



Received on 12 April 2023; received in revised form, 04 July 2023; accepted 05 July 2023; published 01 December 2023

EFFICACY OF PSORINUM IN CHRONIC URTICARIA: A CASE REPORT

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Keywords:

Chronic urticaria, Homoeopathy, Hypersensitivity, Case Report, Psorinum, Cholinergic

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ABSTRACT: Chronic urticaria is a popular skin complaint that is characterized by wheals of various sizes surrounded by erythema and associated with itching and burning as a consequence of Type1 hypersensitivity reaction mediated by IgE antibodies to specific allergen. Most of the population (>20%) have urticaria once somewhere in the life. The conventional management of this condition is associated with long-term effects of anti-allergic drugs and inexorable recurrence. Homoeopathic medicines help to reduce the hypersensitivity and recurrence in a gentle and permanent way. The present study is done to assess the effect of homoeopathic medicine in case of chronic urticaria. **Case Summary:** The below mentioned case is related to Cholinergic urticaria, one of the types of Physical urticaria in a young male who was given *Psorinum* as an Individualized prescription. The change in the assessment score done by UAS7 Urticaria Activity Score which was 42 at the baseline and 2 at the end of the treatment. MYMOP2 Measure Yourself Medical Outcome Profile 2 was 4.5 and after treatment was 1. The reduction in the assessment score reveals a significant improvement in the disease and quality of life. Serum IgE levels at the beginning of treatment was 367 IU/ml reduced to 112 IU/ml, which shows a significant curative effect on the patient. Thus, Homoeopathy proved to be efficacious in the treatment of chronic urticarial and in improving quality of life.

INTRODUCTION: Urticaria or hives are temporary intensely pruritic lesions lasting for 1-24 hour and are formed of a central wheal, surrounded by a red halo or flare due to erythema. It can migrate and resolves within <12 hrs without scar or bruise mark. Chronic Urticaria is defined as presence of hives or wheals for more than a period of 6 weeks with most of the days affected¹. The common Physical urticaria is further classified into dermatographism, solar urticarial, cold urticarial and cholinergic urticaria. Cholinergic urticaria is triggered by heat, exercise, hot bath and shower, eating spicy food or emotion and is assigned with

a rise in core body temperature. The characteristic feature is typical small pruritic wheals with relatively large flares of about 1-2mm in diameter. It may be associated with wheezing¹. The pathophysiology is characterized by edema of the superficial dermal layer, where the collagen bundles are separated and the venules dilate. The surrounding venular space is infiltrated by lymphocytes, monocytes, eosinophils, and neutrophils of varying numbers^{1,2}.

Urticaria is diagnosed clinically and by history unless vasculitis is involved. UAS Urticaria Activity Score is a commonly used diary-based patient-reported outcome measure that assesses pruritus and wheal count in Chronic Spontaneous urticaria^{3, 4, 5, 6}. This condition is often associated with a response towards Type1 Hypersensitivity derived by IgE antibodies as a reaction towards the specific allergen. Homoeopathy offers a holistic and promising result in such conditions where

	<p style="text-align: center;">DOI: 10.13040/IJPSR.0975-8232.14(12).5846-52</p>
	<p style="text-align: center;">This article can be accessed online on www.ijpsr.com</p>
<p>DOI link: https://doi.org/10.13040/IJPSR.0975-8232.14(12).5846-52</p>	

idiopathic cause and immune-mediated allergic responses are seen⁷. Moreover, it also helps avoid conventional treatment's long-term side effects. The suppression of past diseases, hereditary and acquired diseases which are one of the foundations for the allergy induced conditions are treated best with homeopathic medicines. Psorinum is a homeopathic potentized drug prepared from the discharge of the scabies vesicle. It is popular remedy for the psoric manifestations⁸. There are many drugs such as *Apis mellifica*, *Urtica urens*, have found effective in acute management of various types of urticaria⁶.

MATERIALS AND METHODS: The patient was diagnosed with Chronic urticaria on the basis of history and clinical presentation and Serum IgE levels^{1, 2, 8} at the OPD of Dr. D.Y. Patil Homeopathic College and Hospital.

Materials: UAS7 scoring and Serum IgE levels were used to assess the treatment outcome^{4, 6, 9}. The values were assigned to five score ranges from urticarial free to severe disease activity. UAS= 28-42, severe activity, UAS= 16-27, moderate activity, UAS= 7-15, mild activity, UAS= 1-6, well-controlled and UAS= 0, urticarial-free. MYMOP2 of patient was taken for pre and post treatment evaluation. The patient was followed up after requisite duration³. Serum IgE levels: Decrease in levels post treatment is significant.

Methodology: A detailed case history, followed by evaluation of case and final remedy was prescribed based on Homeopathic principles. The totality was raised based on the individuality of the case and relevant repertory was used to get the probable indicated remedy. Then the final remedy was prescribed after confirming through material medica book. The patient was assessed at each follow-up based on the scales mentioned above.

Case Report:

Preliminary Data:

Name: ABC

Age and Gender: 21 year male student

Marital Status: Unmarried

Date of Case: 12/05/2022

Chief Complaint: Maculopapular eruptions over hand, back and waist on both sides after an exposure to sun heat, exercise or any physical exertion since 2-3years. The eruption was pruritic in nature followed by redness of affected parts. Complaints triggered after exposure to sunny weather, exercise, perspiration. The complaint was present since childhood around 8 years old but it was not very frequent. (Once or twice in a year).

Past History: Chronic Rhinitis with thick white-yellow nasal discharge >hot drinks. Since 6 years. Recurrent tonsillitis in childhood, treated with allopathic medicines. History of recurrent bacterial conjunctivitis with yellowish discharge- after exposure to draught of humid air.

Personal Information: Appearance: dark complexioned skin, with acne comedones on face, oily facial skin. Desire for sweets and chocolates very marked. Appetite was good. Frequent feeling of hunger, has to eat. Urine: normal; stool: satisfactory. Perspiration: he perspires readily on every exertion. Perspiration on head, hands, legs, folds of extremities.

Family History: Elder sister had similar complaints during her childhood. Mother: lung tuberculosis at young age.

Thermal state: Chilly, has to cover head while sleeping in all season. A/F exposure to cold wind, cold atmosphere. Highly sensitive to change of weather.

Mental: Anger, contradiction from, shouts back.

Clinical Findings:

Local Examination:

Size: papule

Thickness: Superficial

No. of Wheals: 45-65 in total

Size: variable from 0.5mm to 10mm the largest.

Distribution: localized, arms, waist, legs – heat exposed areas, perspiration prone area.

Sources of Infection: heat exposure, exercise, day light heat exposure

Differential Diagnosis:

Chronic Urticaria

Angioedema

Erythema multiform

Investigation: 10/05/2022: Serum IgE: 367.0 IU/ml- before treatment. 05/09/2022: Serum igE: 112.0 IU/ml- after treatment.



FIG. 1 & 2: MULTIPLE WHEELS OF VARYING SIZE WITH RED HALO OVER FLEXOR SURFACE OF RIGHT AND LEFT HAND RESPECTIVELY

Patient Name: [REDACTED]		Date: 10/05/2022	
Age & Sex: 21 Years Male		Ref. No: 82211	
Referred by: DR. SAHNI A.PATEL,M.D.,MED.			
SERUM IgE LEVEL			
Test	Result	Unit	Reference Interval
IgE	367.0	IU/ml	Adult: 0-158 Children: 5Yrs: 1.4-52.3 1-5Yrs: 0.5-851.8 5-11 Yrs: 0.5-893 11 Yrs: 1.9-170
----End Of Report----			
This is an electronically authenticated report:		Approved by: [REDACTED]	

FIG. 3: SERUM IGE LEVELS - BEFORE TREATMENT

Patient Name: [REDACTED]		Date: 05/09/2022	
Age & Sex: 21 Years Male		Ref. No: 85554	
Referred by: DR. SAHANI SINGH,BHMS,M.D.(HOMOEOPATH)			
SERUM IgE LEVEL			
Test	Result	Unit	Reference Interval
IgE	112.0	IU/ml	Adult: 0-158 Children: 5Yrs: 1.4-52.3 1-5Yrs: 0.5-851.8 5-11 Yrs: 0.5-893 11 Yrs: 1.9-170
----End Of Report----			
This is an electronically authenticated report:		Approved by: [REDACTED]	

FIG. 4: SERUM IGE LEVELS- AFTER TREATMENT

Final Diagnosis: Chronic Urticaria. UAS7 at baseline- 42 MYMOP2 at the baseline- 5

Therapeutic Intervention:

Hahnemanian Classification of disease: Chronic miasmatic disease.

Totality of Symptoms:

Mind: Gets angry easily on contradiction, shouts back.

Causative Modality: exposure to sun, heat of sun, perspiration, warm weather, going from cold to warm weather, change of weather. Urticarial eruptions < sun exposure, < hot weather and exercise, < heat of sun >warmth, >occasionally by applying ice on affected parts, itching followed by redness. General modality: < cold atmosphere < hot weather > warmth, hot drinks.

Sensitive to change of weather, cold weather, hot weather. Conjunctivitis < seashore, damp weather. Chronic Rhinitis with thick white-yellow nasal discharge >hot drinks, Desire for sweet things, chocolates, sweet

Appetite: great hunger, wants to eat frequently.

Perspiration: excessive perspiration on head, hands and legs, folds of extremities.

Sleep: wrapping up head in all seasons, avoids direct fan.

Thermal State: Extremely CHILLY patient

Miasm: Predominantly Psora in background with history of hereditary tuberculosis. Tubercular miasm.

Susceptibility: High- young age, active phase of disease, functional changes and hypersensitivity.

Repertory). Psorinum reflected with highest score (33) covering almost all symptoms **Fig. 5**.

Reportorial Result: The repertorisation of the case was done using Zomeo Software (Complete

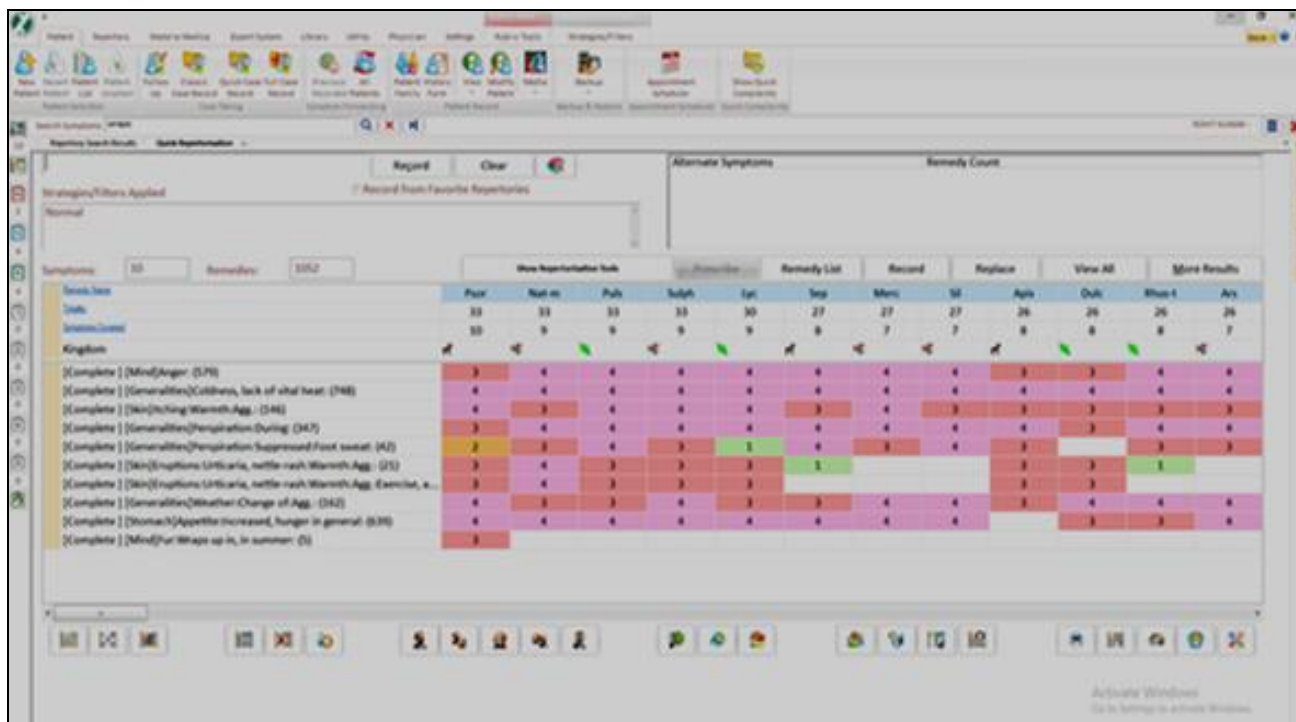


FIG. 5: REPERTORISATION TABLE: SHOWING THE MOST SIMILAR INDICATED REMEDY FOR THE MENTIONED CASE

Remedy Differentiation based on Materia Medica^{8,10}:

Psorinum: it is the remedy for psoric manifestations. The patient is chilly and wants the head to be kept warm, wants warm clothing even in hot atmosphere. Very sensitive to cold. Profuse sweating. Catches cold easily with profuse sweating. Offensiveness of discharges. Oily skin. There is urticaria after every exertion which is marked.

Natrum-mur: Complaints arising from taking excessive table salt, retention of salt resulting in odema and dropsies. Gouty or rheumatic symptoms. Weakness is felt by the patient on rising up in the morning. Oversensitive to orders and influences. Consolation worsen the complaints. Greasy, oily skin, especially hairs. Crusty eruption over the bends and margins of hair and skin. Complaints worsen by exposure to sun, mental exertion.

Pulsatilla nigra: disposed to be mild, gentle and yielding disposition. The patient desires open air

which ameliorated his complaints. Thirst less patient with dry tongue. Chilly patients and has desire to sleep with head raised. One-sides sweat with intolerance to external heat. Ailments from eating rich fat food and better by open air and cold food and drinks.

Sulphur: It is the king of antipsoric remedies. Hot patient with burning pains. Complaints arise from bathing ad washing. Dry, hard hair and skin red orifices, fees hungry at 11 am. Orifices like lips, anus are red and flushes easily. Selfish person with no concerns for others. Body is thin and weak although appetite is good.

Remedy Selected: Psorinum

Potency: IM

First Prescription: Date: 12/05/2022 Rx Psorinum 1M 1dose stat, follow up after 15 days.

Follow-up: detailed in **Table 1**.

TABLE 1: FOLLOW-UP TABLE WITH UAS7 AND MYMOP2 ASSESSMENT SCORES

Foll-ow Up	Date	Symptom	Prescription	UAS7			MYMOP2				
				wheals (D1-7)	Itching (D1-7)	Total	Swelling	Redness and Itching	Activity	General well being	Total
1	26/05/2022	eruptions: present episodes: 7 times in a week Itching: present Burning reduced. new c/o: nil	SAC LAC 4-4-4 * 15days	21	12	33	5	5	5	4	4.75
2.	09/06/2022	Eruption decreased in number. Episodes – 6 in nos. Itching: moderate Burning: mild new c/o: nil	SAC LAC 4-4-4* 15days	19	10	29	4	4	4	4	4
2.	23/06/2022	Eruption decreased in number. Episodes – 6 in nos. Itching: moderate Burning: not present new c/o: nil	SAC LAC 4-4 for 15 days	11	5	16	4	3	3	2	3
3.	08/07/2022	Episode: 4 times Eruptions: small and less in no. Itching: mild Burning: moderate new c/o: nil	PSORINUM 1M – 1DOSE STAT SAC LAC 4-4 for 15 days	9	5	14	3	2	2	1	2
4.	28/07/2022	Episode: 2 times Eruptions: small and reduced in no. Itching: mild Burning: not present new c/o: nil	SAC LAC 4-4 for 15 days	4	2	6	1	1	1	1	1
5.	11/08/2022	Episode: 2 times Eruptions: small and reduced in number Itching: nil Burning: nil new c/o: nil	SAC LAC 4-0-4 for 15 days	1	1	2	1	1	1	1	1
6.	01/09/2022	Episode: nil now c/o	SAC LAC 4-0-4 for 15days	0	0	0	1	1	1	1	1

TABLE 2: PATIENT RESPONSE TOWARDS MEDICATION BASED ON MODIFIED NARANJO CRITERIA (MAXIMUM POSSIBLE SCORE = +13, MINIMUM SCORE = -6)

Modified Naranjo Criteria No.	Grading of response to medication
Was there improvement in the chief complaint or condition for which the homoeopathic drug	+2

was prescribed?	
Did the clinical improvement occur within a stipulated timeframe relative to the drug intake?	+1
Was there any primary aggravation?	+1
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1
Did overall well-being improve?	0
A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1
B Direction of cure: did at least two 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?	0
Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0
Are there alternate causes (other than the medicine) that- with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2
Did repeat dosing, if conducted, create similar clinical improvement?	+1
Total	+10

DISCUSSION: In the above case, homoeopathic medicine Psorinum prescribed on the basis of individual characteristic symptoms. Other remedies covered majority of symptoms but were not exactly similar. Psorinum, a tri-miasmatic remedy with predominantly psora, is effective in cases with a family history of tuberculosis. In the above case, it successfully treated the complaints of chronic urticaria and led to removal of signs and symptoms along with decreased hypersensitivity¹². The patient was put on placebo during the curative effects of the prescribed drug as Psorinum has a duration of action of 30-40 days, depending upon the susceptibility of the individual⁶. Gradually, the quality of life ameliorated. UAS7 and MYMOP2 scores were recorded in each follow-up along with clinical conditions. MYMOP2 scoring is considered significant if the change is >1.0 which was 1.0 to 1.75 in each follow up^{9, 11}. Serum IgE plays an important role in the mechanism of hypersensitivity reactions such as urticaria which reduced significantly in the above case when compared at baseline and post-treatment^{5, 10}. In this case, Serum IgE was 367 IU/ml at baseline which reduced to 112 IU/ml at the end of treatment which is significant. After the administration of Psorinum, the UAS7 score found to reduce significantly from UAS 42 to UAS 2. Other homeopathic remedies are useful in active management of hypersensitivity¹³.

CONCLUSION: Homoeopathic medicines help to ease both the intensity and frequency of attacks of

urticarial and help in improving the quality of life of patients. Individualized homoeopathy promisingly helps ease the patient complaints and hypersensitivity reactions and bring permanent cure. It also supports the 'law of similar', one of homeopathy's cardinal principles.

Declaration of the Patient Consent: The author validates that they have received all appropriate patient consent for their images and other clinical information to be reported in the Journal. The patient acknowledges that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be assured.

ACKNOWLEDGEMENT: We would like to express gratitude towards our college, Dr. D. Y. Patil Homoeopathic Medical College and Research Centre, Principal, my professors, mentors for their support and cooperation in conclude this article.

CONFLICTS OF INTEREST: None declared by any author.

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How to cite this article:

Singh S and Sangtani R: Efficacy of psorinum in chronic urticaria: a case report. *Int J Pharm Sci & Res* 2023; 14(12): 5846-52. doi: 10.13040/IJPSR.0975-8232.14(12).5846-52.

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