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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF CHRONIC URTICARIA: A CASE REPORT WITH REPERTORIAL ANALYSIS AND SERIAL UAS-7 ASSESSMENT

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Abstract

Background

Chronic urticaria is a condition characterized by recurrent wheals, with or without angioedema, persisting for more than six weeks. Individualized homoeopathic prescribing involves assessment of characteristic symptoms, modalities, concomitant symptoms, and repertorial analysis. The present report describes the clinical course of chronic urticaria managed with homoeopathic medicines and assessed using the Urticaria Activity Score over 7 days (UAS-7).

Case Presentation

A 27-year-old male presented with a 1.5-year history of recurrent urticarial eruptions associated with erythema, oedematous swelling, burning, stinging, and itching. The symptoms were aggravated by heat, warmth, and physical activity and ameliorated by cold applications and cold air. Thirstlessness, bilateral lower-eyelid oedematous swelling, and a sensation of internal constriction during exacerbations were also reported. The baseline UAS-7 score was 35. Antipyrinum was initially prescribed as an exploratory intervention. During subsequent follow-ups, the UAS-7 score decreased to 28 but remained unchanged despite repeated prescriptions and increasing potencies of Antipyrinum. Repertorial analysis using Synthesis Repertory

identified *Apis mellifica* as the leading remedy with a repertorial result of 9/5. Following individualized prescribing with *Apis mellifica* 30 CH, the UAS-7 score decreased to 7 and subsequently reached 0 at the final follow-up. The case was followed through serial clinical assessments and UAS-7 scoring.

Keywords - Chronic Urticaria, Homoeopathy, Individualized Homoeopathic Prescribing, *Apis mellifica*, Antipyrinum; UAS-7, Repertorial analysis, Case report

Introduction

Chronic urticaria is defined as urticaria persisting for more than six weeks, with symptoms occurring on most days of the week. Urticaria, commonly known as hives, is characterized by dermal edema and erythema.¹ Individual wheals typically last for less than 24 hours and are often associated with itching.² It is a common clinical condition that may present with wheals, angioedema, or both.³ The disease has a complex pathogenesis and is associated with a substantial disease burden, significantly affecting quality of life and contributing to considerable healthcare costs.⁴

Acute urticaria develops suddenly and persists for less than six weeks and approximately one in six individuals experience acute hives at some point during their lifetime. In contrast, chronic urticaria may also develop suddenly but persists for more than six weeks.⁵ Approximately 20% of individuals with chronic urticaria report symptoms continuing for more than 10 years after disease onset.⁶ More than half of chronic urticaria cases are thought to have an autoimmune basis, primarily involving autoantibodies directed against the high-affinity immunoglobulin E (IgE) receptor.⁷ Angioedema, characterized by localized and self-limiting swelling of the subcutaneous and submucosal tissues resulting from a temporary increase in vascular permeability due to the release of vasoactive mediators, occurs in approximately one-quarter of individuals with acute urticaria and half of those with chronic urticaria.⁸

Chronic urticaria can be distressing and may adversely affect a person's mood and overall quality of life.⁹ Homoeopathic treatment may be beneficial in the management of urticaria, as conventional treatment often involves the prolonged use of anti-allergic medications, which may lead to concerns regarding long-term dependency. In contrast, homoeopathic treatment involves a comprehensive and detailed assessment of the patient's symptoms, physical and emotional characteristics, and individual constitution to facilitate the selection of an appropriate constitutional medicine. This individualized approach aims to achieve significant improvement in symptoms and provide sustained, long-term relief.

Methods

All four cases included in this case series presented with urticarial rashes. The Urticaria Activity Score over 7 days (UAS-7)¹⁰ was recorded at baseline and at subsequent follow-ups, with the final score documented at the end of the treatment period to assess changes in disease activity. In two cases, *Antipyrinum* was administered as an exploratory intervention without prior

repertorisation or detailed constitutional evaluation, in order to observe and assess its clinical response in cases of urticaria. In the remaining two cases, individualized constitutional homoeopathic medicines were prescribed following a detailed case-taking, evaluation of characteristic symptoms, and repertorial analysis, considering the location, sensation, modalities (aggravating and ameliorating factors), and concomitant symptoms. (UAS-7) scores¹⁰ were assessed from baseline through follow-up and compared with the scores at the end of the treatment period to evaluate the clinical response. Written informed consent for treatment and publication of the cases was obtained from all patients.

Case Reports

Case 1

A 27 years old male presented with eruptions all over the whole body with extreme redness and oedmatic swelling at the eruptions recurrently develop since 1.5 year.

- 1.5 years ago, he suddenly developed mild itching and mild burning multiple redness large spots over the whole body with oedmatic swelling (wheals) at chest, back, shoulder, arm and forearm with everyday paroxysm in week
 - Complaints are worse from heat and warmth and better from cold applications/ air.
 - Any time appear and suddenly disappear after long period
 - Always feeling of constriction and stinging sensation in whole body during the acute exacerbation
 - Hair of scalp falling since 3-4 years contiously
 - Thirst extreme low 3 glass of 200 ML in whole day
 - Mild swelling presented at lower eyelids bilaterally during the complaints occurs
- ❖ [This is a case of chronic urticaria having acute exacerbation]





Figures 1 - (Case 1) Initial presentation of (chronic urticaria) wheals with erythema.

Physical examination and clinical findings

1. Patient was ectomorph (thin) with body mass index of 22.0 kg/m^2 (height - 1.65m and weight - 60 kg)
 2. Type of eruption – wheals and oedmatic
 3. Colour of eruptions – reddish
 4. Margin – ill defined
 5. Shaped – Irregular
 6. Number – Multiple
 7. Size – 5-10 mm in diameter
 8. Site of Lesions – Chest, abdomen, neck, back, arm and fore
- UAS – 7 at baseline was assessed 35 and later was assessed at every follow-up and at the end of treatment was – 0 (Table – 3)

Prescription on 1 April 2025

Antipyrinum 30 was prescribed in centesimal scale in increasing potency and was prescribed Sac lac 30 CH for 7 days

- Follow ups and observations are represented in (Table – 3)

Basis of prescription

Initially, *Antipyrinum* was prescribed as an organopathic and clinically similar remedy, with the objectives of reducing the intensity of symptoms and observing the therapeutic response to this

rarely used homoeopathic medicine in cases of chronic urticaria. In subsequent follow-ups, when a satisfactory and significant as expected outcome was not observed after prescribing *Antipyrinum*, on repertorial analysis *Apis mellifica* was prescribed as it was found to be the most similar remedy. The therapeutic considerations for its prescription are as follows. (Figure 2)

- Urticaria present with burning, stinging and intense itching, with marked edematous swelling
- Urticaria with thirstlessness¹¹
- Oedematic swelling around lower eyelids bilaterally (mild angioedema)¹¹⁻¹²
- Symptoms are typically worse from heat and warmth and better from cold applications/cold air¹¹⁻¹²⁻¹³

Case Processing – Table 1

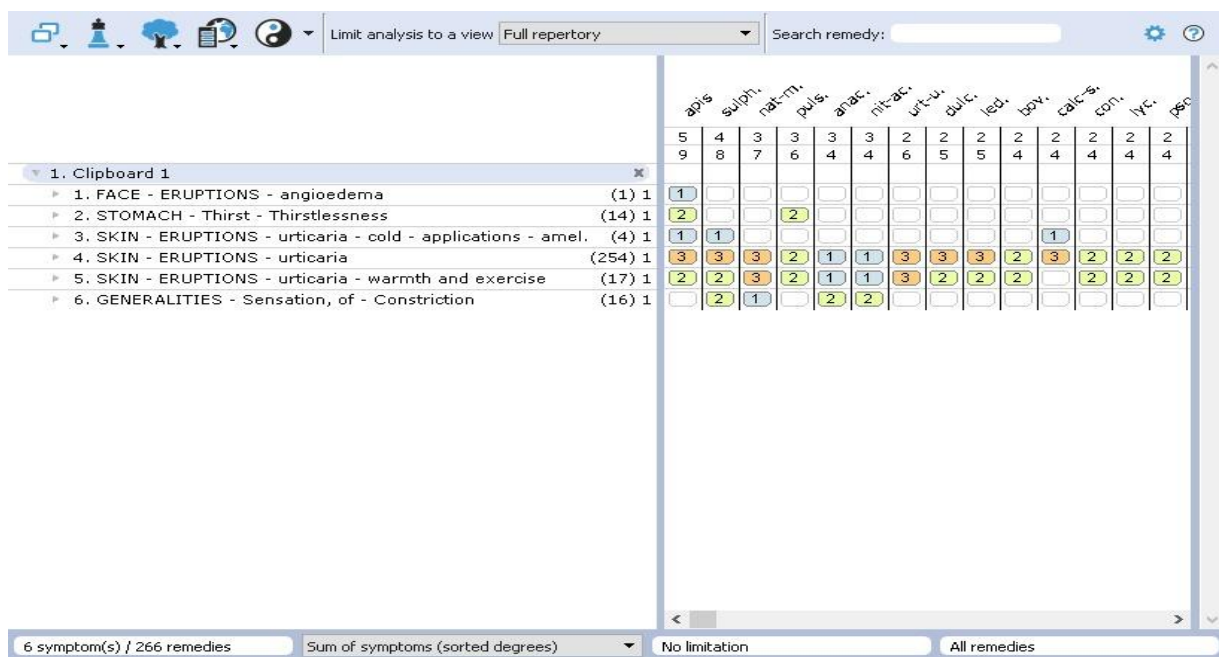
S.No.	Patient's Symptom	Analysis	Evaluation
1	Oedematous swelling around both lower eyelids	Location: Lower eyelids, bilaterally. Character: Oedematous swelling.	Particular symptom objective/localizing feature associated with the urticarial episode.
2	Skin eruptions – urticaria	Location: Skin. Character: Urticarial eruptions.	Common/diagnostic symptom: establishes the principal clinical complaint but has limited individualizing value by itself.
3	Urticarial eruptions better by cold applications	Modality: Amelioration from cold applications.	Characteristic modality: Considered an important individualizing symptom for repertorial analysis.
4	Urticarial eruptions worse from warmth and physical activity/exercise	Modalities: Aggravation from warmth and physical exertion/exercise.	Characteristic modalities: Important for individualization and repertorization.
5	No desire to drink water (thirstlessness)	General: Lack of thirst.	General characteristic symptom: Carries greater individualizing value than the local complaint alone.
6	Sensation of internal constriction during acute exacerbation of chronic urticaria	Sensation: Internal constricted feeling. Time/condition: During acute exacerbation.	Particular characteristic symptom: The unusual subjective sensation gives it significant individualizing value.

Repertorial Method – Synthesis Repertory (Particulars to generals)

Repertorial Totality

1. Face – eruptions – angioedema
2. Stomach – thirst – thirstlessness
3. Skin – eruptions – urticaria – cold – applications – amelioration
4. Skin – eruptions – urticaria
5. Skin – eruptions – urticaria – warmth and exercise
6. Generalities – sensation, of – constriction

Repertorial Result – By using radar opus repertory software (Figure -2)



Repertorial Analysis – (Table 2)

S.N	Remedies Result	Relative Values
1.	Apis Mellifica	9/5
2.	Sulphur	8/4
3.	Natrum Muriaticum	7/3
4.	Pulsatilla Nigricans	6/3
5.	Anacardium	4/3
6.	Acid Nitricum	4/3
7.	Urtica Urens	6/2

Prescription – At baseline

1. Antipyrinum 30 CH TDS for 7 Days
2. Sac Lac 200 1 Dose (Stat)

Follow Ups – (Table - 3)

Visit	Treatment prescribed	UAS7 score
Baseline	Antipyrinum 30 CH, TDS	35
1st follow-up	Antipyrinum 30 CH, BD	35
2nd follow-up	Antipyrinum 30 CH, BD, repeated	28
3rd follow-up	Antipyrinum 200 CH, 1 dose stat	28
4th follow-up	Antipyrinum 200 CH, 1 dose stat, repeated	28
5th follow-up	Antipyrinum 1M, 1 dose stat	28
6th follow-up	Antipyrinum 1M, 1 dose stat, repeated	28
7th follow-up	Apis mellifica 30 CH, TDS	28
8th follow-up	Apis mellifica 30 CH, BD, continued	7
9th follow-up	Sacrum lactis 30 CH, TDS (<i>placebo</i>)	7
10th follow-up	Natrum muriaticum 200 CH, complementary	7
11th follow-up	Sac lac 200 CH, 1 dose stat	3
12th follow-up	Sac lac 200 CH, 1 dose with Phytum 30 CH, TDS	0

Clinical diagnosis & assessment

Subjective evaluation through patient and objective evaluation through (baseline) pre and post UAS-7 score.

Conclusion

The present case series demonstrates the clinical course of four cases of chronic urticaria managed with homoeopathic medicines, with UAS-7 used to assess changes in disease activity at baseline and during follow-up. The cases illustrate the use of both Antipyrinum as an exploratory intervention and individualized constitutional prescribing based on characteristic symptoms, modalities, concomitants, and repertorial analysis.

In the detailed case presented, the patient had chronic urticaria with recurrent wheals, oedematous swelling, burning and stinging sensations, thirstlessness, and characteristic aggravation from warmth and physical activity with amelioration from cold applications. Repertorial analysis identified *Apis mellifica* as the leading remedy, with a repertorial result of 9/5.

The UAS-7 score showed a reduction from **35 at baseline to 28** during the period of Antipyrinum administration, after which the score remained at 28 through subsequent Antipyrinum prescriptions. Following the prescription of *Apis mellifica* 30 CH, the UAS-7 score decreased to **7**, and subsequently reached **0** at the final follow-up.

Overall, this case report suggests that individualized homoeopathic prescribing, guided by characteristic symptomatology and repertorial analysis, was associated with improvement in urticaria activity in the reported cases.

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Further Recommendations

Well-designed clinical studies with appropriate controls, standardized outcome assessment, and longer follow-up are required to evaluate the effectiveness of homoeopathic treatment in chronic urticaria.

Declaration of patient consent

The author certifies that they have obtained all appropriate patient consent forms. In the form the patient has given their consent for their images and other clinical information's to be reported in journal. The patient 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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Nill

Conflict of interest

None of declared

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