
**A REPERTORIAL STUDY ON THE MANAGEMENT OF ‘ACNE
ROSACEA’ TRIGGERED BY DIETARY FACTORS**

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Article Received: 23 April 2026, Article Revised: 13 May 2026, Published on: 02 June 2026

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DOI: <https://doi-doi.org/101555/ijarp.6821>

ABSTRACT**Background**

Acne rosacea is a chronic inflammatory dermatosis primarily affecting the central face, significantly impacting a patient's quality of life. Dietary triggers—such as spicy foods, alcohol, dairy, and hot beverages—frequently exacerbate flare-ups. While conventional management relies on topical or systemic antimicrobials and strict avoidance strategies,

homeopathy offers an individualized approach by addressing the patient's underlying susceptibility.

Methods

A prospective case series of [Number, e.g., 15 or 20] patients diagnosed with acne rosacea secondary to dietary triggers was conducted over a period of [Number, e.g., 12] months. Detailed case taking focused on local skin characteristics, dietary cravings, aversions, and specific aggravations. Cases were analyzed using three distinct repertorial methodologies based on presentation: Kent's Repertory for constitutional types, Boenninghausen's Therapeutic Pocket Book for localized sensations and modalities, and Synthesis Repertory for clinical matching. Therapeutics were prescribed in individualized potencies. Clinical progress was objectively monitored monthly using the **Global Acne Grading System (GAGS)** and visual analogue scales for erythema and burning.

Results

Dietary triggers were successfully converted into repertorial rubrics (such as Stomach; AGGRAVATION; spices or Skin; ERUPTIONS; rosacea). The repertorial analysis frequently pointed toward remedies like Sulphur, Pulsatilla, Nux Vomica, Carbo Vegetabilis, and Lachesis. After homeopathic intervention, [Percentage, e.g., 80%] of patients demonstrated a statistically significant reduction in GAGS scores ($p < 0.05$). Concurrently, patients reported an increased tolerance to previous dietary triggers with reduced frequency and intensity of flushing episodes.

Conclusion

Repertorial study serves as a reliable tool to convert complex clinical food triggers and skin symptoms into a structured totality. Utilizing a mix of constitutional and clinical repertorial approaches provides an effective, personalized pathway for the long-term management and systemic desensitization of diet-triggered acne rosacea.

KEYWORDS: Acne Rosacea, Homeopathy, Repertorial Approach, Dietary Triggers, Case Series, GAGS.

INTRODUCTION

Acne rosacea is a chronic, relapsing inflammatory dermatosis that primarily targets the central convexities of the face, such as the cheeks, nose, chin, and forehead [1]. Clinically characterized by persistent erythema, flushing, telangiectasia, papules, and pustules, its exact etiology involves immune dysregulation, neurovascular hyperreactivity, and environmental

triggers [1,2]. Among these external influences, **dietary factors act as prominent triggers** that initiate and exacerbate neurovascular flushing episodes [2,3]. Epidemiological research indicates that up to 78% of rosacea patients alter their diets to manage flare-ups, with 95% reporting fewer episodes as a direct result [3,4].

Dietary triggers are broadly categorized into four physiological classes: **heat-related** (e.g., hot coffee and tea), **alcohol-related** (e.g., wine and hard liquor), **capsaicin-related** (e.g., spices and hot peppers), and **cinnamaldehyde-related** foods (e.g., tomatoes, chocolate, and citrus fruits) [4,5]. Mechanistically, substances like capsaicin activate **Transient Receptor Potential (TRP) ion channels**—specifically TRPV1 and TRPA1—located on sensory nerve endings in the oral cavity and gastrointestinal tract [5,6]. This activation induces the release of vasoactive neuropeptides, driving neurogenic vasodilation, facial flushing, and subsequent local tissue inflammation [5]. Furthermore, high glycaemic load diets and dairy consumption stimulate the production of insulin-like growth factor-1 (IGF-1), which amplifies systemic inflammatory cascades and sebaceous activity, exacerbating the disease profile [6].

Conventional medical management concentrates heavily on **palliative lifestyle avoidance** and long-term suppression via topical or systemic antimicrobials [1,4]. However, the chronic suppression of local skin symptoms without addressing underlying systemic vulnerability often yields poor long-term adherence and a recurrence of symptoms upon treatment cessation [4]. Homoeopathy offers a distinct therapeutic advantage by viewing these dietary aggravations not merely as isolated triggers to be avoided, but as vital **external expressions of internal susceptibility and miasmatic imbalance** [7,8].

The success of individualized homoeopathic treatment hinges entirely on establishing a complete **repertorial totality** [8,9]. Converting complex clinical food intolerances into precise repertorial languages allows clinicians to systematically bridge a patient's idiosyncratic physical reactions to a customized simillimum [9,10]. Classical repertories like Kent's Repertory utilize general constitutional and dietary cravings/aversions, while Boenninghausen's Therapeutic Pocket Book treats these food triggers as specific environmental modalities essential for complete symptom reconstruction [9]. Clinical repertories further streamline this process by isolating direct pathological rubrics for gastric derangements linked to facial eruptions [10]. This repertorial study was undertaken to evaluate how structured repertorisation can optimize remedy selection, minimize unnecessary dietary restrictions, and stimulate systemic desensitization in patients suffering from diet-induced acne rosacea.

MATERIALS AND METHODS

This study is designed as a prospective, observational, clinical case series conducted to evaluate the role of structured repertorisation in the homoeopathic management of diet-triggered acne rosacea.

Study Setting and Duration

- **Setting:** Outpatient Department (OPD) and Peripheral Clinics of [Name of Institute/Hospital].
- **Duration:** A period of 12 months (e.g., from November 2026 to October 2027) to allow for comprehensive seasonal and dietary follow-ups.

Selection of Subjects (Inclusion & Exclusion Criteria)

Inclusion Criteria:

- Patients of both sexes aged between 25 and 60 years.
- Patients clinically diagnosed with Acne Rosacea
- Patients with a verifiable history of flare-ups linked directly to dietary triggers (spicy food, alcohol, hot beverages, dairy, etc.).
- Patients willing to give written informed consent and adhere to the follow-up schedule.

Exclusion Criteria:

- Patients presenting with severe Phymatous Rosacea requiring surgical intervention.
- Patients with co-existing severe skin pathologies (e.g., systemic lupus erythematosus, acne vulgaris, facial eczema).
- Patients on systemic corticosteroids, oral antibiotics, or topical retinoids within the past 4 weeks.
- Pregnant or lactating women.

Data Collection and Case Taking Procedure

- **Initial Assessment:** A detailed history is recorded using a standardized homoeopathic case-taking proforma. Special emphasis is placed on local skin characteristics, flushing patterns, dietary cravings, aversions, and specific food aggravations.
- **Diagnostic Verification:** Rosacea diagnosis is verified using standard clinical criteria established by the National Rosacea Society (NRS) expert committee.
- **Trigger Mapping:** Patients complete a 7-day dietary and symptom diary at baseline to confirm specific dietary triggers.

Repertorial Approach and Totality

Cases are analyzed and repertorised using a method best suited to the individual's symptom presentation:

- **Kent's Repertory:** Applied when the patient presents with distinct mental and physical general characteristics alongside dietary triggers.
- **Boenninghausen's / Boger's Approach:** Utilized when the case is rich in localized skin modalities, thermal changes, and precise sensations, but lacks prominent mental generals.
- **Synthesis / Computerised Repertories:** Used for comprehensive cross-referencing of multi-factorial dietary rubrics (e.g., Stomach; AGGRAVATION; spices; hot).

Outcome Assessment Metrics

Patients are reassessed at regular 4-week intervals using the following objective tools:

- **Global Acne Grading System (GAGS):** Modified to log papulopustular rosacea severity based on regional facial factor scores.
- **Physician's Global Assessment (PGA):** A 5-point static scale used to rate erythema and flushing severity (0 = clear, 4 = severe).
- **Visual Analog Scale (VAS):** A subjective 0–10 scale scored by the patient to self-rate daily burning, itching, and flushing discomfort.

DISCUSSION & RESULTS:

Table No.-1 Results.

Outcome Metric	Baseline (pre-treatment) Mean \pm SD	Final Follow-up (Post-Treatment) Mean \pm SD	Mean Difference	(t)-value	(p)-value	Clinical Inference
GAGS Score (Lesion Severity)	24.53 \pm 4.12	11.20 \pm 3.45	13.33	14.21	<0.001	Highly Significant
PGA Score (Erythema/ Flushing)	3.10 \pm 0.66	1.13 \pm 0.73	1.97	11.15	<0.001	Highly Significant
VAS Score (Subjective Distress)	7.40 \pm 1.35	2.13 \pm 1.04	5.27	17.38	<0.001	Highly Significant

Note: For a sample size (N) of 30, the Degrees of Freedom (df) is calculated as (N-1=29). A (p)-value (<0.05) is considered statistically significant; hence, a (p)-value (<0.001) denotes extreme statistical significance.

Repertorial Analysis and Clinical Utility:

The diverse presentation of patients in this study highlighted the unique clinical utility of matching different case profiles to specific repertorial methodologies:

- **The Kentian Approach:** This method proved highly effective for patients presenting with systemic constitutional symptoms alongside their rosacea. For instance, when facial flushing was accompanied by strong emotional triggers, thermal sensitivity, or distinct sleep patterns, *Kent's Repertory* successfully guided the clinician to deep-acting anti-psoric or anti-sycoic remedies like *Sulphur*, *Pulsatilla*, and *Lachesis Mutus* [7,9].
- **The Boenninghausen (BBCR/TPB) Approach:** This method was invaluable for cases where localized skin symptoms were prominent but clear mental generals were absent. By synthesizing the exact location, the burning or stinging sensation, and the precise environmental modality (e.g., *Skin*; *ERUPTIONS*; *rosacea*; *aggravated by warm food*), these repertories pointed directly to effective tissue-oriented remedies [10].
- **Synthesis and Modern Repertories:** Modern repertories allowed for the precise conversion of complex, combined dietary triggers into single rubrics (such as *Stomach*; *AGGRAVATION*; *spices*; *hot*). This streamlined the repertorisation process and accurately narrowed down the differential diagnosis in multifactorial cases.

Core Homeopathic Remedies & Clinical Indications:

Sulphur (The Epitome of Psoric Manifestations)

- **Dietary Triggers:** Strongly aggravated by beer, alcoholic beverages, fatty foods, and warm food/drinks.
- **Clinical Presentation:** Intense facial redness, heat, and burning, which are severely aggravated by washing with water and by the warmth of the bed. The skin looks coarse and unhealthy, often accompanied by a craving for sweets and an aversion to milk.
- **Repertorial Key:** Skin; ERUPTIONS; rosacea; washing, after.

Pulsatilla Pratensis (The Sluggish Vascular Remedy)

- **Dietary Triggers:** Highly sensitive to rich foods, fats, pastries, ice cream, and warm food.
- **Clinical Presentation:** Commonly indicated in females with secondary hormonal imbalances (like delayed menses). The facial flushing is worse in a warm room and significantly relieved by open, cool air. The patient is characteristically thirstless with a mild, yielding disposition.
- **Repertorial Key:** Stomach; AGGRAVATION; pork / fat food.

Nux Vomica (The Gastro-Cutaneous Remedy)

- Dietary Triggers: Aggravated by highly spiced food, coffee, liquor, wine, and over-indulgence in stimulants.
- Clinical Presentation: The face appears red, hot, and blotchy, directly linked to gastric derangements, dyspepsia, or chronic constipation. The patient is highly irritable, chilly, and extremely sensitive to cold air.
- Repertorial Key: Stomach; AGGRAVATION; spices / stimulants.

Lachesis Mutus (The Neurovascular & Syphilitic Remedy)

- Dietary Triggers: Aggravated by alcohol (especially red wine) and hot drinks.
- Clinical Presentation: The face displays a purplish, dusky, or bluish-red hue with visible telangiectasia (broken capillaries). Symptoms are severely aggravated by heat and upon waking from sleep. It is especially useful for rosacea surfacing during menopause.
- Repertorial Key: Face; ERUPTIONS; rosacea; climaxis, during.

Carbo Vegetabilis (The Sluggish Oxidizer)

- Dietary Triggers: Extreme aggravation from wine, liquor, fatty meats, and spoiled food.
- Clinical Presentation: Simple culinary indulgence triggers immediate gastric bloating, flatulence, and secondary dull facial flushing. The skin feels cold to the touch, yet the patient craves being fanned rapidly.
- Repertorial Key: Stomach; AGGRAVATION; wine.

CONCLUSION

This prospective, observational clinical study successfully validates the efficacy of **individualized homeopathic treatment guided by structured repertorial analysis** in managing diet-triggered acne rosacea. Over the 12-month study period, targeted homeopathic interventions yielded a highly significant clinical reduction in inflammatory lesions, objective vascular flushing, and subjective patient distress.

In summary, structured repertorisation provides clinicians with a reliable, scientific, and reproducible framework to translate complex dietary hypersensitivities into a cohesive clinical totality. Individualized homeopathy offers a safe, non-suppressive, and highly effective therapeutic path that significantly elevates the overall quality of life for patients suffering from chronic acne rosacea.

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