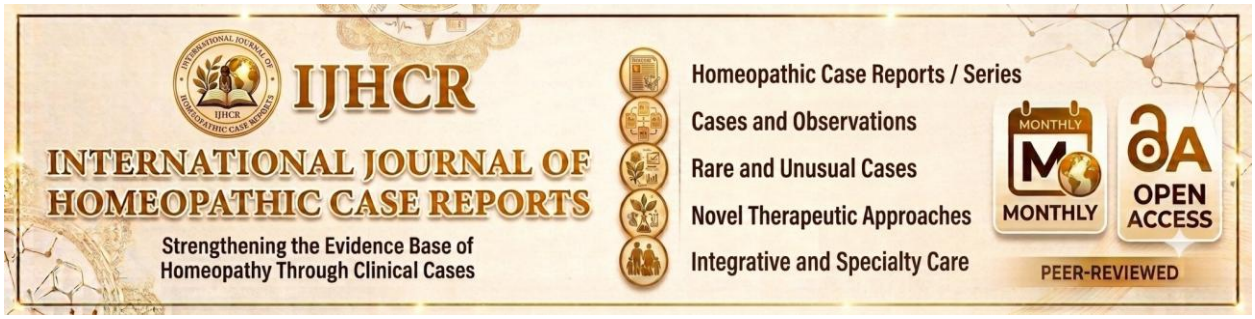

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Homoeopathic Management of Chronic Vesicular Foot Eczema in a Middle-aged Female: A Case Report at Dr Batra's

Dr Bharti Issar

Chief Homeopathic Consultant, Udaipur Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-udaipur@drbatras.com, Mobile 8839179664

Abstract

Chronic eczema is a relapsing inflammatory dermatosis characterized by intense pruritus, erythema, vesiculation, oozing, crusting, and recurrent exacerbations that significantly impair quality of life. Foot eczema, particularly when associated with persistent itching and recurrent secondary infection, often becomes resistant to conventional therapy and demonstrates frequent relapse after discontinuation of topical corticosteroids.

This case report describes a **40-year-old female** who presented with chronic moist oozing eczema affecting both feet for **1.5 years**, associated with severe itching, burning, pain, and recurrent vesicular eruptions. The disease relapsed despite prolonged allopathic treatment and subsequent Ayurvedic therapy. Detailed constitutional evaluation revealed marked irritability, anxiety regarding health, excessive concern about minor ailments, talkative disposition, punctuality, and a dominating personality. Repertorial analysis indicated **Kali arsenicosum** as the constitutional remedy.

Following individualized homoeopathic treatment over **12 months**, progressive reduction in itching, pain, burning, oozing, and vesiculation was observed. The lesions gradually dried and healed, with significant reduction in disease recurrence and marked improvement in the patient's quality of life.

Keywords: Chronic eczema, Foot eczema, Vesicular eczema, Individualized homoeopathy, Kali arsenicosum, Case report.

Introduction

Eczema (dermatitis) is a chronic inflammatory skin disorder characterized by epidermal barrier dysfunction, immune dysregulation, and recurrent episodes of itching, erythema, vesiculation, scaling, and lichenification. Chronic foot eczema represents a particularly difficult therapeutic challenge because repeated trauma, footwear, allergens, and environmental exposure frequently precipitate recurrent disease.

The condition substantially affects quality of life owing to persistent itching, pain, disturbed sleep, restricted mobility, and cosmetic concerns. Conventional management consists primarily of topical corticosteroids, emollients, antihistamines, immunomodulators, and avoidance of triggering factors. However, recurrence following discontinuation of therapy remains common.

Homoeopathy adopts an individualized approach in which remedy selection is based upon the patient's characteristic constitutional, mental, physical, and pathological features rather than solely on the diagnosis.

This case demonstrates successful long-term management of chronic recurrent foot eczema using individualized constitutional homoeopathic treatment.

Case Presentation

A **40-year-old female homemaker** presented with complaints of **moist oozing eruptions over both feet** of approximately **1.5 years' duration**.

Initially, small vesicular eruptions appeared over the feet and gradually progressed to involve larger areas with persistent itching, burning sensation, pain, and serous discharge. During acute exacerbations, the lesions became intensely pruritic with continuous oozing, causing considerable discomfort while standing and walking.

The patient had received prolonged allopathic treatment including topical medications, followed by Ayurvedic treatment for several months. Although temporary relief was obtained, symptoms recurred repeatedly after discontinuation of therapy.

Approximately two to three days before consultation, fresh oozing and severe itching reappeared over both feet. Similar vesicular lesions also developed over the hands.

The patient identified **dust exposure, paneer consumption, and exposure to wind** as aggravating factors. No definite seasonal variation was observed.

History of Present Illness

The disease began approximately one and a half years before consultation with recurrent vesicular eruptions over both feet.

Initially, episodes responded temporarily to conventional treatment but relapsed repeatedly. During each recurrence, severe itching was followed by burning sensation, pain, vesicle formation, and serous discharge.

Recently, new lesions had appeared over the hands in addition to recurrent foot involvement.

The patient denied any associated systemic illness.

Past History

- No significant systemic illness.
- No history of diabetes mellitus.
- No hypertension.
- No thyroid disorder.
- Previous prolonged allopathic treatment.
- Ayurvedic treatment discontinued two months before presentation.

Family History

- Non-contributory.
- No significant family history of chronic dermatological disorders.

Personal History

Parameter	Findings
Appetite	Normal
Diet	Mixed diet
Cravings	No specific desire
Aversion	Paneer
Digestion	Normal
Thirst	Normal (8–10 glasses/day)
Stool	Normal
Urine	Normal
Perspiration	Normal
Thermal state	Ambithermal
Sleep	Disturbed because of itching
Menstrual history	Regular (30-day cycle)

Mental Generals

The patient was described as **talkative, punctual, and socially reserved**, interacting comfortably with only a few close individuals.

She became **irritated easily over trivial matters** and admitted to excessive anxiety regarding her own health. Even minor physical complaints caused considerable worry. She was also mildly stressed regarding her children but denied any major family conflicts.

She possessed a dominating personality, preferred things to be done according to her expectations, and remained preoccupied with her skin disease throughout the course of illness.

Despite these concerns, she enjoyed spending time outdoors with friends whenever symptoms permitted.

Clinical Examination

General examination revealed:

- Conscious and cooperative.
- Weight: 67 kg at initial consultation.
- Systemic examination within normal limits.

Dermatological Examination

- Multiple moist eczematous plaques over both feet.
- Active vesicular eruptions.
- Serous oozing.
- Excoriation due to scratching.
- Erythema with surrounding inflammation.
- Severe pruritus.
- Burning sensation.
- Tenderness over active lesions.

During follow-up, occasional new lesions appeared over the right elbow, hands, and toes.

Investigations

Routine laboratory investigations were advised and subsequently reported within normal limits.

No significant systemic abnormality contributing to eczema was identified.

Diagnosis

Primary Diagnosis

- Chronic vesicular foot eczema (chronic endogenous eczema).

Differential Diagnosis

- Allergic contact dermatitis.

- Dyshidrotic eczema (Pompholyx).
- Tinea pedis.
- Chronic hand-foot dermatitis.
- Psoriasis (palmoplantar type).

Case Analysis

The patient presented with chronic recurrent eczema characterized by severe itching, burning, pain, recurrent vesicles, and serous discharge. The disease had become relapsing despite prolonged conventional and Ayurvedic treatment.

The constitutional picture included **marked anxiety regarding health, irritability over trivial matters, domination, talkative nature, punctuality, and persistent concern regarding skin disease**. Physical generals included disturbed sleep due to itching, ambithermal constitution, normal appetite, and aversion to paneer.

Repertorial analysis demonstrated several closely related remedies; however, **Kali arsenicosum** most closely corresponded with the constitutional totality, particularly the combination of chronic eczema, intense itching, health anxiety, irritability, and recurrent relapsing skin lesions.

Totality of Characteristic Symptoms

Mental Generals

- Anxiety regarding health.
- Irritable over trivial matters.
- Talkative.
- Dominating personality.
- Punctual.
- Mixes only with a few people.
- Mild stress related to children.
- Persistent worry regarding skin disease.

Physical Generals

- Sleep disturbed due to itching.
- Appetite normal.
- Ambithermal.
- Thirst normal.
- Mixed diet.
- Aversion to paneer.
- No marked cravings.
- Menstrual cycles regular.

Particular Symptoms

- Chronic moist eczema over both feet.
- Severe itching.
- Burning sensation.
- Painful eruptions.
- Serous oozing.
- Vesicular eruptions.
- Aggravation from dust exposure.
- Aggravation after eating paneer.
- Aggravation from exposure to wind.
- Recurrent lesions on hands, elbow and toes.
- No seasonal aggravation.

Repertorial Analysis

Repertorization was carried out using Hompath Zomeo software based on the characteristic mental, physical and particular symptoms.

Selected Rubrics

- Skin – Eczema.
- Skin – Itching.
- Perspiration – Profuse.
- Mind – Irritability.
- Mind – Anxiety about health.

Leading Remedies

Remedy	Result
Lycopodium	5/15
Arsenicum album	5/13
Calcarea carbonica	5/13
Natrum muriaticum	5/13
Sepia	5/13
Sulphur	5/13
Kali arsenicosum	5/12
Phosphorus	5/12
Psorinum	5/12

Although several remedies covered the repertorial totality, **Kali arsenicosum** was selected because its materia medica corresponded most closely with the patient's chronic relapsing eczema, severe itching and burning, anxiety regarding health, and recurrent vesicular eruptions.

Remedies	lyc.	ars.	calc.	nat-m.	sep.	sulph.	kali-ar.	phos.	psor.	sil.	bar-c.	hep.	kali-c.	merc.	nux-v.	puls.	aur-m-n.	bry.	med.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Intensity	15	13	13	13	13	13	12	12	12	12	11	11	11	11	11	11	10	10	10
Result	5/15	5/13	5/13	5/13	5/13	5/13	5/12	5/12	5/12	5/12	5/11	5/11	5/11	5/11	5/11	5/11	5/10	5/10	5/10
Clipboard 3																			
SKIN - ERUPTIONS - eczema	3	3	3	3	3	4	2	3	3	2	3	3	1	2	1	1	2	1	3
SKIN - ITCHING	3	3	2	3	3	3	2	2	3	3	2	1	2	3	2	3	1	2	2
PERSPIRATION - PROFUSE	3	3	3	3	3	2	3	2	3	3	2	3	3	3	2	2	3	3	1
MIND - IRRITABILITY	3	3	3	3	3	3	1	3	2	3	2	3	3	2	3	3	2	3	2
MIND - ANXIETY - health; about	3	1	2	1	1	1	4	2	1	1	2	1	2	1	3	2	2	1	2
MIND - FRIENDLY																			

Remedy Differentiation

Kali arsenicosum

Kali arsenicosum was prescribed as the constitutional remedy because of the chronic relapsing nature of eczema, intense itching with burning, anxiety regarding health, recurrent vesicular eruptions, and tendency for repeated relapses despite previous treatments. The remedy also corresponds well to chronic moist eczema with marked irritation.

Arsenicum album

Considered because of burning pains, anxiety regarding health and restlessness. However, the patient lacked the marked restlessness, fear and exhaustion typically associated with Arsenicum album.

Sulphur

Sulphur was considered because of chronic eczema and itching but was ruled out due to the absence of the classical constitutional features such as marked heat, offensive body odour, and neglect of appearance.

Lycopodium

Lycopodium covered several repertorial rubrics but did not adequately correspond to the characteristic skin manifestations and mental picture.

Prescription

Stage	Prescription
Constitutional remedy	**Kali arsenicosum**
Follow-up	Placebo during continued improvement with repetition based on symptom relapse

General Advice

- Keep affected areas moisturized regularly.
- Avoid scratching.
- Avoid identified aggravating factors such as paneer and dust exposure.
- Wear protective footwear.
- Maintain skin hydration.
- Avoid harsh detergents and soaps.

Miasmatic Analysis

The case demonstrated a **predominantly Psoro-Sycotic miasmatic background.**

Psoric Features

- Intense itching.
- Functional skin disorder.
- Anxiety regarding health.
- Burning sensation.
- Disturbed sleep.

Sycotic Features

- Chronicity.
- Recurrent vesicular eruptions.
- Moist oozing lesions.
- Repeated relapses.
- Thickened chronic inflammatory lesions.

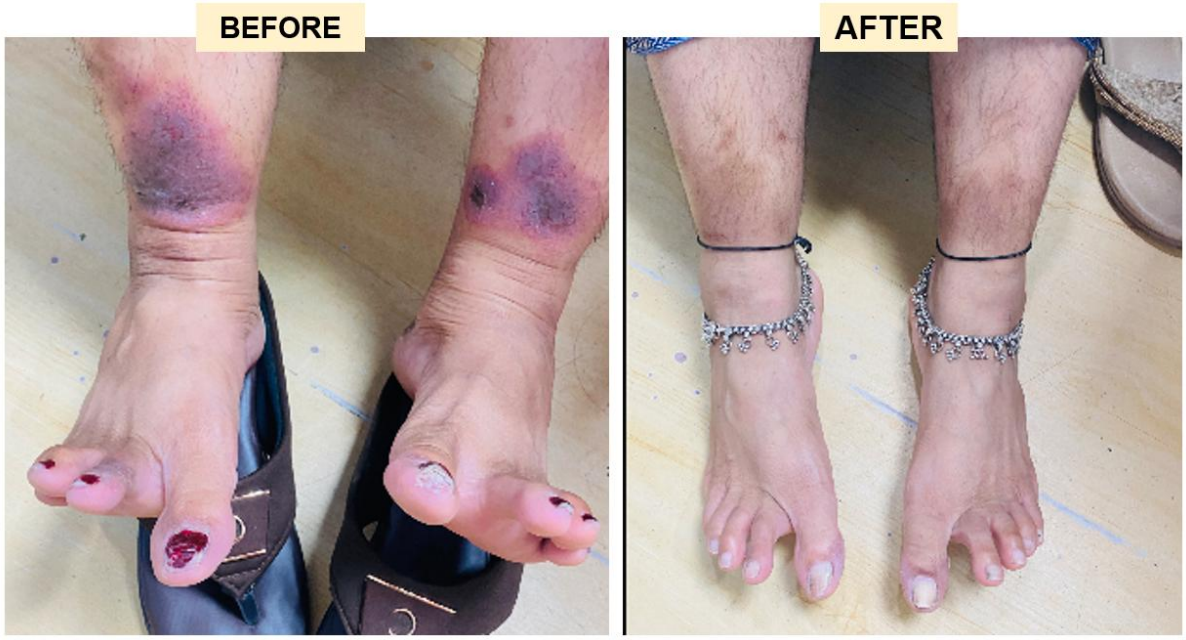
Follow-up

Duration	Clinical Progress
1 Month	Oozing stopped; occasional small lesion appeared over elbow.
3 Months	Severe itching markedly reduced; lesions became dry; no active discharge.
5 Months	No new eruptions over hands; pustules absent; old lesions healing.
7 Months	Lesions around ankle significantly improved; only mild pain over left toe.
9 Months	Occasional small lesions over toes with mild itching; no discharge or pain.

Duration	Clinical Progress
11 Months	Leg lesions completely healed; transient mild itching over hand and neck without significant relapse.
12 Months	Stable disease with complete healing of foot eczema and only minor intermittent lesions at distant sites.

Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Oozing	Profuse	Completely absent
Itching	Severe	Mild occasional
Burning	Severe	Absent
Pain	Severe	Minimal
Vesicular eruptions	Frequent	Rare
New lesions	Monthly recurrence	Significantly reduced
Sleep	Disturbed due to itching	Normal
Walking discomfort	Present	Absent
Quality of life	Markedly impaired	Significantly improved



Health-Related Quality of Life (HRQL)

At presentation, persistent itching, burning, pain, and recurrent oozing lesions significantly interfered with the patient's daily household activities and sleep. Frequent relapses despite prolonged conventional treatment caused considerable anxiety regarding her health. During the

course of individualized homoeopathic treatment, the lesions gradually dried, itching subsided, sleep improved, and disease recurrence became infrequent. By the end of follow-up, she was able to perform routine household work comfortably with substantial improvement in physical and psychological well-being.

Patient Perspective

"For more than a year I suffered from repeated eczema with constant itching, burning, and discharge. Even after different treatments, it kept returning. Gradually, after starting homoeopathic treatment, the discharge stopped, the itching reduced, and the old lesions healed. Now I have only occasional mild itching and feel much more confident in managing my daily routine."

Learning Points

- Chronic vesicular foot eczema is characterized by frequent relapses and significant impairment in quality of life.
- Individualized constitutional prescribing should be based on the complete symptom totality rather than the diagnosis alone.
- Long-term follow-up is essential to evaluate reduction in disease recurrence.
- Regular skin moisturization and avoidance of individual triggers improve long-term disease control.
- Constitutional homoeopathic treatment may reduce relapse frequency and improve overall patient well-being.

Discussion

Chronic foot eczema is a relapsing inflammatory dermatosis that often becomes resistant to conventional therapy because of repeated exposure to environmental allergens, mechanical trauma, and impairment of the skin barrier. In the present case, the patient had experienced recurrent moist eczema for more than one year despite prolonged allopathic and Ayurvedic treatment. The disease was characterized by severe itching, burning, pain, recurrent vesiculation, and serous discharge, with repeated monthly relapses.

The constitutional evaluation revealed marked anxiety regarding health, irritability over trivial matters, a dominating personality, and persistent concern about her skin disease. Based on the overall constitutional picture, **Kali arsenicosum** was selected as the constitutional remedy.

During the twelve-month follow-up, the patient demonstrated progressive clinical improvement. Oozing resolved within the initial months, itching and burning reduced steadily, and the frequency of new eruptions decreased considerably. Previously recurrent vesicular lesions healed completely over the feet, with only occasional transient lesions appearing over the hands or neck that resolved without major relapse. The patient also reported improved sleep

and a marked reduction in disease-related anxiety, resulting in a significant enhancement of her quality of life.

Conclusion

This case demonstrates the successful long-term management of **chronic recurrent vesicular foot eczema** using individualized constitutional homoeopathic treatment. **Kali arsenicosum**, selected according to the patient's constitutional characteristics and symptom totality, was associated with resolution of oozing, marked reduction in itching and burning, healing of chronic lesions, decreased recurrence, and substantial improvement in quality of life. The case highlights the potential role of individualized homoeopathic management as a complementary approach in chronic relapsing eczema requiring prolonged follow-up.