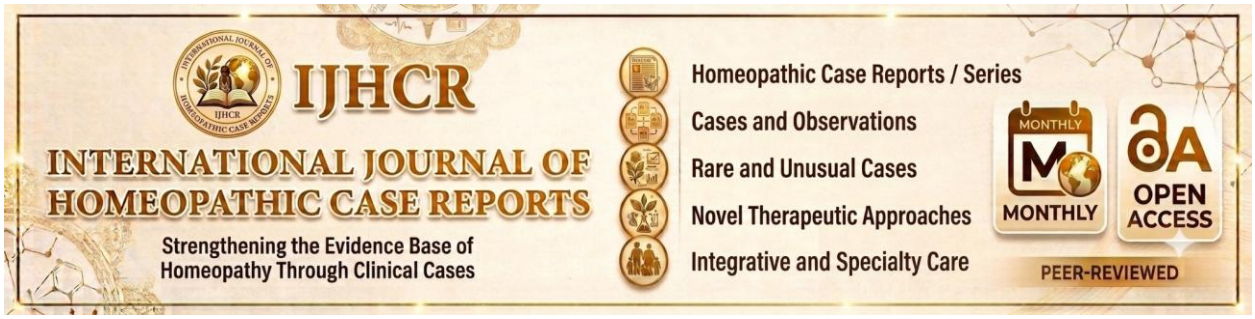


Volume 1, Issue 1, August 2026 **Category of Article: Case Report**

Article ID: CR21IJHCR3481

DOI: https://doi.org/10.5281/zenodo.22108053

Chronic Dry Eczema with Marked Emotional Suppression -A Case Report

Dr Krutika Dongre

Chief Homeopathic Consultant, Sion Clinic

Dr Batra's Positive Health Clinic Pvt Ltd

Email id: **chc-sion@drbatras.com**, Ph: 97669 46082

Abstract

Chronic eczema is a recurrent inflammatory skin condition characterized by dryness, itching, scaling and, in some patients, fissuring of the skin. This case describes a patient presenting with longstanding dry eczema involving the legs, hands and thighs, with marked aggravation during winter and recurrent cracking of the affected skin. The patient had previously used conventional topical treatment, including Propisalic lotion, and had also undergone Ayurvedic treatment.

The case was notable for associated digestive complaints, including indigestion and abdominal heaviness, along with a distinct mental-emotional profile characterized by excessive thinking, anxiety, internalization of emotions, suppression of anger, social withdrawal and a strong desire for perfection. A positive family history of similar skin complaints was reported in the mother, brother and sister. The patient also had a history of hypertension and was receiving antihypertensive medication.

The case highlights the importance of considering the patient's constitutional characteristics, mental-emotional state, physical generals, family history and maintaining factors while assessing a chronic recurrent dermatological condition.

Case Presentation

The patient presented with a history of **dry eczema since many years**. The lesions were mainly located over the **legs, hands and thighs**. The predominant complaint was **itching**, which became particularly troublesome during winter.

The skin tended to become very dry, and **cracks developed during exacerbations**. Whenever itching increased, the patient used **Propisalic lotion** for symptomatic relief. Approximately a year prior to presentation, the patient had also taken Ayurvedic treatment for the skin complaint.

The condition was described as recurrent, with winter acting as a significant aggravating factor.

Presenting Complaints

The major dermatological complaint was chronic dry eczema involving:

- Legs
- Hands
- Thighs

The characteristic symptoms were:

Dryness of skin

Intense itching

Winter aggravation

Cracking of the skin

The patient used topical Propisalic lotion whenever the itching became troublesome.

Associated Complaints

The patient also reported digestive disturbances.

There was:

- Indigestion
- Heaviness of abdomen

There was **no nausea**.

Bowel movements were described as satisfactory.

Past Medical History

The patient had a history of **hypertension** and was taking antihypertensive medication.

There was no other significant past medical history reported.

Family History

A strong familial occurrence of skin complaints was present.

The patient's:

- Mother

- Brother
- Sister

were all reported to have similar skin problems.

This familial clustering was considered an important background feature while evaluating the chronicity and predisposition of the condition.

Personal and Social History

The patient was living with his **wife and two children**, while his father was also staying with the family.

The patient described his upbringing as uneventful, with no major childhood difficulties reported.

Occupational History

The patient was involved in both **field work and table work**.

He reported experiencing **work-related stress**, although he did not generally become irritated in the workplace.

He described himself as someone who generally **does not oppose others** and prefers to avoid confrontation.

Life Space and Mental-Emotional Profile

A prominent feature of the case was the patient's tendency to **internalize emotions**.

He stated that he generally:

- Does not express his feelings
- Keeps things inside
- Remains quiet at home
- Speaks only when necessary
- Avoids unnecessary interaction
- Does not like disturbing others
- Prefers to remain alone
- Does not socialize much
- Feels uncomfortable attending parties where strangers are present
- Avoids getting involved in other people's matters

The patient appeared to have a reserved interpersonal style and preferred emotional containment rather than outward expression.

Emotional Expression

The patient specifically described himself as someone who **does not express his feelings**.

He tends to keep emotional experiences within himself rather than discussing them with others.

Even when angry, he generally **does not express the anger directly**.

When circumstances do not proceed according to his expectations, anger may arise, but the emotional response is predominantly internalized.

The patient also reported that he had **never cried** and did not consider himself an emotional person.

Anxiety and Thinking Pattern

The patient reported **anxiety and excessive thinking**.

He tends to:

"Think a lot about small things."

Minor issues can occupy his thoughts disproportionately, contributing to mental tension.

Work-related stress was also present.

The patient practices **meditation**, apparently as a means of managing stress and maintaining mental calmness.

Anger

The patient can become angry when things do not happen according to his expectations.

However, anger is generally **suppressed rather than openly expressed**.

He prefers to remain quiet and avoid confrontation.

He does not usually tell another person directly when he feels that something has been done incorrectly.

Social Behaviour

The patient described himself as socially reserved.

He:

- Prefers solitude
- Does not readily socialize
- Avoids parties involving strangers
- Does not like disturbing others
- Does not interfere unnecessarily

- Speaks only when required

This pattern suggests a strong preference for maintaining personal boundaries and avoiding interpersonal confrontation.

Perfectionism

A distinct characteristic was the desire for **perfection**.

The patient reported wanting things to be done correctly and stated that he would perform work **to perfection**.

However, even when he notices something wrong in another person's work, he generally does not confront or criticize that person directly.

Thus, there is a combination of:

High internal standards + suppression of dissatisfaction + avoidance of confrontation.

Physical Generals

Appetite

No significant abnormality reported.

Thirst

No specific abnormality reported.

Digestion

Indigestion was present.

There was a feeling of **heaviness of the abdomen**.

Stool

Satisfactory.

Sleep

Sleep was disturbed.

Mental overactivity and stress appeared to contribute to disturbed sleep.

Thermal State

No specific thermal modality was documented in the available case information.

Skin

The skin was predominantly dry.

Itching was prominent, with cracking during exacerbations.

Winter was a significant aggravating factor.

Dermatological Assessment

The clinical picture was consistent with a chronic eczematous condition characterized by:

Chronicity → Dryness → Itching → Winter aggravation → Cracking

The distribution involved the extremities and thighs.

The history of recurrent itching and dryness, together with previous topical treatment, supported the clinical diagnosis of chronic eczema.

A dermatological examination would be important to document:

- Exact morphology of lesions
- Degree of erythema
- Scaling
- Lichenification
- Fissuring
- Extent of involvement
- Signs of secondary infection

Important Individualising Features

The case was not considered solely on the basis of the diagnosis of eczema.

The following features contributed to individualisation:

Skin

Chronic dry eczema with marked itching and cracking.

Modality

Marked aggravation during winter.

Generals

Digestive disturbance with abdominal heaviness.

Mental state

Excessive thinking over minor issues.

Emotional state

Suppression and internalization of emotions.

Anger

Anger occurs when things do not go according to expectations but is not openly expressed.

Social behaviour

Reserved, prefers solitude and avoids social interaction with strangers.

Personality

Perfectionistic, quiet and non-confrontational.

Family tendency

Mother, brother and sister reportedly have similar skin complaints.

Case Totality

The totality of the case can be represented as:

Mental Generals

Excessive thinking about small things

Anxiety

Suppressed emotions

Suppressed anger

Reserved nature

Desire for solitude

Avoidance of social interaction

Does not like to disturb others

Non-confrontational

Perfectionistic

Physical Generals

Chronic dry skin

Winter aggravation

Itching

Cracking of skin

Indigestion

Abdominal heaviness

Disturbed sleep

Particulars

Eczema involving legs, hands and thighs

Itching associated with dryness

Cracks during exacerbation

Clinical Interpretation

The case demonstrates a chronic recurrent dermatological condition occurring against a background of both **familial predisposition and individual constitutional characteristics**.

The skin complaint is accompanied by a distinctive psychological pattern. Rather than openly expressing dissatisfaction, anger or emotional distress, the patient tends to contain these experiences internally.

The patient's perfectionistic tendencies, excessive thinking over minor matters, avoidance of confrontation and preference for solitude provide additional individualising characteristics.

The digestive symptoms and winter aggravation further contribute to the overall clinical picture.

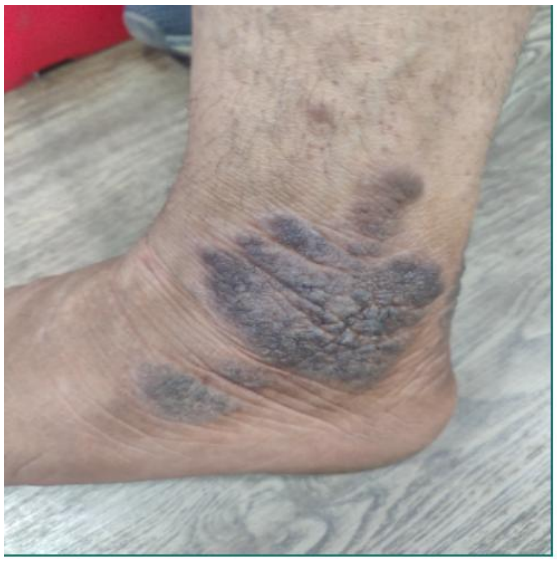
Management Considerations

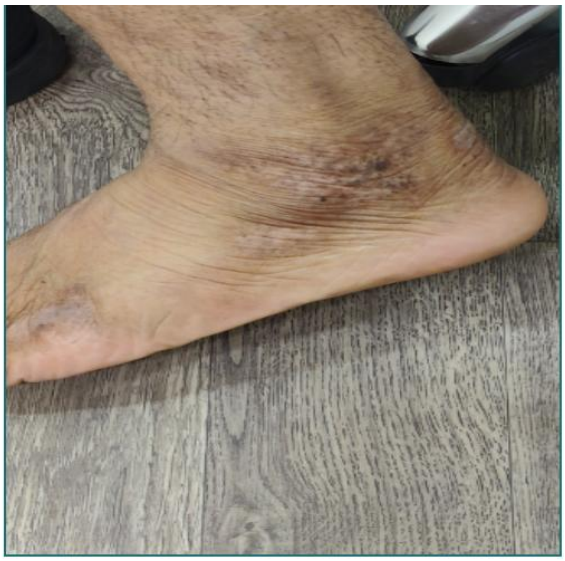
The patient had previously relied on topical treatment for symptomatic control. Continued dermatological assessment is important, particularly when there is persistent itching, extensive disease, fissuring, bleeding, oozing or suspected infection.

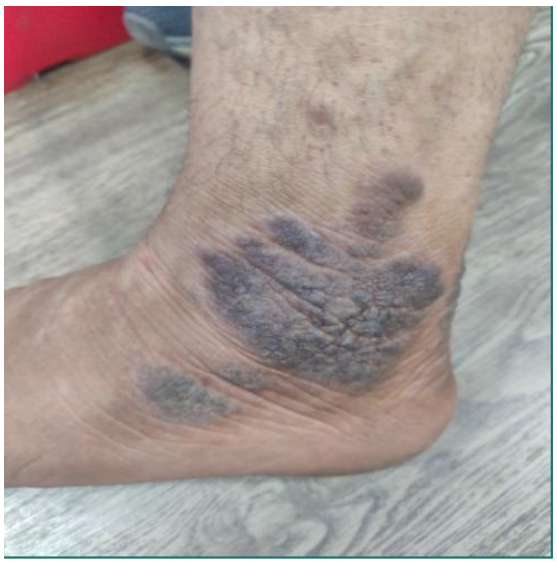
Management should also include attention to skin hydration, avoidance of known irritants and appropriate bathing and skincare practices.

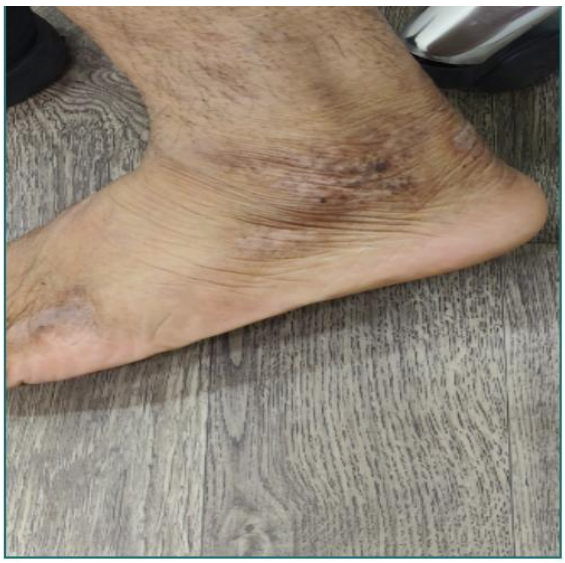
Because the patient has hypertension and is taking medication for it, any additional treatment should be considered alongside the existing medical treatment.

The case record does not provide sufficient information to establish a treatment response attributable specifically to any particular homeopathic prescription, so such an outcome should not be inferred.









Follow-up Parameters

Future follow-up should objectively document:

Skin

Extent of eczema, dryness, erythema, scaling and fissuring.

Symptoms

Intensity and frequency of itching.

Modalities

Seasonal variation, particularly winter aggravation.

Treatment requirement

Frequency of topical medication use.

Generals

Sleep, digestion and abdominal heaviness.

Mental state

Anxiety, excessive thinking, emotional suppression and stress.

Quality of life

Effect of the condition on daily activities, work and social interaction.

Photographic documentation of representative lesions at baseline and follow-up would also improve objective assessment.

Discussion

Chronic eczema is influenced by multiple factors, including genetic predisposition, environmental exposures, skin-barrier dysfunction, immune mechanisms and individual triggers.

In this case, the **strong family history** is clinically relevant because similar skin complaints were reported in three close family members.

The patient's **winter aggravation** is also noteworthy. Cold and dry environmental conditions can worsen skin dryness and compromise the skin barrier, potentially increasing itching and fissuring.

An additional distinctive component of the case is the patient's mental-emotional pattern. The patient reports persistent thinking over minor issues, anxiety, internalization of emotions and suppression of anger. He also describes a reserved personality, avoidance of confrontation and a strong desire for perfection.

These features are important for a holistic case assessment, but they should not be interpreted as proving that emotional suppression is the direct cause of eczema.

The case therefore illustrates the importance of documenting **both objective dermatological findings and patient-specific characteristics** rather than recording the diagnosis alone.

Conclusion

This case represents **chronic dry eczema with winter aggravation, itching and recurrent fissuring**, associated with digestive complaints, disturbed sleep and a significant familial history of similar skin disease.

The individualising features include **excessive thinking, anxiety, emotional and anger suppression, reserved behaviour, preference for solitude, non-confrontational personality and perfectionistic tendencies**.

A comprehensive approach should combine objective dermatological assessment, appropriate medical management, trigger identification, skin-barrier care and systematic documentation of changes over time.

How to Cite this article:

Dongre K. Chronic Dry Eczema with Marked Emotional Suppression -A Case Report. Int J Homoeopath Case Rep. 2026;1(1):243-252.