

A Case Report on Urticaria Managed by Individualized Homoeopathic Medicine

Shruti Jain Vij *

Senior Research Fellow (Homoeopathy), Central Council for Research in Homoeopathy (CCRH), New Delhi, India

ABSTRACT:

Urticaria is a condition characterized by erythematous, oedematous, itchy eruptions covering the skin and mucous membranes. A 55-year-old female diagnosed with Urticaria presented with complaints of itchy red eruptions all over the body with swelling since 6 months with daily recurrence. *Sulphur* was prescribed in a single dose in 1M potency, followed by a single dose of 10M potency after a few days. No new episode was observed in the last 1.3 years. There was no need for conventional medicine further. This suggested the positive role of individualized homoeopathic medicines in the treatment of urticaria. Further studies should be warranted to evaluate the role of homoeopathy in urticaria.

KEY WORDS: Homoeopathy, Naranjo criteria, *Sulphur*, Urticaria.

Received: 29.07.2024 Revised: 31.08.2024 Accepted: 15.09.2024 Published: 21.09.2024



[Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)

© 2024 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

Quick Response Code



*Corresponding Author:

Dr. Shruti Jain Vij

Senior Research Fellow,
Central Council for Research in Homoeopathy (CCRH),
New Delhi, India

Email: drshrutijainvij@gmail.com

INTRODUCTION:

Urticaria, also known as hives or nettle rash, is a disease characterized by erythematous, oedematous, itchy and transient plaques covering the skin and mucous membranes.^[1] The worldwide incidence is 0.1%–3% of the population with women affected twice more likely than men. It is estimated that about 1 in 5 people will have urticaria once in their lifetime.^[2] Recurrent episodes of urticaria of less than 6 weeks duration are considered as

acute, however, episodes persisting beyond 6 weeks as chronic.^[3] The aetiology of urticaria includes various infections such as sinusitis, tonsillitis, dental abscesses, etc.; medicines such as penicillin, aspirin, nonsteroidal anti-inflammatory drugs, etc.; food such as nuts, eggs, fish, meat, mushrooms, fermented foods, etc.; psychogenic factors; and respiratory allergens such as pollen, mould spores and mites. However, there is no identifiable cause in some patients.^[1] This

condition is majorly thought to occur by an autoimmune mechanism, primarily autoantibodies against the high-affinity immunoglobulin E (IgE) receptor.^[4] Clinical presentation shows red, swelling and itchy plaques which usually resolve spontaneously within 2–3 hours. Angioedema may occur that can also involve the respiratory tract, which may be life-threatening.^[1]

A thorough history aims to identify potential triggers and exacerbating factors. Investigations for diagnosis include blood tests for complete blood count with erythrocyte sedimentation rate, inflammatory markers such as serum IgE level, absolute eosinophil count and C-reactive protein. The reported rate of remission in the first 12 months is as high as 80%. However, up to 14% of patients may have persistent disease beyond 5 years.^[5] In conventional treatment, H1 antihistamines and a short course of steroids are preferred. Omalizumab is the standard of care for those who do not respond to the former.^[6] Homoeopathy is the system of gentle healing, which is more beneficial because of the chances of long-term dependency on anti-allergic medicines.^[7,8] The innate power of the system makes it a safe therapy, free from adverse side effects.^[7]

PATIENT INFORMATION:

A 55-year aged, married female resident of Gurgaon, Haryana who is a home-maker attended clinic on May 7, 2022 with the complaints of itchy red eruptions over right side of back with intense swelling since 6 months. The eruptions used to appear daily here and there with transient alleviation on its own. Itching aggravated at night, washing, warmth, perspiration; with constant desire to scratch though scratching causing burning.

History of presenting complaint: Patient was apparently well 6 months back when she

suddenly developed itchy red eruptions over right side of back after cleaning the dust from storeroom of her house. She consulted a dermatologist for her illness where she was diagnosed with Urticaria and then, she started taking allopathic medications, i.e. Montelukast 10 mg/OD and Hydrocortisone cream as a topical application with transient relief.

There was no significant past-history of any disease. The patient's father had a history of Hypertension, Diabetes Mellitus and Benign Prostatic Hyperplasia, and mother had Hypertension, Diabetes Mellitus and Osteoporosis.

Physical Generals: Thermally, the patient was hot. Her appetite and thirst were adequate. She had a desire for sweets, aversion to non-vegetarian food and intolerance to brinjal. Her stool was unsatisfactory, hard stool requiring great straining to defecate. She had no specific complaints related to urination. She used to experience intense sweating episodes. Her sleep was disturbed due to itching. She developed menopause 8 years back.

Mental Generals: The patient had marked irritability due to itching. She had a desire for company. Her complaints aggravated on consolation. She was intellectual and extrovert.

Examinations: On general examination, the patient was found to be mesomorphic and well-nourished. Pallor, icterus, cyanosis, oedema and lymphadenopathy were absent. She was afebrile with the blood pressure of 130/88mmHg, pulse rate of 78 beats/minute and respiratory rate of 19 breaths/minute. On local examination, red, erythematous, ill-defined, irregular, non-tender eruptions were seen over the right side of the back.

Diagnostic assessment:

Diagnostic Evaluation and Challenges:

Diagnosis depends on careful history taking and physical examination, and in some cases, expensive laboratory investigations like Serum IgE and C-reactive protein are also required.

Prognosis: As this condition may remit and relapse, prognosis is variable.

First prescription: On the basis of the symptoms, such as itchy red eruptions over the right side of the back with a history of usage of topical application, hot thermal reaction and desire for sweets, *Sulphur* was selected after referring to Homoeopathic Materia Medica.^[9] It was prescribed in 1M potency with only 1 dose having four

globules of size thirty. Medicine was procured from GMP certified manufacturers.

FOLLOW-UP AND OUTCOMES:

Clinician-assessed outcome: Modified Naranjo’s Criteria for Homoeopathy- Causal Attribution Inventory ^{[10],[11]} was used in this case study to assess the causal attribution of clinical outcome with homoeopathic intervention.

Patient-assessed outcome: Urticaria Activity Score (UAS) was used prospectively which measures number of wheals and intensity of itching on a 0-3 scale each day summed up over 7 days ranging from 0-42.^[12]

Follow-up visits: The follow-up visits are depicted in Table 1.

Table 1: Timeline including follow up of the case:

Date	Symptoms	Concurrent Allopathic Treatment	Homoeopathic Prescription with Advice
07/05/2022	Itchy red eruptions all over the body with intense swelling (UAS 35/42)	Montelukast 10 mg/ OD, Hydrocortisone cream for local application	<i>Sulphur</i> 1M/1 dose/OD/1 day S/L 30/ TDS/ 2 weeks Avoid local application and take Montelukast 10 mg only when itching is unbearable.
22/05/2022	Complaints better with decrease in frequency of occurrence of new episode (UAS 21/42)	Took Montelukast 10mg twice in last 15 days	S/L 30/ TDS/ 2 weeks
06/06/2022	Complaints better with occurrence of a new episode only once (UAS 15/42)	None	S/L 30/ TDS/ 1 month
13/07/2022	Itching, swelling, the appearance of eruptions increased (UAS 30/42)	Took Montelukast 10mg 1-2 times every week	<i>Sulphur</i> 10M/1 dose/OD/1 day S/L 30/ TDS/ 1 month Report after 1 month or SOS

17/08/2022	Complaints improved with slight itching occasionally, and no new eruptions appeared (UAS 12/42)	None	S/L 30/ TDS/ 1 month
11/09/2022	No new episode (UAS 0/42)	None	S/L 30/ TDS/ 3 months
21/12/2022	No new episode (UAS 0/42)	None	S/L 30/ BD/ 3 months
20/04/2023	No new episode (UAS 0/42)	None	S/L 30/ OD/ 3 months
29/06/2023	No new episode (UAS 0/42)	None	S/L 30/ every alternate day/ 3 months
17/09/2023	No new episode (UAS 0/42)	None	S/L 30/ after every 2 days for 3 months
20/12/2023	No new episode (UAS 0/42)	None	S/L 30/ twice a week/ 3 months
The patient is still under follow up telephonically and no new episode has been observed.			

Table 2: Assessment by Modified Naranjo Criteria:

Item	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms? (See Glossary for Definition)		0	
4. Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)?	+1		
5. Did overall wellbeing improve? (suggest using validated scale)	+1		
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6 (B) <i>Direction of cure</i> : did <i>at least two</i> of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards		0	
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously		0	

thought to have resolved) reappear temporarily during the course of improvement?			
8. Are there alternate causes (other than the medicine) that –with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	



Figure- 1: Back of the patient before treatment



Figure -2: Back of the patient after treatment

DISCUSSION:

There are a few research studies found in the literature suggesting the role of Homoeopathy in urticaria. A research study by Sharma R *et. al.* revealed that homoeopathic medicines have the potential to improve the quality of life of chronic urticaria patients.^[13] A clinical study by Rakhi *et. al.* found *Dulcamara* effective in cases of urticaria.^[14] A case series by Rath P *et. al.* suggested the usefulness of homoeopathic medicines such as *Apis mellifica*, *Calcarea carbonica*, *Rumex crispus*, *Pulsatilla* and *Histaminum* in the treatment of urticaria.^[8] A case report by Dutta A *et. al.* showed an

improvement in symptoms of urticaria along with a reduction in its recurrence when treated with Homoeopathy.^[15] A case study by Saxena R. also revealed the positive role of Homoeopathy in the treatment of urticaria.^[3] In this case study, the patient was on allopathic treatment since the complaint started. Despite conventional medicine, there was only a transient relief observed with the daily appearance of new eruptions. After homoeopathic treatment, the complaints started improving, along with a reduction in the occurrence of new episodes and a diminution in dependency on allopathic

medications. No new episode had been observed after 3 months of treatment.

Sulphur was selected on the basis of the totality of symptoms and was prescribed in a single dose in 1M potency, depending on the susceptibility of the patient. Subsequently, *Sulphur* was given in 10M potency when the complaints started reappearing. The patient had been under regular follow-up with proper compliance to treatment and continued the follow-ups. Homoeopathic aggravation was not observed. No drug-related adverse events were found. The total score as per Modified Naranjo Criteria was 08 in this case (Table 2). This explicitly showed the causal attribution of the homoeopathic treatment with not only the absence of recurrence of the itch eruptions but also no need for allopathic medicines. The patient is still under follow-up telephonically, and no new episode has been observed. The pictures depicting the right side of the back of the patient before and after treatment are shown in Figure -1 and Figure -2.

CONCLUSION:

The case report shows the positive role of individualized homoeopathic medicines in the treatment of urticaria. Further studies should be undertaken for substantial results before making any firm recommendations.

Patient perspective:

“I had been under Allopathic treatment for my complaints for 6 months with no special relief. I was having recurrent episodes of itching and swelling with red eruptions here and there almost daily. Then, I took Homoeopathic treatment, after which my complaints started improving, and I have had no new episodes since long. I am still under the follow-up.”

Informed consent: The patient provided the consent to publish the case study.

Limitations: There is insufficient scientific rigour and no basis for extrapolating results to a larger population.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Vij SJ. A Case Report on Urticaria Managed by Individualized Homoeopathic Medicine. *Int. J. AYUSH CaRe.* 2024;8(3): 403-409.

REFERENCES:

1. Kayiran MA, Akdeniz N. Diagnosis and treatment of urticaria in primary care. *North Clin Istanbul.* 2019;6(1):93-99.
2. Khan S, Maitra A, Hissaria P, Roy S, Anand MP, Nag N, et al. Chronic urticaria: Indian context-challenges and treatment options. *Dermatol Res Pract.* 2013;651737.
3. Saxena R. Urticaria-A Case Study. *International Journal of Science and Research.* 2019; 8(9):1517-20.
4. Fraser K, Robertson L. Chronic urticaria and autoimmunity. *Skin Therapy Lett.* 2013;18(7):5-9.
5. Dabija D, Tadi P, Danosos GN. Chronic Urticaria. Treasure Island (FL): StatPearls Publishing. 2024.
6. Folci M, Ramponi G, Brunetta E. A Comprehensive Approach to Urticaria: From Clinical Presentation to Modern Biological Treatments Through Pathogenesis. *Adv Exp Med Biol.* 2021;1326:111-137.

7. CCRH. Dossier- Homoeopathy, Science of Gentle Healing. Revised edition. New Delhi, CCRH, 2016; xxvii.
8. Rath P, Parul. Homoeopathic treatment of chronic urticaria – A case series. Indian J Res Homoeopathy 2020;14:267-78.
9. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. Third Revised & Augmented Edition. 2007;545-548.
10. Rutten L: The importance of case histories for accepting and improving Homeopathy. Complementary Therapies in Medicine. December 2013 21(6):565-70.
11. Rutten L.; Data collection: Treat every variable as a treasure. Homeopathy. 2015; 104(3): 190-196.
12. Godse KV. Urticaria meter. Indian J Dermatol. 2012;57:410-1.
13. Sharma R, Kumar S, Vimal V K, Manchanda RK. Assessment of the effectiveness of homoeopathic remedies in improving quality of life of chronic urticaria patients in a typical clinical setting. Indian J Res Homoeopathy 2018;12:139-48.
14. Rakhi, Reddy SR, Singh P, Sharma P, Singh C, Chakraborty P. Ascertaining the Effect of *Dulcamara* in The Treatment of Urticaria. TUJ. Homo & Medi. Sci. 2020;3(3):02-09.
15. Dutta A, Nath R, Ghosh S. Homoeopathy in the Treatment of Chronic Spontaneous Urticaria: A Case Report. Homoeopathic Links. 2020; 33(02): 116-119.