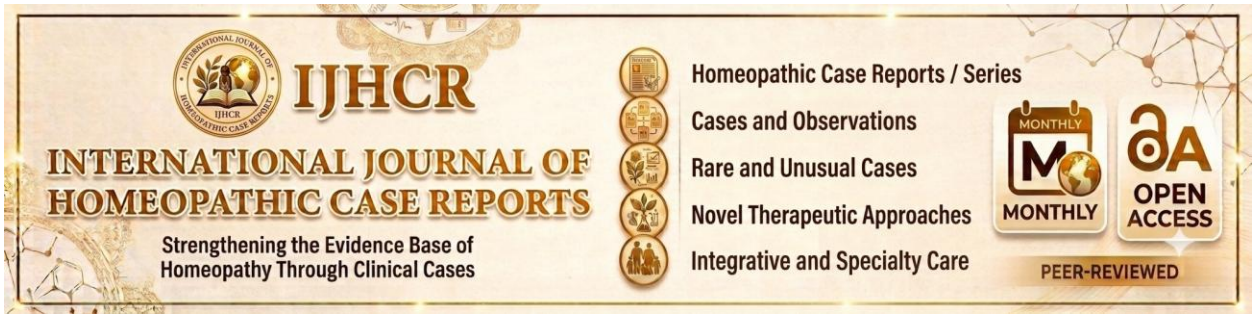

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Successful Management of Chronic Stasis Eczema Associated with Chronic Venous Insufficiency Using Individualized Homoeopathic Treatment: A 40-Month Case Report

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Abstract

Background

Stasis eczema (venous eczema) is a chronic inflammatory dermatosis associated with chronic venous insufficiency and impaired venous return. It commonly affects elderly individuals and presents with erythema, scaling, pruritus, edema, hyperpigmentation, ulceration, and recurrent secondary infection. Long-standing disease substantially impairs mobility and quality of life. Management usually consists of compression therapy, emollients, topical corticosteroids, infection control, and treatment of underlying venous disease. However, recurrent relapses remain common.

Case Presentation

A 71-year-old retired telephone department officer presented with chronic bilateral stasis eczema associated with chronic venous insufficiency. The patient had initially developed eczema in 1971, which resolved with treatment but recurred in 2012 and persisted for approximately eleven years before seeking homoeopathic treatment. He complained of persistent itching, burning, scaling, hyperpigmentation, edema, recurrent ulceration, secondary infection, and recurrent venous dermatitis predominantly affecting both lower limbs.

Associated illnesses included Type 2 Diabetes Mellitus, hypothyroidism, varicose veins, recurrent urinary complaints, and osteoarthritis. Constitutional evaluation demonstrated long-standing unresolved grief, impatience, sedentary lifestyle, chronic disease tendency, and marked burning of lesions. Constitutional management consisted of **Nux vomica**, followed by anti-miasmatic prescribing with **Carcinosinum**, **Sulphur**, **Natrum muriaticum**, and **Psorinum**, together with acute remedies according to symptom evolution.

Outcome

During forty months of follow-up, the patient demonstrated gradual reduction in itching, burning, scaling, edema, secondary infection, venous ulcer activity, and skin inflammation. No major progression of eczema occurred, and overall quality of life improved substantially.

Conclusion

This case demonstrates favorable long-term clinical improvement in chronic stasis eczema using individualized homoeopathic treatment integrated with routine management of associated systemic diseases.

Keywords: Stasis eczema, Venous eczema, Chronic venous insufficiency, Varicose ulcer, Homoeopathy, Case report

Introduction

Stasis eczema, also known as venous eczema or gravitational dermatitis, is a chronic inflammatory skin disorder resulting from chronic venous hypertension and venous insufficiency. Persistent venous congestion leads to endothelial dysfunction, inflammatory mediator release, tissue edema, hemosiderin deposition, fibrosis, and progressive skin breakdown.

Clinically, patients present with erythema, itching, burning, scaling, hyperpigmentation, edema, lipodermatosclerosis, and recurrent venous ulceration. Chronic disease often predisposes patients to bacterial infection, cellulitis, contact dermatitis, and significant impairment of mobility.

The prevalence increases with advancing age and frequently coexists with diabetes mellitus, obesity, hypertension, hypothyroidism, peripheral vascular disease, and chronic venous insufficiency.

Management involves compression therapy, local wound care, topical corticosteroids, emollients, antibiotics when indicated, and correction of venous pathology. Despite these measures, recurrence remains common and many patients require prolonged treatment.

Homoeopathy adopts an individualized constitutional approach by integrating the patient's mental and emotional characteristics, hereditary predisposition, physical generals, and local pathological findings.

This report describes the long-term constitutional management of chronic stasis eczema associated with chronic venous insufficiency.

Case Presentation

A 71-year-old retired telephone department officer presented to **Dr Batra's® Positive Health Clinics** with chronic eczema affecting both lower limbs.

The patient reported that eczema had first appeared in **1971**, resolved after treatment, but recurred in **2012** and persisted continuously thereafter.

At presentation, the disease had been active for nearly eleven years.

History of Present Illness

The patient complained of:

- Persistent itching
- Burning sensation
- Dryness
- Scaling
- Peeling of skin
- Hyperpigmentation
- Swelling of left leg
- Venous ulceration
- Recurrent secondary infection
- Recurrent abscess formation
- Blackish discoloration
- Recurrent skin cracks
- Difficulty walking during flare-ups

The disease predominantly involved:

- Left lower limb
- Right lower limb
- Around the malleolar region
- Lower legs

Burning remained one of the most troublesome symptoms.

The patient experienced repeated cycles of improvement and relapse despite prolonged conventional treatment.

Associated Illnesses

The patient was a known case of:

- Type 2 Diabetes Mellitus
- Hypothyroidism
- Varicose veins
- Recurrent urinary complaints
- Osteoarthritis of knees

During follow-up he also developed:

- Benign prostatic hyperplasia
- Chronic hoarseness of voice
- Dry throat

Previous Treatment

The patient had received prolonged conventional treatment including:

- Topical applications
- Dressings
- Antibiotics
- Diabetes management
- Thyroid replacement therapy

Despite treatment, repeated relapse occurred.

Past History

- Eczema since 1971
- Recurrence in 2012
- Varicose veins
- No major infectious disease

Family History

No significant family history of eczema was documented.

Personal History

Appetite:

Moderately good.

Sleep:

Disturbed during periods of intense itching.

Thirst:

Normal.

Bowel habits:

Occasional constipation.

Urination:

Frequent.

Lifestyle:

Predominantly sedentary.

Mental Generals

The patient demonstrated:

- Long-standing unresolved grief
- Impatient personality
- Quiet disposition
- Reserved nature
- Sedentary habits
- Anxiety regarding prolonged illness
- Frustration because of repeated recurrence

Physical Generals

- Sedentary lifestyle
- Burning lesions
- Chronic itching
- Scaling
- Dryness
- Recurrent ulceration
- Frequent urination
- Disturbed sleep during exacerbations

Clinical Examination

Dermatological examination revealed:

- Bilateral lower limb eczema
- Hyperpigmentation
- Thick scaling
- Dry fissured skin
- Venous edema
- Chronic venous dermatitis
- Secondary bacterial infection
- Venous ulceration
- Recurrent abscesses
- Varicose veins
- Skin induration around ankles

Investigations

Serial investigations performed during follow-up included:

- HbA1c
- Fasting blood sugar
- Postprandial blood sugar

- Complete blood count
- C-reactive protein
- Thyroid profile
- Serum IgE
- Vitamin D
- Lipid profile
- PSA
- Urine examination
- Renal profile

Laboratory monitoring showed gradual improvement in inflammatory markers while diabetes and hypothyroidism continued to be managed with conventional medication.

Diagnosis

Primary Diagnosis

Chronic Stasis Eczema (Venous Eczema)

Associated Diagnosis

- Chronic Venous Insufficiency
- Varicose Veins
- Recurrent Venous Ulceration

Differential Diagnosis

- Psoriasis
- Lichen Planus
- Chronic Contact Dermatitis
- Lipodermatosclerosis
- Diabetic Dermopathy

Case Analysis

The patient presented with long-standing bilateral stasis eczema associated with chronic venous insufficiency, recurrent secondary infection, venous ulceration, edema, and hyperpigmentation. Multiple metabolic comorbidities, including diabetes mellitus and hypothyroidism, further complicated the clinical course.

Constitutional assessment revealed a sedentary elderly individual with unresolved grief, impatience, chronic disease tendency, burning skin lesions, and recurrent inflammatory episodes. Initial constitutional prescribing focused on **Nux vomica** because of the sedentary lifestyle and constitutional profile. Subsequently, anti-miasmatic prescribing with **Carcinosinum** was undertaken, followed by **Sulphur** for marked burning and impatience, **Natrum muriaticum** for long-standing grief, and **Psorinum** because of the chronic relapsing nature of the disease. Acute remedies, including **Mezereum**, **Arsenicum album**, **Cantharis**, and **Gunpowder**, were prescribed according to the evolving symptom picture.

Over forty months of follow-up, the patient demonstrated gradual reduction in burning, itching, scaling, edema, ulceration, and secondary infection, with stabilization of the chronic venous dermatitis and significant improvement in daily functioning.

Totality of Symptoms

Mental Generals

- Long-standing grief
- Impatient nature
- Sedentary lifestyle
- Reserved personality
- Anxiety regarding prolonged illness
- Chronic suffering leading to frustration
- Desire for recovery after repeated relapses

Physical Generals

- Burning sensation in skin lesions
- Chronic itching
- Dryness of skin
- Scaling
- Frequent urination
- Disturbed sleep during exacerbations
- Sedentary habits
- Diabetes mellitus
- Hypothyroidism

Particular Symptoms

- Chronic stasis eczema of both lower limbs
- Long-standing venous eczema
- Hyperpigmentation
- Venous ulceration
- Varicose veins
- Burning lesions
- Intense itching
- Desquamation
- Recurrent secondary infection
- Recurrent abscess formation
- Edema of left leg
- Thickened skin
- Recurrent fissures
- Blackish discoloration
- Palmar eczema during follow-up

Evaluation of Characteristic Symptoms

The constitutional prescription was based upon the following characteristic symptoms.

Mental Characteristics

- Long-standing unresolved grief
- Impatient disposition
- Sedentary lifestyle
- Chronic disease with emotional exhaustion

Physical Characteristics

- Burning skin lesions
- Chronic recurrent eczema
- Dry scaling
- Recurrent infections

Particular Symptoms

- Bilateral venous eczema
- Varicose veins
- Venous ulceration
- Hyperpigmentation
- Secondary bacterial infection
- Recurrent abscesses

Repertorial Analysis

Kent's Repertory was consulted considering the constitutional totality.

Selected Rubrics

Mind

- Mind; Grief; chronic effects
- Mind; Impatience
- Mind; Anxiety about health

Skin

- Eruptions; eczema
- Eruptions; burning
- Eruptions; itching
- Skin; ulcers
- Skin; discoloration
- Skin; scaling
- Skin; desquamation

Extremities

- Varicose veins
- Ulcers of legs
- Swelling of lower limbs

Generalities

- Chronic recurrent disease
- Burning pains
- Inflammation

The repertorial analysis supported **Sulphur**, **Natrum muriaticum**, **Psorinum**, **Arsenicum album**, and **Mezereum** as the principal remedies.

Remedy Differentiation

Carcinosinum (Anti-miasmatic Remedy)

Carcinosinum was prescribed initially because of:

- Long-standing chronic illness
- Deep constitutional susceptibility
- Recurrent relapses
- Strong chronic miasmatic background

It was used as an anti-miasmatic remedy before constitutional prescribing.

Sulphur (Constitutional Remedy)

Sulphur became the principal constitutional remedy because of:

- Marked burning sensation
- Chronic eczema
- Intense itching
- Dry scaling
- Impatient temperament
- Chronic inflammatory tendency

The patient's constitutional profile corresponded closely with Sulphur.

Natrum muriaticum

Prescribed because of:

- Long-standing unresolved grief
- Emotional suppression
- Chronic disease
- Recurrent skin complaints

Natrum muriaticum addressed the emotional background that appeared to maintain the chronicity of the disease.

Psorinum

Given during chronic phases because of:

- Extremely long-standing eczema
- Recurrent relapses
- Chronic venous dermatitis
- Recurrent secondary infections
- Persistent dryness

Psorinum acted as an important anti-psoric remedy during later stages of treatment.

Arsenicum album

Selected during periods characterized by:

- Burning pains
- Ulceration
- Restlessness
- Secondary infection
- Weakness associated with chronic disease

Mezereum

Used during acute exacerbations because of:

- Thick crusting
- Scaling
- Chronic eczema
- Burning
- Persistent itching

Other Supportive Remedies

Additional remedies prescribed according to acute symptom evolution included:

- Cantharis
- Gunpowder
- Syzygium jambolanum (supportive in diabetes management)
- Sabal serrulata
- Thyroidinum

These remedies addressed concurrent urinary symptoms, metabolic disorders, and acute inflammatory episodes while the constitutional treatment remained unchanged.

Prescription

Constitutional Remedy

Sulphur 200C

Selected because of:

- Burning eczema

- Impatient nature
- Chronic inflammatory skin disease
- Long-standing constitutional susceptibility

Anti-miasmatic Remedies

- Carcinosinum
- Psorinum

Constitutional Follow-up Remedy

- Natrum muriaticum

Acute Remedies

- Mezereum
- Arsenicum album
- Cantharis
- Gunpowder

Miasmatic Analysis

The case demonstrated a **mixed Psoro-Sycotic miasmatic background** with chronic degenerative tendencies.

Psoric Features

- Itching
- Burning
- Dryness
- Scaling
- Functional inflammatory activity

Sycotic Features

- Chronicity
- Venous insufficiency
- Hyperpigmentation
- Thickened skin
- Recurrent ulceration

The prolonged disease course and repeated relapses justified the use of anti-miasmatic prescribing.

Follow-up

Table 1. Chronological Follow-up

Period	Clinical Findings	Outcome

March–June 2023	Persistent burning, itching, swelling, secondary infection, ulceration, scaling. No new lesions but slow improvement in itching and burning.	Early constitutional response
July–September 2023	Burning and itching reduced. Swelling decreased. Secondary infection improved. Dryness persisted. Venous ulcer healing progressed.	Definite clinical improvement
October 2023–March 2024	Occasional aggravation with seasonal dryness. Progressive reduction in scaling, ulcer activity, and inflammation. Varicose vein infection almost resolved.	Sustained improvement
April–September 2024	Temporary flare with increased dryness and burning followed by gradual improvement. Hyperpigmentation persisted.	Chronic stabilization
October 2024–March 2025	Continued reduction in itching, burning, desquamation, and ulcer activity. Underwent knee replacement surgery without significant dermatological deterioration.	Disease remained stable
April–July 2025	Skin remained significantly improved despite prolonged travel abroad. Mild irritation occurred after return from cold climate but no major relapse.	Stable remission maintained
August 2025–July 2026	Occasional minor flare-ups related to medication irregularity and urinary infections. Burning, desquamation, and secondary infection remained markedly lower than baseline. No major progression of eczema.	Long-term disease control maintained

Clinical improvements during follow-up included:

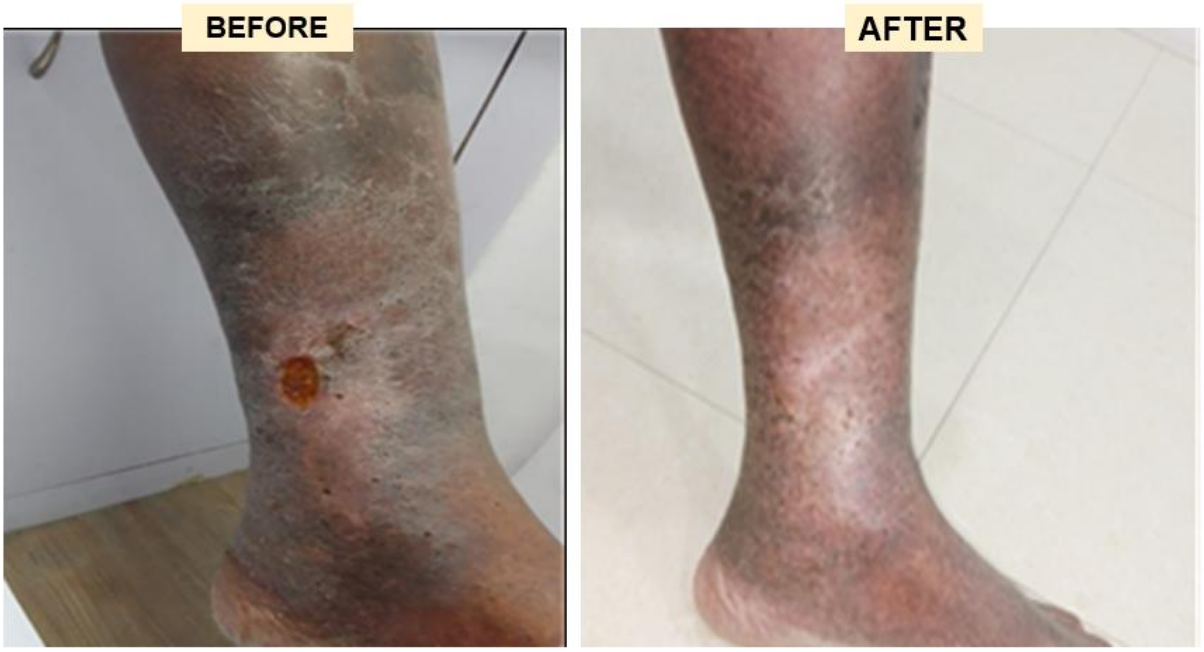
- Progressive reduction in itching.
- Reduction in burning sensation.
- Decreased scaling and desquamation.
- Healing of venous ulceration.
- Improvement in secondary bacterial infection.
- Reduction in lower limb edema.
- Stabilization of chronic venous dermatitis.

Clinical Outcome

After forty months of individualized homoeopathic treatment:

- Burning reduced markedly.
- Itching decreased substantially.
- Scaling became minimal.
- Secondary infections almost completely resolved.
- Venous ulcer healing improved.
- Edema decreased.
- Hyperpigmentation stabilized.
- No significant disease progression occurred.

- Quality of life improved considerably.
- Clinical remission was achieved within the first six months and maintained with only occasional mild exacerbations.



Discussion

Stasis eczema is a chronic inflammatory dermatosis resulting from venous hypertension and chronic venous insufficiency. Persistent venous congestion leads to endothelial dysfunction, capillary leakage, hemosiderin deposition, tissue inflammation, and progressive skin damage. Patients commonly experience itching, burning, edema, scaling, hyperpigmentation, and recurrent ulceration, all of which contribute substantially to impaired quality of life. The coexistence of diabetes mellitus and hypothyroidism, as observed in the present case, may further delay tissue repair and increase susceptibility to infection.

This patient had a remarkably long disease history, with eczema first occurring in 1971 and recurring in 2012 before remaining active for more than a decade. Constitutional assessment identified long-standing grief, impatience, sedentary habits, and chronic constitutional susceptibility. The treatment strategy therefore combined anti-miasmatic prescribing (**Carcinosinum** and **Psorinum**) with constitutional remedies (**Sulphur** and **Natrum muriaticum**) and acute remedies such as **Mezereum** and **Arsenicum album** during inflammatory exacerbations.

Serial follow-up over forty months documented gradual reduction in burning, itching, scaling, edema, venous ulcer activity, and secondary infection. Objective laboratory monitoring demonstrated stabilization of systemic comorbidities while regular wound care and conventional treatment for diabetes and hypothyroidism continued. Although occasional exacerbations occurred, often in association with travel, medication irregularity, or intercurrent illness, the overall clinical course showed sustained improvement and remission within six months of initiating treatment.

As this is a single observational case, no causal inference can be established. Nevertheless, the prolonged follow-up, serial documentation, and consistent reduction in dermatological symptoms support the potential role of individualized homoeopathic treatment as an adjunctive approach in chronic stasis eczema associated with venous insufficiency. Controlled prospective studies are required to further evaluate this therapeutic approach.

Health-Related Quality of Life (HRQL)

At presentation, persistent itching, burning, ulceration, edema, and recurrent infections interfered with walking, sleep, and daily activities. During follow-up, reduction in these symptoms enabled the patient to perform routine activities more comfortably, improved sleep quality, and reduced anxiety regarding recurrent ulceration and infection.

Patient Perspective

"For many years, my leg eczema kept recurring with burning, itching, swelling, and wounds that were slow to heal. Gradually, the burning reduced, the ulcers improved, and the infections became much less frequent. I am now able to carry out my daily activities with far less discomfort."

Learning Points

- Chronic stasis eczema requires comprehensive management addressing both local skin changes and underlying venous disease.
- Diabetes mellitus and hypothyroidism can delay healing and contribute to recurrent infection.
- Long-term follow-up is essential because improvement is gradual and relapses may occur.
- Anti-miasmatic and constitutional homoeopathic prescribing may be useful as adjunctive therapy in chronic relapsing venous eczema.
- Objective clinical documentation and laboratory monitoring strengthen the quality of case reporting.

Conclusion

This case demonstrates the successful long-term management of **chronic stasis eczema associated with chronic venous insufficiency** in a 71-year-old male using individualized homoeopathic treatment integrated with conventional management of diabetes mellitus, hypothyroidism, and venous disease. A treatment strategy incorporating **Carcinosinum**, **Sulphur**, **Natrum muriaticum**, **Psorinum**, and appropriately selected acute remedies was associated with progressive reduction in burning, itching, scaling, edema, venous ulceration, and secondary infection over a forty-month follow-up period. Clinical remission was achieved within six months and sustained with only minor intermittent exacerbations. Although conclusions regarding efficacy cannot be drawn from a single case, the prolonged observation and consistent improvement support further investigation of individualized homoeopathic treatment as an adjunctive option in chronic venous eczema.