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Urticaria: A case study

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Abstract

Urticaria or hives is a commonly caused condition, which is an allergic reaction that is characterized by raised red skin welts which are also known as *nettle rash*. Hives appear anywhere on the body, including the face, lips, tongue, throat, and ears, which may vary in size from about 5 mm in diameter. These rash is characterized with itch severely, sting, or burn, and have a pale border.

Keywords: Urticaria, angioedema, hives, homoeopathy

Introduction

Urticaria is a disease of allergic reaction 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]. Often, encountered factors include- Medication, food, Respiratory allergens and many more. The drugs generally cause acute urticaria, they may cause 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 dermographism, cold, hot, vibration, pressure, and solar factors. This constitutes 20–30% of chronic urticaria [4].

Episodic chronic urticaria

- 1. It lasts for >6 weeks but recurs in <2 times per week [5].
- 2. Usually, CSU and physical urticaria can be seen together. CSU is commonly associated with dermatographic urticaria and late pressure urticaria [6].

Clinic Manifestations

The urticarial plaque has three characteristic symptoms i.e REDNESS, BLISTERING, and ITCHING. In some cases, burning sensation can be associated. Lesions can occur anywhere in the body any time and recover in 2–3 h without leaving a trace. This spontaneous recovery can sometimes last up to a day.

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

Dermographism 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 dermatographia urticaria [8].

General Management

The first step of treatment is detecting causes and avoid trigger factor. If the patient complaints that the lesions occur in any condition, such as after a drug or food intake, he must avoid this situation. If there is any noticeable infectious condition, it is to be treated. Physical stimuli are the exacerbating trigger factor for chronic urticaria. So, if we start training patients and help them to understand the symptom and causation of the disease. 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 develop with the stimuli of physical factors which should be properly diagnosed and the stimulant should be eliminated or treating the causation [9].

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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]

Arsenicum Album: Breathlessness, want to sit or bend forward. Aggravation after 12 'o clock. Patient is unable to lie down because fear of suffocation. Instead of usual urticaria it may be seen as croup [11].

Apis Mellifica: Nettle rash eruptions all over the body Stinging, burning, prickling, smarting, or itching of the skin. Sensitiveness on slightest touch. Urticaria is like bee stings with intolerable itching agg at night. Body covered with large, elevated white wales. Dry erysipelatous redness with swelling. Carbuncles are presented with burning, stinging pains. Very deep red rash ^[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.	Thuj.	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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