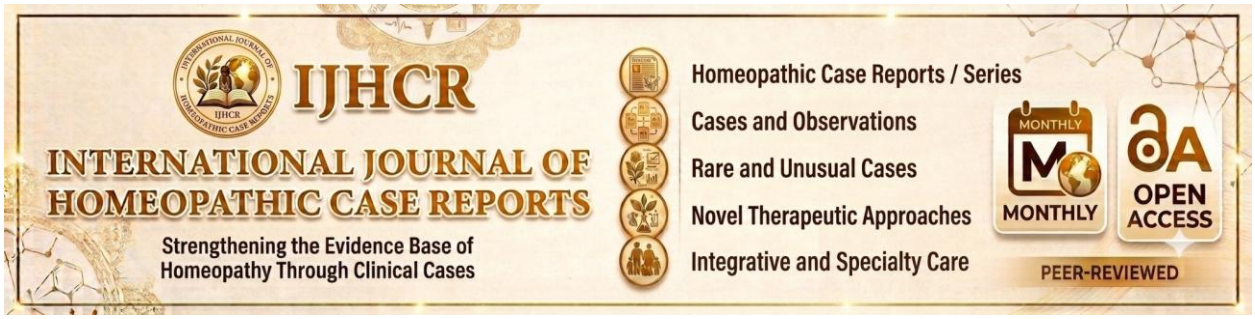

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Homoeopathic Management of Stasis Dermatitis Associated with Chronic Venous Insufficiency in an Elderly Female: A Case Report at Dr Batra's

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Abstract

Stasis dermatitis is a chronic inflammatory dermatosis resulting from chronic venous insufficiency and is commonly encountered in the elderly population. It is characterized by erythema, edema, scaling, pruritus, oozing, and skin discoloration of the lower extremities. Persistent venous hypertension often results in recurrent inflammation, secondary infection, impaired mobility, and considerable reduction in quality of life. Conventional management consists of compression therapy, topical corticosteroids, emollients, antibiotics, and treatment of the underlying venous disease; however, recurrence remains common.

This case report describes a **77-year-old female** with **stasis dermatitis involving the right lower limb**, presenting with swelling, erythema, scaling, dryness, itching, pain, and intermittent oozing. She had associated **chronic venous insufficiency, diabetes mellitus, hypertension, untreated hypothyroidism, and anemia**. Constitutional assessment revealed a calm, emotionally sensitive, patient, fastidious, and family-oriented individual with a fear of falling because of advanced age. Repertorial analysis supported **Pulsatilla** as the constitutional remedy, while acute prescriptions were individualized according to the changing symptom picture.

Following **18 months of individualized homoeopathic treatment**, there was complete resolution of edema, erythema, itching, scaling, dryness, and oozing with restoration of normal skin appearance. No recurrence was observed during the subsequent six months of follow-up, and the patient's quality of life improved markedly.

Keywords: Stasis dermatitis, Chronic venous insufficiency, Varicose veins, Pulsatilla, Homoeopathy, Chronic eczema, Case report.

Introduction

Stasis dermatitis is a chronic inflammatory skin disorder that develops secondary to chronic venous insufficiency and sustained venous hypertension. Persistent venous congestion leads to leakage of inflammatory mediators, erythrocytes, and plasma proteins into the surrounding tissues, resulting in edema, erythema, pruritus, scaling, pigmentation, and ulceration.

The condition predominantly affects elderly individuals and is frequently associated with diabetes mellitus, obesity, hypertension, reduced mobility, and varicose veins. Without appropriate management, recurrent inflammation may progress to lipodermatosclerosis, recurrent cellulitis, or venous ulceration.

Diagnosis is primarily clinical and may be supported by duplex ultrasonography demonstrating venous incompetence. Conventional treatment includes compression therapy, topical corticosteroids, antibiotics for secondary infection, moisturizers, and management of venous insufficiency. Nevertheless, repeated relapses and prolonged dependence on topical medications are frequently encountered.

Homoeopathic management emphasizes individualized constitutional prescribing aimed at improving the patient's overall susceptibility while addressing characteristic local and constitutional symptoms.

The present case illustrates successful long-term management of chronic stasis dermatitis associated with chronic venous insufficiency using individualized homoeopathic treatment.

Case Presentation

A **77-year-old female homemaker** presented with complaints of **redness, itching, swelling, scaling, dryness, and pain over the right lower leg**.

Approximately four months before consultation, she noticed redness and itching over the right lower leg that gradually progressed to marked swelling, severe dryness, scaling, and painful skin lesions. Four days before presentation, mild serous oozing developed from the affected area.

She also complained of erythematous dry patches over the neck associated with dryness.

One year earlier, she had developed **palmoplantar psoriasis involving both hands**, which had responded to previous homoeopathic treatment.

History of Present Illness

The skin lesions initially appeared over the right lower leg with erythema and itching, followed by progressive swelling, marked xerosis, scaling, pain, and intermittent oozing.

Walking became uncomfortable because of swelling and tenderness around the ankle and lower leg.

The neck lesions were associated mainly with dryness and erythema.

The patient sought treatment because of recurrent symptoms affecting daily activities.

Past History

- Diabetes mellitus on regular medication.
- Hypertension on regular medication.
- Hypothyroidism (TSH 9.0 mIU/L), not receiving treatment.
- Anemia (Hb 9.8 g/dL).
- Palmoplantar psoriasis one year earlier, previously treated successfully.
- No previous surgeries.

Family History

- No significant family history of dermatological disorders or autoimmune diseases.

Personal History

Parameter	Findings
Diet	Vegetarian
Appetite	Normal
Desire	Spicy food and chips
Aversion	Sweets, non-vegetarian food
Thirst	Approximately 1.5–2 L/day
Stool	Hard
Urine	Normal
Perspiration	Minimal
Thermal reaction	Ambithermal
Sleep	Disturbed due to skin complaints

Mental Generals

The patient described herself as **calm, cheerful, emotionally sensitive, and patient**. She rarely experienced stress and believed that there was little in life worth worrying about.

She remained deeply attached to her family and preferred spending most of her time at home with her children and grandchildren. She shared her emotions openly with family members and wept easily during emotional situations.

She possessed a **fastidious and punctual personality**, preferring cleanliness, orderliness, and proper planning. She enjoyed travelling during her younger years but now preferred remaining at home because of advancing age. Although she denied significant fears, she expressed concern that she might lose her balance, fall outdoors, and sustain injuries.

Overall, she described her life as happy and satisfying.

Clinical Examination

General examination revealed:

- Elderly female in stable general condition.
- Right lower limb edema.
- Dry, scaly erythematous plaque over the lower leg.
- Mild serous oozing.
- Hyperpigmentation around the ankle.
- Tenderness over affected skin.
- Xerosis over the neck.
- No active palmoplantar psoriatic lesions.

Systemic examination was otherwise unremarkable.

Investigations

Laboratory investigations revealed:

Investigation	Result
Hemoglobin	**9.8 g/dL**
TSH	**9.0 mIU/L**
Blood sugar	Known diabetic
Duplex ultrasonography	**Varicose veins with chronic venous insufficiency**

Diagnosis

Primary Diagnosis

- Stasis dermatitis secondary to chronic venous insufficiency (varicose veins).

Associated Conditions

- Diabetes mellitus.
- Hypertension.
- Untreated hypothyroidism.
- Anemia.
- Previous palmoplantar psoriasis.

Differential Diagnosis

- Chronic eczema.
- Psoriasis.
- Allergic dermatitis.

- Cellulitis.
- Chronic venous eczema.

Case Analysis

The patient presented with chronic inflammatory dermatitis secondary to venous insufficiency characterized by edema, erythema, scaling, dryness, itching, pain, and intermittent oozing. Associated chronic systemic illnesses included diabetes mellitus, hypertension, hypothyroidism, and anemia.

The constitutional picture revealed a calm, emotionally expressive, sensitive, patient, family-oriented, fastidious woman who preferred remaining at home, shared her emotions openly, wept easily, and demonstrated concern regarding falling because of old age. Physical generals included desire for spicy food, aversion to sweets, constipation, minimal perspiration, ambithermal constitution, and disturbed sleep.

Based on the constitutional totality, **Pulsatilla** was selected as the constitutional remedy. Acute prescriptions including **Apis mellifica**, **Petroleum**, **Arsenicum album**, **Natrum sulphuricum**, and venous support medicines were prescribed according to the changing local symptomatology during follow-up.

Totality of Characteristic Symptoms

Mental Generals

- Calm and cheerful disposition.
- Emotionally sensitive.
- Weeps easily.
- Friendly and family-oriented.
- Fastidious and punctual.
- Patient by nature.
- Desire to remain with family.
- Fear of falling due to old age.
- No major life stress.
- Active despite advanced age.

Physical Generals

- Desire for spicy food and chips.
- Aversion to sweets and non-vegetarian food.
- Hard stools.
- Minimal perspiration.
- Ambithermal constitution.
- Disturbed sleep.
- Vegetarian diet.

Particular Symptoms

- Stasis dermatitis involving the right lower leg.
- Chronic swelling of right ankle and foot.

- Dryness with marked scaling.
- Redness with itching.
- Pain aggravated by dryness.
- Mild serous oozing.
- History of palmoplantar psoriasis.
- Neck erythema with dryness.
- Varicose veins confirmed on ultrasonography.

Repertorial Analysis

Repertorization was performed using Hompath Zomeo software based on the characteristic mental generals, physical generals, and local symptoms.

Selected Rubrics

- Skin – Dermatitis.
- Skin – Eruptions.
- Skin – Itching.
- Mind – Weeping easily.
- Mind – Sensitive.
- Mind – Fastidious.
- Mind – Fear of falling.
- Generalities – Food – Spices – Desire.

Leading Remedies

Remedy	Result
Phosphorus	**6/12**
Spongia	6/7
Pulsatilla	5/12
Lycopodium	5/10
Nux vomica	5/10
Aurum muriaticum	5/9
Causticum	5/9
Sepia	5/9
Arsenicum album	5/8

Although **Phosphorus** scored highest repertorially, the patient's constitutional picture of emotional sensitivity, mild temperament, weeping tendency, family attachment, gentle nature, and desire for company corresponded more closely with **Pulsatilla**, which was selected as the constitutional remedy.

Remedies	phos.	spong.	puls.	lyc.	nux-v.	aur-m-n.	caust.	sep.	aur.	carc.	kali-s.	nat-m.	tritic-vg.	cupr.	bamb-a.	ars.	lac-c.	sil.	sul-
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	1
Symptoms Covered	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4
Intensity	12	7	12	10	10	9	9	9	8	8	8	8	8	7	6	9	9	9	9
Result	6/12	6/7	5/12	5/10	5/10	5/9	5/9	5/9	5/8	5/8	5/8	5/8	5/8	5/7	5/6	4/9	4/9	4/9	4/
Clipboard 1																			
GENERALS - FOOD and DRINKS - spices - desire	3	1	2	1	2	2	1	1	1	2	1	1	1	1	1	1	2		3
MIND - FASTIDIOUS	1	1	1	1	2	2	2	1	1	2	3	2		1	1	3		1	1
MIND - YIELDING disposition	1	1	3	2	2	1	1	1	2	2		1	2	1	1		3	2	
MIND - PATIENCE	1	1									1		1						
MIND - MEMORY - weakness of memory	3	1	2	3	2	2	3	3	2	1	1	2	2	2	2	3	2	2	2
MIND - TIMIDITY	3	2	4	3	2	2	2	3	2	1	2	2	2	2	1	2	2	4	3

Remedy Differentiation

Pulsatilla nigricans

Pulsatilla was selected because the patient exhibited a gentle, affectionate, emotional, patient, and sensitive personality. She wept easily, preferred family company, disliked conflict, and remained calm despite chronic illness. These constitutional features closely matched the Pulsatilla picture.

Phosphorus

Phosphorus obtained the highest repertorial score due to skin symptoms and emotional sensitivity. However, the patient lacked the typical open, excitable, impressionable personality and marked thirst characteristic of Phosphorus.

Nux vomica

Nux vomica was considered because of constipation and fastidiousness but was ruled out because the patient was neither irritable nor competitive.

Arsenicum album

Arsenicum album was considered because of eczema with edema and anxiety regarding health but lacked correspondence with the patient's calm temperament and emotional profile.

Prescription

Stage	Prescription
Constitutional remedy	**Pulsatilla 200C**
Acute remedies	**Apis mellifica**, **Petroleum**, **Arsenicum album**, **Natrum sulphuricum** according to symptom evolution
Supportive medicine	Varicose support medicine and **Wiesbaden Aqua**
Follow-up	Placebo during sustained improvement

Supportive Advice

- Daily moisturization of affected skin.
- Compression stockings where appropriate.
- Leg elevation during rest.
- Avoid prolonged standing.
- Strict diabetic control.
- Thyroid evaluation and management.
- Adequate hydration.
- Regular walking within tolerance.

Miasmatic Analysis

The case demonstrated a **Psoro-Sycotic predominance**.

Psoric Features

- Intense itching.
- Dryness.
- Scaling.
- Emotional sensitivity.
- Functional skin inflammation.

Sycotic Features

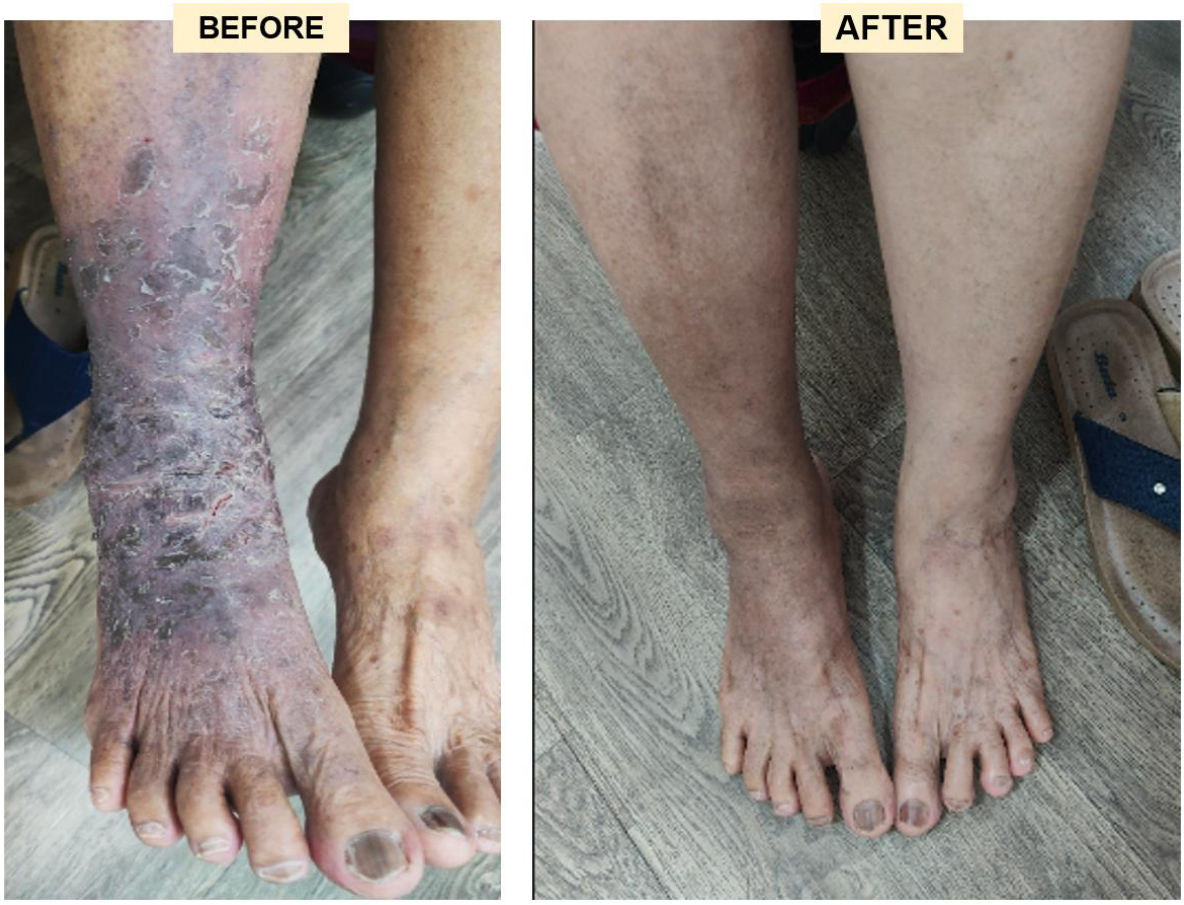
- Chronic venous insufficiency.
- Persistent edema.
- Chronic dermatitis.
- Hyperpigmentation.
- Recurrent inflammatory episodes.

Follow-up

Duration	Clinical Progress
1 Month	Swelling and itching reduced considerably; neck erythema resolved.
3 Months	Temporary aggravation with secondary infection and oozing managed successfully; venous insufficiency confirmed by Doppler ultrasound.
6 Months	Swelling completely subsided; redness and itching markedly reduced; palms improved.
9 Months	No edema; discoloration fading; dryness significantly reduced; topical steroid discontinued.
12 Months	Feet remained free from swelling, itching, redness, and scaling; palms completely healed.
18 Months	Approximately **95% clinical improvement** with complete healing of lesions and no recurrence during maintenance follow-up.

Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Leg swelling	Severe	Completely resolved
Redness	Marked	Absent
Dryness	Severe	Absent
Scaling	Severe	Absent
Oozing	Present	Completely resolved
Itching	Severe	Absent
Pain	Moderate	Absent
Walking difficulty	Present	Normal walking
Neck lesions	Present	Completely resolved
Palm dryness	Present	Completely resolved
Disease recurrence	Frequent	No recurrence during maintenance



Health-Related Quality of Life (HRQL)

Initially, the patient experienced considerable difficulty in walking because of edema, pain, itching, and chronic dermatitis involving the lower limb. Daily household activities were restricted, and persistent dryness and recurrent oozing caused discomfort. Progressive improvement during treatment resulted in complete resolution of swelling, itching, and scaling, allowing the patient to resume routine activities comfortably. Restoration of normal skin appearance and absence of recurrence substantially improved her confidence and overall quality of life.

Patient Perspective

"Initially, my leg remained swollen, itchy, and painful, making it difficult to walk comfortably. After continuing treatment, the swelling disappeared, the skin became normal, and there has been no recurrence for many months. I am now able to perform all my daily activities without discomfort and feel very satisfied with my recovery."

Learning Points

- Stasis dermatitis should always be evaluated for underlying chronic venous insufficiency.
- Constitutional prescribing based on the totality of symptoms may provide sustained improvement in chronic venous dermatitis.

- Long-term follow-up is essential because elderly patients commonly experience recurrent episodes.
- Appropriate skin care, moisturization, compression therapy, and control of associated systemic illnesses improve overall outcomes.
- Serial clinical assessment helps objectively document reduction in edema, inflammation, and recurrence.

Discussion

Stasis dermatitis is a chronic inflammatory dermatosis resulting from venous hypertension and impaired lower-limb circulation. Elderly patients frequently present with edema, erythema, scaling, pruritus, oozing, and secondary infection, often accompanied by diabetes mellitus and chronic venous insufficiency. In this patient, Doppler ultrasonography confirmed varicose veins, explaining the persistent edema and recurrent dermatitis.

The constitutional evaluation revealed a calm, emotionally sensitive, patient, and family-oriented individual with a weeping disposition, fastidiousness, and gentle nature, corresponding closely with **Pulsatilla**. Acute remedies including **Apis mellifica**, **Petroleum**, **Arsenicum album**, and **Natrum sulphuricum** were prescribed according to the evolving clinical presentation. Alongside individualized homoeopathic treatment, appropriate skin care, moisturization, and management of venous insufficiency contributed to progressive healing.

During the 18-month follow-up, the patient showed complete resolution of edema, erythema, oozing, scaling, and itching. The lower limb returned to normal appearance, and no recurrence occurred during the subsequent maintenance period. Improvement in mobility, sleep, and confidence further reflected a marked enhancement in health-related quality of life.

Conclusion

This case demonstrates successful long-term management of **stasis dermatitis secondary to chronic venous insufficiency** in an elderly female using individualized homoeopathic treatment. Constitutional **Pulsatilla**, supported by acute remedies according to symptom evolution, was associated with complete resolution of edema, itching, erythema, scaling, dryness, and oozing, along with sustained remission and marked improvement in quality of life. The case highlights the importance of individualized constitutional prescribing combined with long-term follow-up in managing chronic venous dermatitis.