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Urticaria - A Case Study

Dr. Rajeev Saxena

Professor, M.D.(Hom.), HoD & PG Guide, Department of Repertory, S. K. Homoeopathic Medical College and Research Centre, Jaipur-302 022, Rajasthan, India

Abstract: ***Urticaria is a vascular reaction which interferes in the individual's daily routine life. It may be acute or chronic. It is manifested by pruritus and rashes. A 32 year female reported with complaints of urticaria and worm infection. Case taking was done followed by repertorization using BTPB and Sulphur as anti-miasmatic followed by sepia as individualized medicine was given. This case shows the effect of homoeopathic treatment in cases of urticaria.***

Keywords: Homoeopathy, Urticaria, Miasm, BTPB

1. Introduction

Urticaria (hives) is a vascular reaction of the skin marked by the transient appearance of smooth, slightly elevated papules or plaques (wheals) that are erythematous and that are often attended by severe pruritus.[1] Urticaria ('hives') is caused by localised dermal oedema secondary to a temporary increase in capillary permeability. If oedema involves subcutaneous or submucosal layers, the term angioedema is used.[2] Urticaria involves only the superficial portion of the dermis, presenting as well-circumscribed wheals with erythematous raised serpiginous borders and blanched centers that may coalesce to become giant wheals. Recurrent episodes of urticaria and/or angioedema of less than 6 weeks duration are considered acute, whereas attacks persisting beyond this period are designated chronic.[3]Individual wheals last for less than 24 hours; if they persist, urticarial vasculitis needs to be considered. Clarification of duration can be achieved by drawing around the weal and re-assessing 24 hours later. Acute urticaria may be associated with angioedema of the lips, face, tongue, throat and, rarely, wheezing, abdominal pain, headaches and even anaphylaxis.[2]

Predisposing Factors and Etiology

Persons in any age group may experience acute or chronic urticaria, these lesions increase in frequency after adolescence, with the highest incidence occurring in persons in the third decade of life. Urticaria occurring during the appropriate season in patients with seasonal respiratory allergy or as a result of exposure to animals or molds is attributed to inhalation or physical contact with pollens, animal dander, and mold spores, respectively. Additional etiologies include physical stimuli such as cold, heat, solar rays, exercise, and mechanical irritation. Some drugs and infections are also responsible for the urticaria. [3]

Pathophysiology and Manifestations

Urticarial eruptions are distinctly pruritic, may involve any area of the body from the scalp to the soles of the feet, and appear in crops of 12- to 36-h duration, with old lesions fading as new ones appear. The most common sites for urticaria are the extremities and face, with angioedema often being periorbital and in the lips.[3] Mast cell degranulation and release of histamine and other vasoactive mediators is the basis of urticaria.[2] The pathology is characterized by edema of the superficial dermis in urticaria and of the subcutaneous tissue. Collagen bundles in affected areas are widely separated, and the venules are sometimes dilated. Any perivenular infiltrate consists of lymphocytes, monocytes, eosinophils, and neutrophils that are present in varying combination and numbers.[3] Urticaria results from the release of histamine, bradykinin, leukotriene C4, prostaglandin D2, and other vasoactive substances from mast cells and basophils in the dermis.**[4]** These substances cause extravasation of plasma into the dermis, leading to the urticarial lesion. The intense pruritus of urticaria is a result of histamine released into the dermis. [5]

2. Clinical Presentation

Pruritus (itching) and rash are the primary manifestations of urticaria, and permanent hyperpigmentation or hypopigmentation is rare. [1]

Lesions commonly last 20 minutes to 3 hours, disappear, and then reappear in other skin areas. An entire episode of urticaria often lasts 24-48 hours; individual lesions usually fade within 24 hours or so, but new lesions may be developing continuously. Rarely, acute urticaria can last 3-6 weeks.[6]

3. Investigations

Investigations should be guided by the history and possible causes but are often negative, particularly in acute urticaria. Some or all of the following may be appropriate: [2]

- **Full Blood Count:** Eosinophilia in parasitic infection or drug cause.
- **Total Eosinophil Count:** Raised in cases of allergic reaction.
- Vacuolated Eosinophil Count
- Erythrocyte Sedimentation Rate (ESR) Or Plasma Viscosity: elevated in vasculitis.
- Urea and Electrolytes, Thyroid and Liver Function Tests, Iron Studies: may reveal an underlying systemic disorder.
- **Total Ige and Specific Ige to Possible Allergens:** e.g. shellfish, peanut, house dust mite.
- **Antinuclear Factor:** positive in systemic lupus erythematosus (SLE) and often positive in urticarial vasculitis complement C3 and C4 levels: if these are low due to complement consumption, C1 esterase inhibitor activity should be measured.
- **Skin Biopsy:** if urticarial vasculitis is suspected.

- **Challenge Tests:** to confirm physical urticarias.

Homoeopathic Management:
Homoeopathic treatment focuses on patient as a person, at the same time take into consideration his/her pathological condition. There has been growing interest in the use of Homoeopathy in various dermatological disorders.[7] In homoeopathic literature, Kent repertory has 101 drugs under rubric– Skin, eruptions, urticaria**,**[8] Boger-Boeninghausen repertory has 75 drugs under rubric– Skin, eruptions, urticarious (nettle rash**),**[9] Boger's Synoptic Key presented 11 drugs under– Skin, eruptions, urticarious, hives, wheals, etc**.,**[10] Boericke's Repertory under urticaria (hives, nettle rash) has 54 drugs**,**[11] Knerr Repertory of Hering Guiding Symptoms has 61 drugs under– Skin eruptions, urticaria (nettle rash, hives),[12] Clarke in 'The Prescriber' under nettle rash (urticaria) has given 10 drugs.[13]

4. Case

Mrs. AL, a 32 years old Hindu, tall, female patient. She is married and is artisan of lakh and glass articles especially bangles, belongs to a very poor family, resident of slum area presented herself with the following ailments on 18.01.2019.

She had been suffering from chronic Urticaria since 3 years. Eruptions occurred daily before she went to sleep and caused severe itching and burning. There was swelling around the rashes. The eruptions were light brown in colour, small in size, irregular in manner, hard and nodular, wheal type, clearly demarcated, inverted and dry. They persist for few minutes to half an hour. The attacks of eruption were sudden and had been appearing daily since 2.5 years. Eruption aggravates before sleep and washing and amelioration after stool.

Other associated ailments are that she suffers from fever occasionally. Fever is associated with offensive odour from her body. After 1 or 2 days fever subsides itself. She feels bearing down sensation In vaginal region which ameliorates by putting the legs over each other and pressing the lower extremities.

The patient reported that she took Allopathic treatment for the cure of Urticaria continuously for three years, but could not be cured. On the contrary, she feels relief only for a short while, but the eruptions re-appears next day.

5. Patient as a Whole

Appetite- Satisfactory
Desire-Sweet
Habit-Tea
Stool- Satisfactory but sometimes itching is present around anus after stool.
TR- Chilly

Mental History- Patient is mild but irritates when anyone contradicts her. She has aggravation from consolation. Sometimes she wants to be alone.

Menstrual History- Her menstrual cycle was almost regular and normal but it persisted for 5-7 days. Flow of the blood during meanses was scanty and its duration was short. It gave offensive odour. The patient suffered from leucorrhoea which causes itching. The discharge was acrid, offensive, semi-liquid and yellow in colour.

Obstetric History
The patient had three FTND male children and one was aborted.

Sexual History
The patient remained dissatisfied with regard to her sexual relations with her husband because she had been suffering from Dyspareunia.

Lab. Investigations
Blood - Hb. 10 gm.%, ESR-48mm./hour, TEC-100 & VEC-00, Stool: Ova-Ascaris, Dermatographic Reactions ++ve.

In the history of the patient her particular symptoms were found more prominent. Hence the case was analyzed, evaluated and repertorized with the help of Boenninghausen Therapeutics Pocket Book considering following rubrics:

1) Skin Wheals and Hives eruptions and nodular (212)
2) Skin eruptions rashes (213)
3) Skin eruptions dry (210)
4) Skin itching in general (218)
5) Skin Nettle-rashes (211)
6) Skin swelling of affected part hard skin (227)
7) Fever sweat odour offensive (265)
8) < Sleep before (299)
9) < Water and Washing (309)
10) < Stool after (319)

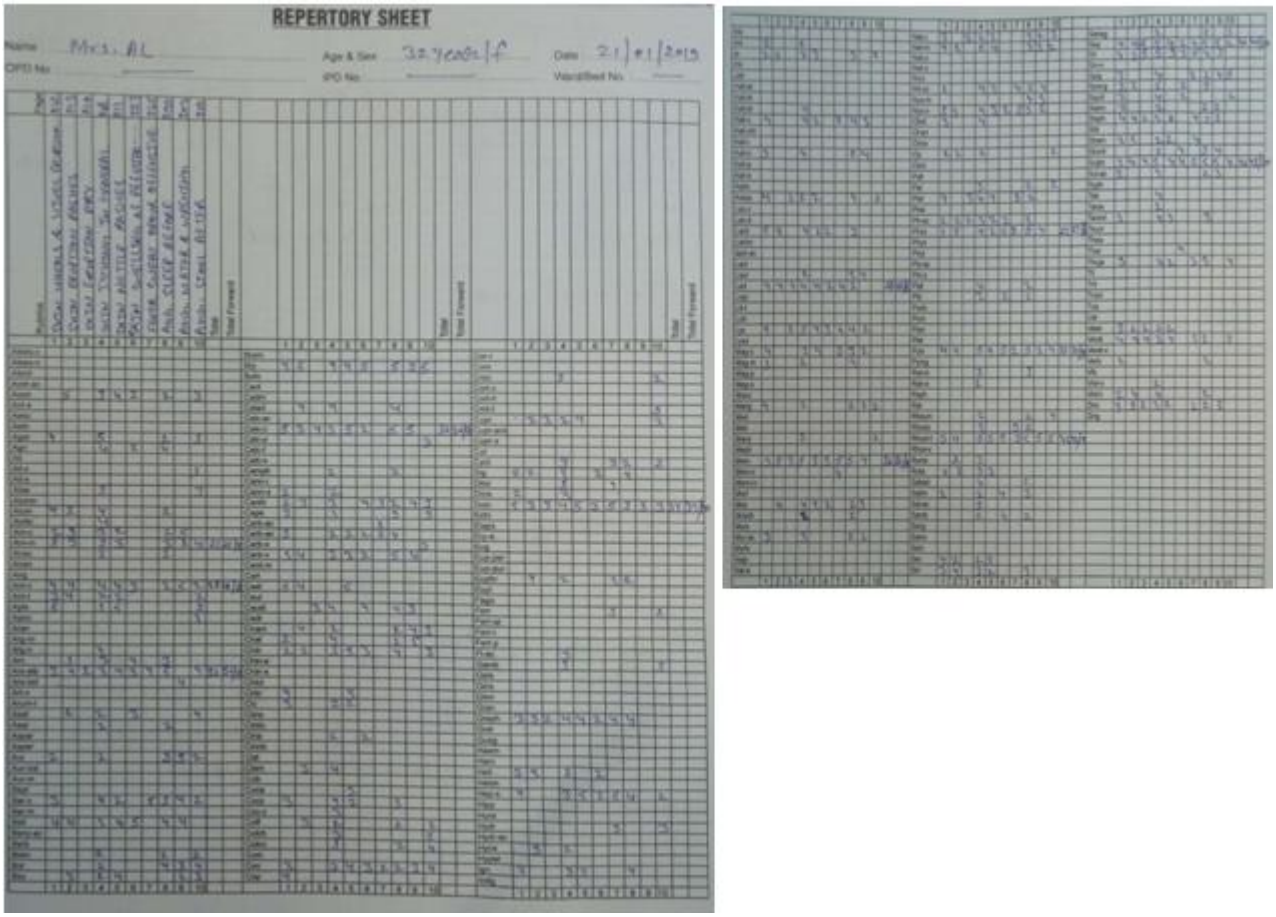

Figure: Repertory Sheet (using BTPB)

It was astonishing to note that the two medicines, SULPHUR and SEPIA that emerged our after repertorization, covered almost similar marks 43/10 and 40/10 respectively. Both the medicines covered all the 10 rubrics. Both the medicines were considered important for curing the patient. Symptoms like Eruptions, Urticaria or Nettle-rashes, itching and burning, dryness, fever, sweat aggravation and amelioration are main characters of SULPHUR, whereas, SEPIA was also also considered important because it works well in regard to female patients. SEPIA covered very important symptoms pertaining to Leucorrhoea, irregular menses, Dyspareunia, bearing down sensation and aggravation by water and washing. Keeping in view the nature and condition of the patient, the treatment was started by giving an anti-psoric medicine SULPHUR as the psora miasm was prominent followed by SEPIA. CHELONE-Q was also given for de-worming purpose.

Follow-Up Notes

Date	*Follow-Up*	*Prescription*
25-01-19	- Chronic urticarial rashes with severe itching & burning - Rashes dry, hard & nodular.	Sulphur 200 OD e.m.e.s. X 2 days PL 30 QID 6 hourly X 7 days. Chelone Q 10 drops BD X 7 days.
07-02-2019	No improvement	Sepia 30 QID 6 hourly X 15 days. Chelone Q 10 drops BD X 15 days.
27-02-2019	Rashes decreased with decrease in burning and itching. Dermatographic reaction ++ve.	Sepia 30 QID 6 hourly X 15 days. Chelone Q 10 drops BD X 15 days.
16-03-2019	Rashes almost subsided. Dyspareunia relived. Demographic reaction positive.	Sepia 30 QID 6 hourly X 45 days. Chelone Q 10 drops BD X 45 days.
02-05-2019	Improvement. No episode of urticarial rash.	Rubrum 30 QID 6 hourly X 15 days. Chelone Q 10 drops BD X 15 days.
15-05-2019	Improvement. No episode of urticaria.	Rubrum 30 QID 6 hourly X 30 days. Chelone Q 10 drops BD X 30 days.
12-06-2019	Improvement. No episode of urticaria and itching	Rubrum 30 QID 6 hourly X 30 days.
17-07-2019	Improvement.	Rubrum 30 QID 6 hourly X 30 days.
13-08-2019	Improvement.	Rubrum 30 QID 6 hourly X 30 days.

6. Conclusion

Despite low mortality, it can have devastating effects on the quality of life (QoL) of those who are suffering from it. Due to its chronic nature, many patients suffer from significant detrimental effects on their QoL and experience symptoms of depression or anxiety.[7] But Homoeopathy has established its effectiveness in these cases and this case further proves the therapeutic power of homoeopathic medicine in cases of urticaria.

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Author Profile

Prof. Dr. Rajeev Saxena is a senior homoeopathic physician practicing in homoeopathy since 25 years. He completed his Bachelor and Masters in Homoeopathic Science from University of Rajasthan, Jaipur. He completed his masters in Repertory subject. He is currently working as Professor, HoD, PG and PhD guide in Department of Repertory at S. K. Homoeopathic Medical College and Research Centre, Jaipur since 17 years. He has tremendous enthusiasm and passion for homoeopathy, more especially studying the repertory keenly and in great detail. He had participated various seminars, workshops and conferences related to homoeopathy and repertory. He has a flair for writing articles related to homoeopathy and repertory. He has hobby of reading literatures related to various fields. He thinks that the positive ideas, good behavior and logical thinking are the most helpful and fruitful when carefully applied in Homoeopathic study and practice. Beside his devoted work as Homoeopathic physician in public institutions as well as private practitioner, he has been awarded and honored in the field of health, homoeopathy and social services by various foundations and institutions.