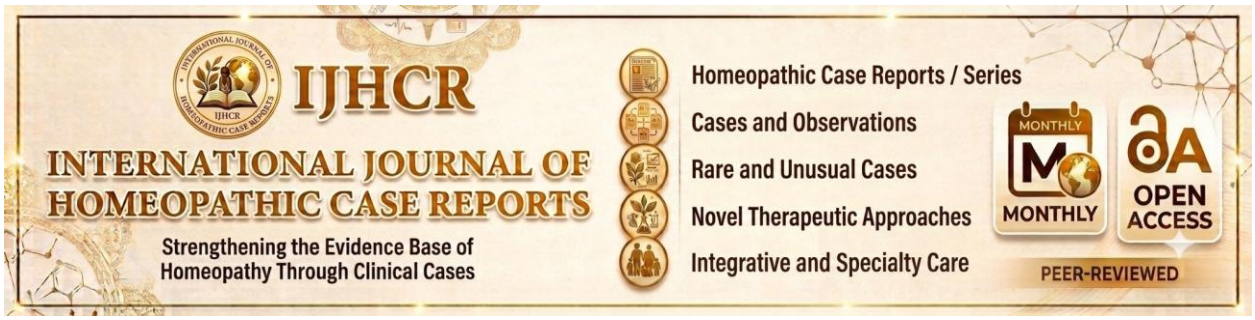

Volume 1, Issue 1, August 2026 **Category of Article: Case Report**

Article ID: CR22IJHCR3482

DOI: https://doi.org/10.5281/zenodo.22108098

Chronic Recurrent Cheilitis with Vesicular Eruptions and Suppressed Emotional Stress: A Case Report of Individualised Homoeopathic Management

Dr Niraj Tiwari

Chief Homeopathic Consultant, Prayagraj Branch,

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id chc-praygraj@drbatras.com, Mobile 7651973582

Abstract

Background

Chronic recurrent eruptions involving the lips may present with erythema, itching, vesicles, dryness, cracking and episodic swelling. Identification of maintaining and aggravating factors, together with a detailed individualised history, is important in the assessment of such cases.

Case Presentation

A female student presented with recurrent eruptions predominantly involving the corners and upper lip since winter 2025. The condition was characterised by itching, redness, occasional vesicular eruptions, burning, dryness and mild blackish discoloration around the corners of the mouth. The patient reported temporary improvement following application of topical gel, while dryness subsequently recurred. Prior treatment with acyclovir ointment had suppressed the eruptions, after which the condition remained recurrent.

The patient was a student at a university in Lucknow. Her history revealed significant emotional sensitivity. She described herself as reserved and introverted, with hesitation while discussing her complaints. She reported anxiety regarding her career and family health and a history of suppressed anger. A significant stressful period occurred when her brother and sister-in-law underwent a divorce, which emotionally affected both the patient and her mother.

Physical generals included decreased appetite and thirst, a hot thermal state, disturbed sleep and craving for spicy food. The case was individualised and **Staphysagria 200C** was recorded as the homoeopathic prescription.

During follow-up, eruptions initially reduced, although dryness persisted. Subsequent episodes of swelling, itching, redness and watery discharge were documented. Later, improvement was reported for approximately 20 days, although redness and swelling continued to show aggravation from sun exposure. At the latest follow-up, recurrent redness and itching of the lip with flakes remained documented.

Conclusion

The case demonstrates the importance of detailed individualised case taking in chronic recurrent lip eruptions, particularly when there is a history of emotional stress, suppressed anger and previous symptomatic treatment. The available records document fluctuations and periods of improvement during follow-up. However, because confirmatory dermatological investigations and standardised outcome measures were not provided, treatment efficacy cannot be established from this single case.

Keywords: Cheilitis, recurrent lip eruption, vesicular eruption, pruritus, emotional stress, suppressed anger, individualised homoeopathy, Staphysagria.

Introduction

Chronic recurrent lesions of the lips may present with redness, itching, burning, vesicles, dryness, fissuring, scaling and swelling. The clinical appearance may overlap with several conditions, and a detailed history is therefore important in understanding the pattern of recurrence and identifying aggravating factors.

In this case, the patient reported recurrent eruptions around the corners of the mouth beginning in winter 2025. The symptoms included itching, redness, vesicles, burning and dryness, with occasional mild blackish discoloration.

The patient had previously used topical treatment, including acyclovir ointment, following which the eruptions were reported to have been suppressed. The condition subsequently continued to recur.

From a homoeopathic perspective, the case was approached through individualisation, incorporating the local pathology together with mental and physical generals, modalities, personal circumstances and emotional characteristics.

This report presents the case and its longitudinal follow-up.

Case Presentation

2.1 Patient Profile

Patient: Female
Occupation: Student
Location: Lucknow
Duration: Approximately 1 year
Onset: Winter 2025

The patient presented with recurrent lesions predominantly involving the lips, especially the **corners of the mouth and upper lip**.

Chief Complaints

The principal complaints were:

- Recurrent redness of the lips
- Itching
- Recurrent rashes/eruptions
- Vesicular eruptions
- Burning
- Dryness
- Cracking
- Mild blackish discoloration around the corners of the mouth

The condition was recurrent despite previous topical treatment.

History of Presenting Complaint

The patient reported that the condition had started during winter 2025.

Initially, the lesions were predominantly noticed around the **corners of the mouth**.

The patient experienced:

- Itching
- Redness
- Rashes
- Vesicles
- Burning
- Dryness

- Cracking

The corner of the mouth was described as mildly blackish.

The patient reported that application of a gel produced temporary improvement; however, when the effect wore off, dryness was again experienced.

The aggravating factor was not clearly established initially.

Previous Treatment

The patient had previously received treatment with **acyclovir ointment**.

Following the treatment:

The eruption was suppressed.

However, the condition subsequently remained recurrent.

This history of suppression was considered relevant during the subsequent individualised case assessment.

Associated Symptoms

The supplied history documented:

- Decreased appetite
- Decreased thirst
- Disturbed sleep
- Hot thermal state
- Craving for spicy food

Menstrual history was recorded as regular in the physical-general assessment.

Past History

No significant past medical history was reported.

Past history: Non-significant.

Personal and Social History

The patient was a student at a university in Lucknow.

Her elder sister was settled in Prayagraj, and the patient decided to initiate treatment in that setting.

Her upbringing was described as good, without major childhood difficulties.

The patient enjoyed:

- Travelling

- Reading
- Cooking

Significant Emotional History

A significant emotional event was identified during case taking.

The patient's **brother and sister-in-law underwent a divorce**, which became a major source of emotional stress for her.

The patient reported that the situation affected her significantly and that she experienced unnecessary emotional pain related to the family circumstances.

She also reported that her mother was affected by the situation and that the sister-in-law blamed the patient and her mother on several occasions.

This was described as emotionally disturbing for the patient.

Mental Generals

The mental and emotional characteristics recorded during the case taking included:

Introverted and reserved

The patient described herself as introverted and reserved.

Shyness while discussing complaints

When describing her disease, she reportedly spoke hesitantly and with difficulty, stopping and restarting while explaining her symptoms.

Emotional sensitivity

She described herself as an emotional person.

Anxiety

Anxiety was particularly related to:

- Career
- Family health

Anger

She reported that she could become angry easily.

When she felt that someone was not listening to her, she experienced significant anger and described an impulse to break or throw things.

Suppressed anger

A history of **suppressed anger** was specifically documented.

Desire for attention

The patient reported that she liked attention.

Physical Generals

Parameter	Finding
Appetite	Decreased
Thirst	Decreased
Craving	Spicy food
Thermal state	Hot
Sleep	Disturbed/restless
Menses	Regular
Urine	Normal
Stool	Normal
Perspiration	White stain documented
Bathing	Both hot/cold
Other	No major additional general reported

Characteristic Particulars

The most characteristic features of the presenting complaint were:

Location

- Corners of mouth
- Upper lip

Sensation

- Itching
- Burning

Appearance

- Redness
- Vesicles
- Rashes
- Flaking

- Dryness
- Cracking
- Mild blackish discoloration

Course

- Chronic
- Recurrent
- Episodic eruptions

Previous treatment response

- Temporary improvement with topical gel
- Suppression following acyclovir ointment

Totality of Symptoms

The totality of the case was constructed from the characteristic mental, physical and local features.

Mental generals

- Introverted
- Reserved
- Emotionally sensitive
- Anxiety about career
- Anxiety regarding family health
- Easily angered
- Suppressed anger
- Desire for attention
- Significant emotional reaction to family conflict

Physical generals

- Decreased appetite
- Decreased thirst
- Hot patient
- Restless/disturbed sleep
- Desire for spicy food

Particulars

- Recurrent lip eruptions
- Predominantly corners of mouth/upper lip
- Itching
- Redness
- Vesicular eruptions
- Burning
- Dryness
- Cracking
- Flaking
- Mild blackish discoloration
- Recurrence after previous suppression

Homoeopathic Individualisation

The case was individualised beyond the local manifestation.

The mental characteristics considered significant included:

Emotional sensitivity + introversion/reserved nature + suppressed anger + anxiety regarding career/family health + desire for attention.

The physical generals included:

Hot thermal state + decreased appetite + decreased thirst + craving for spicy food + disturbed/restless sleep.

The local pathology was characterised by:

Recurrent itching, redness, vesicular eruptions, burning, dryness and cracking of the lips.

Prescription

Staphysagria 200C

Follow-up

Follow-up 1

The initial follow-up documented:

- No much relief initially.

The patient continued to experience the condition.

A significant emotional history was further elicited during this period, particularly the stress surrounding the divorce of her brother and sister-in-law.

Follow-up – 09 May 2026

The patient reported improvement.

Clinical findings

- Eruptions reduced
- Dryness persisted
- Cracks occurred occasionally
- Digestion was good
- Sleep was good
- Menses remained regular

A healthy diet was advised.

Follow-up – 23 May 2026

A recurrence was documented.

Symptoms

- Swelling
- Itching
- Redness
- Eruptions
- Watery discharge from lips

The condition had recurred after a period of improvement.

Follow-up – 17 June 2026

The patient reported that the condition had been better for approximately 20 days.

Findings

- Improvement in overall condition
- Redness persisted
- Swelling persisted
- Symptoms aggravated by sun exposure

Digestion remained good.

Follow-up – 16 July 2026

The patient continued to have:

- Redness
- Swelling

with aggravation from:

Sun exposure

Follow-up – 14 August 2026

The latest documentation described:

- Recurrent redness of lips
- Itching
- Recurrent condition
- Eruptions
- Flaking of the upper lip

The case continued to show a recurrent course.

The patient was described as:

- Chilly
- Reserved
- Introverted

with a history of **suppressed anger**.

Follow-up Summary

Date	**Clinical status**
Initial presentation	Recurrent lip eruptions, itching, redness, vesicles, burning and dryness
Initial follow-up	Little relief
09/05/2026	Eruptions reduced; dryness and occasional cracks remained
23/05/2026	Recurrence with swelling, itching, redness, eruptions and watery discharge
17/06/2026	Better for approximately 20 days; redness/swelling remained, aggravated by sun
16/07/2026	Redness and swelling persisted; sun aggravation
14/08/2026	Recurrent redness, itching, eruptions and flakes on upper lip

Outcome Assessment

The course showed **partial and fluctuating improvement** rather than complete resolution.

Areas of improvement

- Reduction in eruptions during early follow-up
- Period of approximately 20 days of improvement
- Digestion remained good
- Sleep improved/reported as good during one follow-up

Persistent/recurrent features

- Redness
- Itching
- Swelling
- Dryness
- Flaking
- Recurrent eruptions
- Sun aggravation

Discussion

This case illustrates a chronic recurrent lip eruption with features of itching, erythema, vesicles, burning, dryness, cracking and flaking.

The patient had previously received topical treatment, including acyclovir, after which the eruption was described as suppressed. The subsequent recurrence prompted a more detailed individualised case assessment.

A significant component of the case was the patient's emotional response to family conflict. The divorce of her brother and sister-in-law was described as a major source of emotional distress. The patient reported being particularly sensitive regarding her mother and described suppressed anger.

Her personality profile was characterised by introversion, reserve, emotional sensitivity, anxiety regarding career and family health, and a tendency to become angry when she felt that others did not listen to her.

These features were considered alongside the physical generals and local symptoms.

The recorded prescription was **Staphysagria 200C**.

The follow-up showed an initial reduction in eruptions followed by recurrent episodes. At one point the patient reported approximately 20 days of improvement, although redness and swelling subsequently persisted, particularly with sun exposure.

Thus, the longitudinal course suggests **partial improvement with subsequent recurrence**, rather than complete resolution.

Strengths of the Case

1. Detailed mental and emotional history.
2. Clear documentation of recurrent local symptoms.
3. Documentation of previous treatment and suppression.
4. Longitudinal follow-up.
5. Documentation of aggravation by sun exposure.
6. Identification of personality characteristics and emotional stressors.
7. Individualised prescription documented.

Conclusion

This case describes a **chronic recurrent lip eruption clinically characterised by itching, redness, vesicles, burning, dryness, cracking and flaking**, predominantly involving the corners and upper lip.

The case was notable for a strong emotional component, including **introversion, emotional sensitivity, anxiety regarding career and family health, easily provoked anger and suppressed anger**, along with a significant family-related stressful event.

The case was individualised using the totality of mental generals, physical generals and local symptoms, and **Staphysagria 200C** was recorded as the prescription.

During follow-up, the patient experienced reduction in eruptions and a period of improvement, followed by recurrent episodes involving swelling, itching, redness and eruptions. At the latest documented visit, recurrent redness and itching with upper-lip flakes remained.

Therefore, the most accurate conclusion from the supplied data is:

The patient demonstrated partial, fluctuating clinical improvement with subsequent recurrence during longitudinal follow-up.

How to Cite this article:

Tiwari N. Chronic Recurrent Cheilitis with Vesicular Eruptions and Suppressed Emotional Stress: A Case Report of Individualised Homoeopathic Management. Int J Homoeopath Case Rep. 2026;1(1):253-264.