



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 1484-1489
Received: 15-09-2025
Accepted: 20-10-2025

Dr. Olivia Roy
PG Scholar, Department of
Homoeopathic Materia
Medica, Dr. D. Y. Patil
Homoeopathic Medical College
and Research Centre Pimpri,
Pune, Maharashtra, India

Role of Histamine prepared in homoeopathic diluted potency helping in symptomatic treatment and increasing the subjective well-being in acute urticaria: A case report

Olivia Roy

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i4.W.2105>

Abstract

According to dermatographic statistical data the most common dermatographic affection in whole life time is considered to be as urticarial ^[1] affecting the daily life and bringing the major occupational hazards as confirmed by the recent studies ^[2]. In this clinical report a case of urticaria has been healed holistically under homoeopathy and has been assessed using The Urticaria Activity Score (UAS7) and The Measure Yourself Medical Outcome Profile (MYMOP 2) ^[3].

Case summary: A 60-year-old male patient presented with development of redness and wheal along with itching on both the extremities, groin and loin region for last 7days. Patient have a history of attack 4yrs ago due to continuation of medicine for 1½ year to treat neurological complaints. Repertorial analysis was done with the help of Synthesis repertory for the case, which concluded Sulphur 30 followed by Lycopodium 30 but it doesn't relieve the patient completely but after that when Histamine 30 was given to the patient, patient got relieved gradually. Assessment of the case has been done by UAS7 which was 37 at the baseline and reduced up to 2 after treatment and MYMOP 2 scale was 4.5 and after treatment it reduced to 1 and measurement tool used was photograph. This case highlights wonderful results of mode of administration of oral medicine through dilution for a very sensitive individual.

Keywords: Histamine, homoeopathy, MONARCH, urticaria

Introduction

Urticaria is the inflammatory skin affection which acts as a global burden affecting patient's subjective well-being including mental and emotional health resulting to low productivity. It is defined as a specific skin lesion with central swelling having variable size surrounded by a zone of reflex erythema due to skin mast cells localized in the vicinity of sensory nerves and small blood vessels associated with a itching which is fleeting in nature lasting for less than or equal to 1hr ^[4]. According to the statistical study by systemic review and meta-analysis of 52 studies from different regions of world, prevalence of chronic urticaria ranges between (0.1%-0.8) %, 119 persons per 1 million population are affected in acute urticaria and 20 persons per 1million population are affected with chronic urticarial ^[5]. 20% of the population experience urticaria in their entire life time ranges between 0.5-1%. And it is a high socioeconomic burden affecting direct (medical cost), indirect (non-productive and loss of work cost) worldwide ^[6]. In India the humid climate and diet plays an important role in developing urticaria amongst all the age groups ^[7]. Auto-immune cause sometimes plays an important role as etiology of chronic urticarial ^[8] Also, the disease prevalence is more in between the third and fifth decade of life including with comorbidities such as anxiety and depression and chronic urticaria is a challenge to treat as it affects the daily life of the person including the sleep disturbances, sexual function, routine work hampering a person as a whole in his family, social and professional life causing a significant ^[9] The hallmark symptom of urticaria is considered to be as wheal which occurs due to the transient increase of permeability of cutaneous blood vessels produced due to release of histamine (mast-cell derived mediators). In addition of wheal also there remains itching and burning as well as flare reaction. The symptomatology is produced due to the degranulation of the cutaneous mast cells and due to localization of mast cells the sensory nerve and small blood channels gets activated to immunoglobulin E (I_g_e) cross linking occurring to release de novo synthesized mediators like histamine causing sensory nerve stimulation causing (itching, burning and pain) vasodilation producing flare, edema causing wheal and angioedema and also recruits immune cells such as basophil and neutrophil.

Corresponding Author:
Dr. Olivia Roy
PG Scholar, Department of
Homoeopathic Materia
Medica, Dr. D. Y. Patil
Homoeopathic Medical College
and Research Centre Pimpri,
Pune, Maharashtra, India

According to the causative or triggering factors urticaria are classified under various names like spontaneous, inducible, contact, heat, cholinergic, aquagenic and pressure and according to the duration of the occurrence can be classified into two types a) acute urticaria {< 6 weeks}, b) chronic urticaria {> 6 weeks}. In chronic spontaneous urticaria wheals usually appear mostly on the legs and arms and rarely on the face and in the chronic inducible urticaria formation of the wheals and angioedema usually occurs on the site of exposure eliciting the trigger. In acute urticaria there is no need of investigation. Disease activity and control of the disease are evaluated by using the urticaria activity score (UAS7), The subjective well-being is to be also assessed by the questionnaires of Dermatology life quality index assessment scale^[10]. Usually, treatment plan of acute urticaria includes oral second generation H1-antihistamines and in some severe cases of acute urticaria oral glucocorticoids and in severe cases usually oral glucocorticoids are used to reduce the disease severity and duration of the disease^[4]. Differential diagnoses of urticaria are

1. Severe allergic reactions (e.g. anaphylactic shock) in this case wheals and hives usually comes along with systemic manifestations.
2. Urticarial vasculitis
3. Auto-inflammatory syndromes
4. Bradykinin-mediated angioedema^[11]. The world health organization in its International Classification of Disease - 10th revision (ICD-10) has kept L50.9 for urticaria unspecified.¹² There have been many research studies done to show the effectiveness of the homoeopathic medicine to improve the subjective well-being affecting with chronic urticaria, one of them is which includes screening of 134 patients, amongst which 72 patients are diagnosed as chronic urticaria, the study was done for 12 months and follow up was done along with assessment of improvement status was recognized by chronic urticaria quality of life questionnaire which includes questions regarding urticaria pruritic swelling sleep physical activity limits etc. and the indicated medicines that acted good were Apis Mellifica, Rhus Toxicodendron, Natrum muriaticum, Dulcamara, Sulphur, Pulsatilla.¹³ One case series has been done proving the efficacy of individualized homoeopathy in 5 different cases includes Apis Mellifica, Calcarea Carbonicum, Histamine, Pulsatilla Nigricans, Rumex crispus, Urtica Urens following the proper guidelines of homoeopathic prescription and improvement status has been concluded by Urticaria Activity Score (UAS7) and Measure Yourself Medical Outcome Profile (MYMOP2)^[14].

Patient information

A 60-year-old elderly male patient came to the OPD of on 01/02/2025 with the complaint redness and intense itching developing after appearance of wheals of different sizes on the thighs (b/l) and groin (b/l) with sensation of either formication or insect crawling underneath the skin < morning, after rising from bed, before going to sleep at night, evening, > cold water application, ice compress.

Onset of the symptom

Occurred from 29th January 2025. Suddenly the symptom appeared without any known cause or triggering factor and the condition is progressing gradually.

History of the present complaint

Patient have a history of the same complaint for two times

in his life till now. First time it occurred 25yrs ago when he was a history of taking a medicine Ketasma for long 1 year treatment taken for easily catching cold and allergic reactions after that along with mild chest pain which got subsided but he developed the symptom of urticaria and then he took antihistamine tablets as prescribed and got cured. Second time he again developed the same symptom after taking prolonged medication for sciatic radiculopathy for long 1½ year, just after withdrawal of the medication the patient again developed the same condition and that time he was treated with homoeopathic medication and got relieved.

Past history: Patient has suffered from same complaint 30 yrs back after taking an anti-allergic generic medicine for long 2 months to combat from allergic respiratory distress and at that time he got support from conventional line of treatment, later in the year 2021 he again got affected suddenly after having long conventional line of medication due to musculoskeletal disorder. At that time patient was treated by homoeopathic individualised medicine and attained recovery.

Family history

Patient intervention

- There is no genetic history of allergic reactions prevalent in family history
- H/o haemorrhoids, ganglion cyst in wrist and foot treated with homoeopathic medicines in 1998
- Patient is now under medication for dyslipidaemia.
- He has undergone surgery for neurofibroma (benign schwannoma) {D3-D4} in 2011.
- Lithotripsy done for presence of (r) renal stone in 2016.
- B/l cataract surgery has been done (L) in 2015 (R) in 2021.
- Father expired due to geriatric disorder
- Mother expired due to pulmonary tuberculosis
- Elder sister died due to CVA with comorbidities HTN, T2DM
- Elder brother affected with neurological disorder
- Daughter is apparently healthy.

Personal history including life space of the patient

Patient has been brought up in upper-middle class family from rural background and was shifted and got accustomed with urban civilisation for higher studies at the age of 21yrs and slowly got detached from family due to his service place location was far from his hometown.

Physical general: His diet consists of mixed type, appetite is usually good takes meal (3-4) times/day, he have desire of spicy food++, mutton+++, sweet+, thirst is moderate takes 1 glass of water after every meal (3-3.5)litres/day, tongue is moist, flabby and clear, bowel habit is satisfactory passes stool twice a day having soft in consistency, urine is normal in colour and volume as per water intake, perspiration is more whole body get bathed with after slightest exertion, thermally chilly, prefers closed room and usually covers the whole head during sleep, tendency to catch cold easily on slightest exposure to cold air or change of weather.

Mental general

- He is introvert, does not open up easily. Takes time to adopt new things in life, usually feels comfortable in known spaces, informative and does all work in a very organized way.

- On general examination – nothing abnormal detected
- Clinical findings
- Local examination
- Redness with skin having heat sensation on touching
- No. wheals – more than 25
- Size of wheal – varying of size
- Colour of wheal – reddish
- Analysis of the symptoms

Table 1: Symptoms Characteristics of symptoms

Symptoms	Characteristics of symptoms
1. Itching eruption on b/l legs (thigh), hands, lip (upper)	1. Physical/particular/characteristic/subjective symptom
2. Burning during eruption on particular area	2. Physical/particular/characteristic/subjective symptom
3. Swelling eruption on the particular area	3. Physical/particular/characteristic/subjective symptom
4. Scratching relieves the complaint, cold application	4. Physical/particular/characteristic/modality/subjective symptom
5. Perspiration increased	5. Physical/general/characteristic/subjective symptom
6. Desire for sweet++, mutton++, spicy+	6. Physical/general/characteristic/subjective symptom
7. Ambithermal patient	7. Physical/general/characteristic/subjective symptom

Evaluation of the symptoms**Itching eruption on b/l legs (thigh), hands, lip (upper)
<night, warmth of bed, after sweating**

1. Burning during eruption on particular area
2. Swelling eruption on the particular area
3. Scratching relieves the complaint, cold application
4. Perspiration increased
5. Desire for sweet++, mutton++, spicy+ ('+' sign indicates the intensity of desire, '++' signifies more intensity, '+' signifies less intensity)
6. Ambithermal patient

7. Restlessness during the complaint**Totality of the symptoms**

1. Itching eruption on b/l legs (thigh), hands, lip (upper)
<night, warmth of bed, after sweating
2. Burning during eruption on particular area
3. Swelling eruption on the particular area
4. Scratching relieves the complaint, cold application
5. Perspiration increased
6. Desire for sweet++, mutton++, spicy+
7. Ambithermal patient
8. Restlessness during the complaint

**Fig 1:** Pics of before treatment**Fig 2:** During treatment

**Fig 3:** After treatment**Therapeutic intervention****Repertorial analysis**

The totality of the symptoms has been framed and the symptoms were converted to fit the appropriate rubrics. The case was repertorised using the synthesis software, where Sulphur and Lycopodium covered the maximum number of symptoms and also covered the highest points ^[15].

Remedy differentiation according to the different Materia medica books

Sulphur is the greatest anti-psora medicine which is having the centrifugal action that is from inward outside and the affinity is towards skin where it produces heat and burning condition along with itching which gets worse by heat of the bed. Also sulphur skin indicates dry scaly unhealthy with freckles itching and burning which gets worse on scratching and washing and excoriations usually gets affected in the folds and pruritus especially occurs due to warmth and in evening and usually recurs in the spring time ^[16].

Lycopodium clavatum is another remedy which corresponds to the Graue Vogl's Carbo-nitrogenoid constitution. Hives

worse on warmth with violent itching, fissured eruptions, worse on right side and from right to left in between 4-8pm from warm room and heat, hot air and bed and gets better by getting cold and being uncovered ^[16].

Histamine covers the clinical conditions like allergic reactions, hives, pruritus, urticaria. Histamine acts as a capillary vessel dilator, an arteriole vessel constrictor and a hypertensive. It constricts the bronchi and stimulates the tissue of the intestine, uterus as well as gastric and pancreatic secretions. The symptoms of the skin and mucous membrane cover the allergic reactions with the dryness of the mucous membrane with redness and burning sensation in the circumscribed areas of the skin, red itching papules. Skin with urticaria usually red itching papules having the size of pea all over the body better by scratching and usually worse on bathing redness and heat of the skin of the face.¹⁷ In this case single individualised homoeopathic medicine was given according to the repertorial totality, but later onwards according to the symptom similarity therapeutic medicine was given.

15 SKIN - SWELLING - crawling			
16 SKIN - SWELLING - itching			
17 SKIN - SWELLING - red - bright red			
18 SKIN - SWELLING - scratching; after			
Remedies	Sum Sym	Sum Deg	Symptoms
sulph.	12	24	1,2,3,7,8,10,11,12,13,14,15,18
merc.	10	17	1,2,8,10,11,12,13,14,15,18
lyc.	9	15	1,2,7,8,10,12,13,14,18
mez.	9	10	1,2,7,8,11,12,13,14,18
rhus-t.	8	16	1,2,7,8,10,14,15,18
puls.	8	15	1,7,8,10,13,14,15,18
sep.	8	11	1,2,7,8,10,14,15,18
ars.	8	10	1,2,7,8,10,11,14,18

Synthesis app - Clipboard [Urticaria]

[K] = Kuenzli dot.

- 1 EXTREMITIES - KNEES; complaints of - Bend of
- 2 EXTREMITIES - THIGHS; complaints of - Inner Side
- 3 SKIN - FORMICATION - evening
- 4 SKIN - FORMICATION - itching; with
- 5 SKIN - FORMICATION - scratching - amel.
- 6 SKIN - FORMICATION - Under the skin
- 7 SKIN - HEAT - fever; without
- 8 SKIN - ITCHING - evening
- 9 SKIN - ITCHING - burning - nettles; as from
- 10 SKIN - ITCHING - crawling
- 11 SKIN - ITCHING - old people; in
- 12 SKIN - ITCHING - violent
- 13 SKIN - ITCHING - warm; becoming - agg.
- 14 SKIN - SWELLING - burning

Remedy selected was Sulphur

- Potency chosen was 30C
- Dispensed as 4 pills to be taken in ½ cup of water OD X 3 days

- First prescription was done on 01/02/2025 and follow up was done after 3 days.
- Follow up details are given in the table no.2

Table 2: Follow-up Table Using UAS-7 Assessment Score

Follow-up	Date	Symptoms	Assessment Scores	Prescription
1	04/02/2025	Eruptions present with two episodes daily. Itching present during development of wheals and continued till wheals persisted. Burning sensation during wheal development was present.	UAS-7: Wheals (D1-3): 6; Itching (D1-3): 9; Total: 15; Swelling: 5; Redness and itching: 5 MYMOP-2: Activity: 5; General well-being: 4; Total: 4.75	Lycopodium 30 4-4-4 × 3 days
2	08/02/2025	Eruptions reduced along with itching, but episodes continued twice daily. Wheals appeared on different areas of the body such as flanks, chest, and bilateral hands, other than the areas of first onset.	UAS-7: Wheals (D1-3): 9; Itching (D1-3): 9; Total: 18; Swelling: 5; Redness and itching: 4 MYMOP-2: Activity: 4; General well-being: 4; Total: 4	Urtica urens Q 10°-10°-10° × 7 days
3	15/02/2025	No improvement noticed.	UAS-7: Wheals (D1-7): 14; Itching (D1-7): 14; Total: 28; Swelling: 4; Redness and itching: 4 MYMOP-2: Activity: 3; General well-being: 2; Total: 3	Histamine 30 4-4-4 × 7 days
4	23/02/2025	Episodes of recurrence decreased, occurring once daily on alternate days in a week. Itching and burning sensation were reduced. Number and size of wheals were reduced.	UAS-7: Wheals (D1-7): 7; Itching (D1-7): 7; Total: 14; Swelling: 3; Redness and itching: 2 MYMOP-2: Activity: 2; General well-being: 1; Total: 1.5	Histamine 30 4-4-4 × 7 days
5	02/03/2025	Episodes of recurrence decreased, once in a day weekly once, itching reduced, burning also reduced, number of wheals reduced.	UAS-7: Wheals (D1-7): 4; Itching (D1-7): 2; Total: 6; Swelling: 2; Redness and itching: 1 MYMOP-2: Activity: 1; General well-being: 1; Total: 1	Histamine 30 4-4-4 × 7 days
6	10/03/2025	Episodes reduced; occasionally one or two hives appeared once a week. Itching and burning sensation were reduced.	UAS-7: Wheals (D1-7): 1; Itching (D1-7): 1; Total: 2; Swelling: 1; Redness and itching: 1 MYMOP-2: Activity: 1; General well-being: 1; Total: 1	Histamine 30 4-0-4 × 7 days
7	17/03/2025	Total recovery; no episodes recurred.	UAS-7: Wheals (D1-7): 0; Itching (D1-7): 0; Total: 0; Swelling: 1; Redness and itching: 1 MYMOP-2: Activity: 1; General well-being: 1; Total: 1	Sac lac 4-0-4 × 7 days

Table 3: Patient Response towards Medication Based on Modified Naranjo Criteria (Maximum possible score = +13; Minimum score = -6)

Modified Naranjo Criteria No.	Grading of Response to Medication
1. Was there improvement in the chief complaint or condition for which the homoeopathic drug was prescribed?	+2
2. Did the clinical improvement occur within a stipulated timeframe relative to the drug intake?	+1
3. Was there any primary aggravation?	+1
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 well-being improve?	0
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1
6B. Direction of cure: Did at least two 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 top downwards	0

Table 4: Homoeopathic Case Report Assessment Scale (HCRAS)

S. No.	Domain	Yes (5 marks)	Highly possible (4 marks)	Possible (3 marks)	Highly probable (2 marks)	Probable (1 mark)	No (0 marks)
1	Did the case have a reasonable association with the use of the homoeopathic medicine?	YES					
2A	Was there any improvement in the chief complaint of the patient?	YES					
2B	Was there any improvement in the associated complaints/concomitants of the patient along with the chief complaint?						NO
3	Was improvement significant in the dose or potency increased or decreased?	YES					
4	Was clinical improvement evident post intake of the drug based on investigations, reports, photographs, etc.?	YES					
5A	Did any old symptoms reappear while homoeopathic treatment was going on?						NO
5B	Did any new symptoms appear while the homoeopathic treatment was going on?						NO
6	Did placebo show similar improvement as the <i>simillimum</i> ?						NO
7	Are there any alternative modes of treatment that could have brought about the change?						NO
8	Was any medicinal aggravation observed?	YES					
9	Are there any previous conclusive reports on this drug?	YES					
10	Whether 2nd prescription was given? If yes, did it show the same improvement as the first prescription?	YES					

Note: Significant improvement is equivalent to more than 50% marks (≥ 30).

Discussion: Homoeopathic remedy acts on the body to enhance the gradients by adjusting the electrical potentials, and the cure axis corresponds to the nutritive gradients, according to the seven layers of suppression and progression of disease the disease usually exhibits symptoms where the immunity is impaired and due to this impairment the patient might have a tendency to cough cold and catarrh frequently, this is the 2nd stage of disease suppression where disease prevalent in endoderm that is respiratory tract epithelium

gets affected and psora manifestations are produced likewise acute rhinitis, bronchitis, pharyngitis are produced, and nextly there is 3rd stage of disease suppression where mainly connective tissues are affected that is fascia, tendons, cartilages get affected, in this case patient may present with back pain^[18].

In the above case the case has been well repertorised and has been done with subjective totality as there was a tendency to develop urticarial attack recurrently more

specific to say within a stipulated time being which is the disease pathology where homoeopathic medicine helped to stop the tendency by its eternal law of Similia Similibus Curentur as Histamine acts conventionally as a capillary and vasodilator as well as arteriole vessel constrictor so it can treat the condition where same is prevailing due to histamine releasing excessively, as well as the case was treated previously with the individualised medicine which was concluded as per repertorisation, the case has been concluded by the Urticaria Assessment Score which was 37 at the onset of treatment and slowly reduced to 2 and also to increase in Quality Of Life Measure Yourself Medical Outcome Profile 2 which was also 4.5 at the baseline and reduced up to 1. According to homoeopathic law of cure Modified Naranjo Criteria whose score was +10 has been used for analysing any adverse effect and also for validating the symptoms after medicine has been acted, also Homoeopathic Case Report Assessment Scale has been used which confirms that homoeopathy can act and cure without adverse reaction and the score was 35. Limitation of this case is IgE level which has been checked for the patient later on after ending the treatment which was within normal range though from various review articles it has been concluded that allergic reactions are initiated by specific immunologic condition either IgE or non-IgE mediated, according to homoeopathic concept allergy is a morbid susceptibility of the deranged vital force just like any other condition of illness and also it has been recognized under a broader heading of idiosyncrasy which is mentioned by Dr. Hahnemann under § 117 as a peculiar corporeal constitution which although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which seems to produce no impression and no change in many other organisms ^[19]. According to J.T. Kent idiosyncrasy is an oversensitivity to one thing or few things ^[20]. According to J.H. Allen idiosyncrasy encompasses physical, mental or moral peculiarities that can influence individuals' desires, fears and behaviours, some people may experience urticaria after having some specific food items.²¹

Conclusion

Homoeopathy medicines help to reduce the both intensity and frequency of attacks of urticaria along with improving the quality of life of the patient, individualised homoeopathic medicine along with specific and rare remedies can also act well in treating such type of cases promising to reduce the hypersensitivity reaction bringing the permanent cure which supports for homoeopathic law of cure Similia Similibus Curentur. The case was impressively cured with homoeopathic medicine which was confirmed by MONARCH and HCRAS score and they are respectively +10 and >30 which confirms that the patient has been relieved and cured accordingly in direction of Modus Operandi as guided by Dr. Hahnemann but it needs further research to confirm and conclude these remedial reactions by doing more case studies. From the case report we can have a knowledge about the recurrent tendency of urticaria having acute attack can be controlled under homoeopathic medicine by its holistic approach.

References

1. Zuberbier T, Balke M, Worm M, Harter G, Maurer M. Epidemiology of urticaria: a representative cross-sectional population survey. *Clin Exp Dermatol*. 2010;35(8):869–873. doi:10.1111/j.1365-2230.2010.03840.x.
2. Baudy A, Peyron RN, Serrand C, Crepy NM, Thanh DA. Impact of chronic spontaneous or inducible urticaria on occupational activity. *Acta Derm Venereol*. 2024;104:adv36122. doi:10.2340/actadv.v104.36122.
3. Rath P, Parul P. Homoeopathic treatment of chronic urticaria: a case series. *Indian J Res Homoeopathy*. 2020;14(4):267–278.
4. Lebowitz M, Coulson IH, Murrell DF. Treatment of skin disease: comprehensive therapeutic strategies. Poland: Elsevier; 2018. p. 864–867.
5. Tang X, Lin L, Yu F, Ma Y, et al. Allergic-related skin diseases: global disease burden from 1990 to 2021 and future trends. *World Allergy Organ J*. 2025;18(7):101072. doi:10.1016/j.waojou.2025.101072.
6. Peck G, Hashim MJ, Shaughnessy C, Asani SM, Elsayed NA, Fleischer AB Jr. Global epidemiology of urticaria: increasing burden among children, females and low-income regions. *Acta Derm Venereol*. 2021;101(4):adv00433.
7. Godse K, Farooqui S, Nadkarni N, Patil S. Prevalence of cholinergic urticaria in Indian adults. *Indian Dermatol Online J*. 2013;4(1):62–63. doi:10.4103/2229-5178.105493.
8. Khan S, Maitra A, Hissaria P, Roy S, Anand PM, Nag N, Singh H. Chronic urticaria: Indian context – challenges and treatment options. *Dermatol Res Pract*. 2013;651737. doi:10.1155/2013/651737.
9. Godse K, Patil A, De A, Sharma N, Rajagopalan M, Shah B, Tahiliani S, et al. Diagnosis and management of urticaria in Indian settings: Skin Allergy Research Society's guideline 2022. *Indian J Dermatol*. 2022;67(6):732–743. doi:10.4103/ijd.ijd_307_22.
10. Khan S, Maitra A, Hissaria P, Roy S, Anand PM, Nag N, Singh H. Chronic urticaria: Indian context challenges and treatment options. *Dermatol Res Pract*. 2013;651737. doi:10.1155/2013/651737.
11. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory. Noida: B Jain Publishers (P) Ltd.; 2000.
12. World Health Organization. The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization; 1992.
13. Sharma R, Kumar S, Vimal VK, 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;12:139–148.
14. Rath P, Parul P. Homoeopathic treatment of chronic urticaria: a case series. *Indian J Res Homoeopathy*. 2020;14:267–278.
15. Indian Journal of Research in Homoeopathy. *Indian J Res Homoeopathy*. 2024;18(1). ISSN: 0974-7168; E-ISSN: 2320-7094.
16. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory. Noida: B Jain Publishers (P) Ltd.; 2000. p. 548.
17. Murphy R. Lotus materia medica. 3rd ed. New Delhi: B Jain Publishers (P) Ltd.; 2010.
18. Vijaykar P. Predictive homoeopathy: theory of suppression. Part 1. Mumbai: Institute of Clinical Research; year not specified.
19. Hahnemann S. Organon of the art of healing. Philadelphia: Boericke & Tafel; 1833. p. 183–184 (§117).
20. Kent JT. Lectures on homoeopathic philosophy. 1st ed. Chicago: Ehrhart & Karl; 1921.
21. Close S. The genius of homoeopathy: lectures and essays on homoeopathic philosophy. 1st ed. New Delhi: Indian Books & Periodicals Publishers; 1990.

How to Cite This Article

Roy O. Role of Histamine prepared in homoeopathic diluted potency helping in symptomatic treatment and increasing the subjective well-being in acute urticaria: A case report. *International Journal of Homoeopathic Sciences*. 2025; 9(4): 1484-1489.

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