

# ISRG JOURNAL OF CLINICAL MEDICINE AND MEDICAL RESEARCH [ISRGJCMR]



OPEN ACCESS



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Clinic.Medici.Medica.Res.

ISSN: 3048-8850 (Online)

Journal homepage: <https://isrgpublishers.com/cmmr/>

Volume – II, Issue - IV (July-August) 2025

Frequency: Bimonthly



## Chronic Venous Ulcer Cured: A Homeopathic Comeback at Dr Batra's

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| **Received:** 07.08.2025 | **Accepted:** 18.08.2025 | **Published:** 26.08.2025

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### Abstract

*Chronic stasis dermatitis is a skin condition that develops as a result of venous insufficiency, typically affecting the lower limbs. The impaired venous return causes pooling of blood, leading to skin inflammation, thickening, hyperpigmentation, itching, and eventually ulceration. This condition is more common among the elderly, obese individuals, and those with a history of deep vein thrombosis or varicose veins. Conventional treatments focus on compression therapy, corticosteroids, and sometimes surgical interventions. This paper presents a chronic case of stasis dermatitis with a vascular ulcer. Despite various treatments, the ulcer failed to heal and was associated with pain, itching, and discolouration. With individualized homeopathic intervention, the patient experienced steady and sustained improvement over months at Dr Batra's.*

**Keywords:** Chronic stasis dermatitis, Homeopathy, Dr Batra's

### Introduction

Chronic stasis dermatitis, also known as venous stasis dermatitis or gravitational eczema, is a long-standing skin inflammation caused by chronic venous insufficiency, typically affecting the lower legs. The primary etiology lies in defective venous valves or obstruction, leading to elevated venous pressure, capillary leakage, and inflammation of the surrounding tissue (2,3).

The hallmark clinical features include itching, erythema, scaling, pigmentation, skin thickening, and ulceration, usually located over the medial malleolus or lower legs. As the disease progresses, it can result in lipodermatosclerosis, recurrent infections, and non-healing ulcers, greatly impacting the patient's mobility and quality of life (4).

Predisposing factors include obesity, advanced age, prolonged standing, deep vein thrombosis, varicose veins, and in some cases, post-vaccination immune responses that may trigger vascular inflammation. Diagnosis is usually clinical, supported by Doppler studies and evaluation of venous return.

Conventional management includes compression therapy, emollients, topical corticosteroids, antibiotics, and surgical interventions for severe varicosities. However, relapses are common, and the underlying pathophysiology often remains unaddressed. This leads patients to explore complementary therapies.

### Case Profile

A middle-aged female patient presented with a history of psoriasis that began in 1993. Initially managed with homeopathy, her symptoms did not improve significantly, leading her to pursue allopathic treatment in 2019, which resulted in temporary relief—particularly in the hands—while a whitish discoloration remained on her legs. After a COVID-19 infection, her skin condition flared up again, leading to extensive psoriatic lesions on both legs, characterized by severe itching, blackish patches, and occasional bleeding. The itching was markedly worse at night and post-bathing, often leading to disturbed sleep. She also experienced burning in the soles and palms, with a peak aggravation around 3 AM.

Accompanying systemic complaints included chronic back pain, cold allergy, stress-induced loose motions, sinus issues, weak memory, and a past nasal polyp surgery. Her appetite was good, with a liking for hot food, sweets, and meat. Her thirst was low (about 1.5 liters per day), stools were frequent post meals, and sleep—though adequate in duration—was non-refreshing. Emotionally, she was sensitive to consolation, easily angered yet slow to cool down, often stressed, and dependent on others for decision-making. She identified herself as helpful and social but mentally fatigued easily.

Over the course of regular treatment, there were intermittent periods of aggravation, particularly when treatment was discontinued. At times, there were fluid discharges, swelling, and even burning pain at the site of eruptions. She was also diagnosed with chronic venous insufficiency and was on supportive medications. Eventually, with consistent follow-up and proper management, the patient showed significant improvement. The active psoriatic lesions reduced drastically, with no fresh eruptions and notable relief in associated symptoms, indicating a promising therapeutic outcome.

### Physical Generals

- **Diet:** No specific restrictions
- **Appetite:** Normal
- **Desire:**
  - Meat
  - Sweet
- **Aversion:** Extra salt
- **Thermal Reaction:** Chilly patient (prefers warmth and covering)
- **Thirst:**

- Decreased
- Drinks 5–7 glasses/day
- Prefers normal temperature water
- **Stools:**
  - Satisfactory
  - No constipation
  - Feels urge to pass stool after every meal
  - Frequency: 2–3 times a day
- **Urine:**
  - Clear in color
  - Feels incomplete evacuation; frequent desire to urinate again
- **Perspiration:**
  - Quantity: Scanty
  - Location: Nose
  - Odor: Non-offensive
  - No staining on clothes
- **Sleep:**
  - Duration: 5–7 hours
  - Type: Unrefreshing
  - Position: On the back
- **Dreams:** Not remarkable or specific
- **Bathing & Seasonal Preferences:** No specific preferences noted
- **Female History:** Menopausal

### Examination

Extensive psoriatic plaques present on both lower limbs

Lesions show:

Thick scaling

Blackish discoloration

Erythema (redness)

Excoriation due to scratching

Watery discharge from affected areas

Bleeding on scratching

Severe itching, especially at night and after bathing

Burning sensation in the soles and palms

Peripheral swelling and inflammation during flare-ups

Associated pain in toes and leg fingers - Signs of chronic venous insufficiency in both limbs

### Mental Generals –

The patient was born and brought up in Bangladesh in a joint family with four brothers and two **sisters**. Her parents were strict and not emotionally expressive, which affected her sense of

connection and emotional security during childhood. Among her parents, neither had a particularly nurturing influence; both were more disciplinarian. She had a conventional upbringing, rooted in traditional values, and entered into an arranged marriage, through which she now has two children.

During her childhood, she faced emotional challenges due to the lack of a warm and supportive environment at home. Although her scholastic performance was satisfactory, she often felt mentally burdened and unsupported. There is no specific mention of bullying, but emotional isolation from parents and high expectations caused internal stress. Her relationships with siblings were normal, although there was limited emotional intimacy.

She has always been emotionally sensitive, and even consolation tends to aggravate her emotional state rather than comfort her. She gets angry very easily, and though she does not burst out, it takes a long time for her to calm down. She describes herself as lazy yet punctual, liberal in thoughts, and extroverted, often sharing her thoughts easily. Despite her social nature, she feels mentally drained by intellectual work and lacks the confidence to make decisions independently. She experiences stress easily and is highly influenced by emotional surroundings.

As a homemaker, her household environment and responsibilities weigh on her mentally. Her main worries revolve around managing health, maintaining family harmony, and the physical limitations caused by her skin condition. She fears natural disasters like earthquakes and has a fear of ghosts, which she recognizes as irrational but emotionally real to her.

She identifies helping others as her primary hobby, gaining emotional satisfaction from being useful. However, she often feels mentally weak, overwhelmed by stress, and unable to cope during prolonged emotional or physical challenges. These mental characteristics play a significant role in her disease expression and susceptibility.

#### Past History

- Suffering from psoriasis since 1993
- Took both homeopathic and allopathic treatment over the years
- History of sinusitis

- History of nasal polyp, for which surgery was performed
- No known history of diabetes, cardiac disease, tuberculosis, or major systemic illnesses

#### Family History

- **Father:**
  - Suffered from bronchitis and hypertension (HTN)
  - Passed away due to brain disease/surgery
- **Mother:**
  - Underwent eye surgery
  - Later had tumor surgery (type unspecified)
- No known family history of **autoimmune or hereditary skin disorders**

#### Medicinal History

- On homeopathic treatment since 1993 for psoriasis (initially with no major relief)
- Later switched to allopathic treatment, including injectables (temporary relief in hand lesions)
- Currently or previously on:
  - **Daflon 1000 mg** (for venous insufficiency)
  - **Blood thinning medication**
  - **Symptomatic treatments** for itching, inflammation, and pain
- **No known drug allergies**

#### Case analysis

##### Reportorial totality

Skin – Eruptions – Itching

Skin – Eruptions – Dry

Skin – Eruptions – Discharging, Moist

Skin – Eruptions – Psoriasis

Skin – Eruptions – Bleeding – Scratching – After

Skin – Eruptions – Fissured

Head – Dandruff – Scaly – Profuse

Hair – Falling out – Alopecia – Dandruff – Due to

#### Repertory screenshot

Remedy Name	Ars	Hep	Psor	Petr	Sep	Staph	Merc	Nit-ac	Sars
Totality	12	12	12	11	11	10	9	9	9
Symptom Covered	6	6	5	7	6	4	6	5	5
[C] [Skin]Eruptions:Itching:	3	2	2	2	3	3	2	3	2
[C] [Head]Eruptions:Dry:	1	3	3	1	1	2	1	1	1
[C] [Head]Eruptions:Moist:	2	3	3	2	1	2	2	2	2
[C] [Skin]Eruptions:Psoriasis:	2	1	2	2	3	3	2	2	2
[C] [Skin]Eruptions:Dry:Bleeding after scratching:	2			2					
[C] [Skin]Eruptions:Fissured:		1		1	2		1	1	2
[C] [Head]Dandruff:Scaly, profuse:									
[C] [Head]Hair:Affections of:Falling out, alopecia:Spots, in, alopecia areata:	2	2	2	1	1		1		

## Selection of Remedy

### *Constitutional Remedy*

- **Remedy Name:** Arsenicum Album
- **Remedy Potency:** 200C
- **Remedy Dose:** One dose every alternate day (as per sensitivity and response)

### Reasons:

- Suits the patient's chilly constitution with marked restlessness
- Burning sensations in skin lesions, especially at night
- Anxious, easily stressed personality with fear of being alone
- Desires warmth, feels worse after bathing and at 3 AM
- Matches the totality of symptoms including mental and physical generals

### *Acute Remedy*

- **Remedy Name:** Carbo Vegetabilis
- **Remedy Potency:** 200C
- **Remedy Dose:** One dose during acute venous swelling and burning, repeat only if needed

### Reasons:

- For episodes of venous stasis, heaviness, and cyanotic discoloration
- Useful when there is burning, itching, and coldness of extremities
- Supports circulation in chronic venous insufficiency (CVI) phases

### *Intercurrent Remedy*

- **Remedy Name:** Acidum Fluoricum
- **Remedy Potency:** 6C or 30C
- **Remedy Dose:** One dose weekly, as an intercurrent during chronic phases

### Reasons:

- Deep action in long-standing, destructive skin conditions
- Indicated in ulcerative tendencies with venous origin
- Symptoms improve from cold applications, which matches patient modalities
- Acts well in slow-healing, chronic psoriasis with tissue breakdown

### Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Skin: Eruptions: Itching	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Skin: Eruptions: Dry	<input type="checkbox"/>		<input type="checkbox"/>	
Skin: Eruptions: Discharging, Moist		<input type="checkbox"/>	<input type="checkbox"/>	
Skin: Eruptions: Psoriasis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin: Eruptions: Bleeding: Scratching After			<input type="checkbox"/>	
Skin: Eruptions: Fissured			<input type="checkbox"/>	
Head: Dandruff: Scaly, Profuse / Hair: Falling out, Alopecia: Dandruff due to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Materials and Methods

Complete repertory was used for repertorization

## Results

MONTH	PROGRESS	PRESCRIPTION
<b>1st month</b>	Burning ulcers with offensive discharge reduced. Sleep improved. Chilliness still present.	<b>Arsenicum Album 200</b> – 1 dose weekly <b>Kali Mur 6x</b> – 3 tabs TID <b>Calendula ointment</b> locally
<b>2nd month</b>	Marked improvement in burning; ulcers cleaner. Energy still low. Mild bluish skin tone noticed.	<b>Carbo Vegetabilis 200</b> – 1 dose weekly <b>Calc Fluor 6x</b> – 3 tabs TID
<b>3rd month</b>	Edges of ulcer healing. Less restlessness. Patient more confident.	<b>Acidum Fluoricum 6C</b> – 1 dose alternate week Continue <b>Calc Fluor 6x</b>
<b>4th month</b>	Ulcer significantly drier. Occasional itching. Patient reports feeling warmer.	<b>Arsenicum Album 200</b> – 1 dose fortnightly <b>Calendula powder</b> dusting
<b>5th month</b>	Mild relapse after stress/travel. Cold limbs, dull skin. Quick recovery noted.	<b>Carbo Vegetabilis 200</b> – 1 dose SOS <b>Ferrum Phos 6x</b> – 3 tabs TID

<b>6th month</b>	Deep cracks still present but less painful. Ulcer base healthier.	<b>Acidum Fluoricum 30C</b> – 1 dose weekly <b>Kali Mur 6x</b> – 3 tabs TID
<b>7th month</b>	No new ulceration. Skin texture improving. Appetite better.	<b>Arsenicum Album 200</b> – 1 dose weekly <b>Calendula cream</b> externally
<b>8th month</b>	Strength regained. Skin discoloration reduced. Discharge minimal.	<b>Carbo Vegetabilis 200</b> – 1 dose fortnightly <b>Calc Sulph 6x</b> – 3 tabs TID
<b>9th month</b>	Ulcer almost healed. Slight dry scab remains. No pain or discharge.	<b>Acidum Fluoricum 6C</b> – 1 dose alternate week <b>Silicea 6x</b> – 3 tabs TID
<b>10th month</b>	Skin nearly normal. No recurrence of symptoms. Continued improvement.	<b>Arsenicum Album 200</b> – one final dose <b>Calendula oil</b> light massage
<b>11th month</b>	Stable condition. No new complaints. Skin remains healthy.	No further constitutional remedy <b>Tissue salts SOS</b> as support
<b>12th month</b>	Case considered resolved. Patient fully functional and symptom-free.	<b>Supportive diet + lifestyle only</b> <b>Follow-up after 3 months recommended</b>

## Discussion & Conclusion

A female patient presented with a long-standing case of chronic stasis dermatitis accompanied by a vascular ulcer, which began shortly after receiving a COVID-19 vaccination in 2021. The ulcer was primarily located over the lower leg and was associated with burning pain, occasional discharge, itching, and skin thickening with discoloration — classic signs of venous stasis.

The onset of symptoms post-vaccination points toward a possible vaccine-induced vascular reaction or exacerbation of underlying venous insufficiency, triggering chronic inflammation and ulceration. The skin had become eczema-like, thickened, and hyperpigmented, with severe itching, especially at night and from warmth, which significantly disturbed the patient's sleep and quality of life.

From a miasmatic perspective, the case presented a sycotic-syphilitic background with chronicity, degeneration, and a tendency toward ulcer formation and discharge. Symptoms such as burning pain, cyanosis, destructive skin changes, and tissue breakdown suggested deeper miasmatic activity.

### Mental and general symptoms included:

- **Restlessness and anxiety** especially about the non-healing nature of the ulcer.
- **Sleep disturbances** due to itching and discomfort.
- Occasional **depressive feelings**, especially when thinking about her sons settled abroad, indicating emotional vulnerability and loneliness.

The remedy selection was based on:

- **Thermal modalities (worse from heat, better from cold and elevation)**
- **Burning, itching, discharging ulcers**
- **Venous stasis and degeneration**
- **Emotional state and post-vaccination etiology**

The chronicity of the disease, depth of ulceration, emotional burden, and nature of tissue changes guided the treatment strategy using constitutional and miasmatic understanding. Over months, gradual yet consistent improvement in ulcer healing, skin texture, itching, and general well-being was noted.

This case demonstrates the scope of individualized homeopathic treatment in managing chronic dermatological conditions of vascular origin, particularly when triggered by external factors such as vaccinations. It also reinforces the importance of understanding etiology, modalities, mental state, and miasmatic influences in achieving holistic and long-term healing.

### The transformation



### Acknowledgments

*I take this opportunity to thank those who have helped and supported me personally and professionally during this case study.*

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