

Psychological Triggers and Chronic Urticaria: A Homoeopathic Case Report

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Abstract - Chronic urticaria is a recurrent inflammatory skin disorder characterized by wheals, itching, erythema, and burning sensation persisting for more than six weeks. It significantly affects quality of life due to frequent relapses and psychological stress. Homoeopathy offers an individualized approach based on totality of symptoms and miasmatic background. This article presents a detailed case of chronic urticaria managed through individualized homoeopathic medicine. The case was analyzed through systematic case taking, evaluation of mental and physical generals, miasmatic analysis, and repertorial approach. *Lycopodium 1M* was prescribed based on totality. The progress was assessed using the UAS7 (Urticaria Activity Score). Marked improvement was observed with reduction of UAS7 score from 26 to 0 within five weeks, along with improvement in mental state and overall well-being. This case demonstrates the effectiveness of individualized homoeopathic treatment in chronic urticaria.

Index Terms – Chronic Urticaria, Individualized Homoeopathy, UAS7, Miasmatic Analysis, Case Report

I. INTRODUCTION

Urticaria, commonly known as hives, is a vascular reaction of the skin characterized by the appearance of wheals, angioedema, or both. The term "urticaria" was first introduced by William Cullen in the eighteenth century. Urticaria is a common mast cell-mediated cutaneous disease presenting with pruritic wheals, angioedema, or both. It may affect up to 20% of the population at some time in their lives

Chronic urticaria is defined as the occurrence of wheals lasting for more than six weeks, with lesions appearing daily or episodically. It is classified as acute (≤ 6 weeks) or chronic (> 6 weeks) and as spontaneous (no definite triggers) or inducible

(definite and subtype-specific triggers). The condition affects approximately 0.5-1% of the population at any given time, with a significant impact on quality of life due to intense pruritus, sleep disturbance, and psychological distress.

Chronic urticaria may have an autoimmune basis, with studies revealing a circulating IgG antibody directed against the IgE receptor or IgE in 40-60% of patients. The pathophysiology involves activation of mast cells and basophils, leading to release of histamine, bradykinin, kallikrein, and other vasoactive mediators from mast cells and basophils in the superficial dermis, resulting in increased vascular permeability and dermal edema. Urticaria is closely associated with angioedema in 40% of individuals; ~10% of patients experience angioedema without. Conventional management primarily involves H1-antihistamines, with step-up therapy including leukotriene receptor antagonists, omalizumab, or immunosuppressants in refractory cases. However, up to 50% of patients remain refractory even at quadruple doses of second-generation H1-antihistamines, significantly compromising quality of life and mental well-being. From a homoeopathic perspective, accurate case analysis and remedy selection are essential in the management of chronic conditions like urticaria. Repertorization plays a key role in remedy selection, where rubrics provide a detailed framework for analyzing urticaria cases. In Homoeopathy, urticaria is considered a symptom of an underlying imbalance or disturbance in the body's energy. The homoeopathic approach focuses on treating the individual, rather than just the symptoms, to restore balance and promote overall well-being.

Modalities serve as crucial differentiators in selecting the simillimum in cases of urticaria. Remedies such as *Apis mellifica*, *Urtica urens*, *Rhus*

toxicodendron, Sulphur, and Dulcamara are frequently found in rubric cross-referencing. A repertorial approach grounded in modal differentiation ensures more precise prescribing and better therapeutic outcomes in homoeopathic management of urticaria

A Case Report

Name of the Patient: Mr D.C
 Father’s / Husband’s Name: Mr. J.C
 Age: 33 years
 Sex: male
 Religion and Nationality: Indian
 Marital Status: Married
 Family Size: 4
 Education: Graduate
 Occupation: Job
 Diet: Vegetarian
 Address: Rajkot
 Diagnosis: Chronic urticaria

INTERROGATION

Presenting Complain(s) :-

Location	Sensation	Modalities	Concomitants
Skin	Intense itching	<morning	
Extremities and trunk	Redness and swelling	<sour food & drinks	
Since 3 years,	Burning	<Hot weather	
Appearing 4-5 times per week	Formication sensation		

Past History

The patient suffered from Typhoid at the age of 12 years and was treated with allopathic medicines with complete recovery.

Family History

Patient’s father was suffering from Allergic Rhinitis. Paternal uncle was suffering from Allergic dermatitis. Other family members were healthy.

Personal History:

Accommodation – With Family
 Economic Status – Middle Class
 Diet and Food Habit – Veg.
 Hobbies – Sports
 Sexual History – Normal

Physical Generals:

Appetite – normal
 Thirst – Large quantity at long interval
 Desires – Sour, spicy food
 Aversion – fruits
 Bowel Movements – Once/day
 Urine – 4 to 5 times / day
 Perspiration – Profuse
 Sleep – Sometimes sleepless due to anxiety about future.
 Dream – routine work related
 Thermal Reaction – The patient is thermally chilly

Mental Generals:

Childhood was spent partly in a village, and later he shifted to Rajkot with his paternal uncle and aunt. The uncle was strict and punctual, often scolding him for delays. This made the patient feel sad, doubtful about himself, and incapable, gradually developing a deep-seated feeling that “there is some fault in me.”

He never argued back and habitually suppressed his anger out of respect. During schooling, he was poor in studies, bullied by friends, and scolded by teachers, which further lowered his confidence. He frequently bunked school, felt lonely, and longed for his parents. In childhood, he experienced recurrent dreams of his height decreasing while the surroundings appeared tall, waking up crying from distress. After shifting back with his parents, his academic performance improved and social interactions became better. His father was supportive, while his mother was overprotective. College life was comparatively better, and he maintained good relations with friends and faculty. From 2017 to 2019, he was in a relationship that ended in a breakup, after which he felt that “everyone leaves me alone.” He avoided food and social gatherings and suffered from disturbed sleep with continuous brooding thoughts. At present, he is working in a private job under his father’s supervision. Scolding from his paternal uncle for mistakes still triggers suppressed anger and self-doubt. Emotionally, he suppresses anger, sometimes striking his hand in frustration, and avoids confrontation due to fear of isolation and loss of relationships. He is reserved by nature and shares feelings only with one or two close friends. He has marked fear of ghosts (+++) and sleeps with the television on. He also experiences anxiety about the future, particularly regarding job and business stability, which at times leads to sleepless nights.

II. PHYSICAL EXAMINATION

General Examinations:

Appearance – Normal
 Build and Nutrition – Moderate
 Anaemia – Not seen
 Jaundice – Absent
 Cyanosis – Absent
 Oedema – Absent
 Skin (pigmentation, hair distribution, warts etc.) – Slightly oily
 Nails – Pinkish
 Lymphadenopathy – Absent
 Tongue – White coated
 Blood Pressure – 120/80 mm hg
 Pulse – 75/min
 Temperature – 97 °F
 Respiration rate – 18/min

Systemic Examination:

- Examination of the gastrointestinal system showed a soft, non-tender abdomen with normal bowel habits.
- On respiratory assessment, bilateral air entry was equal with normal vesicular breath sounds, and inflammation was confined to the throat region.
- Cardiovascular examination revealed normal first and second heart sounds (S1 and S2)..
- Assessment of the musculoskeletal system demonstrated normal posture and gait, with full range of movements and no restriction.

According to UAS7 TWICE DAILY ASSESMENT

UAS twice- daily version: scoring for itch and hives at each assessment point.			
Itch severity score	Itch severity at each assessment (am/pm)	Hives severity score	Number of hives at each assessment
0	None	0	None
1	Mild, minimal, awareness, easily tolerated.	1	1-6
2	Moderate, definite awareness, bothersome but tolerable	2	7-12
3	Sever difficult to tolerate	3	>12

LABORATORY INVESTIGATIONS AND FINDINGS:

IgE – 578 IU/MI

III. DATA PROCESSING

Analysis of Symptoms:

1. Suppressed anger – mental general characteristics
 Low self-confidence - mental general characteristics
2. Insecurity – fear of being left alone - mental general characteristics
3. Low self-confidence – mental general characteristics
4. Anxiety about future - mental general characteristics
5. Sleep disturbed due to anxiety- mental general characteristics
6. Fear of ghosts - mental general characteristics
 Profuse perspiration – physical general characteristics
7. Thirst – large quantities at long intervals - physical general characteristics
8. Desires – sour, spicy - physical general characteristics
9. Aversion – fruits - physical general characteristics
10. Itching of skin < morning – physical particular characteristics
11. Urticaria < sour food/drinks - physical particular characteristics
12. Itching < hot weather - physical particular characteristics
13. Formication sensation - physical particular characteristics

Miasmatic Analysis:

Fundamental miasm

History	Psora	Sycosis	Syphilis	Tubercular
P/H – Allergic rhinitis	+			+
F/H – Allergic rhinitis	+			+
Allergic de	+			

Dominant miasm – PSORA

- (a) System Actively Involved- Skin
- (b) Involvement of other System- No
- (c) Pathology- Inflammatory
- (d) Progress-Fast
- (e) Present Expression- itching, <morning, sour food, formication sensation

Totality of Symptoms:

1. Suppressed anger (+++)
2. Low self-confidence (+++)
3. Insecurity – fear of being left alone (+++)

4. Anxiety about future (+++)
5. Sleep disturbed due to anxiety
6. Fear of ghosts (+++)
7. Profuse perspiration
8. Thirst – large quantities at long intervals
9. Desires – sour, spicy (+++)
10. Aversion – fruits (++)
11. Itching of skin < morning (+++)
12. Urticaria < sour food/drinks (++)
13. Itching < hot weather (+++)

IV. SELECTION OF MEDICINES

Repertorial Totality (From complete Repertory):

The screenshot shows a software interface for repertorial totality. It includes a search bar, filters, and a grid of symptoms (Sulph, Ars, Lyc, Nat-m, Calc, Puls, Kali-c, Sep, Phos, Sil, Acon, Ign, Caust, Chin) with corresponding numerical values for various remedies. Remedies listed include [Mind]ANGER, [Mind]CONFIDENCE, [Mind]ANXIETY, [Mind]FEAR, [Mind]INSECURITY, [Sleep]DISTURBED, [Extremities]PERSPIRATION, and [Skin]FORMICATION.

Dose and Potency:

LYCOPODIUM 1M 1 DOSE

PRESCRIPTION:

MERCURIUS SOLUBILIS 1M 1 dose

SAC LAC 4 pills two times a day for 07 days

AUXILLARY MEASURES:

Wear cotton cloths

Pre score of patient:- to UAS7 TWICE DAILY

ASSESSMENT

Pre score of patient:- 26

FOLLOW – UP SHEET

Date of visit	Change of symptom	Prescription
28/03/2025	Itching as it is, frequency of episode of urticaria as it is, formication sensation as it is, not much changes seen. According to UAS score – 1 st week - 26	Sac lac BD for 7 days
05/04/2025	Frequency of itching and number of hives reduced as compare to last	Lycopodium 1M 1 dose Sac lac BD for 7 days

	follow up, frequency of episode of urticaria reduced. According to UAS score – 2 nd week - 18	
12/04/2025	Frequency of episode of urticaria reduced, frequency of itching and hives also reduced as compared to last last follow up, sleep improved, feels better in general. According to UAS score – 3 rd week - 9	Rubrum BD for 7 days
19/04/2025	Frequency of episode of urticaria once in a week, formication sensation reduced, sleep improved, feels better in overall complain. According to UAS score – 4 th week - 4	LYCOPODIUM 1M 1 dose Sac lac BD for 7 days
26/04/2025	No single episode of urticaria, no itching, sleep improved, patient spontaneously said there are few businesses stress but now I am handling it & feel that I am capable of handling it According to UAS score – 5 th week - 0	Rubrum BD for 7 days
05/05/2025	No single episode of urticaria, no itching, feels better in overall complain. According to UAS score – 6 th week - 0	Rubrum BD for 7 days
12/05/2025	No single episode of urticaria, no itching, feels better in overall complain. According to UAS score – 7 th week - 0	Rubrum BD for 7 days
19/05/2025	No single episode of urticaria ,no itching According to UAS score – 8 th week - 0	Rubrum BD for 7 days

ANALYSIS OF RESULT: -

Symptom	Intensity of symptoms
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	Pre score (first visit)	Post score (last visit)
Itch severity	12	0
Number of hives	14	0

V.DISCUSSION

This case highlights the importance of mental generals in chronic urticaria. Suppressed anger, insecurity, fear of being left alone, and anxiety about future were dominant features. Lycopodium corresponded well with mental picture, desire for sour food, profuse perspiration, and right-sided psoric tendency.

UAS7 score reduced from 26 to 0 within five weeks, indicating complete remission without relapse. Improvement was seen not only in skin symptoms but also in emotional stability and self-confidence.

VI.CONCLUSION

This case demonstrates that individualized homoeopathic treatment can effectively manage chronic urticaria. Lycopodium 1M based on totality produced marked improvement in physical and mental symptoms with sustained relief. UAS7 assessment confirmed objective improvement.

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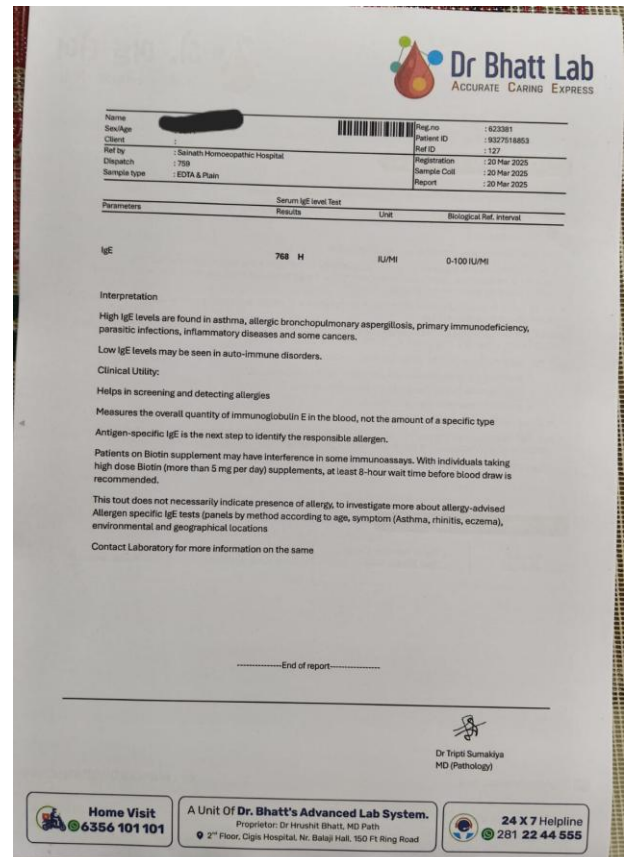
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Before



After


Dr Bhatt Lab
ACCURATE CARING EXPRESS

Name		[Barcode]	Reg. no	: 623381
Sex/Age	: 33/M		Patient ID	: 9327518853
Client			Ref ID	: 127
Ref by	: Sarvath Homoeopathic Hospital		Registration	: 26 May 2025
Dispatch	: 829		Sample Coll	: 26 May 2025
Sample type	: EDTA & Plain		Report	: 26 May 2025

Parameters	Results	Unit	Biological Ref. Interval
IgE	89.1	IU/Ml	0-100 IU/Ml

Interpretation

High IgE levels are found in asthma, allergic bronchopulmonary aspergillosis, primary immunodeficiency, parasitic infections, inflammatory diseases and some cancers.

Low IgE levels may be seen in auto-immune disorders.

Clinical Utility:

Helps in screening and detecting allergies

Measures the overall quantity of immunoglobulin E in the blood, not the amount of a specific type


Antigen-specific IgE is the next step to identify the responsible allergen.


Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

This tout does not necessarily indicate presence of allergy, to investigate more about allergy-advised Allergen specific IgE tests (panels) by method according to age, symptom (Asthma, rhinitis, eczema), environmental and geographical locations


Contact Laboratory for more information on the same

-----End of report-----


 Dr Tripti Sumakiya
 MD (Pathology)


Home Visit
 6356 101 101

A Unit Of Dr. Bhatt's Advanced Lab System.
Proprietor: Dr Hrushit Bhatt, MD Path
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