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THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Individualized Homoeopathic Management of Acute Spontaneous Urticaria Based on Keynote Prescription: A Case Report

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Abstract

Introduction: Urticaria also known as stinging nettle[1], hives. It is a vascular reaction of skin characterized by appearance of wheals, generally surrounded by red halo or flare and associated with sever itching, stinging, or pricking sensation.[2] As per ICD 11 it is included in urticaria, angioedema and other urticarial disorders (EB00-EB0Y). A spontaneous urticaria lasting less than 6 weeks considered as acute spontaneous urticaria (EB00.0).[3] Urticaria is common condition with life time prevalence rate of up to 13.9%.[4] In every clinical practice there is huge rush of patients and certain clinical conditions with few symptoms so time saving and based on few peculiar, uncommon symptoms come for the rescue of physician and those are called Keynote Symptoms.[5]

Case significance

A 66 years old female patient came to OPD of institution with complaint of sever itchy rash over right upper thigh for 1 day. On examination reddish discoloration without any oedematous changes seen. No history of any insect bite, use of cosmetic product, no medication or any unusual food eating noted since last 1 -2 weeks. Patient had history of similar complaints 3 months back for that taken conventional treatment and got relief, but as her complaints reappeared, she approached homoeopathic OPD for permanent relief of her complaints. She has been treated with Natrum Muraticum based on keynote prescription with higher potency 0/1 with frequent

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

repetition. Her major complaint of sever itching reduced within 3 to 4 hrs. after initiation of treatment and rash much reduced within 3 days. The initial urticaria activity score was 4 (itching3, wheals 1) which was reduced to 1(itching 0, wheals 1) after 3 days.

Learning points: The case highlights how individualized symptom totality and peculiar characteristic symptoms form the successful homoeopathic prescription by selecting a remedy based on keynotes, which can give rapid and complete relief in acute manifestations which demonstrating practical applicability of keynote prescription.

Conclusion: This case demonstrates that individualized homoeopathic management based on keynote prescription can provide rapid, gentle and complete recover in acute urticaria. Accurate remedy selection through characteristic symptoms along with regular follow ups, helps effective and lasting results without suppression of disease.

Key message: Effective management of urticaria through IHM based on accurate keynote prescription along with skillful homoeopathic case taking and meticulous observation can cure patient in more rapid and gentle way.

Key words: Acute Urticaria, Natrum Mur, IHM, Keynote Prescription, Homoeopathic Management, Urticaria Activity Score

Introduction:

Urticaria common in young adults, female more affected than male and in children it is frequently associated with infection.[6] The condition may be associated with allergic reaction, infection, or physical stimuli, but in most patients no case can be find out.[1]

Wheals are the main clinical manifestation of urticaria and consist in skin lesions of variable sizes with round and polycyclic morphology, characterized by edema and erythema. They are typically itchy, present as asymmetrical distribution and resolves within 24hrs without any sequels.[7] subcutaneous swelling may or may not be accompany the wheals. Sometimes fever, malaise and joint pain can be present which may need investigations to rule out other disorders.[2] In general infections, ingestants, inhalants and injections should be considered as possible underlying causes of urticaria.in acute spontaneous cases, URIs and viral infections are most common etiologies in children. drugs and food are other common cause in both children and adult.[2]

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Table 1: Aetiological Classification of Urticaria and Angioedema

Drugs	Aspirin, penicillin, nonsteroidal anti-inflammatory drugs (NSAIDs), sulphonamides and others
Ingestants	Nuts, eggs, fish, milk, wheat and others
Inhalants	Pollens, house dust, animal dander, fungi
Injectants	Vaccines, serum, blood
Infections	Foci of bacterial, viral, parasitic and fungal infections
Contactants	Cosmetics, animal and plant products
Physical urticarias (15%)	Dermographism (4% to 5%) Heat Cold Pressure Solar Cholinergic Aquagenic
Hereditary	Angioneurotic oedema Vibratory angioedema
Other conditions	
Systemic	Collagen vascular diseases, thyroid disorders, polycythemia vera, uraemic states
Dermatologic	Pemphigoid, dermatitis herpetiformis, urticaria pigmentosa
Psychogenic	

Table no : 1

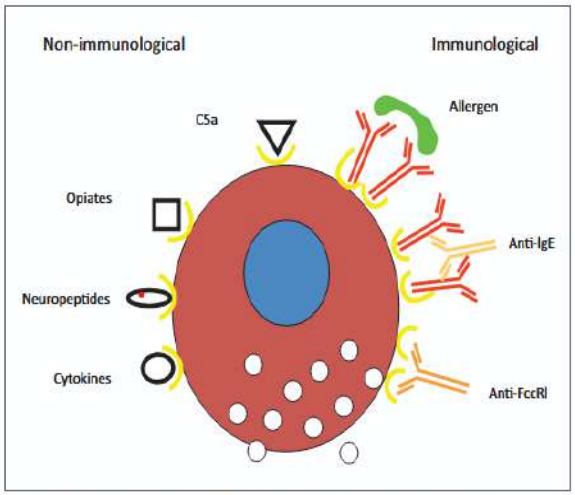


Fig 3. Schematic diagram of non-immunological and immunological mast cell degranulating stimuli. FccRI = high affinity immunoglobulin (Ig) receptor.

Fig no : 1

The cutaneous mast cell has a central role in urticaria. There is some evidence that peripheral blood basophils are relevant to the delayed response of spontaneous urticarial wheals, and they provide an useful model for the investigation of mast cell degranulating stimuli in vitro. Preformed histamine is released from mast cells on degranulation, together with tryptase and some cytokines, the receptors for histamine are on post-capillary venules and C-fibre nerve endings. These become permeable to plasma and signal the sensation of itch in the central nervous system. Skin biopsies shows an early, but not immediate, influx of inflammatory cells including neutrophils, eosinophils, basophils and undifferentiated T-cells. Eosinophils may degranulate mast cells indirectly by release of major basic proteins. A sustained release of histamine from influxed basophils with generation of cysteinyl leukotrienes (LTs) may prolong the wheal response. However, the clinical importance of LTs is not certain since not many patients with chronic spontaneous urticaria show a convincing response to anti-LTs. The stimulus for mast cell degranulation may be immunological or non-immunological. How physical stimuli cause inducible urticarias is unclear but some historical evidence from passive transfer experiments suggests that IgE may be involved.[8]

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Table no : 2

Urticaria	Classification
Spontaneous	• Acute: <6 weeks continuous disease activity • Chronic: 6 weeks continuous disease activity
Inducible	
Physical	Mechanical: • Symptomatic dermographism • Delayed pressure urticaria • Vibratory angio-oedema Thermal: • Cold contact urticaria • Heat contact urticaria
Other	• Cholinergic urticaria (sweating induced by overheating or stress) • Exercise-induced anaphylaxis • Food and exercise-induced anaphylaxis • Aquagenic urticaria
Contact	• Immunological (allergic) • Non-immunological (non-allergic)
Differential diagnosis	
Urticarial drug rashes	
Urticarial vasculitis	
Autoinflammatory syndromes	Acquired: • Schnitzler's syndrome • Adult Still's disease Hereditary: • cryopyrin-associated periodic syndrome

The following table no. 2 will describe the classification of urticaria. Conventional management of urticaria is use of anti-histaminic, H2 blockers. Adrenaline can be used for acute complaints and systematic corticosteroids may be used in acute urticarial vasculitis.

Homoeopathy consistently produces noteworthy and secure outcomes in cases of skin diseases. Dr. Samuel Hahnemann was the first one to introduce concept of individualization in treating diseases. It is a process of differentiating of one from another of same class or group by some unique features. In Aphorism 118 of 6th edition of Organon of Medicine, Dr. Hahnemann says, "Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substance of a different kind". [9]

For the skin manifestations of hypersensitive type like allergies, urticaria to avoid relapses and unwanted aggravation use of higher potencies will be beneficiary so fifty millesimal potency is used safely with frequent repetition without any fear of aggravation and worsening of the symptoms

CASE STUDY

Presenting complaints

A 65 years female patient, housewife by profession residing at Navi Mumbai presented with complaint of sudden sever itching and reddish discoloration over right upper thigh for 1 day.

History of presenting complaints

Patient was apparently aright a day prior and complaints started suddenly for 1 day after bit extra than usual physical exertion. There was no history of any insect bite, cosmetic use, oral medication or any unusual food/ drink intake or travelling since last 1-2 weeks. There is no history of fever, pain, nausea, vomiting.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Past history

Patient had history of similar complaints after some physical exertion 3 months back, taken conventional treatment for the same.

Medical illness- Patient had history of eczema, treated with homoeopathic medicine last year.

Surgical history- No any major surgical history noted.

Family history

There was no significant family history noted.

Gynecological history

Menarche at age of 13 years, no any major menstrual complaints in past. Menopausal at age of 48 years.

G3 P3 A1 L2

Personal history

Diet-mixed	Stool- occaisonaly constipated
Appetite-regular	Urine-5-6 times /day, rarely at night
Craving- chicken $^{2+}$	Perspiration- profuse on exertion^{1+}
Aversion – milk $^{3+}$	Sleep- Disturbed due to complaints
Thirst- moderate 1.5-2 L/day	Dreams-not remembered

Constitution- Slim body, delicate look

Thermal modality- Ambithermal towards Hot

Mentals-

Irritability due to itching, Patient is bit reserved, unable to explain her mentals freely

When asked about sharing her emotions with others she replied there is no use rather after sharing the person will talk about it with others and they won't consider so it's better not to share anything with anyone.

Physical general examination-

Height- 5'6'' Weight- 57kg

Pallor- mild present No palpable lymph nodes

Rest general examination is normal, no significant findings.

Vitals are within normal limit.

Systemic examination- No significant findings, all within normal limit.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Local examination-

Polymorphic erythematous rash without any oedematic changes over right upper thigh. Some signs of scratching seen.

Diagnostic criteria –

Diagnosis of urticaria is usually made on clinical grounds based on clinical observation and detailed history.

If a complete review of system is normal and physical urticaria are ruled out it is futile to carry out extensive laboratory investigations like CBC, Stool and Urine examination, TFT, ANA, hepatitis screening, IgE levels, skin prick test, serological ELISA test if any underlying illness suspected.

Repertorization-

Remedy Natrium muriaticum prescribed, after proper repertorization of the symptoms given by the patient during case taking

For Repertorial support Repertorization done which further reconfirmed the medicine.

- Mental irritability -itching from
- Mind- Reserved
- Skin –Eruptions- Rash red
- Skin –Eruptions- Urticaria Exertion after violent
- General- Food and Drinks -Chicken desire
- General -Food and Drinks -milk aversion

Prescriptions with follow up

Date / Time	Follow up/ complaints	Prescriptions	Evidence
07/08/2025 01:40pm (1st Prescription)	Primary complaints as mentioned above	NATRUM MURATICUM 0/1 LM 1 poppy sized globule in a glass of water , take a single tablespoon of it stat and every 4 hrly till itching subsides	

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

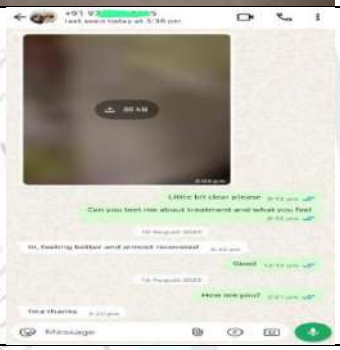
07/08/2025 06:15pm (2nd prescription)	Over telephonic communication Itch much reduced Discoloration and rash still present as it is	NATRUM MURIATICUM 0/1 LM 1 poppy sized globule in a glass of water , take a single tablespoon twice daily For 2 days	
10/08/2025 12:15pm (3rd prescription)	Over telephonic communication Discolouration reduced than before No itching afterwards	COSMOS 200 30 No. 4 pills twice daily for 1 week	
16/08/2025 03:20pm (final follow up)	No any complaints Patient feels better Itching completely absent Slight discoloration but reducing	NIL	

Fig no : 2

Fig no : 3

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

Fig no : 4

Review of Materia Medica-

Natrum muriaticum is mineral kingdom remedy made from NaCl (a common salt). It is a polychrest remedy having its sphere of action on almost all systems of body. Its action on skin produces large red blotches like hives that itch terribly[10]. After great bodily exertion itching nettle rash appears[11]. Hives whitish which aggravates on exertion[12]. In Boericke Materia Medica urticaria which itch and burn.

Results

Natrium muriaticum acts well in higher potency for acute complaints also when prescribed on a keynote symptom individualization.

Discussion and conclusion-

Acute spontaneous urticaria which has sudden rise of pruritic eruption of wheals or angioedema or both lasting less than six weeks. It usually lasts for 24-48 hrs and relapses again sometimes. Considering above case, it can be differentiated from exercise induced anaphylaxis by absence of systematic symptoms like wheezing, nausea, breathlessness, palpitations, sweating.

Keynote symptom is defined as peculiar, uncommon, characteristic symptom in confirmed pathogenesis of a polychrest medicine, which may use as pivotal point of comparison and prescription based on keynote symptom is known as keynote prescription. Keynote is firstly introduced by Dr. H. N. Guernsey. He illustrated keynote as central and fundamental knowledge about medicine.[5]

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

In this case patient herself narrated the peculiar symptom of pruritic rash after physical exertion, just for the confirmation of the remedy further questioning about some mental characteristics of Natrium Mur patient reconfirmed by her answers and hence Natrium Muriaticum 0/1 given in stat and asked frequent repetition every hourly till major complaint subside. After 4 doses patient condition improved and urticaria activity score improved from 4 to 1.

For further management Natrium Mur 0/1 given for twice daily for 3 days. Follow after 3 days taken which shows above improvement.

Hence the case demonstrates that individualized homoeopathic management based on keynote prescription can provide rapid, gentle and complete recover in acute urticaria. Accurate remedy selection through characteristic symptoms along with close observation of response, ensures effective and lasting results without suppression

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Conflicts of interest -There are no conflicts of interest.

References

1. Buxton PK. ABC of Dermatology. 4th ed. London: BMJ Books; 2003.

2. James, W. D., Berger, T. G., Elston, D. M., & Neuhaus, I. M. (2016). Andrews Diseases of the Skin: Clinical Dematology.12th edition.Elsevier.

3. World Health Organization, ICD-11 for Mortality and Morbidity

Statistics, Diseases of Skin,Skin disorders involving specific cutaneous structures,Disorders of the epidermis and epidermal appendages, Acne and related disorder Available from: https://icd.who.int/browse/202501/mms/en#1946783676

4. Magen E, Merzon E, Ashkenazi S, Weizman A, Manor I, Magen I, et al. Anxiety and nonpsychotic mental disorders in acute urticaria. Brain Behav Immun Health. 2025;48:101088. doi:10.1016/j.bbih.2025.101088.

5. Bhimani RP. Keynote prescription in allergic rhinitis – a case series. Int J Res Anal Rev. 2023 Jul;10(3):[page numbers not provided]. Available from: https://www.ijrar.org/viewfull.php?p_id=IJRAR23C1335

6. Munjal YP, Sharma SK, Agarwal AK, Gupta P, editors. API Textbook of Medicine. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; 2012.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 10

7. Schettini N, Corazza M, Schenetti C, Pacetti L, Borghi A. Urticaria: A Narrative Overview of Differential Diagnosis. Biomedicines. 2023 Apr 4;11(4):1096. doi: 10.3390/biomedicines11041096. PMID: 37189714; PMCID: PMC10136346

8. Grattan C. The urticarias: pathophysiology and management. Clin Med (Lond). 2012 Apr;12(2):164-7. doi: 10.7861/clinmedicine.12-2-164. PMID: 22586795; PMCID: PMC4954105.

9. Hahnemann S. Organon of Medicine. 6th ed. India: Indian Books & Periodicals Publishers; 1921.

10. Hering C. The guiding symptoms of our materia medica. Philadelphia: Boericke & Tafel

11. Nash EB. Regional leaders. New Delhi: B. Jain Publishers

12. Phatak SR. Materia medica of homoeopathic medicines. New Delhi: B. Jain Publishers