characterized by the formation of comedones, papules, pustules, and in severe cases, cysts and nodules. Global dermatological data indicates that acne affects approximately 85% of young adults, often resulting in permanent sequelae such as post-inflammatory hyperpigmentation (PIH) and hypertrophic or atrophic scarring. Beyond the physical manifestation, the psychosocial burden of cystic acne is substantial; patients frequently report higher levels of anxiety, depression, and social withdrawal due to the visible nature of the disease[1].

While conventional treatments like topical retinoids, benzoyl peroxide, and systemic antibiotics are standard, they may occasionally yield suboptimal results in chronic cases or lead to adverse effects. Homeopathy offers a constitutional approach that aims for internal regulation by addressing the patient's unique emotional and physical totality. However, internal medicine alone often requires a longer duration to address deep-seated dermal scarring and PIH[2,3].

The purpose of this case study is to evaluate the hypothesis that a synergistic protocol combining individualized constitutional homeopathy with advanced aesthetic procedures can achieve faster and more comprehensive clinical outcomes than either modality alone. This approach was developed to address the patient's urgent need for both physiological healing and rapid cosmetic restoration to recover her emotional confidence. This integration is important as it bridges the gap between internal holistic regulation and external dermatological refinement, providing a model for managing complex, chronic skin conditions.

PATIENT INFORMATION

Demographic Information

The patient is a 27-year-old female. She is currently a Master's student at IGNOU. Her skin is characterized as oily and consistently acne-prone.

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Chief Complaints

The patient presented with 5 to 6-month history of painful cystic acne. This was accompanied by severe scarring and post-acne pigmentation. Additionally, she reported the presence of three facial warts that had appeared over the last month. The lesions were noted for associated redness and physical pain.

Medical, Family, and Psychosocial History

Her medical history includes a long-standing issue with flatulence, a bout of typhoid one year prior, and the presence of a right kidney cyst. Menstrual cycles are regular, though she experiences tolerable pain on the first day. Her family history is significant for her mother, who suffers from acne, hypertension, and diabetes. Psychosocially, the patient is highly sensitive and affectionate, with a strong desire for company and reassurance. She carries significant emotional trauma from a past relationship with a controlling partner, leading to deep-seated insecurities, a fear of being judged, and a marked loss of self-confidence due to her skin condition.

Relevant Past Interventions

Prior to seeking homeopathic treatment, the patient had not undergone any professional chemical procedures. However, she had used several topical allopathic ointments, including benzoyl peroxide, hydroquinone, tretinoin, and clobetasol. These previous interventions were followed by an increase in acne activity after the use of steroid-based ointments.

CLINICAL FINDINGS:

Physical Examination Findings

Upon physical examination, the patient's skin appeared predominantly oily, particularly across the T-zone. The facial landscape was marked by painful, deep-seated cystic and pustular acne lesions, which were accompanied by significant redness and localized pain. Evidence of severe post-inflammatory hyperpigmentation (PIH) and scarring was distributed across the affected areas. Furthermore, three distinct warts were identified on the face and scalp. Beyond

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the dermatological findings, the patient exhibited dry dandruff and reported chronic flatulence. General physical observations noted a low thirst (1–2.5 L/day) and an ambithermal reaction to temperature.

Homeopathic Clinical History

The selection of the therapeutic regimen was guided by a comprehensive analysis of the patient's mental and physical totality. Mentally, the patient displayed a yielding and affectionate disposition, characterized by a strong desire for company and a marked improvement in her state when offered consolation. She exhibited childish behavior and was highly sensitive, particularly to rudeness or reprimands, often holding grudges. Her emotional state was further defined by deep-seated insecurities, including a fear of the dark, fear of being judged, and a fear of losing her partner.

Physically, the "totality of symptoms" utilized for repertorization included the painful cystic nature of the acne, the oily skin texture, the presence of warts, and the chronicity of her flatulence. The case was analyzed through a miasmatic lens, identifying a predominant psoro-sycotic background evidenced by the cystic eruptions and warts (sycotic) alongside her emotional sensitivity and yielding nature (psoric). These findings directly informed the selection of *Pulsatilla* as the constitutional remedy.

TIMELINE

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Figure 1: Before and after treatment

Appointment Date	Overall Treatment Progress	Global assesment Scale for Acne Improvement	Frequency of Eruptions	Frequency of taking allopathic/ conventional medicine	Stability - comparision with photos	Improvement in Associated Complaint
10/Nov/2024 (Baseline Assesment)	First Visit	No Improvement	First Visit	Occasional	First Visit	None
30/Mar/2025	> (Better)	Moderate Improvement	Reduced	Occasional	Stable	None
16/Oct/2025	Cured	Moderate Improvement	Reduced	Occasional	Stable	None

Figure 2: Treatment progress

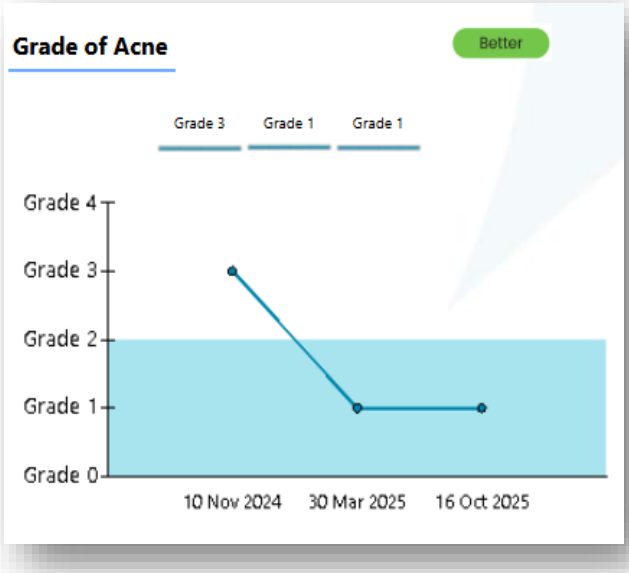

Figure 3: Grading

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DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was primarily established through a comprehensive physical examination and a detailed clinical history. The dermatological assessment focused on the morphology and distribution of lesions, identifying Grade 3 (moderately severe) pustular cystic acne, post-inflammatory hyperpigmentation (PIH), and facial warts. For the homeopathic prescription, a semi-structured interview was utilized to capture the "totality of symptoms," emphasizing mental and emotional generals such as the patient's sensitive and yielding disposition. While a previous diagnosis of a right kidney cyst was noted from the patient's medical history, no new imaging or laboratory testing was required for the primary dermatological complaints.

Diagnostic Challenges

A significant diagnostic challenge was the history of prior topical allopathic interventions, specifically the use of ointments containing benzoyl peroxide, hydroquinone, tretinoin, and clobetasol. The use of topical steroids (clobetasol) often masks the natural progression of acne or leads to "steroid-induced acne," which complicates the initial clinical picture and necessitates a period of internal regulation to clear the suppressed symptoms. Additionally, the patient's severe loss of confidence and emotional sensitivity required a cautious approach to the diagnostic interview to ensure all relevant mental rubrics were accurately captured without causing further distress.

Diagnostic Reasoning

The diagnostic reasoning integrated the clinical diagnosis of Acne Vulgaris with a miasmatic and repertory-based homeopathic analysis. The clinical diagnosis was based on the presence of painful cysts, pustules, and chronic scarring. From a homeopathic perspective, the primary remedies considered during repertorization were *Pulsatilla*, *Silicea*, and *Phosphorus* due to the high intensity of rubrics related to a yielding disposition and a desire for company. *Pulsatilla* was ultimately selected as the constitutional remedy because it covered both the mental picture (consolation ameliorates, affectionate) and the physical symptoms (oily skin, acne in young women, low thirst) more comprehensively than other considerations.

Prognostic Characteristics

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The prognosis was initially guarded due to the chronic nature of the cystic lesions (5–6 months) and the presence of deep-seated scarring and PIH, which typically require long-term management. However, the absence of major systemic comorbidities and the patient's regular menstrual history provided a favorable baseline for internal regulation. The acne was graded as Grade 3 at the onset of treatment. The integration of aesthetic therapy was identified as a positive prognostic factor, as it was expected to accelerate the resolution of the surface texture issues and hyperpigmentation beyond the capabilities of internal medicine alone.

THERAPEUTIC INTERVENTION

Totality of symptoms

Metal generals

- Yielding disposition
- Childish behaviour
- Affectionate, seeks company
- Consolation ameliorates
- Highly sensitive, holds grudges
- Fear: dark, judgement, losing partner
- Low confidence due to acne

Physical generals

- Thirst low
- Appetite moderate
- Sleep refreshing
- Ambithermal
- Easily fatigued when emotionally stressed

Particulars

- Painful cystic acne
- Acne increased after steroid/ointment use
- Warts on face and scalp
- Oily skin (T-zone predominant)
- PIH + scarring
- Flatulence
- Dandruff (dry)

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REPERTORIAL RESULT

MIND				
1 MIND - AFFECTIONATE	puls.	8	17	1, 2, 3, 4, 5, 7, 8, 11
2 MIND - CHILDISH behavior	calc.	8	14	1, 2, 3, 5, 6, 7, 11, 12
3 MIND - COMPANY - desire for	ars.	8	11	1, 2, 3, 5, 6, 7, 11, 12
4 MIND - CONSOLATION - amel.	nat-m.	8	11	1, 3, 4, 5, 6, 7, 8, 11
5 MIND - FEAR - dark; of	carc.	8	10	1, 2, 3, 4, 5, 7, 8, 11
6 MIND - SENSITIVE - opinion of others; to the	phos.	7	13	1, 2, 3, 4, 5, 8, 11
7 MIND - SENSITIVE - reprimands, to	caust.	7	11	1, 3, 4, 5, 8, 11, 12
8 MIND - YIELDING disposition	dulc.	7	11	1, 3, 6, 7, 8, 11, 12
FACE	nux-v.	7	10	1, 2, 3, 5, 7, 8, 11
9 FACE - ERUPTIONS - acne - cystic	sep.	7	9	1, 2, 3, 5, 8, 11, 12
10 FACE - ERUPTIONS - acne - scars; with	sulph.	7	8	1, 2, 3, 5, 11, 12, 14
11 FACE - GREASY	thuj.	6	9	1, 6, 8, 10, 11, 12
12 FACE - WARTS				
STOMACH				
13 STOMACH - FLATULENCE of stomach				
SKIN				
14 SKIN - DISCOLORATION - brow pigmentation following eczemato				

Figure 4: Repertorial result

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Types of Intervention

The treatment utilized a dual-modality approach, integrating pharmacological intervention through internal homeopathic medicine with advanced aesthetic procedures for external skin refinement. Preventive measures and lifestyle modifications were also advised, such as increasing water intake and avoiding sweets, to support metabolic and dermatological health. Self-care was emphasized by monitoring the emotional impact of the condition, which was addressed through the constitutional homeopathic management.

Homeopathic Strategy and Medication

The protocol followed individualized classical homeopathy, utilizing single-constituent remedies selected based on the patient's unique mental and physical totality. The primary constitutional remedy was Pulsatilla, chosen for its deep alignment with the patient's sensitive, yielding disposition and oily skin profile. This was complemented by Kali bromatum, an acute remedy specifically indicated for pustular and cystic acne with a tendency toward scarring. Additionally, Sulphur was employed as an anti-psoric intercurrent remedy to clear therapeutic blockages and enhance the action of the constitutional medicine on chronic pigmentation.

Administration and Dosage

The internal medications were administered in centesimal potencies. Pulsatilla 200 and Sulphur 200 were used for deep-seated constitutional and miasmatic regulation, while Kali bromatum 30 was utilized to address active eruptions. These were typically dispensed in globule form. The treatment duration spanned approximately ten months to ensure full resolution and stabilization of the skin's internal and external environment.

Dermatological Procedures and Rationale

Following the reduction of active inflammatory lesions, auxiliary aesthetic therapy was introduced, consisting of Hydrafacial combined with AI Homeo Clear. The rationale for this

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change in intervention was to accelerate the clearance of post-inflammatory hyperpigmentation (PIH) and refine skin texture more efficiently than internal medication alone could achieve. This synergistic approach allowed for the rapid restoration of the patient's cosmetic appearance and emotional confidence while the homeopathic remedies continued to regulate the underlying predisposition.

FOLLOWUP AND OUTCOMES

Date	Clinical Status	Patient Remarks	Doctor Remarks
08/12/24	Cystic acne + warts increasing	Warts enlarging	Oily skin; digestion poor
05/01/25	Acne reduced; warts slow	Wart size felt larger	Marks + scars present
02/02/25	Acne much less	Wart on chin dulling	Only 1 wart left
16/02/25	Acute throat episode	Cough, white phlegm	Voice husky
02/03/25	Clearer skin	Acne marks less	Cough under control
30/03/25	Acne minimal	Skin clearer, pigmentation dulling	Lifestyle improving
27/04/25	No active acne	Only PIH remains	1 AI session remaining
25/05/25	Mild active 2–3 acne	Dandruff present	Avoid sweets
29/06/25	Low-intensity acne	Heals fast but marks remain	Improve water intake
03/08/25	Stable	Dandruff on/off	Continue treatment
31/08/25	Improving	Appetite low	Advise continuation
28/09/25	**Cured**	No complaints	Treatment stopped

Table 1: Follow Up.

DISCUSSION

The primary strength of this case management lies in the integrated, multi-layered approach that addressed both the internal physiological triggers and the external dermatological sequelae. By utilizing constitutional homeopathy, the treatment successfully regulated the patient's emotional instability and hormonal-stress components. Furthermore, the introduction of

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aesthetic therapies like Hydrafacial and AI Homeo Clear provided a localized, rapid refinement of skin texture and pigmentation that internal medicine alone might have taken much longer to achieve. A potential limitation is the reliance on the patient's subjective emotional recall for repertorization, though this was mitigated by using a comprehensive totality of symptoms approach.

Acne vulgaris is increasingly recognized as a systemic condition influenced by the "gut-brain-skin axis," where emotional stress and digestive health play pivotal roles in inflammatory flares. Existing literature suggests that *Pulsatilla* is highly effective for hormonal acne in females, especially when accompanied by a sensitive, yielding temperament and low thirst. Furthermore, *Kali bromatum* has been historically documented for its specific affinity for deep-seated, indurated cystic acne that leaves scars. Integrating modern aesthetic procedures like Hydrafacial with traditional medicine is a growing trend in holistic dermatology to improve patient compliance and psychological outcomes[1-8].

The clinical resolution of the case supports the hypothesis that the acne was driven by a combination of hormonal fluctuations, emotional sensitivity, and previous suppression from topical steroid use. The successful elimination of facial warts and cystic lesions validates the miasmatic assessment of a psoro-sycotic background. The rationale for the final outcome a cured status is based on the fact that no active acne remained, menses and digestion were stabilized, and the patient's self-confidence was fully restored, with no relapse reported in subsequent months.

CONCLUSION

This case demonstrates the clinical utility of combining classic homeopathic individualized treatment with targeted aesthetic dermatology. Homeopathy regulated internal predispositions while Hydrafacial accelerated cosmetic refinement. The synergistic approach resulted in complete acne clearance, improved pigmentation, and restoration of self-confidence.

INFORMED CONSENT

The patient voluntarily agreed to the use of her demographic information, clinical history, and progress photographs, provided that her anonymity and confidentiality are strictly maintained.

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