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MANAGEMENT OF ACNE VULGARIS WITH HOMOEOPATHIC MEDICINE MEDORRHINUM- A CASE REPORT

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ABSTRACT: Acne vulgaris is a chronic inflammatory skin disorder predominantly affecting adolescents. Characterized by papules, pustules, and scarring, it often leads to cosmetic concerns, reduced self-esteem, and significant psychological distress. Many patients resort to prolonged use of modern medicines and cosmetics, which frequently provide limited or no relief. This paper presents the case of a 17-year-old girl who had suffered from pustular and papular eruptions on her face since the age of 14. Conventional treatments over several years failed to improve her condition. However, marked clinical improvement was observed following individualized homoeopathic management with the indicated simillimum. The case highlights the therapeutic potential of homoeopathy in chronic dermatological disorders and its role in improving quality of life in adolescents with acne.

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INTRODUCTION

Acne vulgaris is a chronic, multifactorial inflammatory disorder of the pilosebaceous unit, characterized by excessive sebum production, abnormal follicular keratinization, and colonization by Cutibacterium acnes (formerly Propionibacterium acnes), leading to the formation of comedones, papules, pustules, and, in severe cases, nodules and cysts.[1] The condition affects approximately 90% of adolescents worldwide, and though often perceived as a benign, self-limiting manifestation of puberty, it may persist well into adulthood, resulting in scarring, pigmentation, and profound psychosocial impact including low self-esteem and emotional distress.[1] [2] Despite the availability of topical and systemic therapies in modern dermatology, an ideal, universally effective treatment remains elusive, as many conventional regimens offer only temporary control and are often associated with recurrence, antibiotic resistance, or adverse effects. Conventional treatments (such as topical retinoids, antibiotics, benzoyl peroxide, and oral medications) often require prolonged use and are mainly suppressive rather than curative, necessitating ongoing maintenance to prevent relapse [6,7].Antibiotic resistance is a growing concern, especially with the widespread use of topical and systemic antibiotics, reducing their long-term effectiveness in acne management [8] .Many patients experience intolerable side effects, such as skin irritation, dryness, bleaching of clothes (benzoyl peroxide), and systemic adverse effects (with oral therapy), which can negatively impact compliance[9]. Given these limitations, there has been a growing interest in trying homeopathic remedies as potential adjuncts or alternatives for managing acne, especially in cases where individual constitution and psychosomatic traits appear to influence the disease pattern.

This case is significant because it highlights how a constitutionally selected homeopathic prescription may offer a holistic approach to managing acne vulgaris, targeting not only the cutaneous manifestations but also the underlying emotional and behavioral characteristics that may modulate disease expression. By documenting the clinical course and response to Medorrhinum, this report aims to contribute to the growing body of literature examining the potential of homeopathic intervention in chronic dermatological conditions like acne vulgaris, where conventional medicine often falls short of offering lasting relief.

Presenting complaints

A 17-year-old female presented with erythematous papules and pustules associated with tenderness and post-inflammatory scarring, predominantly involving the cheeks. She has a history of using

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allopathic medications for nearly two years, which provided only temporary relief. There is no significant medical history on the paternal side; however, her mother has been suffering from acne since her youth and continues to have it till date, and her aunt also had acne during her younger years, indicating a strong maternal predisposition. The patient also has a history of recurrent urinary tract infections and renal calculi for the past 7–8 years, suggestive of a predominance of the sycotic miasm. Additionally, her maternal grandmother was diagnosed with Alzheimer's disease.

PHYSICAL GENERALS

On general examination, the patient has a fatty build with a dusky complexion. Her appetite is good with no significant recent changes, and she has a marked desire for ice, sour substances, and warm food. She is thermally hot and experiences thirst for cold water, consuming about 5–6 glasses per day. Sleep is usually on the abdomen; however, due to late-night studies, she wakes up late in the morning and often feels dull on waking. Dreams are not significant. Perspiration is profuse, non-offensive, and associated with a greasy facial skin. Bowel habits reveal a tendency toward constipation, while urinary habits are unremarkable. Her menstrual cycle is generally regular, occurring every 27 days, though the last cycle appeared earlier at 20 days, with mild to moderate lower back pain occurring 2–3 days prior to menstruation.

MENTAL GENERALS

She is an average girl, having no special interests, although she loves animals. She does not like to follow her mother, gets easily irritated by her. She only cares about her stuff and does not help her. She likes to remain silent; generally, she talks less. She feels energetic at night, so she prefers to study at late hours.

DIAGNOSIS ICD-11- Diagnosis Code ED80 acne vulgaris as listed by WHO under the range- Diseases of the skin & subcutaneous tissue.

Totality of symptoms

1. Love for animals
2. Irritability, concentration difficult
3. Disobedient, selfishness

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4. Quiet, wants to be
5. Thermal- hot
6. Desire- Ice, Sour and warm food
7. Sleep position- on abdomen
8. Amelioration- at night
9. Eruptions- Acne on face

The case was repertorised by RADAR

Prescription

25/03/2025- Medorrhinum 200 single dose

S.L 30/ TDS for 15 days

Observation and result

Before and after treatment pictures of patient

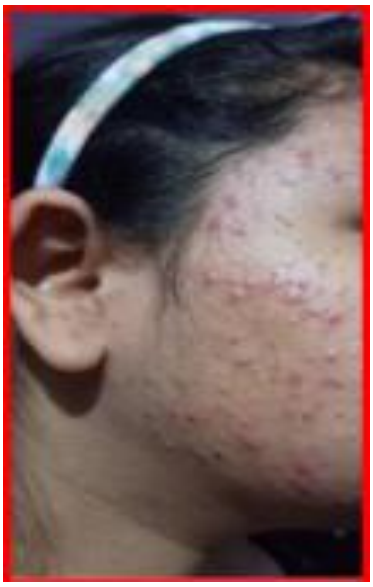

Fig. no. 1: Before treatment

Fig. no. 2: After treatment

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MONARCH criteria

Domains	**Yes**	**No**	**Not sure or N/A**	**Score**
1. Was there an improvement in the main symptoms or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible timeframe relative to drug intake?	+1	-2	0	+1
3. Was there a homeopathic aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptoms or condition (i.e., where other symptoms not related to the main presenting complaint improved or changed)?	+1	0	0	+1
5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioral elements)	+1	0	0	+1
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
6B. 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?	+1	0	0	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?	+1	0	0	0

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8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1

Note: Maximum score=13, minimum score = -6

Table 1: The MONARCH score that evaluates the Homoeopathic intervention and the clinical outcome suggests that the patient's improvement could be attributed to the homoeopathic treatment delivered.

The MONARCH score was 9 in this case.

DISCUSSION

As Master Hahnemann famously stated in the footnote to Aphorism 109, "It is impossible that there can be another true, best method of curing dynamic diseases … besides homoeopathy," and this case was approached and managed within that classical framework. On careful analysis, the case exhibited a constitutional picture with a probable sycotic diathesis and genetic predisposition; the totality of physical, mental, and characteristic modalities favoured Medorrhinum, and a single dose of Medorrhinum 200C was administered on 25 March 2025. Because the patient's thermal state was strongly hot, Calcarea carbonica despite scoring many rubrics was excluded; likewise, Phosphorus was set aside because the patient did not present the characteristic extroversion and demonstrative affect of that remedy[10.] Instead, distinct symptom expressions such as nocturnal activity, specific desires for ice, sour and warm foods, sensitivity and affection toward animals, and comfort lying prone indicated Medorrhinum as the most appropriate constitutional simillimum[10]. When progress plateaued after initial improvement, the case was retaken and Medorrhinum 1M single dose was prescribed on 03 June 2025, in accordance

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with Aphorism 247, followed by a brief aggravation and subsequent marked improvement consistent with Kent's third observation.

The clinical evolution observed initial improvement in concomitant and general complaints preceding noticeable improvement in the local acne lesions aligns with homeopathic principles of healing, where constitutional correction precedes local resolution. This sequence has been reported in earlier case-based literature, where the general state often responds before dermatological manifestations show regression. The transient aggravation observed post-1M dose reflects a classic curative response pattern frequently cited in homeopathic clinical practice, representing a short-lived intensification before steady improvement. Such a trajectory underscores the dynamic and individualized nature of response in homeopathic therapeutics, where remedy action is assessed holistically rather than symptomatically alone.

Comparing these findings with the existing body of literature reveals several consistencies and divergences. Previous observational and case-based studies in homeopathic dermatology, such as those involving Sulphur, Natrum muriaticum, and Medorrhinum, have similarly demonstrated constitutional prescriptions improving both dermatologic and psychosomatic parameters. These studies emphasize remedy selection based on totality rather than isolated pathology, resonating with the present case. However, systematic reviews evaluating homeopathy in acne vulgaris note methodological challenges small sample sizes, lack of randomization, and variable reporting metrics which limit definitive conclusions regarding efficacy. Therefore, while this case aligns with historical and anecdotal patterns of positive outcomes following individualized treatment, it contributes primarily as qualitative evidence rather than quantitative proof of clinical effectiveness. The course of this case further illustrates the significance of individualized remedy selection and dynamic assessment over time. The decision to escalate potency after a standstill exemplifies Hahnemann's principle of adapting treatment to the patient's evolving susceptibility and response. It also underscores the interpretative skill required in differentiating between remedy exhaustion and natural disease fluctuation. The observed systemic improvement—including reduced facial inflammation, normalization of sebum production, and emotional stabilization—suggests a broader constitutional action rather than a mere local symptomatic change.

Despite the encouraging progression, several limitations warrant consideration. As a single case observation, the findings are inherently subject to bias and cannot establish causation. Acne vulgaris naturally undergoes cycles of remission and flare, which could confound the attribution

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of improvement solely to the remedy. The absence of standardized quantitative assessments—such as lesion counts, Investigator's Global Assessment (IGA), or validated quality-of-life indices like the Dermatology Life Quality Index (DLQI) limits the objectivity of outcome evaluation. Furthermore, external variables such as dietary consistency, hormonal fluctuations, or stress levels were not controlled or quantified. The lack of biochemical or microbiological parameters (e.g., hormonal profiles, sebum analysis, Cutibacterium acnes load) further restricts mechanistic understanding of the observed response.

Nevertheless, this report highlights important clinical and methodological considerations for future research. The temporal pattern of general improvement preceding local changes supports further exploration of constitutional homeopathy's potential systemic effects on endocrine and inflammatory regulation. Future studies should integrate standardized dermatological outcome measures, validated patient-reported metrics, and, where possible, physiological markers of inflammation or hormonal modulation. Moreover, prospective case series or pragmatic trials comparing constitutional homeopathy with standard dermatologic care could help bridge the evidentiary gap between traditional clinical experience and modern biomedical standards.

Overall, the findings discussed here reflect both the promise and the challenges of studying individualized homeopathic treatment within a dermatologic context. They emphasize the necessity of rigorous, transparent documentation and methodological refinement to enable reproducible, comparative evaluation while preserving the individualized essence of homeopathic practice.

CONCLUSION

When we give medicine according to Homoeopathic laws, we will observe nothing but pure effects of remedy as Master Hahnemann mentioned in aphorisms 3 &22, [3]and can make a patient free from diseases. It shows the effectiveness of homoeopathic similimum and teaches us that if we follow the instructions of Master Hahnemann, we can cure many more cases with homoeopathic similimum and can serve suffering humanity. The acne vulgaris got completely cured with Medorrhinum.

CONFLICT OF INTEREST - There is no conflict of interest

CONSENT - The consent has been obtained from patient.

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