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# ***Chronic Spontaneous Urticaria (CSU) and Homoeopathy***

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## **Definition**

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Urticaria (Psora+++/ Sycosis++/ Syphilis+) is a transient condition of the skin, usually caused by an allergic reaction (Psora), characterized by pale or reddened irregular, elevated patches and severe itching (Psora).

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## **Synonyms**

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Urtication, urticaria, hives, nettle rash, rash, roseola, efflorescence, skin rash, hypersensitivity reaction.

Urticaria may be acute or chronic.

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## **Acute urticaria**

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It appears and disappears suddenly without many recurrences. (Psora)

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## **Chronic urticaria**

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Wheals and/ or angioedema lasting > 6 weeks (Psora/ Sycosis)

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## **Classification of Chronic Urticaria Subtypes**

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- 1- CSU- Spontaneous appearance of wheals (Psora), angioedema (Sycosis), or both >\_ 6 weeks due to known or unknown causes. Known causes include infections or auto reactivity (Causa occasionalis/ Tolle causum) i.e. presence of mast cell- activating autoantibodies (Psora).
- 2- Inducible Urticaria-
  - a. Physical urticaria-
    - i. Symptomatic dermographism- also called urticarial factitia or dermographic urticarial (Psora)
    - ii. Cold urticarial- also called cold contact urticarial (Psora)
    - iii. Delayed pressure urticarial- also called pressure urticarial (Psora)
    - iv. Solar urticarial (Psora)
    - v. Heat urticaria- also called heat contact urticarial (Psora)

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## **Chronic Spontaneous Urticaria (CSU)**

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It is the type of chronic urticaria which is spontaneous (No external physical stimuli) and has development of wheals, angioedema, or both for > 6 weeks (Psora/ Sycosis)

### **1- Wheals**

- a. Central swelling of variable size, usually surrounded by a reflex erythema (Psora)
- b. Associated itching or, sometimes, burning sensation (Psora)
- c. Resolve within 1- 24 hours

### **2- Angioedema**

- a. Sudden, pronounced swelling of the lower dermis and subcutis (Psora/ Sycosis)

- b. Sometimes pain rather than itching (Psora)
- c. Frequent involvement below mucous membranes (Sycosis)
- d. Up to 72 hours for resolution

NB- Wheals resolve as new ones form, such that CSU patients continually have wheals for > 6 weeks

### Prevalence of CSU

- 1- Urticaria of any type is very common and increasing in incidence
- 2- Women to men ratio is 2:1
- 3- All age groups are affected but peak incidence is between 20- 40 years of age (Working years)
- 4- No relationship between urticaria prevalence and education, income, place of residence or ethnic background

### Pathogenesis of CSU

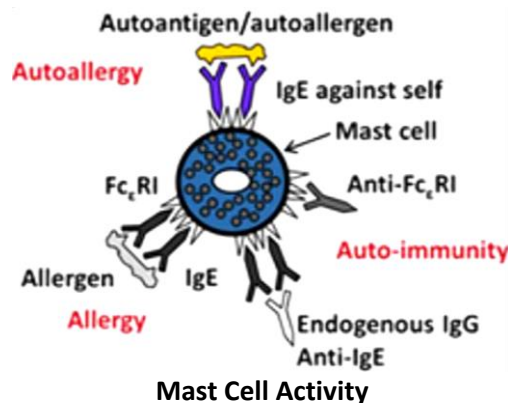
#### Triggering-

Triggers like- heat, cold, exercise or undefined, including- anphylatoxins, neuropeptides, bacteria, interleukins, chemokines, oxytocin, leukotriene, POMCs (Pro-opiomelanocortin), prostaglandins, cannabinoids, adenosine, urokinase, capsaicin etc. affect- IgE, FcεRI, SCF (Stem Cell Factor), IgG, FcγR, LPS, TLRs (Toll-like receptor), Complement. (Tolle causum/ Causa occasionalis).

These factors work to induce mast cell activity. Mast cells are the key effectors cells in the induction of urticaria symptoms.

#### Mast cells activity-

Cutaneous mast cells release mediators in response to various factors including drugs, peptides and vasoactive amines (Psora). Mast cells activity leads to the secretion of- IL-1, IL-2, IL-3, IL-4, IL-5, IL-6, IL-8, IL-10, IL-13, TNF, MIPs, IFN-γ, GM-CSF, TGF-β, bFGF, VPF/VEGF, Pgd2, LTB4, LTC4, PAF, Histamine, serotonin, heparin, chondroitin, sulphate, chymase, tryptase and CPA.



#### Symptoms induction and manifestation via mediators-

In turn, these factors induce-

- 1- Activation- Pruritus (Psora)
- 2- Vasodilatation- Erythema (Psora)

- 3- Extravasations- Wheal (Sycosis)
- 4- Recruitment- Infiltrate (Psora/ Sycosis)

### Signs and symptoms of CSU

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Pruritus is usually worse in nights causing sleep deprivation (Psora/ Syphilis) and consequently, chronic fatigue (Psora/ Syphilis). Psychological comorbidities are common with CSU. It affects the person as a whole in following ways-

- 1- Daily living- physical activities, chores, eating, concentrating, sleeping. (Psora)
- 2- Self-perception- Loneliness, conspicuousness, anxiety about future, feeling unhygienic. (Psora/ Syphilis)
- 3- Mental status- Tired, stressed, overwhelmed, and anxious. (Psora/ Sycosis/ Syphilis)
- 4- Treatment induced restrictions- Effect on everyday activities, financial burden, and discomfort. (Psora)
- 5- Social functions- Impact on relationships, impact on sexuality. (Psora/ Sycosis)
- 6- Leisure- Restricted choice of clothing, limited hobbies, avoiding sun exposure. (Psora)

### Autoimmunity in CSU

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- 1- Up to 40% of CSU cases may be autoimmune related. (Psora)
  - a. If the threshold for mast cell activation is lowered, patients have a higher susceptibility to histamine release. (Psora/ Sycosis)
  - b. A decrease in threshold of mast cell activation occurs in a certain group of patients with CSU, notably those with an autoimmune component. (Psora)
- 2- Possible autoimmune pathways in CSU
  - a. 60% of patients have an antibody directed against FcεRI (Psora)
  - b. 10% exhibit IgE anti IgE (Psora)
  - c. 30- 40% of patients have histamine releasing autoantibodies directed against high affinity IgE receptor or, less frequently, IgE itself (Psora)
  - d. In some patients with IgE, autoantibodies against thyroperoxidase have been identified. (Psora)

### Diagnosis of CSU

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- 1- Routine patient evaluation with thorough history and physical examination with special stress to the following-
  - a. Timing, frequency, duration of attacks
  - b. Shape, size, distribution and associated symptoms of lesions
  - c. Family and medical history including allergies
  - d. Observed correlation to any triggers e.g. foods, exercise, drugs etc.
  - e. Type of work, hobbies, smoking habits, stress
  - f. Previous therapy and response to treatment
- 2- Physical examination should include-
  - a. Blood tests to rule out any systemic disease
  - b. Tests to identify triggers

## Identification and elimination of the underlying cause and/ or trigger

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- 1- In patients with inducible urticaria, identifying and eliminating the cause interrupts the pathogenic process and leads to resolution of the urticaria.
- 2- Allergy profile tests can be done. These may include ASST (Autologous Serum Skin Test) or Allergy screening tests by EIA.

## Duration of CSU

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In most cases, the duration of CSU is estimated 1- 5 years, however in some cases; it may last up to 50 years.

## Repertory of Urticaria

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ABDOMEN - ERUPTIONS – urticaria [merc.](#) [nat-c.](#) [nat-sal.](#) [tub.](#)  
Abdomen - ERUPTIONS, abdomen – urticaria [merc.](#) [nat-c.](#) [nat-sal.](#) [tub.](#)  
ABDOMEN - PAIN - hypochondria - right - urticaria, with [astac.](#) [myric.](#)  
ABDOMEN - PAIN - liver - urticaria, with [ars-h.](#) [ASTAC.](#) [myric.](#) [ptel.](#)  
Abdomen - PAIN, hypochondria - right, side - urticaria, with [astac.](#) [myric.](#)  
Abdomen – URTICARIA [merc.](#) [nat-c.](#)  
Ankles - ERUPTIONS, ankle - urticaria, ankle [Nat-m.](#)  
Ankles - URTICARIA, ankles [Nat-m.](#)  
Arms - URTICARIA, arms [acon.](#) [ant-c.](#) [Apis](#) [berb.](#) [calad.](#) [Carb-v.](#) [chinin-s.](#) [Chlol.](#) [cop.](#) [hep.](#) [hydr.](#) [hyper.](#) [indg.](#) [kali-i.](#) [lach.](#) [lyc.](#) [merc.](#) [Nat-c.](#) [Nat-m.](#) [nat-s.](#) [Phos.](#) [rhus-v.](#) [SULPH.](#) [thuj.](#) [Urt-u.](#)  
BACK - ERUPTIONS – urticaria [apis](#) [apisin.](#) [cann-s.](#) [choc.](#) [cupr-o.](#) [lac-ac.](#) [lach.](#) [lyc.](#) [sil.](#) [sulph.](#)  
Brain - SHAKEN, sensation, as if being - urticaria, in [bell.](#)  
Breathing - DIFFICULT, breathing - alternating, with – urticaria [Calad.](#)  
CHEST - COMPLAINTS of chest - Bronchial tubes - accompanied by – urticaria [pin-s.](#)  
CHEST - ERUPTIONS – urticaria [atra-r.](#) [CALAD.](#) [hydr.](#) [ina-i.](#) [sars.](#) [sulph.](#) [tub.](#) [urt-u.](#)  
CHEST - OPPRESSION - alternating with – urticaria [CALAD.](#)  
CHEST - PALPITATION of heart - accompanied by – urticaria [bov.](#)  
Chest - URTICARIA, chest [Calad.](#) [hydr.](#) [sars.](#) [sulph.](#) [urt-u.](#)  
Clinical - allergies, allergic reactions - hives, and swelling, with [Acon.](#) [agar.](#) [all-c.](#) [Ant-c.](#) [Apis](#) [arn.](#) [Ars.](#) [Astac.](#) [bell.](#) [Bov.](#) [Calad.](#) [Carb-ac.](#) [chlor.](#) [Graph.](#) [Hist.](#) [Led.](#) [Lyc.](#) [Mez.](#) [Nat-m.](#) [Nat-p.](#) [nit-ac.](#) [Psor.](#) [Puls.](#) [Rhus-t.](#) [Sal-ac.](#) [Sul-ac.](#) [Sulph.](#) [Urt-u.](#) [vesp.](#)  
Clinical - erysipelas, general - urticaria, with [Astac.](#)  
Clinical - hives, urticaria [Acon.](#) [agar.](#) [all-c.](#) [Ant-c.](#) [Apis](#) [arn.](#) [Ars.](#) [Astac.](#) [bell.](#) [Bov.](#) [Calad.](#) [Carb-ac.](#) [chlor.](#) [Graph.](#) [Led.](#) [Lyc.](#) [Mez.](#) [Nat-m.](#) [Nat-p.](#) [nit-ac.](#) [Psor.](#) [Puls.](#) [Rhus-t.](#) [Sal-ac.](#) [Sul-ac.](#) [Sulph.](#) [Urt-u.](#) [vesp.](#)  
Clinical - laryngitis, inflammation - urticaria, with suppressed [Ars.](#)  
Clinical - Malaria, infection, ague - apyrexia, - urticaria, better by rubbing [elat.](#)  
Elbows - ERUPTIONS, elbows - urticaria, elbow [aran.](#)  
Elbows - URTICARIA, elbow [aran.](#)  
EXTERNAL THROAT - ERUPTIONS – urticaria [bamb-a.](#) [bry.](#) [kali-i.](#) [tax.](#)  
EXTREMITIES - EROSIVE GNAWING - Toes - accompanied by – urticaria [sulph.](#)  
EXTREMITIES - ERUPTIONS - Ankles – urticaria [Nat-m.](#)  
EXTREMITIES - ERUPTIONS - Elbows – urticaria [aran.](#)  
EXTREMITIES - ERUPTIONS - Feet - Sole of – urticaria [propr.](#)  
EXTREMITIES - ERUPTIONS - Feet – urticaria [Calc.](#) [sulph.](#)  
EXTREMITIES - ERUPTIONS - Fingers – urticaria [hep.](#) [thuj.](#) [urt-u.](#)  
EXTREMITIES - ERUPTIONS - Forearms – urticaria [am-c.](#) [calad.](#) [cassia-s.](#) [chin.](#) [clem.](#) [dream-p.](#) [lac-e.](#) [lyc.](#) [Nat-m.](#) [sil.](#)

EXTREMITIES - ERUPTIONS - Hands - Back of hands – urticaria acon. apis berb. cop. hyper. indg. Sulph. thuj.

EXTREMITIES - ERUPTIONS - Hands - Between the fingers – urticaria hyper. merc.

EXTREMITIES - ERUPTIONS - Hands - Palms – urticaria rhus-v. stram.

EXTREMITIES - ERUPTIONS - Hands – urticaria apis berb. bufo Carb-v. Hep. hyper. nat-c. Nat-m. nat-s. Sars. SULPH. Urt-u. ven-m.

EXTREMITIES - ERUPTIONS - Joints – urticaria clem. verat.

EXTREMITIES - ERUPTIONS - Knees - Hollow of knees – urticaria Zinc.

EXTREMITIES - ERUPTIONS - Knees – urticaria zinc.

EXTREMITIES - ERUPTIONS - Legs - Calves – urticaria carb-v.

EXTREMITIES - ERUPTIONS - Legs – urticaria Calc. Chlor. cypra-eg. dream-p. marb-w. rhus-t. sulfonam. SULPH.

EXTREMITIES - ERUPTIONS - Lower limbs – urticaria Apis Aur. Calc. CHLOR. clem. kali-i. marb-w. merc. plan. sulph. zinc.

EXTREMITIES - ERUPTIONS - Nates – urticaria hydr. lyc.

EXTREMITIES - ERUPTIONS - Shoulders – urticaria lach.

EXTREMITIES - ERUPTIONS - Thighs – urticaria all-c. caust. clem. iod. lac-leo. merc. sulph. Zinc.

EXTREMITIES - ERUPTIONS - Upper arms – urticaria sulfonam.

EXTREMITIES - ERUPTIONS - Upper limbs – urticaria acon. ant-c. Apis berb. calad. cann-s. Carb-v. chinin-s. Chol. cop. dulc. hep. hydr. hyper. indg. kali-i. lach. lyc. merc. morg-g. Nat-c. Nat-m. nat-s. Phos. rhus-v. SULPH. thuj. Urt-u.

EXTREMITIES - ERUPTIONS – urticaria acon. all-c. am-c. ant-c. APIS aran. arum-d. BELL. berb. bufo calad. CALC. cann-s. caps. carb-v. cassia-s. caust. chin. chinin-s. CHLOR. chlor. clem. COP. crot-c. cub. cypra-eg. dulc. harp. hep. hydr. hydr. hyper. indg. iod. kali-br. kali-i. lac-e. LACH. lyc. lycps-v. mand. marb-w. med. merc. morg-g. nat-c. NAT-M. nat-s. phos. plan. RHUS-T. RHUS-V. sars. sil. spig. stann. stram. SULPH. tarax. thuj. URT-U. verat. zinc.

EXTREMITIES - ERUPTIONS - Wrists – urticaria hep. stann.

EXTREMITIES - PAIN - rheumatic - alternating with – urticaria Urt-u.

EXTREMITIES - PAIN - rheumatic - hives, with urt-c.

EXTREMITIES - PAIN - rheumatic - lower limbs - urticaria, with urt-u.

FACE - ERUPTIONS – angioedema apis

FACE - ERUPTIONS – urticaria anan. ant-c. APIS apisin. ars-i. ARS. BELL. CALC. CHEL. chin. chinin-s. CHLOR. coca cop. crot-t. dulc. GELS. HEP. hydr. jug-c. KALI-I. lach. LED. lim. mag-m. medus. mez. NAT-M. nit-ac. plan. prim-o. RHUS-T. SEP. sil. SULPH. URT-U.

FACE - SWELLING - Lips – angioedema apis

Face - URTICARIA, face Am-c. anan. APIS ARS. Bell. Calc. Chel. Chinin-s. CHLOR. COP. crot-t. dulc. Gels. Hep. hydr. Kali-i. lach. Led. mez. Nat-m. nit-ac. Rhus-t. Sep. sil. SULPH. Urt-u.

Feet - URTICARIA, feet Calc. sulph.

Fevers - ERUPTIONS, with fevers – urticaria apis Cop. SULPH. Urt-u.

Fevers - INTERMITTENT, fever, ague, malaria - apyrexia - urticaria, better by rubbing elat.

GENERALITIES - URTICARIA, after APISIN. ARS. cop. URT-U.

GENERALS - HISTORY; personal - urticaria; of recurrent hep. stroph-h.

GENERALS - PAIN - rheumatic - accompanied by – urticaria pin-s. Urt-u.

Hands - ERUPTIONS, hands - fingers, between the – urticaria hyper. merc.

Hands - URTICARIA, hands Apis berb. bufo Carb-v. Hep. hyper. nat-c. Nat-m. nat-s. Rhus-t. Sars. SULPH. Urt-u.

HEAD - ERUPTIONS – urticaria AGAR. Apis APISIN. rhus-t. puls-n. urt-u.

HEAD - PAIN - pressing - urticaria amel., appearance of ap-g.

HEAD - PAIN - urticaria amel., appearance of ap-g.

Head - URTICARIA, head Agar.

Joints - URTICARIA, joints clem. rhus-t. urt-u. verat.

Knees - ERUPTIONS, knee - hollow, of – urticaria **Zinc**.

Knees – URTICARIA **zinc**.

Larynx - LARYNGITIS, inflammation - urticaria, with suppressed **Ars**.

LARYNX & TRACHEA - INFLAMMATION - larynx - urticaria, with suppressed **ARS**.

LARYNX AND TRACHEA - CROUP - alternating with – urticaria **ars**.

LARYNX AND TRACHEA - INFLAMMATION - Larynx - urticaria; suppressed **Ars**.

LARYNX AND TRACHEA - SWELLING - Larynx - angioedema **apis**

Legs - URTICARIA, legs **Apis Calc. CHLOL. clem. kali-i. merc. plan. sulph. zinc**.

Limbs - URTICARIA, limbs **acon. ant-c. Apis Bell. berb. Calc. chinin-s. CHLOL. Cop. dulc. hydr. hyper. indg. kali-br. kali-i. Lach. lyc. merc. Nat-m. Rhus-t. Rhus-v. Sulph. tarax. Urt-u**.

Liver - PAIN, liver - urticaria, with **ars-h. Astac. myric. ptel**.

Lungs - ASTHMA, general - alternating, with – urticaria **calad**.

Lungs - ASTHMA, general - hives, from **apis puls**.

MALE - ERUPTIONS – urticaria **clem. cop. lyc. merc. nat-c**.

Male - ERUPTIONS, genitalia – urticaria **clem. cop. lyc. merc. nat-c**.

Male - URTICARIA, genitalia **clem. cop. merc. nat-c**.

MALE GENITALIA/SEX - ERUPTIONS – urticaria **clem. cop. merc. nat-c**.

Mind - ABSENT-minded - urticaria, in **Bov**.

MIND - AVERSION - everything, to - urticaria, in **bov**.

MIND - AWKWARDNESS - urticaria, in **BOV**.

MIND - DELIRIUM - urticaria, in **COP**.

Mind - QUARRELSOME, disposition - urticaria, in **Bov**.

MIND - QUARRELSOMENESS, scolding - urticaria, in **BOV**.

MIND - SENSITIVE - urticaria, in **Bov**.

MIND - SENSITIVE, oversensitive - general - urticaria, in **BOV**.

MOUTH - SWELLING - Tongue – angioedema **apis**

Neck - URTICARIA, neck, front **bry. kali-i**.

NOSE - CATARRH - accompanied by – urticaria **all-c. dulc**.

Pelvis - URTICARIA, buttocks **hydr. lyc**.

Pulse - FAST, pulse, elevated, exalted - urticaria, in, 104 **rhus-t**.

RECTUM - CONSTIPATION - urticaria, with **cop**.

RESPIRATION - ASTHMATIC - alternating with - eruptions – urticaria **calad. crot-t**.

RESPIRATION - ASTHMATIC - hives, from **apis puls**.

RESPIRATION - DIFFICULT - alternating with – urticaria **apis Calad**.

Shoulders – URTICARIA **lach**.

SKIN - ERUPTIONS – angioedema **agar. Anac. antip. apis bacis-7. bol-lu. calc-m. hell. hep. kali-i. pitu-p. prot. santin. vesp**.

SKIN - ERUPTIONS - blotches - red – urticaria **APIS**

SKIN - ERUPTIONS - blotches - white - urticaria, like **APIS**

SKIN - ERUPTIONS - urticaria, hives - sequelae, from suppressed hives, with **apis urt-u**.

SKIN - ERUPTIONS - urticaria, hives **ACON. aegle-f. agar. all-c. alum. alumin-p. alumin-sil. am-c. am-m. amyg. anac. ANT-C. ant-t. anthraco. ANTIP. ap-g. APIS APISIN. arn. ARS-I. ARS-S-F. ARS. arum-d. ASTAC. aur-ar. aur-s. aur. bar-c. bar-m. bar-s. bart. bell-p. BELL. benz-ac. berb-a. berb. bol-la. bol-lu. bomb-chr. bomb-pr. BOV. BRY. bufo CALAD. calc-lac. calc-p. CALC-S. calc-sil. CALC. camph. cann-s. canth. caps. carb-an. CARB-V. CARBN-S. cassia-s. cath-a. CAUST. cham. chel. chin. chinin-ar. CHININ-S. CHLOL. chlor. chloram. chlorpr. chol. cic. cimid. cina cob-n. coca cocc. CON. COP. CORN. cortico. crot-c. CROT-H. crot-t. cub. cund. cupr-act. cupr-o. CUPR. cypr. cypra-eg. dig. dol. dros. DULC. dys. echi. ELAT. EPHE. fago. ferr-i. form. FRAG. gaert. gal-ac. GALPH. gast. gels. GRAPH. guar. harp. helia. hell. HEP. hist. hom-g. hydr. ICHTH. IGN. iod. ip. jug-c. KALI-AR. KALI-BR. KALI-C. kali-chl. kali-i. kali-n. kali-p. kali-s. kali-sil. kola KREOS. lach. lam. LED. lepr. linu-u. lob. loxo-recl. LYC. lycps-v. mag-c. mag-m. mang. med. medus. merc. MEZ. moni. morg-g. morph. mur-ac. myric. nat-ar. NAT-C. nat-f. NAT-**

M. NAT-P. nat-s. nat-sal. nat-sil. NIT-AC. NUX-V. olnd. op. ox-ac. pall. PETR. ph-ac. PHOS. physal-al. phyt. pic-ac. pin-s. pip-n. pitu-p. podo. polyg-h. pot-a. prim-o. PSOR. ptel. puls-n. PULS. ran-b. rheum RHUS-T. rhus-v. rob. rumx. ruta sabin. SAL-AC. sang. sanic. santin. saroth. SARS. sec. sel. SEP. sil. skook. sol-a. spig. spong. squil. stann. staph. stram. stroph-h. stry-xyz. SUL-AC. SUL-I. sulfa. sulo-ac. SULPH. tarax. tarent-c. tarent. tela ter. term-a. tet. THUJ. TIL. TRIOS. tub. URT-U. ust. uva valer. vario. VERAT. verb. verin. vesp. viol-t. voes. wies. zinc-phic. zinc.

SKIN - ERYSIPELAS - accompanied by – urticaria astac. frag.

SKIN - ERYSIPELAS - urticaria, with ASTAC.

SKIN - SWELLING - general - urticaria, like nat-p.

Skin - URTICARIA, hives - sequelae, from suppressed hives, with apis urt-u.

SKIN AND EXTERIOR BODY - Eruptions - urticarious (nettle-rash) ACON. am-c. Am-m. Anac. ANT-C. ant-t. APIS ARS. bar-c. BELL. berb. Bov. BRY. bufo CALC. camph. carb-an. Carb-v. CAUST. Chin. cic. cocc. CON. cop. crot-t. DULC. Form. graph. HEP. Ign. Ip. kali-br. kali-c. kali-m. kreos. lach. led. LYC. mag-c. Merc. MEZ. Nat-c. NAT-M. nat-p. nat-s. nit-ac. Nux-v. op. PETR. ph-ac. phos. pic-ac. pip-n. psor. PULS. RHUS-T. rob. rumx. ruta sabin. sars. Sec. sel. SEP. Sil. staph. stram. SULPH. Ter. thuj. Urt-u. UST. valer. VERAT. zinc.

STOMACH - DISORDERED - urticaria; after cop.

STOMACH - INDIGESTION - accompanied by – urticaria Ant-c. ars. carb-v. cop. dulc. nux-v. Puls. rob. trios.

STOMACH - INDIGESTION - urticaria, from cop.

Stomach - INDIGESTION, general - urticaria, from cop.

STOMACH - NAUSEA - accompanied by - itching of skin - urticaria; before sang.

STOMACH - NAUSEA - itching - with, before urticaria sang.

Stomach - NAUSEA, general - itching, scratch, has to, until he vomits - urticaria, before sang.

Stomach - NAUSEA, general - urticaria, preceding sang.

STOMACH - PAIN - pressing - urticaria, before ap-g.

STOMACH - PAIN - urticaria, before ap-g.

Stomach - PRESSING, pain - urticaria, before ap-g.

Stomach - URTICARIA, stomach problems, after cop.

Stomach - VOMITING, general - urticaria, during Apis cina

Throat - ERUPTIONS, throat - throat, external – urticaria bry. kali-i.

THROAT - INFLAMMATION, sore throat - urticaria, with apis dulc.

THROAT - SWELLING – angioedema APIS

Vaccinations - ALLERGIC, reactions - hives, and swelling, with Acon. agar. all-c. Ant-c. APIS arn. ARS. ASTAC. bell. Bov. Calad. CARB-AC. chlor. Graph. HIST. LED. Lyc. Mez. NAT-M. Nat-p. nit-ac. Psor. Puls. RHUS-T. Sal-ac. Sul-ac. SULPH. URT-U. vesp.

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Chapter 143. Urticaria and Angioedema *The Color Atlas of Family Medicine*



Chapter 317 Allergies, Anaphylaxis, and Systemic Mastocytosis *Harrison's Lecture Notes*



Chapter 38. Urticaria and Angioedema *Fitzpatrick's Dermatology in General Medicine, 8e*



Diagnosis *Harrison's Online* > Chapter 317. Allergies, Anaphylaxis, and Systemic Mastocytosis



Drug-Induced Acute Urticaria, Angioedema, Edema, and Anaphylaxis *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology* > Section 22. Adverse Cutaneous Drug Reactions



Figure 170-12. Urticarial drug reaction with annular lesions that are often mistaken for EM. Note... *The Color Atlas of Family Medicine* > Chapter 170. Erythema Multiforme, Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis > Differential Diagnosis



Figure 180-1. Urticaria on a forearm from local histamine release due to IV morphine. (Courtesy...*Tintinalli's Emergency Medicine* > Chapter 180. Opioids > Clinical Features



Figure 51-11. Urticaria. Discrete and confluent, edematous, erythematous papules and plaques... *Harrison's Online* > Chapter 51. Approach to the Patient with a Skin Disorder > Approach to the Patient with a Skin Disorder: Introduction > Diagnostic Techniques > Diascopy



Figure e16-14. A. Urticaria showing characteristic discrete and confluent,... *Harrison's Online* > Chapter e16. Atlas of Skin Manifestations of Internal Disease > Common Skin Diseases and Lesions



Figure e7-36. Urticaria showing characteristic discrete and confluent, edematous,... *Harrison's Online* > Chapter e7. Atlas of Rashes Associated With Fever > Atlas of Rashes Associated with Fever



Inflammation confined to the superficial connective tissue–vascular unit is characterized by... *Fitzpatrick's Dermatology in General Medicine, 8e* > Chapter 6. Basic Pathologic Reactions of the Skin > Reticular Dermis



Key Sign Urticaria *DeGowin's Diagnostic Examination* > Chapter 6. The Skin and Nails > Skin and Nail Signs > Generalized Skin Signs



Papular Urticaria *CURRENT Diagnosis & Treatment: Pediatrics, 21e* > Chapter 15. Skin > Common Skin Diseases in Infants, Children, & Adolescents > Insect Infestations



Pathophysiology and Manifestations *Harrison's Online* > Chapter 317. Allergies, Anaphylaxis, and Systemic Mastocytosis



Radar 10



Section 9. Alterations in the Skin *Harrison's Lecture Notes*



Urticaria & Angioedema *CURRENT Diagnosis & Treatment: Pediatrics, 21e* > Chapter 38. Allergic Disorders





Urticaria & Angioedema *CURRENT Medical Dx & Tx* > Chapter 6. Dermatologic Disorders > Common Dermatoses > Erythemas > Reactive Erythemas



Urticaria & Angioedema *Quick Medical Diagnosis & Treatment* > U



Urticaria (hives) & angioedema *Diagnosaurus*



Urticaria (Hives) *Pathology: The Big Picture* > Chapter 20. Dermatopathology > Acute Inflammatory Dermatoses



Urticaria and Angioedema *Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology* > Section 14. The Skin in Immune, Autoimmune, and Rheumatic Disorders



Urticaria and Angioedema *Harrison's Online* > Chapter 317. Allergies, Anaphylaxis, and Systemic Mastocytosis



Urticaria and Angioedema *Tintinalli's Emergency Medicine* > Chapter 27. Anaphylaxis, Acute Allergic Reactions, and Angioedema



Urticaria *Harrison's Online* > Chapter 53. Skin Manifestations of Internal Disease



Urticaria *Principles and Practice of Hospital Medicine* > Chapter 177. Transfusion of Blood Components, Derivatives and Their Adverse Effects > Complications of Transfusion



Urticaria *Symptom to Diagnosis: An Evidence-Based Guide, 2e* > Chapter 24. I Have a Patient with a Rash. How Do I Determine the Cause? > Other Important Cutaneous Disorders



Urticaria *The Atlas of Emergency Medicine* > Chapter 14. Pediatric Conditions > Rashes and Lesions



Urticaria *Tintinalli's Emergency Medicine* > Chapter 249. Skin Disorders Common on the Trunk > Morbilliform/Urticarial Eruptions



Urticaria, Angioedema, and Anaphylaxis *Principles and Practice of Hospital Medicine* > Chapter 142. Adverse Cutaneous Drug Reactions > Does This Patient Have an Adverse Cutaneous Drug Reaction? > The Patient with Cutaneous Findings and Signs of End Organ Damage



Urticaria/Angioedema *Harrison's Online* > Chapter 55. Cutaneous Drug Reactions > Clinical Presentation of Cutaneous Drug Reactions > Immune Cutaneous Reactions: Benign



Urticarial Eruptions *Fitzpatrick's Dermatology in General Medicine, 8e* > Chapter 41. Cutaneous Reactions to Drugs > Morphologic Approach to Drug Eruptions