

Individualized Homoeopathic Management of Chronic Recurrent Urticaria: A Case Report

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Abstract

Chronic recurrent urticaria is characterized by transient wheals with itching, burning or stinging, sometimes accompanied by angioedema. A 50-year-old male presented with recurrent generalized urticaria for six months, occurring two to three times weekly and lasting 2–6 hours. The eruptions involved the trunk, arms and thighs, with marked burning, stinging and itching. Complaints were aggravated by heat, warm baths, sweating, pressure and night, and relieved by cold applications and cool showers. Associated angioedema of the lips and eyelids after shellfish exposure and seasonal rhinitis were reported. Individualized homoeopathic treatment was selected after repertorial analysis, with Apis mellifica as the final remedy. The Urticaria Activity Score reduced from 6/6 at baseline to 0/6 by Day 42, with complete clinical resolution reported at the final follow-up.

Keywords: Urticaria; Apis mellifica; Homoeopathy; Chronic recurrent urticaria; Urticaria Activity Score

Introduction

Urticaria is a heterogeneous inflammatory skin disorder characterized by transient erythematous, edematous and pruritic wheals, with or without angioedema. Individual wheals generally resolve within 24 hours. Based on duration, urticaria is classified as acute or chronic, with chronic disease further described as spontaneous or inducible.^{1,2}

Urticaria can substantially affect quality of life through itching, sleep disturbance, recurrent attacks, anxiety, social embarrassment and impaired daily functioning.^{3, 9, 10} Mast-cell activation and degranulation with release of histamine and other inflammatory mediators are central to its pathophysiology.^{4, 20} Autoimmune mechanisms are relevant in a proportion of chronic spontaneous urticaria cases, and associations with autoimmune thyroid disease have been reported.^{21, 22}

Conventional management is generally stepwise and emphasizes second-generation H1-antihistamines, with escalation and additional therapies for persistent disease.^{1, 11, 23, 24} Nevertheless, recurrence and incomplete control remain clinically relevant in some patients.

The homoeopathic approach described in the dissertation emphasizes individualization according to the totality of symptoms, including local manifestations, mental and emotional characteristics, physical generals and modalities.^{6,7} The dissertation also notes that existing homoeopathic evidence is limited by small samples and heterogeneous methods.^{15,25,26}

The Urticaria Activity Score provides a standardized clinical framework for assessing wheal activity and pruritus.¹⁷ The present study therefore compared individualized homoeopathic treatment with conventional allopathic treatment using UAS as the principal clinical outcome. This case presents the management of chronic recurrent urticaria with individualized homoeopathic treatment.

Patient Information

Mr. R.S., a 50-year-old male software engineer from Untwadi, Nashik, presented with recurrent generalized urticarial wheals for six months. The case was recorded on 15/12/2025. The eruptions initially occurred monthly but later increased to two to three episodes per week, each lasting approximately 2–6 hours.

Medical History

The patient experienced sudden itching followed by generalized wheals over the trunk, arms, forearms and thighs. The lesions were associated with intense burning and stinging, described as being like bee stings. Heat, warm baths, hot weather, sweating, pressure on the skin, night and spring aggravated the complaints, while cold applications, cool showers and lying still provided relief. Fexofenadine 180 mg gave only temporary relief.

He also reported angioedema of the lips and eyelids following shellfish exposure, with swelling, tightness and pricking that resolved within 24–48 hours. Seasonal spring rhinitis with sneezing, watery nasal discharge and nasal itching was also present.

Family History

His father had hypertension and his mother had type 2 diabetes mellitus and hypothyroidism. A maternal aunt had asthma, while the paternal grandfather had a history of myocardial infarction at 68 years.

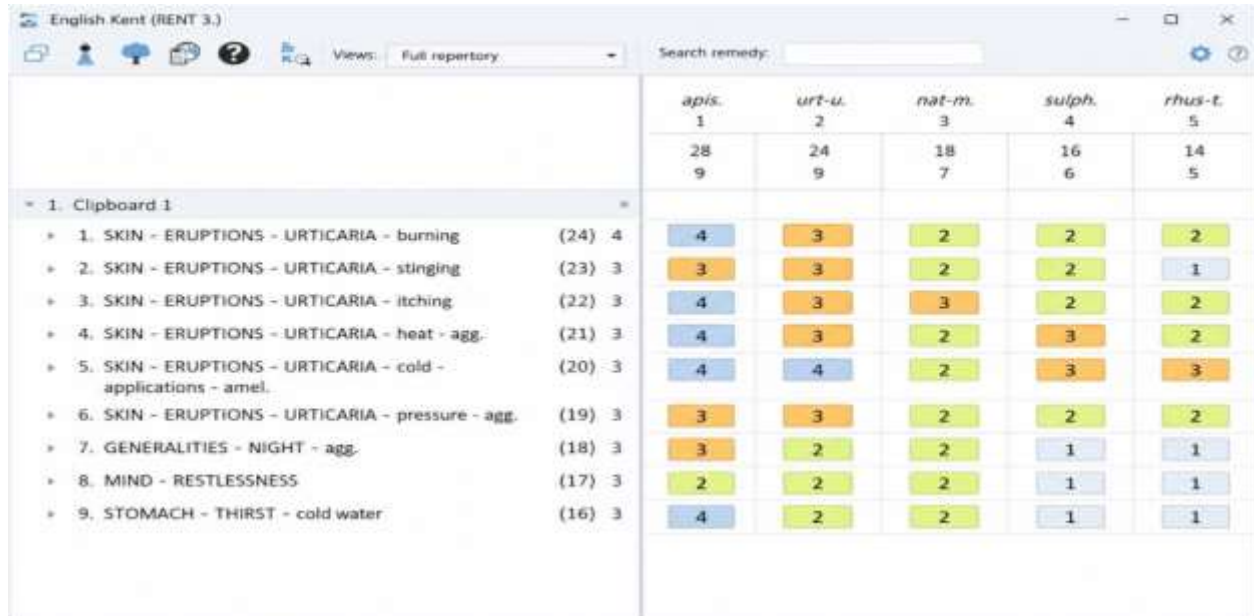
Psychosocial History

The patient was irritable, impatient and restless during acute episodes and anxious about the chronicity of the condition. He preferred solitude during attacks. Sleep was disturbed by nocturnal itching, resulting in mental fatigue.

Clinical Findings

The patient was of medium build and well nourished. Urticarial wheals were widespread, symmetrical, erythematous, edematous and well demarcated, measuring approximately 0.5–2 cm, with some lesions reaching 1–5 cm during acute episodes. No significant pallor, icterus, cyanosis or lymphadenopathy was noted. Pulse was 78/min, blood pressure 124/82 mmHg, temperature 98.4°F and respiratory rate 16/min. Respiratory, cardiovascular, abdominal, musculoskeletal and central nervous system examinations were unremarkable.

Physical generals showed increased thirst for cold water and disturbed sleep due to itching. The patient preferred a cool environment. The provisional diagnosis was chronic recurrent allergic urticaria with episodic angioedema.



	apis. 1	urt-u. 2	nat-m. 3	sulph. 4	rhus-t. 5
28 9					
1. SKIN - ERUPTIONS - URTICARIA - burning (24) 4	4	3	2	2	2
2. SKIN - ERUPTIONS - URTICARIA - stinging (23) 3	3	3	2	2	1
3. SKIN - ERUPTIONS - URTICARIA - itching (22) 3	4	3	3	2	2
4. SKIN - ERUPTIONS - URTICARIA - heat - agg. (21) 3	4	3	2	3	2
5. SKIN - ERUPTIONS - URTICARIA - cold - applications - amel. (20) 3	4	4	2	3	3
6. SKIN - ERUPTIONS - URTICARIA - pressure - agg. (19) 3	3	3	2	2	2
7. GENERALITIES - NIGHT - agg. (18) 3	3	2	2	1	1
8. MIND - RESTLESSNESS (17) 3	2	2	2	1	1
9. STOMACH - THIRST - cold water (16) 3	4	2	2	1	1

Therapeutic Intervention

The characteristic totality included urticaria with burning, stinging and itching; aggravation from heat, night and pressure; amelioration from cold applications; restlessness; and thirst for cold water. Repertorial analysis yielded Apis mellifica as the leading remedy with a score of 28/9, followed by Urtica urens, Natrum muriaticum, Sulphur and Rhus toxicodendron. Apis mellifica was selected on the basis of the characteristic stinging and burning sensations, swelling, aggravation from heat and relief from cold applications.

Apis mellifica 30C was selected as the final remedy. Supportive advice included cold compresses and avoidance of known triggers such as shellfish, alcohol, excessive heat and hot baths.

Follow-Up and Outcomes

Follow-up	Wheals	Itching / Symptoms	Clinical Response	UAS
Baseline	2–3 episodes/week	Intense burning, stinging and itching; sleep disturbed	Active disease	6/6
Day 7	Fewer wheals	Itching reduced ~40%; sleep improved	Improvement; continue treatment	4/6
Day 14	No new eruptions	~70% relief; nocturnal itching reduced	Marked improvement	2/6
Day 28	Almost absent	Occasional mild itching during stress	Almost complete relief; placebo advised	1/6
Day 42	None	No itching; sleep restored	Complete clinical resolution reported	0/6

Assessment of Outcome

The Urticaria Activity Score (UAS) was 6/6 at baseline, decreased to 4/6 on Day 7, 2/6 on Day 14, 1/6 on Day 28 and reached 0/6 on Day 42, indicating complete clinical resolution at the final follow-up.



Causality Assessment

The clinical outcome was assessed using the Modified Naranjo Criteria for Homoeopathy (MONARCH), a 10-domain inventory intended to assess the likelihood of a causal relationship between a homoeopathic intervention and the observed clinical outcome. The total score ranges from –6 to +13. In the present case, the assessment was based strictly on the clinical information documented in the case record.

Domain	MONARCH criterion	Assessment	Score	Case-based justification
1	Improvement in the main symptom/condition	Yes	+2	Urticarial wheals, itching, burning and stinging progressively improved, with UAS decreasing from 6/6 to 0/6.
2	Clinical improvement within a plausible timeframe relative to medicine intake	Yes	+1	Clinical improvement was documented from Day 7 following initiation of treatment.

3	Initial aggravation of symptoms	No	0	No initial aggravation was reported.
4	Effect encompassed more than the main symptom/condition	Yes	+1	Improvement extended beyond wheals to nocturnal itching and sleep disturbance.
5	Overall well-being improved	Yes	+1	Sleep was restored and the patient reported resolution of itching and associated discomfort.
6A	Direction of cure: symptoms improved in the opposite order of development	Not sure/NA	0	The available case record does not document symptom sequence sufficiently to establish this criterion.
6B	Direction of cure: improvement from more important/deeper to less important/superficial or top-down	Not sure/NA	0	The documented chronology is insufficient to establish this criterion.
7	Old symptoms reappeared temporarily during improvement	No	0	No reappearance of previously resolved non-seasonal/non-cyclical symptoms was documented.
8	Alternative causes with high probability could explain improvement	No	+1	No other therapeutic intervention was documented as producing the

				progressive response; fexofenadine had previously provided only temporary relief.
9	Health improvement confirmed by objective evidence	Yes	+2	Clinical follow-up documented disappearance of wheals and itching, with UAS changing from 6/6 to 0/6 by Day 42.
10	Repeat dosing produced similar improvement	Not sure/NA	0	Repeat-dosing chronology was not sufficiently documented; the source file itself notes potency/dosage inconsistencies.

Total MONARCH score: +10/13

Interpretation: The score of +10/13 indicates a relatively strong temporal and clinical association between the homoeopathic intervention and the reported improvement in this case. However, MONARCH is a causality-attribution tool rather than proof of efficacy, and the absence of documented repeat dosing and direction-of-cure features limits the strength of causal inference.

Results

The patient showed progressive clinical improvement following individualized prescribing of *Apis mellifica*. The frequency and intensity of urticarial manifestations decreased during follow-up. The Urticaria Activity Score (UAS) decreased from 6/6 at baseline to 4/6 on Day 7, 2/6 on Day 14, 1/6 on Day 28 and 0/6 on Day 42. No wheals or itching were reported at the final follow-up, and sleep returned to normal. The overall clinical course and the MONARCH assessment are summarized above. The resulting MONARCH score was +10/13.

Discussion

For causal-attribution assessment, the MONARCH framework was used as recommended for homoeopathic case reports. The score should be interpreted as supportive of, but not conclusive for, a treatment–outcome relationship.

The case was characterized by recurrent urticaria with marked burning and stinging, swelling, aggravation from heat and pressure, and relief from cold applications. These characteristic features, together with the patient's general and mental symptoms, guided individualized remedy selection. *Apis*

mellifica was chosen after repertorial analysis and clinical differentiation from *Urtica urens*, *Natrum muriaticum*, *Sulphur* and *Rhus toxicodendron*. Progressive improvement was observed during follow-up, with complete resolution by Day 42.

Case Summary

A 50-year-old male with chronic recurrent urticaria and episodic angioedema was treated with individualized homoeopathy. *Apis mellifica* was selected on the basis of the characteristic symptom totality. The UAS improved from 6/6 to 0/6 over 42 days, accompanied by resolution of wheals and itching and restoration of sleep.

Conclusion

This case demonstrates the use of individualized homoeopathic prescribing in chronic recurrent urticaria. *Apis mellifica* was selected according to the characteristic symptom totality, and marked clinical improvement with complete resolution was observed during the reported follow-up period.

Patient Consent

Written informed consent for publication of the case details was obtained from the patient.

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