



Original Research Article

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## HOMOEOPATHIC TREATMENT OF LEUKOCYTOCLASTIC VASCULITIS AT DR. BATRA'S

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### Abstract

Leukocytoclastic vasculitis is an immune-mediated condition characterized by inflammation of small blood vessels, leading to skin rashes, purpura, and, in severe cases, systemic involvement. It affects individuals worldwide, with varying triggers, including infections, medications, and autoimmune conditions. This case highlights a 29-year-old woman suffering from LCV and PCOS for 5–6 years, experiencing recurrent flare-ups despite conventional treatment. After homeopathic intervention at Dr Batra's, she achieved long-term remission, successfully discontinued steroids, and even conceived naturally despite PCOS. Her journey underscores the potential of homeopathy in managing chronic inflammatory conditions, improving quality of life, and offering a holistic approach beyond symptomatic relief.

### Introduction

Leukocytoclastic vasculitis is a complex inflammatory condition primarily affecting small blood vessels, often triggered by autoimmune factors, genetic predisposition, infections like Hepatitis B/C, certain medications, environmental exposures, and hormonal fluctuations. It manifests through cutaneous symptoms such as red or purple macules and palpable bumps, accompanied by systemic issues like fatigue, joint pain, and neurological disturbances. If untreated, LCV can lead to severe complications, including skin ulceration, kidney dysfunction, nerve damage, and increased risk of blood clots. Managing the condition requires a holistic approach, addressing both underlying causes and symptomatic relief.

## Case Profile

The patient, a 29-year-old woman, has been experiencing leukocytoclastic vasculitis (LCV) for the past 5–6 years, initially presenting as a sudden purpuric rash on her legs, which subsided but recurred after relocating to the U.S. A biopsy confirmed LCV, and she was treated with prednisolone, starting at 40mg and gradually tapered down. Since 2017, she has had three flare-ups, with two occurring in the last nine months, and is currently on 10mg of prednisolone. Additionally, she has been diagnosed with primary infertility due to PCOS, confirmed in November 2021. Her menstrual cycles are irregular, with intermenstrual bleeding, particularly after sexual intercourse, lasting 2–3 days. She has a history of using emergency contraceptive pills 4–5 times over the last four years and was on daily metformin. Although she was prescribed OCPs, she discontinued them due to nausea and vomiting. No known food allergies or sensitivities have been reported.

## Physical Generals

Diet	Vegetarian
Appetite	Good
Desire	Salty spicy food, warm food
Aversion	Milk
Thermal Reaction	Hot pt
THIRST	Normal, 6-8 glasses/day
Stools	Unsatisfactory
Urine	Pale yellow, 4-5 times a day
Perspiration	Scanty
Sleep	7-8 hrs
Dreams	Ns

## Examination

Erythematous macules with palpable purpura bilaterally on lower extremities

## Mental Generals –

The patient, currently residing abroad, The patient is emotionally reserved and introverted, confiding only in her husband. She has a long-standing tendency to suppress her emotions,

carrying unresolved emotional trauma since childhood. Deep-seated stress and anxiety about her health persist, with a constant fear of developing a more serious illness. Her introverted nature prevents her from openly expressing her worries, leading to internalized emotional distress.

### Past History

Bronchial asthma at the age of 18 years, 2- 3 acute episodes, no relapse seen since last 8 year

### Family History

Sister: Hair AGA

Mother: Melasma, Diabetes

Husband: Hypertension

### Case analysis Repertorial totality

Repertory used	Rubrics selected
<b>SYNTHESIS treasure edition 2009v</b>	<ul style="list-style-type: none"> <li>– MIND - DISCONTENTED - reserved displeasure:</li> <li>– FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts - right side:</li> <li>– FEMALE GENITALIA/SEX - METRORRHAGIA - coition - after:</li> <li>– FEMALE GENITALIA/SEX - OVULATION - during:</li> <li>– SKIN - PURPURA - hemorrhagica:</li> <li>– MIND - ANXIETY - alone; when - evening:</li> <li>– MIND - AFFECTATION - gestures and acts; in:</li> <li>– STOMACH - THIRSTLESS - desire to drink; with:</li> <li>– GENERALS - WARM - bathing - agg. - hot bath:</li> </ul>

### Repertory screenshot

Rubric	Frequency	ars.	am.	bell.	nat-m.	sep.	tarant.	varat.	art-h.	hyp.	ip.	kreos.	lach.	led.	nit-ac.	nux-v.	phos.	sep.	sil.	sul-ac.	sulph.	ter.	thud.	am-c.	apis.	carb-v.	chic.	crac-h.	cups.	ham.	hydr.	kal-
1. MIND - DISCONTENTED - menses, during	(3) 1																															
2. GENERALS - FOOD and DRINKS - salt - de...	(2) 1																															
3. PERSPIRATION - PROFUSE - menses - bef...	(2) 1																															
4. SKIN - PURPURA - hemorrhagica	(44) 1																															
5. FEMALE GENITALIA/SEX - STERILITY - men...	(1) 1																															
6. FEMALE GENITALIA/SEX - TUMORS - Ovar...	(5) 1																															
7. FEMALE GENITALIA/SEX - METRORRHAGIA ...	(10) 1																															
8. STOMACH - THIRST - drinking - hurried	(10) 1																															
9. MIND - EXPRESSING oneself - difficult	(5) 1																															

## Selection of Remedy

1. Natrum muriaticum 200
2. Arnica 30 and belladonna 30 in alternate dose twice /day for inflammatory response & pain
3. Thuja 200 as anti sychotic

## Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Suppressed emotions	✓			✓
Non-infectious	✓			
Intermittent menstrual flow		✓		
Vasculitis – pain			✓	
Issues with ovulation		✓		

Miasmatic Predominance: Psora-Sycosis

## Materials and Methods

Synthesis And Boericke

## Results

Months	Progress	Prescription
<b>1st month</b>	Menses got regulated, intermenstrual bleeding stopped. USG reports normal. On prednisolone 10mg. Had an acute flare-up of vasculitis after shifting to a different city in the US. Overall vitality improved, feeling of well-being.	Natrum Mur 200 (1st week), Arnica 30 & Belladonna 30 (alternating doses)
<b>2nd month</b>	Vasculitis flare-up reduced, stopped prednisolone. Menses regular. Started losing weight, which was stagnant for the last 9 months.	Apis Mel 6C (2/1 days), Calc Fluor 6X (2/1 days)
<b>3rd month</b>	Acute flare-up after relocating to a different city in the US. Started using Epipen once in 14 days.	Apis Mel 6C (2/1 days), Calc Fluor 6X (2/1 days)

<b>4th month</b>	Menses regular. Epipen used three times at an interval of 14 days. No more flare-ups. More energetic, emotionally stable.	Thuja 200 (1st week), Arnica 30 & Belladonna 30 (alternating doses)
<b>5th month</b>	Menses regular, no intermenstrual bleeding. No vasculitis episode for two months. Started planning for a child on fertile days. Improved lifestyle with yoga and exercise.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)
<b>6th month</b>	No more vasculitis episodes, regular menses.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)
<b>7th month</b>	No more vasculitis episodes, regular menses.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)
<b>8th month</b>	No more vasculitis episodes, regular menses.	Natrum Mur 200 (1st week), Arnica 30 & Belladonna 30
<b>9th month</b>	Pregnancy test positive, gynecologist confirmed a healthy fetus.	Placebo
<b>10th month</b>	Healthy pregnancy. Under folic acid supplements.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)
<b>11th month</b>	Healthy pregnancy. Under folic acid supplements.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)
<b>12th month</b>	Healthy pregnancy. Under folic acid supplements.	Arnica 30 & Belladonna 30 (alternating doses, 4 weeks)

## Discussion & Conclusion

This case of allergic vasculitis, accompanied by PCOD and primary infertility, showed remarkable improvement with homeopathic constitutional treatment. The patient, who previously relied on steroids, has been free from them for the past two years. Additionally, she was able to conceive naturally and successfully delivered a healthy child, highlighting the effectiveness of individualized homeopathic care in addressing both systemic and reproductive health concerns.

## The transformation



## Acknowledgments

*I take this opportunity to thank Dr Piyali Saha , My Mentor to guide me through the treatment of this case and helping me in a deeper insight and treatment of the case.*