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Urticaria: A case study

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Abstract

Urticaria (or hives) is a skin condition, commonly caused by an allergic reaction that is characterized by raised red skin welts. It is also known as *nettle rash*. Hives can appear anywhere on the body, including the face, lips, tongue, throat, and ears. Rash may vary in size from about 5 mm (0.2 inches) in diameter to the size of a dinner plate; they typically itch severely, sting, or burn, and often have a pale border^[1].

Keywords: urticaria, angioedema, hives, homoeopathy

Introduction

Urticaria is a disease characterized by erythematous, edematous, itchy and transient urticarial plaques and covering the skin and mucous membranes. Almost 8.8-20% of individuals in the community are experiencing urticaria once in their lifetime^[2]. Many factors may be responsible in the etiology of the disease. Often, encountered factors include- Medication, food, Respiratory allergens and so on. Urticaria related to the drugs given intravenously will occur immediately. While the drugs generally cause acute urticaria, they may cause emergence or exacerbation of CSU^[3].

Classification of Urticaria

1. Acute spontaneous urticaria - It lasts <6 weeks.
2. Chronic spontaneous urticaria (CSU) - It recurs at least twice a week and lasts >6 weeks.
3. Physical urticaria (chronic inducible urticaria) - It emerges due to etiological factors as dermatographism, cold, hot, vibration, pressure, and solar factors. It constitutes 20-30% of chronic urticaria^[4].

Episodic chronic urticaria

It lasts >6 weeks but recurs <2 times per week^[5].

It should be kept in mind that CSU and physical urticaria can be seen together. CSU is most commonly associated with dermatographic urticaria and late pressure urticaria^[6].

Clinic Manifestations

The urticarial plaque has three characteristics as characteristic REDNESS, BLISTERING, and ITCHING. Sometimes, a burning sensation may accompany. Lesions can occur anywhere in the body and recover in approximately 2-3 h without leaving a trace. This spontaneous recovery can sometimes last up to 1 day.

In angioedema, especially in areas such as eyelid and lip mucosae, there is a sudden-onset skin swelling. Pain and burning sensation may be at the forefront rather than pruritus. The lesions regress spontaneously in about 72 h^[7].

Dermatographism is an erythema and edema occurring about 10-20 min after applying mechanical trauma to the skin. While this situation may be encountered in almost half of the population, if this region is itchy, then this entity is called dermatographic urticaria. This condition is seen in about 4% of the society^[8].

General Management

Elimination of detectable etiologic causes and avoiding triggers constitute the first step of treatment. If the patient expresses that the lesions occur in any condition, such as after a drug or food intake, he must avoid this situation. If there is a noticeable infectious condition, it should be treated.

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In an important subgroup of patients with chronic urticaria, exacerbations triggered by physical stimuli occur. Training patients can help them avoid these stimuli or understand their symptoms. As an example, heat (hot showers and excessive humidity) is the common trigger of many people. Tight clothing or rubber bands may exacerbate symptoms. On the other hand, physical urticaria (dermographism, cold, hot, solar, cholinergic, pressure urticaria, etc.) developed with the stimuli of physical factors should be properly diagnosed and the stimulant should be eliminated [9].

Homoeopathic Management

Many well indicated remedies are given by different authors and stalwarts of homoeopathy in literature. Depending on the emotions, on trigger factors, on physical exertions and many more remedies are been elaborated. Out of which few remedies like Apis mellifica, Arsenicum album, Bovista, Dulcamara, Rhus-tox, Sulphur, Urtica urens are well indicated remedies [10]

Ars Alb - Breathing: asthmatic; must sit or bend forward; springs out of bed at night, especially after twelve o'clock; unable to lie down for fear of suffocation; attacks like croup instead of the usual urticaria [11].

Apis Mellifica: Skin usually white, almost transparent (ovarian dropsy). Stinging, burning, prickling, smarting, or itching of the skin; sensitiveness to the slightest touch. Urticaria like bee stings, or stings from other insects, with intolerable itching at night (Ant. crud., Arn., Led.). Eruption like nettle rash over the whole body (Acon., Puls.). Swelling and dry erysipelatous redness. Body covered with large, elevated white wales. °Carbuncles, with burning, stinging pains (Ars.). Intensely deep red rash (Bell.) [12].

CASE STUDY- Dated – 15th October -2019

A female aged 60yrs presented the following complaints

Presenting Complaints

A rash appeared on the face, legs, hands since 8 months back. Sudden onset of the symptoms. Rash appears suddenly and disappears suddenly. No itching in initial stages, sleep was disturbed, appetite decreased.

Past History

Takes pain killer for joint pains occasionally. No other specific treatment history

Personal History

Diet – Non- Vegetarian

Family History

Father and mother expired because of old age
Elder sister – DM

Younger brother – HTN

Physical Symptoms

Appetite- Decreased
Thirst – 3-4lits/day
Desire- ice creams, pickles
Thermal – towards chilly
B/B – Regular
Obstetric history – G3 P3 L3 A0-
Sleep -disturbed
Perspiration- Normal
Menstrual history – Menarche- 12yrs
Menopause – At age of 50yrs
Normal vaginal delivery

Life Space Investigation

Patient is from middle socio-economic status, lives with her husband, Husband is a retired employee. In childhood was not interested to study, so no regret for it, Married at age of 21yrs, Had three children’s 1 daughter and two sons. Daughter cheated the patient 15 yrs back, elder son expired at age of 8 yrs accidentally. Feels bad for those things till date. Younger son got married but made them to go out of the house as she was not in good terms with daughter in law. Always brooding about the past.

Pt as a Person - Very anxious about her health. Likes company, being alone aggravates her symptoms. Cries easily. Consolation aggravates the symptoms. Gets angry easily – shouts sometimes hurts herself.

Systemic Examination

CVS – s1 s2 Heard
CNS – intact
RS – enlarged turbinate’s
LS – Deformed toes, climbing with difficulty, squatting Position is impossible.

Local Examination – Red rash all over the body, if itching is present rash spreads

Provisional Diagnosis – URTICARIA

Miasm – Psora- sycosis

Repertorial Totality [13]

1	Food - APPETITE, general - diminished
2	Food - SALT, general - desires
3	Mind - BROODING - disappointment, over
4	Mind - CONSOLATION, general - agg., from kind words
5	Mind - CRYING, weeping
6	Mind - SENSITIVE, general (with all subrubrics)
7	Skin - URTICARIA, hives

	Nat-m.	Calc.	Bell.	Sulph.	Sil.	Chin.	Merc.	Thu.j.	Caust.	Sep.
	7/18	6/13	6/12	6/11	6/10	6/9	6/9	6/8	5/12	5/12
1	1	1	1	1	1	1	1	1	2	1
2	3	2	-	1	1	2	1	2	2	-
3	2	-	3	-	-	-	-	-	-	-
4	3	1	2	1	3	1	1	1	-	3
5	3	3	2	3	1	1	3	1	3	3
6	3	3	3	2	3	3	2	2	2	3
7	3	3	1	3	1	1	1	1	3	2

Follow Up

1. Mind – consolation- agg
2. Mind – brooding –disappointment
3. Mind – Crying – weeping
4. Mind – sensitive – general
5. Food- Appetite – diminished
6. Food – Salt – desire
7. Skin – urticaria – hives

Remedy – Nat-Mur-200 1dose, SL – 1 month

Follow Up

15/11/20 – Feeling better with medication - SL- 1weekly once Generals good. SL -1 month 3/3

16/1/20 – Feeling better with medication – SL- 1 weekly once No itching, no redness. SL- 1 month

Appetite – improved

12/2/20 – Occasionally rashes appeared - Nat-mur 200 1 dose Feeling anxious about health SL – 15 days Other generals good

After Four Months Sudden Onset of Symptoms, With Angiodema

17/4/20 – Complaints aggravated -----Apis – 200 3doses

On back, face with angioedema SL -15 days 3-3-3

Sleep disturbed

Itching ³, Redness and burning

Intolerable itching

Observation – wants to see her son, could not see because of lockdown

30/5/20 – Pt was feeling better, but rashes and itching were persisting – Nat mur 200 2doses Sleep disturbed, Appetite decreased weekly once Other generals' good SL-3-3

14/6/20 – Rashes slowly improving ----- SL -3doses Itching reduced, no burning weekly once Sleep – good SL- 3-3

Appetite – not improved

After 17/4/20 angiodema never appeared, Symptoms subsided, now patient never complained about rashes till September and she was on SL, Gradually appetite increased, Sleep was good. Managing her daily routines



Before Natrum-Mur-200 The Below Condition



In This Condition APIS-200 Was Given

14/6/20 Itching reduced, Redness reduced, appearance of rashes reduced.

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