Homoeopathic treatment of chronic urticaria – A case series

Padmalaya Rath, Parul
Dr. D.P. Rastogi Central Research Institute of Homoeopathy, Under CCRH, Noida, Uttar Pradesh, India

Abstract

Introduction: Urticaria is a kind of skin complaint with red, raised and itchy bumps. Urticaria frequently occurs after an infection or as a result of an allergic response to some medication, insect bites or food. Psychological stress, exposure to cold or vibration may also trigger urticaria. Urticaria occurs with a lifetime prevalence of around 20%. In around 30% patients of urticaria, attacks often recur for months or years. Cases summary: This is a case series of five patients suffering from chronic urticaria having erythematous lesions, intense itching, redness and swelling treated at the Dermatology outpatient department of Dr D. P. Rastogi Central Research Institute for Homoeopathy, Noida, Uttar Pradesh, India. The patients were prescribed indicated constitutional Homoeopathic medicines. Changes in haematological and serological tests, Measure Yourself Medical Outcome Profile 2 and Urticaria Activity Score summed over 7 days at baseline and at the end of treatment showed reasonable improvement in disease as well as in the quality of life. Homoeopathic medicines such as Apis mellifica, Calcarea carbonica, Rumex crispus, Pulsatilla and Histamine were found useful.

Keywords: Apis mellifica, Calcarea carbonica, Chronic urticaria, Histamine, Homoeopathy, Pulsatilla, Rumex crispus, Urticaria

INTRODUCTION

Chronic urticaria is defined as the presence of urticaria for a period exceeding 6 weeks, assuming symptoms for most days of the week.[1,2] Urticaria is characterised by dermal oedema and erythema, also known as hives. Hive lesions typically last <24 h and are usually pruritic.[3] Urticaria is a common clinical condition presenting with wheals, angioedema or both. Urticaria has a complex pathogenesis, along with a high disease burden, a significant impact on quality of life, and high healthcare costs.[4] Acute urticaria can develop suddenly and will last <6 weeks.[5] About one in six people will have acute hives at one point in their life.[3] Chronic urticaria can develop suddenly and will persist >6 weeks.[5] Twenty percent of people with chronic urticaria report still having problems 10 years after its onset.[6]

Over half of all cases of chronic urticaria are thought to occur by an autoimmune mechanism, primarily autoantibodies against the high-affinity immunoglobulin E (IgE) receptor.[7] Chronic urticaria can be upsetting and negatively impact a person’s mood and quality of life.[9] Homoeopathic treatment for urticaria is more beneficial because with conventional medicines, there are chances of long-term dependency on anti-allergic medicines. While the Homoeopathic treatment involves analysing complete and detailed information from the patient to select the right constitutional medicine for providing marked improvement with long-term relief.

To assess the clinical results, The Measure Yourself Medical Outcome Profile (MYMOP) is used which is a 'patient-centred' outcome scale where patients are asked to nominate one or two symptoms (physical or mental) of a specific problem they need assistance with and consider the severity of these symptoms over the last week. The third item asks the patient to list an activity (such as walking) that they have had difficulty completing due to their problem. The fourth item asks patients...
to rate their general well-being over the last week. This scale has been used to analyse the outcomes in the presented cases.

**Methods**

All the five cases reported here suffered from urticarial rashes for which Urticaria Activity Score summed over 7 days (UAS7)\(^\text{[10]}\) and MYMOP2\(^\text{[11]}\) were noted at baseline, at every follow-up and at the end of treatment. IgE was tested in every case at baseline.

Five cases of urticaria were treated with homoeopathic medicines selected on the basis of individualisation, considering location, sensation, modalities (i.e., aggravating and ameliorating factors) and concomitants of the symptoms in each case.

Consent was taken from all the patients for publication.

**Case Reports**

**Case 1**

A 21-year-old female presented with eruptions over the whole body with swelling of the upper lip, eye and face, for 3 years [Figure 1 shows the presentation at the time of consultation].

- Three years ago, she gradually developed itching and redness of the whole body with wheals on the knee, face and chest with 4–5 such paroxysms in a week. Eruptions and itching aggravated at night, cold weather and sunlight
- She had a tendency to catch cold and suffered from recurrent tonsillitis in the past. She had typhoid 8 years back
- There was no history of chronic rhinitis, asthma and hay fever
- She was having irregular menses for 7 years
- In her family, grandmother had diabetes mellitus and father and mother had hypothyroidism
- She had desire for egg.

This is a case of chronic urticaria having acute exacerbation with angioedema.

![Figure 1: Initial presentation with swollen lips (Case 1)](image)

**Physical examination and clinical findings**

1. The patient was obese and flabby having a body mass index of 28.6 (height – 1.62 m and weight – 75 kg)
2. Type of lesion – Wheals and oedema
3. Colour of lesion – Reddish
4. Margin – Ill defined
5. Shape – Irregular
6. Number – Multiple
7. Size – 5–6 mm in diameter
8. Site of lesion – Face, knee, chest, upper lip (swollen) and eyes
9. Serum IgE – 354.3 IU/ml

UAS at baseline was 30 and at the end of treatment was 6.

MYMOP2 score at baseline was 5.75, and at the end of treatment was 1 [Table 1].

**Basis of prescription**

On repertorial analysis [Figure 2], *Calcarea carbonica* was found to be the most similar medicine to the case and also scored highest, that is 17/7. She was obese and flabby with irregular menses and a history of repeated tonsillitis and desire for eggs led to the selection of *Calcarea carbonica*.

**Prescription on 5 October 2018**

*Calcarea carbonica* was prescribed in fifty millesimal scale in increasing potency and was advised to be taken in distilled water, twice daily for 20 days.

Follow-ups and observation are represented in Table 2.

**Case 2**

A 28-year-old female presented with erythematous, oedematous, pruritic lesions all over the body, more marked on face, causing angioedema, with unexpected puffiness of skin with red discolouration, which blanched\(^\text{[12]}\) [Figure 3].

- She reported of gradual development of redness and burning sensation on the face and some part of the arms and legs daily, for the last 7 years. Various parts of the body had a sensation of heat and burning, which got ameliorated by scratching
- Her complaints usually got aggravated in summers from heat and sunlight and itching got better by pressure or rubbing hard and cold exposure

![Figure 2: Repertorisation of Case 1](image)
She had a past history of dengue in 2017 and abortion at 7 months of gestation in 2018.
Her menses were scanty and lasted for 2 days.
Her father had diabetes mellitus.
She was sensitive to slightest trifles, was impatient and restless.
She had desire for salty things.
She has been taking anti-allergic medicines, on and off, for the last 7 years.

**Physical examination and clinical findings**
- The patient was of average built and flabby, having a body mass index of 25.51 (height –1.40 m and weight –50 kg).
- Type of lesion – Erythematous wheals with oedema.
- Colour of lesion – Brick red.
- Margin – Ill defined.
- Shape – Irregular.
- Number – Multiple.
- Size – Varied from 2 mm to 8 cm.
- Site of the lesion – Arms, legs, face – both cheeks.
- Serum IgE – 166.90 IU/ml.
UAS at baseline was 39, and at the end of treatment, it was 2.
MYMOP2 score at baseline was 6 and 0.75 at the end of treatment [Table 1].

**Basis of prescription**
On repertorisation [Figure 4], Sulphur scored highest marks, that is 32/13. However, after consulting Lotus Materia Medica, ‘Histamine’ was prescribed after considering physical generals, modalities and particulars of the case, that is sensation of heat and burning on the

![Figure 3: Initial presentation with swelling on face (Case 2)](https://example.com/figure3.png)

![Figure 4: Repertorisation of Case 2](https://example.com/figure4.png)

**Table 1: Improvement status**

<table>
<thead>
<tr>
<th>Dose tapering of anti allergic medications in the six follow ups</th>
<th>UAS7 score in 6 follow ups</th>
<th>IgE LEVELS</th>
<th>MYMOP2 score in 6 follow ups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base line</strong></td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
</tr>
<tr>
<td>Twice daily</td>
<td>Twice daily</td>
<td>Once daily</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Thrice daily</td>
<td>Twice daily</td>
<td>Once daily</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Once daily</td>
<td>Twice daily</td>
<td>Nil</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Twice daily</td>
<td>Once daily</td>
<td>Nil</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Thrice daily</td>
<td>Thrice daily</td>
<td>Once daily</td>
<td>Once daily</td>
</tr>
</tbody>
</table>
head and face, urticaria and redness of face.[13] Certain areas of the skin had a sensation of heat and burning; hyperaesthesia; red itching papules and amelioration by scratching, pressure or rubbing hard. The patient was sensitive to slightest trifles, was impatient and was restless. *Histamine hydrochloricum* is a capillary vessel dilator and an arteriole vessel constrictor.[13]

**Prescription on 8 May 2019**

*Histamine 30* was prescribed, and the patient was advised to take medicine thrice daily for 3 days, followed by placebo for the next 7 days. After 10 days, the patient reported with mild improvement in complaints.

Follow-ups and observation are represented in Table 3.

**Case 3**

A 41-year-old male presented with itchy wheals of different sizes all over the body, more marked on the back, abdomen and arms [Figure 5].

- Six months back, the complaint started with intense itching over the back, with longitudinal wheals of variable size. Gradually, it spread to the skin all over the body, more marked on the abdomen and arms with redness, burning and swelling. He was taking anti-allergic medication daily for the complaints with mild relief, but it occurred repeatedly.

**Figure 5: Initial presentation with lesion on the upper back (Case 3)**

**Figure 6: Repertorisation of Case 3**

<table>
<thead>
<tr>
<th>Table 2: Prescription table of Case 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>
- Itching aggravated in the evening and while undressing, when exposed to cold air
- He had a past history of renal calculi 9 years back, relieved with allopathic medicine.
- In his family, his mother also had urticaria
- His sleep was disturbed due to intense itching
- He had desire for sour and salty things.

**Physical examination and clinical findings**
- The patient had average-built, fair complexion
- Type of lesions – Wheals with mild swelling
- Colour of lesions – Reddish discolouration
- Margins – Well defined
- Shape – Linear striae of variable sizes
- Number – Multiple
- Size – Vary from 5 to 9 mm in length
- Site of lesion – Back, abdomen and arms
- Serum IgE – 150 kUA/L.

![Figure 7: Initial presentation (Case 4)](image)

![Figure 8: Repertorisation of Case 4](image)

**Table 3: Prescription table of Case 2**

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>UAS7 (D1-D7)</th>
<th>Pruritis (D1-D7)</th>
<th>Total</th>
<th>Itching</th>
<th>Redness and Swelling</th>
<th>Activity</th>
<th>General well being</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16-05-2019</td>
<td>mild improvement in itching, but burning and redness was same.</td>
<td>Histamine 30/ bd/5 days; Sl 30/ bd/10 days</td>
<td>18</td>
<td>16</td>
<td>34</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5.5</td>
</tr>
<tr>
<td>2</td>
<td>31-05-2019</td>
<td>mild improvement in itching, burning and redness was also slightly reduced. itching in eyes and face was much better, no itching in arms and legs, redness has also reduced. But slight burning was still there after scratching.</td>
<td>Histamine 30/ bd/7 days; Sl 30/ bd/10 days</td>
<td>17</td>
<td>12</td>
<td>29</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4.25</td>
</tr>
<tr>
<td>3</td>
<td>17-06-2019</td>
<td>much improvement in itching, distribution of wheals were in less area. No burning after scratching. itching decreased by 90%, redness was also reduced markedly.</td>
<td>Histamine 30/ bd/3 days; Sl 30/ bd/10 days</td>
<td>12</td>
<td>9</td>
<td>21</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>02-07-2019</td>
<td>No redness, no burning and mild itching. 95% improvement in pruritic lesions all over body.</td>
<td>Sl 30/ bd/15 days</td>
<td>12</td>
<td>6</td>
<td>18</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3.25</td>
</tr>
<tr>
<td>5</td>
<td>18-07-2019</td>
<td></td>
<td>Sl 30/ bd/15 days</td>
<td>10</td>
<td>3</td>
<td>13</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>02-08-2019</td>
<td></td>
<td>Sl 30/ bd/15 days</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.75</td>
</tr>
</tbody>
</table>
### Table 4: Prescription table of Case 3

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>UAS7 (D1-D7)</th>
<th>Pruritis (D1-D7)</th>
<th>Total</th>
<th>Itching</th>
<th>Activity</th>
<th>General well being</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01-04-2019</td>
<td>itching has reduced by 50%, frequency of wheals decreased by 30%, patient was taking anti allergic medicines twice in a week.</td>
<td>Rume×30/ tds/7 days</td>
<td>13</td>
<td>9</td>
<td>22</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>09-04-2019</td>
<td>70% improvement in itching, no wheals appeared, didn’t took anti allergic medicines</td>
<td>Rume×30/ tds/7 days</td>
<td>6</td>
<td>4</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>07-05-2019</td>
<td>no rashes with 100% improvement in itching.</td>
<td>Sl30/ tds/7 days</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Table 5: Prescription table of Case 4

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>UAS7 (D1-D7)</th>
<th>Pruritis (D1-D7)</th>
<th>Total</th>
<th>Itching</th>
<th>Activity</th>
<th>General well being</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18-04-2019</td>
<td>itching and wheals has reduced by 40%, patient took anti allergic medicines once daily.</td>
<td>Pulsatilla30/bd/5 days; Sl30/bd/15 days</td>
<td>7</td>
<td>9</td>
<td>16</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>25-04-2019</td>
<td>Improvement in itching with red papules, mild wheals appeared, took anti allergic medicines twice weekly</td>
<td>Pulsatilla30/bd/3 days; Sl30/bd/15 days</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>09-05-2019</td>
<td>75% improvement in itching, occured only 2-3 times and wheals occured thrice in last 15 days.</td>
<td>Pulsatilla200/bd/3 days Sl30/bd/15 days</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>06-06-2019</td>
<td>80% improvement in itching, no wheals appeared.</td>
<td>Pulsatilla200/od/3 days; Sl30/bd/15 days</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>21-06-2019</td>
<td>no eruptions, no wheals, occasional itching only on sweating.</td>
<td>Pulsatilla200/od/3 days; Sl30/bd/15 days</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>19-07-2019</td>
<td>no eruptions, no wheals occasional itching on cold exposure.</td>
<td>Pulsatilla1M/od/1 day; Sl30/bd/15 days</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
UAS at baseline – 33 and UAS at the end of treatment – 7.
MYMOP2 score at baseline – 6 and MYMOP2 Score at the end of treatment – 0.25 [Table 1].

*Basis of prescription*
On repertorial analysis by Vithoulkas Compass [Figure 6], *Rumex crispus* scored the highest marks and covered maximum rubrics. It is one of the leading remedies used for intense itching of urticaria as well. Modalities and particular generals were well covered, that is itching aggravates in the evening and while undressing, uncovering when exposed to cold air by this remedy. Hence, the most appropriate remedy for this case was *Rumex crispus*.

**Prescription on 8 March 2019**
*Rumex 30* was prescribed and was advised to take the medicine thrice daily for 5 days, followed by *saccharum lactis 30* twice daily for 10 days.

Follow-ups and observations are represented in Table 4.

**Case 4**
A 40-year-old male presented with itching over the whole body with raised erythematous lesions of variable size [Figure 7].

- Nine months back, he developed intense itching in the whole body with mild swelling, which got aggravated with exposure to cold air, at night and change of weather for which he was taking anti-allergic medicines twice daily
- Thermal reaction of the patient was hot
- He had desire for salty things
- The patient was thirstless
- He had intolerance for oily food which was causing flatulence
- The patient desired for company all times.

**Physical examination and clinical findings**
- The patient was robust and had a body mass index of 26.2 (height – 1.80 m and weight – 85 kg)
- Type of lesion – Erythematous wheals with mild swelling
- Colour of lesion – Reddish
- Margin – III defined
- Shape – Irregular and linear
- Number – Multiple
- Size – Vary from 8 to 10 mm in length
- Site of lesion – Whole body especially arms
- Serum IgE – 369 kUA/L

UAS at baseline – 28 and UAS at the end of treatment – 4.
MYMOP2 score at baseline – 5.75; MYMOP2 at the end of treatment – 0.75 [Table 1].

**Basis of prescription**
On repertorial analysis [Figure 8], ‘*Pulsatilla*’ scored highest marks, that is 9/4. Modalities and general symptoms, that is thirstlessness, intolerance for oily food and desire for company, were well covered by this remedy.[15]

**Prescription on 4 April 2019**
*Pulsatilla 30* was prescribed and was advised to take the medicine twice daily for 5 days, followed by placebo twice daily for 10 days.

Follow-ups and observation are represented in Table 5.

**Case 5**
A 22-years-old male presented with itchy, swollen and raised erythematous lesions of variable size on different parts of the body, more marked on the back, legs and arms [Figure 9a and b].

- Nine years ago, he developed itching all over the body with red streaks and burning sensation, which get
ameliorated by cold bathing. Wheals burnt and itched intolerably at night, with stinging pains
• He was taking anti-allergic medicines daily for the last 9 years
• The patient was thirstless
• He had desire for milk
• Thermally, the patient was hot.

Physical examination and clinical findings
• Type of lesion – Wheals
• Colour of lesion – Red
• Margin – Ill defined
• Shape – Irregular
• Number – Multiple
• Size – Vary from 3 to 20 mm in diameter
• Site of lesion – Face, forearms, upper back and legs
• Serum IgE – 5989 kUA/L.

UAS at baseline – 42 and UAS at the end of treatment – 16.
MYMOP2 score at baseline – 6, MYMOP2 at end of treatment – 2.75 [Table 1].

This is a case of chronic urticaria having acute exacerbation at the time of reporting with no history of hay fever, asthma or chronic rhinitis.

Basis of prescription
On repertorial analysis [Figure 10], ‘Apis mellifica’ has scored the highest marks, that is, 9/5. Physical generals, particulars and modalities, that is red streaks and burning sensation, got ameliorated by cold bathing, thirstlessness and stinging pains,[14] which led to selection of Apis mellifica. Hence, the most appropriate medicine for this case was Apis mellifica.

Prescription on 16 May 2019
Apis mellifica was prescribed in fifty millelesimal scale in increasing potency and was advised to take with aqua dist. twice daily for 20 days.

Follow-ups and observation are shown in Table 6.

Discussion
In the above cases, homoeopathic medicines were given on the basis of individualisation, and were found to be successful in the treatment of chronic urticaria, leading to removal of signs and symptoms. These five patients were on anti-allergic medicines, along with homoeopathic treatment. Gradually, their quality of life improved, with reduction in the frequency of taking anti-allergic medicines. UAS and MYMOP2 scores were recorded in each follow-up for measuring clinical change associated with the course of homoeopathic treatment. Under MYMOP2 scoring, for each patient, symptoms considered were itching, redness, swelling, physical activity and general feeling of well-being. For every follow-up, the minimum clinically important change in score after intervention should be between 0.5 and 1.0, any change >1.0 can be considered clinically significant.[11] In this case series, each patient had shown reduction in score between 1.25 and 1.50 at every follow-up [Table 1 and Figure 11]. IgE is an Ig that plays a central role in chronic inflammatory allergic urticaria, so serum IgE levels were also recorded before treatment. IgE is believed to be one of the major mediators of hypersensitivity reaction such as urticaria and were found significantly raised in these patients. Limitation in these cases was that serum IgE levels were not recorded after treatment because patients were reluctant as the test was expensive; earlier, it was done before treatment because patients thought it would help in the diagnosis and line of treatment would be in the right direction. Modified Naranjo Criterion[16] was used for analysing any adverse effect and for validating the symptoms after medicine has acted.

Cases 1 and 2, having chronic urticaria with angioedema, showed marked improvement in the symptoms of urticaria, with no adverse effects. On comparing the duration of illness with outcomes, in cases 1 and 5, it was observed that because these cases were treated with fifty millelesimal potencies, the response of treatment was fast, as we could avoid aggravation by minimising the quantity of the medicine. Case 2 improved with homoeopathic medicine Histamine, which is conventionally a capillary vessel dilator and an arteriole vessel constrictor. Histamine is normally used in the form of histamine bi-chlorhydrate, which serves as the stock for homoeopathic preparations. Moreover, individualised remedy has always been proved effective, as in case 1 and case 4, implying the benefit of holistic approach of homoeopathy, improving not only the symptoms, but also the overall quality of life of patients. Moreover, cases 1, 2 and 4 showed UAS7 band[17] with a range from 1 to 6, that is well-controlled urticaria, which indicates cure [Table 1 and Figure 12]. Case 3 improved with Rumex crispus, which is found to be effective in treating urticaria, apart from upper respiratory tract allergies. Case 3 showed UAS7 band[17] 0, that is free of itch and hives, that indicates cure [Table 1 and Figure 12], and case 5 showed UAS7 band[17] with a range from 16 to 27, that is moderate activity urticaria, indicating low response [Table 1 and Figure 12]. A study by Sharma et al. showed that patient-related outcomes improve the quality of life of patients with chronic urticaria by reducing
Table 6: Prescription table of Case 5

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
<th>UAS7</th>
<th>Pruritis (D1-D7)</th>
<th>Total</th>
<th>Redness and Swelling</th>
<th>Itching</th>
<th>Activity</th>
<th>General well being</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06-06-2019</td>
<td>slight improvement in itching, but intensity and distribution of wheals were same. Patient was taking anti-allergic medicines thrice daily.</td>
<td>Apis 0/3/bd/10 days; Apis 0/4/bd/10 days</td>
<td>21</td>
<td>17</td>
<td>38</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5.75</td>
</tr>
<tr>
<td>2</td>
<td>28-06-2019</td>
<td>much improvement in itching, intensity of wheals were same.</td>
<td>Apis 0/5/bd/10 days; Apis 0/6/bd/10 days</td>
<td>21</td>
<td>15</td>
<td>36</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>5.25</td>
</tr>
<tr>
<td>3</td>
<td>19-07-2019</td>
<td>intensity and distribution of wheals were in less area, marked improvement in itching. Still on anti-allergic medicines but dosage has reduced to once daily.</td>
<td>Apis 0/7/bd/10 days; Apis 0/8/bd/10 days</td>
<td>13</td>
<td>6</td>
<td>19</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>09-08-2019</td>
<td>intensity of wheals has reduced, occurred only thrice in last 15 days.</td>
<td>Apis 0/9/bd/10 days; Apis0/10/bd/10 days</td>
<td>9</td>
<td>9</td>
<td>18</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>5</td>
<td>23-08-2019</td>
<td>Marked improvement in wheals and itching. Didn’t take anti-allergic medicines for last 4 days. [See Figure 10 (a) and (b)]</td>
<td>Apis0/11/bd/10 days; Apis0/12/bd/10 days</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2.75</td>
</tr>
</tbody>
</table>

pruritus, intensity of wheals and swelling. The findings of this case series also corroborate with that of the said study. Another case report also showed marked improvement in urticaria with Apis mellifica, which is consistent with our case series.

**Conclusion**

Homoeopathic medicines reduce both the intensity and frequency of attacks of urticaria and help in improving the quality of life of patients. Individualised homoeopathic treatment is associated with significant alleviation of urticaria symptoms, thus also leading to reduction in the use of conventional anti-allergic medication.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

**Conflicts of interest**

None declared.

**References**

Rath and Parul: Homoeopathic treatment of chronic urticaria- A case series

Rath and Parul: Homoeopathic treatment of chronic urticaria- A case series

Introducción: Urticaria es una especie de queja de la piel con bultos rojos, elevados y con picazón. La urticaria ocurre con frecuencia después de una infección o como resultado de una respuesta alérgica a algunos medicamentos, picaduras de insectos o alimentos. El estrés psicológico, la exposición al frío o a las vibraciones pueden también desencadenar la urticaria. Urticaria ocurre con una prevalencia de por vida de alrededor del 20%. En alrededor del 30% de los pacientes de urticaria, los ataques a menudo se reproducen durante meses o años. Resumen de casos: Se trata de una serie de casos de cinco pacientes que sufren de urticaria crónica y se presentan en la consulta del Dr. D. P. Rastogi Central Research Institute for Homéopathie, Noida. Los pacientes se tratan con medicamentos homoeopáticos constitucionales. Los resultados muestran una mejoría considerable en la urticaria y en la calidad de vida. Los medicamentos homoeopáticos como Apis mellifica, Calcarea carbonica, Rumex crispus, Pulsatilla y Histamine se citan como útiles.
Homöopathische Behandlung der Chronischen Urtikaria – Eine Fallserie


慢性尿道的同源性治疗 - 病例系列

介绍：荨麻疹是一种皮疹与红色，凸起，发痒颠簸。荨麻疹经常发生在感染后或由于对某些药物，昆虫叮咬或食物的过敏反应。心理压力，暴露于寒冷或振动也可能引发荨麻疹。荨麻疹发生在20%左右的一生患病率。在大约30%的荨麻疹患者中，发作往往复发数月或数年。病例摘要 这是五例患有慢性荨麻疹患者，红斑病、剧烈瘙痒、发红和肿胀的病例系列，在诺伊达大学拉斯托吉博士皮肤病研究所治疗。患者被开出的显示宪法同源药物。血液学和血清学测试的变化，测量自己的医疗结果概况（MYMOP2）和荨麻疹活动评分总结超过7天（UAS7）在基线和治疗结束时显示合理的改善疾病以及生活质量。同源性药物，如阿皮斯美利卡，卡尔卡雷达碳，鲁梅克斯脆，普尔萨蒂拉和西塔明被发现有用。