

EFFECTIVE HOMEOPATHIC MANAGEMENT OF URTICARIA: A GENTLE APPROACH TO ALLEVIATING SKIN ALLERGIES

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ABSTRACT

Urticaria, commonly known as hives, is a skin condition characterized by the sudden appearance of itchy welts or wheals on the skin. It can be acute or chronic and often occurs as a result of allergies, stress, or other triggers. Conventional treatment options primarily focus on symptom relief and often come with side effects. In contrast, Homoeopathy offers a holistic approach to managing urticaria. This abstract provides an overview of the principles and remedies used in Homeopathic management of urticaria, emphasizing the gentle yet effective nature of Homoeopathic treatment. By addressing the underlying causes of urticaria and individualizing treatment, Homoeopathy aims to provide lasting relief while minimizing the risk of recurrence.

1. INTRODUCTION

Urticaria presents as a sudden outbreak of itchy, raised, and red or white welts on the skin, known as wheals, and can vary in size and shape. These welts often appear rapidly, disappear, and may reappear in different locations on the body. Urticaria can manifest as acute, where symptoms resolve within a few hours to a few weeks, or as chronic, persisting for more than six weeks, sometimes extending for months or even years.

Urticaria is a prevalent skin condition that seldom leads to fatality but can significantly compromise the quality of life for those afflicted. Urticaria exhibits various classifications, primarily based on its duration, appearance, and underlying causes.

Classification:

- 1. Acute urticaria:** Characterized by hives lasting less than six weeks, often linked to specific triggers like food, medications, or insect stings. Acute urticaria typically responds well to trigger avoidance or treatment.
- 2. Chronic urticaria:** Involves hives persisting for over six weeks, frequently with no discernible trigger. Chronic urticaria can extend for months or even years, significantly impacting an individual's quality of life.

Appearance:

Wheals: The classic urticaria presentation with raised, red or white, and itchy welts on the skin, varying in size and shape.

- 1. Angioedema:** In some cases, urticaria includes deeper skin swelling, often affecting areas around the eyes and lips, concurrently with wheals.

Underlying Causes:

- 1. Allergic Urticaria:** Triggered by allergic reactions to substances like foods, medications, insect stings, or environmental allergens.
- 2. Physical Urticaria:** Induced by physical factors such as pressure, cold, heat, or sunlight.
- 3. Autoimmune Urticaria:** Linked to autoimmune conditions where the body's immune system mistakenly targets its own tissues, including the skin.
- 4. Idiopathic Urticaria:** When urticaria's cause remains elusive despite thorough investigation.

Classification by Triggers:

- 1. Food-Induced Urticaria:** Triggered by specific foods.
- 2. Medication-Induced Urticaria:** Resulting from the use of particular medications.
- 3. Insect Sting-Induced Urticaria:** Occurring after insect stings or bites.
- 4. Exercise-Induced Urticaria:** Precipitated by physical activity.
- 5. Dermatographism:** Caused by friction or scratching of the skin. Categorizing urticaria in these ways is crucial for accurate diagnosis, effective treatment, and appropriate management.

Understanding the type and underlying factors of the condition is essential for tailoring the most suitable care.

Distribution and Demographics of Urticaria:**1. Prevalence:**

- Urticaria is a common dermatological condition worldwide. Acute urticaria, in particular, is highly prevalent; with estimates suggesting that up to 20% of individuals will experience an episode of acute urticaria during their lifetime.
- Chronic urticaria, which lasts for more than six weeks, is less common but still significant. It affects approximately 0.1% to 0.5% of the population.

2. Age Distribution:

- Urticaria can affect individuals of all ages, from children to the elderly. However, it often has a bimodal distribution, with peaks in childhood and young adulthood and another peak in middle age.
- Chronic urticaria tends to be more prevalent in adults, with a higher occurrence in females than males.

3. Gender Disparity:

- Females are more commonly affected by chronic urticaria than males, with a female-to-male ratio of approximately 2:1. The reasons for this gender disparity are not entirely understood.

4. Geographical Variation:

- The prevalence of urticaria may vary by region, potentially influenced by factors such as climate, environmental allergens, and genetic predisposition.
- There may also be variations in the types of urticaria more commonly observed in different parts of the world.
- The precise prevalence of chronic urticaria in India remains uncertain. Chronic urticaria, characterized by its persistent nature, typically lasts for an average duration of one to five years. Among individuals diagnosed with chronic urticaria, approximately 50% experience resolution within the first six months from the onset of the condition.

An additional 20% see their symptoms subside within three years. Moreover, another 20% find relief within a span of five to ten years. Nevertheless, in approximately 10% of chronic urticaria cases, the condition may persist for more than a decade before resolving.

Etiological Factors:

- 1. Allergies:** Acute urticaria can be triggered by allergic reactions to substances such as foods, medications, insect stings, or pollen. These allergies prompt the immune system to release histamines and other chemicals, leading to the development of hives.
- 2. Non-Allergic Triggers:** Many instances of urticaria are unrelated to allergies. Non-allergic triggers encompass various factors, including infections (e.g., viral or bacterial), physical elements (e.g., cold, heat, pressure, sunlight), emotional stress, and physical exertion. These triggers can also induce the release of histamines and other chemicals, resulting in hives.
- 3. Autoimmune Conditions:** Chronic urticaria, particularly chronic spontaneous urticaria (CSU), may be associated with autoimmune diseases. In these cases, the immune system erroneously attacks healthy tissue, including the skin.
- 4. Medications:** Specific medications, such as antibiotics, nonsteroidal anti-inflammatory drugs (NSAIDs), and blood pressure medications, can cause urticaria as an adverse reaction.
- 5. Food Additives:** Some individuals may exhibit sensitivity to food additives like preservatives, dyes, and flavour enhancers, which can lead to the development of urticaria.
- 6. Genetic Factors:** A family history of urticaria can elevate the risk of developing the condition.
- 7. Chronic Infections:** Chronic infections, such as hepatitis or parasitic infestations, may sometimes lead to chronic urticaria.
- 8. Physical Urticaria:** Physical factors like friction, pressure, or extreme temperatures can provoke hives in individuals with physical urticaria. For example, dermatographism can cause hives to appear in response to pressure on the skin.
- 9. Hormonal Changes:** Hormonal fluctuations, particularly during pregnancy or menopause in women, can contribute to the onset of urticaria.
- 10. Idiopathic:** In numerous cases, the precise cause of urticaria remains unknown. This is particularly true for chronic idiopathic urticaria, where no specific trigger or underlying condition can be identified.

Pathophysiology of Urticaria:

Urticaria's pathophysiology involves the release of histamine and other inflammatory chemicals in response to various triggers, leading to blood vessel dilation, increased permeability, and activation of itch receptors in the skin.

This causes the characteristic raised, red, and itchy welts known as hives. Chronic urticaria may involve autoimmune mechanisms

Histopathology of Urticaria:

The histopathology of urticaria typically reveals superficial perivascular inflammation in the skin, characterized by oedema, fluid accumulation in the upper dermis and dilated blood vessels.

There may be an infiltration of inflammatory cells, such as neutrophils and eosinophils. These changes are consistent with the transient and localized nature of urticarial lesions and reflect the underlying inflammatory processes triggered by histamine release.

Clinical Signs and Symptoms:

- Raised, itchy welts on the skin (often red or pink).
- Intense itching.
- Transient, shifting nature of welts.
- Variable shapes and localized swelling.
- Possible burning or stinging.
- Triggered by factors like allergies, stress, or physical stimuli.
- Rarely, systemic symptoms like fatigue.
- May be accompanied by angioedema, causing deeper swelling, especially in the face and throat, which can be life-threatening.

Diagnosis:

1. **Clinical Examination:** The doctor will examine your skin to look for the characteristic raised, itchy hives (wheals) and redness associated with urticaria.
2. **Medical History:** Discussing your symptoms and medical history can help in identifying potential triggers or underlying causes.
3. **Allergy Testing:** In some cases, allergy testing (such as skin prick tests or blood tests) may be performed to identify specific allergens that could be triggering the urticaria.
4. **Elimination Diet:** If a food allergy is suspected, an elimination diet may be recommended to identify the specific food causing the urticaria.
5. **Blood Tests:** Sometimes, blood tests may be done to check for underlying medical conditions like autoimmune disorders or infections.
6. **Thyroid Function Tests:** Thyroid function tests may be conducted if thyroid dysfunction is suspected as a potential cause.
7. **Biopsy:** In rare cases, a skin biopsy may be performed to rule out other skin conditions that can mimic urticaria.

Investigations:

1. **Physical Examination:** A thorough physical examination is often the first step. The doctor will look for the characteristic raised itchy welts (wheals) on the skin and assess their distribution and appearance.
2. **Medical History:** A detailed discussion of your medical history, including when the symptoms first appeared, their duration, and any potential triggers or associations, can provide valuable information.
3. **Allergy Testing:** Allergy tests can help identify specific allergens that may be triggering the urticaria. Common allergy tests include skin prick tests and blood tests (such as specific IgE tests).
4. **Blood Tests:** A complete blood count (CBC) and comprehensive metabolic panel (CMP) may be performed to rule out underlying infections, systemic disorders, or imbalances that could contribute to urticaria.
5. **Thyroid Function Tests:** Thyroid function tests, including TSH (thyroid-stimulating hormone) and thyroid hormone levels can help assess thyroid function if thyroid dysfunction is suspected.
6. **Autoimmune Markers:** Some autoimmune diseases can manifest with urticaria-like symptoms. Blood tests for autoimmune markers, such as antinuclear antibodies (ANA) or antithyroid antibodies, may be ordered.

7. **Elevated IgE Levels:** An increase in immunoglobulin E (IgE) levels in the blood may be associated with urticaria, and testing for IgE levels can be informative.
8. **C-Reactive Protein (CRP) and Erythrocyte Sedimentation Rate (ESR):** These tests may be used to assess the presence of inflammation in the body.
9. **Skin Biopsy:** In rare or challenging cases, a skin biopsy may be performed. A small sample of affected skin is removed and examined under a microscope to rule out other skin conditions that mimic urticaria.
10. **Trigger Identification:** Keeping a detailed diary of activities, foods, medications, or exposures that coincide with urticaria flare-ups can help identify potential triggers.

Complications:

1. **Angioedema:** Angioedema is a related condition that involves swelling beneath the skin, usually around the eyes and lips. It can occur alongside urticaria and can sometimes be more severe. Severe angioedema, especially when it affects the throat, can lead to breathing difficulties and be life-threatening.
2. **Secondary Infections:** Scratching the itchy hives can break the skin and lead to bacterial infections. Keeping the skin clean and avoiding excessive scratching is important to prevent infections.
3. **Psychological and Emotional Impact:** Chronic urticaria can have a significant impact on a person's quality of life. The constant itching and appearance of hives can lead to stress, anxiety, and even depression.
4. **Autoimmune Disorders:** Some cases of chronic urticaria may be linked to autoimmune disorders, which can have broader health implications.
5. **Allergic Reactions:** In some cases, urticaria can be a symptom of an allergic reaction to food, medications, or insect stings. These allergies can lead to more severe allergic responses, including anaphylaxis, which is a medical emergency.
6. **Underlying Medical Conditions:** Chronic urticaria can sometimes be a symptom of underlying medical conditions, such as thyroid disease, lupus, or other autoimmune disorders. Treating the underlying condition may be necessary to control the urticaria.
7. **Medication Side Effects:** Some medications used to treat urticaria can have side effects, and their long-term use may lead to complications.
8. **Impact on Daily Life:** Severe and persistent urticaria can disrupt daily life, affecting sleep, work, and overall well-being. It can lead to decreased productivity and quality of life.

2. GENERAL MANAGEMENT

1. Identify and Avoid Triggers:

- Determine the underlying cause of your urticaria, common triggers include:
- Allergens (e.g., certain foods, pollen, insect stings)
- Medications (e.g., aspirin, NSAIDs, antibiotics)
- Infections (e.g., viral or bacterial infections)
- Stress or emotional factors
- Physical triggers (e.g., pressure, cold, heat, sunlight)

2. Lifestyle and Home Remedies:

- Avoid scratching the affected area, as it can worsen symptoms and lead to skin infections.
- Apply cool compresses to the affected areas to reduce itching and inflammation.
- Wear loose-fitting, breathable clothing to minimize irritation.

3. Treat Underlying Conditions.

4. Stress Management:

- Reducing stress and managing emotional triggers can help prevent or alleviate stress-induced urticaria. Techniques such as relaxation, meditation, and counselling may be helpful.

5. Diet and Nutrition:

- If food allergies are suspected as a trigger, consider keeping a food diary and undergoing allergy testing to identify and avoid specific triggers.

Conventional Treatment Includes:

1. **Antihistamines:** Non-sedating antihistamines, such as cetirizine, loratadine, and fexofenadine.
2. **Corticosteroids:** In severe cases or when urticaria is not responding to other treatments, short courses of oral or topical corticosteroids may be prescribed. These are anti-inflammatory drugs that can help reduce swelling and itching.
3. **Epinephrine:** In rare cases of severe, acute urticaria (anaphylaxis), epinephrine may be administered to counteract the potentially life-threatening allergic reaction.
4. **Immunomodulators:** In some cases, if other treatments are ineffective, medications that modulate the immune system may be considered.

Homoeopathic Management of Urticaria:

About cause of disease Dr. Hahnemann in his Organon of Medicine Aphorism no.5 and 7, 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) .

In Aphorism no.194 he further said, 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.

In Aphorism no.208 he said that 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 exciting or maintaining cause disease as well as for the selection of homoeopathic medicine.

Homoeopathic Medicines for Urticaria:

Dolichos: Intolerable itching all over the body, worse at night, preventing sleep, scratching, itching. There is nothing perceptible on the skin. A general intense itching without eruption worse by scratching.

Urtica Urens: Itching, raised, red blotches. Nettle rash worse every year same season. Prickly heat. Hives; elevated; with rheumatism; after shell fish; with pinworms. Vesicles. As its common name stinging nettle implies, it produces stinging or stinging-burning pains. Ill effects of burns; bee-stings, eating shell fish; suppressed milk; urticaria. Angio-neurotic oedema.

Sulphur: It is the great anti psoric remedy. It is often of great use in beginning the treatment of chronic diseases in finishing acute ones or when the reaction is deficient. Troubles of very long standing resulting from suppressed eruptions will very often bring these out and cause their cure. Nettle rash. Burning itching of the eruptions.

Calc Carb: Burning, smarting, itching, ephelis, nettlerash, mostly disappearing in the fresh air. Eruptions of lenticular red and raised spots, with great heat, much thirst, and want of appetite. Skin hot and dry during motion. Skin of the body rough, dry, and as if covered with a kind of military eruption.

Rhus tox: Vesicular, yellow vesicles; much swelling, inflammation; burning, itching, stinging. Itching and burning, vesicles drying up in a few days. Rhus tox is best antidoted by the simillimum; the potentized remedy given internally. The dermatitis should never be treated by topical medicated applications; they only suppress, never cure.

Apis Mel: Swellings after bites or bee stings; *sore, sensitive*. Stinging, erysipelas with sensitiveness and swelling, rosy hue with burning, stinging pain. Aggravation by heat in any form; touch, pressure; late in afternoon; after sleeping; in closed and heated rooms, Right side. Amelioration in open air, uncovering, and cold bathing. Sudden puffing up of whole body.

Nat Mur: Urticaria itch and burn. Dry eruptions, especially on margin of hairy scalp and bends of joints. Hives, itching after exertion. Itching and pricking in skin. Rash over whole body, with stinging sensation in skin. Worse at seashore, mental exertion, heat. Better by open air, cold bath.

Pulsatilla: Urticaria with redness, even when the parts are cold. Eruptions from eating pork, itching violently in bed. Eruptions like measles. Itching, mostly burning or pricking as if caused by stings of ants, principally in evening, and at night in heat of bed, worse by scratching.

Antipyrinum: Rash, erythema or urticaria, with troublesome itching; chiefly between fingers. Irregular rounded pimples lying close together, in some places confluent, forming patches, between which skins was normal, giving a marbled appearance, lasted five days and turned brownish and desquamated slightly. Eruption thickest on body and extremities, extensor more covered than flexor surfaces. Eruption begins on face and arms, last on legs.

Dulcamara: Urticaria better cold worse sour stomach. Pruritus. Rash in new born, children. Eruptions when hot days & cold nights towards the close of summer. Urticaria from change of weather when weather suddenly becomes cold, damp cold weather, before menses.

Bovista: Urticaria, covering whole body. Pimples and miliary eruption with burning itching.

3. CONCLUSION

Homeopathic management of urticaria offers a gentle and holistic approach to addressing the symptoms of this skin allergy. While individualized treatments and minimal side effects make it an attractive option. Many individuals find relief through this holistic method with minimal side effects. Homeopathy emphasizes treating the root causes of urticaria, focusing on the overall well being of the patient. It is best for acute and chronic or recurring cases.

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