ISSN: 2320-2882

IJCRT.ORG



INTERNATIONAL JOURNAL OF CREATIVE **RESEARCH THOUGHTS (IJCRT)**

An International Open Access, Peer-reviewed, Refereed Journal

AN OVERVIEW OF URTICARIA WITH THE EFFECTIVENESS OF HOMEOPATHIC REMEDIES IN THE TREATMENT OF URTICARIA AND A CASE REPORT

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ABSTRACT: Urticaria is a common skin condition seen now a days. This abstract aims to provide an overview of the etiology, pathophysiology, investigations and efficacy of homeopathic remedies in urticaria conditions, with a case report of urticaria cured by homeopathic remedies. JCF

KEYWORDS Circumscribed wheals, Nettle rash, Pruritic, Angioedema.

INTRODUCTION

DEFINITION : Urticaria is self limited in nature⁵, it is caused by localized dermal oedema, which is secondary to a temporary increase in capillary permeability⁴, it presents as well circumscribed wheals with erythematous raised surpiginous borders and blanched centers that may colalese to become giant wheals² these lesions usually donot last for 24 hrs. They change in size and shape by peripheral extension or regression during few hours⁴.

Recurrent episodes of urticarial of less than 6 weeks is considered to be acute urticaria³. Where as persisting beyond 6 weeks is considered to be chronic urticaria³.

ETIOLOGY

- Any physical stimulation such as cold, heat, solar rays, any mechanical irritation⁵.
- It may be autoimmune due to antibodies that cross link the igE receptor on mast cells³.
- Allergens in foods or inhalants³.
- Infections due to intestinal parasites, hepatitis³.
- SLE³.

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TYPES OF URTICARIA

DERMOGRAPHIC URTICARIA : This kind of urticaria can occur in 1 to 4 % of population, it is defined by the appearance of linear wheals at the site of brisk stroke with a firm object or by any configuration appropriate to the eliciting events⁵.

PRESSURE URTICARIA : It is been caused due to the sustained stimulus such as shoulder straps, belts etc⁵.

CHOLINERGIC URTICARIA : The pruritic wheals are surrounded by a large area of erythema, these rashes are precipitated by fever (hot showers, rise in core body temperature)⁵.

SOLAR URTICARIA : This type of urticaria is subdivided into different spectrums⁵.

AQUAGENIC URTICARIA : The urticarial is developed due to the contact with the water of any temperature⁵.

CONTACT URTICARIA: It is caused by the direct contact with the chonical substacnce⁵.

PATHOPHYSIOLOGY OF URTICARIA

Urticaria is a dermal edema resulting from vascular dilatation and leakage of fluid into the skin in response to molecules which are released from mast cells. The major mediator which is responsible for urticaria is histamine. However, the clinical spectrum and pattern of lesions indicate that other molecules, including prostaglandins, leukotrienes, cytokines, and chemokines, produced at different times after mast cell activation contribute to the polymorphism of this symptom and the variable evolution of this disease. It is divided into immunological and nonimmunological urticaria. Immunological urticaria is a hypersensitivity reaction mediated by antibodies, T-cells that results in mast cell activation. Although immunoglobulin (Ig) E-mediated type I hypersensitivity (HS) was long postulated to be the major immunological pathway associated with mast cell activation, interaction between IgEbound mast cells and allergens is unlikely to be the mechanism by which urticaria develops in most patients. It is now well established that urticaria may result from the binding of IgG auto-antibodies to IgE and/or to the receptor for IgE molecules on mast cells, thus corresponding to a type II HS reaction. These auto-immune urticarias represent up to 50 % of patients with chronic urticaria. Mast cell activation can also result from type III HS through the binding of circulating immune complexes to mast cell-expressing Fc receptors for IgG and IgM. Finally, under certain circumstances, T-cells can induce activation of mast cells, as well as histamine release (type IV HS). Nonimmunological urticarias result from mast cell activation through membrane receptors involved in innate immunity (e.g., complement, Toll-like, cytokine/chemokine, opioid) or by direct toxicity of xenobiotics (haptens, drugs). In conclusion, urticaria may result from different pathophysiological mechanisms that explain the great heterogeneity of clinical symptoms⁹.

CLINICAL FEATURES OF URTICARIA

The urticarial rash are distinctly pruritic it may involve any area from scalp to soles of foot, these appear with old lesions fading as the new ones appears⁵.

In acute urticaria it may be associated with angioedema of lips, face, tongue and rarely wheezing, abdominal pain, headaches and anaphylaxis⁴.

The wheals can be papules, macules, patches, and plaques³.

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INVESTIGATIONS FOR URTICARIA

Total esinophillic count⁴.

Total igE and specific igE to possible allergens⁴.

Erythrocyte sedimentation rate⁴.

Autoantibodies especially antinuclear antibody4.

DIFFERENTIAL DIAGNOSIS OF URTICARIA

- Insect bite reactions⁴.
- Cutaneous mastocytosis⁴.
- Pre bullous pemphigoid⁴.
- Erythema multiforme^₄.
- Pityriasis rosea⁴.
- Scabies⁴.

HOMEOPATHIC MANAGEMENT

Most common remedies which help in the cases of urticaria are

URTICA URENS

- Urticaria with burning sensation and violent itching².
- Rheumatism alternating with nettle rash².
- Urticaria nodosa².
- < Cool moist air, Touch².

RHUSTOX

- Red swollen vesicles².
- Urticaria with intense itching².
- Hives which comes after getting wet⁷.
- Hives that comes during rheumatism, during chills and fever⁷.
- < cold air, wet rainy weather, drenching².
- >warmth².

NATRUM MUR

- Skin is greasy².
- Urticaria with itching and burning².
- Urticaria after exertion².
- <warmth, >cold bathing².

BOVISTA

- Urticaria on excitement².
- Urticaria on waking in the morning, worse from bathing².
- It is indicated after rhustox in chronic urticaria².

www.ijcrt.org APIS MELLIFICA

- Urticaria like bee stings or stings of other insects with intolerable itching at night⁶.
- Thick rashes found all over the body, sometimes of rose colour⁶.
- Large urticaria⁸.
- < warm, touch⁶.

ARSENICUM ALBUM

- Urticaria with burning and restlessness².
- Severe itching and burning²
- < wet weather, cold, > warmth².

COMMONLY USED RUBRICS FOR URTICARIA

[KENT] SKIN-Eruptions- Urticaria¹⁰.
[KENT]SKIN-Eruptions-Urticaria-scratching after¹⁰.
[KENT]SKIN-Eruptions-Urticaria-walking in cold air while¹⁰.
[KENT]SKIN-Eruptions-Urticaria-wet becoming from¹⁰.
[KENT]SKIN-Eruptions-Urticaria-burning¹⁰.
[KENT]SKIN-Urticaria-bathing after¹⁰.
[BBCR]SKIN AND EXTERIOR BODY-Eruptions-urtuicarious nettle rash¹.
[BBCR] SKIN AND EXTERIOR BODY – Eruptions-burning¹.
[BBCR] SKIN AND EXTERIOR BODY – Eruptions – itching¹.
[BBCR] SKIN AND EXTERIOR BODY – itching wheals¹.
[BBCR] SKIN AND EXTERIOR BODY – itching after scratching agg¹.
[BBCR]AGGRAVATIONS AND AMELIORATION IN GENERAL -Air cold in agg¹.
[BBCR] AGGRAVATIONS AND AMELIORATION IN GENERAL- Eruptions – exertion- phy- agg¹.
[BBCR]AGGRAVATIONS AND AMELIORATION IN GENERAL- Eruptions – exertion- phy- agg¹.

CASE PRESENTATION ON URTICARIA

A 24 years women presented with complaints of severe itching of the thigh, upper and lower limbs on and off since 6 months, she complained of reddish rashes (hives) after scratching the area, and the eruptions disappear after 10 to 15 min, these complaints were been caused immediately after she takes bath with cold water, cold air exposure, whenever she exposes to dust, tight clothing such as jeans and woolen clothes, these complaints were aggravated more by exposed to cold environment, sensation of burning after scratching.

Past history

Attack of covid twice in the year of 2020 and 2021, took covid vaccination one dose no reactions after the vaccination.

Underwent minor surgery for the chalazion in the year of 2022.

Using allopathic medication for the chief complaints but no relief.

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Personal history

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- Appetite : Moderate
- Thirst : Thirsty
- Sleep : Refreshed
- Urine : Clear, no burning
- Stool : Regular soft stool
- Dreams : Nothing specific
- Desires : Ice creams.
- Thermals : Chilly.
- Menses : Regular, 5 days flow, bright red in colour, leucorrhea 5 days before menses, lower abdomen pain before menses.

MENTAL GENERALS

Patient states that she gets angered easily, her anger is that violent that she throws away the things present around her in anger, shouts in anger but later cries after shouting, she states that her anger remains for small period of time, easily gets emotional, she also states that whenever she sees old people or poor people she gets very emotional about their life's and she wants to give something that she can afford for them.

Analysis of the case.

- Common symptoms
- Severe itching with reddish rashes at the thigh region, upper limbs and lower limbs.
- Ailments from cold water bathing, cold exposure, exposure to dust, tight clothing and wearing woolen clothes.
- The complaints are aggravated by cold exposure.
- Uncommon symptoms
- Burning sensation after scratching.
- Angered easily
- Throws away things in anger
- Easily gets emotional
- Has empathy for others

Evaluation of the case

Angered easily.

- Throws away things in anger.
- Easily gets emotional.
- Has sympathy for others.
- Severe itching with red rashes on the thigh region, upper limbs and lower limbs.
- Ailments from exposure to cold weather, bathing with cold water, exposure to dust, tight clothing and wearing woolen clothes.
- Burning sensation after scratching.
- The complaints are aggravated by cold exposure.

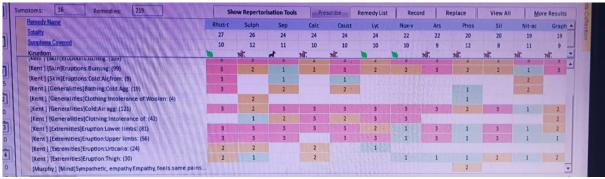
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Totality of symptoms

- Angered easily.
- Throws away things in anger.
- Easily gets emotional.
- Empathy for others.
- Severe itching with red rashes on the thigh region, upper limbs and lower limbs.
- Ailments from exposure to cold weather, bathing with cold water, exposure to dust, tight clothing and wearing woolen clothes.

REPERTORIZATION





Based on the repertorial totality Causticum 200cx 1 dose is been selected, SL for 1 month.

Date	Observation	Rx
29/6/23	Complaints slightly better than before. No new complaints seen. Generals good	Castora 200c x 1 dose SI for 1 month
29/7/23	Episodes of urticarial rashes decreased, condition is better than before. No new complaints seen. Generals good	Rubrum 200c x 1 dose SI for 1 month
28/8/23	Itching and episodes of urticarial rashes are been reduced. No new complaints seen. Generals good.	Phytum 200c 1 dose SI for 1 month

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