

A study on the efficacy of Homeopathic remedies in Urticaria

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Introduction

GOD helps us in all our troubles, so that we are able to help those who, have all kinds of troubles, using the same help that we ourselves have received from GOD.

Skin is an organ on which we all take a greater or lesser pride, the one that receives the greatest amount of attention, the one for which more pains are taken to beautify and is adored than all others and this is the one in which any change is readily noticed and hence a relief is most promptly sought.

Urticaria is a hypersensitivity reaction caused by either external or an internal cause. The signs and symptoms sometimes annoy the patient to a greater extent and leads to both mental and physical disturbance.

Another aspect to be taken into consideration is that these symptoms will have an effect on the psychic aspect of the patient. Since the manifestations are external, people are in a hurry to conceal the disease and hence go in for topical applications which take the disease further deep into the body.

Skin diseases have been earnestly treated by Homoeopathic medications for a long time with good results. Applying the vital principles of Homoeopathy and a wholistic approach in skin diseases should not be considered as local diseases. The use of external application should be strictly avoided. These diseases should be regarded as the ones resulting from internal derangement of vital force and disharmony and it should be treated with internal medicine.

To cure an urticaria case the basic pathology should be understood, so that the scope of Homoeopathy is known in these cases. This also entails the patient in maintaining the dosage and repetition schedule. A clear understanding of the cause of the disease helps the physician to be aware of the obstacles to cure the patient.

Aims and Objectives

1. To study the effectiveness of acute as well as constitutional remedies in the treatment of urticaria.
2. To illustrate the importance of a wholistic approach

Survey of literature

Skin is synonymous with “life” in the phrase “to save my skin”; human sensibilities are measured by “thin-skinned” or thick –skinned; a shallow person is “skin-deep” and a miser is a

“Skin flint”; a friendly greeting is “give me a little skin” and an unfriendly feeling is “skin him alive”; relief is expressed by “the skin of my teeth”, unconcern by “no skin of my back”, and annoyance by “getting under my skin”. For some the skin is merely the body’s largest organ; to others, it is the most fascinating.

Development of skin

All constituents of human skin are derived from either ectoderm or mesoderm. The epithelial structures are ectodermal derivatives. Nerves and melanocytes emanate from neuroectoderm and neural crest. Mesenchymal structures originate from mesoderm.

STRUCTURE OF THE SKIN

Skin is the largest organ of the body. It is not uniformly thick. Some areas it is thin and in some areas it thick. The average thickness of the skin is about 1-2mm. Skin is made up of two layers 1. Outer epidermis 2. Inner dermis.

1. EPIDERMIS : It is formed by stratified epithelium consists of 5 layers

1. Stratum corneum
2. Stratum lucidum
3. Stratum granulosum
4. Stratum spinosum
5. Stratum germinativum

Epidermis does not have blood vessels, so the nutrition is provided by the capillaries of dermis.

DERMIS : Dermis of skin is a connective tissue layer made up of dense and stout collagen fibres, fibroblasts and histiocytes. It is made up of two layers.

1. Superficial papillary layer
2. Deeper reticular layer

FUNCTIONS OF THE SKIN

1. Protective Function: Skin forms the covering of all the organs of the body and protects these organs from the following factors.

- a. Bacteria and toxic substances
- b. Mechanical blow
- c. Ultraviolet rays

2. Sensory Function : Skin is the largest sense organ of the body ®has many nerve endings ® forms specialized cutaneous receptors ® These are stimulated by the sensations of touch, pain, pressure and temperature ®conveys these sensations to the brain via afferent nerves ® perception of various sensations occurs in the brain.

3. Storage Function: Stores fat, water, chloride and sugar. It can also store blood by the dilatation of the cutaneous blood vessels.

4. Synthetic Function: Vitamin D₃ is synthesized in the skin by the action of ultraviolet rays on cholesterol.

5. Regulation of body temperature: Excess heat is lost from body through skin by radiation, conduction convection and evaporation
6. Regulation of water and electrolyte balance: This is done by excreting water and salts through sweat
7. Excretory Function: Skin can excrete waste materials like, urea, salts and fatty substances.
8. Absorptive Function: Skin can absorb the fat soluble substances and some ointments.
9. Secretory Function: Skin secretes sweat through sweat glands and sebum through sebaceous glands. Sweat regulates body temperature and water balance. Sebum keeps the skin smooth and moist.

URTICARIA

Urticaria (Ur^{ti}-kar e-ah) – Fr. L. Nettle) is a type I hypersensitivity reaction to a variety of internal (bacterial infections and parasitic infestations)& external [Foods, drugs, insects, plant and animal products) allergens. A sudden but transient (lasting for minutes to few hours) pruritic eruption, rounded or oval pale coloured papules and plaques with a halo erythema is diagnostic. Any part of the body may be affected both locally and generally.

INCIDENCE AND PREVALENCE

Urticaria – Angioedema: may develop at any age. The highest incidence is in young adults in whom it occurs in approximately 15-20%. In patients with urticaria – angioedema about 50% will have both. 40% urticaria alone and 10% angioedema alone. Approximately 50% of patients with urticaria alone are free of lesions with in one year but 20% continues to experience lesions for more than 20 years of patients with both urticaria and angioedema, 75% experience symptoms for more than one year, 50% for more than 5 years and 20% for more than 20 years.

HISTORY

Champion: 1968, Pillsbury et al in 1956, Sheffer and Austen in 1971 described urticaria is a vascular reaction pattern characterised by the appearance of transient erythematous or whitish swellings in the skin or mucous membranes.

In 1772 Heberden described as; “the little elevations on the skin is the “nettle’ rash often appear involuntarily, especially if the skin be rubbed and scrubbed and seldom stay many hours in the same place and some times not many minutes.

AETIOLOGY

The exact mechanism producing urticaria in a particular patient is generally unknown, especially in chronic forms. In addition, such factors as dry skin, wool clothing, mechanical irritation and aspirin ingestion may aggravate or perpetuate urticaria.

Urticaria may be caused by innumerable factors. The major etiological causes of urticaria are 1) drugs 2) Foods 3) inhalant allergens 4) Infections 5) Insect and arthropod bite and stings 6) Contactants 7) Internal diseases 8) Complement activation and immune complex processes. 9) Psychogenic factors 10) Genetic abnormalities and 11) physical agents a) Pressure urticaria b) Cold urticaria c) Heat urticaria d) Cholinergic urticaria e) Solar urticaria.

ATOPY

Patients with a personal or family history of atopy may also have a) history of urticaria or angioedema. The prevalence of chronic urticaria or angioedema is not greater in atopic persons.

Pencillines, cephalosporins, tetracyclines and sulphonamides are the common antibiotics causing acute urticaria. HIV patients have a markedly increased incidence of hypersensitivity to sulphonamides virtually any drug can cause urticaria but the majority of anaphylactic deaths are due to antibiotic anaphylaxis.

GENETIC FACTORS

Familial urticaria is a well recognized phenomenon, many large families of hereditary angioedema are recorded. The autosomal dominant inheritance is mediated through an absence of C, esterase inhibitor. Familial cold urticaria is another autosomal dominant disease described in several families in the USA and others have been described in France. Holland BW₃₅ has been associated with acute ordinary urticaria.

FOODS

A common cause of urticaria is foods. The agents responsible in food induced urticaria can be either food proteins or substances added to foods for colour preservation to taste. Common urticogenic foods are nuts, shell fish, fish, mussels, eggs, fish berries, tomatoes, chocolate, cheese and milk. Common unsuspected urticaria causing agents in food include azo dyes, such as tetrazine, benzoic acid derivatives, penicillin, yeasts, citric acid and salicylates.

Foods like fruits, vegetables, nuts, ketch up, vanilla, spices, egg, milk products, cheese, bread and fried food can provoke urticaria in 30% patients. Drinks were mentioned by 18% which were the following – soft drinks, fruit juices, wine, beer, alcoholic drinks and coffee.

Eight foods selected for the challenge was cow's milk, hen's egg, wheat, soya and citrus fruit (as orange) fish and shellfish (as prawns)

INFECTION

Infections that have been associated with urticaria include otitis media, sinusitis, streptococcal pharyngitis, upper respiratory tract infections, mononucleosis, hepatitis coxackie infections and fungal infections.

1. **VIRAL:** Hepatitis B infections, because of persistent antigen produces a serum sickness like picture, with transient clinical manifestations including generalized urticaria and at time hepatitis including generalized cause a necrotizing vasculitis. Coxackie A and B virus have been known to cause transient urticaria in children.

Parasitic: The exact pathogenesis by which parasites may precipitate urticaria is not known. The relationship between gastrointestinal parasites and urticaria is also not certain.

Bacteria: Sites of infection to be considered are the teeth, tonsils, sinuses, gall bladder, pelvis, urinary tract and stomach.

A possible cause of urticaria in some Patients is infection with *Candida albicans* because a majority of patients have improved following a course of ketakonazole followed by a low yeast diet.

Protozoan infections like giardia and trichomonas are extremely common and it may play a role in the causation of urticaria.

BLOOD GROUPS

Blood groups in 1259 patients of various skin diseases have revealed that subjects with blood group A are more prone to various skin diseases and this susceptibility decreased in that order with group AB, O and B urticaria significantly common in group A people.

SYSTEMIC DISEASE

Urticaria is rarely the only symptom of an underlying disease. The identification of other clinical clues that urticaria or angioedema may be signs of systemic disease has been emphasized with an importance of history and physical examination.

MENSTRUAL CYCLE AND PREGNANCY

The most common specific dermatosis of pregnancy is the pruritic urticated papules and plaques of pregnancy which occurs during the 3rd trimester. If urticaria occurs or worsens only premenstrual progesterone sensitivity has been attributed. A non immune mechanism has been suggested. A non immune mechanism has been suggested for progesterone urticaria.

PSYCHOLOGICAL CAUSES

Flare – ups of urticaria occur at times of psychological stress in a proportion of patients and hence appear to play a contributory role and depression and anxiety were found frequently in chronic urticaria.

AUTO IMMUNE DISEASES

The urticaria of auto immune disease can be antigen – antibody complex induced like serum sickness which occurs 7-14 days after injection and hypocomplementic, presenting as urticarial vasculitis.

AUTO IMMUNE URTICARIA

It is the term used when circulating auto antibodies have been detected in sera of some patients with chronic idiopathic urticaria. The non-cytokine mediator has a molecular weight of more than 1,00,000 is an IgG molecule and releases histamine from both basophils in normal blood and mast cells in skin IgG autoantibodies that interact with and cross link alpha sub units of adjacent high affinity IgG receptors have been identified with inhibition experiments using the human recombinant extracellular fragment of the high affinity IgE receptor alpha sub unit. These findings were confirmed by immuno-precipitation.

PATHOPHYSIOLOGY OF URTICARIA

Urticarial eruptions are distinctly pruritic, involve any area of the body from the scalp to the soles of the feet and appear in crops of 24 to 72 hrs duration, with old lesions fading as new ones appear. The most common sites for urticaria are the extremities and faces.

v There is no single theory which can explain all types of urticaria. In vast number of cases histamine plays a major role. Intracutaneous injection of histamine produces a “triple response (Lewis) like picture as well as localized pruritis, a major characteristic of urticaria.

The fact that histamine is a major contributory factor in the development of urticaria can be substantiated by the following evidences

1. The cutaneous response to histamine is similar to urticaria.
2. Many forms of urticaria are markedly improved by antihistamines
3. The plasma histamine level and local histamine release are increased in urticaria
4. The mast cells are apparently degranulated in urticaria. However, in many types of urticaria, histamine release does not occur.

Several explanations have been proposed to explain the mechanisms of histamine release

Causative factors
Ⓜ stimulates the immune system of the body
Ⓜ Hypersensitivity to that particular stimuli
Ⓜ mast cell degranulation
Ⓜ release of histamines and other vasoactive mediators
Ⓜ Increase in capillary permeability, some times venules are dilated and collagen bundles in affected areas are widely separated
Ⓜ The perivenular infiltrate may consists of lymphocytes, eosinophils and neutrophils that are present in varying combination and number through out the dermis
Ⓜ leading to focal dermal edema.

IgE dependent: (Type I Hypersensitivity)

They are the classic triggers of immediate hypersensitivity. They are the most common cause of acute urticaria and are induced by the re-exposure to an antigen. Usually a macromolecular protein or Hapten found in drugs, foods and latex. This can cause formation of IgE antibody and immediate release of mediators by mast cells. These reactions can occur from 10min to many hours after re-exposure and are short lived if the antigen is no longer present.

IgE-IgM Dependent

Auto antibodies of IgG or IgM isotope can induce release of histamine from basophils. These auto antibodies induce cytotoxic type of hypersensitivity and not anaphylactic type.

IMMUNE COMPLEXES

In this reaction serum IgG antibodies interact with an antigen (such as drugs, bacteria, viruses) forming an antigen – antibody complex, which activates the complement system. This leads to the generation of anaphylatoxins (3a, C4a and C₅₀₀, which activate various inflammatory cells and degranulate mast cells. Clinically these types of reactions are associated with fever, malaise, arthralgia or myalgias and they include serum sickness, palpable purpura and urticarial vasculitis.

MEDIATORS OF URTICARIA

Urticaria is a vascular phenomenon, induced by the chemical mediators that mainly originate from mast cells and those from plasma. Many mediators have been identified of which

histamine plays a major role secretagogues of immunologic, non immunologic or unknown mechanism finally acts by degranulation of mast cells, with the release of mediators.

Mast cell mediators in urticaria include vasoactive amines, various inflammatory mediators, enzymes, free radicals and even anti inflammatory chemicals.

These mediators are Histamine, prostaglandin D₂, Leukotrienes, platelet activating factor, cytokines and neutral proteases.

PLASMA DERIVED MEDIATORS

These includes complement system, kinin and clotting system

Complement system increases vascular permeability and vasodilatation mainly by releasing histamine.

Kinins plays an important role in the genesis of urticaria, these induces vasodilation of small blood vessels and the contractile action on smooth muscle.

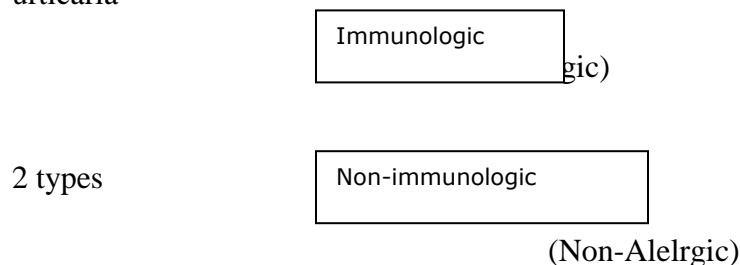
The clotting system and inflammation are initially connected process but its role in urticaria is not well understood.

CLASSIFICATION OF URTICARIA

According to the duration urticaria is classified into

1. Acute urticaria: (<6 weeks) This evolves over a period of days or several weeks. Following this short duration, there is complete involution and no further occurrence.
2. Chronic urticaria:: This is also known as idiopathic urticaria. Urticaria persists for at least two months (>6 weeks) and some times for years, or it may be episodic.

Depending upon the mechanism behind the urticaria or aetiopathological classification of urticaria



IMMUNOLOGIC

IgE – and IgE receptor – dependent urticaria atopic diathesis

Specific antigen sensitivity: These includes foods, drugs, therapeutic agents, venom, helminthes)

Contactants

Autoimmune urticaria

Serum sickness

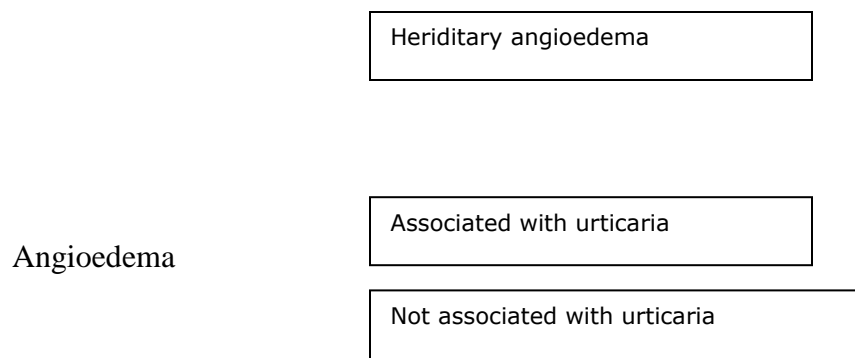
Systemic disease
Reactions to blood products
Infections and infestations.

NON – IMMUNOLOGIC

- Physical : Pressure, friction, heat cold, solar, cholinergic
- Contactant
- Drugs

CLASSIFICATION OF ANGIOEDEMA

Angioedema is the term used to describe giant wheals, or wheals involving mucous membrane surfaces. This is classified into 3 types



CLINICAL CLASSIFICATION OF URTICARIA

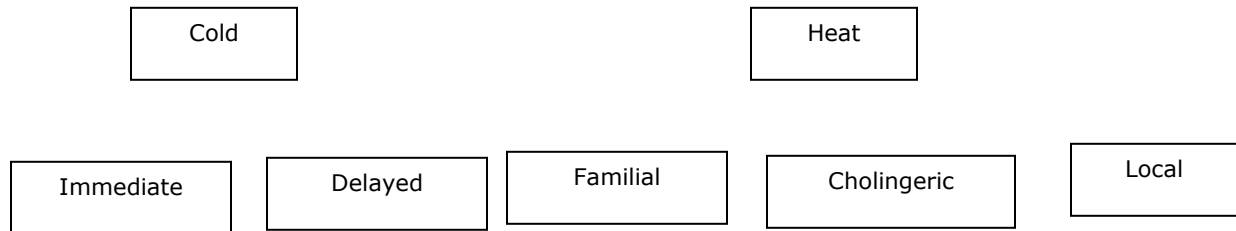
1. Ordinary urticaria
2. Immune complex urticaria
3. Physical and cholinergic
4. Contact urticaria
5. Angioedema
6. Other symptoms resembling urticaria or angioedema or with urticaria as a component

CLASSIFICATION OF PHYSICAL URTICARIA

Mechanical Trauma

- Dermatographism
- Pressure

- Temperature



- Light – solar
- Stress : adrenergic
- Water : - aquagenic

CLASSIFICATION OF URTICARIAL REACTIONS

1. IgE – dependent urticaria and angioedema

A. Specific antigen sensitivities

B. Some physical urticarias in which an IgE mediated pathogenesis is suspected.

1. Symptomatic dermatographism
2. Cholinergic urticaria
3. Solar urticaria
4. Essential acquired cold urticaria

II. Non-IgE dependent urticaria and angioedema

- A. Direct mast cell effects
- B. Effects via alteration of arachidonic acid pathways

III. Angioedema related to complement

- A. Hereditary
- B. Acquired

IV. Urticarial reactions probably related to circulating immuno complexes

- A. Serum sickness – like reactions
- B. Urticarial vasculitis

V. Contact urticaria

VI. Idiopathic urticaria

TYPES OF URTICARIA

1. PHYSICAL URTICARIA

- Wheals occur episodically, in limited areas only in response to an inciting physical stimulus.

DERMATOGRAPHISM

When any mechanical pressure is given, the triple response of lewis occurs as normal skin response. A red line is followed by a flare of broadening erythema and culminates in the replacement of the red line with wheal and its configuration depends on the eliciting stimulus.

Immediate demographic urticaria is an exaggerated triple response of Lewis. Some times this phenomenon manifests itself as swellings at friction points of tight clothing, usually around the waist, ankles or feet

Delayed dermographism is a rare form, in which wheals occurs several hours after the initial immediate effects of direct skin trauma have faded.

COLD URTICARIA

It may be symptomatic or latent. In the later instance, it is precipitated by the application of ice or exposure to cold air. The diagnosis of cold urticaria is suggested by the history and occurrence of wheals primarily limited to exposed areas. The diagnosis may be confirmed by controlled exposure of the skin to cold. This is performed simply with ice cube held to the skin of the face, neck or forearms for 3 minutes or by cold air exposure for 10 minutes. The diagnostic wheal should appear following rewarming.

- Patients should be warned of the hazard of accidental drowning while swimming

SOLAR URTICARIA

This disorder usually does not manifest itself until the third or fourth decade of life. Signs and symptoms may begin either during or within seconds after intense sun light exposure, with 'burning' followed by erythema, wheal and flare. The urticaria reaches a peak within 10-15 minutes and persists for 1 or 2 hours.

HEAT URTICARIA

It is a rare form in which the swelling is produced by the local application of heat. Heat application or immersion of an extremity in water at 38°C for several minutes can cause a sudden appearance of this form of urticaria. There are 2 types of urticaria, one immediate form where urticaria appears within 15 minutes of heat exposure, and the other delayed, where urticaria appears 30min to several hours after exposure. It is sometimes associated with systemic symptoms, including nausea, headache, dizziness and loss of consciousness.

PRESSURE URTICARIA

This form of urticaria occurs 4-6 hours of pressure to the skin. It is usually seen in chronic urticaria cases. The hives are erythematous and non pruritic and are usually painful.

AQUAGENIC URTICARIA

It is a rare form of physical urticaria which develops in areas in contact with water. Pruritic, follicular wheals appear within 2-3 minutes to half an hour of immersion in water.

CHOLINERGIC URTICARIA

This is characterized by numerous, superficial, small swellings which sting, smart, or itch and are surrounded by a blush lasting a few minutes only. probably it is mediated by an increase of receptors for acetylcholine from dorsal root nerve endings. The commonest pattern is found in adolescents and young adults and like blushing, it is brought on by emotion or exercise.

URTICARIAL VASCULITIS

- It is like blushing brought on by emotion, exercise or heat
- It is a leucocytoclastic vasculitis
- Seen in serum sickness, following the injection of therapeutic sera.
- It can be considered as a type 3 hypersensitivity reaction. Lesions resemble urticaria but differ histologically.
- It is often associated with autoimmune disease like SLE.

The onset of urticaria follows 1-3 weeks after the administration of sera or drugs and is quicker on re-exposure. Lesions persist for a number of days, are indurated, erythematous tender wheals and associated with purpura may be accompanied by fever, arthralgia, lymphadenopathy, cough, GI disturbances and also with nephritis.

HISTO PATHOLOGY

Under the microscope, a typical urticarial rash may exhibit perivascular, cellular infiltrate consisting of lymphocytes and eosinophils, is indicative of its allergic behaviour. There are findings related to edema and mucosal inflammation.

In angioedema, the oedema and infiltrate extend into the subcutaneous tissue. In hereditary angioedema there is a sub mucosal and subcutaneous edema without infiltrating inflammatory cells.

In urticarial vasculitis an early leucocytoclastic vasculitis is seen in dermis characterized by

1. an infiltrate predominantly within and around the walls of the small blood vessels composed largely of neutrophils, some of which show fragmentation of the nuclei.
2. Minimal or absent deposits of fibrin in the vessel walls and
3. Slight to moderate extravasation of erythrocytes.

CLINICAL FEATURES

- Urticarial lesions are usually pruritic and stinging prickly sensations commonly precede the actual development of the wheal.

- Wheals : due to increased permeability of vessel walls, there is extravasation of protein rich fluid and these serum proteins aggregate in large quantities abnormally. This leads to the swelling of the localized areas called as wheals. Therefore the major feature of urticaria is edema. Due to the abnormal osmotic pressure in the extravascular space, the resorption of the wheal occurs slowly generally within several hours, without any sequential changes.

These wheals vary from pinpoint to palm sized or larger and enlarge by peripheral extension to become confluent, with resultant bizarre geographic configurations.

Symptoms are present only in the early phase of wheal formation.

Wheals may occur in any area, may be localized or can be extensive and generalized as to cover almost the entire skin surface.

The reaction is not limited to the skin, since the mucosal surfaces may be involved with related symptoms including coryza, respiratory distress, abdominal pain, and hoarseness.

THE DISTRIBUTION OF THE RASH

Clinical course of urticaria follows the head and upper trunk, Angioedema most commonly involves muco cutaneous junctions such as the lips, eyes and penis. The physical urticaria clearly relate to the sites of exposure. Thus solar urticaria affects the face and dorsum of the limbs or if tolerance is developed, it occurs at such sites that are exposed for the first time during the summer. pressure urticaria follows the soles of the feet when walking or digging or the backs of the thighs or lumbar region when sitting.

BIZZARE PATTERNS

Urticaria evolving and resolving inevitably exhibits changing morphology. The redness of the vasodilation merges with the veiling pallor of oedema healing in the centre and peripheral spread often produces bizarre gyrate or circinate and serpiginous patterns. But they are transient and never scaly, unlike similar patterns in the erythemas or epidermal diseases such as psoriasis.

DIAGNOSTIC CRITERIA IN URTICARIA

Case history: history provides the most important information about the condition. Acute or chronic or acute exacerbation of chronic urticaria. This intern helps to find out the various causative factors.

Clinical findings

Main findings in skin diseases are morphology of skin manifestations. In acute cases the skin findings may not be evident to the physician. An extensive flush like erythema, localisation of the skin lesions on the chest and head and extreme pruritus suggest intolerance urticaria. cholinergic urticaria has small lesions with a red flare. Acute anaphylactoid urticaria can be accompanied by general symptoms leading to shock. It is important to exclude physical forms of urticaria by testing for dermographism and pressure, cold, heat and light sensitivity.

DIFFERENTIAL /DIAGNOSIS

- Allergic contact dermatitis
- Dermatomyositis
- Recurrent erythema multiforme
- Cellulites
- Fixed drug eruption

INVESTIGATIONS

- Exposure test
- Avoidance test
- Biopsy – in long standing urticaria

SPECIFIC PROCEDURES

1. Avoidance diet
2. Search or re – introduction diet
3. Exclusion of Idiosyncrasy
4. Skin testing

5. Friction test
6. Prick test
7. Scratch test
8. Intracutaneous test
9. Quantitative serum IgE determination
10. Radio immunosorbent test (RIST)
11. Radio – allergosorbent test (RAST)

TREATMENT OF URTICARIA

The important aspect of therapy includes elimination of the cause. When this has been accomplished, the urticaria will usually resolve either partially or completely.

TREATMENT OF CHRONIC URTICARIA

- Elimination of antigens
- Antibiotics and anticandida agents
- Restoration of intestinal flora
- Compounds to reduce vascular permeability
- Glucocorticoids
- Autohemotherapy
- Specific hyposensitization
- Disodium cromoglycate

WHY SHOULD URTICARIA BE TAKEN MORE SERIOUSLY?

Urticaria is life threatening when it is a part of anaphylaxis. When angioedema involves the upper respiratory tract or when it is part of the systemic immune complex disease and is associated with more dire pathology such as meningococcal septicaemia or lupus erythematosus. The later type of urticaria is recognized by its more persistent lesion lasting at least 1-2 days and often tender and often ultimately purpuric. It should be remembered that all acute urticaria may be very wide spread and be accompanied by joint pains, stomach aches and fever. However if the individual lesion lasts for only a few hours, it is less likely to be due to a noxious circulating trigger such as immune complex or infective organisms.

Distinguishing characteristics of the six categories of urticaria

1. Allergic urticaria	varying pattern – inhalant allergies Constant pattern – with food allergies Atopic diathesis, drug exposure	Boggy nasal mucosa wheezing Eczema	Eosinophilia Inhalant allergen skin tests Nystatin trial
2. Exogenous	Varying pattern –	Lesions may	Thorough history

urticaria	urticariogenic materials	follow line contact with material	
3. Physical urticaria	Varying pattern – cold, light or heat precipitant welts forming trauma	Wheals on exposed sites wheals lacks pseudopods dermatographism	Cold, heat or light exposure and skin trauma Cyroproteins, STS and tests to rule out symptomatic causes
4. Symptomatic	Constant pattern with under lying disease Foci of infection Positive review of systems Precipitation by tension states	Dental disease Tinea infection sinus disease I Ichthiosis Neoplasia Bizzare gyrate wheals with malignancy	-Anti fungal, antibiotic and antihelminthic trial Urine analysis and culture X-ray studies of teeth, lung and GI tract
5. Cholinergic urticaria	Varying pattern – small welts precipitation by sweating, exertion and tension states may have symptoms of anxiety reaction	Tiny wheals with a large red axon flare spares palms and soles	Reproduction with exercise mecholy skin test
6. Hereditary angioedema	varying pattern. Precipitated by trauma Family history Abdominal distress Lack of pruritus Relatives die at an early age Respiratory distress	Non pruritic edema No pitting swelling Laryngeal edema	Absent or functional lack of alpha-2 globulin inhibitor of C, esterase low levels of C ₂ and C ₄

GRADING OF ANAPHYLACTIC ANAPHYLACTOID REACTIONS ACCORDING TO SEVERITY OF CLINICAL SYMPTOMS

GRADE	SKIN	ABDOMEN	RESPIRATORY TRACT	CARDIOVASCOLAR SYSTEM
I	Pruritis Flush Urticaria Angioedema			
II	Pruritus	Nausea	Rhinorrhoea	Tachycardia 20

	Flush Urticaria Angioedema	Cramping	Hoarseness Dyspnoea	beats/min Arrhythmia
III	Pruritus Flush Urticaria Angio-edema	Vomiting Defecation Diarrhoea	Laryngeal oedema Bronchospasm Cyanosis	Shock
IV	Pruritis Flush Urticaria Angioedema	Vomiting Defecation Diarrhoea	Respiratory Arrest	Cardiac arrest

HOMOEOPATHIC CONCEPT OF ALLERGIC DISORDERS – URTICARIA

Hypersensitive allergic disorders includes a variety of clinical disorders such as urticaria, asthma etc... some patients have allergic reaction towards some food stuffs, smell, drugs etc... they may produce urticaria like symptoms.

Dr. Samuel Hahnemann has also noted his view regarding allergic disorders, urticaria in organon of medicine VI edition aphorism 117. In this part he emphasizes about idiosyncrasy. He says that it is a peculiar corporeal constitution which although other wise healthy posses a disposition to be brought into more or less morbid state by certain things which seem to produce no impression and no change in many other individuals. But this inability to make an impression on everyone is only apparent. For as two things are required for the production of these as well as all other morbid alterations in the health of man – to unit, the inherent power of the influencing substance and the capability of the vital force that animates the organism to be influenced by it. the obvious derangements of health in the so called idiosyncrasis cannot be laid to the account of these peculiar constitutions alone, but they must also be ascribed to things that produce them in which must lie the power of making the same impressions on all human bodies, yet in such a manner that but a small number of healthy constitutions have a tendency to allow themselves to be brought into such on obvious morbid condition but the that these do actually make this impression every healthy body is shown by this, that when employed as remedies they render effectual homoeopathic service to all sick persons for morbid symptoms similar to these. They seem to be only capable of producing in so called indiosyncratic individuals.

Dr. Kent also says about this in lectures. He says indiosyncrasy is oversensitiveness to one thing or few things. It does not apply to the general susceptibility in feeble constitutions, where patients are susceptible to all things, over susceptible and over impressed by simple annoyances.

There are two types of idiosyncrasy. They are acquired idiosyncrasy and congenital idiosyncrasy. This acquired indiosyncratic patients can be treated very easily with medications. But at the same time congenital idiosyncratic patients are very difficult to treat. If eradicated at all, it requires an antipsoric remedy to get to the bottom of it.

Miasmatic interpretation

Hypersensitivity reactions are the indications of psoric and pseudopsoric miasms. The skin manifestations like eruptions, itching which are clinical manifestations of primary psora, also hypersensitivity reaction at physical and mental level. Hypersensitive reaction to certain ingestants, inhalants etc are coming under psoric miasm. Hence this urticaria comes under psora, but when the system gets exhausted and weak and hyper reacts it favours to tubercular miasm. Hence urticaria can come to both psora and tubercular miasm

SOME IMPORTANT HINTS ON URTICARIA

- Urticaria disappears in summer and reappears in winter – psorinum
- Urticaria walking in cold air – sepia
- Urticaria at sea shore – Ars.alb, Mag.mur
- Urticaria in everyspring – Rhus.tox
- Urticaria after bathing – Phosphorus, Urt. Urens
- Urticaria better in cold air – Calcarea
- Urticaria after excitement – Bovista
- Urticaria after violent exercise – conium, Nat.mur, Psorinum, Urt, Urens
- Chronic urticaria in children – copaiva officinalis
- Urticaria from pressure of clothes – Medorrhinum
- Urticaria after vaccination – Sarsaparilla
- Chronic urticaria with nettle rash on whole body with itching – Astacus fluviatilis
- Swelling of whole body due to urticaria- Fragaria.
- Urticaria fever during – Apis, Ignatia, Rhus.tox
- Urticaria after eating meat – Ant.crud, Ruta
- Urticular rash is attended by severe headache with redness of face – belladonna
- Urticaria alternating with asthma – Calad
- Urticaria alternating with Rheumatism – Urt. Ure

MATERIALS AND METHODS

MATERIALS

The materials used for this studies are

- Standardized Case Record (SCR)
- Case Concept Form (CCF)
- Case Concept Exposition (CCE)
- Standardized Paper in Homoeopathic Prescribing (SPHP)

SCR: it helps in the collection of data, processing of data and to plan out a definite therapeutic plan. A detailed follow up helps in the further management of case.

CCF: This form directs us to proceed from particular case to general concept which guides us to understand the reason behind the physician action.

CCE: This gives us an elaborate study of the above, which enables us to demonstrate the application of theory and practice.

SPHP: This form demands the reason for every action of physician. Hence it helps in the logical understanding of the case.

This study includes five cases that have been selected from homoeopathic out patient department of Father Muller Homoeopathic Medical College. These cases have been analysed, prescribed and follow ups have been taken with the help of SCR, CCF, CCE and SPHP.

CASE NO. 1

PRELIMINARY DATA:

Name : Mr. M Reg. No. 30296/05
Age : 22years Date: 30-06-05
Sex : Male Physician:Dr.Sunny Mathew
Religion : Hinduism
Education : M.Sc
Address : Mangalore

CHIEF COMPLAINT:

Location	Sensation	Modalities	Accompaniments
Skin (general) since 2 yrs Sudden onset gradual progress stays for 15min	reddish eruptions vesicle formation itching	<after perspiration ³ - <exertion ³ - <after shaving <summer < Hot sun	

PAST MEDICAL HISTORY & TREATMENT HISTORY:

No history suggesting of any major illness.

FAMILY HISTORY:

Father: Bronchial asthma

Mother - OA

PATIENT AS A PERSON:

Appearance : Lean
Appetite : No change
Thirst : 1 lit / day
Cravings : Potatoes², sweets³, vegetables³
Perspiration : Profuse more on face and axilla
Bladder habits : 7-8 times/day
Bowel habits : Once /day
Sleep : No change (Occ disturbed)
Dreams : Unremembered
Thermally : Hot patient

LIFE SPACE INVESTIGATION

Patient hails from middle class family. In his childhood he is average in studies, has many friends. Always used to be with them and play games. Later on he realized about studies. His

father did not like him to do higher studies either. At present he is having less friends. He is doing MSc electronics, he is not feeling good regarding his performance, feels depressed, sits alone and thinks a lot about it. He doesn't share his problems to anyone. He gets angry very fast. He feels guilty about his studies. He gets company occasionally.

EMOTIONAL STATE:

- Brooding of past events
- Suppressed emotions
- Gets angry very fast
- Reserved

GENERAL PHYSICAL EXAMINATION:

- Well oriented with time, place and person.
- Moderately built and moderately nourished
- No pallor, cyanosis, clubbing, icterus, oedema, lymphadenopathy.

VITAL SIGNS:

Temperature : Afebrile
Pulse : 72 beats/min
Respiratory Rate : 18resp/min
B.P. : 140/80mm of Hg
Weight : 51 kg

SYSTEMIC EXAMINATION:

Respiratory system : Vesicular breath sounds
No added sounds
Cardiovascular system: S₁S₂ heard
No murmurs.

PROVISIONAL DIAGNOSIS:

Chronic urticaria

CLINICAL DIAGNOSIS:

Chronic urticaria

PRESCRIPTION :

R_x: 1. Nat.mur 200 (2P)
1P – bed time, weekly once .
2. No. ii. Pills
4-0-4

CRITERIA:

1. Perspiration
2. Sleep
3. Itching
4. Eruptions
5. Frequency
6. Vesicular eruptions
7. New symptoms

FOLLOWS UPS:

Date	Symptom changes	Prescription
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14-07-05	1	2	3	4	5	6	7			R _x : 1. Nat.mur (1P) 200 bed time 2. No. ii pills 4-0-4x2wks
	D	>	>	>	D	S	A			
28-7-05	1	2	3	4	5	6	7			R _x : 3. Nat.mur 0-0-1 tsp 2. No. ii pills 4-0-4x2wks
	á	>	á	á	S	á	A			
11-08-05	1	2	3	4	5	6	7			R _x : 1. Nat.mur 0/1 0-0-1 tsp 2. No. ii pills 4-0-4x2wks
	D	>	>+	>	>+	> ²	A			
28-08-05	1	2	3	4	5	6	7			R _x : 1. Nat.mur 0/1 0-0-1 tsp 2. No. ii pills 3-3-3x2wks
	G	> ²	>	>	>	-	A			
8-09-05	1	2	3	4	5	6	7			R _x : 1. No. ii pills 4-0-4 2. 5grain tab 1-1-1x 2wks
	G	> ²	>	>+	-	-	A			

FR. MULLER'S HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
LEARNING SESSION RECORD
CASE P CONCEPT FORM

Patients Name : Mr. M

Roll No :

Clinical Diagnosis : Chronic Urticaria

REF.No :

Date : 30/06/05

Remedy : 1. Acute –

PP: Dr. Sunny Mathew

2. Chronic – Nat.mur

Intercurrent :

A. PROBLEM : DEFINITION

<p>1. INTERVIEW TECHNIQUE</p> <p>The data was elicited from the patient by active interaction which included questioning, careful listening, skilled</p>	<p>2. CLINICAL RECORD</p> <p>The recording was done in a systematic manner in the standardized case record.</p> <p>1. Chief complaint – LSMA</p>
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interpretation and sensitive analysis. The rapport between the patient and physician was good.		Common symptoms and constitutional symptoms. 2. Patient as a person – mental generals, physical generals and features from life space.
B. CORRELATIONS		
3. SYMPTOMATIC CLASSIFICATION & EVALUATION Mind: Brooding of past events, suppressed emotions, reserved, gets angry fast Physicals: Cr – potatoes, Profuse sweat Hot patient Characteristic particulars: Itching, with eruptions, <exertion after sweat, <exposure to hot sun reddish, transient	4. CLINICO PATHOLOGICAL Hypersensitivity to stimuli. - Mast cell degranulation - Release of histamine and vasoactive mediators. - Increase in capillary permeability - Focal dermal oedema - Itching, reddish eruptions	5. PSYCHO-LOGICAL

6. HAHNEMANNIAN MIASMATIC PATHOLOGY: CURRENT INTERPRETATIONS

Fundamental miasm – Sycotic

Dominant miasm – Psora

Structure

Function

Hypersensitive to

Reaction leading to focal < vesicular occasionally

dermal edema

Form

Itching, reddish eruptions

> after perspiration³, exertion³, <exposure to hot sun

B. ANALYSIS AND SYNTHESIS

7. ACUTE TOTALITIES	8. CHRONIC TOTALITIES	9. INTERCURRENT TOTALITIES
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	Mind: Brooding of past, suppressed emotions, gets angry fast, Reserved Physicals: Cr – potatoes, sweets, Profuse sweat Hot patient Characteristic particulars: Itching, with eruptions, <exertion sun.	Fundamental miasm - Sycotic Dominant miasm Psora – sycotic
10.SEQUENTIAL TOTALITIES	11. SPLIT TOTALITIES	12. RELATED TOTALITIES
13.TECHNIQUES: REPERTORIAL BOENINGHAUSEN’S : T.P.B. B.B. BOGER’S : B.B. B.S.K. G.A. CARDS KENT’S MIXED REFERENCE (CONFIRMATION) REFERENCE (DIFFERENTIATION)		14. TECHNIQUES: NON REPERTORIAL

C. PROBLEM STRUCTURALISATION

F àPt	FM : Sycotic DM : Psora – sycotic	Pt à F
	Brooding Emotions Anger Reserved	of past events suppressed gets fast has few friends
	Cr – Potatoes, sweets Profuse – sweat Hot patient	
	Chronic Urticaria	



D. PROBLEM : RESOLUTION

15. MANAGEMENT: GENERAL ENVIRONMENT	16. MANAGEMENT GENERAL INDIVIDUAL	17. MANAGEMENT GENERAL REPLACEMENT
- intake of citrus fruits - Drink more water	Avoid exposure to hot sun	

18. MANAGEMENT: MECHANICAL MEASURES AND ANCILLARY MEASURES:

- Reassurance was given and condition is explained to the patient. As it is curative and reversible, reassurance was given. General management was suggested.

19. MANAGEMENT : SPECIFIC HOMOEOPATHIC PLANNING AND PROGRAMING :

REMEDY SELECTION	POTENCY SELECTION	REPETITION SHEDULE
Nat.mur	200 0/1	weekly once daily one tsp at bed time

PLACEBO ADMINISTRATION: administration was done with 1st prescription and during follow ups.

REMEDY RESPONSE: Remedies administered acted well and patient responded as well.

REMEDY REGULATION : Potency had changed when the complaints became worse. In 0/1 potency it was repeated in daily dose.

PALLIATION :

CURE : Patient is responding well, cure is expected

SUPPRESSION:

HERINGS LAW OF CURE :

20. PROGNOSIS : As the condition is reversible prognosis is good

E. EDUCATION AND TRAINING

- Effect of constitutional remedy in the treatment of chronic urticaria
- Increase of potency depending on the condition

DISCUSSION

This study included 5 patients presenting with symptoms of both acute and chronic urticaria. The patients are of different age groups. Approach to each case is different and favourable results were obtained with the help of wholistic approach of homoeopathy.

CASE NO. 1

22 years male presented with symptoms of itching, reddish eruptions, vesicle formation, worse after getting sweat, exertion, exposure to sun and in summer. He was diagnosed as chronic urticaria as the eruptions are transient in nature.

Considering the totality, with prominent mentals, characteristic modalities, Natrum mur was prescribed in 200th potency 1 packet once in a week and medicine was given for 2 weeks. Patient showed improvement and hence Natrum.Mur 200 was repeated in the next follow-up. patient showed continued improvement, since the complaints persisted potency was raised and patient improved.

The case demonstrates the role of constitutional remedy and raising the potency depending on the persistence of symptoms.

CASE NO. 2

27 years old female presenting with the complaints of pricking sensation and pain, reddish transient eruptions, worse on pressure, cold water, better by Hot water application. Since the eruptions comes when in contact with water the case was diagnosed as aquagenic urticaria.

Considering the present acute totality with prominent characteristic symptoms Rhus.tox was prescribed in 1M potency 1packet for a week. Patient responded well to the medicine, as the symptoms still persists Rhus.tox was repeated in the same potency. When the acute condition improved constitutional remedy Pulsatilla was prescribed in 200th potency after repertorisation with Kent's repertory. susceptibility and sensitivity of the patient was considered.

This case demonstrates the role of acute as well as constitutional remedies for the treatment of aquagenic urticaria. The patient was completely cured.

CASE NO. 3

8 year old boy presenting with itching, papular reddish transient eruptions, burning, worse on exposure to sun light, rubbing by cloth, scratching and feels better by open air, He also complains of head ache along with these complaints. The case was diagnosed as chronic urticaria.

Considering the totality of the symptoms and signs constitutional medicine Calcarea.carb was prescribed in 0/1 potency 1 teaspoonful daily for a month. It was prescribed based on the severity of the complaints, susceptibility and sensitivity and appearance of the patient. Patient showed improvement but symptoms persisted, considering this Calc.carb was repeated until cure is obtained.

The case demonstrates the selection of high potency and its repetition for the attainment of cure in chronic urticaria.

CASE NO. 4

44year old female presenting with itching, reddish papular transient eruptions all over the body, worse on wearing nylon dress, exposure to sun light and dust. The case was diagnosed as chronic urticaria.

Considering the totality of symptoms both mentals and characteristic symptoms, constitutional remedy lachesis was prescribed in 30th potency considering the susceptibility and sensitivity of the patient. Patient showed improvement for the next follow-up, Lachesis was

repeated and the potency was raised to 200th in the 3rd follow-up. patient was better and remedy repeated until cure is obtained.

This case demonstrates the role of constitutional remedy for the treatment of chronic urticaria and raising the potency to attain cure.

CASE NO. 5

22 year old male presenting with itching, reddish transient eruptions with edema, worse at night, better by hot water application, sleep was disturbed due to complaints. The case was diagnosed as chronic urticaria.

Considering the presenting totality acute remedy Rhus tox. Was prescribed in 1M potency 1 packet for a week, patient showed slight improvement. Constitutional remedy pulsatilla was prescribed in 200th potency considering susceptibility and sensitivity of the patient. Patient has not showed desired results but slight improvement, taken into consideration chronic of constitutional remedy silicea was prescribed in 30th potency, patient showed improvement, silicea was repeated for the next follow-up and potency was raised to attain cure.

This case demonstrates the role of acute remedy to bring down the intensity of complaints, constitutional remedy and the chronic of constitutional remedy for the attainment of cure.

LIMITATIONS

1. The number of cases for study were limited
2. Time for the study was limited
3. A standardized uniform criteria was not followed
4. The follow-ups were taken by others, not by the primary physician
5. Follow-up lack proper details on the examination findings and investigations
6. study was limited only to the cases of Father Muller Homoeopathic medical college out patient department.

CONCLUSION

This study has dealt with 5 patients with acute exacerbation of chronic urticaria and chronic urticaria. Through this study we are able to learn the role of homoeopathic management in cases of urticaria.

Urticaria is designed as hypersensitivity reaction due to various causes. Due to some exciting cause in chronic conditions. eruptions may flare up, in this phase our line of treatment is to treat that phase with acute short acting remedy followed by constitutional remedy or an antimiasmatic remedy.

Our dynamic system has a great role to play for the treatment of urticaria. This would only be possible when a physician follows the principles were laid down by our master Dr. Samuel Hahnemann.