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A homoeopathic approach for pruritus with homoeopathic medicine

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Abstract

Itch is among the most common dermatological complaints. Pruritus or itch is defined as an “unpleasant sensation that provokes the desire to scratch”. It is a symptom and not a disease by itself. It is present in many condition including scabies, atopic eczema, candidiasis, urticaria, insects’ bites, etc. it may be present in systemic condition without obvious skin involvement, as seen in metabolic disease, malignant disease, haematological disease, renal and liver disease.

Some senile and psychogenic condition also present with a lot of itching. Drug reaction can also give these symptoms. It is obvious therefore for the treatment of pruritus that the underlying cause needs to be investigate. This pruritus can be generalized nature or of local nature.

Keywords: Itch, pruritus, psora, homoeopathy for itch

Introduction

Itch is the term used to describe the uncomfortable feeling that causes scratching or rubbing. Although the terms "itch" and "pruritus" are interchangeable, "pruritus" is frequently used when itch is broad. A primary cutaneous disease can produce itching, or a systemic disease can cause itching as a subsequent symptom. Itching can be brought on by central or peripheral causes. The presence of a primary skin illness is not always evident, even when the mechanism is peripheral.

In the epidermis, or close to the dermoepidermal junction, are the nerve terminals that cause itching. There is still much to learn about the underlying causes of itchiness. Unmyelinated, slow-conducting C fibres travel from the cortex to the thalamus via the spinothalamic tract for transmission. The heat-sensitive transient receptor potential (TRP) channels 1-4 are significant in the transmission of impulses to the spinal cord via A fibres. Itch and pain work together to impede one another. After the itch feeling has subsided, scratching may cure the itch symptom. This is accomplished either by damaging cutaneous sensory nerves directly or by activating ascending sensory pathways that block itch-transmitting neurons at the spinal cord.

Most systemic disorders' itchiest causes are still unknown. Circulating endogenous opioids, for instance, may act as a mediator for the itch associated with renal disease. This is consistent with the clinical finding that smaller molecules are typically dialyzed more rapidly if the peritoneal membrane is employed rather than a dialysis machine membrane, with peritoneal dialysis helping relieve itch more frequently than hemodynamic dialysis [2].

Etiology

Clinical assessment

Determining whether skin alterations are primary (produced by a process in the skin that causes itch) or secondary (induced by rubbing and scratching because of itch) is critical. To rule out systemic disease, a comprehensive history and examination are needed, sometimes together with studies. Itching has a lot of frequent main skin conditions related to it.

Primary skin disease cause pruritis

Generalised pruritus

- Scabies
- Eczemas
- Pre-bullous pemphigoid
- Urticarias

- Xeroderma of old age
- Psoriasis

Localised pruritus

- Eczemas
- Lichen planus
- Dermatitis herpetiformis
- Pediculosis
- Tinea infections

Other factors need to be taken into consideration if the itch is not related to a primary skin condition.

- Obstructive liver diseases, hepatitis B or C infection
- Diabetes mellitus
- Chronic renal failure
- Lymphoma (especially, Hodgkin's disease), leukaemias
- Multiple myeloma
- Polycythemia vera
- Iron deficiency anaemia
- Systemic mastocytosis
- Carcinoid syndrome
- Multiple sclerosis.
- Intestinal parasitic infestations
- Pregnancy (last trimester)
- Abdominal or CNS tumour
- Thyrotoxicosis or myxoedema
- Neuropsychiatric
- Senile pruritus
- Disorders-delusions of parasitosis
- AIDS
- Drug-induced: aspirin, opiates, quinidine, phenothiazines, ultraviolet-A radiaprimer
- The first symptom. In Hodgkin's disease and primary biliary cirrhosis, pruritus may be ^[3].

Pathophysiology

The slow-conducting, unmyelinated C-polymodal and potentially type A delta nociceptive neurons that have free nerve endings near the dermoepidermal junction or in the epidermis are what cause pruritus. These neurons are more pruritogenic drug-sensitive than pain receptors and appear to be positioned more superficially. Histamine, neuropeptide substance P, serotonin, bradykinin, proteases (such as mast cell tryptase), and endothelin (which promotes nitric oxide release) are activators of these nerves. The dorsal root ganglion sends impulses to the spinothalamic tract, which finally sends them to the thalamus.

Opioids are known to both peripherally and centrally modify the feeling of pruritus. Opioid mu receptor stimulation increases pruritus, whereas kappa receptor stimulation and mu receptor blockade reduce it.

There is different mechanism believe to cause pruritus discussed below Mediator related pruritus

The term "mediator-related pruritus" refers to the idea that certain mediators, such as histamine, 5-hydroxytryptamine, proteases, opioid peptides, peptides, and eicosanoids, mediate itching.

Amines

A Histamin: Mast cells and basophilic leukocytes both store histamine as a chemical medium. Histamine is released when immunological and nonimmune triggers activate these cells. By activating the transient receptor vanilloid 1 (TRPV1)

receptor, histamine may enhance the calcium influx in the axon terminals of the spinal cord neurons. This may then stimulate a cascade of intracellular signal activations that eventually result in itch generation.

B Serotonin/5-HT

Mast cells produce serotonin, or 5-HT, which can cause pruritus by acting on the peripheral and central neurological systems. It participates with opioids as an itching mediator to cause pruritus.

Proteases

Proteases perform as any enzyme about proteolysis, which are involved in diverse physiological reactions.

Cytokines-Interleukins

ILs serve as itchy mediators to trigger and exacerbate pruritus.

Peptide: A Bradykinin. It is a potent inflammatory mediator and endothelium-dependent vasodilator, which contribute to the production of inflammatory reaction and the dilation of blood vessels

Substance P. Substance P (SP): works as a messenger in transmission of signals from terminal neurotransmitters and mast cells.

C Calcitonin Gene Related Peptide

CGRP plays a regulatory role in the signal transduction of itching through binding to its receptors called calcitonin receptor-like receptor (CALCRL) and a receptor activity-modifying protein (RAMP1)

Renal pruritus

Due to high levels of circulating histamine in patients receiving hemodialysis, patients with chronic renal failure (CRF) may experience renal pruritus. It is believed that increased concentrations of divalent ions, such as calcium, magnesium, and phosphate, are responsible.

Renal pruritus is known to be caused by decreased transepidermal clearance of pruritogenic chemicals, xerosis, raised blood bile acid levels, and increased epidermal vitamin A levels. Serotonin levels in the blood are elevated in CRF patients. Serotonin is crucial in the transmission of pain and could play a role.

A systemic inflammatory response involving excessively active type 1 helper T cells (which release interleukin 2) may cause pruritus in CRF patients.

Cholestatic pruritus

Pruritus and cholestasis, or a reduction or stoppage of bile flow, are related.

The enzyme utotaxin, which turns lysophosphatidylcholine into lysophosphatidic acid, may be the cause of the elevated venous histamine levels, retention of pruritogenic intermediates in bile salt synthesis, and high hepatic concentrations of bile salts that cause hepatic injury and release a pruritogenic substance that causes cholestatic pruritus.

Hematologic pruritus

In many enzymatic reactions, iron is a crucial component. Although iron deficiency has not been conclusively linked to

pruritus, it may do so through a number of different biochemical pathways.

Endocrine pruritus

Pruritus and hyperthyroidism have been linked. As a result of warmth and vasodilation, excess thyroid hormone may cause enhanced tissue metabolism or lower the itch threshold.

Pruritus and malignancy

Malignancy is triggered by the release of toxins and by the immune system, which also contributes significantly to itching and pruritus^[4].

Clinical Feature

Renal pruritus: Half-and-half nails and diffuse xerosis may be present. There could be uremia and peripheral neuropathy symptoms in the patient.

Cholestatic pruritus: Jaundice, spider angiomas, Dupuytren contractures, white nails, male gynecomastia, xanthelasma, splenomegaly, and ascites are all indications of liver disease.

Endocrine pruritus: Patients with hypothyroidism have dry, coarse skin and hair, as well as fragile nails. The skin of hyperthyroid patients may be warm, smooth, and fine. They might also have angioedema and persistent urticaria. Fever, tachycardia, exophthalmos (linked to Grave disease), and atrial fibrillation are other symptoms.

Hematologic pruritus: If anaemia is present, patients with iron deficiency may exhibit pallor. Glossitis and angular cheilitis may also be present. Along with hypertension and splenomegaly, polycythemia vera can cause a reddish hue around the lips, cheeks, nose, and ears.

Pruritus and malignancy: Patients with Hodgkin disease may develop splenomegaly, nontender lymphadenopathy, ichthyosis, and diffuse skin darkening^[4].

Investigation

Investigating itching that is accompanied by a rash in a different way than when it is the only sign of a basic skin condition

If there are no signs of a primary skin disease, tests should be conducted to rule out systemic illness or iatrogenic reasons.

Psychogenic itching should only be looked at after any organic diseases have been ruled out. Finding the underlying reason is crucial because there are no consistently effective therapies for itch. If a precise diagnosis cannot be obtained, symptoms can be treated using non-specific techniques. Emollients, anti-irritants (such as topical menthol-containing products), and H1 receptor antihistamines (which usually provide sedation) are some of them.

A variety of causes of widespread itch can be treated with UVB phototherapy; however, the only randomised controlled trial that has evaluated its effectiveness is in chronic kidney disease. Low-dose tricyclic antidepressants (perhaps through similar processes as those engaged when these medications are used for chronic pain) and opiate antagonists are two other therapies. Antidepressants and/or cognitive behavioural therapy may be helpful if a psychogenic itch is thought to be likely. Any type of itch can be quite uncomfortable, and its potential to have significant negative consequences for

quality of life is sometimes underappreciated. It is crucial to conduct assessments of the effects on quality of life, such as the Dermatology Life Quality Index (DLQI) scores.

Characteristic expression of the psoric miasm in pruritus

Voluptuous itching and tickling, rub and scratches, which relieves for a few moments followed by long continuous burning of the affected parts, mostly late in the evening and at midnight.

The patient reports with either generalized or local itching, may be of recent origin or it may have been there for a few days. Itching provokes scratching at times, till it bleeds. The skin is hot and at times there is red discoloration. This may be present with or without eruptions and with varying modalities.

Skin texture: Dry, rough, dirty, having an unhealthy look and unwashed appearance. Anidrosis-dry and unspiring skin.

Eruptions: Are often macular and papular with intense itching. Has only the colour of the skin unless there is a secondary inflammatory process. The scales and the crusts are thin and fine on the affected parts^[1].

Homoeopathic therapeutics

Sulphur: Is the first treatment that comes to mind if the skin is unhealthy, dry, and scaly and every minor wound suppurates?

freckles and excessive scratching. Skin is sensitive to air, wind, and washing and burns when scraped. The eruptions have cracks and extortions in the folds and are pustular and pimply. Warmth aggravates itching.

When administered locally, sulphur has the ability to suppress constitutional outbreaks in addition to being a powerful antibacterial and one of the most effective scabies destroyers. Sulphur is therefore administered orally, while lavender oil is used topically.

Sulphur has a separate antipsoric effect from its ability to cause eruptions. It is advised when psora is present and well-indicated treatments are ineffective as a result^[1].

Apis: Eruptions Odematus symptoms include stinging, itching, and burning. Poorly developed or suppressed acute exanthema side symptoms include measles, scarlatina, and urticaria. (Allens)^[5].

Urtica urnis: Blotches that itch. Itching that is intense, scorching, and formicated Consequences of nettlerash that is not treated.

Arsenic: Alternates between interior illnesses or asthma symptoms and skin problems. The skin is flaky, dry, and shrivelled; the cold makes it worse.

When present, eruptions are papular, dry, rough, and scaly, and they get worse when scratched and chilled. Eating seafood can make hives worse. Vesicles and pimples burn terribly. Desquamation sans frais irritable urticaria with burning Pustules can become cancerous, wounds are quickly contaminated and infected, and gangrene and carbuncles can rapidly form.

Large scales of skin peel off. intense scratching following repressed eruptions.

Graphitise: Body-wide itching that is worst at night in a warm bed, with or without breakouts. Eczema and herpes that are dripping sticky dampness

Petroleum: By scratching until burning appears and then bleeding occurs, which relieves breakouts and itching, Every winter, the skin of the palms and the tips of the fingers get rough and cracked. little vesicles on the genitalia of either sexes.

Psorinum: Scabies is a nosode. It was a Psora sicca epidermoid product, according to Gross. The pityriasis effervescence Hering turbulence it. Herpetic eruptions with intense itching are seen, notably on the scalp and elbow folds. Sebaceous gland overproduction causes oily skin. ulcers that are hard to heal. Exercise makes urticaria worse. These excrescences vanish in the summer and reappear in the winter. Psorinum is much colder than sulphur, which is how they differ from one another. Following acute diseases, there is a lack of vital reactivity and prostration. The second main theme is the foulness of discharges. intense sweating. Desperation-inducing severe itching that gets worse at night from wool clothing and the heat of the bed Scratches the skin till it is red and bleeding. All over, crusty eruptions Scabies, eczema, psoriasis, and a persistent propensity for lice Restraining eruptions.

Rhus tox: Has intense itching. The skin is dry, hot and burning Itching all over accompanied by burning and smarting, as if pierced with hot needles. Worse on hairy parts, worse sweating, better from hot water Eruptions get aggravated by rubbing the affected parts. Scratching is followed by burning. There is a tendency to form scales. Itch is aggravated by getting wet. Dermatitis with intense itching; cellulitis with burning; and eczematous eruptions with a tendency to scale formation. Skin is sensitive to cold air. Tendency to form vesicles, mostly in the suppurative form. Rhus toxicodendron is also indicated in shingles, herpes zoster, pemphigus and eczema. Urticarial rash is often present. It is extremely useful where herpes alternates with asthma and dysentery.

Natrum muraticum: Has a marked action upon herpetic eruptions. Itching in the flexures; the skin is raw, red and inflamed. Generally the skin is dry and chapped, but is greasy on hairy parts. Dry eruptions on the margin of the hairy scalp and in the bends of joints, behind the ears. Hives develop after Redness exertion warts of an with on old the scar, a lot palms. Which of burning It is also painful.affects and itching, the hair worse follicles eating. Causing Tendency alopecia. To develop Better Nettle by sweating. rash, all over – large, red blotches which itch violently. Itching is

Heper sulphur: Itching on the bends of joints, along with moist breakouts in skin creases When handling mercury or zinc, the skin suppurates quickly and pimples develop. Touch sensitivity is worse in cold, dry breezes. Better in warm, humid conditions.

Merc sol: Almost always wet. Constant skin dryness suggests Mercury is in opposition. excessive sweating that smells bad and is viscous. Perspiration tends to flow freely in general, although the patient is not relieved as a result. breakouts with pustules and vesicles. Undefined margins and

irregularly shaped ulcers around the primary eruption, pimples Itching is made worse by the bed's warmth. Yellowish-brown crusts with significant suppuration; Crusta lactea. Every time the patient consumes, the glands expand.

Silecea: Unhealthy. tendency to suppuration. -fistulas. Abscesses. Keloid. Scars become painful, stinging and red. Eruptions, itching amel. night.

Dolichos pruriens: A right-sided medication with clearly defined skin and liver symptoms as well as severe itching without breakouts pruritis in seniors. No swelling or rash, but intense itching that is worse across the shoulders, around the knees, elbows, and hairy areas. jaundice. Yellow in colour; night time scratching and intense itching on the right side.

Fagopyrum Esculentum: Itching, made better by a cold-water bath, is made worse by scratching, touching, and withdrawing. swollen red spots. boils in the blind. The knees, elbows, and hairy areas itch. deep inside, itching in the hands. phlegmonous, pustular, and vesicular dermatitis. The skin is heated and swollen.

Modalities: Better, cold water, coffee; worse, in afternoon; from sunlight, scratching ^[6].

Pulsatilla: The patient is touchy, irritated, and enjoys receiving sympathy despite having an itch and all the symptoms of sulphur. Hives that have uterine or gastrointestinal origins

Conclusion

In conclusion, a homoeopathic approach for pruritus offers a holistic and individualized treatment, addressing the root cause rather than just alleviating symptoms. Homoeopathic medicines, carefully selected based on the patient's peculiar symptoms and constitution, aim to correct balance of different physiological functions of the body and stimulate its natural healing mechanisms.

Conflict of Interest

Not available

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