

Acne and Its Variants: An Observational Study with a Homoeopathic Perspective

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Abstract:

Acne is a common disorder of the pilosebaceous unit that may present in different clinical variants, ranging from common acne vulgaris to more severe and specific forms such as acne conglobata, acne excorie, exogenous acne and hormonal acne. Recognition of the clinical type and grade of acne is important for appropriate case assessment and management. An observational study was conducted over a period of 9 months on 40 cases of acne. Cases were selected primarily on the basis of clinical history, clinical presentation and examination findings, including previously diagnosed cases of acne. Among the 40 cases, acne vulgaris was the most frequently observed variant, accounting for 14 cases (35%), followed by hormonal acne with 9 cases (22.5%), acne excorie with 8 cases (20%), exogenous acne with 6 cases (15%), and acne conglobata with 3 cases (7.5%). The observations also showed repeated prescription of certain homoeopathic medicines across different clinical variants, particularly Natrum muriaticum, suggesting the importance of individualized case assessment and remedy selection according to the presenting clinical features.

AIM

To observe the distribution of different clinical variants of acne and their correlation with the homoeopathic medicines prescribed in clinically manageable cases.

INTRODUCTION

Acne is a common disorder involving the pilosebaceous unit and is particularly frequent around the period of puberty. Clinically, it may present with a variety of lesions including comedones, papules, pustules, nodules and cysts. Depending upon its clinical presentation and severity, acne may produce persistent lesions and may subsequently result in scarring.

Acne is not a single clinical entity but comprises several variants with different clinical characteristics. Acne vulgaris is the commonest form, whereas other variants include acne fulminans, exogenous acne, acne excorie, drug-induced acne, acne conglobata, acne inversa, hormonal acne, and neonatal and infantile acne. These variants differ in their clinical presentation, distribution and associated factors.

Types of Acne

1.Acne vulgaris

This is a condition affecting the pilosebaceous unit, mostly seen in people around puberty. It presents as comedones (both blackheads and whiteheads), along with papules, nodules, pustules, and cysts, often leaving scars behind. Roughly 70% of affected individuals see their symptoms resolve by their late twenties or thirties.

2. Acne fulminans

A rare and severe ulcerative variant of acne with an unclear cause. It appears suddenly and comes with systemic effects like fever, muscle aches, and joint pain.

3. Exogenous acne

This form arises from external triggers rather than internal hormonal causes. It's commonly seen in adult women who habitually use heavy cosmetics, and can also result from oil exposure or skin friction, producing comedones, papules, and pustules.

4. Acne excorie

This occurs when patients—often young girls—compulsively pick at otherwise mild acne lesions using their fingernails, sometimes even during sleep. The constant manipulation leads to visible scratches and crusted sores, while the actual acne lesions (comedones and papules) remain minimal.

5. Drug induced acne

Certain medications—including corticosteroids, androgens, anabolic steroids, birth control pills, TB medications, iodine/bromine compounds, and anti-seizure drugs—can trigger acne-like breakouts. These eruptions tend to look uniform, mainly papules and pustules, with comedones and scarring being rare (particularly with steroid-induced cases). The back and face are typical sites.

6. Acne conglobata

A serious, disfiguring form marked by interconnected abscesses, cysts, and draining sinus tracts filled with pus or blood-tinged fluid. Comedones often appear in clusters with multiple openings. Healing is slow and frequently results in deep pitted scars or thick keloidal scarring connected by scar tissue bridges. This condition can persist for years and is one component of the follicular occlusion triad, alongside hidradenitis suppurativa and dissecting scalp cellulitis.

7. Acne inversa (Hydradentitis suppurativa)

A long-term, scarring inflammatory condition affecting the underarms, groin/genital area, and skin beneath the breasts. Mild cases—especially on the thighs or vulva—are frequently mistaken for recurring boils.

8.Hormonal acne

Typically triggered during puberty when rising sex hormone levels overstimulate the sebaceous glands. Around 70% of women notice breakouts worsening 2–7 days before menstruation, linked to hydration changes in the follicular lining influenced by estrogen and progesterone (which can either promote or reduce inflammation). The term "endocrine acne" should specifically apply to cases tied to diagnosed hormonal disorders like Cushing's syndrome, adrenogenital syndrome, or PCOS.

9. Neonatal and infantile acne

Neonatal acne shows up as small breakouts on the nose and cheeks, either at birth or shortly after, caused by maternal hormones stimulating the baby's sebaceous glands. It resolves on its own without treatment as these glands shrink and calm down. Infantile acne, by contrast, is rarer, typically emerging between 6–

16 months of age, more common in boys, and can range from mild to severe—usually presenting with significant inflammation.

METHODOLOGY

- Type of Study – Observational
- Sample Size – 40 cases
- Study Duration -9 Months

Criteria for selection of cases

Inclusion criteria

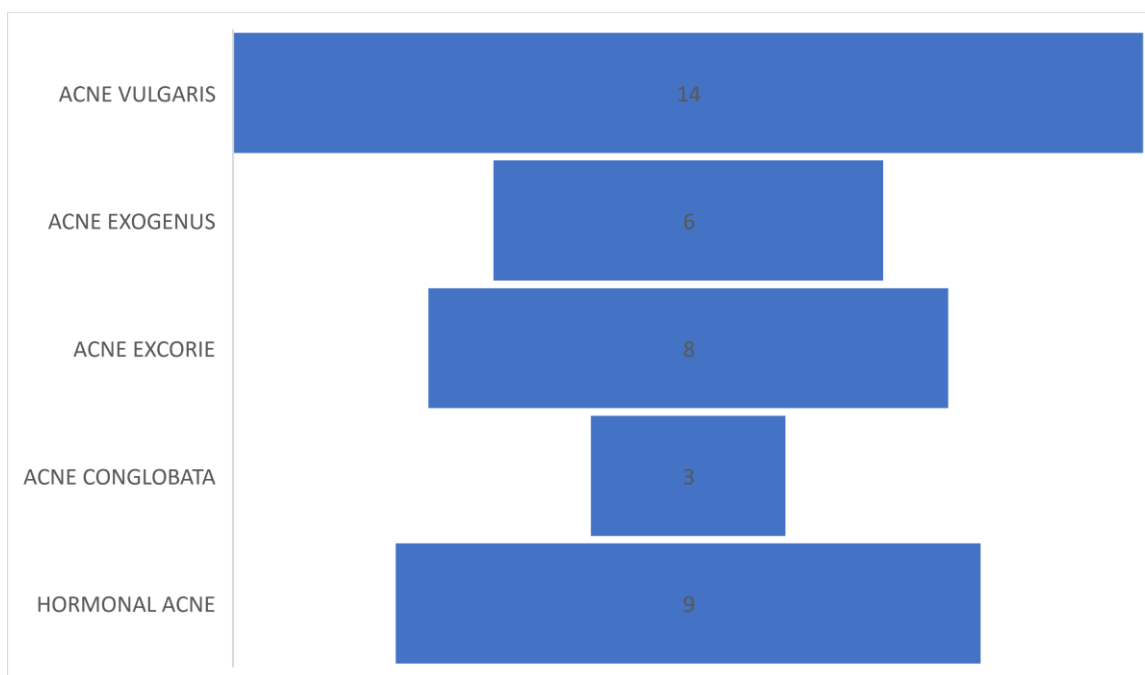
- Patients within age limit of 19-34 years.
- Both sexes male and female included.
- Only those Patients are included who are Clinically manageable.
- Cases were selected on diagnostic criteria mainly done on basis of clinical history presentation and examination finding or pre diagnosed cases of acne.

Exclusion criteria

- Patients with serious pathological conditions, Genetic disorders, autoimmune diseases, life threatening conditions.
- Patients above 34 years and below 19 years of age.
- Patients with other skin diseases with same manifestation.
- Patients taking other therapeutic measures for Acne and other skin diseases.

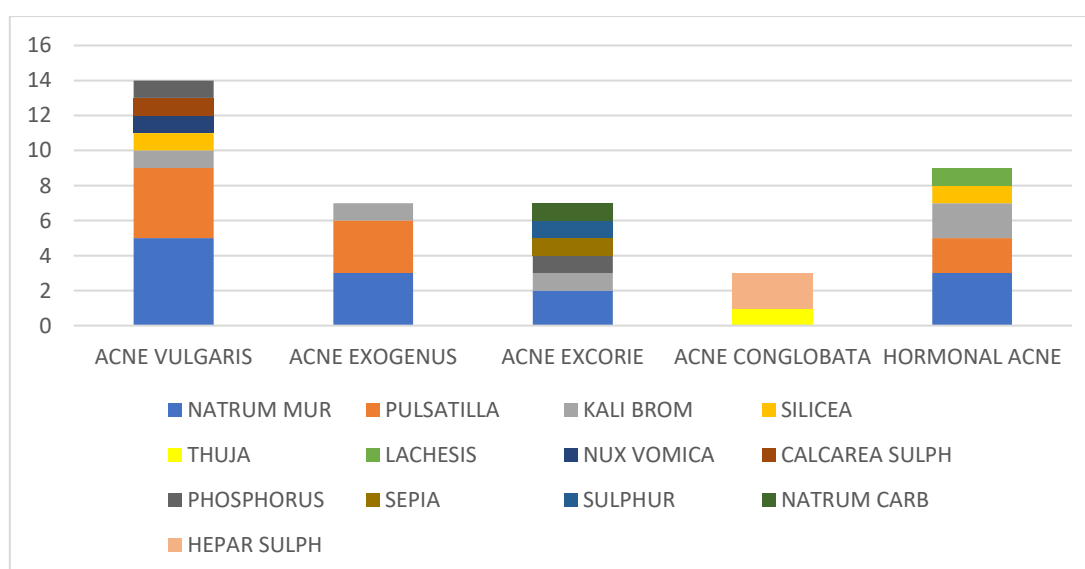
❖ DISTRIBUTION OF CASES BASED ON TYPES OF ACNE

TYPE OF ACNE	NO. OF CASES	PERCENTAGE (%)
ACNE VULGARIS	14	35%
ACNE EXOGENUS	06	15%
ACNE EXCORIE	08	20%
ACNE CONGLOBATA	03	7.5%
HORMONAL ACNE	09	22.5%



Observation: Out of 40 cases examined, Acne Vulgaris was the most frequently encountered type, representing 35% (14 cases) of the study population. Hormonal Acne accounted for 22.5% (9 cases) of cases. Acne Excorie constituted 20% (8 cases) and Acne Exogenous 15% (6 cases) respectively. Acne Conglobata was the least prevalent, recorded in merely 7.5% (3 cases) of cases.

DISTRIBUTION OF CASES ACCORDING TO TYPES OF ACNE AND PRESCRIBED HOMOEOPATHIC MEDICINE



Observations

Natrum mur and pulsatilla were among most prescribed medicine in acne vulgaris, acne exogenous and hormonal acne, while in acne excorie natrum mur is most frequently prescribed, in acne conglobata hepar sulph is more prescribed. Overall, natrum mur appears repeatedly across different clinical types of acne

CONCLUSION

The present observational study of 40 cases demonstrated that acne occurs in a variety of clinical forms, with considerable variation in their frequency and presentation. Acne vulgaris was the most frequently encountered variant, comprising 35% of the study population, followed by hormonal acne (22.5%), acne excorie (20%), exogenous acne (15%) and acne conglobata (7.5%). The prescribing observations showed that different homoeopathic medicines were used across the various clinical types. Natrum muriaticum and Pulsatilla were among the frequently prescribed medicines. Overall, the study highlights the clinical diversity of acne and the variation in homoeopathic prescribing patterns across its different forms. The repeated appearance of Natrum muriaticum across several clinical variants represents an important observation of this study. Further systematic and adequately powered clinical research would be required to determine whether these prescribing patterns have reproducible clinical significance.