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## RESEARCH ARTICLE

# SEVERE PAPULO-PUSTULAR AND CYSTIC ACNE WITH POST-INFLAMMATORY HYPERPIGMENTATION TREATED AT DR BATRA'S® HOMEOPATHY CLINIC

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### ARTICLE INFO

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### ABSTRACT

Severe acne with cystic eruptions and post-inflammatory hyperpigmentation is a common chronic dermatological concern, often associated with psychological distress and reduced self-esteem. A 19-year-old female presented with long-standing papulo-pustular and cystic acne involving face and upper back with suppuration and pitting scars, with minimal benefit from previous conventional interventions. Individualized homeopathic management was initiated based on totality of symptoms and classical homeopathic principles, along with systematic follow-ups. Marked improvement was observed in acne activity, suppuration, pigmentation, and overall confidence. This case highlights a visible transformation achieved at Dr Batra's® Homeopathy Clinic.

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## INTRODUCTION

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit, commonly affecting adolescents and young adults. Severe forms such as papulo-pustular and cystic acne may lead to scarring, post-inflammatory hyperpigmentation, emotional distress, and long-term psychosocial impact. Conventional management may include topical agents, systemic antibiotics, isotretinoin, and cosmetic procedures; however, relapses and dissatisfaction are common. Classical homeopathy emphasizes individualization through totality of symptoms, miasmatic evaluation, and long-term constitutional management.

### Case Profile

- **Age/Gender:** 19 years/Female
- **Occupation:** Student (SYBCOM)
- **Presenting Complaint:** Severe acne with hyperpigmentation
- **Duration:** ~5 years (chronic)
- **Diagnosis:** Severe acne – papules, pustules, cystic lesions with hyperpigmentation and pitting scars
- **Differential Diagnosis Considered:** Acne conglobata, folliculitis, rosacea (less likely), hormonal acne
- **Past Treatment History:** Multiple allopathic medicines + skin peeling sessions, with no sustained improvement

### Chief Complaints

1. **Acne** over cheeks, forehead and upper back since 5 years
  - Slow onset, gradual progression

- Suppuration present (+)
- Oiliness absent
- Post-acne pitting/scarring
2. Hyperpigmentation (post acne marks + facial darkening perception)
3. Occasional flatulence

**History of Present Illness:** The patient developed acne gradually over the face and upper back for the last five years, progressing to papulo-pustular and cystic eruptions with occasional suppuration. She reported significant distress due to hyperpigmentation and pitted scars. Despite repeated conventional medications and peeling sessions, improvement was not satisfactory or sustained. No major systemic complaints were noted except occasional flatulence.

### Generalities

- **Diet:** Non-vegetarian
- **Appetite:** Good
- **Thirst:** Less
- **Perspiration:** Less
- **Sleep:** Good, refreshing
- **Urine/Stool:** Normal
- **Menstrual History:** Regular
- **Stress:** Not much study stress reported

**Mental Symptoms:** Since childhood, the patient has been emotionally sensitive and easily affected by comments from others. As she grew older, she began to internalize criticism more strongly, especially

remarks related to her appearance. Over time, the repeated experience of acne and facial pigmentation led to reduced confidence, avoidance of attention, and feelings of embarrassment. She reported that when someone comments about her dark skin or marks, it affects her immediately; although she tries not to dwell on it for long, she repeatedly questions "why it has affected me", reflecting an ongoing inner insecurity. In the present phase, she describes herself as anxious, under-confident, and at times hopeless regarding her skin, while still maintaining functional daily routine and studies.

### Clinical Examination

- Multiple inflammatory acne lesions over cheeks, forehead and upper back
- Papules, pustules and cystic eruptions
- Post-inflammatory hyperpigmentation
- Pitted scars (post acne)
- No marked facial oiliness
- No systemic red flags noted

### Homeopathic Case Analysis

#### Characteristic Symptoms Considered for Totality

#### Mental/Emotional

- Embarrassment about facial pigmentation
- Anxiety with low confidence
- Sensitive to remarks; affected by criticism

#### Physical/Local

- Papulo-pustular/cystic acne with suppuration
- Post acne pitting scars
- Hyperpigmentation
- No oily face

#### General

- Thirst less
- Perspiration less
- Appetite good

**Life Space:** The patient's main suffering was not only the acne lesions but the impact on self-image and confidence, triggered strongly by external comments. This emotional sensitivity acted as a maintaining factor for her chronic complaint. The case required constitutional support along with pathological resolution.

#### Repertorial Totality (Rubrics)

1. Mind – Confidence – want of self-confidence
2. Mind – Anxiety
3. Mind – Sensitive – to opinion of others / criticism
4. Face – Eruptions – acne – pustular
5. Face – Eruptions – acne – cystic / indurated
6. Skin – Eruptions – suppurating
7. Skin – Discoloration – hyperpigmentation / spots after acne
8. Skin – Scars – pitting
9. Stomach – Flatulence – occasional
10. Generalities – Thirst – diminished

**Repertorization:** Repertorization and clinical correlation highlighted remedies covering:

- Chronic suppurative tendency
- Acne with scarring
- Slow healing / tissue involvement
- Psychological impact with low confidence and sensitivity

Final remedy selection was based on totality + pathological similarity + constitutional background.

### Miasmatic Assessment

- **Dominant miasm:** Psora–Sycosis
  - Chronicity, recurrent inflammatory eruptions, hyperpigmentation, tendency for marked residual changes (sycotic)
  - Emotional sensitivity and functional imbalance (psoric)
- **Miasmatic approach:** Constitutional management with long-term follow-up focusing on recurrence prevention and skin healing.

### Prescription

#### Remedies prescribed:

- Berberisaquifolium 30
- Silicea 6X

### Reason for Prescribing

- Specific + biochemic support for chronic inflammatory acne with residual pigmentation and tissue repair requirement
- 30C and 6X selected for functional + pathological action and sustained response monitoring
- Remedy selection aligned with local pathology + constitutional susceptibility

### Follow-Up Summary

#### Follow-Up Table with Prescription & Response

Date	Clinical Response	Assessment	Prescription/Plan
29/09/2021	Acne severity less than last month, no suppuration, no oiliness	Early improvement	Continue same medicines + dietary guidance
26/11/2021	Acne less in 1st week, increased since 2nd week, suppuration present	Mild relapse/flare	Continue treatment, monitor triggers
10/02/2022	Acne less than before, pigmentation slightly less, thirst normal	Improvement + general better	Continue medicines
21/03/2022	Acne less, pigmentation less, no other complaints	Stable improvement	Continue medicines + follow-up
27/05/2022	Acne less, pigmentation less	Ongoing recovery	Continue management
29/08/2022	Much improved in photos, scars present, skin tone improved	Marked improvement	Continue medicines, supportive skin care
29/10/2022	Better overall, comparison improved	Stable	Continue treatment
24/12/2022	Better overall	Stable remission trend	Continue medicines
03/02/2023	Better	Improving	Continue
21/03/2023	Better; pigmentation reduced; itching reduced	Improvement maintained	Continue
26/04/2023	Labs reviewed; Vit D low; supplements advised	Systemic support	Vit D/B12 support + nutraceutical guidance
06/05/2023	Hyperpigmentation reducing/lightened, no active acne	Significant clinical gain	Continue homeopathy + supportive therapy
08/07/2023	Hyperpigmentation fading; mild new chin acne	Minor flare	Skin care + continue medicines
29/05/2024	Stable; hyperpigmentation further better	Maintenance	Continue
23/12/2024	Stable; pigmentation improved; texture smooth	Sustained improvement	Continue medicines + therapies
23/01/2025	Eruption + hyperpigmentation fading gradually; pores improved	Continued recovery	Continue

25/06/2025	All better; no new complaints	Near remission	Continue follow-up
21/01/2026	Overall better; no complaints; pigmentation improved	Remission maintained	Continue regular medicines/therapy

### Transformation Table (Before vs After)

Parameter	Before Treatment	After Treatment / Follow-up Outcome
Acne severity	Severe papules, pustules, cystic lesions	Markedly reduced; mostly stable with minimal flares
Suppuration	Present (+)	Absent in multiple follow-ups
Oiliness	Not prominent	Remained controlled
Hyperpigmentation	Prominent; major concern	Gradually lightened and stable improvement
Scarring/pitting	Present	Texture improved; scars reduced in prominence
Psychosocial impact	Embarrassment, low confidence, anxiety, hopelessness	Confidence gradually improved; less distress reported
Need for conventional intervention	Multiple failed allopathic medicines + peeling sessions	Sustained improvement with homeopathic care and follow-up



## DISCUSSION

1. This case represents chronic severe acne with cystic and suppurative tendency complicated by hyperpigmentation and pitted scarring.
2. The patient had already undergone multiple conventional interventions without sustained benefit, indicating a long-standing susceptibility.
3. Classical homeopathic case-taking emphasized the emotional impact of the disease, especially sensitivity to criticism and low confidence.
4. The mental state was traced from childhood emotional sensitivity to present-day anxiety and hopelessness linked to facial appearance.
5. Totality was constructed using characteristic local pathology (suppuration, cystic lesions, scars) and general features (low thirst, low perspiration).
6. Repertorial analysis supported remedies covering chronic acne pathology and tissue healing tendency.
7. The miasmatic background was assessed as psora-sycosis, explaining chronicity, recurrence, and residual pigmentation changes.
8. Follow-ups documented progressive reduction in suppuration and inflammatory activity, followed by gradual improvement in pigmentation and skin texture.

9. Long-term monitoring demonstrated stable improvement with occasional mild flares, suggesting restoration of balance rather than temporary suppression.
10. Overall, the case highlights the scope of individualized homeopathic management in chronic dermatological conditions with psychosocial distress.

## CONCLUSION

This case demonstrates that individualized homeopathic treatment based on classical principles can provide sustained improvement in severe papulo-pustular and cystic acne with post-inflammatory hyperpigmentation. The patient showed progressive reduction in active lesions, cessation of suppuration, gradual fading of pigmentation, and improved skin texture over follow-ups. Psychologically, the patient moved from embarrassment and low confidence toward improved self-assurance and stability. Long-term follow-up supported maintenance of results with minimal relapses. The outcome suggests that constitutional homeopathic management may help address both visible pathology and internal susceptibility in chronic acne cases. This case supports the role of homeopathy as a safe, individualized approach in acne with scarring and pigmentation concerns. The documented changes indicate a consistent clinical response over time. Overall, the case reflects meaningful improvement in quality of life and patient satisfaction.

### Prognosis

Curable, considering:

- Young age
- Regular menses and stable general health
- Good compliance with diet and follow-ups
- Gradual and sustained improvement documented over time

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