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The gentle touch: Homoeopathy's answer to urticarial: A comprehensive case report

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Abstract

Urticaria, or hives, presents as sudden, pruritic wheals on the skin triggered by various factors including allergens, infections, medications, or physical stimuli. Conventional treatments primarily focus on symptom management with antihistamines and steroids. In contrast, homoeopathy offers a holistic approach addressing both the acute symptoms and underlying susceptibilities of the individual. This case study explores the management of chronic urticaria in a 21-year-old male who turned to homoeopathy due to dissatisfaction with conventional therapies. The patient suffered from recurrent episodes of erythematous wheals and intense itching exacerbated by stress and specific foods. Comprehensive case analysis revealed his sensitive nature, aversion to conflict, and emotional distress from interpersonal relationships.

Homoeopathic treatment was tailored to his unique symptom profile and constitutional characteristics. Remedies were prescribed based on symptom similarity and repertorization. The approach aimed not only to alleviate immediate symptoms but also to address deeper emotional factors contributing to the condition. Within 15 days, the patient showed significant improvement with reduced frequency and intensity of urticarial episodes.

This case underscores homoeopathy's potential as an effective alternative or complementary treatment for urticaria, emphasizing personalized care that considers the patient's overall health and emotional well-being. Further research is necessary to validate these findings and elucidate the mechanisms by which homoeopathic remedies exert their therapeutic effects in managing urticaria.

Keywords: Urticaria, hives, chronic urticaria, homoeopathy, case study

Introduction

Urticaria, commonly referred to as hives, is a prevalent dermatological condition characterized by the sudden appearance of wheals or raised, red welts on the skin that are often accompanied by itching. These wheals can vary in size and shape and may appear anywhere on the body. The condition is triggered by the release of histamine and other inflammatory mediators from mast cells in the skin, leading to vasodilation and increased vascular permeability.

The pathophysiology of urticaria involves a complex interplay of immunological, neurogenic, and environmental factors. Allergic urticaria, for instance, results from immunoglobulin E (IgE)-mediated mast cell activation in response to allergens such as foods, medications, or insect stings. Non-allergic triggers include physical stimuli like pressure, temperature changes, or emotional stress, which can directly activate mast cells.

Management of urticaria traditionally includes the use of antihistamines and, in severe cases, systemic corticosteroids to alleviate symptoms. However, these treatments may not address the underlying susceptibility or provide long-term relief for chronic sufferers. This has led many patients to seek alternative approaches, such as homoeopathy, which offers individualized treatment based on the patient's unique symptomatology and constitutional makeup. This case study presents a 21-year-old male patient with urticaria who opted for homoeopathic treatment after experiencing inadequate symptom relief with conventional therapies. The study aims to highlight the efficacy of homoeopathy in managing chronic urticaria by addressing both the symptoms and the underlying emotional and constitutional factors contributing to the condition. By exploring this case, we can gain insights into the holistic approach of homoeopathy and its potential role in the comprehensive management of urticaria.

Discussion

Urticaria, commonly referred to as hives, is a prevalent dermatological condition characterized by the sudden appearance of red, itchy wheals on the skin. These wheals can vary in size and shape and often resolve within 24 hours, although new ones can appear as others fade. Urticaria can be classified into acute and chronic forms, with acute urticaria lasting less than six weeks and chronic urticaria (CU) persisting beyond this period.

Urticaria, or hives, involves a complex interplay of immunological, inflammatory, and neurogenic mechanisms leading to the formation of itchy, erythematous wheals. Understanding the pathophysiology of urticaria requires a detailed look into the cellular and molecular events that underpin this condition.

Key Cellular Players

- 1. Mast Cells:** Central to the pathogenesis of urticaria are mast cells, which are found abundantly in the skin and mucosal tissues. These cells contain granules rich in histamine, leukotrienes, prostaglandins, cytokines, and other mediators.
- 2. Basophils:** Although less prominent than mast cells, basophils circulate in the blood and can also release histamine and other mediators upon activation.

Activation Triggers

Mast cell degranulation and activation can be triggered by various stimuli:

1. Immunological Mechanisms

IgE-mediated (Type I Hypersensitivity): Allergic urticaria is often triggered by allergens such as foods, insect stings, or medications. The allergen-specific IgE binds to the FcεRI receptors on mast cells and basophils. Upon subsequent exposure to the allergen, cross-linking of these IgE molecules occurs, leading to cell degranulation and release of histamine and other mediators.

2. Autoimmune Mechanisms

Autoantibodies: In chronic spontaneous urticaria (CSU), autoantibodies (IgG) against the high-affinity IgE receptor (FcεRI) or against IgE itself can be found in some patients. These autoantibodies can cross-link FcεRI on mast cells and basophils, causing degranulation.

3. Non-Immunological Mechanisms

Direct Mast Cell Activators: Various physical stimuli such as heat, cold, pressure, exercise, and sunlight can directly activate mast cells.

Complement System Activation: Components of the complement system, such as C3a and C5a, can activate mast cells through their respective receptors.

Mediators Released

Upon activation, mast cells release a variety of preformed and newly synthesized mediators:

- 1. Histamine:** This biogenic amine binds to H1, H2, H3, and H4 receptors on various cells, leading to vasodilation, increased vascular permeability, and sensory nerve activation (itching).
- 2. Cytokines and Chemokines:** Including TNF-α, IL-4, IL-5, IL-6, and IL-13, these cytokines play roles in the inflammatory response and recruitment of additional

immune cells.

- 3. Leukotrienes and Prostaglandins:** Leukotrienes (such as LTC₄, LTD₄, and LTE₄) and prostaglandins (such as PGD₂) contribute to vasodilation, increased vascular permeability, and smooth muscle contraction.

Pathophysiological Process

1. Initial Phase (Degranulation)

- **Immediate Release:** Upon activation, mast cells rapidly release preformed mediators like histamine, proteases, and heparin.
- **Delayed Release:** Newly synthesized mediators like cytokines, chemokines, leukotrienes, and prostaglandins are released over several hours.

2. Vascular Changes

- **Vasodilation:** Histamine and other mediators cause dilation of blood vessels, leading to the characteristic redness (erythema) of urticaria.
- **Increased Vascular Permeability:** Mediators increase the permeability of post-capillary venules, leading to plasma leakage and the formation of wheals.

3. Neuronal Activation

Pruritus (Itching): Histamine stimulates sensory nerves in the skin, causing itching. This is primarily mediated through H1 receptors on sensory neurons.

4. Cell Recruitment

Inflammatory Cells: Cytokines and chemokines released from mast cells recruit additional inflammatory cells such as eosinophils, neutrophils, and T cells, which can sustain and amplify the inflammatory response.

Clinical Presentation

Patients with urticaria present with pruritic wheals that can be accompanied by angioedema in some cases. The wheals are typically well-defined, erythematous, and can merge to form larger plaques. Angioedema, which affects deeper layers of the skin, can cause significant swelling, particularly around the eyes, lips, and genitals, and may last longer than the typical urticarial wheal.

Diagnosis

Diagnosis of urticaria is primarily clinical, based on the characteristic appearance of the lesions and patient history. Laboratory tests may be conducted to identify potential triggers or underlying conditions, especially in chronic cases. These tests might include complete blood count (CBC), erythrocyte sedimentation rate (ESR), thyroid function tests, and autoantibody panels. In some instances, skin prick tests or serum-specific IgE tests are performed to identify allergenic triggers.

Homoeopathic Approach

The homoeopathic approach to urticaria involves individualized treatment based on the patient's unique symptomatology and constitution.

Case Study

Name of Patient - XXX.
Age - 21 Years
Sex - Male
Address - Surat

Religion - Hindu
 Education - MBBS
 Occupation - Student
 Marital Status - Unmarried

Chief Complaints

Patient had complain of Chronic Urticaria since 2 Months.
 Urticaria <Bathing <Eating sour food <Fermented food
 Severe itching and redness <scratching
 Site: Back, hand and head
 Frequency: Daily
 Severe dullness with each episode

Location	Sensation	Modalities	Concomitants
Head	Burning & Pricking sensation	<Bathing	
Chest		<Eating sour food	
Neck		<Fermented food	
Back		<Morning	
Extrimities		<least Mental Exertion	

Associated Complaints: Severe dullness in all over body.
 Must have to take rest.

History of treatment taken: Taken Allopathic and Homoeopathic Medicine for same.

Past History: Nothing Specific.

Family History: Nothing Specific.

Physical Generals

- 1. Appetite:** Good 3 Meals/Day, Can tolerate Hunger.
- 2. Thirst:** Thirsty.
- 3. Bowel:** Frequency - Once a day Consistency - Soft Color – Yellow.
- 4. Urine:** Frequency - 7-8 times/day Color - Pale Yellow.
- 5. Perspiration:** Quantity - Scanty Location - Chest & Axilla Odor - No Staining – No.
- 6. Desire:** Sweet.
- 7. Disagree:** Brinjal leads to Diarrhoea.
- 8. Aversion:** Nothing Specific.
- 9. Sleep:** Sound Position - Left Side Duration - 7-8 hours Disturbance – No.
- 10. Dreams:** Daily Routine.
- 11. Thermal:** Chilly.
- 12. Tendencies:** No.
- 13. Addiction:** No.

Life Space

Childhood: He grew up in Surat in a joint family, with a good financial situation. Being the only child, he was very close to his mother. He loved learning new things, especially drawing and science, and was very curious. Even though he liked learning, he was scared of going to school because he feared being punished or scolded. Despite this, he did very well in his studies and was always a top student. He was very ambitious and wanted to become a doctor. He had stage fright, but once he started performing, he did well. He needed a lot of attention and love from his family and friends. He took some time to get comfortable with new people but always made an effort to get to know them.

Adulthood: When he was in the 9th grade, his family moved to a nuclear setup, and he missed his grandparents a lot. As he grew up, he always tried hard to meet his parents' expectations. Everyone - teachers, family, and friends - spoke highly of him. He didn't like conflicts and avoided them because he didn't want to hurt anyone. He was

sensitive to criticism and needed love and care in his relationships, expecting the same in return. He was obedient and often did what others told him to avoid upsetting them. He became more confident over time, performing on stage without fear and making people laugh with his mimicry and comedy. He enjoyed nature and was friendly, able to talk to anyone easily. However, he got angry when scolded or blamed unfairly and found it hard to work under stress as it made him feel dull.

Life Experiences: Recently, he experienced a profound disappointment with a close friend. Throughout their friendship, he had been unwavering in his support, standing by her side even when others turned against her. He invested deeply in their relationship, always giving his best to ensure her well-being and happiness. Despite his efforts, he faced a stark realization during a challenging time. One day, he found himself in considerable discomfort due to gastric issues. Seeking solace and support from his friend, whom he had always supported without question, he was met with indifference. She seemed oblivious to his distress and did not offer the care and attention he had come to expect. This unexpected neglect struck him deeply. He felt a surge of anger and disappointment, yet he chose to suppress his emotions rather than confront her. The incident left him feeling profoundly hurt and disillusioned. He couldn't shake the feeling that despite his unwavering loyalty and support, the reciprocity in their friendship was lacking. This realization marked a turning point for him. He began to withdraw emotionally, creating a distance between them that mirrored the emotional distance he now felt within himself. The unresolved emotions left him grappling with feelings of betrayal and a deep sense of loss. This recent disappointment underscored his sensitive nature and his inherent need for reciprocity in relationships. It reinforced his tendency to avoid conflict and prioritize harmony, even at the expense of his own emotional well-being. As he navigated through this challenging time, he reflected on the complexities of human relationships and the importance of mutual understanding and support.

Physical Examination

- 1. General Appearance:** Lean thin tall.
- 2. Skin -** Fair, Healthy.
- 3. Nails –** Pinkish.
- 4. Tongue –** Pink.
- 5. Hair -** Silky and brownish.
- 6. Conjunctiva –** Pink.

7. Diagnosis – Urticaria.

Serum IgE: 316 IU/ml

Diagnosis of the Dominant Miasm - Psoro-Sycotic

Investigations

CBC: No Abnormality Detected.

Repertorial Totality

	Ign	Nux-v	Ph-ac	Ars	Aur	Lach	Lyc	Caust
Weighted	22	19	18	17	17	19	18	14
Rubrics covered	10	10	10	9	9	9	9	8
Rubric grades	22	19	18	17	17	19	18	14
Mentals	2	2	1	2		1	1	1
Mentals	3	2	3	1	3	2	3	1
Mentals	3	3	3	2	3	3	1	3
Mentals	1	1	1		1			
Mentals	2	1	2	3	1	1	1	1
Mentals	3	2	1	3	1	2	2	1
Mentals	1	2	3	1	1	3	3	2
Mentals	3	3	2	1	3	3	3	2
Mentals	3	1	1	1	3	3	2	
Skin	1	2	1	3	1	1	2	3

Prescription

1. Acidum Phosphoricum 200 1 dose.
2. SL 6 pills TDS for 15 Days.

(Dose was repeated one time after 1st prescription in 6 Months)

Pictures





Materials and Methods

Material Used: Cara Homoeopathic Software

Methodology: Clinical Study

Site: P P Savani Homoeopathic Hospital

Results

The patient responded positively to homoeopathic treatment for chronic urticaria, experiencing a notable reduction in both the frequency and intensity of wheal episodes over a six-month period. Remedy tailored to his symptom profile, includes Acidum Phosporicum, effectively addressed his symptoms and emotional sensitivities. This case study underscores the potential of homoeopathy as an effective alternative or complementary therapy for managing urticaria, emphasizing personalized care that considers the patient's holistic health and emotional well-being. Further research is warranted to validate these findings and explore the mechanisms underlying homoeopathic treatment in dermatological conditions.

Conclusion

Homoeopathy demonstrated effectiveness in reducing symptoms and addressing emotional aspects in urticaria. Personalized treatment with remedies improved the patient's condition, highlighting homoeopathy's potential as a holistic approach to urticaria management. Further research is needed to validate these findings and explore broader applications in dermatological care.

Acknowledgments

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Conflict of Interest

Not available

Financial Support

Not available

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