

Original article

Effectiveness of Homoeopathic Medicines in the Treatment of Chronic Urticaria

Niharika Gupta

Highest Professional Degree: M.D(Hom), Nehru Homoeopathic Medical College and Hospital, New Delhi, Delhi University, India. Job Department: Incharge Medical officer, Government of Uttar Pradesh
niharika109@gmail.com – <https://orcid.org/0000-0002-7122-5958>

Abstract

Background: Chronic urticaria is the occurrence of wheals more than twice a week for a period of six weeks or longer. It is a vascular reaction of the skin characterized by the appearance of wheals, which are elevated whitish-reddish plaques, generally surrounded by a red halo, and associated with severe itching, stinging or burning sensations. Generally, the lesions increase in frequency after adolescence, with the highest incidence in persons in 3rd decade of their lives. Non-sedating anti-H1 antihistamines are the mainstay of treatment; when ineffective higher dosages are tried, though all are associated with a lot of side effects ranging from arrhythmias to osteoporosis when used for a long period. **Objectives:** The aims and objectives of the present study were to understand the clinical presentation of CU to assess the effects of constitutional homoeopathic remedies in the treatment of chronic urticaria based on the Urticaria Activity Score (UAS), and to study their effects on the quality of life of the patients before and after treatment, using the Dermatology Life Quality Index (DLQI). **Materials and Methods:** It was a prospective non-randomized uncontrolled observational study; the sample size was 30 achieved after screening 75 cases of urticaria in the OPD of NHMC & H based on the inclusion and exclusion criteria of the study; case taking of all the patients was done based on standard case-taking proforma, consent was taken from each patient, a questionnaire of 22 points was used to elicit significant aspects of the nature of urticaria, all the patients were prescribed medicines depending on the individual case; follow-up was done every 30 days from first prescription. At each visit, scoring of clinical symptoms was done with the help of UAS. The prognosis was made by comparing the different scores at each visit. Lastly, quality of life assessment was done before and after treatment using DLQI. **Results:** According to severity based on the Urticaria Activity Score, before treatment, 10% of patients were in the mild category, 60% of patients in the moderate category, and 30% in the severe category. After treatment, 63.33 % of patients were in the mild category and 36.67 % in the moderate category. The t-value was 10.56(p=0.001) for UAS. Based on DLQI, 6.67% were in the large effect group, 63.33% in the moderate effect group, 26.67% in the small effect group, and 3.33% in the no effect group.

Keywords: Chronic Urticaria, Homoeopathic treatment, Urticaria Activity Score (UAS), Dermatology Life Quality Index(DLQI)

Introduction

Chronic urticaria is also known as hives, nettle rash, and cnidosis. It is a vascular reaction of the skin characterized by the appearance of wheals, which are elevated, whitish, reddish evanescent plaques, generally surrounded by a red halo or flare, and associated with severe itching, stinging, or pricking sensations. These wheals are caused by localized edema [1]. The most common sites for urticaria are the extremities; face with angioedema often being periorbital and, in the lips, [2]. Estimates of the



incidence of CU ranged from 0.05%- 2% of the population in the USA to 20% in Thailand. In India, approximately 15-20% of the general population have urticaria once in their lifetime. Urticaria occurs most frequently after adolescence, twice as common in women as in men [3].

Non-sedating anti-H₁ antihistamines remain the mainstay of treatment. Low-sedation antihistamines decrease the intensity of hives and pruritus in patients with mild chronic urticaria and are considered first-line therapy [4]. Side effects of these medicines are arrhythmias, palpitations, high blood pressure, and osteoporosis when used long-term [5]. Avoidance of mental stress, overtiredness, alcohol, nonsteroidal anti-inflammatory drugs, and tight-fitting garments is recommended [4].

A study on CU was done to see how much we can relieve the patients suffering relentlessly from this disease, understanding the distress of those who work and take anti-allergics daily without knowing the side effects, so that their work is not hampered.

In Homoeopathy, we do not treat based on the name of the disease, i.e., chronic urticaria, but the patients are treated as a whole using constitutional medicines, based on the totality of symptoms [6]. These medicines reduce the frequency and intensity of wheals and pruritus. For acute exacerbations, some acute remedies are used to alleviate the suffering. A clinical study by Michael Van Wassenhoven showed that *Mezereum* was the most effective medicine followed by *Lycopodium* and *Sepia*. The conclusion was that choice of homoeopathic medicine depended on the presence of other associated symptoms and constitutional features [7]. Another study by Sreedevi showed that due to some exciting cause, eruptions might flare up in chronic urticaria. In this phase, our line of treatment is to treat that phase with an acute short-acting remedy followed by a constitutional remedy or an anti-miasmatic remedy [8].

Many studies have been conducted on chronic urticaria in other fields but not much work has been done in Homoeopathy. Previous studies did not cover urticaria solely, or the sample size was too small. Also, none of the studies showed the effects of homoeopathic medicines on the quality of life of patients suffering from chronic urticaria. This study aimed to assess the effectiveness of homoeopathic medicines in the treatment of chronic urticaria using UAS, along with their effects on the quality of life of the sufferers based on DLQI.

Materials and methods

The study was a prospective non-randomized uncontrolled observational study, conducted on the patients attending IPD and OPDs of Nehru Homoeopathic Medical College and Hospital, Defence Colony, New Delhi, who were suffering from chronic urticaria. The study was conducted from January 2015 to October 2016. The sample size was 30. Case-taking of patients was done based on standard case-taking proforma, and consent to enter the study was taken from each patient.

Inclusion Criteria

- Cases presenting with symptoms of chronic urticaria
- All age groups
- Both sexes
- Patients who gave voluntary consent to be included in the study

Exclusion Criteria

- Patients refusing to participate in the study

- Pregnant and lactating women
- Persons taking anti-histaminic for >8-10years
- Those suffering from SLE., hypertension, diabetes, and other long-term diseases
- Patients on immunosuppressive therapy

Intervention

Medicines prescribed were procured from the pharmacy of Nehru Homoeopathic Medical College & Hospital. Based upon the severity of symptoms, susceptibility of the patients and seat of the disease, miasmatic background, and previous treatment, indicated medicines were used in 30C, 200C, and 1M potencies, administered orally. Repetition of the medicines was done depending upon the severity of the symptoms and susceptibility of the patients.

Investigations

CBC with ESR including eosinophil count in cases of underlying parasites; blood sugar fasting and post-prandial; urine and stool examination; total IgE, and other investigations as and when required.

Selection of tools and Data collection

Case-taking of each patient was done using the case-taking proforma. Repertorisation was done using RADAR software version 10.0.028 license no. 201 [9]. Follow-up was done at an interval of approximately 30 days. At each visit, scoring of clinical symptoms was done according to UAS, and quality of life was assessed using DLQI before and after treatment.

Outcome assessment and Data analysis

UAS was based on an assessment of key urticaria symptoms (wheals and pruritus), and this scale is suitable for the evaluation of disease activity [10], it is the standard score to assess the severity of CU before & after treatment, more the score more the severity of CU. DLQI consisting of 10 points was used to assess improvement in the patient's quality of life; the higher the score, the more quality of life is impaired [11]. For statistical analysis, paired t-test [12] was used for the estimation of UAS pre- and post-treatment, by calculating the mean values and standard deviation.

Ethical clearance

Ethical clearance for the study was obtained from the Ethical Committee of Nehru Homoeopathic Medical College and Hospital, before starting the study. Also, consent was obtained from each patient to participate in the study.

Observations and Results

Among the patients enrolled in the study, the maximum belonged to the age group 25-30 years, i.e., 26.40% (Table 1). Males were affected more (63%) than females (37%). Among the symptomatology, all 30 patients had itching, 93.33% complained of wheals, and 66.67 % had burning sensations (Fig 1). *Natrum muriaticum* was the most effective medicine, prescribed to nine patients, followed by *Sepia* to seven of them (Table 2). Improvement in patients according to the UAS before and after treatment is shown in (Fig. 3). Improvement in QoL based on the DLQI score is given in Table 6.

Statistical analysis

To assess the pre-and post-treatment status of the patients as per UAS, a t-test was applied and the value obtained was 10.56 which was higher than the tabulated value of 3.659 at $p=0.001$. So, the mean difference was statistically significant.

Table 1: Distribution of cases as per age groups

Age group(in years)	No. of cases	%
15-20	4	13.20%
20- 25	6	20%
25- 30	8	26.40%
30-35	5	16.67%
35- 40	3	10.00%
40-45	2	6.60%
45-50	1	3.30%
50-55	0	0.00%
55-60	1	3.30%

Table 2: Distribution of medicines used in different cases

Remedy	No. of cases	Percentage
<i>Apis mellifica</i>	1	3.33%
<i>Arsenic album</i>	1	3.33%
<i>Calcarea carbonicum</i>	2	6.67%
<i>Natrum muriaticum</i>	9	30%
<i>Natrum phosphoricum</i>	1	3.33%
<i>Nux vomica</i>	1	3.33%
<i>Phosphorus</i>	1	3.33%
<i>Pulsatilla</i>	2	6.67%
<i>Rhus toxicodendron</i>	2	6.67%
<i>Sepia</i>	7	23.33%
<i>Sulphur</i>	1	3.33%

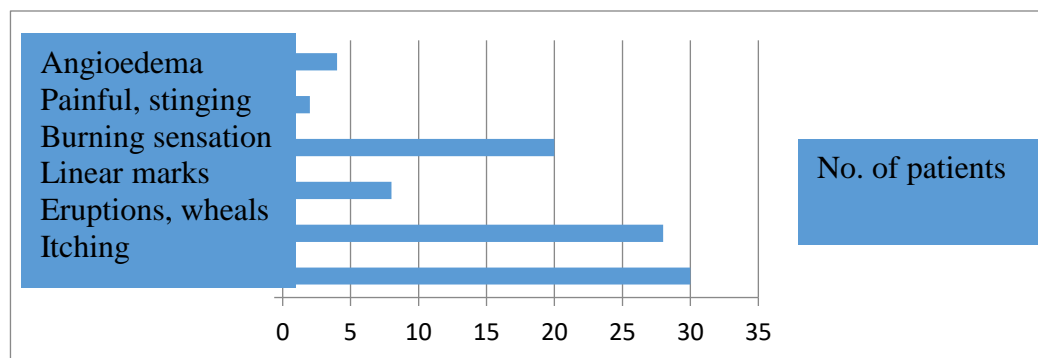


Fig.1: Histogram showing the distribution of presenting complaints among 30 patients

Table 3: Common symptoms in repertorisation leading to the prescription of Natrum Mur and Sepia

Drug	Common Symptoms
<i>Natrum muriaticum</i>	Urticaria during chill Urticaria after violent exercise Urticaria nodular Urticaria from warmth and exercise
<i>Sepia</i>	Urticaria in cold air Urticaria from milk Urticaria nodular Urticaria scratching after Urticaria is better from warmth and exercise

Table 4: Gradation according to UAS before treatment

Grade	Score	No. of patients	Percentage
No symptom	0	0	0.00%
Mild	1 TO 2	0	0.00%
Moderate	2 TO 4	2	6.67%
Severe	3 TO 6	28	93.33%

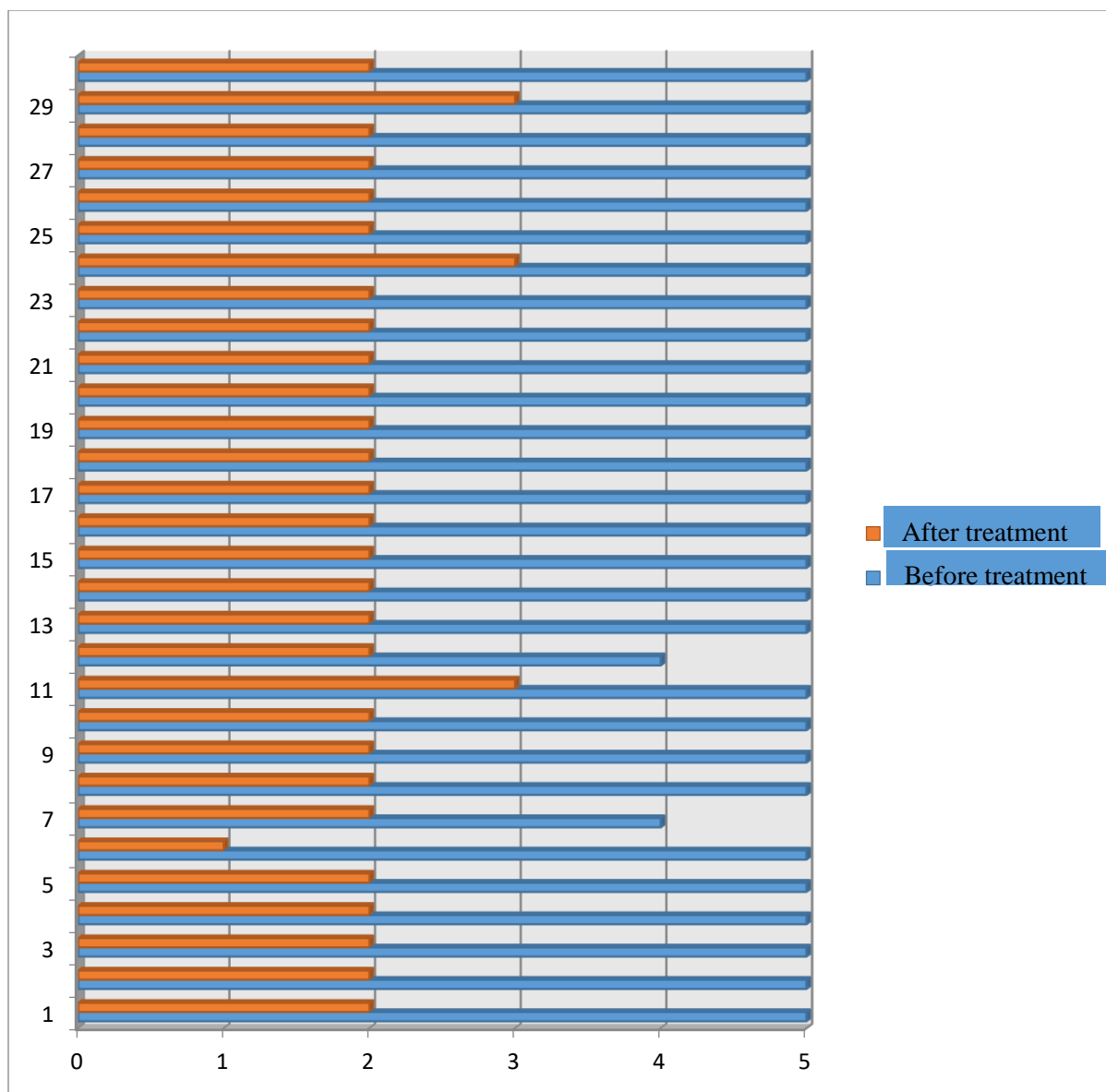


Fig.2: Bar graph showing UAS before and after treatment

Table 5: Gradation according to UAS after treatment

Grade	Score	No. of patients	Percentage
No symptom	0	0	0.00%
Mild	1 TO 2	27	90.00%
Moderate	2 TO 4	3	10.00%
Severe	3 TO 6	0	0.00%

Table 6: Gradation according to DLQI before treatment

Grade	Score	No. of patients	Percentage
No effect	0 to 1	0	0.00%
Small effect	2 to 5	0	0.00%
Moderate effect	6 to 10	2	6.67%
Large effect	11 to 20	13	43.33%
Extremely large	21 to 30	15	50.00%

Table 7: Gradation according to DQLI after treatment

Grade	Score	No. of patients	Percentage
No effect	0 to 1	1	3.33%
Small effect	2 to 5	8	26.67%
Moderate effect	6 to 10	19	63.33%
Large effect	11 to 20	2	6.67%
Extremely large	21 to 30	0	0.00%

Table 8: Distribution of medicines found effective in the acute exacerbations of chronic urticaria

Remedies	No. of cases	Percentage
<i>Apis mellifica</i>	2	18.18%
<i>Arsenic album</i>	3	27.27%
<i>Chloral hydrate</i>	2	18.18%
<i>Urtica urens</i>	4	36.36%

Null Hypothesis- Homoeopathic medicines are not effective in the treatment of Chronic Urticaria. After entering the 't' table at 29 degrees of freedom (n=1), we find a tabulated value of 1.699 at p= 0.1 going up to a tabulated value of 3.659 (p=0.001). Our calculated value of 10.56 exceeds both values, so the difference in our means is statistically significant. Thus, we reject the null hypothesis.

Discussion

In this study, the highest incidence of chronic urticaria occurred in the age group 25-30 years which is in agreement with a study by D S Krupa Shankar et al, in which the average age was 20-40 years, and the male: female ratio was 1:1.3 [13]. In our study, males were affected more than females; which is in contradiction with the previous study by Sirac Aktar et al, in which females were more affected than males [14].

Among the symptomatology, all 30 patients had itching, 28 complained of eruptions or wheals, 20 had a burning sensation, and eight showed dermographism. *Natrum Muriaticum* was the most effective medicine prescribed to nine patients with common symptoms like Urticaria in warmth and exercise, nodular urticaria, and Urticaria in the chill, followed by *Sepia* given to 7 patients with common symptoms like Urticaria from milk, nodular urticaria, from scratching, better from warmth and exercise (Table 3).

According to severity based on the Urticaria Activity Score before treatment 6.67% of patients were in the moderate category and 93.33% in the severe category, whereas after treatment 90% were in the mild category and 10% in the moderate category (Table 4 & 5).

According to severity based on the DQLI score, 19 patients were in the moderate category (63.33%), 8 were in the small effect group (26.67%), 2 were in the large effect category (6.67%) and only 1 was in no effect category (3.33%) (Table 6 & 7). Eleven patients had acute exacerbations which were effectively handled by *Urtica urens* (n=4), *Arsenic album* (n=3), *Apis mellifica* (n=2), and *Chloral hydrate* (n=2) (Table 8).

A large sample size was not available for the study as most of the patients were not willing to give consent. As the study was done on a maximum number of patients from the outpatient department, the long-term effects of the homoeopathic medicines could not be studied, due to the restriction of the time limit of one year. This study could have been better if blinding was done, but it was not done due to the time constraint and small sample size. The study could be more reliable in the presence of a control group, but again because of the small sample size, it was not included. The time limit of one year was insufficient for the study as chronic urticaria is a disease that can have acute exacerbations anytime. These were the limitations of this study.

Conclusion

This study revealed that Homoeopathy is effective in dealing with patients suffering from chronic urticaria. The results were positive and gave a lot of satisfaction to the patients, because not only were they relieved of the distress caused by pruritus and wheals due to chronic urticaria but also they were no more dependent on the anti-allergic drugs which are harmful. The treatment was cost-effective for all the patients. The patients got relief from their symptoms and their quality of life also showed a lot of improvement.

We can conclude that the study's objectives were fulfilled; the outcomes of the study will help the Homoeopathic physicians select the correct remedy, the students gain confidence in Homoeopathic medicines as a solution for CU and to study CU, the teachers as well to help their students.

Although this study produced good results in treating the cases of chronic urticaria, still then, randomized control trials with a greater sample size, a control group treated as always without

homeopathic medicine and double blindness are recommended to establish the credibility of the study.

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