

Assessment of the effectiveness of homoeopathic remedies in improving quality of life of chronic urticaria patients in a typical clinical setting

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Abstract

Objective: To evaluate the effectiveness of homoeopathic remedies in improving quality of life (QoL) of chronic urticaria (CU) patients. **Methods:** Setting: The study population included patients attending the Outpatient Department of State Homoeopathic Dispensary, Ahmadpur, Aligarh, Uttar Pradesh, India. CU-QoL questionnaire (CU-Q₂oL) and average Urticaria Activity Score for 7 days (UAS7) questionnaires were filled at baseline and 3rd, 6th, 9th and 12th months. The study included both male and female patients clinically diagnosed with CU, screened from January 2015 to June 2016. Eighteen homoeopathic remedies were used. The individualised prescription was based on the totality of each patient's symptoms. Scores were analysed using one-way repeated measures ANOVA with SPSS version 19. **Results:** A total of 134 patients were screened and 70 were diagnosed with CU and enrolled in the study were analysed under modified intention-to-treat approach. Significant difference was found in baseline and 12th month CU-Q₂oL score (mean difference 34.14 with standard error of 1.65, 95% confidence interval, lower bound 29.31, upper limit 38.94, $P < 0.001$). A one-way repeated measures ANOVA was calculated for comparing CU-Q₂oL scores ($F [2.45, 169.46] = 260.89, P < 0.000$, effect size = 0.791). *Apis mellifica* ($n = 10$), *Natrum muriaticum* ($n = 9$), *Rhus toxicodendron* ($n = 8$) and *Sulphur* ($n = 8$) were the most frequently used remedies. **Conclusions:** Homoeopathic medicines have potential to improve QoL of CU patients by reducing pruritus, intensity of wheals, swelling, nervousness, and improve sleep, mood and concentration. Further studies with more sample size are desirable.

Keywords: Chronic urticaria quality of life questionnaire, Chronic urticaria, Homoeopathy, Quality of life

INTRODUCTION

Urticaria is one of the frequent presenting complaints in dermatology with lifetime prevalence of 8.8%.^[1] It is a disease characterised by the development of wheals (hives), angioedema or both. Chronic urticaria (CU), defined as episodic or daily wheals lasting for at least 6 weeks, occurs in approximately 1.8% of the adult population with predominance of females.^[1-3] Despite low mortality, it can have devastating effects on the quality of life (QoL) of those who are suffering from it.^[4] Due to its chronic nature, many patients suffer from significant detrimental effects on their QoL and experience symptoms of depression or anxiety. CU can interfere with subjective well-being and daily life. Several studies over the last decade have shown that its effect on QoL is comparable to that experienced by patients

suffering from ischaemic heart disease with considerable loss of energy, sleep disturbance and emotional upset. Compared to QoL in patients with respiratory allergy, CU patients were more affected in physical functioning, pain perception and perceived health.^[5-7] Patients with CU are highly affected by disease, and impairment of QoL should be assessed routinely. It causes inconvenience in family structures, compromising performance at work, school and negatively impact leisure activities. The disease interferes with subjective well-being

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Received: 12.03.2018; **Accepted:** 04.09.2018

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How to cite this article: Sharma R, Kumar S, Vimal VK, Manchanda RK. Assessment of the effectiveness of homoeopathic remedies in improving quality of life of chronic urticaria patients in a typical clinical setting. Indian J Res Homoeopathy 2018;12:139-48.

Access this article online

Quick Response Code:



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www.ijrh.org

DOI:
10.4103/ijrh.ijrh_20_18

and daily life, but the treatment is often focused on skin symptoms rather than the effects; these symptoms can have on the individual's QoL. This often leads to unsatisfactory management of the disease. Patient-related outcomes are important to be looked at in the treatment for urticaria.^[8]

Homoeopathic treatment focuses on patient as a person, at the same time take into consideration his/her pathological condition. There has been growing interest in the use of Homoeopathy in various dermatological disorders.^[9,10] In homoeopathic literature, Kent repertory has 101 drugs under rubric– Skin, eruptions, urticaria,^[11] Boger-Boeninghausen repertory has 75 drugs under rubric– Skin, eruptions, urticarious (nettle rash),^[12] Boger's Synoptic Key presented 11 drugs under– Skin, eruptions, urticarious, hives, wheals, etc.,^[13] Boericke's Repertory under urticaria (hives, nettle rash) has 54 drugs,^[14] Knerr Repertory of Hering Guiding Symptoms has 61 drugs under– Skin eruptions, urticaria (nettle rash, hives),^[15] Clarke in 'The Prescriber' under nettle rash (urticaria) has given 10 drugs.^[16] Despite the promising results with Homoeopathy, scientific evidence of its effectiveness for CU is scarce. In the present study, the authors performed a clinical observational study to evaluate the effects of homoeopathy in patients suffering from chronic urticaria.

Primary objective

To evaluate the effectiveness of homoeopathic remedies in improving QoL of CU patients.

Secondary objectives

1. To verify the characteristic symptoms of useful medicines
2. To prevent the progression and relapse of CU
3. To identify the relationship between QoL of patients and activity of CU, if any.

METHODS

Study design

This was a clinical observational study on 70 patients in the treatment of chronic urticaria. The patients were screened from January 2015 to June 2016. SPSS version 19 IBM SPSS Statistics, United States.

Setting

The study population consists of patients attending the Outpatient Department of State Homoeopathic Dispensary, Ahmadpur, Aligarh, Uttar Pradesh, India.

Participants

The study comprised both male and female patients clinically diagnosed with CU, characterised by erythema and itchy lesions occurring for a period of 6. The study excluded patients with acute urticaria, angioedema with no urticaria, urticarial vasculitis and associated psychiatric diseases. All patients provided written informed consent.

Selection of medicine

Patients were interviewed and examined for matching patients' symptoms with the homoeopathic medicines. Each

individual patient was prescribed a single homoeopathic medicine (selected considering mental generals, physical generals and particulars) at a time in three doses a day (one dose comprises four globules medicated with indicated medicine) and documented in case recording format.

Intervention

Each medicine was first given in 30C potency. Patients were followed up at an interval of a week or early if required. To avoid the 'rebound effect' (body's exaggerated response to removal of drug), the same conservative regime was continued for 1st week or till improvement starts. If the condition improves, patients were advised to take drugs on alternate days from the 2nd week and twice a week from the 3rd week, followed by once a week before stopping the medicine. Tapering varies from patient to patient and is tailored as per the individual needs, or lengthening of amount of time for reducing of dose depends on the patient's response. If any obvious triggering factor was identified from the history, it was eliminated wherever possible, e.g. specific food. Treatment with aspirin, non-steroidal anti-inflammatory drugs and codeine were stopped, and physical triggers such as cold and heat were avoided wherever possible. Thyroid disorders and underlying infections were treated. Patients were advised to keep a symptom diary, and were advised to note any triggering factor (physical) for rash to identify a physical trigger for rash. Patients were assured that in most of the cases, there is no serious underlying medical problem causing rash. There was no adjunctive therapy given (e.g. counselling and psychotherapy); however, the authors discussed the problem faced by the patients during the follow-up, if required.

Treatment and follow-up

Follow-up visits were carried out weekly for first few months, fortnightly in cases of well controlled and monthly in urticaria-free cases. In case of acute condition, the consultations are made at 3–5 days of interval or early if required. Patients were followed up for a minimum period of 12 months. Effect and outcome of urticaria were noted and evaluated on the following criteria: eruptions (frequency, duration and intensity), itching (frequency, duration and intensity), burning sensation, heat of the part and provoked by causative factor or not.

Outcome

Health-related QoL of CU patients was calculated by CU-Q₂oL (CU QoL Questionnaire), a questionnaire developed by Baiardini *et al.*,^[17,18] It is a validated specific questionnaire to evaluate health-related QoL in CU. It is a self-administered 23-item questionnaire, where patients have to indicate, on a Likert scale with multiple options (1: not at all, 2: a little, 3: somewhat, 4: a lot and 5: very much), how much they have been troubled by each problem, with higher scores indicating worse QoL. It has 23 items, grouped into six QoL categories associated with urticaria: pruritus (2 questions), swelling (2 questions), life

activities (6 questions), sleep (5 questions), limits (3 questions) and looks (5 questions). The CU-Q₂oL was filled by patients on the first appointment (within a week) and then again at 3, 6, 9 and 12 months. The changes in variable from one category to the subsequent lower one was considered as significant. Disease activity was calculated using average UAS7.^[19,20] It 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. The activity of CU was further classified as urticaria free (0), well controlled (1–6), mild (6–17), moderate (18–28) or severe (28–42) based on the UAS7 score.^[21]

To summarise, CU-Q₂oL measures impact of disease on patients' QoL, and UAS7 measures activity and severity of disease, both were recommended by EAACI/GA² LEN/EDF/WAO urticaria guideline.^[7] The data related to these questionnaires were collected at baseline and 3rd, 6th, 9th and 12th months.

Study size

As this was a clinical observational study, the sample size was not calculated. Patients who reported under the screening period and fulfilled the inclusion criteria were enrolled.

Statistical methods

Statistical analysis was performed through SPSS version 19. Descriptive analysis were used in the clinical and demographic characterisation of patients enrolled. Missing data were replaced by the last assessed value as per the last observation carried forward method under intention-to-treat (ITT) principle. One-way repeated measures ANOVA was applied to compare the CU-Q₂oL and UAS7 means at 3-month interval, Effect size was also calculated to assess the effects; $P < 0.05$ was considered statistically significant.

RESULTS

A total of 134 patients were evaluated and 70 were diagnosed with CU. Of these, 62 patients completed the follow-up of 1 year. Eight patients did not complete the follow-up. Flowchart of the study is provided in Figure 1.

Descriptive features of participants

Out of 70 patients analysed under ITT, 26 were male and 44 were female. 62% of CU cases were females; the reason for this could be that women are likely to have more sensitive skin and mental consciousness towards the symptoms of urticaria and more influenced by alteration in appearance. 44.25% patients were from 21 to 30 years of age and thus prone to decreased productivity because of illness. The baseline information of all patients along with duration of illness, activity, kind, duration and activity of CU are summarised in Table 1. Thirty-two (45.71%) patients had chronic spontaneous urticaria (CSU), 20 (28.57%) patients had inducible urticaria (CIU) and 18 (25.71%) patients had urticaria which was spontaneous and inducible

both (CSU and CIU). The mean CU-Q₂oL score at baseline was 65.71 (12.28). UAS7 scores at baseline reflected, 24.28% patients had CU of mild activity, 52.85% had CU of moderate activity and 22.85% had CU of severe activity. The activity of disease during treatment is presented in Table 2. Associated complaints along with urticaria symptoms are listed in Table 3. Headache, joints pain and gastrointestinal problems such as constipation were most common associated complaints found, followed by upper respiratory distress, uterine complaints and urinary tract infections.

A one-way repeated measures ANOVA was calculated, comparing CU-Q₂oL scores with the Greenhouse–Geisser correction determined at 3-month intervals and a significant effect was found ($F [2.45, 169.46] = 260.89, P \leq 0.000$, partial eta squared = 0.791). The mean CU-Q₂oL score at baseline was 65.71 (standard error [SE] 12.28), which was reduced to 47.46 (10.11) at 3 months and 38.17 (9.81), 34.15 (8.91) and 31.50 (7.32) at 6th, 9th and 12th months, respectively ($P < 0.001$).

The maximum impact on CU-Q₂oL was seen in first 3 months (mean difference between baseline and 3 months = 18.25, standard error [SE] = 1.13, 95% confidence interval [CI], $P < 0.0001$). The minimum difference in means was seen in CU-Q₂oL scores of 9th and 12th months (mean difference = 2.92, SE = 0.80, $P < 0.005$). Repeated measures ANOVA result for 3rd, 6th, 9th and 12th months for UAS7 score is $F (1.95, 135.16) = 127.03$, partial eta squared = 0.740, $P < 0.0001$. The mean UAS7 score at baseline was 25.23 (SD 10.09), which was reduced to 14.27 (5.56) at 3 months and 10.24 (4.90), 8.77 (4.87) and 7.16 (5.02) at 6th, 9th and 12th months, respectively ($P < 0.001$). A correlation

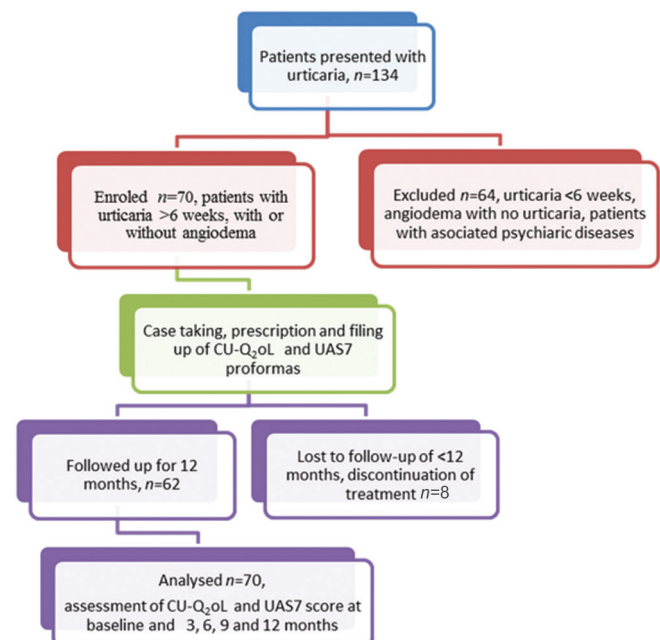


Figure 1: Enrolment and follow-up of patients

Table 1: Baseline profile of patients (n=70)

Variables	n (%)	Mean±SD
Gender		
Male	26 (35)	
Female	44 (65)	
Age		30.43 years
Occupation		
Employee	17 (24.1)	
Homemaker	27 (38.7)	
Unemployed	5 (6.4)	
Self-employed	3 (4.8)	
Student	18 (25.8)	
Diet		
Vegetarian	32 (45.2)	
Nonvegetarian	38 (54.8)	
Kind of urticaria		
CSU alone	32 (45.2)	
CSU + CIU	18 (24.20)	
CIU alone	20 (30.60)	
Duration of illness		28.62 (26.55) months
>6 months	7 (11.20)	
6-2 years	27 (37.09)	
2-5 years	30 (41.00)	
5-10 years	3 (4.83)	
>10 years	3 (4.83)	
Activity of disease (as per UAS7 score)		
Mild	17 (24.28)	
Moderate	37 (52.85)	
Intense	16 (22.85)	
UAS7 score	25.23	25.23±10.08
CU-Q ₂ oL score	65.71	65.71±12.28
Pruritis	4.02	4.02±0.68
Wheals	3.94	3.94±0.68
Swelling (eye)	1.48	1.48±0.73
Swelling (lips)	1.52	1.52±1.08
Impact on life activities	18.38	18.38±0.47
Sleep problems	13.54	13.54±0.15
Limits	7.90	7.90±0.02
Looks	14.83	14.83±0.43
Treatment history		
No treatment	10 (14.28)	
Unknown treatment	4 (5.71)	
Antihistamines occasionally	20 (28.57)	
Daily antihistamines (occasional corticosteroid >1 week)	24 (34.28)	
Corticosteroids and other therapies (including methotrexate)	12 (17.14)	

CSU: Chronic spontaneous urticarial; CIU: Chronic inducible urticarial; UAS7: Urticaria Activity Score for 7 days; SD: Standard deviation; CU-Q₂oL: Chronic urticaria-quality of life questionnaire

coefficient and *P* value has to be mentioned. Patients with higher UAS7 score were found to have a higher CU-Q₂oL score. The declining trend of CU-Q₂oL corresponds with a decline in UAS7 scores [Figure 2]. Changes in various items under CU-Q₂oL questionnaire are summarised in Table 4.

Table 2: Activity of chronic urticaria at various time intervals (as per urticaria activity score for 7 days score) and number of patients in each category

Activity as per UAS7 score	Number of patients				
	Baseline	3 months	6 months	9 months	12 months
Mild	17	46	41	43	34
Moderate	37	19	11	4	2
Intense	16	0	0	0	0
Well controlled	0	4	16	15	21
Urticaria free	0	1	3	8	13

UAS7: Urticaria Activity Score for 7 days

Table 3: Associated complaints with chronic urticaria in enrolled patients (n=70)

Associated complaints	Number of patients
Headache	6
Hypothyroidism	3
Joints pain/fibromyalgia	5
Worm infestation	3
Cough/runny nose/upper respiratory tract symptoms	4
Dyspepsia/diarrhoea/constipation	6
Dysmenorrhoea/menorrhagia/uterine complaints	4
Urinary tract infection	4
Diabetes mellitus	1
Faintness	1

Table 5 shows a list of homoeopathic medicines prescribed for patients in the study. *Apis mellifica* was given to highest number of patients (*n* = 10), followed by *Natrum muriaticum* (*n* = 9), *Rhus toxicodendron* (*n* = 8), *Sulphur* (*n* = 8) and *Dulcamara* (*n* = 7). Change of medicine with reasons thereof is given in Table 6. Two patients who were prescribed *Dulcamara* at baseline required a change to *Pulsatilla* at the 7th month and *Rhus toxicodendron* at 9th month, respectively, while two patients who were prescribed *Apis mellifica* at baseline required a change to *Natrum muriaticum* after 6th and 10th months, respectively. These patients required a change of medicine at various time points because either they remained status quo of their symptoms or presented with different symptom picture. The same remedy was continued for the entire course of the study in 58 patients (eight did not complete the follow-up of 1 year). Medicines were prescribed as per mental general symptoms, physical general symptoms, particulars and other symptoms. There was no significant sign of deterioration or homoeopathic aggravation. Two patients who had urticarial eruptions only on lower limbs, both of them were given *Ledum palustre*, showed remarkable improvement with this remedy. Table 7 presents symptoms of indicated medicine in patients. After 12 months, 13 (18.57%) patients were urticaria free. In 21 (30%) patients, disease was well controlled; only 2 (2.8%) patients had moderate and 34 (48.58%) had mild symptoms.

Table 4: Mean chronic urticaria-quality of life questionnaire items at various time intervals

Serial number	Attributes	Baseline	3 months	6 months	9 months	12 months
1	Pruritus	4.02 (0.68)	2.61 (0.74)	2.42 (0.69)	2.22 (0.55)	1.57 (0.62)
2	Wheals	3.94 (0.68)	2.58 (0.77)	2.37 (0.66)	2.21 (0.69)	1.67 (0.73)
3	Eye swelling	1.48 (0.73)	1.24 (0.59)	1.15 (0.46)	1.04 (0.23)	1.00 (0.00)
4	Lip swelling	1.52 (1.03)	1.72 (0.99)	1.48 (0.51)	1.02 (0.17)	1.00 (0.00)
	Impact on life activities					
5	Urticaria interferes with my work	3.77 (0.74)	2.41 (0.87)	1.62 (0.86)	1.54 (0.79)	1.50 (0.71)
6	Urticaria interferes with my physical activities	3.42 (0.80)	2.45 (0.89)	1.87 (0.98)	1.46 (0.59)	1.30 (0.61)
7	Urticaria interferes with my sleep	3.21 (1.06)	2.07 (0.72)	1.80 (0.86)	1.52 (0.68)	1.5 (0.74)
8	Urticaria interferes with my spare time	3.12 (0.90)	2.37 (0.78)	2.03 (0.98)	1.58 (0.29)	1.37 (0.53)
9	Urticaria interferes with my social relationship	3.22 (1.20)	2.20 (0.97)	1.96 (0.82)	1.52 (0.68)	1.44 (0.75)
10	Urticaria interferes with my eating behaviour	2.74 (1.13)	2.07 (0.96)	1.82 (0.78)	1.39 (0.92)	1.31 (0.83)
	Sleep problems					
11	Do you have difficulties in falling asleep	3.12 (1.12)	2.12 (0.77)	1.75 (0.82)	1.56 (0.71)	1.54 (0.78)
12	Do you have wake up during the night	2.92 (1.09)	2.10 (0.91)	1.61 (0.78)	1.38 (0.60)	1.20 (0.69)
13	Do you feel tired during day	2.87 (1.10)	2.07 (0.88)	1.81 (0.74)	1.51 (0.71)	1.22 (0.62)
14	Do you have difficulties in keeping concentration	2.60 (1.15)	2.11 (1.21)	1.81 (0.98)	1.32 (0.59)	1.22 (0.73)
15	Do you feel nervous	2.70 (1.06)	1.98 (1.05)	1.38 (0.94)	1.62 (0.75)	1.35 (0.59)
	Limits					
16	Do you feel in bad mood	2.71 (1.06)	2.1 (1.08)	1.78 (0.94)	1.59 (0.51)	1.38 (0.51)
17	Do you have to put some limit in choosing your food	2.60 (1.23)	1.95 (0.92)	1.55 (0.95)	1.32 (0.55)	1.28 (0.84)
18	Does urticaria limit your sport activities	1.10 (0.34)	1.04 (0.20)	1.01 (0.34)	1.10 (0.34)	1 (0)
	Looks					
19	Are you troubled by drugs side effects	2.44 (1.05)	1.51 (0.84)	1.50 (0.83)	1.34 (0.51)	1.24 (0.65)
20	Are you embarrassed due to urticaria symptoms	3.37 (1.07)	1.93 (0.96)	1.46 (0.90)	1.62 (0.91)	1.62 (0.79)
21	Are you embarrassed in going to public places	3.41 (1.05)	1.87 (0.89)	1.62 (0.89)	1.43 (0.78)	1.48 (0.82)
22	Do you have any problems in using cosmetics	2.95 (1.27)	2.09 (0.93)	1.85 (0.93)	1.65 (0.99)	1.38 (0.92)
23	Do you have any limits in choosing clothes material	2.95 (1.27)	2.03 (0.86)	1.95 (0.86)	1.48 (0.64)	1.42 (0.76)

DISCUSSION

The main results surfaced from this study are:

- QoL of CU patients was correlated with the activity of disease; more is the activity of disease, worse the QoL
- There was a significant improvement in QoL, in patients treated with homoeopathic remedies
- The objective to prevent the progression of CU was achieved in all patients
- There were least side effects with homoeopathic medicines; drug side effect mean as per CU-Q₂oL questionnaire was 2.44 (1.05) at baseline, which was reduced to 1.24 (0.65).

Individualised homoeopathic treatment was associated with significant alleviation of urticaria symptoms, enabling the reduction in the use of conventional treatment. There was a significant reduction in the activity of CU after the treatment.

This study, to the best of our knowledge, is the first clinical observational study to assess the QoL of CU patients with homoeopathic treatment. Here, the study is based on the patient-related outcomes, rather than biomarkers. The results from the study supplement rather challenge the findings of previous studies on CU. CU was once considered as manifestation of idiosyncratic reaction to food, food preservatives or dyes. The authors did not find

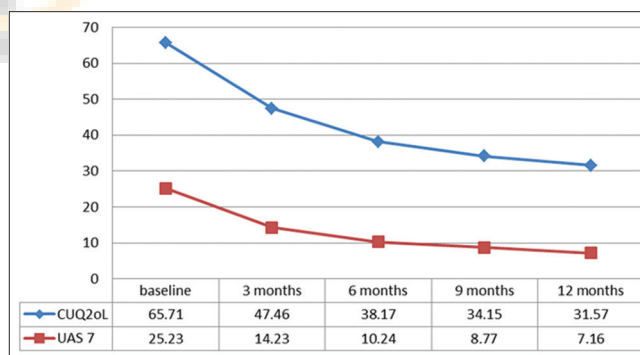


Figure 2: Decreasing trend of chronic urticaria quality of life questionnaire and UAS7 mean scores at 3, 6, 9 and 12 months

any support to this theory in their study, which is consistent with the works of Kaplan^[22] and Perera and Sinclair.^[23] Another dictum that detailed history is usually sufficient to establish diagnosis and type of urticarial^[7,23,24] was found effective.

Itamura,^[25] in his work on chronic skin diseases on sixty patients, reported about six CU patients and evaluated them on Glasgow Homoeopathic Hospital Outcome Score (GHHOS), now renamed as Overall impact in daily living (ORIDL). The results of the two studies cannot be compared, but our study is consistent with the work, where 88.3% of

patients reported over 50% improvement after individualised homoeopathic treatment. This reaffirms the significance of individualization and the concept of totality of symptoms described by Dr. Hahnemann in Aphorism 18 of Organon of Medicine.

Limitations

One major problem that arose in the study was related to completion of the questionnaire, for example, sporting activities was not regarded as relevant by patients, because >90% of patients involved in this study were not practicing sports. As it is an ‘in-clinic’ study and is not a blinded randomised clinical trial, there was no control group to allow assessing the change in CU-Q₂oL scores over time in the absence of therapy, and hence, placebo and therapeutic effects could not be separated.

CONCLUSIONS

Homoeopathic medicines improved QoL of CU patients by reducing pruritus, intensity of wheals, swelling, nervousness, sleep, mood and concentration besides drug side effects if any. CU-Q₂oL and UAS7 scores differed statistically significantly every 3-month time interval with homoeopathic treatment. Significant difference was found in baseline and 12th month CU-Q₂oL score (mean difference = 34.14, SE = 1.65, 95% Confidence Interval, lower bound 29.31, upper limit 38.94, *P* < 0.001). As it was an ‘in-clinic’ study, there was no control group to allow assessing the change in CU-Q₂oL and UAS7 scores over time in the absence of therapy, and hence, placebo and therapeutic effects could not be separated. The results presented in this study can be considered as a step towards a randomised control trial, which would include a larger number of patients.

Table 5: First choice of homoeopathic medicines used

Serial number	Medicine	n (%)	Mean CU-Q ₂ oL score				
			Baseline	3 months	6 months	9 months	12 months
1	<i>Apis mellifica</i>	10 (14.29)	64.66 (12.44)	49.55 (12.08)	40.55 (10.39)	36.11 (6.44)	32.44 (6.89)
2	<i>Natrum muriaticum</i>	9 (12.85)	71.55 (13.37)	49.66 (10.70)	39.77 (10.74)	40.66 (16.40)	33.33 (9.00)
3	<i>Dulcumara</i>	7 (10.0)	65.71 (10.48)	49 (10.32)	37.85 (9.66)	35.42 (6.70)	31.85 (6.56)
4	<i>Rhus toxicodendron</i>	8 (11.42)	67.85 (10.33)	51.57 (10.51)	43.14 (11.88)	34 (10.23)	31 (8.99)
5	<i>Sulphur</i>	8 (11.42)	62.62 (12.78)	46.87 (8.87)	34.12 (10.19)	31.12 (7.88)	30 (7.85)
6	<i>Urtica urens</i>	6 (8.57)	71.83 (5.38)	46.5 (9.28)	40.33 (12.02)	35.66 (5.85)	38.33 (8.14)
7	<i>Nux vomica</i>	4 (5.71)	64 (25.13)	48 (16.30)	38 (10.19)	34.75 (7.63)	28.75 (6.65)
8	<i>Pulsatilla</i>	5 (7.14)	65.66 (12.48)	50.08 (7.37)	37.83 (9.92)	35.46 (5.29)	30.33 (4.50)
9	<i>Ledum palustre</i>	2 (2.85)	58.5 (10.60)	38 (5.65)	32 (2.82)	26.5 (4.94)	23.5 (0.70)
10	<i>Lycopodium</i>	2 (2.85)	60.5 (2.12)	49 (1.41)	37 (4.24)	31.5 (12.02)	30 (9.89)
11	<i>Phosphorus</i>	2 (2.85)	65 (5.65)	48 (2.82)	32 (1.41)	32 (2.12)	29 (0.70)
12	<i>Lachesis</i>	1 (1.42)	58	46	35	30	29
13	<i>Antim crudum</i>	1 (1.42)	63	43	26	26	26
14	<i>Arsenic album</i>	1 (1.42)	47	36	25	25	25
15	<i>Ignatia</i>	1 (1.42)	56	40	40	37	37
16	<i>Bovista</i>	1 (1.42)	77	56	46	40	38
17	<i>Camphor</i>	1 (1.42)	74	25	30	30	26
18	<i>Calcarea carbonica</i>	1 (1.42)	58	38	38	30	25

CU-Q₂oL: Chronic urticaria-quality of life questionnaire

Table 6: List of medicines along with reason for change

Serial number	Treatment at baseline	Duration	Changed to	Earlier totality	New totality
1	<i>Dulcumara</i>	6 months	<i>Pulsatilla</i>	Urticaria before menses along with running nose	The patient started complaining of delayed menses and aggravation from rich food
2	<i>Dulcumara</i>	8 months	<i>Rhus toxicodendron</i>	Urticaria before menses, cough, < cold	Aggravation from getting wet with swelling of lips
3	<i>Apis mellifica</i>	6 months	<i>Natrum muriaticum</i>	Urticaria with burning sensation < heat, history of urinary tract infection	Urticaria < heat, sun, exertion, perspiration
4	<i>Apis mellifica</i>	9 months	<i>Natrum muriaticum</i>	Urticaria, with soreness < heat, > cold	Urticaria < heat, perspiration, sun Severe constipation, no desire for stools
5	The same single remedy was continued for the entire course of the study in 58 patients (eight did not complete the follow-up of 1 year). Medicines were prescribed as per mental general, physical general, particulars and other symptoms. There was no significant sign of deterioration or homoeopathic aggravation				

Table 7: Symptoms of indicated medicine in patients

Medicine	Mental general	Physical general	Particulars	Others
1. <i>Natrum muriaticum</i> (n=9)	Awkwardness (n=3) Aversion to company (n=4) Hatred to persons who have formerly given offense (n=5) Sadness (n=3) Tears with laughing (1)	Aggravation from sun (n=6) Desire salt (n=6)	Solar urticarial (n=5) Urticaria < heat (n=5) >Cold (n=5) Urticaria < exertion (6) <Perspiration (n=7)	Headache (n=5) Constipation (n=5)
2. <i>Dulcumara</i> (n=7)	Mental confusion (n=3)	Aggravation every time patient gets cold (n=4)	Urticaria, < cold (n=5) Urticaria before menses (n=3)	Running nose (n=4) Cough (n=4)
3. <i>Apis mellifica</i> (n=10)	Awkwardness, drops things (n=5) Weeping (n=4) Nervousness (n=8) Drowsiness (n=5)	Thirst decreased (n=9) Sleepy but cannot sleep (n=5)	Urticaria with burning and stinging (n=7) < Heat (n=9) > Cold (n=5) < Night (n=9) Urticaria, painful (n=3) sore (n=3)	Urinary tract infection (n=5)
4. <i>Rhus toxicodendron</i> (n=7)	Dreams of hard work (n=7) Aversion to company (n=4)	Restlessness (n=6) Itching leads to swelling (n=5) Aggravation from getting wet (n=6)	Urticaria < cold (n=5) Urticaria, aggravated by the least uncovering (n=4) Urticaria > rubbing (n=5)	Pain in limbs (n=4)
5. <i>Urtica urens</i> (n=6)	Irritability (n=4)	Urticaria alternating with pain in joints (n=3)	Urticaria > bed (n=5), < rising (n=3) Angioedema (n=2)	Rheumatism (n=2) Worm infestation (n=3)
6. <i>Nux vomica</i> (n=4)	Sensitive to noise (n=4) Impatience (n=2) Mental exertion aggravates (n=3) Hurried, quick to act (n=2)	<Cold (n=2) <Cold drinks (n=2)	Urticaria < cold (n=3), > covering (n=3) Urticaria with gastric derangements (n=2)	Dyspepsia (n=3)
7. <i>Sulphur</i> (n=8)	Religious (n=4) Laziness (n=3) Embarrassed (n=6)	Sleep with extremities abducted (n=3) Early morning diarrhoea (n=4)	Urticaria < heat (n=4) Scratching worsens itching (n=3) Urticaria suppressed with ointments in the past (n=2) < Washing (n=1)	Burning of soles (n=5)
8. <i>Pulsatilla</i> (n=5)	Emotional (n=4) Fear of being alone (n=3) Weeping (n=4) Slow to act (n=2)	Urticaria with delayed menses (n=3) Thirst decreased (n=4)	Urticaria of uterine or gastric origin (n=2) < Rich food (n=3)	Numbness of affected part (n=2) Varicose veins (n=3)
9. <i>Lycopodium</i> (n=2)	Fear to be alone (n=1)	Desire, warm food (n=1)	Urticaria < warmth (n=1), evening (n=2)	Varicose veins (n=1) Premature greying of hair (n=1)
10. <i>Phosphorus</i> (n=2)	Restlessness (n=1), clairvoyant (n=1)	Desire for cold food, ice cream (n=2), cold water (n=1)	Urticaria < evening (n=2), > cold (n=1)	Epistaxis (n=1)
11. <i>Ledum palustre</i> (n=2)			Urticaria < warmth of bed (n=2), < night (n=1), < scratching (n=1); > cold (n=2)	Urticaria on lower limbs (n=2)

Acknowledgement

The authors are thankful to Dr Varanasi Roja, Research Officer (H)/Scientist-2, CCRH, New Delhi, for providing valuable inputs in analysis and for her support in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

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सामान्य नैदानिक परिस्थिति में जीर्ण पित्ती रोगियों के जीवन की गुणवत्ता में सुधार करने के लिए होम्योपैथिक उपचार की उपयोगिता का आकलन

उद्देश्य: जीर्ण पित्ती (सीयू) ग्रस्त रोगियों के जीवन की गुणवत्ता (क्यूओएल) में सुधार करने में होम्योपैथिक उपचार की उपयोगिता का मूल्यांकन करना।

विधि: अध्ययन हेतु जनसमूह में राज्य होम्योपैथिक औषधालय अहमदपुर और अलीगढ़, भारत की ओपीडी में आने वाले रोगी शामिल थे। जीर्ण पित्ती (सीयू) से ग्रस्त पुरुष और महिला रोगियों को जनवरी, 2015 से जून 2016 तक नैदानिक रूप से जाँचा गया। सीयू-क्यू 2 ओएल (जीर्ण पित्ती जीवन गुणवत्ता प्रश्नावली) और यूएस 7 (7 दिनों के लिए औसत पित्ती सक्रियता गणना प्रश्नावली) और यूएस 7 (7 दिनों के लिए औसत पित्ती सक्रियता गणना प्रश्नावली) क्रमशः बेसलाइन, तीसरे, छठे, नौवें और बारहवें महीने में भरी गई। औषधि का निर्धारण व्यक्तिगत समग्रता पर आधारित था। बेसलाइन पर एसपीएसएस संस्करण 19 में एनोवा एकल पुनरावृत्ति माप का उपयोग करके तीसरे, छठे, नौवें और बारहवें महीनों में उपचार के बाद गणना का विश्लेषण किया गया।

परिणाम: कुल 134 रोगियों की जांच की गई। 70 रोगियों को जीर्ण पित्ती से ग्रस्त पाया गया और उन्हें अध्ययन में शामिल किया गया। उपचार हेतु संशोधित मंत्रव्य (एमआईटीटी) के तहत कुल 70 रोगियों का विश्लेषण किया गया। बेसलाइन और बारहवें महीने में सीयू-क्यू 2 ओएल गणना में महत्वपूर्ण अंतर पाया गया (एसई 1.65, 95 प्रतिशत सीआई, पी व 0.001 के साथ औसत अंतर 34.14)। सीओ-क्यू 2 ओएल गणना के लिए एनोवा एकल पुनरावृत्ति माप का उपयोग किया गया, एफ (2.45, 169.46) = 260.89, पी=व 0.000, पार्शियल एटा स्क्वायर=0.791। एपिस मेलिफिका (एन=10), नैट्रम मुरीएटिकम (एन=9), रक्स टॉक्स (एन=8) और सल्फर (एन=8) सबसे उपयोगी औषधियाँ थीं।

निष्कर्ष: होम्योपैथिक औषधियों में जीर्ण पित्ती ग्रस्त रोगियों में प्रखर खुजली, पित्ती की आधिक्यता, सूजन, घबराहट को कम करके और नींद, मन:स्थिति और एकाग्रता में सुधार करके उनके जीवन की गुणवत्ता में सुधार करने की क्षमता है। अधिक बड़े नमूना आकार के साथ और अधिक अध्ययन वांछनीय है।

असिनंजपवद कंदे नद उपसपमन बसपदपुनम जलचपुनम कम सज्जपसपज्ज कमे तमउध्कमे वीवउन्नवचंजीपुनमे चवनत उन्नसपवतमत संुनंसपज्ज कम अपम कमे चंजपमदजे जजमपदजे कञ्जतजपबंपतम बीतवदपुनम

Objectif: Évaluer l'utilité des remèdes homéopathiques pour améliorer la qualité de vie (QdV) des patients atteints d'urticaire chronique (UC).

Méthodes: La population étudiée comprenait des patients fréquentant le département des consultations externes du dispensaire homéopathique de l'État (State Homeopathic Dispensary) situé à Ahmadpur, Aligarh en Inde. Des femmes et des hommes diagnostiqués cliniquement comme souffrant d'urticaire chronique ont été suivis de janvier 2015 à juin 2016. Les questionnaires CU-Q2oL (Questionnaire portant sur la qualité de vie des patients atteints d'urticaire chronique) et UAS7 (Score moyen d'activité du patient souffrant d'urticaire pendant 7 jours) ont été remplis au début de l'étude et aux troisième, sixième, neuvième et douzième mois respectivement. Des ordonnances ont été faites sur la base de la totalité individuelle. Les scores ont été analysés au début de l'étude et après l'administration de médicaments à la fin des 3e, 6e, 9e et 12e mois à l'aide de l'analyse de la variance (ANOVA) simple et du logiciel SPSS ver.19.

Résultats: 134 patients ont été examinés, dont 70 participaient à l'étude, et ont été analysés selon l'intention de traiter modifiée (ITTm). Une différence significative a été observée entre le score CU-Q2oL au départ et celui au douzième mois (une différence moyenne de 34,14 avec une valeur d'écart type de 1,65, un intervalle de confiance de 95 %, $P < 0,001$). Une l'analyse de la variance (ANOVA) simple a été utilisée pour comparer les scores CU-Q2oL, $F(2,45, 169,46) = 260,89$, $P < 0,000$, éta-carré partiel=0,791. *Apis mellifica* ($n=10$), *Natrum muriaticum* ($n=9$), *Rhus toxicodendron* ($n=8$) et le soufre ($n=8$) ont été les remèdes les plus fréquemment utilisés.

Conclusion: Les médicaments homéopathiques améliorent la QdV des patients atteints d'UC en réduisant le prurit, l'intensité des papules, du gonflement et de la nervosité, en améliorant le sommeil, l'humeur et la concentration et en réduisant les effets secondaires des médicaments le cas échéant. Il est souhaitable d'effectuer études supplémentaires avec des échantillons de plus grande taille.

Evaluación de la utilidad de los medicamentos homeopáticos en mejorar la calidad de vida de los pacientes con urticaria crónica en un contexto clínico típico

Objetivos: Evaluar la utilidad de los medicamentos homeopático en mejorar la calidad de vida (CdV) de los pacientes con urticaria crónica (UC).

Métodos: La población de estudio consistió en lospacientes ambulatorios del Dispensario Homeopático Estatal de Ahmadpur, Aligarh, India. Se examinaron pacientes masculinos y femeninos con un diagnóstico clínico de UC desde enero de 2015 a junio de 2016. Los cuestionarios de la Calidad de vida con urticaria crónica (CdV-UC) y del índice de actividad promedio de urticaria durante 7 días (IAPU7) se cumplimentaron al principio, así como a los 3, 6, 9 y 12 meses, respectivamente. La prescripción se basó en la totalidad de los síntomas individuales. Mediante ANOVA unilateral de medidas repetidas (programa SPSS, versión 19), se analizaron las puntuaciones al principio y 3, 6, 9 y 12 meses tras la medicación.

Resultado: Se examinó un total de 134 pacientes de los que 70 fueron diagnosticados con UC. Estos 70 pacientes fueron incluidos en el estudio y analizados con el protocolo modificado de intención de tratar (mIDT). Se constataron diferencias significativas entre las puntuaciones de la CdVUC al principio y a los 12 meses (diferencia media 34,14 con EE 1,65, IC del 95%, $P < 0,001$). Se aplicó un análisis ANOVA de medidas repetidas para la comparación de las puntuaciones de la CdVUC, $F(2,45, 169,46) = 260,89$, $P < 0,000$ y eta cuadrada parcial = 0,791. Los medicamentos más frecuentemente administrados fueron *Apis mellifica* ($n=10$), *Natrum muriaticum* ($n=9$), *Rhus toxicodendron* ($n=8$) y *Sulphur* ($n=8$).

Conclusiones: Los medicamentos homeopáticos poseen el potencial de mejorar la CdV de los pacientes con UC al reducir el prurito, la intensidad de los habones, la hinchazón, el nerviosismo, así como mejorar el sueño, el humor y la concentración sin apenas efectos secundarios. Se precisan más estudios con un mayor tamaño de muestra.

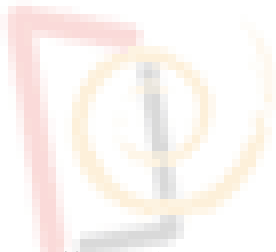
Bewertung der Nützlichkeit von homöopathischen Mitteln bei der Verbesserung der Lebensqualität von Patienten mit chronischer Urtikaria in einem typischen klinischen Umfeld

Ziel: Die Nützlichkeit von homöopathischen Mitteln bei der Verbesserung der Lebensqualität (LQ) von Patienten mit chronischer Urtikaria (CU) zu bewerten.

Methoden: Studienpopulation bestanden aus Patienten, die OPD der staatlichen homöopathischen Dispensary, Ahmadpur, Aligarh, Indien. Sowohl männliche als auch weibliche Patienten, die klinisch mit CU diagnostiziert wurden, wurden von Januar 2015 bis Juni 2016 gescreent. Die Fragebögen zu CU-Q2oL (chronischer Urtikaria-Lebensqualität) und UAS7 (durchschnittlicher Urtikaria-Aktivitätswert für 7 Tage) wurden zu Studienbeginn ausgefüllt, sechster, neunter und zwölfter Monat. Das Rezept basierte auf der individualistischen Totalität. Die Scores wurden zu Beginn und nach der Medikation nach 3, 6, 9 und 12 Monaten unter Verwendung einer Einweg-ANOVA mit wiederholter Messung in SPSS, Version 19, analysiert.

Ergebnisse: Insgesamt wurden 134 Patienten untersucht, von denen 70 in die Studie aufgenommen und unter modifizierter Behandlungsabsicht analysiert wurden (MITT). Ein signifikanter Unterschied wurde bei der CU-Q2oL-Grundlinie zu Studienbeginn und im zwölften Monat gefunden (mittlere Differenz 34,14 mit SE 1,65, 95% CI, $P < 0,001$). Eine Einweg-ANOVA mit wiederholter Messung wurde zum Vergleichen der CU-Q2oL-Bewertungen verwendet, $F(2,45, 169,46) = 260,89$, $P = < 0,000$, partielles eta-Quadrat = 0,791. Apimellifica ($n = 10$), Natrium muriaticum ($n = 9$), Rhus toxicodendron ($n = 8$) und Sulphur ($n = 8$) waren die am Heilmittel.

Schlussfolgerung: Homöopathische Arzneimittel verbessern die Lebensqualität von CU-Patienten durch die Reduzierung von Juckreiz, Intensität der Quaddeln, Schwellungen, Nervosität, Schlaf, Stimmung, Konzentration neben Medikamenten Nebenwirkungen, wenn überhaupt. Weitere Studien mit mehr Stichprobengröße sind wünschenswert.



評估順勢療法療劑在典型臨床環境中改善慢性蕁麻疹患者生活質素的有效性

目的：評估順勢療法療劑在改善慢性蕁麻疹 (CU) 患者生活質素 (QoL) 方面的有效性。

方法

研究對象包括在印度阿利加赫州艾哈邁德普爾州順勢療法診療所的患者。從2015年1月至2016年6月對診斷為CU的男女性患者進行篩查。CU-Q2oL (慢性蕁麻疹生活質素問卷) 和UAS7 (7天的平均蕁麻疹活性評分) 問卷分別在基線、第三、第六、第九和第十二個月填寫。處方是基於個人整體性的。使用SPSS ver.19中的單向重複測量變異數分析(ANOVA)對基線和服藥後3、6、9和12個月的評分進行分析。

結果

共篩選了134名患者，其中70名診斷為CU，並納入研究中。共70名患者以改良式治療意向分析法(mITT)來進行統計。基線及12個月的CU-Q2oL評分有顯著差異 (平均差異34.14, SE 1.65, 95% CI, $P < 0.001$)。以單向重複測量變異數分析(ANOVA)比較CU-Q2oL評分, $F(2.45, 169.46) = 260.89$, $P = < 0.000$, 偏埃塔平方 = 0.791。最常用的療劑有意大利蜂 ($n=10$)、氯化鈉($n=9$)、毒葛($n=9$)、硫磺($n=8$)。

結論

順勢療法藥物有改善CU患者生活質素的潛力，除了可減少藥物副作用 (如果有的話) 外，還可減少瘙癢、風疹塊強度、腫脹、緊張、睡眠、情緒和集中力。宜進行更多更大樣本的研究。