



A Homeopathic Journey of Chronic Eczema Management at Dr Batra's

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ABSTRACT: Eczema, a chronic, relapsing inflammatory skin condition, is a major dermatological problem affecting millions of people worldwide. Homeopathy provides an individualized, holistic approach to the treatment of chronic skin disorders like eczema. Instead of suppressing eruptions, it aims at stimulating the body's own healing mechanism through a remedy chosen on the basis of the totality of symptoms, including physical, mental, emotional, and miasmatic aspects.

This case study highlights the successful management of a middle-aged female with chronic eczema. Over a treatment period of **24 months at Dr Batra's**, the patient showed steady improvement in skin lesions, reduction in itching, and overall betterment of general health and mental state. This case demonstrates the efficacy of constitutional homeopathic prescribing in chronic eczema and emphasizes the need for holistic management rather than suppression of skin eruptions.

KEYWORDS: Dr Batra's, Eczema, homeopathic

INTRODUCTION

Eczema, also known as **atopic dermatitis**, is a chronic, relapsing inflammatory skin disease characterized by pruritus, erythema, vesiculation, scaling, and lichenification in long-standing cases. It is one of the most common dermatological disorders worldwide, affecting both children and adults. The global prevalence of atopic eczema is estimated to be **15–20% in children and 1–3% in adults** [1].

The etiology is multifactorial, involving **genetic predisposition, immune dysregulation, skin barrier dysfunction, and environmental triggers** such as allergens, irritants, and climatic conditions [2]. Psychological stress has also been identified as an important exacerbating factor [3]. Family history of atopy, including asthma and allergic rhinitis, is strongly associated with the development of eczema [4].

Clinically, eczema presents with **intense itching, dry skin, erythematous patches, oozing, or thickened lesions**, often accompanied by excoriations due to scratching. Chronic cases may lead to **lichenification, secondary bacterial infections, and post-inflammatory hyperpigmentation** [5].

In conventional medicine, the mainstay of management includes **topical corticosteroids, emollients, antihistamines, and immunomodulators**. While these provide temporary symptomatic relief, they often fail to prevent relapses and may cause adverse effects with long-term use [6].

Homeopathy offers an **individualized and holistic approach** to eczema management. Remedies are selected on the basis of the **totality of symptoms, miasmatic background, and constitutional type**, aiming not only at relief from skin manifestations but also improvement in the general physical and mental state of the patient [7].

CASE PROFILE

The patient, aged 35 years, has been suffering from eczema for the past 2–3 years. The condition first appeared as a patch on the left leg and gradually spread to the knees, elbow joints, neck, and hands. The major complaints have been severe itching, particularly at night, with aggravation after bathing, in the evening, and from the use of lukewarm water, while scratching and application of soothing agents bring some relief. The skin is dry, with scaling, flaking, and blackish discoloration at affected sites. At times, watery or sticky discharge follows scratching, and swelling over the leg patch has been persistent. The neck eruptions improved significantly over time, while patches on the leg and elbow persisted longer. Hair fall and scalp itching have also been associated complaints. Emotional stress, especially related to family matters, has influenced the intensity of her symptoms, though she generally manages stress well. Her general health is satisfactory, appetite and thirst are normal, she desires sweets, and sleep is refreshing. Menopause occurred 3–4 years ago. Overall, the eczema has shown gradual improvement with treatment, with up to 90% recovery, though occasional itching, dryness, and residual pigmentation persist.

Physical Generals

- **Diet:** Normal
- **Appetite:** Normal
- **Desire:** Spicy food
- **Aversion:** Nil
- **Thermal Reaction:** Chilly; prefers thick covering, prefers summer season and fan
- **Thirst:** Increased; prefers normal water, about 6–8 glasses/day
- **Stools:** Satisfactory
- **Urine:** Normal
- **Perspiration:** Normal quantity, non-offensive, no stains, mostly on face
- **Sleep:** About 6 hours, refreshing, prefers left-side position
- **Dreams:** Not significant/none reported
- **Female History:** Menopause since 2 years

Examination

Physical Examination

- **General Appearance:** Patient well-oriented, moderately built and nourished.
- **Skin:** Multiple eczematous patches present over neck, elbows, and legs. Lesions show dryness, scaling, blackish pigmentation, with occasional watery/sticky discharge after scratching. Swelling noted on left leg patch. Scratch marks present due to itching.
- **Hair & Scalp:** Itching of scalp present, with complaint of hair fall.
- **Nails:** No abnormality detected.
- **Mucous Membranes:** Normal.
- **Other Systems (CVS, RS, CNS, GIT, GUT):** Within normal limits.

Mental Generals –

The patient was brought up in a difficult financial environment, being one of three siblings. Her father worked very hard to provide for the family, while her mother took care of the household, and the patient shared a closer attachment with her mother and siblings. In childhood, she was studious, disciplined, and interested in becoming a doctor, but due to lack of support she pursued a diploma in computer science and has since been working at JSW for the past 28 years. She performed well academically, actively participated in extracurricular activities, and maintained good relations with friends and teachers. In her work environment, she is punctual, fast in her tasks, calculative, and considered strict and rigid by her colleagues. She is reserved by nature but becomes extroverted among known people. She is bold, fastidious, and does not easily take initiative, yet she is prompt and efficient in work. She has a fear of darkness and is very sensitive to criticism, feeling hurt when her efforts are not acknowledged. She describes herself as anxious, especially when work is pending or deadlines are near, which creates restlessness and pressure for her. She was under great stress when working under a strict boss two years ago, feeling constant tension and pressure. Earlier she used to get angry and would argue, but now she reacts less, sometimes compromising depending on the situation. Emotionally, she is easily affected when her work is criticised despite her sincerity. She recalls her happiest moments as becoming a mother and spending time with family, while the saddest moments were during stressful phases at work under strict supervision. Her hobbies in childhood included painting and drawing, but now she finds little time for such activities due to household responsibilities. Overall, she is a responsible, disciplined, and hardworking individual with a tendency towards anxiety, sensitivity to criticism, and a fastidious nature.

Past History

No significant past medical or surgical history reported apart from eczema since the last 2–3 years. No history of major illnesses in the past.

Family History: N.S.

Case analysis Reportorial totality

Repertory used	Rubrics selected
Synthesis Repertory	<input type="checkbox"/> Mind – Anxiety – health, about <input type="checkbox"/> Skin – Itching – undressing, on <input type="checkbox"/> Skin – Itching – cold air – aggravates <input type="checkbox"/> Skin – Eruptions – eczema <input type="checkbox"/> Skin – Eruptions – blackish discoloration

Repertory screenshot

	nit-ac.	sep.	ars.	kali-ar.	rhus-t.	staph.	sulph.	sil.	ohnd.	psor.	tub.	hep.	lyc.	rumx.	bov.	cal.ad.	duke.	merc.	mez.	nat-m.	nz
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
5	5	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	
8	8	10	8	8	7	7	6	7	7	7	6	6	6	5	5	5	5	5	5	5	
2. Clipboard 2																					
1. MIND - ANXIETY - health; abou... (87) 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
2. SKIN - ITCHING - undressing a... (60) 1	1	1	1	1	2	1	1	2	2	2	1	1	3	1	1	1	2	1	1	2	
3. SKIN - ITCHING - cold - air - ag... (21) 1	1	1	1	1	2	1	1	2	2	2	2	2	2	1	1	1	1	1	1	1	
4. SKIN - ERUPTIONS - eczema (223) 1	1	3	3	2	2	2	2	3	3	3	3	3	3	1	3	2	3	2	3	2	
5. SKIN - ERUPTIONS - blackish (22) 1	1	1	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	

Selection of Remedy

Constitutional Remedy

- **Remedy Name:** Kali arsenicosum

- **Potency:** 30C
- **Dose:** 3 globules, twice daily, for 3.5 weeks (once weekly thereafter)
- **Reasons:** Patient is rigid, strict, time-punctual, anxious, fastidious, and work-oriented. Eczema with itching < at night, < cold air, < bathing, > scratching, with blackish pigmentation. Mental generals also match Kali-ars (sensitivity to criticism, anxious about work and health).

Acute Remedy

- **Remedy Name:** Kali sulphuricum
- **Potency:** 6X
- **Dose:** 2 tablets, twice daily, for 3.5 weeks
- **Reasons:** For acute phase of eczema with scaling, flaking, and discharge. Acts as a tissue remedy to support skin healing and reduce eruptions.

Local/Supportive (Intercurrent/External)

- **Remedy Name:** Calendula mother tincture (Q) ointment
- **Potency/Dose:** Mix 1 part Calendula Q with 3 parts Vaseline; apply locally once daily
- **Reasons:** Acts as soothing and healing agent for dry, scaly, eczematous patches, preventing secondary infection and aiding skin repair.

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Anxiety – health, about	✓			
Skin – Itching – undressing, on	✓			
Skin – Itching – cold air – aggravates	✓			
Skin – Eruptions – eczema	✓	✓		
Skin – Eruptions – blackish discoloration		✓	✓	

Miasmatic Predominance

- The case shows a **mixed miasmatic state**, with **Psora predominance** (itching, anxiety, aggravations) and **Sycosis elements** (chronicity, blackish discoloration, eruptions with scaling).
- **Syphilitic traces** are also present due to blackish pigmentation and destructive tendency of skin, but not strongly marked.
- No strong **Tubercular** features evident in this case.

Overall predominance: Psoro-Sycotic

Materials and Methods

Synthesis repertory was used for Repertorization

RESULTS – Month-wise Follow-up Progress

Month	Progress Notes	Prescription
1st Month	Initial c/o eczema with severe itching (esp. at night), scalp & neck involvement. Hairfall present.	Kali-ars 30C, SL, Nat-mur 6X, Ust MT ointment, Rhus tox 30C (SOS)
2nd Month	Eruption over neck ↑ with blackish discoloration. Itching +++ (< night). Leg & elbow eruptions reducing. Menopause hx.	Kali-ars 6C, Nat-sulph 6X, Calendula MT (local), Graph 30C

3rd Month	Neck eruption ↑, blackish discoloration. Hairfall persists. Leg/elbow better.	Same Rx continued
4th Month	Dry, blackish, itching only at night. Leg same, hairfall ↓.	Kali-ars 6C, Nat-sulph 6X, Calendula MT, Sulph 200C (one dose)
5th Month	Neck & left leg eczema patch, dry, ↑ itching. Scaling after scratching. No burning.	Kali-ars 6C, Nat-sulph 6X, Calendula MT
6th Month	Itching ↓, burning ↓, better ~70%. Generals good.	Same Rx continued
7th Month	Itching much ↓, discoloration persists. New eruptions on cubital fossa.	Kali-ars 6C + 200C (weekly), Nat-sulph 6X, Calendula MT
8th Month	Patches dry, itching < morning/night. Stress due to family but managing.	Ars alb 6C, Calendula MT local, SL 200C
9th Month	Eczema spreading, intolerable itching < warm bath, > perspiration. Watery discharge after scratching.	Psor 1M (one dose), SL 200C, Calendula ointment
10th Month	Patches same, itching controlled, spreading stopped.	Graph 30C, Ust MT ointment
11th Month	Neck & hand patches much better, leg patch same with swelling.	Merc sol 30C, Rhus tox 30C SOS, Ust MT ointment
12th Month	50% better overall, itching ↓, swelling of leg persists.	Same Rx continued
13th Month	Skin better, itching persists on neck, throat irritation.	Kali-ars 30C, Kali-sulph 6X, Calendula MT
14th Month	Eczema reducing (hands/legs), neck almost clear, itching persists on scalp.	Same Rx continued
15th Month	Stress due to husband's accident, missed medicines 20 days. Eczema still better.	Same Rx continued
16th Month	90% better, only elbow patch persists, mild leucorrhea noted.	Same Rx continued
17th Month	Much better, no new patches, no itching.	Same Rx continued
18th Month	Itching behind ears & on callosities without eruptions, agg. at night. Generals normal.	Kali-ars 200C weekly, Graph 30C, Calendula MT ointment
19th – 24th Month	Occasional itching behind ears & on callosities. No new eruptions. Overall 90–95% better.	Same Rx continued as maintenance.

DISCUSSION & CONCLUSION

This case is of a middle-aged female presenting with **chronic eczema** of the scalp, neck, and extremities, associated with severe itching (< night, < cold air, < undressing, < warm bath), blackish discoloration of the affected parts, and occasional watery discharge on scratching. The condition was present since several years and had caused significant distress both physically and mentally.

From the initial case-taking, the patient was found to be **fastidious, rigid, punctual, work-oriented, anxious about completing tasks on time, sensitive to criticism, and bold in known circles but reserved otherwise**. She had a long history of stress due to work responsibilities and a strict boss in the past. Her thermal state was **chilly**, with craving for spicy food, increased thirst, and perspiration mainly on the face.

Based on the totality of symptoms, **Kali arsenicosum** was selected as the **constitutional remedy**, considering her anxiety, rigid nature, work-oriented personality, fastidiousness, sensitivity, and skin affection with burning and itching modalities. **Kali sulphuricum** was prescribed as a supportive tissue remedy, while **Calendula** was used locally to aid healing. Acute prescriptions like **Rhus tox, Graphites, Merc sol, Psorinum, and Sulphur** were introduced as per indications during different follow-ups, and intercurrent remedy Psorinum was given when suppression-like features and relapses were seen.

During the follow-up period of almost **24 months**, gradual and sustained improvement was observed. Initially, the itching reduced, followed by a decrease in burning, scaling, and discharge. Over the subsequent months, the blackish discoloration started to fade and the spread of eruptions stopped. Stressful life situations (such as her husband's accident) temporarily disturbed her routine, but the overall progress continued. By the end of the treatment, the patient reported **90–95% improvement** in her eczema, with only **occasional itching behind ears and over callosities** and **no new eruptions**. General health, sleep, and emotional state also improved significantly.

CONCLUSION

This case highlights the importance of a **constitutional approach in chronic skin diseases**. Proper case-taking, understanding the **mental generals, physical generals, and modalities**, and prescribing accordingly resulted in a marked and sustained improvement. The **constitutional remedy Kali arsenicosum**, along with appropriate acute and intercurrent prescriptions, successfully controlled and almost cured the long-standing eczema, bringing the patient close to a state of cure with improved general well-being.

The transformation





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