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A case of chronic cutaneous vasculitis: Holistic management through individualized homeopathy

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Abstract
Vasculitis refers to a group of disorders characterized by inflammation and necrosis of blood vessel walls, leading to tissue ischemia and diverse clinical manifestations ranging from localized cutaneous lesions to systemic involvement. Conventional management often relies on immunosuppressive and corticosteroid therapies, which provide symptomatic relief but may be associated with long-term adverse effects. Homeopathy offers a holistic approach by individualizing treatment based on both physical manifestations and underlying psychosomatic factors. In this case study, a 26-year-old female presented with chronic vasculitic skin lesions came to Dr. Batra's. The patient showed gradual but sustained improvement over the follow-up period. The skin lesions resolved completely, and her overall health improved in terms of sleep, immunity, energy, and emotional stability.

Keywords: Vasculitis, homeopathy, Dr. Batra's

Introduction
Vasculitis is a heterogeneous group of disorders characterized by inflammation of blood vessels, which may lead to narrowing, occlusion, or aneurysmal dilatation. The underlying pathology often involves immune-mediated mechanisms causing vessel wall damage, necrosis, and subsequent tissue ischemia. Depending on the type and size of vessels involved, vasculitis can present with a wide spectrum of signs and symptoms, ranging from localized cutaneous purpura, erythematous rashes, and ulcerations to systemic involvement such as renal impairment, neuropathies, and pulmonary hemorrhage.
The etiology of vasculitis may be primary (idiopathic) or secondary to infections, autoimmune disorders, medications, or malignancies. Common causes include aberrant immune responses, hypersensitivity reactions, and genetic predispositions. Symptoms typically include skin lesions such as palpable purpura, erythema, urticaria-like rashes, arthralgias, fever, malaise, and in systemic forms, organ-specific dysfunctions. Complications may arise if left untreated, including chronic skin ulceration, secondary infections, organ failure, and reduced quality of life. Conventional management relies heavily on corticosteroids, cytotoxic agents, and immunomodulators, which although effective in controlling inflammation, often produce undesirable side effects and risk of relapse. In this context, homeopathy provides an alternative approach by considering not just the local pathology but also the patient's constitution, mental state, and life history. This case report presents a young female with chronic cutaneous vasculitis and underlying psychological disturbances, treated successfully with individualized homeopathic management.

Case profile
The patient, a 26-year-old married female, presented with persistent redness, itching and lesions on both lower extremities for more than six months, later diagnosed as vasculitis. Alongside, she had a long-standing history of obsessive-compulsive disorder since school days, with marked anxiety and fear of examinations, for which she has been on regular psychiatric medication and counselling. Initially, her skin complaints caused significant distress, sleeplessness and fatigue, and were aggravated by the mental strain of OCD. Over the course of treatment, she experienced periods of improvement interspersed with episodes of itching, redness, weakness and disturbed sleep. Physical challenges like hypotension,

headaches, menstrual irregularities and post-dengue fatigue added to her suffering, often interfering with her household responsibilities, child care and professional commitments such as tuition work. Emotional stressors, including family obligations and her daughter's disturbed sleep schedule, further affected her mental health. Despite these hardships, with continued management through homeopathic medicines, psychiatric care, lifestyle modification and counselling, her condition gradually improved. Her skin lesions healed completely, immunity strengthened, headaches and fatigue reduced, and sleep patterns became more regular. Over time, she reported feeling fresh, positive and mentally more stable, with vasculitis almost cured and overall health significantly restored.

Physical generals

Diet	Mixed
Appetite	Normal
Desire	Spicy
Aversion	Sweets
Thermal reaction	Hot
Thirst	1-2 ltrs
Stools	Satisfactory
Urine	Normal
Perspiration	Profuse
Sleep	8hrs
Dreams	N/S

Examination

Skin

- Initially erythematous, itchy vasculitic lesions present over both lower extremities.
- Occasional redness, mild scaling and itching noted in follow-up visits.

Mental generals

The patient is a 26-year-old married female, living with her husband and a 2-year-old daughter. She shares a cordial relationship with her family. Her father is employed (or retired, depending on records) and her mother is a homemaker; both parents were supportive but had high expectations regarding her academic performance. She has siblings, with whom she shares a generally good bond, though during her growing years she often felt the burden of comparisons and expectations.

She recalls her childhood as generally good, with above-average scholastic performance. She was ambitious, desired distinctions, and in 10th standard scored 85%. However, during mid-term preparations, she experienced a block in reading—her thoughts were easily distracted, she became anxious, and developed an obsessive tendency to force concentration on studies. This anxiety increased through college when she joined B.Sc., eventually leading her to psychiatric consultation and long-term medication. She describes herself as introverted, oversensitive, fastidious, and anxious by nature. She is particular about order, wants everything in its proper place, and gets disturbed if things are not as per her expectations. She worries easily, is insecure, and becomes emotional with small triggers. She fears snakes and feels uneasy on seeing black dresses.

Her married life brought further challenges, including PCOD, dermatological complaints, and the stress of managing household responsibilities while caring for her daughter. Work-wise, she conducts tuition classes, which sometimes adds to her stress due to irregular schedules and pressure of responsibilities. Though she can manage students well, she sometimes feels exhausted and irritable.

She identifies herself as an anxious and oversensitive person, prone to nervousness in stressful situations like examinations, social gatherings, or when responsibilities are high. Physical reactions include palpitations, restlessness, and sleeplessness. Anger is not frequent but when situations are intolerable (such as disorder at home or being misunderstood), she becomes irritable and expresses it verbally. Emotionally, she is deeply affected by parental expectations, household stress, and the fear of being forced into situations against her will (she even dreams of parents enforcing a second marriage, which disturbs her).

The saddest moments of her life were related to phases of ill health and when her OCD symptoms were at their peak, making her feel helpless and dependent. The happiest moments revolve around her marriage, the birth of her daughter, and family celebrations, where she felt secure, loved, and joyful.

From childhood she developed a hobby of reading books, which continues till date and provides her solace, distraction, and comfort from mental stress. She enjoys quiet time with books more than socializing, reflecting her reserved and introverted nature.

Past History

- History of Obsessive-Compulsive Disorder (OCD) since school days, with anxiety and fear related to examinations.
- On psychiatric medications (antidepressants/anti-anxiety drugs) since adolescence; has also taken counselling and psychotherapy.
- History of Polycystic Ovarian Disease (PCOD) with irregular menses.
- History of vasculitis with redness, itching, and lesions on both lower extremities
- Episode of dengue fever in October 2023, associated with prolonged weakness.
- No history of tuberculosis, hypertension, diabetes mellitus, epilepsy, or major surgeries.

Family history: No family history of disorders.

Case analysis

Reportorial totality

Repertory used	Rubrics selected
Complete repertory	• [C] [Mind]Ailments from: Anger, vexation: Grief, with silent: • [C] [Mind]Anxiety: Health, about: • [C] [Mind]Ailments from: Disappointment, deception: • [C] [Mind]Fastidious: • [C] [Mind]Reserved: • [C] [Mind]Dwells on: Past disagreeable occurrences: • [C] [Mind]Fear: Animals, of: Snakes, of:

Repertory screenshot

Remedy Name	Nat-m	Ign	Puls	Staph	Lyc	Phos	Ph-ac
Totality	13	13	12	11	10	9	9
Symptom Covered	7	6	6	5	5	6	5
[C] [Mind]Ailments from:Anger, vexation:Grief, with silent:	2	3	1	3	3	1	2
[C] [Mind]Anxiety:Health, about:	1	1	2	1	2	2	2
[C] [Mind]Ailments from:Disappointment, deception:	3	4	3	4	3	1	3
[C] [Mind]Fastidious:	2		3			1	
[C] [Mind]Reserved:	1	2	2	2	1	3	1
[C] [Mind]Dwells on:Past disagreeable occurrences:	3	2		1	1	1	1
[C] [Mind]Fear:Animals, of:Snakes, of:	1	1	1				

Selection of remedy
Nat mur
Miasmatic analysis

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Ailments from anger, vexation, grief (with silent brooding)	✔		✔ (deep prolonged grief, destructive inwardly)	
Anxiety about health	✔	✔ (fixed anxiety, hypochondriacal)		
Ailments from disappointment / deception	✔		✔ (deep despair, hopelessness)	
Fastidiousness	✔	✔ (compulsive, perfectionist tendency)		
Reserved nature	✔ (introversion, timid)		✔ (secretive, brooding, self-destructive)	
Dwells on past disagreeable occurrences	✔		✔ (cannot forgive, keeps brooding)	
Fear of animals, snakes	✔ (common phobia, heightened sensitivity)			✔ (sudden intense fears, vivid imagination)

Materials and Methods
Complete repertory was used for Repertorization

Results - month-wise follow up progress

Month	Progress	Prescription
1st Month (Jul 2022 - Aug 2022)	Initial skin complaints (redness, itching). On antidepressants. Mild relief.	Ars alb 30C, Nat mur 200C (weekly), Apis 6C, Thuja 200C (weekly)
2nd Month (Sep 2022 - Oct 2022)	Skin improving, lesions reducing. Slight itching.	Ars alb 30C (daily), Nat mur 200C (weekly)
3rd Month (Nov 2022 - Jan 2023)	Marked improvement in skin. No new eruptions. LMP normal.	Ars alb 30C continued, Nat mur 200C (fortnightly), later shifted to Nat mur 200C + Passiflora 30C, Kali phos 6X
4th Month (Feb 2023 - Mar 2023)	Skin much better. Mild weakness. Flow irregularities.	Nat mur 200C (biweekly), Passiflora 30C (daily), Kali phos 6X, Phytolacca Q
5th Month (Apr 2023 - Jun 2023)	Skin stable, sleep improved, LMP regular, started yoga & walking.	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X
6th Month (Jul 2023 - Sep 2023)	Skin stable, mind calmer, OCD symptoms fluctuated. On counselling.	Nat mur 200C, Passiflora 30C, Kali phos 6X
7th Month (Oct 2023 - Dec 2023)	Post-dengue weakness, but no skin lesions. Emotional state better.	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X
8th Month (Jan 2024 - Mar 2024)	Skin fine, mild acidity & tiredness (from allopathic antidepressants).	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X
9th Month (Apr 2024 - Jun 2024)	Skin stable, immunity improving, weight loss (5 kg). Continued psychotherapy.	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X

10th Month (Jul 2024 - Sep 2024)	Skin good, sleep improving, minor headaches.	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X
11th Month (Oct 2024 - Feb 2025)	Skin much better, no eruptions, only mild headaches/eye pain. BP slightly low.	Nat mur 200C (weekly), Passiflora 30C, Kali phos 6X
12th Month (Mar 2025 - Jul 2025)	95% improvement**:** Vasculitis cured, skin normal, OCD stable, immunity improved, patient feels fresh & positive. No complaints by Jul 2025.	Nat mur 200C (weekly), Passiflora 30C (daily), Kali phos 6X, Phytolacca Q (supportive)

By the end of one year (July 2025), the patient reported:

- Skin vasculitis completely cured.
- Psychological state much better (OCD stable, less anxious).
- Physical health improved (better sleep, stronger immunity, more energy).
- No major complaints; only routine psychiatric check once every 3 months.

Discussion

This case highlights a young woman who presented with chronic vasculitic skin lesions accompanied by significant mental and emotional disturbances. Since her school days, she displayed a sensitive and anxious temperament, with marked fears, fastidiousness, and obsessive thought patterns. She carried emotional burdens silently, often dwelling on past unpleasant experiences and struggling with high parental and personal expectations. These psychological stressors, coupled with hormonal imbalance and episodes of physical weakness, had further compromised her quality of life.

At the time of consultation, she was battling both physical pathology in the form of persistent skin eruptions and a longstanding psychological background of obsessive-compulsive tendencies and anxiety. The case was approached holistically, taking into account not only the skin manifestations but also her deep-seated emotional and constitutional traits. The totality of symptoms was built around her mental generals, life space, and characteristic fears, rather than focusing only on the skin pathology.

Gradual and sustained improvement was observed over the course of treatment. The intensity of skin lesions reduced steadily until complete disappearance, and her general health improved significantly. She reported better sleep, enhanced immunity, regularized menses, improved energy levels, and more emotional stability. The patient also became more positive, calm, and better equipped to handle day-to-day stresses. Importantly, the improvement was not merely symptomatic but holistic, covering physical, mental, and emotional dimensions.

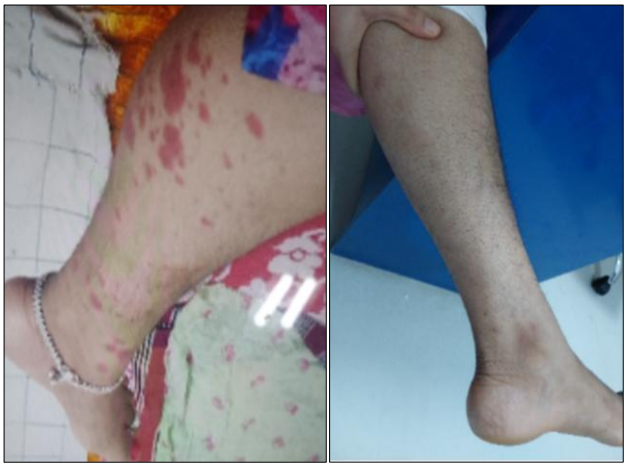
Conclusion

This case demonstrates the effectiveness of a constitutional homeopathic approach in managing a chronic autoimmune skin condition with an underlying psychosomatic background. By addressing the patient as a whole and giving importance to her mental state, life history, and characteristic personality features, long-standing complaints were resolved, and her overall well-being was restored.

The case reinforces the importance of individualization in homoeopathic practice. It also underlines the close interconnection between the mind and body, where emotional stresses and unresolved conflicts can manifest as chronic physical illness. Timely constitutional treatment, coupled with supportive measures like counseling and lifestyle correction, helped the patient regain balance and health.

Ultimately, this case reflects how an integrated homeopathic approach can not only cure pathological lesions but also bring about a deeper transformation in the patient's quality of life.

The transformation



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