



URTICARIA AND ITS HOMOEOPATHIC APPROACH

Dr. Arvind Sharma^{1*}, Dr. Neharika Singh Kushwaha².

¹Professor, Department Of Repertory, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

²M.D. (PGR), Department Of Repertory, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, Rajasthan, India

Abstract: Urticaria is a disease, which is characterized with development of angioedema or wheals or both. It has three types, chronic spontaneous urticaria, acute spontaneous urticaria and chronic inducible urticaria. In most of the cases of urticaria, oedema spread on upper surface area of skin which is caused due to increase in capillary permeability. Whereas certain body sites like as lips and hands, the oedema spread deeper. It is associated with angioedema of lips, face, throat and rarely wheezing, abdominal pain. In cases of severe angioedema it can be life-threatening because it will cause respiratory obstruction, it is rare condition. This disease commonly affects young adults rather than old age groups, females are more affected than males. Approximately 15 to 20% of the population will suffer from urticaria, once during their lifetime. In alternative medicine, we use some medication like as Fexofenadine, cetirizine and levocetirizine are the first line of treatment; this treatment of urticaria is symptomatic which is non-curative method. This alternative medicine method does not eliminate the recurrence tendency of urticaria. Whereas, in homoeopathy we treat a patient on the basis of individualization; this method reduces the chances of recurrence significantly. Homoeopathic literature acknowledges many medicines for the urticarial condition, of which a similia can help a patient for keeping the disease at bay for a longer period. Homoeopathic remedies can offer gentle and safe relief.

Keywords: Urticaria, Homoeopathy, Therapeutic medicines.

Introduction:

Urticaria is very common condition of skin which is rarely fatal, it can impair of quality of life a patient who is suffering from urticaria. Some factors are responsible for the urticaria, these factors trigger cutaneous mast cell degranulation and this resulting extravasation of plasma into the dermis.^[1]

Classification of Urticaria:-

- **Acute spontaneous urticaria (ASU):** If wheals and/or angioedema appear spontaneously for the total duration of fewer than six weeks.
- **Chronic spontaneous urticaria (CSU):** If wheals and/or angioedema appear spontaneously for the total duration of six weeks or more. This is synonymous with "chronic urticaria" and "chronic idiopathic urticaria."
- **Episodic chronic urticaria (ECU):** If wheals and/or angioedema appear lasts more than 6 weeks and recurs at least 2 times a week.
- **Chronic inducible urticaria (CIndU):** If wheals and/or angioedema appear by physical factors (**like as: touch, pressure extremes**) for the total duration of six weeks or more. This is synonymous with "physical urticaria."^[2]

Epidemiology:

Lifetime prevalence for urticaria is reported as 7.8–22.3%, with point prevalence being 0.5–1.0%. Approximately 4–33% of cases are reported to be physical urticaria and 1–7% of cases are cholinergic urticaria. The exact prevalence in India is not known.

CU is a chronic disease whose duration is estimated to be 1–5 years on an average. Of the diagnosed CU patients, 50% resolves within 6 months of onset. Another, 20% resolves within 3 years. Further, 20% resolves within 5–10 years. However, 2% of CU cases may take up to 25 years to resolve. There are reports to suggest in very rare situation; CU can persist for up to 50 years.^[3]

Etiology:

Exact cause of Urticaria is unknown. There are some factors which may be responsible for the development of Urticarial rashes are as follows:-

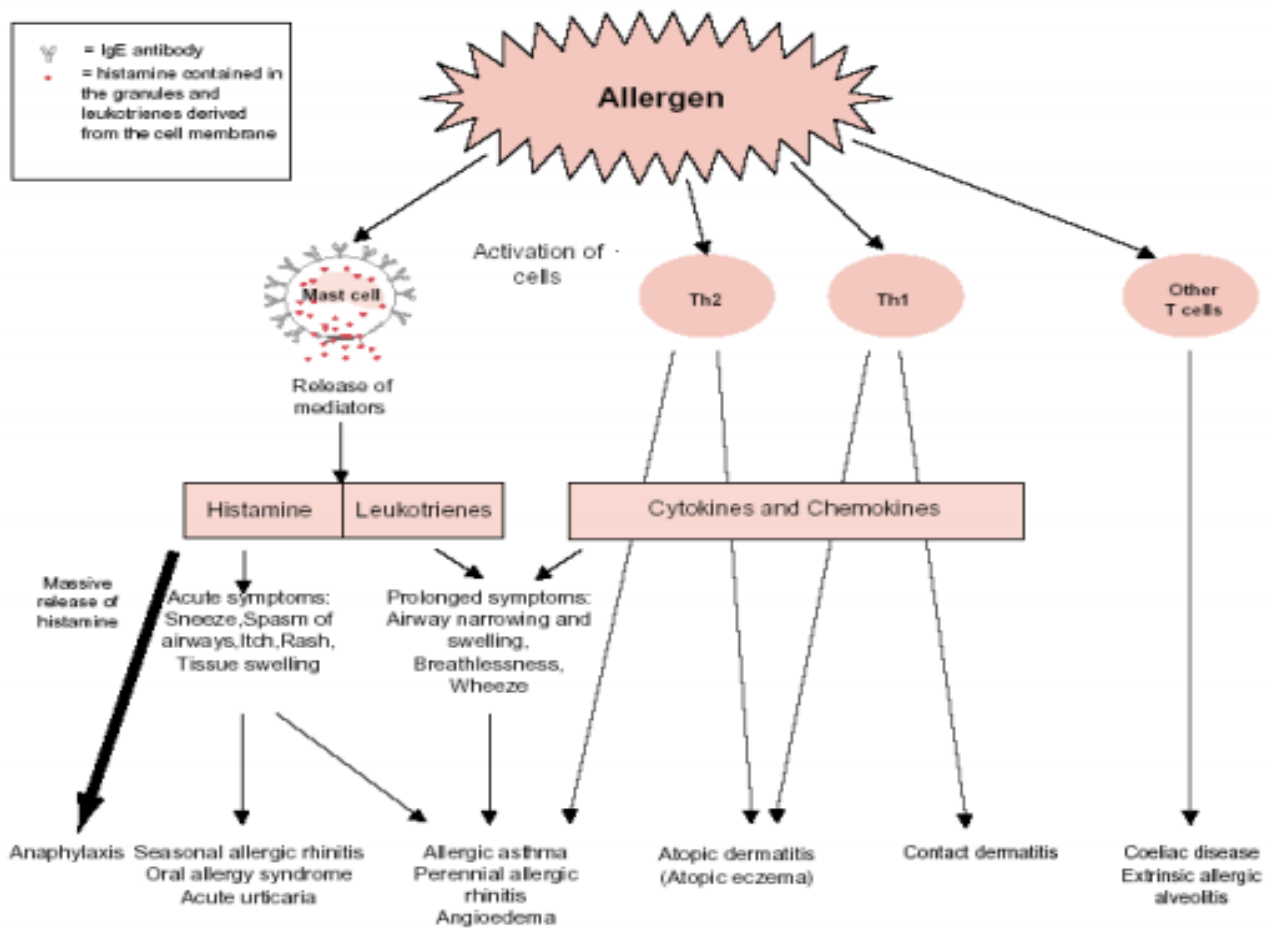
- Autoimmune: due to antibodies that cross-link the IgE receptor on mast cells.
- Allergens in foods and inhalants: Contact allergens: latex, animal saliva.
- Physical stimuli: heat, cold, pressure, sun, sweat, water.
- Infections: intestinal parasites, hepatitis.
- Others: SLE, pregnancy, thyroid disease.
- Idiopathic: chronic spontaneous urticaria and angioedema Urticarial vasculitis.
- Hepatitis B, SLE, idiopathic.^[4]

Pathophysiology:

It is believed that mast cell is the main cause of urticaria. The mast cells degranulate with release of histamine which cause angioedema and wheals. It is formed by increase in permeability of capillaries and venules. These angioedema and wheals are dependent on activation of mast cells.

When H1 & H2 histamine receptors interact with each other that produce vascular permeability in skin. When H1 receptors activated in skin, it produce itching, flare, erythema, whealing & contraction of smooth muscles of respiratory and GIT. If H2 receptors activated in skin, it produce erythema and whealing in skin.^[5]

Histopathologically urticaria is an inflammatory reaction which contain of CD4 + and CD8 + T lymphocytes, eosinophils, basophils and neutrophils.^[6]



Response of mast cell to specific allergen

Clinical features:

Urticaria is associated with diverse clinical presentation that may be localized or generalized.^[7]

The important symptom of urticaria is the rapid appearance of wheals and/or angioedema.

A wheal consists of three typical features:

- (i) Central swelling of variable size.
- (ii) Itching or sometimes burning.
- (iii) A fleeting duration of usually 1-24 h.
- (iv) It is sometimes painful and resolution is slower than for wheals (up to 72 h).^[5]

Diagnosis & Investigation:

Diagnosis of the Urticaria are predominantly symptomatic. Although Physical examination, Detailed history and investigations can also be done.

Physical Examination:- The physical examination should focus on conditions that might precipitate urticaria or could be potentially life threatening, such as the following :

- Angioedema of the lips, tongue, or larynx
- Individual urticarial lesions that are painful, long lasting (longer than 36-48 h), or are ecchymotic; also, urticarial lesions that leave residual hyperpigmentation or ecchymosis upon resolution (suggesting urticarial vasculitis)
- The presence of systemic signs or symptoms, particularly fever, arthralgias, arthritis, weight changes, bone pain, or lymphadenopathy
- Scleral icterus, hepatic enlargement, or tenderness that suggests hepatitis or cholestatic liver disease
- Thyromegaly suggesting autoimmune thyroid disease; joint examination for any evidence of connective tissue disease, rheumatoid arthritis, or systemic lupus erythematosus (SLE)
- Lungs for pneumonia or bronchospasm (asthma).
- Skin for evidence of bacterial or fungal infection.^[8]

Investigations:

Complete blood count (CBC), stool and urine examination, thyroid function tests, hepatitis screening, antinuclear antibodies (ANA), total IgE, skin prick test, serological ELISA test, autologous serum skin test and ultrasonography may be carried-out if any underlying illness is suspected.^[7]

Differential diagnosis:

- Atopic dermatitis.
- Contact sensitivity.
- Cutaneous mastocytosis (urticaria pigmentosa).
- Systemic mastocytosis.^[9]

Complications:

Unlike angioedema, which may affect the airway, CU is not a life-threatening disease. As a rule, lesions of CU should resolve without complications; however, patients with severe pruritus may develop scratch purpura and excoriations that may become secondarily infected. Additionally, antihistamine use may cause somnolence and dry mouth. Finally severe chronic CU has been shown to have a negative impact on the quality of life of affected patients.^[10]

General management:

- The goal of managing urticaria is to identify and then remove the offending agent/cause.
- Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) may aggravate urticaria and should be avoided.
- Soothing lotions (calamine) and cool compresses are given for relieving pruritus.
- A trial of elimination diet or a course of antibiotic, antifungal and antihelminthic drugs may be useful in some cases.
- H1 anti-histaminic drugs (AHD) are the mainstay of treatment. Algorithm for the pharmacologic management.^[7]

Homoeopathic Management & Homoeopathic therapeutics of Urticaria:^{[11][12][13][14][15]}

Conventional treatment is efficacious to draw away the superficial lesions which mostly reappear after sometime. According to homoeopathy, no eruption is local and is manifestation of internally deranged vital force, hence medicine given, should also act on dynamic level and should be given internally to assist vital force to cure. Dr Hahnemann said, "There are no diseases, only sick people". Homoeopathy has no specific medicine for all patients of the same diagnosis, it treats the patient individually. In homoeopathy, External application on a diseased part is not applicable. Only homoeopathic medicine should be given internally only which is selected on the totality of symptoms.(Aph 194)

As regards the cause of disease Dr. Hahnemann has classified causes into 3 categories-exciting cause(for acute disease), maintaining cause (causa occasionalis, which must be removed where it exists, for chronic disease) and fundamental cause (which is generally due to chronic miasm) (Aph.5, 7) The Homoeopathic treatment consist of not only giving the indicated homoeopathic drugs, but to eliminate exciting and maintaining cause.

For treating the patient, Patient's Personal history like age, mode of living, diet, occupation, domestic circumstances, social relations etc are very important. It only help us to know to patient completely but also helps to know the cause of disease and many other factors which maintain the disease (exciting or maintaining cause) as well as for the selection of homoeopathic medicine (Aph 208)

Apis Mellifica: Acts on cellular tissues causing oedema of skin and mucous membranes. Ailments from bee stings. Swelling or puffing up of various parts, oedema, red rosy hue, stinging pains, soreness, intolerance of heat, and slightest touch, and afternoon aggravation are general guiding symptoms of apis. There is extreme sensitiveness to touch and general soreness is marked. Erysipelatous inflammations, dropsical effusions are characteristic pathological states corresponding to Apis. Useful for Urticaria, Hives with intolerable itching, oedematous swellings. Nettle rash after perspiration. < by heat in any form; touch, pressure; late in afternoon; after sleeping; in closed and heated rooms, Right side. > in open air, uncovering, and cold bathing.

Antim Crud: Excessive irritability and fretfulness together with a thickly coated white tongue are truly guiding symptoms of Antim Crud. It is indicated for Urticaria in which itching when warm in bed. Skin symptoms with Gastric derangements. Skin is sensitive to cold bath. < heat & cold bathing, evening, acids. > open air, rest, moist air.

Antipyrinum: It acts especially on the Vaso-motor centers causing dilatation of capillaries of skin & consequent circumscribed patches of hyperemia & swelling. It is useful for acute erythema multiforme, intense itching. Urticaria which appears & disappears suddenly with internal coldness. Angioneurotic oedema. Dark blotches on skin sometimes with oedema.

Anacardium: Skin symptoms of Anacardium are similar to Rhus tox. Useful for Urticaria with intense itching with mental irritability. Itching, swelling in Urticaria, eruption looks like that of Poison Oak. < application of hot water. > rubbing.

Arsenic Album: Debility, exhaustion & restlessness with nighty aggravation are most important theme of this remedy. Useful for Urticaria with itching, burning, swelling, oedema worse by cold & scratching. Urticaria with burning & restlessness. Asthma or Respiratory symptoms alternates with Urticaria. < wet weather, after midnight, from cold, cold drinks, cold food, cold season. > from heat, warm drinks.

Astagus Fluviatilis: Urticaria with nettle rash all over body. There is erysipelas and liver affection with nettle rash all over body. Urticarial symptoms with Liver derangements. Very sensitive to cold air. < uncovering.

Dulcamara: Hot days & cold nights towards the close of summer are especially favorable to the action of Dulcamara. Urticaria in which Diarrhoea alternates with skin symptoms. Urticaria from change of weather when weather suddenly becomes cold, damp cold weather, before menses. Urticaria in which red spots brought on by exposure on sour stomach. There are humid eruption on face, genitals, hands etc. Anasarca. < at night, from cold in general, damp, rainy weather. > from moving about, external warmth.

Fragaria: Useful for Urticaria rashes just like Strawberry Anaphylaxis. Urticaria from eating strawberry. There are petechial and erysipelatous eruption, swelling of whole body.< strawberry.

Grindelia: Urticaria in which skin rash look like rosacea with severe burning & itching. In poisoning from Poison oak Grindelia could be used locally as wash.

Ignatia: Useful for Urticaria from Grief & worry. It is especially adapted to nervous temperament, women of sensitive, easily excited nature, dark, mild disposition, quick to perceive, rapid in execution. Urticaria during fever with itching, nettle rash all over body. < draft of air, morning, open air.

Natrum mur: Oversensitive to all sort of influences. Useful for urticaria with itching, burning worse by eating salt, at seashore. Urticaria, wheal, Hives itching after exertion. < at seashore, mental exertion, heat. > open air, cold bath.

Natrum Phos: Useful for Urticaria in which itching in various parts especially ankles. Skin is smooth, red, shining. Burning pain < night.

Pulsatilla: It is an preeminently a female remedy especially for mild, gentle, yielding disposition. Changeability of symptoms are marked. Useful for Urticaria after eating rich food. Urticaria with Diarrhoea. Urticaria from delayed menses. < undressing. < from heat, rich fat food, after eating, towards evening, warm room. > open air, motion, cold application, cold food & drinks.

Rhus tox: Urticaria from over exertion, getting wet while perspiring. Urticarial eruption are red, swollen, intense itching < during sleep, cold, wet rainy weather, after rain, at night, during rest, drenching when lying on back. > warm, dry weather.

Sulphur: Sulphur is an great Hahnemannian Anti-psoric. It is having an elective affinity for skin producing heat & burning with itching < heat of bed. Urticaria with itching, burning < scratching & washing. < warmth, evening, spring time, damp weather. > dry, warm weather.

Urtica Urens: Urticaria returns at the same time every year. Violent Itching, blotches, burning heat with formication. Consequence of suppressed nettle rash. Rheumatism alternates with nettle rash. Useful for Urticaria nodosa. Also for Urticaria with angioneurotic edema. < snow air, water, cool moist air, touch.

Conclusion: Urticaria is one of the most common medical conditions in general population. Patient experience different symptoms who is suffering from urticaria like as burning, itching and pain. In alternative medicine, we use some medication like as Fexofenadine, cetirizine and levocetirizine are the first line of treatment; this treatment of urticaria is symptomatically which is non curative method. This alternative medicine method not eliminates the recurrence tendency of urticaria. Whereas, In homoeopathy we treat a patient on the basis of individualization this

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