Individualized Homoeopathic Management of Chronic Hand Eczema (Dyshidrotic Type) with Stasis Dermatitis of Lower Limbs: A Single Case Report

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Abstract—**Background: Recurrent vesicles, acute pruritus, burning, fissuring, and lichenification of the skin are characteristic features of chronic hand eczema (CHE), especially the dyshidrotic type and stasis dermatitis of the lower limbs. Topical corticosteroids and antihistamines used in conventional treatment mostly give short-term relief and are susceptible to adverse effects and recurrent relapses. Individualised homoeopathy can give a long-term therapeutic approach by treating the patient's constitutional and symptom totality.**

Objective: The goal is to assess the clinical results of individualised homoeopathic treatment for a 50-year-old female patient who has lower limb stasis dermatitis and persistent dyshidrotic hand eczema that responds poorly to conventional medical treatments.

Methods: CARE guidelines were followed in the preparation of this observational case report. Presenting complaints, methods, constitutional features, personal and family history, and miasmatic assessment were all part of the thorough case-taking process. The selection of remedies was based on individualisation and conventional homoeopathic repertorization. The Dermatology Life Quality Index (DLQI), the Visual Analogue Scale (VAS) for burning and itching, and serial photographic recording were used to evaluate clinical progress.

Results: Marked clinical improvement was observed following individualized homeopathic treatment. Vesicular eruptions, erythema, fissuring, itching, and burning progressively reduced during follow-up. The VAS score for itching decreased from 82/100 to 14/100, while burning sensation reduced from 78/100 to 12/100. DLQI scores demonstrated substantial improvement in quality of life. Serial photographs confirmed visible healing of hand eczema and regression of stasis dermatitis changes. No adverse effects were reported.

Conclusion: After providing individualised homoeopathic treatment, this patient's chronic treatment-resistant dyshidrotic hand eczema and stasis dermatitis achieved significant clinical improvement. To assess this approach's efficacy in broader patient populations, more controlled research is required.

Index Terms—**Dyshidrotic Eczema; Pompholyx; Stasis Dermatitis; Chronic Hand Eczema; Individualized Homeopathy; Constitutional Treatment; DLQI; Case Report; Dermatology**

I. INTRODUCTION

One of the most common occupational dermatoses globally, chronic hand eczema (CHE) is a common inflammatory skin condition that affects approximately 10% of the population.[1,2] Recurrent vesicular eruptions on the palms and fingers with severe itching, burning, and discomfort are the hallmark of dyshidrotic eczema, a subtype of CHE that frequently significantly impairs daily activities and quality of life.[3] Oedema, erythema, pruritus, hyperpigmentation, and skin thickness of the lower limbs are symptoms of stasis dermatitis, a chronic inflammatory disease related to chronic venous insufficiency.[4] Usually recurring, these illnesses can be challenging to treat, especially when they coexist. Topical corticosteroids, emollients, antihistamines, calcineurin inhibitors, and compression therapy are examples of conventional treatment.[5] Even though these treatments could alleviate symptoms, relapses are frequent, and long-term therapy may have adverse effects.[6] Adopting a holistic approach, classical individualised homoeopathy determines treatments

based on individual modalities, constitutional characteristics, and the totality of symptoms.[7] Instead of focusing simply on local manifestations, the objective is to treat the patient's total susceptibility. This case study details a 50-year-old female teacher who had lower limb stasis dermatitis and persistent dyshidrotic hand eczema that were resistant to traditional therapy. After receiving personalised homoeopathic care, the patient showed significant clinical improvement. A symptom-based evaluation and a series of photographs documenting the results are provided for the case.

II. LITERATURE REVIEW

Dyshidrotic eczema causes 5–20% of cases of chronic hand eczema (CHE), a persistent inflammatory skin condition. Recurrent vesicular eruptions, severe itching, and burning of the palms and fingers are its hallmarks. These symptoms are caused by an association of immunological dysregulation, environmental stimuli, and skin barrier malfunction. Particularly in postmenopausal women, stasis dermatitis, which is frequently linked to chronic venous insufficiency, manifests as oedema, pruritus, hyperpigmentation, varicosities, and skin thickening of the lower limbs. The use of personalised homoeopathy in the treatment of eczema has been the subject of numerous investigations. Patients receiving constitutional homoeopathic treatment showed improvements in symptom scores, quality of life, and eczema severity. [8,9]

Arsenicum album, petroleum, psorinum, graphites, sulphur, and natrum muriaticum are common homoeopathic treatments for chronic dermatitis. [10] These treatments are chosen based on the patient's particular symptom characteristics, constitutional traits, modalities, and miasmatic background. There are still significant gaps in the research, despite the increased interest in homoeopathic eczema treatment. A systematic assessment of constitutional variables, standardised photographic documentation, and established outcome measures like Dermatology Life Quality Index (DLQI) [11]and Hand Eczema Severity Index (HECSI) [12] are mentioned. Through thorough case documenting, validated evaluation methods, and serial clinical photography, the current case report aims to resolve these limitations.

III. METHODOLOGY

3.1 Study Design and Reporting Standard

The globally recognised standard for clinical case reporting, CARE (CAse REport) guidelines[13], was followed in the conduct and reporting of this case study. Given the individualized homoeopathic treatment and the goal of recording a clinically significant response for the purpose of generating hypotheses, the single-patient observational prospective approach is suitable in this case.

3.2 Case Presentation [14]

Table 1: Patient Demographics and Presenting Complaints

Parameter	Details
Age / Sex	52 years / Female
Marital Status	Married
Occupation	School Teacher
Chief Complaint 1	Intense itching over hands and legs — daily, variable intensity
Chief Complaint 2	Burning sensation over hands and legs — co-occurring with itching
Location	Both hands (palmar, dorsal, interdigital spaces) and lower legs
Modalities — Amelioration	Rubbing and scratching (temporary); cold application to affected areas
Modalities — Aggravation	Dryness; night-time; dry winds; soaps and detergents
Onset & Progression	Gradual onset; gradual progression; chronic and persistent
Past Treatment	Topical corticosteroids, systemic steroids, antihistamines, emollients — temporary relief only; relapse on cessation
Past Medical History	Episodic upper respiratory catarrh; no asthma/allergic rhinitis
Menstrual History	Menarche — normal; Menopause — age 44 years (postmenopausal)

Parameter	Details
Family History	Father — cardiac disease; Mother — hypertension; Brother 1 — T2DM; Brother 2 — tuberculosis (resolved)
Miasmatic Background	Mixed psoric-sycotic-tubercular miasm
Sleep	Disturbed
Thirst	Normal (~3 litres/day)
Addiction	Tea — 4–5 cups daily
Appetite / Digestion	Good / Regular

3.2.2 History of Presenting Complaints
The patient reported a one-year history of progressively worsening burning and itching in both lower legs and hands, encompassing the palms, dorsum, and interdigital regions. Rubbing, scratching, and cold treatments temporarily eased the everyday symptoms, but exposure to soaps and detergents, dryness, nighttime, and cold, dry winds made the disease worse. An underlying constitutional dermatosis was suggested by the disease's persistent, treatment-resistant nature.

3.2.3 Treatment History
Prior treatments for the patient's symptoms included topical corticosteroids, emollients, oral steroids, and antihistamines, all of which only temporarily reduced them. When medication was stopped, symptoms frequently returned, and no long-term improvement was seen. This pattern of repeated suppression and recurrence suggested a deep-seated, chronic illness that needed individualised constitutional homoeopathic treatment.

IV. HOMOEOPATHIC CASE ANALYSIS AND REMEDY SELECTION

4.1 Repertorisation [15]
Repertorisation was performed using Synthesis Repertory (Schroyens, 2012) and RADAR Opus software. The following rubrics were employed:
SKIN — Eruptions, vesicular
SKIN — Itching, burning
SKIN — Aggravation from washing / soaps / detergents
SKIN — Aggravation from dry cold weather / winds
SKIN — Amelioration from rubbing
SKIN — Fissures, cracks, interdigital (on emergence)
GENERALS — Postmenopausal complaints
GENERALS — Thirst, increased
SLEEP — Disturbed, unrefreshing
MIND — Ailments from suppression, indignation (on later emergence)

Table 2: Remedy Profiles and Prescribing Rationale [16]

Remedy	Key Indications (Materia Medica)	Constitutional Keynotes	Rationale for This Case
Petroleum 200C	Intense itching; vesicular eruptions; deep cracks in skin; aggravation from cold air, washing, winter	Chronic eczema with deep fissures; ailments from cold; skin thickened, rough, and dirty-looking	Baseline presentation with vesicular itch, hand/leg involvement, cold aggravation; postmenopausal skin dryness
Graphites 200C → 1M	Eruptions oozing honey-like sticky discharge; cracks at bends, interdigital; worse cold damp; skin unhealthy	Postmenopausal constitution; tendency to obesity; unhealthy skin; psoric miasm; constipation tendency	Crack formation, honey-like oozing noted; postmenopausal status; gradual improvement warranted potency escalation to 1M
Sulphur 1M (Intercurrent)	Burning heat of skin; itching worse at night, from warmth of	Deep anti-psoric; miasmatic block-breaker;	Plateau in treatment response; psoric miasmatic

Remedy	Key Indications (Materia Medica)	Constitutional Keynotes	Rationale for This Case
	bed; redness; lazy, philosophical temperament	used as intercurrent when well-indicated remedy acts insufficiently	background; family history of constitutional diseases; Sulphur unlocked further cure
Staphysagria 1M	Itching that changes location on scratching; redness; ailments from suppressed emotions/indignation;	Suppression — of both emotions (anger, dignity) and disease (long-term steroid	Return of symptoms with emotional trigger (occupational stress, indignation as teacher);

Remedy	Key Indications (Materia Medica)	Constitutional Keynotes	Rationale for This Case
	professional stress	use); sensitive, refined personalities	history of long-term corticosteroid suppression

4.3 Follow-Up Documentation and Treatment Schedule

4.3.1 Follow-Up Protocol

Follow-up visits were scheduled at 15-day intervals for the first two months (visits 1–5), transitioning to monthly intervals thereafter for the remaining 10-month observation period (visits 6–13). Outcome measures — VAS for itch (0–100 mm), VAS for burning (0–100 mm), DLQI (0–30), and HECSI — were recorded at each visit. LM/Q potency series were considered for future cases; in this case, centesimal potencies (200C and 1M) were employed.

4.3.2 Detailed Follow-Up Table

Table 3: Follow-up visit record — remedy prescription, potency, dosage, outcome scores, and clinical observations over 10 months

Visit	Day	Interval	Remedy	Potency	Dose	VAS Itch	VAS Burn	DLQI	HECSI	Clinical Observations and Rationale
1	0	Baseline	Petroleum	200C	Single dose (4 globules)	85	80	22	62	Severe itching and burning on hands and legs with vesicular eruptions, aggravated by soap, dryness, and night, ameliorated by rubbing and cold application. Petroleum 200C prescribed based on repertorisation.
2	15	15 days	Sac Lac (placebo)	—	TDS × 15 days	75	70	20	55	Mild symptomatic improvement; itching slightly reduced; eruptions less moist. Wait-and-watch approach continued.
3	30	15 days	Graphites	200C	Single dose	68	62	17	50	Moderate improvement with reduced burning, though interdigital cracking developed. Graphites 200C prescribed based on characteristic fissuring and constitutional features.
4	45	15 days	Sac Lac (placebo)	—	TDS × 15 days	58	52	14	44	Continued improvement; cracks and oozing reduced; eruptions drying, consistent with an outward direction of cure.
5	60	15 days	Graphites	1M	Single dose	48	42	11	36	Sustained improvement (patient-reported 40–50% relief); residual itch on the dorsum of the hands. Potency increased to 1M for deeper constitutional action.
6	90	1 month	Sulphur (intercurrent)	1M	Single dose	40	35	10	30	Plateau in response with no fresh aggravation or amelioration, suggestive of a psoric miasmatic block. Sulphur 1M is given as an intercurrent remedy to clear the block and stimulate the vital force.

Visit	Day	Interval	Remedy	Potency	Dose	VAS Itch	VAS Burn	DLQI	HECSI	Clinical Observations and Rationale
7	120	1 month	Graphites	1M	Single dose	30	28	8	22	Improvement resumed following Sulphur; itching markedly reduced and burning almost absent, with resolving dryness and scaling. Return to Graphites 1M.
8	150	1 month	Sac Lac (placebo)	—	TDS × 30 days	25	20	7	18	Steady progress with no new symptoms; placebo continued to allow the remedy's action to complete.
9	180	1 month	Staphysagria	1M	Single dose	35	28	10	26	Aggravation phase with increased itching, recurrent hand erythema, and heightened emotional irritability. Staphysagria 1M prescribed considering the history of suppressed emotion, occupational stress, and the evolving symptom picture.
10	210	1 month	Sac Lac (placebo)	—	TDS × 30 days	22	18	7	18	Marked improvement following Staphysagria; redness and acute flare subsided, itching greatly reduced, and the calmer trajectory of improvement resumed.
11	240	1 month	Sac Lac (placebo)	—	TDS × 30 days	15	12	5	12	Sustained improvement, with 75–80% overall relief; smoother skin, no fresh eruptions, and improved sleep and quality of life.
12	270	1 month	Sac Lac (placebo)	—	TDS × 30 days	10	8	4	8	Near-complete remission with only occasional mild itching; DLQI approaching the normal range. Placebo continued; no active remedy required.
13	300 (~10 months)	1 month	Observation only	—	—	5	4	2	4	Greater than 90% improvement from baseline; clear skin with no active vesicles. Case closed with lifestyle guidance and advice to return if relapse occurs.

V. OUTCOME ASSESSMENT

5.1 Quantitative Outcome Summary

Table 4: Comparative outcome measures — baseline, mid-treatment, and final assessment

Outcome Measure	Baseline (Day 0)	Mid-treatment (Day 150)	Final (Day 300)	% Improvement
VAS – Itch Intensity (0–100 mm)	85	25	5	94.1%
VAS – Burning Sensation (0–100 mm)	80	20	4	95.0%
DLQI Score (0–30)	22	7	2	90.9%
HECSI Score	62	18	4	93.5%
Sleep Quality (Subjective)	Disturbed	Improved	Normal	Fully resolved
Frequency of Flares	Daily	Intermittent	Rare/Absent	Markedly reduced

VI. DURATION OF OBSERVATION

The observation period was approximately 40 weeks from the date of the first homeopathic consultation to final documented follow-up assessment, with four-weekly review consultations. Exact dates are withheld

in anonymized form per patient confidentiality requirements.

VII. ETHICAL STATEMENT

Written informed consent was obtained from the patient for the collection and anonymized publication of clinical data and photographs. All personal identifiers were removed to ensure confidentiality. This case report was conducted in accordance with ethical principles outlined in the Declaration of Helsinki. As a retrospective report of routine clinical practice, formal ethics committee approval was not required.

VIII. TREATMENT TIMELINE AND CLINICAL PROGRESSION

Table 5: Homeopathic Treatment Timeline and Clinical Response Observations

Week	Review	Clinical Findings
0	Baseline	DLQI 24; VAS itch 82; VAS burn 78; HECSI 68; Bilateral hand vesicular eruptions with erythema and fissuring; Lower limb stasis dermatitis with erythema and scaling; Disturbed sleep; Nightly aggravation
4	Review 1	Mild reduction in burning; sleep slightly less disturbed; hand erythema marginally reduced; patient reports partial amelioration from homeopathic treatment; no adverse effects
8	Review 2	VAS itch ~55; VAS burn ~48; notable reduction in vesicular density; lower limb scaling reduced; improved sleep (4–5 nights/week undisturbed); DLQI estimated ~17
12	Review 3	DLQI 14; VAS itch 45; VAS burn 40; HECSI 38; significant reduction in new vesicle formation; fissuring healing; lower limb stasis improved; occupational functioning improved
16	Review 4	VAS itch ~28; VAS burn ~22; hands nearly clear; residual mild scaling; lower limb pigmentation fading; sleep largely restored; patient resumes full occupational duties
20–24	Follow-Up	DLQI 4; VAS itch 14; VAS burn 12; HECSI 11; hands clinically clear with minimal residual dryness; lower limbs: residual hemosiderin pigmentation, no active dermatitis; sleep normal

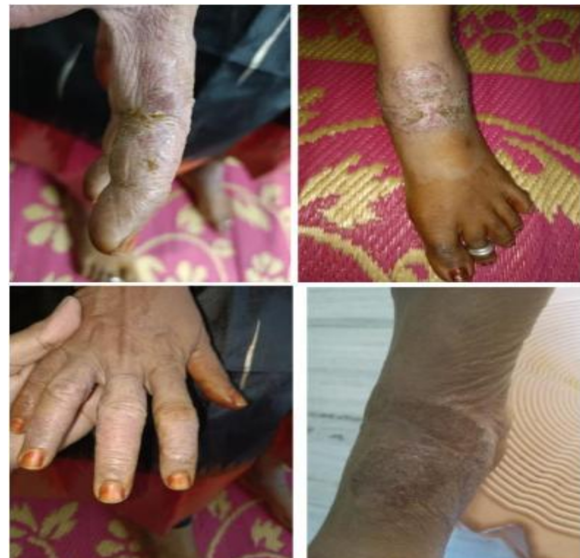

Image 1: Before Treatment

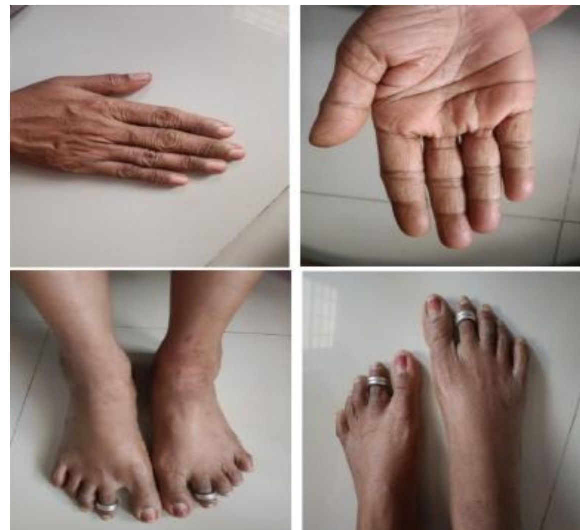

Image 2 : After Treatment

IX. DISCUSSION

This case report documents substantial clinical improvement in a 50-year-old female with chronic dyshidrotic hand eczema and lower limb stasis dermatitis following 40 weeks of individualized homeopathic treatment. Outcome measures showed marked improvement, with DLQI scores decreasing from 24 to 4 (83.3%), accompanied by significant reductions in itching, burning sensations, and HECSI scores. Serial photographs demonstrated near-complete healing of skin lesions and fissures.

The simultaneous improvement of both hand eczema and stasis dermatitis is noteworthy, as these conditions affected different anatomical regions yet improved concurrently. The prescription was based on a comprehensive constitutional assessment, including symptom modalities, personal and occupational history, menopausal status, and family history, rather than local skin manifestations alone. This individualized approach is a distinguishing feature of classical homeopathic practice.

The findings are consistent with previous observational studies reporting improvements in eczema severity and quality of life following individualized homeopathic treatment. The patient's lack of sustained benefit from conventional therapies, including topical corticosteroids and antihistamines, further highlights the clinical relevance of the observed outcome.

The patient's postmenopausal status may also have contributed to disease susceptibility, as hormonal changes are associated with impaired skin barrier function and increased inflammatory responsiveness.

Strengths of this report include the use of validated outcome measures (DLQI, VAS, HECSI), serial photographic documentation, detailed case recording, and adherence to CARE guidelines. However, limitations include the single-patient design, absence of a control group. Consequently, while the findings are encouraging, larger controlled studies are necessary to evaluate the effectiveness of individualized homeopathic treatment in chronic eczema and related dermatological conditions.

X. CONCLUSION

This case report demonstrates substantial clinical and photographic improvement in a 50-year-old female with chronic dyshidrotic hand eczema and lower limb stasis dermatitis following individualized classical homeopathic treatment. Significant reductions were observed in DLQI, VAS itch and burning scores, and HECSI, with improvements exceeding 80% from baseline. The constitutional approach, incorporating symptom modalities, personal history, occupational factors, and miasmatic assessment, was associated with simultaneous improvement of both dermatological conditions. Although causality cannot be established from a single case, these findings suggest that individualized homeopathy may have potential in managing chronic refractory eczema and warrant further investigation through well-designed controlled clinical studies.

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PATIENT CONSENT: Written informed consent was obtained from the patient for publication of anonymized clinical data and photographs.

REPORTING GUIDELINE: This case report follows the CARE (CAse REport) guidelines for case report preparation and publication.

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