



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2024; 8(2): 451-457  
Received: 15-04-2024  
Accepted: 30-05-2024

**Dr. Ramya SJ**  
MD Scholar, Department of  
Practice of Medicine,  
Government Homoeopathic  
Medical College and Hospital,  
Bengaluru, Karnataka, India

**Dr. Veerabhadrapa C**  
Professor, Department of  
Practice of Medicine,  
Government Homoeopathic  
Medical College and Hospital,  
Bengaluru, Karnataka, India

**Dr. Praveen Kumar PD**  
Professor and HOD,  
Department of practice of  
medicine Government  
Homoeopathic Medical College  
and Hospital, Bengaluru,  
Karnataka, India

**Dr. Mudassir Mulla**  
Associate Professor,  
Department of Pediatrics,  
Government Homoeopathic  
Medical College and Hospital,  
Bengaluru, Karnataka, India

**Corresponding Author:**  
**Dr. Ramya SJ**  
MD Scholar, Department of  
Practice of Medicine,  
Government Homoeopathic  
Medical College and Hospital,  
Bengaluru, Karnataka, India

## Homoeopathic management of chronic urticaria: A case report

**Dr. Ramya SJ, Dr. Veerabhadrapa C, Dr. Praveen Kumar PD and Dr. Mudassir Mulla**

**DOI:** <https://doi.org/10.33545/26164485.2024.v8.i2g.1170>

### Abstract

Urticaria is an inflammatory skin disorder that affects up to 20% of the world population at any point of time during their life. It presents with wheals, angioedema or both. Urticaria is classified based on its duration, as acute or chronic. Acute urticaria is defined as the occurrence of wheals, angioedema, or both for 6 weeks or less. Chronic urticaria has been defined as wheals, angioedema, or both with daily or almost daily symptoms lasting for more than 6 weeks. Chronic urticarias greatly affects patient quality of life, and is linked to psychological comorbidities and high healthcare costs. Management of such cases in most of the time will be palliative. Homoeopathic mode of treatment has always outstood in terms of efficacy in all such cases. This article deals with one such case of Chronic urticaria which showed promising results following administration of Homoeopathic medicines.

**Keywords:** Chronic urticaria, case report, homoeopathy, nux vomica

### Introduction

Urticaria is a condition characterized by the development of wheals, angioedema or both. A wheal has typically 3 features: a sharply circumscribed superficial central swelling of variable size and shape, almost invariably surrounded by reflex erythema; an itching or sometimes burning sensation, with the skin returning to its normal appearance, usually within a period of 30 min to 24 h. Angioedema is characterized by: a sudden, pronounced erythematous or skin-colored deep swelling in the lower dermis and sub cutis or mucous membranes; tingling, burning, tightness, and sometimes pain rather than itch; a resolution slower than that of wheals (can take up to 72 h) [1].

Urticaria becomes chronic if disease activity continues for six weeks or longer. Chronic urticaria can be divided into chronic spontaneous urticaria and chronic inducible urticaria [2]. Chronic spontaneous is characterized by the spontaneous occurrence of symptoms for more than 6 weeks without any causative factor so it also known as idiopathic urticarias [3]. Chronic Inducible Urticaria is when symptoms are induced by a specific trigger it means with causative factors for example, temperature, pressure, and cholinergic stimulation [2].

The underlying pathology goes with the cutaneous mast cell, it has a central role in urticaria. The stimulus for mast cell degranulation may be immunological or non-immunological. The basic principles for the treatment of Chronic urticarias cases will be identifying the aggravation factor and minimizing or avoiding the same but unfortunately, a minority of patients with more severe urticaria require additional measures to control their disease [4]. Individualized homoeopathic remedy has always proved itself superior to all other specific prescriptions. A case that has been thoroughly taken and repertorized, following which prescription is done considering the totality of symptom and susceptibility of the patient, will add on to the good prognosis. The following case report is an example how holistic approach can contribute to the quick improvement of the patient.

### Case Report

A 26-year-old female patient, Ms. Y reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 19.05.2023 with the complaints of having erythematous lesions, intense itching, redness and swelling all over body on and off since 5 years.

**History of chief complaint**

Patient was apparently healthy 5 years back. During 2019 after using one particular soap, she started experiencing the erythematous patches with severe burning and itching especially on face (it's was her first attack), then she stopped using that soap even after that whenever she goes out and get exposed to sun, she started experiencing same complaints every time. Then she consulted dermatologist for her complaints then on she was on allopathic medication, it helped in reducing severity of symptoms but recurrence of erythematous rashes was remained same whenever she exposed to sun.

**Past history:** Medical history: History of allergic rhinitis since 3 yrs.

**Treatment history:** On allopathic medication (Tab. Allegra 120mg, cetirizine and levo cetirizine)

**Surgical history:** Nothing specific

**Allergic history:** Allergic to dust and spices

**Vaccination history:** Covishield vaccine 1 st and 2nd dose

**Family History:** (Table 01)

**Table 1:** Family history

Father	Alive, apparently healthy
Mother	Alive, apparently healthy
Elder Sister	Alive, apparently healthy
Elder brother	Alive, apparently healthy

**Personal history**

- Diet : Mixed
- Hunger: Tolerable
- Appetite: Adequate
- Thirst: Feels thirsty, 3-4L/ day- icy cold water +++
- Craving: Spicy food+
- Aversion: Nothing specific
- Bowel Habits: Alternate hard and watery stools, unsatisfactory
- Bladder Habits: 4-5 times per day; 0- 1 time per night
- Sleep: Sound and refreshing
- Dreams: Day to day activities
- Perspiration: Generalized
- Thermal State : Chilly
- Addiction: For junk foods

**Life space investigation**

Patient was born and brought up in high socio-economic family, Bangalore and she was the last child having 2 siblings 1 elder Sister and 1 elder brother. She was very good in her studies having a competitive nature in every aspect of her life not only in studies at home also everyone should listen to her, even though she was the younger child, her elders' siblings are used to listen to her only no matter what. She not used to have so many friends very choose in making friends and used to have discussion only about studies and practical point. She was very much interested in social services and she wanted power to serve the society. During the time of her PU education, she was in relationship for a period of 1 year. after that the guy wanted to marry her

but during that time, she was not ready for that because she very much ambitious about her future and goals it made her to break up with him. After asking how are u feeling about that past she replied like "No mam, I don't want to build my identity under someone," I know about my capacity and I am not an emotional person, I am so practical and logical" so it was not bothered me much. After her PU education she chooses engineering and continued her education.

She was very conscious on her looks and dressing. During the time of her 6th semester of B.tech engineering she used one particular soap, after the use of that soap she started experiencing erythematous rashes on face with severe burning and itching sensation, because of its allergic symptoms she stopped using that soap even after that if she goes out and exposed to sun she started experiencing same complaints every time. Her complaints made her to visit dermatologist, they prescribed allopathic medication (Tab. Allegra 120mg). After taking that medicine the severity of the symptoms was reduced but recurrency remained same. So, it made her to take medicine every time whenever her complaints recurring as the day's passes, she started experiencing erythematous rashes all over the body, she consulted so many doctors and took lots of other allopathic medication but it was not helpful.

After the completion of her studies (B. tech) engineering she doesn't want to work in software field, after enquiring why? she told like," mam I can't able to work under someone and can't take orders, if someone orders me I'll get irritated" and "don't want someone to tell me do that do this and all, I know what to do " and I cannot work under some with folding hands it's not my nature " so I thought of during M. Tech and PhD after finishing B.tech During that time one of her brother's friends suggested me about civil exams, she was in thought of giving civil exam after her M. tech but he told it will be too late if she do so.

So, then she started studying for civil and joined coaching centers during that time, she used to avoid going out because it aggravates her skin rashes, so that she started taking on-line coaching and studying at home It's been 3<sup>rd</sup> year. of her civil exam's preparation, she was cleared and attended interview twice in IAS and KPSC exams but not qualified in her 2 attempts of interview, she was not sad about that she is very brave and confident about her work. After enquiring about her choice of civil exams she told that " I want power mam, I should be in higher position to serve society, I don't want to do the same thing what all people were doing, I want to do something different and something superior, " I can't able to take any kinds inferiority". Even for long continued allopathic medication was not giving her relief, she wanted to try with homeopathic mode of treatment and visited to our hospital

**Upon Observation:** courageous, leadership quality, superiority, anger and irritable, competitive

**General physical examination**

Weight: 57

Height: 164

BMI: 21.2kg/mt<sup>2</sup>

Moderately built and nourished

Pulse: 88b/ min, regular rhythm, normal volume, vessel wall not palpable Blood pressure: 130/70 mmHg; Right arm, Sitting position

Respiratory rate: 20 breaths/min

Temperature: Afebrile at the time of examination

**Systemic examination**

**Examination of GI system:** No abnormality detected

**Respiratory System:** No abnormality detected

**Cardio vascular system:** No abnormality detected

**Nervous system examination:** No abnormality detected

**Skin Examination:** (Image 2) Patient presented with raised palpable wheals all over body, more on face. Initially presents with small lesions (1-3mm) but after scratching it coalesced rapidly to form large erythematous lesions (1-3cm).

**Onset:** After getting exposed to sun

**Location:** More on face, all over body

**Sensation:** Severe burning and itching

**Shape:** Sharply demarcated Annular lesions

**Size:** varying from 3mm to 3cm

**Angioedema:** Absent

**Systemic symptoms:** Not significant

**Dermatographism:** Not present

**Diagnostic Criteria:** Clinical history

**Provisional Diagnosis:** chronic urticaria.

**Investigation Done:** CBC AND ESR

19.05.2023

CBC- Normal ESR- 45 mm/ hr.

**Final diagnosis:** CHRONIC URTICARIA

**Case analysis:** (Table 02)

**Table 2:** Analysis of symptoms

Common symptoms	Uncommon symptoms
<ul style="list-style-type: none"> <li>Erythematous rashes all over the body</li> <li>Wheals</li> <li>Itching+++</li> <li>Burning+++</li> <li>Tightness of the skin</li> </ul>	<ul style="list-style-type: none"> <li>Competitive</li> <li>Courageous</li> <li>Conscious about her personal appearance</li> <li>Anger and irritable</li> <li>Love for power</li> <li>Leadership quality</li> <li>Practical</li> <li>Thirsty - ice cold water</li> <li>Craving - spicy food</li> <li>Chilly patient</li> <li>Bowel: alternative</li> <li>Addiction to junk foods</li> <li>Erythematous rashes agg by sun exposure</li> </ul>

**Evaluation Of Symptoms:** (Table 03)

**Table 3:** Evaluation of symptom

Mental general	Physical generals	Characteristic particulars
<ul style="list-style-type: none"> <li>Competitive 2+</li> <li>Courageous</li> <li>Intolerant of contradiction 2+</li> <li>conscious about her personal appearance</li> <li>Practical</li> <li>Love for power</li> <li>Leadership quality</li> </ul>	<ul style="list-style-type: none"> <li>Thirsty for ice cold water 3+</li> <li>Craving: Spicy food 3+,</li> <li>Chilly patient 2+</li> <li>Bowel: alternative</li> <li>Addiction: junk food</li> </ul>	<ul style="list-style-type: none"> <li>Erythematous rashes</li> <li>Agg by sun exposure</li> <li>Wheals 3+</li> <li>Itching 3+</li> <li>Burning 3+</li> <li>Tightness of skin 1+</li> </ul>

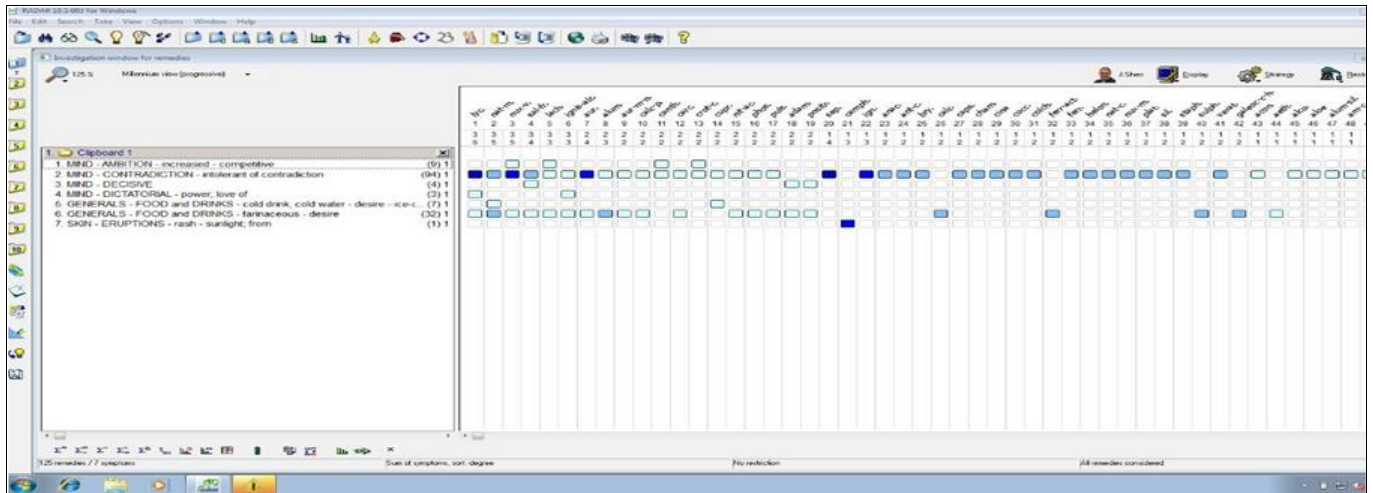
**Totality of symptom**

- Competitive
- Intolerant of contradiction
- Conscious about her personal appearance
- Practical
- Love for power
- Leadership quality
- Thirsty for ice cold water
- Craving: Spicy food
- Chilly patient
- Bowel: alternative
- Addiction: junk food
- Erythematous rashes, Agg by sun exposure

**Selection of repertory:** Synthesis repertory

**Repertorial totality and results**

- Mind - Ambition- Increased, Competitive
- Mind - Contradiction - Intolerant of contradiction
- Mind - Decisive - Practical
- Mind - Dictatorial - power, love of
- Generals - Food and Drinks - cold drink, cold water desire, ice cold
- Generals Food and Drinks - Farinaceous desire
- Skin Eruptions RASH, sun light agg



**Image 1:** Repertorial result

**Prescription: Date: 19.05.2023:** NUX VOMICA 200/BD for day  
SAC LAC TID × 15 DAYS (6--6--6)

**Follow Up:** (Table 04)

**Table 4:** Follow up

Date	Observation	Prescription
10/06/23	Increased intensity of erythematous rashes o Severity of itching was increased +++ Severity of burning was also increased ++ Complaint of fever (98.6°F) but patients, Appetite: Improved Sleep: Improved with refreshing (8-9 hours) Bowel: soft stools, satisfactory ESR: 55 mm/ hr. (Here patient was not exposed to sun since last visit) Image 2	Rx: SAC LAC TID FOR 1 MONTH (6--6---6)
09/07/2023	Intensity of Erythematous rashes were better with Severity of itching was better ++ Severity of burning was better + No tightness of the skin No Angioedema Appetite: Adequate Sleep: refreshing Bowel: satisfactory ESR: 35mm / hr. (Here patient was not exposed to sun since last visit)	Rx: SAC LAC TID FOR 1 MONTH (6--6---6)
21/08/2023	Recurrence erythematous rashes on exposure to sun Severity of itching was remained same ++ Severity of burning was better + No tightness of the skin No Angioedema Location: On face Size: Lesions are getting small (1-3 mm) Appetite: Adequate Bowel: Watery stools since last 3 days (3times per day) Sleep: Disturbed ESR 35mm/hr. Image 3	Rx: NUX VOMICA 200/BD for day (6---0---6) SAC LAC TID FOR 1 MONTH (6--6---6)
27/09/2023	No recurrence of erythematous rashes for past 1 months even after sun Exposure itching was better burning was also better No tightness of the skin No Angioedema	Rx: SAC LAC TID FOR 1 MONTH (6--6---6)

	Appetite: Adequate Sleep: refreshing Bowel: satisfactory Other generals were also improved ESR: 15mm/ hr.	
23/10/2023	No recurrence Erythematous rashes for past 2 month even after sun exposure itching was not present burning was not present No tightness of the skin No Angioedema Generals are improved ESR: 15 mm / hr.	Rx: SAC LAC TID FOR 2 MONTHS (6---6---6)
27/12/2023	No recurrence Erythematous rashes for past 3 month even after sun exposure ESR: 10 mm / hr.	Rx: SAC LAC TID FOR 2 MONTHS (6---6---6)
20/03/20234	No recurrence of erythematous rashes for past 5 to 6 months even with good sun exposure Leading good quality of life (Image 4 and 5)	Rx: SAC LAC TID FOR 2 MONTHS (6---6---6)



**Image 2:** Before treatment



**Image 4:** After treatment



**Image 3:** 2<sup>nd</sup> follow up

**Discussion**

This case report upholds the efficacy of Individualized homoeopathic remedy in managing the intensity and recurrency of symptoms of chronic urticaria. In this case the recurrent attacks of urticarial rashes as well as ESR level come down from 45mm/hr. to 15 mm/hr. following administration of Individualized homoeopathic remedy. The following case adds to the fact that Homoeopathy has not only contributed as a palliative action in many of the progressive disorders but also has played a vital role as a curative mode of treatment in majority of cases.

Also, in the following case the improvement of complaints was assessed with the help of urticaria control test (UCT) [5], It was the patients self-report retrospective questionnaire consisting 4 questions relating to symptoms of urticaria, quality of life, treatment and control of urticaria during past 4 weeks. Five answer options for each 4 questions like 0, 1, 2, 3, 4; the range of summary score is 0-16, where highest value indicates a higher level of urticarial control, cut off 12 identify patient with well control and less than 12 indicates poor control.

*After Homeopathic Treatment.*

Patient Name: *V*

Date of Birth: *29/03/1998.*

Date: *20/02/2024.*

### URTICARIA/ANGIOEDEMA (Hives/Swelling) CONTROL TEST

Instructions: You have urticaria. The following questions should help us understand your current health situation. Please read through each question carefully and choose an answer that best fits your situation. Please limit yourself to the **last four weeks**. Please do not think about the questions for a long time, and do remember to answer all questions and to provide only one answer to each question.

1. How much have you suffered from the <b>physical symptoms of the urticaria (itch, hives [welts], and or swelling)</b> in the last four weeks?					
<input type="checkbox"/> Very much 0	<input type="checkbox"/> Much 1	<input type="checkbox"/> Somewhat 2	<input type="checkbox"/> A little 3	<input checked="" type="checkbox"/> Not at all 4	
2. How much was your <b>quality of life</b> affected by the urticaria in the last four weeks?					
<input type="checkbox"/> Very much 0	<input type="checkbox"/> Much 1	<input type="checkbox"/> Somewhat 2	<input type="checkbox"/> A little 3	<input checked="" type="checkbox"/> Not at all 4	
3. How often was the <b>treatment</b> for your urticaria in the last four weeks <b>not enough</b> to control your urticaria symptoms?					
<input type="checkbox"/> Very often 0	<input type="checkbox"/> Often 1	<input type="checkbox"/> Sometimes 2	<input type="checkbox"/> Seldom 3	<input checked="" type="checkbox"/> Not at all 4	
4. <b>Overall</b> , how well have you had your urticaria <b>under control</b> in the last four weeks?					
<input type="checkbox"/> Not at all 0	<input type="checkbox"/> A little 1	<input type="checkbox"/> Somewhat 2	<input type="checkbox"/> Well 3	<input checked="" type="checkbox"/> Very well 4	
<b>TOTAL SCORE:</b> <i>16 - indicate Complete disease Control.</i>					

Reproduced from Weber K, Grottk A, Church MK, et al. Development and validation of the Urticaria Control test: A patient reported outcome instrument for assessing chronic urticaria. *J Allergy Clin Immunol* 2014; 133:1365

A score of 16 indicates complete disease control. A score of <12 on the UCT identifies patients with poorly controlled chronic urticaria [CU], and a score of ≥12 identifies those with well-controlled symptoms. An improvement in 3 points is a minimal response, and an improvement of ≥6 points is a marked response.

**Image 5:** Urticaria control test (UTC)

**Conclusion**

Chronic urticarias has been a most common skin condition affecting majority of people. As there is no specific treatment for urticarias in modern medicine patients are continued to take NAIDS (Non-steroidal anti-inflammatory drugs) and avoid the aggravates were become the only methods of managing the urticarias. This case is evidence for homoeopathy having greater scope in such cases of Chronic Urticarias since the basis of prescription here has been upholding the importance of holistic and individualistic approach; further verification of the fact with larger sample size has been suggested to evaluate the effectiveness of homoeopathy treatment in chronic urticarias.

**Conflict of interest**

Not available

**Financial Support**

Not available

**Declaration of Patient Consent:** Patient consent was taken for images to be reported for this article.

**References**

- Zuberbier T, Aberer W, Asero R, Abdul Latiff AH, Baker D, Ballmer-Weber B, *et al.* The EAACI/GA<sup>2</sup>LEN/EDF/WAO guideline for the definition, classification, diagnosis and management of

- urticaria. Allergy [Internet]. Available from: <https://pubmed.ncbi.nlm.nih.gov/29336054/>. Accessed 20 June 2024.
2. Godse K, De A, Zawar V, Shah B, Girdhar M, Rajagopalan M, Krupashankar DS. Consensus statement for the diagnosis and treatment of urticaria: A 2017 update. Indian Journal of Dermatology [Internet]. Available from: <https://pubmed.ncbi.nlm.nih.gov/29527019/>. Accessed 20 June 2024.
  3. Maurer M, Weller K, Bindslev-Jensen C, Giménez-Arnau A, Bousquet PJ, Bousquet J, *et al.* Unmet clinical needs in chronic spontaneous urticaria. A GA<sup>2</sup>LEN task force report. Allergy [Internet]. Available from: <https://pubmed.ncbi.nlm.nih.gov/21083565/>. Accessed 20 June 2024.
  4. Grattan C. The urticarias: Pathophysiology and management. Clin Med (Lond) [Internet]; c2012. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4954105/>. Accessed 20 June 2024.
  5. Weller K, Groffik A, Church MK, Hawro T, Krause K, Metz M, *et al.* Development and validation of the urticaria control test: A patient-reported outcome instrument for assessing urticaria control. J Allergy Clin Immunol [Internet]. Available from: <https://pubmed.ncbi.nlm.nih.gov/24522090/>. Accessed 20 June 2024.

**How to Cite This Article**

Ramya SJ, Veerabhadrapa C, Kumar PPD, Mulla M. Homoeopathic management of chronic urticaria: A case report. International Journal of Homoeopathic Sciences. 2024;8(2):451-457.

**Creative Commons (CC) License**

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.