



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
IJHS 2019; 3(4): 105-107
Received: 19-08-2019
Accepted: 23-09-2019

Dr. Rajeev Saxena
Professor, M.D.(Hom.), HoD
and PHD, PG Guide,
Department of Repertory,
S.K. Homoeopathic Medical
College & Research Centre,
Jaipur, Rajasthan, India

Urticaria: A case report with homoeopathic treatment

Dr. Rajeev Saxena

Abstract

Urticaria is a vascular reaction which interferes in the individual's daily routine life. It may be acute or chronic. It is manifested by pruritus & rashes. A 25 year male reported with complaints of urticaria & dysuria. Case taking was done followed by repertorization using BBCR and Rhus Toxicodendron as individualized medicine followed by Cantharis mother tincture was given.

Keywords: Homoeopathy, urticaria, BBCR

Introduction

Urticaria (hives) is a vascular reaction of the skin marked by the transient appearance of smooth, slightly elevated papules or plaques (wheals) that are erythematous and that are often attended by severe pruritus^[1]. Urticaria ('hives') is caused by localised dermal oedema secondary to a temporary increase in capillary permeability. If oedema involves subcutaneous or submucosal layers, the term angioedema is used^[2]. Urticaria involves only the superficial portion of the dermis, presenting as well-circumscribed wheals with erythematous raised serpiginous borders and blanched centers that may coalesce to become giant wheals. Recurrent episodes of urticaria and/or angioedema of less than 6 weeks duration are considered acute, whereas attacks persisting beyond this period are designated chronic^[3]. Individual wheals last for less than 24 hours; if they persist, urticarial vasculitis needs to be considered. Clarification of duration can be achieved by drawing around the weal and re-assessing 24 hours later. Acute urticaria may be associated with angioedema of the lips, face, tongue, throat and, rarely, wheezing, abdominal pain, headaches and even anaphylaxis^[2].

CASE

Mr. AK: M., 25 years, lean and thin, normal physique, Hindu-Punjabi, unmarried, non-veg., student (M.A. Final), Jaipur (Rajasthan) presented himself with the following complaints on 27.01.2018:

The patient had been suffering from Urticarial rashes for one year. The rashes occurred at any time but generally in a periodical order. The occurrence of rashes repeated itself either in spring or at the change of weather. The rashes appeared on alternate days and persisted for ½ and hour to 2 hours. Small sized and red coloured eruptions occurred all over the body but more on the chest. The patient felt congestion in the upper part of the chest. He felt itching and burning alternately. He suffered from soreness and smarting sensations as well.

Rashes <Spring, change of weather, cold, wet, rain, sour food, uncovering, frostbite, winter, hunger and fog.

Not specific or N/P, subsided automatically

The patient told that he felt mental restlessness and various irrelevant ideas and thoughts caused tension. He also suffered from Vertigo, Dysuria and burning micturition occasionally. He was a ch. Patient of Amoebiasis for the last 5 years. He felt pain in abdomen sometimes which aggravated due to the intake of spicy food. The patient took Allopathic treatment for the cure of Amoebiasis from time to time.

Regarding his past history the patient further reported that he had suffered from repeated attacks of common cold, Asthma and Pleural Effusion of which he was cured of after taking Allopathic treatment. The patient had strong desire for taking sour things which aggravated the rashes. He was addicted to taking of Pan Parag, chewing tobacco and smoking. The patient's father had been suffering from D/M for 5 years. His mother died of Ca, Cervix before 5 years.

Corresponding Author:
Dr. Rajeev Saxena
Professor, M.D.(Hom.), HoD
and PHD, PG Guide,
Department of Repertory,
S.K. Homoeopathic Medical
College & Research Centre,
Jaipur, Rajasthan, India

Investigations

X-Ray Chest P. A. view showed Bronchitis; Blood – TEC-470, VEC-29, Hb. - 10.2 gm. % E-08, ESR-48; Urine-Pus cells2-4, Stool-Normal.

A close study of the patient’s case-history showed that in comparison to physical generals and other symptoms, pathological generals were more prominent. Hence the case was analyzed, evaluated and repertorised by the BBCR/RADAR for which following rubrics were chosen

1. Vertigo (239)
2. Mind restlessness (214)
3. Skin itching (951)
4. Skin burning (945)
5. Skin sour food agg. (980)
6. Skin red colour (947)
7. Chest external eruptions (765)

8. Chest inner constriction of upper part (756)
9. Chest inner Bronchitis (755)
10. Agg. Foggy (1151)
11. Agg. When uncovering (1148)
12. Agg. Frozen being and frost bite (1142)
13. Agg. Weather, Cold wet (1151)
14. Agg. Winter (1152)
15. Agg. HUNGER (1125)
16. Sking eruptions urticarious (953)
17. Agg. In spring season (1142)

On repertorisation by BBCR (RADAR), R.T. emerged out as the desired medicine which covered not only all the 17 rubrics, the maximum number of I-G and II-G rubrics, but also secured the highest marks 57/17.

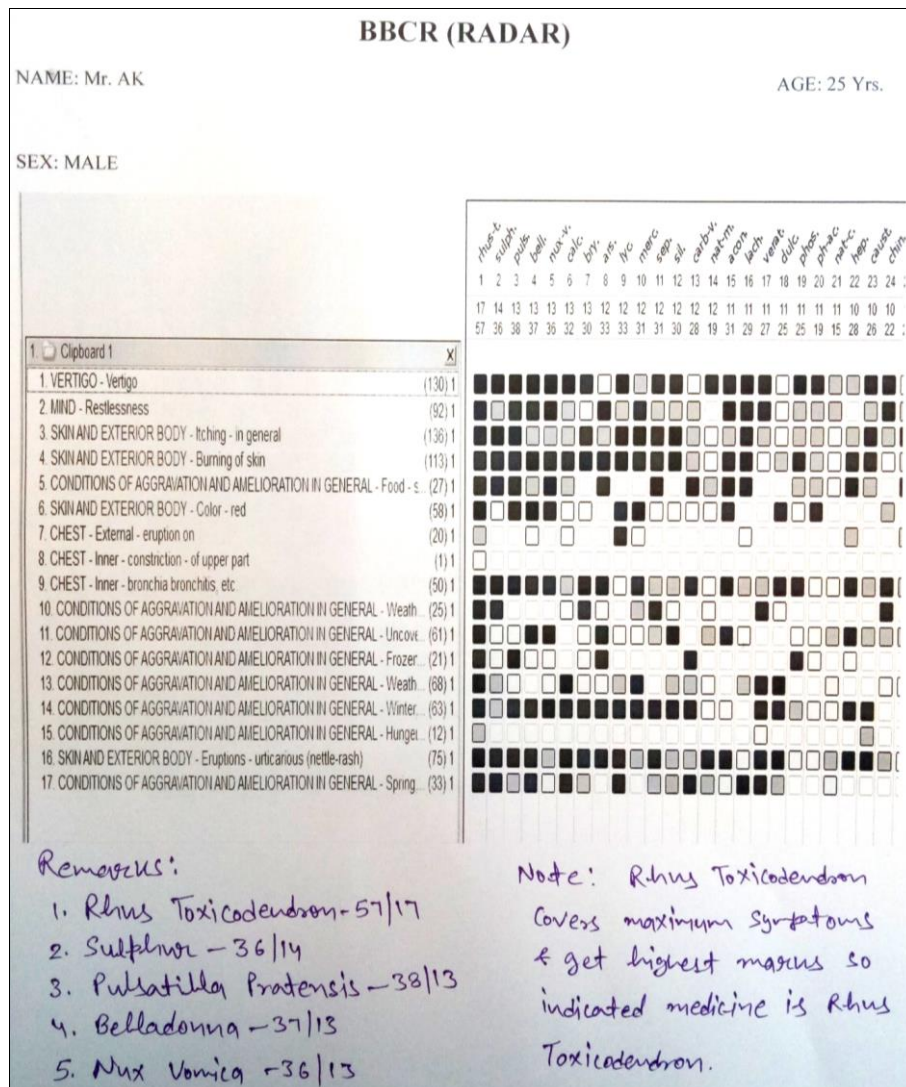


Fig 1: Repertory sheet

Treatment and Management

CANTH. -Q for the treatment of Dysuria were given simultaneously along with R.T. The treatment continued approximate for 09 months. CANTH. - Q were withdrawn after 5 months when the patient felt normal and urine report were reported to be normal. Patient advised to apply coconut oil mix with camper & apply locally on affected part. R.T. 30 were given after repertorisation by BBCR (RADAR) and to observed after illness and G/C of the

patient with the advice to avoid those particular factors and also the use of those things which caused aggravation of the disease.

On the completion of the treatment all the relevant reports regarding blood, stool and urine were reported to be normal. X-Ray Chest P.A. View also showed, including Dermatographic reaction NEGATIVE, no eruptions and Vertigo. The patient felt better in abdomen. His G/C was markedly better. He was significantly improved. More then

11 months have passed away the patient has not turned up to complain about the re-appearance of any of the ailments and

not reported again for of which he was previously suffered from urticarial eruptions as well as Dermatographism also.

Table 1: Follow-up details

S. No.	Date	Observation & Assessment	Prescription
1.	27.01.2018	- Urticarial rashes with severe itching and burning – one year. Dermatographic Reaction +++ ve. < Spring, change of weather, cold, wet, rain & un covering > N/P - Dysuria with burning micturition occasionally. - Vertigo.	R.T. 30 QID x 15 days Cantharis Q 20 drops with water BD x 15 days
2.	11.02.2018	Slightly Improvement in itching, burning and in burning micturition - No Vertigo.	R.T. 30 QID x 1 Month Cantharis Q 20 drops with water BD x 1 Month.
3.	11.03.2018	Marked improvement in itching and burning and Urticarial rashes. Dermatographic Reaction decreased, i.e. +ve. - No Vertigo.	R.T. 30 QID x 1 Month Cantharis Q 20 drops with water BD x 1 Month.
4.	15.04.2018	Rashes almost decreased and subsided. - Burning micturition subsided with normal flow of urine.	R.T. 30 QID x 1 Month Cantharis Q 20 drops with water BD x 1 Month.
5.	20.05.2018	Status Quo – maintained	R.T. 30 QID x 1 Month Cantharis Q 20 drops with water BD x 1 Month.
6.	21.06.2018	Dermatographic Reaction Negative. - Urine symptoms normal - No urticarious eruptions including burning and itching. - Massive improvement.	R.T. 30 QID x 1 Month.
7.	22.07.2018	Patient's G/C overall better and significantly improvement.	R.T. 30 QID x 1 Month.
8.	19.08.2018	Marked improvement.	Phytum 30 BD x 1 Month.
9.	20.09.2018	Improved	Phytum 30 BD x 1 Month.
10.	25.10.2018	Improved	Phytum 30 BD x 1 Month.
11.	22.11.2018	Significantly improvement.	Phytum 30 BD x 1 Month.

Conclusion

Despite of low and very disturbed G/C of the patient, it can have (Homoeopathy) massive and marvelous works on the quality of life (QoL) of those who are suffering from URTICARIA. But homoeopathy has proved its effectiveness in such type of cases and so this case further proves the therapeutic value and strong power of homoeopathic medicines in cases of URTICARIA.

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