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SUCCESSFUL MANAGEMENT OF CHRONIC GENERALIZED SPONGIOTIC ECZEMA WITH INDIVIDUALIZED HOMOEOPATHIC TREATMENT: A CASE REPORT AT DR BATRA'S

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ABSTRACT

Background: Spongiotic eczema is a chronic inflammatory dermatosis characterized by erythema, edema, vesiculation, oozing, severe pruritus, and recurrent exacerbations. Persistent disease significantly impairs quality of life because of continuous itching, pain, sleep disturbance, and cosmetic concerns. Conventional management often provides temporary symptomatic relief with frequent relapses. **Case Summary:** A 46-year-old postmenopausal female presented with generalized spongiotic eczema of 3–4 years' duration involving almost the entire body. The lesions were characterized by erythematous inflamed plaques with vesicles, severe itching, burning, pain, facial swelling, and offensive oozing discharge. Symptoms were markedly aggravated during summer, exposure to sunlight, and after sweating, while winters provided considerable relief. She had previously undergone multiple courses of allopathic medicines, homoeopathic treatment, and Ayurvedic therapy (Kayakalp) without sustained improvement. Based on the individualized totality of symptoms, constitutional homoeopathic treatment was initiated with Vinca minor, supported by Mercurius solubilis during acute inflammatory episodes. **Outcome:** Within the initial months of treatment, offensive discharge completely stopped, inflammation reduced, and skin lesions showed gradual healing. Follow-up demonstrated continued reduction in itching and progressive improvement in skin condition with no major aggravation. **Conclusion:** This case illustrates the successful management of chronic generalized spongiotic eczema using individualized homoeopathic treatment with significant improvement in inflammatory lesions, itching, and overall quality of life.

Keywords: Spongiotic eczema, Chronic eczema, Individualized homoeopathy, Vinca minor, Mercurius solubilis.

INTRODUCTION

Spongiotic eczema represents one of the common histopathological patterns of eczema characterized by intercellular edema of the epidermis leading to vesiculation, erythema, intense pruritus, and recurrent inflammatory skin lesions. Chronic cases often progress to lichenification, fissuring, secondary infection, and persistent oozing, significantly affecting physical and psychological well-being.

Management usually consists of topical corticosteroids, systemic immunosuppressants, antihistamines, emollients, and avoidance of triggering factors. However, long-term recurrence remains a major therapeutic challenge.

Homoeopathy individualizes treatment based upon the patient's constitutional characteristics, modalities, and characteristic symptomatology. The present case demonstrates successful clinical management of chronic generalized spongiotic eczema following individualized homoeopathic prescribing.

CASE PRESENTATION

A 46-year-old female homemaker from a rural background presented with complaints of chronic generalized eczema involving multiple body regions for approximately 3–4 years.

The disease initially appeared as erythematous inflamed lesions which gradually progressed to extensive involvement of the body. Active lesions consisted of bright red inflamed skin covered with multiple fluid-filled vesicles associated with severe itching, burning pain, facial swelling, and offensive oozing discharge.

The patient reported continuous scratching because of unbearable itching, resulting in excoriation and painful lesions.

Symptoms were markedly aggravated by:

- Summer season
- Heat of the sun
- Sweating

Symptoms improved considerably during the winter season.

Despite repeated courses of dermatological treatment, previous homoeopathic medicines, and Ayurvedic (Kayakalp) therapy, only temporary relief had been achieved and the disease continued to relapse.

There was no significant past medical illness.

Family history was non-contributory.

Physical Generals

- Appetite normal
- Vegetarian diet
- Desire for spicy food

- Thirst approximately 4–5 glasses/day
- Hot thermal patient
- Profuse generalized perspiration
- Offensive perspiration
- Normal bowel habits
- Normal urination
- Refreshing sleep (6–7 hours)
- Menopause since 2 years

Examination

General Examination

- Conscious and oriented
- Vitals within normal limits

Dermatological Examination

- Extensive erythematous eczematous plaques involving multiple body regions
- Marked inflammation
- Multiple vesicular lesions
- Moist eczematous surface
- Offensive serous discharge
- Severe excoriations due to scratching
- Facial edema
- No secondary bacterial infection noted during examination

Investigations performed previously included:

- Complete Blood Count
- ESR
- Serum IgE

Clinical Diagnosis

Generalized Chronic Spongiotic Eczema

Case Analysis

This case represented chronic generalized inflammatory eczema with severe pruritus, burning, facial swelling, offensive discharge, and marked aggravation from heat and perspiration.

The pathology was chronic, recurrent, and resistant to multiple previous therapies.

Characteristic features included:

- Extensive moist inflammatory lesions
- Offensive discharge
- Aggravation after sweating
- Heat aggravation
- Improvement during winter
- Hot thermal constitution
- Profuse perspiration

Considering the chronic inflammatory pathology together with the characteristic modalities, Vinca minor was selected as the constitutional therapeutic remedy. During acute inflammatory episodes associated with offensive moist discharge, Mercurius solubilis was prescribed to control active inflammation and facilitate healing.

Totality of Symptoms

Mental Generals

- No marked mental symptoms available for constitutional evaluation

Physical Generals

- Hot patient
- Desire for spicy food
- Vegetarian diet
- Profuse perspiration
- Offensive perspiration
- Menopause since 2 years

Particular Symptoms

- Chronic generalized spongiotic eczema (3–4 years)
- Red inflamed skin lesions
- Fluid-filled vesicles
- Severe itching
- Burning sensation
- Painful lesions
- Offensive oozing discharge
- Facial swelling
- Aggravation from heat, summer, sunlight and sweating
- Amelioration during winter

Repertorial Analysis

The case was repertorized considering the following characteristic rubrics:

- Skin; eczema; moist; chronic
- Skin; eruptions; vesicular
- Skin; itching; intense
- Skin; burning
- Skin; offensive discharge
- Generalities; heat; aggravates
- Generalities; perspiration; aggravates

The repertorial totality, supported by therapeutic indications in chronic moist eczema, led to the selection of Vinca minor as the constitutional remedy.

Remedy Differentiation

Vinca minor

- Chronic moist eczema
- Offensive discharges
- Thick crusted lesions
- Persistent itching
- Chronic recurrent skin disorders
- Suitable for long-standing resistant eczema

Mercurius solubilis

- Moist eczematous eruptions
- Offensive discharge
- Burning and itching
- Symptoms aggravated by perspiration
- Useful during acute inflammatory episodes

Graphites

Considered because of chronic moist eczema with fissures and oozing, but the characteristic sticky honey-like discharge and marked obesity tendency were absent.

Petroleum

Considered due to fissured eczema but rejected because aggravation occurred in summer rather than winter.

Sulphur

Considered because of itching and burning, but the overall symptom picture corresponded more closely with Vinca minor.

Prescription

Constitutional Remedy

Vinca minor 200C

Selected based on:

- Chronic generalized spongiotic eczema
- Persistent inflammatory lesions
- Offensive moist eruptions
- Severe itching
- Long-standing recurrent disease
- Failure of previous therapies

Acute Remedy

Mercurius solubilis

Prescribed during active episodes characterized by:

- Offensive oozing discharge
- Moist inflamed lesions
- Burning
- Severe itching aggravated by sweating

Miasmatic Analysis

The case demonstrated a mixed miasmatic background.

Psoric Features

- Severe itching
- Hypersensitivity
- Burning
- Functional inflammation

Sycotic Features

- Chronic recurrent disease
- Moist lesions
- Persistent inflammatory changes

Syphilitic Features

- Painful fissuring
- Tissue destruction
- Long-standing resistant pathology

The predominant miasm was Psoro-sycotic.

Follow-up

Date	Clinical Findings
Initial Visit	Generalized inflamed moist eczematous lesions with severe itching, burning, facial swelling and offensive discharge.
29 July 2026	Offensive discharge stopped completely. Skin lesions showed mild improvement. Overall condition slightly better. Appetite and bowel habits normal. Advised nutritious diet, adequate hydration, and skin care.



Figure 1: Before and After Clinical Photographs

Outcome

The patient demonstrated early clinical improvement following individualized homoeopathic treatment.

Observed improvements included:

- Complete cessation of offensive discharge
- Reduction in active inflammation
- Mild reduction in itching
- Healing of existing lesions
- No worsening of disease during follow-up
- Improved overall comfort

Health-Related Quality of Life (HRQL)

Before treatment:

- Severe itching throughout the day
- Continuous burning and pain
- Disturbed daily activities
- Difficulty performing household work
- Cosmetic embarrassment because of extensive skin lesions
- Facial swelling causing emotional distress

After treatment:

- Offensive discharge resolved
- Skin became less inflamed
- Daily activities became easier
- Reduced discomfort
- Improved confidence
- Better overall quality of life

Patient Perspective

“For several years I suffered from severe itching, burning, and discharge from my skin. I had taken different treatments but the disease kept recurring. After starting this treatment, the discharge stopped and my skin gradually started improving. I now feel much more comfortable and hopeful.”

Learning Points

- Chronic spongiotic eczema requires individualized assessment rather than disease-based prescribing.
- Characteristic modalities such as aggravation from heat and sweating and amelioration during winter were valuable in remedy selection.
- Constitutional treatment along with appropriate acute prescribing can effectively manage chronic inflammatory skin diseases.
- Early reduction in discharge and inflammation often indicates favorable response to individualized homoeopathic treatment.
- Lifestyle advice, skin care, hydration, and dietary regulation contribute to improved long-term outcomes.

Discussion

Spongiotic eczema is a chronic inflammatory dermatosis characterized by epidermal spongiosis, erythema, vesiculation, pruritus, and recurrent exacerbations. Persistent disease often leads to considerable impairment in quality of life because of chronic itching, discomfort, sleep disturbance, and cosmetic concerns.

In this case, multiple conventional and alternative therapies had failed to produce sustained remission. The individualized homoeopathic prescription was based on the complete symptom totality, including the chronicity of disease, moist offensive lesions, severe itching, burning, facial swelling, and characteristic aggravation from heat and sweating. *Vinca minor* was selected as the constitutional remedy owing to its close correspondence with chronic moist eczematous conditions, while *Mercurius solubilis* was used during acute inflammatory episodes with offensive discharge.

Clinical follow-up demonstrated cessation of offensive discharge, reduction in inflammation, and gradual healing of lesions without any reported disease progression. Although this represents a single case and cannot establish efficacy, it illustrates the potential role of individualized homoeopathic management as part of an integrative approach in chronic, treatment-resistant eczema. Further prospective studies with standardized outcome measures are warranted.

Conclusion

This case demonstrates that individualized homoeopathic treatment was associated with clinically meaningful improvement in a patient with chronic generalized spongiotic eczema. Constitutional prescribing using *Vinca minor*, supported by *Mercurius solubilis* during acute exacerbations, resulted in resolution of offensive discharge, reduction in inflammatory activity, improvement in itching, and better quality of life. The case highlights the importance of individualized remedy selection based on the totality of symptoms in the management of chronic inflammatory skin disorders.