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Efficacy of chloralum hydratum 30C in the management of chronic urticaria: A case report

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Abstract
Chronic urticaria is a recurrent hypersensitivity skin disorder characterised by pruritic wheals and erythematous eruptions, often affecting the patient's quality of life. This case presents a 45-year-old female who reported to the OPD of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, with complaints of recurrent urticarial eruptions for the past two years. The eruptions were associated with intense itching and burning, occurring with variable frequency. Boenninghausen's complete symptom method was applied, and the treatment was guided by the totality of symptoms. Chloralum Hydratum 30C along with Phytum 30 (placebo) was prescribed. Improvement was assessed using the Urticaria Activity Score (UAS7). Over a period of six months, there was a gradual reduction in the intensity and frequency of eruptions, with UAS7 score showing a remarkable decline from 42 to 13, indicating significant clinical improvement. This case reflects the utility of homoeopathic management and highlights the role of symptomatic totality assessment in chronic urticaria.

Keywords: Chronic urticaria, homoeopathy, chloralum hydratum, uas7 score, case report

Introduction
Urticaria refers to a temporary outbreak of well-defined, itchy, and swollen areas of the dermis. It is also commonly known as hives, nettle rash, or wheals. These raised lesions typically persist for a few hours but resolve within 48 hours. When similar but more extensive swelling occurs in the deeper layers of the skin such as the deep dermis, subcutaneous tissue, or mucous membranes the condition is termed angioneurotic oedema. It is also referred to as angioedema, giant urticaria, or Quincke's oedema [1].

Urticaria is broadly categorized by duration and triggers. Based on duration, it is divided into acute and chronic, with the cutoff period somewhat arbitrarily set at about 6 to 8 weeks. Acute urticaria is identified retrospectively when symptoms last less than this period, and its cause is usually easy to determine. In contrast, chronic urticaria often has no obvious trigger and is then termed chronic idiopathic urticaria. Recent studies show that around 30% of such patients have IgG autoantibodies directed against the IgE receptor. Immune complex-mediated urticaria includes conditions like serum sickness and urticarial vasculitis, which represent classic Type III hypersensitivity. Papular urticaria results from hypersensitivity reactions to insect bites such as mosquitoes, fleas, gnats, mites, or bedbugs. Physical urticarias occur when factors like heat, cold, pressure, sunlight, or water provoke reproducible wheals [2]. Urticaria develops when cutaneous mast cells are activated and release mediators mainly histamine which increase capillary and venular permeability, producing wheals. The good response to antihistamines supports this mechanism. Mast cells may be triggered by allergic pathways (e.g., drug-induced IgE cross-linking) or by non-allergic stimuli such as neuropeptides (substance P), opioids, vancomycin, contrast media, and certain foods [2].

In about 30% of chronic idiopathic urticaria cases, patients develop IgG autoantibodies against the IgE receptor or receptor-bound IgE [3]. Histamine also stimulates sensory nerves to release substance P, which enhances mast cell degranulation and promotes adhesion molecule expression (P-selectin, E-selectin), intensifying the whealing response. Other mediators like IL-4 and IL-8 regulate endothelial adhesion and neutrophil recruitment, though their direct roles remain unclear.

Bradykinin contributes to angio-oedema, while complement activation is relevant in urticarial vasculitis and immune-complex urticaria. In physical urticarias, increased levels of substance P and VIP have been observed. Urticarial vasculitis may share features with SLE or may arise from abnormal immune regulation [2]. Papular urticaria involves type I and IV hypersensitivity, though the specific antigen is unknown [4].

Urticaria is fairly common, though precise data from many countries are unavailable. Sheldon reported an incidence of about 15%, while Hellgren found a prevalence of 0.1%. Over one-fifth of people experience an episode at some point in their lives. Most cases around 60% occur between 20 and 40 years of age, and the condition appears to be more frequent in older individuals [1].

Each episode usually begins with intense itching, followed by the appearance of red macules and wheals that are short-lived and fade within a few to 24 hours. Their size can range from small millimetres to large plaques, and they may occur anywhere on the body, sometimes accompanied by angio-oedema. The skin returns to normal without any residual marks. Although some patients believe their symptoms worsen during full-moon or new-moon days, there is no solid evidence to support this. Despite the severe itching, scratch marks are generally absent because patients tend to rub rather than scratch the skin. Occasionally, urticaria can be associated with systemic symptoms such as vomiting, giddiness, malaise, headache, abdominal pain, diarrhoea, dizziness, and rarely, anaphylaxis [2, 5].

Urticaria can be triggered by many factors [2].

Drugs like penicillins, NSAIDs, and antibiotics commonly cause acute episodes.

Infections viral, bacterial, or H. pylori may lead to acute or sometimes chronic urticaria.

Parasitic infestations such as Ascaris or Strongyloides can also be responsible, though now less common.

Inhalants like pollens, moulds, and animal dander may provoke episodes.

Foods (fish, milk, peanuts, etc.) and additives can cause IgE-mediated reactions, though confirmed sensitivity occurs in only some cases.

Insect bites from mosquitoes or bed bugs cause papular urticaria, while bee/wasp stings may lead to severe allergic reactions.

Injections of therapeutic sera may produce serum sickness.

Implants such as dental or orthopedic metals can rarely trigger urticaria.

Systemic diseases like SLE or thyroid autoimmunity may be associated.

Other factors include stress, and in children, cow's milk allergy.

From a homoeopathic standpoint, acute exanthematous conditions often manifest features of the tubercular diathesis. The severity of the eruptions corresponds to psora, whereas the marked exhaustion and diminished vitality suggest a syphilitic influence. Urticaria is frequently encountered in individuals belonging to the tubercular constitution [6]. In this case report, an instance of urticaria is explored to illustrate how individualized remedy selection, guided by the patient's unique symptomatology and miasmatic background, can lead to significant overall recovery.

Case Report

45-year-old female reported to the OPD of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, India, on 23/06/2023 with complaints of recurrent urticarial eruptions.

Present Complaints

The patient complained of skin eruptions with intense itching and raised erythematous lesions of variable size over the entire body. The eruptions were accompanied by a burning sensation and episodes of palpitations during flare-ups. Symptoms were aggravated by undressing, at night, after and eating meals, while warmth provided relief.

History of Present Complaints

The patient was apparently healthy two years prior to consultation. She later developed erythematous wheals associated with itching, burning, and palpitations during eruptions, recurring with variable intensity, often disturbing sleep. Anti-allergic medication provided temporary relief, but symptoms recurred frequently, leading to chronic urticaria.

Past History

The patient suffered from nephrolithiasis once during childhood and had a history of typhoid fever. No history of tuberculosis, hypertension, diabetes or major systemic illness was noted.

Family History

Her father died due to a breathing disorder. No family history of urticaria or allergic conditions was reported.

Generals

The patient is thirstless, prefers warmth for relief, and sleep was occasionally disturbed due to itching. Appetite, bowel and bladder habits were normal. On examination, the tongue appeared white coated.

Examination

Skin examination showed multiple raised erythematous wheals of variable size scattered over the body with no secondary changes. Systemic examination revealed no abnormality detected.

Diagnosis

Based on the symptoms, recurrent wheals, itching and erythema, the case was diagnosed as chronic urticaria. Severity was assessed using the Urticaria Activity Score (UAS7), which recorded a score of 42 at baseline, indicating severe disease activity.

Homoeopathic intervention

After evaluating the totality of symptoms and consulting the Homoeopathic Materia Medica, Chloralum Hydratum 30C was prescribed, six globules thrice daily, along with placebo thrice daily, and monthly follow-up was advised.

Table 1: Follow-Up

Date	Observations	Prescription	UAS7 Score
23/07/2023	Slight reduction in itching. Eruptions present with similar intensity.	Chloralum Hydratum 30 TDS + Phytum 30 TDS	38
20/08/2023	Reduction in itching and burning. Wheal size decreased.	Chloralum Hydratum 30 TDS + Phytum 30 TDS	32
22/09/2023	Further reduction in eruptions. Itching episodes less frequent.	Chloralum Hydratum 30 TDS + Phytum 30 TDS	24
26/10/2023	Night aggravation reduced. Burning occasional. Fewer flare-ups.	Chloralum Hydratum 30 TDS + Phytum 30 TDS	18
19/11/2023	Mild intermittent itching only occasionally. Almost no eruptions seen.	Chloralum Hydratum 30 TDS + Phytum 30 TDS	13

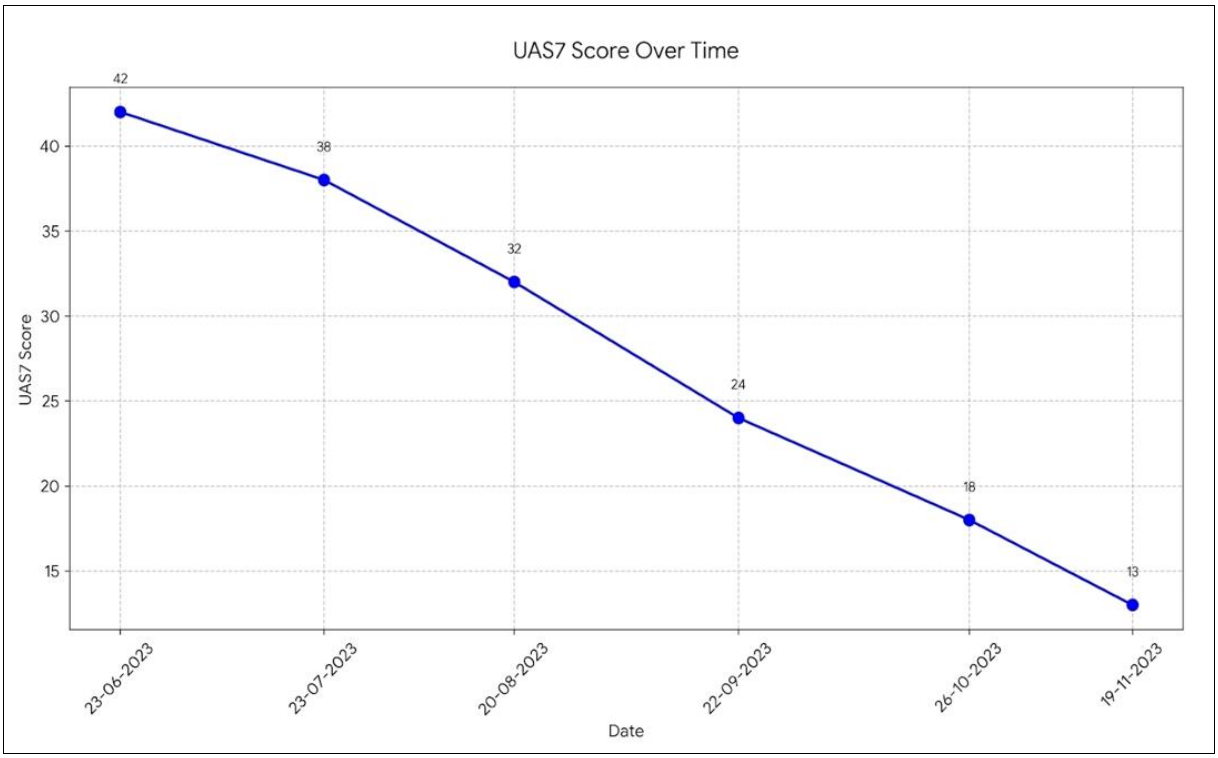

Fig 1: Line graph showing monthly UAS7 score improvement

Clinical pictures

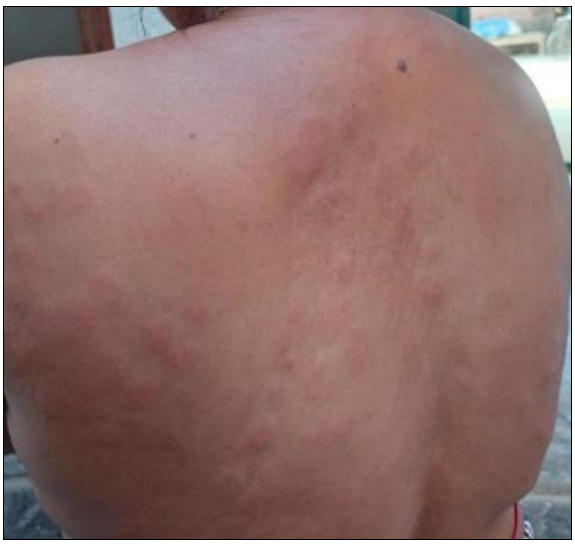

Fig 2: Before treatment

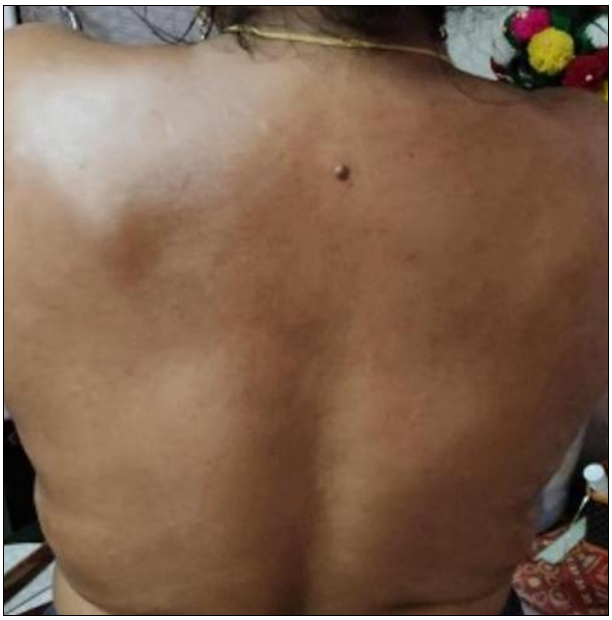

Fig 3: After treatment

Discussion

Chronic urticaria significantly impairs a patient's quality of life due to persistent pruritus and recurrent exacerbations. Effective homoeopathic management necessitates a holistic reconstruction of the symptom totality. In this case, Boenninghausen's concept of the complete symptom was employed, integrating location, sensation, modalities, and concomitants to guide the selection of Chloralum Hydratum 30. The clinical course demonstrated a progressive resolution of symptoms, objectively corroborated by a substantial reduction in the UAS7 score (from 42 to 13). This trajectory confirms a positive response to individualized homoeopathic intervention.

Conclusion

This case highlights the successful management of chronic urticaria with Chloralum hydratum 30C, showing notable improvement supported by a reduction in UAS7 score from 42 to 13.

Acknowledgements

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Conflict of Interest

No conflict of interest is declared regarding this report.

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