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ROLE OF INDIVIDUALISED HOMOEOPATHIC INTERVENTION IN THE MANAGEMENT OF CHRONIC URTICARIA: AN EVIDENCE-BASED CASE REPORT

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ABSTRACT

BACKGROUND: Urticaria, commonly known as hives (ICD-11 code EB00–EB0Y), is a frequent allergic condition characterized by raised, red, itchy welts on the skin, often described as nettle rash. These lesions may appear on any part of the body, including the face, lips, tongue, throat, and ears, and are typically associated with intense itching, stinging, or burning sensations, usually surrounded by a pale border. Due to its episodic nature and potential progression to chronicity, urticaria poses a significant therapeutic challenge. Conventional treatments primarily provide symptomatic relief; however, their long-term efficacy may be limited, and concerns regarding adverse effects with prolonged use remain. In contrast, Homoeopathy, with its individualized and holistic approach, has been reported to offer lasting benefits by addressing the underlying predisposition and facilitating sustained symptom relief.

CASE SUMMARY: A 10-year-old girl presented at the Paediatrics O.P.D. of The Calcutta Homoeopathic Medical College & Hospital with complaints of reddish, raised hive-like eruptions on the right buccal region (lower cheek) of the face for the past 18 months, accompanied by intense itching. After detailed case-taking and repertorisation, *Natrium muriaticum* 200 was prescribed on 10th May 2025. At subsequent follow-ups, i.e. 5th June 2025 (within one month) and 8th September 2025, significant improvement was noted, with complete resolution of the eruptions and no recurrence. The MONARCH Score was 08 done at the end of the study i.e. 8th September 2025, establishing a 'Definite' causal attribution of the clinical outcome to the homoeopathic intervention**.**

CONCLUSION: This case highlights the prompt and sustained therapeutic response achieved through individualized homoeopathic treatment in chronic urticaria.

KEYWORDS:

Urticaria; Individualised Homoeopathic treatment; *Natrium muriaticum* 200C; MONARCH

INTRODUCTION-

Urticaria (ICD 11 code- **EB00-EB0Y**)[1] is a skin disorder characterized by a distinct reaction pattern— the sudden appearance of itchy wheals anywhere on the skin. Wheals are transient, elevated, erythematous lesions that may range from a few millimetres to several centimetres in diameter and can merge to form larger plaques. While hives usually cause itching, they may also produce a burning or stinging sensation. They can appear on any part of the body, including the face, lips, tongue, throat, and ears. Individual lesions typically last for several hours but usually resolve within 24 hours. Angioedema presents similarly to hives, but the swelling occurs deeper, beneath the skin, rather than on the surface.[2]

It is one of the most common allergic disorders encountered in clinical practice and can significantly impair quality of life.

EPIDEMOLOGY

Epidemiological studies report that the lifetime prevalence of urticaria is **8.8%** (95% CI: 7.9–9.7%) across all types. The lifetime prevalence of hives is **1.8%** (95% CI: 1.4–2.3%), with a 12-month prevalence of 0.8% (95% CI: 0.6–1.1%), and **70.3%** of affected individuals are **female**[3] and the condition is most prevalent between **20–40 years** of age.[4]

AETIOLOGY

Urticaria may be triggered by a variety of factors:

- **Allergic causes**: Foods (nuts, eggs, milk, fish, shellfish, tomatoes, berries, chocolate), insect stings.[2,5]
- **Non-allergic causes**: Medications (NSAIDs, antibiotics), physical stimuli (heat, cold, pressure, exercise, sunlight).[2,6]
- **Infections:** Bacterial (Streptococcus, Helicobacter pylori), viral (hepatitis, herpes), and parasitic infections are linked to urticaria.[2,7]
- **Idiopathic:** In up to 50% of chronic urticaria cases, no specific cause is identified.[2,8]

PATHO-PHYSIOLOGY

The central mechanism involves **activation of mast cells and basophils**, leading to the release of histamine and other inflammatory mediators (leukotrienes, prostaglandins).[9] Histamine causes increased vascular permeability and vasodilation, resulting in **plasma leakage from post-capillary venules**, which manifests as wheals and angioedema.[10]

CLASSIFICATION OF URTICARIA-

1. **Acute Spontaneous Urticaria** (ICD 11 code- **EB00**)[1] -lasts **less than 6 weeks**.[4,11]
2. **Chronic Spontaneous Urticaria (CSU)** -Defined as urticaria that **recurs at least twice per week** and persists for **more than 6 weeks**.[8,11]
3. **Physical Urticaria (Chronic Inducible Urticaria)** -Triggered by specific **physical or environmental stimuli** such as: **Dermographism, Cold, Heat, Vibration,Pressure Sunlight *(Solar Urticaria*** - Accounts for **20–30% of chronic urticaria**.)[11]
4. **Episodic Chronic Urticaria** -Persists for **more than 6 weeks** but **recurs less than twice per week**.[8,12]

   [Note: CSU and physical urticaria may coexist. The most common overlap is CSU with **dermatographic urticaria** and **delayed pressure urticaria**.[12,13]]

CLINICAL FEATURES –

1. **Skin lesions**: Red-coloured welts (wheals) that may appear on any part of the body.[14,15]

2. **Wheal characteristics**: Vary in size, change shape, and appear and fade repeatedly during the course of the reaction.[14,15]
3. **Itching**: Often intense and sometimes severe.[14,15]
4. **Angioedema**: Painful swelling involving the lips, eyelids and even throat.[8,10,14,15]
5. **Trigger-related flares**: Signs and symptoms may worsen with heat, exercise or stress.[14]
6. **Chronicity**: In some patients, manifestations persist for **more than six weeks** and may recur frequently and unpredictably, lasting **months or even years** [8,14,15]
7. **Acute urticaria**: Short-term hives that appear suddenly and typically resolve within a **few days to weeks**.[4,14,15]

DIAGNOSIS

Diagnosis is primarily clinical, based on history and physical findings.[11,14] Key steps include:

- Detailed History of Onset, Duration, and Triggers.
- Review of Medications, Diet, Infections, and Stress factors.
- Laboratory tests for Chronic or Atypical cases and may include **CBC**, **ESR,** Thyroid profile (**TSH, T3, T4**) and **Ig-E** levels.

MANAGEMENT

- The first step - **Identify** and **Eliminate** the underlying causes and trigger factors. [9,11,12,14]
- Avoid specific drugs/foods if lesions occur consistently after intake.
- **Any associated infectious condition** must be appropriately treated.
- **Recognize physical stimuli** as exacerbating factors. **Educate patients** on trigger–symptom relationship. Common triggers: **Heat (hot showers, humidity), Tight clothing / pressure objects (belts, rubber bands)**, Physical urticaria which develops after specific external factors (**cold, heat, vibration, pressure, sunlight,** etc.) [9,11,12,14]
- EAACI/GA^{2}LEN/EDF/WAO guideline (endorsed by AAD) recommends **second-generation H1-antihistamines** as first-line therapy for chronic urticaria, with

stepwise escalation to **high-dose antihistamines**, **omalizumab**, or **ciclosporin** if refractory.[15]

- **Proper Diagnostic evaluation** is essential to identify these stimuli, and once recognized, the causative factors should either be eliminated or adequately treated.[12,14]

CASE STUDY

PRESENT COMPLAINT-Miss **N.S.**, a **10**-year-old **girl**, has been suffering from **reddish coloured raised hive-like rashes** on right buccal area (right lower cheek) of face since **last 5 months** The eruptions are associated with **intense uncontrollable itching**, which is relieved temporarily by **scratching** but is followed by a **burning** sensation. Complaints also aggravate when going out in **Sun** and in **warm weather** and reduce **after bathing.**

HISTORY OF THE PRESENT COMPLAINT-For the past 18 months she had been suffering of reddish, raised bumps or rashes over the face, neck, and both upper extremities. The rashes appear suddenly and disappear suddenly. Initially, the eruptions appeared once or twice a week, but within 6 months the frequency increased to a daily occurrence. She has been under allopathic treatment and using topical ointments regularly, which provided only transient relief. After about 5 months, the eruptions recurred with greater severity, presenting with intractable itching, particularly affecting the right lower side of the face, which has remained resistant to any type of treatment.

PAST HISTORY – History of **Chicken pox** at 5 years of age

FAMILY HISTORY- Father is suffering from Hypertension and Mother complaints from Diabetes. Grandmother had complaints of Koch's Disease.

PERSONAL HISTORY-

- Addiction- Nil.
- Occupation-Student.
- Accommodation- Pakka house; Poor ventilation.
- Diet- Regular diet
- Any Ongoing Medication- Nil.

GENERALITIES -

1) PHYSICAL GENERALS –

- Thermal reaction: Hot patient **++**
- General Modality: Sun heat intolerant ➞ causes Vertigo
- State of Appetite: Moderate hunger
- Desire: Sour, Bitter**++**, Fish**+**, Takes additional Raw salt**++** with food.
- Aversion: Sweet
- Intolerance: Nothing significant
- Thirst: Frequent and increased➞ takes 4 litres (approx.) of water daily
- Tongue- Mapped tongue.
- Salivation: Dry mouth.
- Urine: Clear but frequent; more at night (2- 3 times)
- Stool: Irregular- at an interval of 1 day. Constipated with stitching pain post defecation.
- Perspiration: Moderate - more on face.
- Sleep and dreams: Good (7-8 hours per day).

2) MENTAL GENERALS–

- Likes to be Alone.
- Easily angered on slightest cause ➞ Consolation aggravates.
- Weeping disposition ➞ Easily cries on slightest cause
- Fear of Darkness and Ghosts

PHYSICAL EXAMINATION-

- Appearance - Dark complexion
- Height- 135 cm
- Weight- 34 kg
- Nutrition – Moderately built
- Pulse – 86 beats per minute
- Blood pressure- 124 /82 mm of Hg
- Anaemia – Absent
- Cyanosis – Absent
- Jaundice- Absent

- Clubbing – Absent
- Oedema- Absent
- Lymph node – Not Enlarged.

PROVISIONAL DIAGNOSIS - It may be a case of ***CHRONIC UTRICARIA***. (ICD 11 code- **EB00-EB0Y**)[1]

LABORATORY INVESTIGATIONS- Blood for **CBC**, **ESR** and **Serum IGE** advised (But the patient had not done any tests in subsequent follow-ups)

ANALYSIS AND EVALUATION- TABLE 1

KENTIAN METHOD	SYMPTOMS
MENTAL GENERALS	**1. Easily angered**. **2. Consolation aggravates**. **3. Weeping** disposition. **4.** Fear of **Darkness**
PHYSICAL GENERALS	**1.** Thermal reaction: Very **Hot patient** **2.** General Modality: **Sun heat intolerant** (causes **Vertigo**) **3.** Desire: **Bitter^{++}, Fish^{+}**, Takes Raw **salt^{++}** **4.** Thirst: **Increased** **5.** Tongue- **Mapped tongue** **6.** Stool- **Constipated**
PARTICULAR SYMPTOMS	Appearance of reddish coloured raised **Hive like rashes** with **intense itching** on face. Modalities- **< Hot weather,** **< Sun Heat** **> After Scratching**

MIASMATIC ANALYSIS OF THE SYMPTOMS – TABLE 2

SYMPTOMS	PSORIC MIASM	SYCOTIC MIASM	SYPHILLITIC MIASM	COMMENTS (as per J.H. ALLEN[16,17])
Easily angered	✓		✓	Emotional irritability of psora and Syphillis.
Consolation aggravates	✓			Psoric mental trait
Weeping disposition	✓			Psora vulnerability
Fear of Darkness	✓			Typical Psoric fear
Very Hot patient	✓			Psora aggravation by heat
Sun heat intolerant	✓			Psoric modality
Desire: Bitter	✓	✓		Seen mostly in Psora and Sycosis
Desire: Fish		✓		Common sycotic craving
Desire: Raw salt	✓	✓		Salt craving common to both psora and sycosis
Thirst: Increased	✓			Psoric symptom
Tongue- Mapped tongue		✓		More characteristic of sycosis
Stool- Constipated	✓	✓		Found in both Psoric and Sycotic
Recurrent Hive like rashes at face	✓	✓		Chronic skin issues common in both psora and sycosis
> After Scratching followed by burning	✓			Classic Psora itching pattern

- This case is **multi-miasmatic** in nature, exhibiting predominantly **Psoric** features with mild sycotic manifestations. However, the **Psoric** miasm remains the principal underlying miasm, in accordance with the teachings of **J.H. Allen**. [16,17]

REPERTORIAL ANALYSIS- Repertorisation has been carried out using the ***Synthesis App*** (mobile application) based on the ***Synthesis Repertory***.[18] **(Figure 1** & **2**)

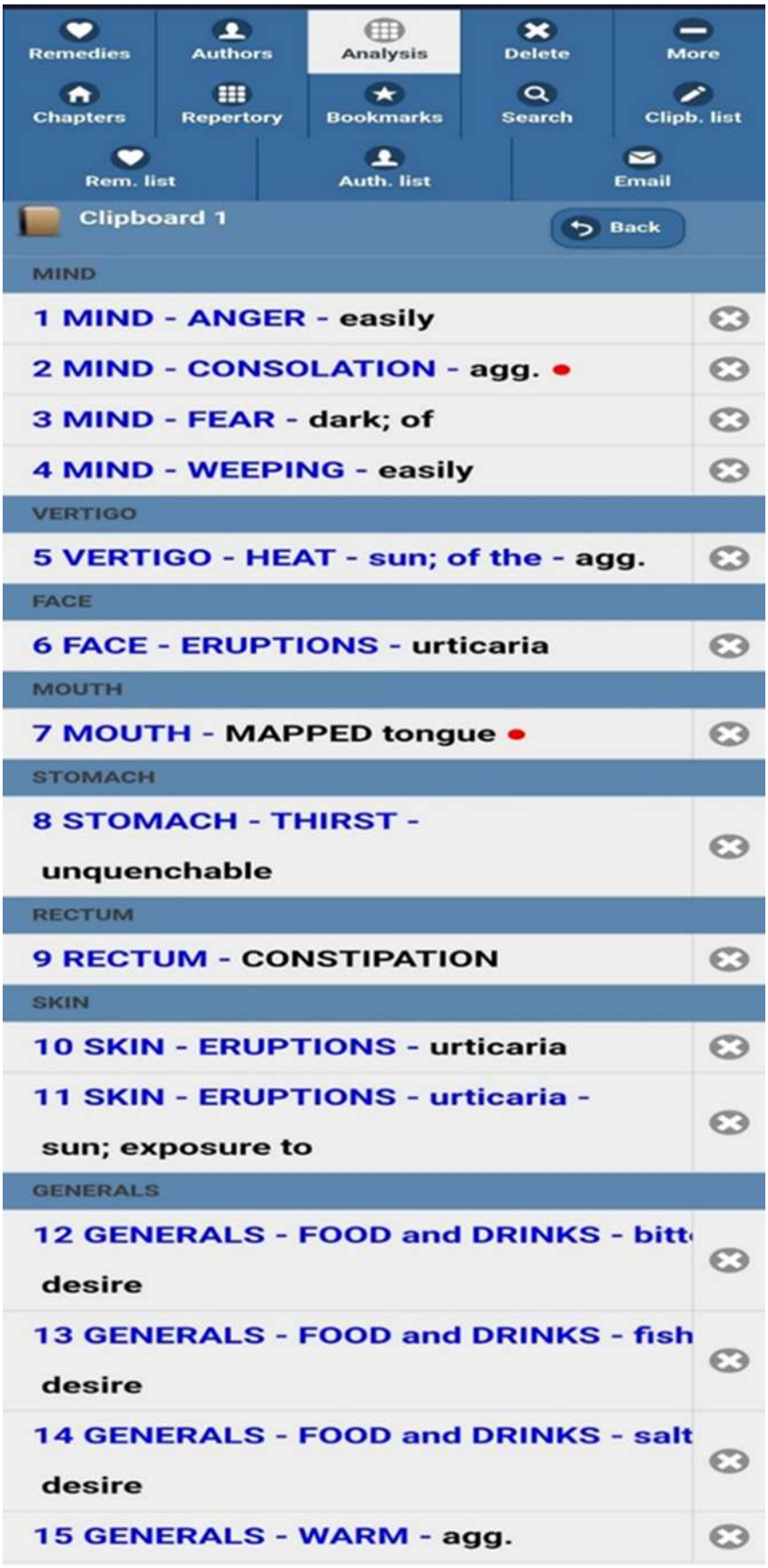

FIGURE 1 - REPERTORIAL RUBRICS SELECTION

Remedies	∑Sym	∑Deg	Symptoms
nat-m.	13	31	1, 2, 3, 4, 6, 7, 8, 9, 10, 12, 13, 14, 15
sep.	12	20	1, 2, 3, 4, 6, 7, 9, 10, 12, 13, 14, 15
calc.	11	21	1, 2, 3, 4, 6, 7, 8, 9, 10, 14, 15
phos.	10	23	1, 2, 3, 7, 8, 9, 10, 13, 14, 15
nit-ac.	10	14	1, 2, 6, 7, 8, 9, 10, 13, 14, 15
sulph.	9	18	2, 3, 6, 7, 8, 9, 10, 14, 15
lyc.	9	16	1, 2, 3, 4, 7, 9, 10, 13, 15
nux-v.	9	14	1, 2, 3, 7, 8, 9, 10, 12, 15
bell.	9	13	1, 2, 3, 4, 6, 8, 9, 10, 15
acon.	9	12	1, 2, 3, 8, 9, 10, 12, 13, 15
med.	9	12	3, 4, 7, 8, 9, 10, 13, 14, 15
nat-c.	9	10	1, 2, 3, 5, 8, 9, 10, 14, 15
ars.	8	18	1, 2, 3, 6, 7, 8, 9, 10
dulc.	8	14	1, 6, 7, 8, 9, 10, 14, 15
graph.	8	14	1, 2, 3, 7, 9, 10, 12, 15
rhus-t.	8	13	3, 4, 6, 7, 8, 9, 10, 15
thuj.	8	13	1, 2, 4, 7, 9, 10, 14, 15
sil.	8	12	2, 3, 4, 6, 9, 10, 14, 15
agar.	8	11	3, 5, 7, 8, 9, 10, 14, 15
cupr.	8	11	2, 3, 7, 8, 9, 10, 13, 15
ign.	8	11	1, 2, 9, 10, 11, 12, 14, 15

FIGURE 2 - REPERTORIAL ANALYSIS

THERAPEUTIC INTERVENTION- After careful repertorisation, ***Natrium muriaticum*** emerged as the remedy covering the maximum number of symptoms, i.e., **13 out of 15**, with a **total score of 31**. On consulting various reliable Materia Medicas, ***Natrium muriaticum 200C*** deemed to be the best similimum for the concerned case.

BASIS OF PRESCRIPTION-

- REPERTORIAL COVERAGE –***Natrium muriaticum*** covered **13 out of 15 symptoms** with the **highest total score (31)** during repertorisation[18]. This quantitative dominance indicates its strong correspondence to the case totality.
- CHARACTERISTIC MENTAL SYMPTOMS - Likes to be **alone**, **Consolation aggravates**, **easily angered, fear of darkness** and **weeping disposition** are keynote mental generals of ***Nat mur***.[19,20,21,22,23]
- CHARACTERISTIC PHYSICAL GENERALS-**Hot patient** with **intolerance to Sun heat, Increased thirst**, marked **desire for Salt**, Desire **for fish** and **desire for bitter things** are the keynote modalities of ***Nat mur***. [19,20,21,22,23]
- PARTICULAR SYMPTOMS**-Mapped tongue**, **Constipation**, and Urticarial eruptions with burning after scratching are covered in ***Nat mur.*** [19,20,21,22,23]
- JUSTIFICATION FOR SELECTION OF 200C POTENCY-As per **H.A Roberts' concept of susceptibility.** the degree of susceptibility is influenced by factors such as age, vitality, intensity and duration of disease, as well as the presence of structural changes. Children, with their high reactivity and strong vitality, usually require higher potencies when the indicated remedy corresponds closely to the case.[24]
- Considering the patient's age, vitality, and the chronic nature of the condition without marked pathological changes,**200C** potency was deemed appropriate.
- Hence, ***Natrium muriaticum 200C*** deemed to be the most befitting remedy for this case.

TIMELINE OF THERAPEUTIC INTERVENTIONS – <u>TABLE 3</u>

DATE & visit	**response**	**PRESCRIPTION - R_x**
10th May ,2025 BASELINE VISIT	**Reddish coloured raised hive-like rashes** with **intense**	**1) Natrium muriaticum 200 2 Doses- O.D* A.C * 2 DAYS**

	itching on right lower cheek of face since **last 5 months.**	To be taken in early morning on empty stomach followed by- **2**) **PLACEBO** for **28 days**
5th June, 2025 SECOND VISIT (**1st** Follow- Up)	• Hives completely disappeared within 12 days of starting the medicine. • No recurrence of hives till date of visit.	**ASSESSMENT:** • Marked improvement, no new complaints. • Remedy action persists. **PRESCRIPTION:** • **Placebo** continued for 1 month.
8th sept, 2025 Third visit (**2nd** Follow-up)	• No recurrence of hives till date of visit. • Frequency of recurrence of vertigo due to sun heat markedly reduced.	**ASSESSMENT:** • Sustained improvement in skin condition. • General health and associated complaints (vertigo) showing favourable response. **PRESCRIPTION**: • **Placebo** continued for another month.

CLINICIAN-ASSESSED OUTCOME-

The Modified Naranjo's Criteria for Homoeopathy (**MONARCH**)– Causal Attribution Inventory[25,26] was employed at the end of this case study (**Table 4**) to evaluate the causal attribution of the clinical outcome to the homoeopathic intervention.

TABLE 4 - MONARCH

DOMAINS	**Yes**	**No**		Not Sure or N/A	**Score for this case**	**Justification**
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1		0	+2	The patient came with reddish coloured raised hive-like rashes with intense itching on right buccal area (right lower cheek) of face since last 5 months that completely resolved and has not recurred till date.

2. Did the clinical improvement occur within a plausible timeframe relative to the **medicine** intake?	+1	-2		0	+1	The patient had the complaint for 5 months before starting the medicine and marked improvement seen in the both the first and second follow ups.
3. Was there a **homeopathic** aggravation* of symptoms?	+1	0		0	0	Not observed.
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms **not related to the main presenting complaint**, improved or changed)?	+1	0		0	+1	The patient had complaints of vertigo particularly after being exposed to Sun heat. But in the next follow ups there was a marked reduction in frequency of vertigo induced by sun heat.
5. Did overall well-being improve? (Suggest using a validated scale or **mention about changes in physical, emotional, and behavioural elements**)	+1	0		0	+1	Due to the eruption was prominently visible on face, it had affected her confidence and her psychological well-being which showed marked improvement after recovery.
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0		0	0	Not observed.
6 (B) Direction of cure: did at least **one** of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1	0		0	0	Not applicable.
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were	+1	0		0	0	Not observed such

previously thought to have resolved) reappear temporarily during the course of improvement?						
8. Are there **alternative** causes (other than the medicine) that – with a high probability– could have **produced** the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1		0	+1	No other form of treatment, no external application, no other intervention had been adopted by the patient.
9. Was the health improvement confirmed by any objective evidence*? (e.g., **investigations**, **clinical examination**, etc.)	+2	0		0	+2	The existence of eruptions before and after the treatment which can be evaluated by photographs taken before and after the treatment.
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0		0	+0	No repetition of doses. Only, ***Natrium mur 200*** prescribed in first prescription in two doses.
TOTAL SCORE- 8 ; N/A- Not applicable.						

PATIENT-ASSESSED OUTCOME –

Assessment of the patient's changes before and after treatment (**Figures 3 & 4**) are documented as photographic clinical evidence.

DISCUSSION-

The patient presented with **chronic urticaria** of recurring and persisting for **5 months** (actual duration- **18 months** approximately), showing hive-like rashes with intense itching. After careful case analysis, ***Natrium muriaticum*** **200** was prescribed as the baseline remedy. Within **12 days**, the hives disappeared completely, and there was **no recurrence** over subsequent months. Additionally, during follow-ups, there was a **marked reduction in frequency of vertigo induced by sun heat**, showing a deeper constitutional action of the remedy. The total score obtained at the end of the study as per the Modified Naranjo Criteria was **08** in this case (Table 4), thereby substantiating a '**Definite**' causal attribution of the clinical outcome to the homoeopathic intervention. This was demonstrated by the sustained absence of recurrence of the itching eruptions and the non-requirement of further

medications. Documented photographs of the patient's right facial region before and after treatment (Figures 3 & 4), serve as definite clinical evidence supporting the efficacy of the prescribed intervention.

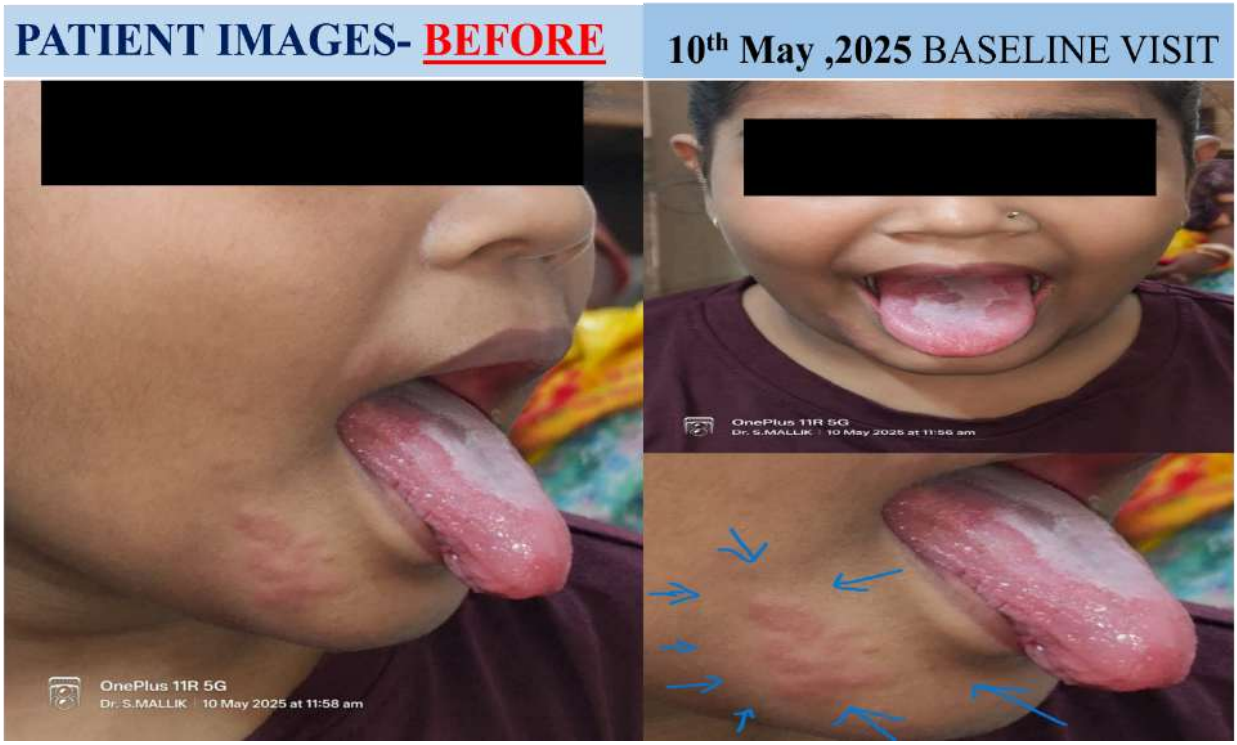

FIGURE 3 – PATIENT IMAGES (BEFORE)

FIGURE 4- PATIENT IMAGES (AFTER)

CONCLUSION

- This outcome exemplifies the fundamental principle of Homoeopathy: '**Individualization'** and the judicious '**Selection of the Similimum'**. A single well-chosen medicine, administered in minimum dose, not only eradicated the presenting complaint but also improved the general health of the patient in accordance with **Hering's Law of Cure**. Continued observation with placebo ensured the **Natural curative action of the remedy** was not interfered with.
- As **Master C.F Samuel Hahnemann** in Organon of Medicine (5th and 6th Edition) in Aphorism (**§**) **2** emphasizes, "***The highest ideal of cure is rapid, gentle and permanent restoration of health or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles".***[27] → This case illustrates the ideal cure, with rapid disappearance of urticaria and sustained improvement without recurrence.
- As **Dr. James Tyler Kent** had remarked: *"**When the remedy is correct, the symptoms disappear from within outward, from above downward, and in the reverse order of their coming"***[28] → In this Case the patient's hives vanished first (**local manifestation**), followed by improvement in systemic complaint (**vertigo**), which confirms the **correct remedy choice**.
- As **Dr. C. M. Boger** had mentioned: ***"The curative remedy quiets the economy and allows the life force to operate without disturbance."***[29] → The prolonged absence of urticaria and reduced vertigo episodes reflect the restoration of balance in the vital force which is evident from the prolonged stability achieved with placebo alone.

The case successfully validates the principles of classical homoeopathy: a single, well-chosen constitutional remedy, administered in the right potency and dose, not only eradicated a long-standing skin disorder but also improved the patient's overall health and vitality in accordance with the '**Fundamental laws of cure'**

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INFORMED CONSENT- The authors certify that the patient and her guardian gave their consent for the medical images and other clinical details to be reported anonymously in an

academic journal. The patient and her guardian understand that her name will not be published and that all due efforts are made to conceal his identity.

CONFLICT OF INTEREST- The author declares that there is no conflict of interest. The corresponding author is the guarantor of this article and its contents.

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