

EFFICACY OF HOMEOPATHIC MEDICINES IN THE TREATMENT OF ACNE

***Swami Shraddhamayananda**

Ramakrishna Mission Medical Unit, Belur Math, Howrah, West Bengal, India.

Pin – 711202.

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***Correspondence for
Author**

Swami Shraddhamayananda
Ramakrishna Mission Medical
Unit, Belur Math, Howrah,
West Bengal, India. Pin –
711202.

ABSTRACT

Acne is the involvement of the oil glands at the base of hair follicles characterized by Papular and pustular eruptions over face, forehead, chest and back. The teenage groups are commonly affected. It not only causes a serious cosmetic disfigurement but it is also associated with functional impairment as well often manifested as a high magnitude of psychological problem. As conventional treatment is often ineffective in many cases, a selective group of such patients were treated with homeopathic medicines along with a control group treated only with placebo containing the vehicle of the original medicines. In our clinic we treated and analyzed one hundred such acne cases along with 10 control cases that were followed for two months. Out of one hundred

cases 97 cases showed promising results within six months and in most of these cases, the patient has got back pre infection status within 3 months. Only single oral homeopathic medicines (either “Sulphur” or “Tuberculinum”) were used without any local application. The results of this study were very encouraging indicating a definite role of homoeopathic medicine in acne

KEY WORDS: Acne, Sulphur, Tuberculinum, Homeopathy.

INTRODUCTION

Acne vulgaris, a disease commonly occurs in adolescents is a chronic inflammatory disease characterized by formation of comedones, papules, pustules, cysts, nodules and even in some cases it leads to scar formation. Although in many cases it is very difficult to find the exact etiology of this disease, but it is often associated with follicular hyperkeratosis, hyper secretion of sebaceous glands, *Propionibacterium acnes* colonization, hypersensitivity and

chronic inflammatory reactions. In general, hormones e.g., excess secretion of androgen; as it stimulate the oil gland and increased sebum excretion and progesterone which also increases sebum secretion while estrogen reduces it, but the vast majority patients with acne have normal endocrine profile; excessive sebum, that can breakdown cellular wall causing bacteria to grow (*Propionibacteria*); hereditary/genetic factors e.g., a positive family history in many cases are commonly found. In our clinic 5% cases have positive family history. In some cases conventional medicines like androgen and lithium; and pregnancy because of hormonal change are also blamed for development of acne. Acne commonly affects face, anterior chest and upper part of back ^[1]. Its prevalence in students above 10 years of age varies between 16.33-27.2% and in adolescents it varies between 28.9-93.3% ^[2, 3, 4, 5, 6, 7]. It usually begin in the teen age years (between 12 and 18 yrs) and lasts for 5 – 10 yrs. It may persist in adulthood (beyond 30 yrs). Male and female are equally affected. High glycaemic load diet and milk products may be important exciting factors. Different types of acne are given in Table 1. Differential Diagnosis of acne should be done with keratosis pilaris, rosacea and chloracne.

Conventional treatment of acne is usually done with resorcinol, benzyl peroxide, salicylic acid, sulphur, retin –A, antibiotics like erythromycin, oxytetracycline etc. Hormonal and laser therapy are done in selected cases. Though the conventional method of treatment gives relief to the patients of acne but it is expensive and patients suffer for a long time and often not without complications. Most of the patients in this study came after prolonged conventional treatment (6 months to one year) without any significant benefit. Considering all the above-mentioned facts we treated these patients with homeopathic medicines which are alternative medicines without any side effects as these medicines are used in ultra diluted forms and as homeopathic pharmacopoeia is approved in many nations/countries including India where this study was made and medicines are available in India over the counters easily this method of treatment was accepted by the patients very easily. Details of homeopathy and medicines used in homeopathic practice are available elsewhere.

(<http://en.wikipedia.org/wiki/Homeopathy>; <https://abchomeopathy.com/taking.htm>).

MATERIALS AND METHODS

Total 100 patients were enrolled in this study. There were also 10 control cases in this study those were given placebo and followed for two months to see if there was any change. Most of them aged between 13 to 22 yrs (78 %), their mean age was 18 yrs. Beyond 40 yrs of age

there were only female patients (2% of total patients). Age distribution of patients is given in Fig. 1. Male : Female ratio was ~1: 1. All patients were diagnosed, categorized and followed up by our Dermatologist of the institution. The patients were enrolled after taking consent from the patients or from their parents. Permission of this study was also taken from Ethical committee of the Institute. Multiple open comedone (non inflammatory), multiple closed comedone, papule and pustule (with moderate inflammation), multiple pustules and cysts (in inflammatory acne), severe inflammatory acne on forehead/central forehead/ nose/ chin - all these varieties of patients were treated. As most of the patients came after prolonged conventional treatment so in most of the cases all types of comedones were observed. In most of the cases face was commonly involved and although in 56 cases the patients could not remember the age of onset, among remaining 44 cases the age of onset was maximum in between 14-17 years which was stated by 20 patients (Table 2).

Homoeopathic medicines and treatment: The same medicines were given to all the patients except in the control group where only lactose pills were given which looks similar to our medicines and lactose was the vehicle of these medicines. The medicine was purchased from reputed homeopathic medicine shop (HAPCO) in Kolkata. In the placebo group there were 5 males and 5 females. Random selection was done of both sexes, of different casts and ages. Medicines were given as 4 pills (one dose) daily for 7 days then one dose in 15 days intervals. Only single oral homeopathic medicine (“Sulphur”, “Tuberculinum”) were used without any local application.

RESULTS AND DISCUSSION

Earliest response was seen in majority number cases after 7 days and 97 patients were cured within 3 months. No response was noticed in 3 cases after 6 months of treatment. After two years follow up we have seen relapse in five cases. In placebo cases after 2 months follow up out of 10 patients eruptions were increased in 6 patients and no change occurred in remaining 4 patients. Details of the results are given in Table 3 and in Fig. 3 and Fig. 4. This study indicated a definite role of homeopathic medicines in the treatment of acne, not only comedones but also against inflammatory acne cases. Probably the most interesting finding in this study is remission of acne associated with scars. The average scoring of 3.6 of the scar associated acne became zero scoring after the treatment. The real mechanism of action of these homeopathic medicines is very difficult to explain and so far there is no definite explanation of the mechanism of action of these medicines. Thus possible attempts should be

made in future studies to find out the mechanism. This preliminary report may help the suffering humanity at large.

TABLE 1: Types of acne

According to the manifestation, various terms used to clinical variants of acne like Papules, pustules, nodules, cystic, excorice, black headed, white headed etc.

1. Inflammatory

1. Papules (pinheads)
2. Pustules (pimples)
3. Nodules (cyst)
4. Excorice (eroded papule)

1. Non Inflammatory

1. Open comedones (Black headed)
2. Closed comedones (white heads)

TABLE 2: Number and percentage of patients with acne, regarding affected area and age of onset

Face (97)

Face and trunk (2)

Trunk (1)

Age of onset

≤ 9 years (4 cases)

10 years (4 cases)

11 years (6 cases)

12 years (5 cases)

13 years (5 cases)

14 – 17 years (20 cases)

Don't know (56 cases)

TABLE3: Number and percentage of patients according to acne severity

Severity	Age range in years	Sex		Outcome of treatment		Original scoring in acne with scar	Scoring in acne with scar after treatment
		Male	Female	Remission time	No remission		
Acne inflammatory (papule, pustule, nodule)	18-25	38	40	2-3 months	3	–	–
Acne comedonal, noninflammatory	12-22	7	5	1 month	–	–	–
Acne with scar	22-45	4	6	6 months	–	Moderate -6 Severe-2 Very severe-2 (Average scoring 3.6)	0

Scoring in acne with scar: Clear 0 No visible scars from acne; Almost clear 1 Hardly visible scars from 2.5m Away; Mild 2 Easily recognizable; less than half the face involved; Moderate 3 More than half the face involved; Severe 4 Entire face involved; Very severe 5 Entire face with prominent atrophic or hypertrophic scars.

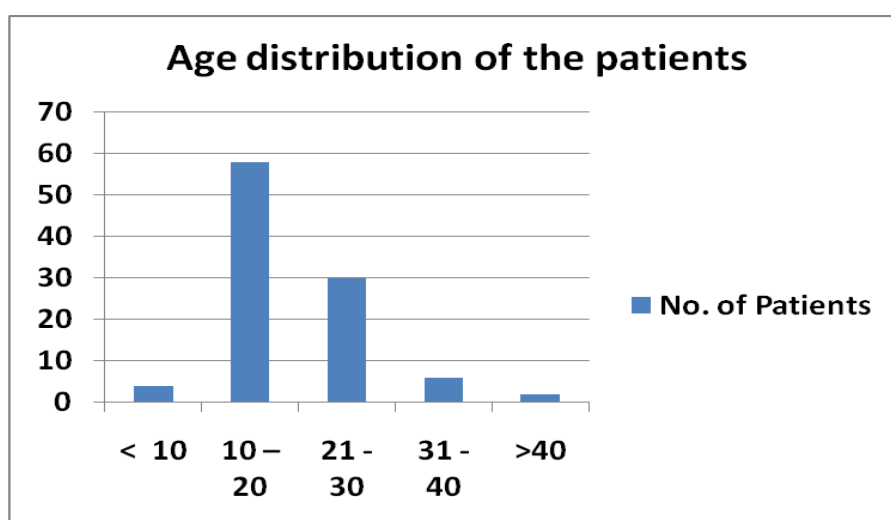
**Fig. 1: Distribution of age of the enrolled patients.**



Fig. 1a. (Before treatment)

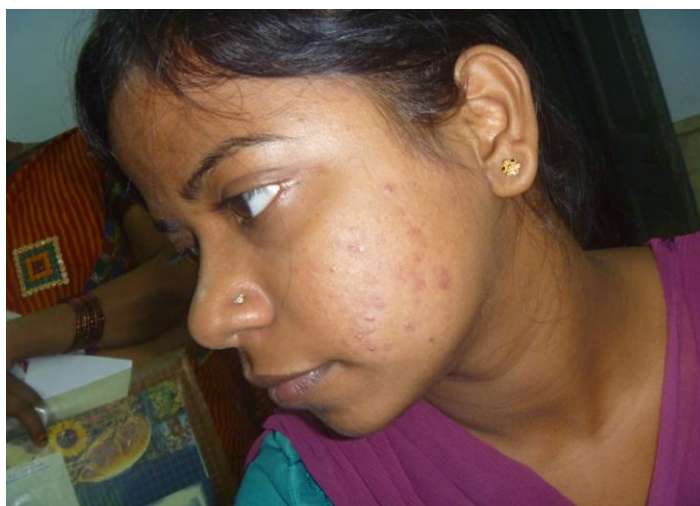


Fig. 1b. (After 15 days of treatment)



Fig. 1c. (After 2 months of treatment)



Fig 1d. (After 1 year follow up)

Fig. 2: Treatment outcome of a patient (AC) with acne.



Fig. 3: Treatment outcome of acne in another patient (SB).

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