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Investigating Dulcamara's Role in Urticaria Treatment

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Abstract-

Urticaria is one of the most well-known skin ailments. It is marked by small, red, itchy blisters called papules or plaques (wheals) that may be any size or form. The practice of homoeopathy When used in clinical practice, Dulcamara effectively treats and manages all forms of urticaria. In order to improve the quality of life of urticaria patients, a research is underway to determine the efficacy of dulcamara in treating 100 instances of the condition. A hundred patients ranging in age from twenty to fifty will be studied to determine the efficacy of homoeopathic medication Dulcamara in treating urticaria. In this research, 100 individuals diagnosed with urticaria between the ages of 20 and 50 were included after undergoing a thorough history taking, clinical examination, investigations, and treatment with homoeopathic medication, namely Dulcamara. The results indicated that out of 100 cases, 24 cases (24%) showed moderate improvement, 16 cases (16%) showed mild improvement, 8 cases (8%) were in the status quo, and no case exhibited worsening of symptoms. 52 cases (52%) showed notable improvement. The results show that Dulcamara is helpful for urticaria.

Key word- Urticaria, Dulcamara, Self Developed Urticaria Symptoms Scoring Index.

INTRODUCTION

An allergic response may induce urticaria, which is sometimes called a rash, hives, or nettle rash. The outward sign of hives is a rash that is red, elevated, and irritating. Urticaria wheals may be any size or form, although they often resemble nettle stings. Individual lesions of urticaria often go away within a day and frequently only last a few hours, but the rash as a whole might linger for weeks. Urticaria often manifests on the limbs and face, whereas angioedema typically manifests in the periorbital and lip areas. With the exception of conditions that cause superimposed extravasations of

erythrocytes², urticaria and angioedema do not leave any lasting coloring. Some people with regular chronic urticaria have substances in their blood, such antibodies that target their own cells, that cause skin mast cells to produce histamine. an autoimmune process³. "The Yellow Emperor's Inner Classic," Huang Di Nei Jing, which was published probably between 1000 and 200 years before Christ, has the first account of the condition that we now call urticaria. Urticaria, or wind-type hidden rash, is referred to as "Feng Yin Zheng" in chapter 64 of Basic Questions (Skin Wen).

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The Chinese term for urticaria, which was originally believed to be caused by an excess of lower Yin and manifests as a blockage of the skin's fluid channels, is still in use today.⁴ The Greek physician Hippocrates (460-377 BC) knidosis, named after the Greek word for nettle (knido), was a condition he described as characterized by heightened itching lesions brought on by mosquito bites and stings. He goes on to say that people with gastrointestinal illnesses may have wheals, but that they usually don't itchy as much. In 1833, the same word was used once again by Jean-Louis Alibert of Paris in his book on skin disorders. While Hebra coined the word knidosis to describe a persistent nettle rash, Andrew and Domonko's 1963 textbook used the term knidosis interchangeably with urticaria. It was formerly said that there are many physical urticarias: Although Borsch first reported solar urticaria in 1799, it wasn't until 1887 that Veiel demonstrated that the condition was caused only by exposure to sunlight and not by heat sources like stoves or candles. People with factitial urticaria were killed or burned alive in the Middle Ages because of the widespread belief that they were cursed. This led to the first recorded cases of the ailment at that time. Heberden first reported it in 1767 in the medical literature, and in 1859 Gull came up with the term factitious urticaria. Frank first detailed cold urticaria in 1792. In 1924, Due announced in JAMA that heat and mental or physical stress might induce urticaria. In 1929, Urbach and Fasal reported pressure urticaria. Both adrenergic urticaria and aquagenic urticaria were first documented in 1964 by Shelley and Rawnsley. by Shelley in 1985. Urticaria pigmentosa was described by Edward Nettleship early in this career (1869) before he specialized in ophthalmology. He called it chronic urticaria leaving brown stains. Sangster named it urticaria pigmentosa and Unna discovered the mast cells in the lesions. Hahnemann's system of medicine is scientific and rational and was deduced by deductive and inductive logic. The law of "Similia Similibus Curentur" or let likes be treated by likes forms the basic of

treatment under homeopathic system of medicine. Suffering of the sick person is treated with the medicines, which have power to create the most similar disease in the healthy state⁵. Health is the balanced condition of living organism in which the harmonious performance of the vital functions are tends to the preservation of the organism and normal development of the individual. Disease in nothing more than alteration in the state of health of the healthy individual which express themselves by a change to the healthy condition of the state of health of the diseased individual. In homoeopathy, we do not treat on the basis of the name of the disease. We actually depend on the person as a whole. We believe that it is not a part that is affected but the person as a whole¹⁴. Thus, we preferably prescribe constitutional medicine based on the totality of symptoms, which Hahnemann in Organon of Medicine, 5th edition has described as follows in aphorism 7- Now, as in a disease, from which no manifest exciting or maintaining cause (causa occasionalis) has to be removed, we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances, be the symptoms alone by which the disease demands and points to the remedy suited to relieve it – and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole means, whereby the disease can make known what remedy it requires - the only thing that can determine the choice of the most appropriate remedy - and thus, in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and to remove by means of his art, in order that it shall be cured and transformed into health.

OBJECTIVES

To establish that all clinical aspects of Urticaria in a specific age group of 20 to 50 years of 100 patients with their

response towards Homoeopathic medicine Dulcamara. METHODS & MATERIAL

a) Inclusion Criteria;

- i. Diagnosed and undiagnosed cases of urticaria only 20 to 50 years of age group will be included in the study irrespective of their sex, caste, region & duration of illness cases which came to OPD/IPD.
- ii. The patients who are fairly articulate.
- iii. The patients who have given their consent and were willing to participate in study with minimum 3-4 follow ups.

b) Exclusion Criteria:

- i. The Cases which do not fulfill the inclusion criteria.
- ii. Pregnant or breastfeeding.
- iii. Immuno compromised individuals (HIV, AIDS, Immunosuppressive, Drug therapy).
- iv. Cases with other systemic disorders and complications.
- v. The cases showing poor compliance.

c) Withdrawal criteria:- **i.** The Cases without proper follow up. **ii.** The Cases required emergency treatment during the study.

d) Population/Sample: Minimum 100 appropriate cases of urticaria of 20 to 50 years of age group were selected, on basis of first come first serve from OPD of Sri Ganganagar Homœopathic Medical.

e) Age and Sex of Patients of age group 20 to 50 years of both sexes were selected from OPD / IPD of Sri Ganganagar

Homœopathic Medical.

f) Informed Assent-cum-Consent document Attached in both English and Hindi.

g) Study Duration: The Study duration was 1 Year

h) Permission to use copyrighted proforma /studies / questionnaire Will be duly complied with

i) Plan to withdraw standard therapy during conduct of research a) Yes ✓ b) No

c) If Yes, reason there of : As it may interfere with research

j) Study Design Observational, A Pre - Post study. One group pretest-posttest design is a quasi- experimental design that is used quite Often in clinical research. It involves one set of measurements taken before and after treatment on one group of subjects. The effect of treatment is determined by comparing pretest and posttest scores.

k) Selection of tools (i) Case study proforma (ii) Library (iii) Organon of Medicine (iv) Materia Medica (v) Encyclopedia (as necessary) (vi) Electronic search tools (as necessary) (vii) Cases of Urticaria used (viii) Assessment scales: Self Developed Urticaria Symptoms Scoring Index.

Outcome Assessment Tool- Urticaria Activity of Score (UAS) Several scoringsystems have been proposed using scales from 0–3 or up to 10 points. A unified and simple scoring system, the urticaria

activity score (UAS), was proposed in the last version of the guidelines. Use of the UAS facilitates comparison of study results from different centres. The UAS is based on the assessment of key urticaria symptoms (wheals and pruritus). It is suitable for the evaluation of disease activity by urticaria patients and their treating physicians. Furthermore, this scoring system has been validated. As urticaria symptoms frequently change in intensity, overall disease activity is best measured by advising patients to document 24-h self-evaluation scores for several days. The UAS, i.e. the sum score of 7 consecutive days, should be used in routine clinical practice to determine disease activity and response to treatment of urticaria patients. In many studies I have found people noting down UAS for each day for 7 consecutive days and then either they have totalled the score (0- 42), or taken out the mean. But since such procedure was not possible in our setting hence, I have taken the Self Developed Urticaria Symptoms Scoring Index used questionnaire. The aim of this questionnaire is to measure the key urticaria symptoms & evaluation of disease activity by urticaria patients and their treating physicians over the last week.

l) Expected outcome: Favorable.

m) Ethical outcome: It was approved by Institutional Ethics Committee of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar for ethical guidance.

n) Place of work: Hospital wing of Sri Ganganagar Homoeopathic Medical

College, Hospital and Research Institute, Sri Ganganagar, Rajasthan.

o) Record of work: Case taking performance as per Organon of Medicine and the topic of dissertation and other records were duly maintained with confidentiality.

p) Repertory: Repertory was not used because medicine was pre selected as my project remedy.

q) Remedy selection: Dulcamara was pre selected as per my project remedy & prescribed according to the symptoms similarity.

r) Placebo: Placebo was prescribed as indicated in Organon of Medicine.

s) Source of remedy: Pharmacy of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

t) Remedy application: Potency selection, application and repetition of medicine were done according to the case and project work.

u) Investigation: All necessary investigations were done at this institute. If special investigations are needed, patients may be referred to higher laboratories at the cost of the patient without any reimbursement.

v) Research Hypothesis:

Null hypothesis(H0): It is assumed that homoeopathic medicine Dulcamara is not effective in the treatment of Urticaria.

Alternative hypothesis (H1): In this study it is assumed that homoeopathic medicine Dulcamara is effective in the treatment of Urticaria.

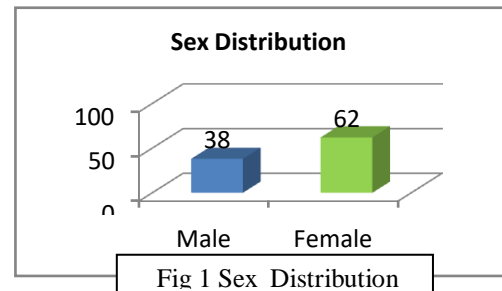
The paired t-test was used for the estimation as the data were both attributes and variables. Pictorial representation of the data was done for the observation. Subjects were assessed through the following indices i.e. on the basis of Self Developed Urticaria Symptoms Scoring Index, Hypothesis was tested by using t' table and paired t-test was used to nullify the Null Hypothesis and alternate Hypothesis was established.

RESULT

- Maximum incidence of Urticaria was observed in the age group 20- 25 years i.e.33 cases (33%), where as minimum incidence was in the age group 40-45
- Maximum i.e. 70 (70%) cases came by indirect approach & 30 (30%) cases came by direct approach for the treatment,
- Out of 100 cases, 52 cases (52%)

years i. e. 05 cases (5%) in my study. Maximum cases of Urticaria were observed in male patients i.e. 38 cases (38%) in comparison to female patients

i.e. 62 cases (62%),



- Maximum number of cases i.e. 57 cases (57%) were observed from rural areas where as 43 cases (43%) were from urban areas.

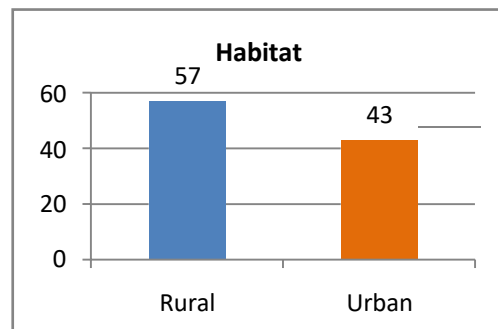


Fig 2 Habitat

- Maximum number of patients were observed from middle economical class i.e.66 cases (66%) followed by lower economical class i.e. 22 cases (22%), only 12 cases (12%) were from Higher economical class, out of 100 cases.

showed marked (improvement of more than 70%), 24 cases (24%) showed moderate improvement (40-70% improvement), 16 cases (16%) showed mild improvement (1-

40% improvement), while 8 cases (8%) in status quo (No Improvement, 0%) and no any case showed worsening of symptoms.

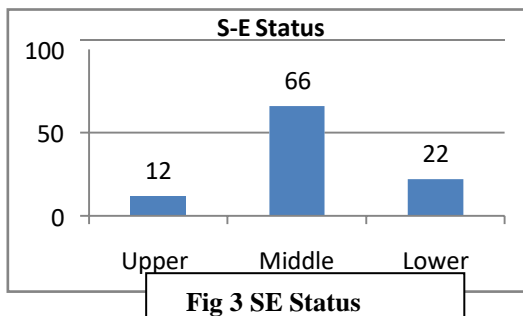


Fig 4- Response after Treatment

CONCLUSION

One hundred instances of urticaria were treated with Dulcamara at the recommended dosage. The medicine's effects were felt for at least seven to fourteen days. It is possible that hormonal changes, stress, physical and mental/emotional changes, and lifestyle choices all contribute to the highest prevalence of urticaria among people between the ages of 20 and 30. Because hormone alterations are more common in women, the incidence was higher in females than in males. Due to their heavy workloads at home, women tend to be less concerned about their health and nutrition than men. People in the middle class were more likely to suffer from urticaria because of the stress, long hours at work, and environmental pollutants that they were exposed to. Patients in this study tended to be students, which could be because there are a lot of students in the hospital's catchment area and because students often experience urticaria as a result of the pressure to perform well academically and meet their parents' high expectations. The majority of cases had itching in different areas (100%), followed by blisters or eruptions (88%), worsened by cold and wet (66%), intense burning or as if heat were radiating (44%), a small number also showed linear markings (28%), angioedema (12%), and stinging pain (32%). As a doctor, I was relieved by the favorable outcomes; not only did my patients no longer suffer from urticaria, but they also no longer needed the potentially dangerous anti-allergy medications.

Despite the limitations of the study's short length and limited sample size, which prevented the researchers from drawing definite conclusions, the results showed that homoeopathy was effective in treating urticaria. Due to the fact that the patients were not charged for the consultations or medications, the therapy was also very cost-effective. Not only did the patients' symptoms improve, but their overall quality of life did as well. There has been a remarkable success rate in treating urticaria patients using homoeopathy. To make homoeopathy more helpful and successful in instances of urticaria, ongoing study and experience in this area is crucial. Homoeopathy offers a glimmer of hope to urticaria sufferers, according to the aforementioned research. Along with alleviating symptoms, homoeopathy brings about overall well-being, which in turn brings joy to the patient.

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