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Immunoglobulin E modulatory effect of individualised Homoeopathy in a child suffering from immunological, chronic spontaneous urticaria: A case report

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Abstract

Introduction: Urticaria is one of several immune-mediated diseases. It is very troublesome and hampers the quality of life significantly. Chronic spontaneous urticaria (CSU) is associated with red, oedematous, erythematous, raised and itchy wheals with or without angioedema. A serological marker such as immunoglobulin E (IgE) is raised in urticaria, which is one of the diagnostic criteria of urticaria. The successful treatment lies in the fact of controlling or immunomodulating the IgE level. As per available data, Homoeopathy is very effective for the management of urticaria by bringing down the serum IgE level within normal limits. **Case Summary:** A 10-year-old female child visited the outpatient department with the complaint of urticaria along with increased serum IgE level. In the first visit, all the symptoms, objective and subjective, were collected, followed by framing of the totality of symptoms and repertorisation. The anti-allergic medication before the visit was gradually tapered off. The MONARCH score of +7 proved the causal attribution between the medicine and the outcome in the patient. The eruption of urticarial rashes eventually stopped, and the IgE level was restored to normal range. This case study reveals a positive role of homoeopathic treatment in immune-mediated diseases such as urticaria.

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Abstract

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Keywords: Chronic spontaneous urticaria (CSU), Immunoglobulin E level (IgE), Immunomodulatory, Individualised Homoeopathy, Paediatric population

INTRODUCTION

Urticaria (or hives), (ICD-10-L50.9), is a transient lesion composed of a central wheal that is surrounded by an erythematous halo or flare.^[1] It is classified into two types based on the duration: acute and chronic.^[2] Chronic Spontaneous Urticaria (CSU) is characterised by itchy, red skin wheals with or without angioedema lasting for six weeks or more.^[3,4] According to pathogenesis, urticaria is of two types: allergic or immunological urticaria due to immunoglobulin E (IgE) and immunoglobulin G (IgG) mediated reactions, and here a family history may be present. The other one is non-allergic or non-immunologic urticaria due to the release of histamine and degranulation of ‘mast cells’.^[5,6] IgE level is often elevated in this type of urticaria.^[7] Increased IgE levels and eosinophil counts along with case history and clinical findings, help in the diagnosis of CSU.^[8] Recent evidence suggests that the prevalence of acute urticaria in children is 0.5–14.5%^[9] and in the case of chronic urticaria 0.5–1.5%.^[10] In modern medicine,

standard antihistamine therapy and anti-IgE therapy are commonly used as a mode of treatment.^[3,4] Homoeopathy is very effective in urticaria. There are several medicines present in homoeopathic literature with their indications which are very frequently and effectively used in urticaria.^[5,6,8]

PATIENT INFORMATION

A 10-year-old female child presented at the outpatient department of the Regional Research Institute of Homoeopathy, Siliguri, West Bengal, India, on 22nd May 2023, with eruptions and intense itching all over the body

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for six months. There was a burning and stinging sensation, which was relieved after cold application and bathing. The symptoms were aggravated by hot applications and after taking meat.

It was noted to be a diagnosed case of CSU, as the patient carried the previous treatment record during the first visit. Before opting for Homoeopathy, she was treated with a conventional mode of treatment, such as anti-allergic medicines, for the last six months, which gave only temporary relief for 1 or 2 days, without complete remission of the presenting complaints. The child was a student of fifth standard belonging to a middle-class, educated family. Nothing significant about personal and past history was found.

There was a family history of allergic dermatitis on the paternal side since her paternal grandfather and father reportedly had similar suffering.

Clinical findings

The blood report of the patient showed an increased level of IgE (339.42 IU/mL on 04 April 2023). The clinical findings included recurrent, patchy and oedematous eruptions all over the body, with skin becoming oedematous and red after scratching. Other findings were: blood pressure: 126/82 mm Hg, pulse: 83 bpm, respiratory rate: 18/min, and SpO₂: 99%. There was oedematous swelling under her eyes and lips.

Generalities

Physically, the patient was lean, thin and of short stature. Her appetite was poor, along with a desire for sweets. She had an aversion to all sorts of vegetables and was intolerant of meat and shellfish since it aggravated her complaints. She was thirstless and her stools were irregular, hard, constipated and offensive. Thirstlessness was very marked and persistent in the patient, and the guardian also emphasised this symptom more than the other general symptoms. She also complained of itching of the anus, mainly after stool. Her sleep was sound.

The patient was absent-minded and could not concentrate on anything.

Diagnostic Assessment

Her clinical presentation was indicative of different conditions, such as urticarial vasculitis, connective tissue diseases, hematologic diseases, and auto-inflammatory syndromes. The case was, however, already pre-diagnosed as CSU by a dermatologist.

Analysis of Symptoms

Totality of symptoms

- Intense itching eruptions all over the body along with stinging and burning sensation. Itching ameliorated after cold application and bathing
- Thirstlessness
- Desire for sweets
- Aggravation from meat and shellfish
- Constipation
- Lack of concentration and absent mindedness

Miasmatic analysis

The miasmatic analysis^[11] of the case is shown in Table 1.

Repertorial totality

The repertorial totality was constructed as per the philosophy of the Kent repertory using Zomeo Elite software.^[12] The following symptoms were converted into rubrics, and the case was repertorised using Kent repertory.^[13] The repertorisation is shown in Figure 1.

Table 1: Miasmatic analysis

Symptoms	Predominant miasm
Itching with burning and stinging sensation	Psora
Itching<from hot>cold application	Syphilis
Desire for sweet	Psora
Thirstless	Sycosis
Irregular stool, constipation and itching of anus	Psora
Absent-minded and cannot concentrate	Syphilis
Analysis	It was a tri-miasmatic case with psoro-syphilitic dominance.

Remedy	Sulph	Puls	Apis	Lyc	Sep	Caut	Ars
Totality	21	21	20	19	19	18	17
Symptoms Covered	9	8	7	8	8	8	8
Kingdom							
[Kent] [Skin]ERUPTIONS:Urticaria: (102)	3	2	3	2	2	3	3
[Kent] [Skin]ITCHING: (172)	3	3	3	3	3	3	3
[Kent] [Skin]ITCHING: Burning: (120)	3	3	2	3	2	2	3
[Kent] [Skin]ITCHING: Stinging: (117)	2	3	3	1	2	2	1
[Kent] [Stomach]THIRSTLESS: (87)	1	3	3	2	2	1	2
[Kent] [Stomach]DESIRE: Sweets: (36)	3			3	2		1
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY): (213)	3	2	3	3	3	3	3
[Kent] [Mind]ABSENT-MINDED (SEE FORGETFUL): (112)	2	3	3	2	3	3	1
[Kent] [Generalities]FOOD: Meat :Agg: (17)	1	2				1	
[Kent] [Skin]ERUPTIONS: Itching: Cold air: Air amet: (1)							

Figure 1: Repertorial result from Kent’s repertory using Zomeo Elite software

Therapeutic intervention

After the repertorial analysis, *Sulphur*, *Puls.*, and *Apis* showed as the top scoring medicines. However, *similimum* was selected based on individualisation. *Apis mellifica* was thus, administered as the first prescription in the 30 centesimal scale, as an acute prescription to relieve the acuteness of burning pain and nettle rash. As there were stinging and burning types of itching with urticaria and oedematous swelling under the eyes and lips, *Apis* was chosen over the other remedies.^[14] The medicine was given in globules and the patient was advised to take 4 globules at a time in an empty stomach. After the first prescription, *Sulphur* 1M was given but again with limited relief. Since *Sulph* still seemed to be indicated, it was given in 10M potency, which worked well. After the acute condition had subsided and oedematous swelling and acute stinging pain had reduced, *Urtica urens* 30C was prescribed from the third follow-up onwards. Symptoms such as urticarial rash with burning and stinging, aggravated by eating shellfish and meat, were well marked and the main indicator to choose *Urtica urens*. On the sixth follow-up, *Sulphur* 30C was given to the patient as per requirement at various intervals.

Follow-up and outcomes

No adverse and unanticipated event was reported by the patient during the follow-ups, nor was any aggravation reported by the patient or her parents during the course of treatment [Table 2].

The causal attribution was assessed through an assessment tool, Modified Naranjo Criteria for Homeopathy (MONARCH) (+7)^[15] [Table 3].

DISCUSSION

In this case, Homoeopathy not only helped in checking the long-term administration of anti-allergic drugs, but also controlled the eruptions of urticarial rash. It also corrected the pathology in blood by bringing down the IgE level within normal limits. It was a diagnosed case in which *Apis mellifica* was prescribed as the first medicine based on the indication and individualisation. However, *Apis mellifica* did not give the expected result. As per the homoeopathic philosophy, this disease comes under psora and needs treatment accordingly.^[16] The lack of non-improvement by the indicated medicine could be a result of a block created by the underlined miasm, psora in this case. Keeping in mind an anti-psoric medicine, along

Table 2: Follow-Ups

Follow up	Symptoms/outcomes	Medicine with dose
22 May 2023 (Baseline visit)	<ul style="list-style-type: none"> Eruptions and intense itching all over the body for 6 months IgE-339.42IU/mL on 04 April 2023 Burning and stinging sensation, relieved after cold application and bathing, aggravated by hot applications and after taking meat Thirstless On clinical examination, oedematous swelling was found under her eyes and lips 	<i>Apis mellifica</i> 30C/6 doses/BD (4 globules in empty stomach)
05 June 2023 (1 st follow-up)	<ul style="list-style-type: none"> Urticaria slightly better, but eruption present The patient took anti-allergic medication in 1-day interval for 2 days, but no improvement in her condition 	Indicated medicine failed. After re-case-taking, desire: sweet, itching of the anus <i>Sulphur</i> 1M/4 doses/OD. (4 globules in empty stomach)
19 June 2023 (2 nd follow-up)	<ul style="list-style-type: none"> Urticarial eruption same Anti-allergic medicine was taken at 2-day interval for 2 days Stool hard, constipated 	<i>Sulphur</i> 10M/2 doses/OD. (4 globules in an empty stomach)
03 July 2023 (3 rd follow-up)	<ul style="list-style-type: none"> The patient was better Took five anti-allergic tablets since the last visit IgE level decreased to 282.14 IU/mL (24 June 2023) 	Recase-taking was done. Urticarial eruption aggravated after taking shellfish. Stinging and burning sensation present. <i>Urtica urens</i> 30C/6 doses/OD (4 globules in empty stomach)
17 July 2023 (4 th follow-up)	<ul style="list-style-type: none"> The patient said to be almost 90% better Took only one anti-allergic tablet since the last visit Appetite increased and stool soft and regular 	<i>Urtica urens</i> 30C/12 doses/OD (4 globules in an empty stomach)
14 August 2023 (5 th follow-up)	<ul style="list-style-type: none"> The patient felt to be much better Took only one anti-allergic tablet since the last visit With relief in itching, she was more active and her concentration increased 	<i>Urtica urens</i> 30C/30 doses/OD (4 globules in an empty stomach)
16 October 2023 (6 th follow-up)	<ul style="list-style-type: none"> The patient was better No new symptoms appeared 	<i>Sulphur</i> 30C/6 doses/OD (4 globules in an empty stomach) It was given as an anti-psychic remedy to complete the case
02 November 2023 (7 th follow-up)	<ul style="list-style-type: none"> The patient was better No new symptoms appeared IgE value was 106.9 IU/mL 	No medicine was prescribed as improvement continued
14 December 2023 (8 th follow-up)	<ul style="list-style-type: none"> The patient felt better No new symptoms 	No medicine was prescribed as improvement continued
14 December 2023 (9 th follow-up)	<ul style="list-style-type: none"> The patient was better No new symptoms 	No medicine was prescribed as improvement continued

IgE: Immunoglobulin E; BD: Twice Daily; OD: Once in a day

Table 3: Assessment by Modified Naranjo criteria for Homeopathy (MONARCH)

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there a homeopathic aggravation of symptoms?	+1		
4. Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6A. <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B. <i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of symptoms: – from organs of more importance to those of less importance? – from deeper to more superficial aspects of the individual? – from the top downwards?		0	
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	–3		
9. Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total			+7

with other supporting symptoms such as the desire for sweet, itching of the anus and previously indicated medicine failed *Sulphur* was thus administered. *Sulphur* was thus allowed to act in higher potencies such as 1M and 10M. Subsequently, an improvement was noticed but the patient was still forced to take anti-allergic tablets, although less frequently. After a few follow-ups however, the improvement seemed to have come to a halt again. It could be because of relapse of pathological changes in blood serum such as increased levels of immune body IgE. Hence case was revisited and *Urtica urens* was prescribed, based on a urticarial eruptions after taking shellfish, and burning and stinging sensation on the affected area. The patient started to improve and the intake of anti-allergic medicine also decreased.

Although *Urtica urens* is a short-acting, partially-proven drug, it is a valuable medicine when symptoms are similar. There was no reappearance of the eruptions after this medicine was prescribed. In practice, the first prescription does not always work as per the expectations. In such cases, the homoeopaths must relook at the case and find the most accurate similimum. In this case, the similimum could be found only after the third review of the case and the patient significantly improved thereafter. The case shows that Homoeopathy is not only capable of recovery of the symptoms but also in correcting the biomolecular abnormality in the blood. It can modulate the immune response. The recovery and causal attribution established by MONARCH score of +7. This also supports the causal attribution of the outcome and homoeopathic treatment.

This is the very essence of Homoeopathy; it not only reduces the symptoms, but also annihilates the underlying pathology in curable cases. This case supports the previous work done

in Homoeopathy including the immunomodulatory role in such cases on immunomodulation. A recent review reported a significant immunomodulatory effect of homoeopathic medicines.^[17] *In vivo* and *in vitro* studies have showed a significant response of homoeopathic medicines through cytokinin.^[18] Dr. Gupta has given her perspective on the relation between Homoeopathy and immunomodulation suggesting that in the current times, the challenge lies not only in the diagnosis of the disease, but also in the management of gross complexities in the presentation of novel diseases and in multiplying measures to restrict the transformation of simple infections into deadly outbreaks. An urgent need is thus felt to identify and apply the same so that the observations of Master Hahnemann on the incurability of complex diseases and his guidance can be used to effect the restoration of health.^[19] A case report showed the positive role of individualised homoeopathic medicine *Phosphorus* 30C, 200C in urticaria,^[5] while another report has highlighted the successful homoeopathic treatment with *Rhus toxicodendron* 30C, *Rhus toxicodendron* 200C and *Tuberculinum* 1M in chronic facial urticaria.^[6] Another case report showed the result of homoeopathic treatment with *Hepar sulphuris* 6C, and 30C in the case of spontaneous urticaria.^[8] A case series showed homoeopathic medicines can reduce both the intensity and frequency of urticaria.^[20] Another interesting study showed the effectiveness of Homoeopathy in controlling and preventing urticaria.^[21]

Taking this evidence further, this case is one step ahead in demonstrating the usefulness of Homoeopathy in restoring the IgE level in the blood, which is exhibited clinically in the diminution of urticarial rashes and stoppage of anti-allergic drugs. To our knowledge, this is the only case report in this context and it may be useful for the purpose of hypothesis

generation in future through pragmatic trials with optimum sample size.

CONCLUSION

This case provides some insight into immunomodulatory effect of homoeopathic medicines. Further research studies like randomised controlled trials and basic research are required to gather larger shreds of evidence in support of the efficacy of homoeopathic therapy or drugs in immunomodulation.

Patient's attendant's perspective

'My child came with a recurrent itching all over the body. After a few months of treatment, she's felt much better, and that too without any adverse effects.'

Declaration of patient consent

The authors confirm that they have obtained approval from the patient's guardian to use her clinical information for reporting the case in the journal confidentially, though anonymity can't be guaranteed.

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Nil.

Conflicts of interest

None declared.

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Effet modulateur des immunoglobulines E de l'homéopathie individualisée chez un enfant souffrant d'urticaire chronique spontanée immunologique : rapport de cas.

Introduction: L'urticaire est l'une des nombreuses maladies à médiation immunitaire. Elle est très gênante et altère considérablement la qualité de vie. L'urticaire chronique spontanée (UCS) est associée à des papules rouges, œdémateuses, érythémateuses, surélevées et prurigineuses, avec ou sans angio-œdème. Un marqueur sérologique tel que l'immunoglobuline E (IgE) est élevé dans l'urticaire, ce qui constitue l'un des critères diagnostiques de l'urticaire. Le succès du traitement repose sur le fait que le contrôle ou immunomodulation du taux d'IgE. Selon les données disponibles, l'homéopathie est très efficace dans la prise en charge de l'urticaire en ramenant le taux d'IgE sériques à des valeurs normales.

Résumé du cas: Une fillette de 10 ans s'est présentée en consultation externe pour urticaire et augmentation du taux d'IgE sériques. Lors de la première consultation, tous les symptômes, objectifs et subjectifs, ont été recueillis, puis une description de la totalité des symptômes et une répertorisation ont été réalisées. Le traitement antiallergique administré avant la consultation a été progressivement diminué. Un score MONARCH de +7 a démontré le lien de causalité entre le médicament et l'évolution de la maladie. L'éruption urticarienne a finalement cessé et le taux d'IgE est revenu à la normale. Cette étude de cas révèle le rôle positif du traitement homéopathique dans les maladies à médiation immunitaire telles que l'urticaire.

Immunglobulin-E-modulatorische Wirkung individualisierter Homöopathie bei einem Kind mit immunologischer, chronischer spontaner Urtikaria: Ein Fallbericht

Einleitung: Urtikaria ist eine von mehreren immunvermittelten Erkrankungen. Sie ist sehr belastend und beeinträchtigt die Lebensqualität erheblich. Chronische spontane Urtikaria (CSU) ist mit roten, ödematösen, erythematösen, erhabenen und juckenden Quaddeln mit oder ohne Angioödem verbunden. Ein serologischer Marker wie Immunglobulin E (IgE) ist bei Urtikaria erhöht, was eines der diagnostischen Kriterien für Urtikaria ist. Der Behandlungserfolg beruht darauf, der Kontrolle oder Immunmodulation des IgE-Spiegels. Den vorliegenden Daten zufolge ist Homöopathie sehr wirksam bei der Behandlung von Urtikaria, indem sie den Serum-IgE-Spiegel in den Normbereich senkt.

Fallzusammenfassung: Ein 10-jähriges Mädchen suchte die Ambulanz mit der Beschwerde über Urtikaria und erhöhten Serum-IgE-Spiegel auf. Beim ersten Besuch wurden alle objektiven und subjektiven Symptome erhoben, gefolgt von einer Erfassung der Gesamtheit der Symptome und einer Reperiorisation. Die vor dem Besuch eingenommene antiallergische Medikation wurde schrittweise reduziert. Ein MONARCH-Score von +7 bewies den kausalen Zusammenhang zwischen dem Medikament und dem Behandlungserfolg des Patienten. Der Ausbruch der urtikariellen Hautausschläge hörte schließlich auf und der IgE-Spiegel normalisierte sich wieder. Diese Fallstudie zeigt den positiven Einfluss der homöopathischen Behandlung bei immunvermittelten Erkrankungen wie Urtikaria.

इम्यूनोलॉजिकल क्रॉनिक स्पॉन्टेनियस अर्टिकेरिया से पीड़ित बच्चे में व्यक्तिगत होम्योपैथी चिकित्सा का इम्यूनोग्लोबुलिन ई मांड्यूलेटरी प्रभाव: एक केस रिपोर्ट

परिचय: अर्टिकेरिया प्रतिरक्षा-मध्यस्थ रोगों में से एक है। यह बहुत तकलीफदेह है और जीवन की गुणवत्ता को काफी हद तक बाधित करता है। क्रॉनिक स्पॉन्टेनियस अर्टिकेरिया (सीएसयू) लाल, इडीमेटस, एरिथेमेटस, उभरे हुए एवं खुजली युक्त घावों के साथ कभी-कभी अंजीओएडेमा के साथ या बिना प्रस्तुत होता है। इम्यूनोग्लोबुलिन ई (आईजीई) जैसे सीरोलॉजिकल मार्कर अर्टिकेरिया में बढ़ जाते हैं, जो अर्टिकेरिया के नैदानिक मानदंडों में से एक है। आईजीई स्तर को नियंत्रित करने या इम्यूनोमांड्युलेट करने की आवश्यकता नैदानिक दृष्टिकोण से महत्वपूर्ण है। उपलब्ध आंकड़ों के अनुसार, होम्योपैथी सीरम आईजीई स्तर को सामान्य सीमाओं के भीतर लाकर पित्ती के प्रबंधन के लिए बहुत प्रभावी है।

केस सारांश: एक 10 वर्षीय बालिका ने बढ़े हुए सीरम आईजीई स्तर के साथ पित्ती की शिकायत को लेकर बाह्य रोगी विभाग में परामर्श लिया। प्रथम परामर्श के दौरान रोगी के सभी लक्षण, वस्तुनिष्ठ और व्यक्तिपरक, एकत्र किए गए। इसके बाद लक्षणों की समग्रता के आधार पर विश्लेषण करते हुए रिपरटोराइजेशन किया गया। परामर्श से पहले एंटी-एलर्जिक दवा धीरे-धीरे बंद कर दी गई। प्राप्त +7 का MONARCH स्कोर चयनित औषधि और रोग में हुए नैदानिक सुधार के बीच कारणात्मक संबंध को स्पष्ट रूप से दर्शाता है। उपचार के परिणामस्वरूप पित्त के चकत्तो का प्रकोप पूर्णतः समाप्त हो गया, और IgE स्तर सामान्य सीमा में लौट आया। इस केस स्टडी से पित्ती जैसे प्रतिरक्षा-मध्यस्थ रोगों के प्रबंधन में व्यक्तिगत होम्योपैथिक चिकित्सा की सकारात्मक भूमिका को उजागर करती है।

Efecto modulador de la inmunoglobulina E de la homeopatía individualizada en un niño con urticaria crónica espontánea inmunológica: Reporte de un caso.

Introducción: La urticaria es una de varias enfermedades inmunomediadas. Es muy problemática y afecta significativamente la calidad de vida. La urticaria crónica espontánea (UCE) se asocia con ronchas rojas, edematosas, eritematosas, elevadas y pruriginosas, con o sin angioedema. Un marcador serológico como la inmunoglobulina E (IgE) se eleva en la urticaria, que es uno de los criterios diagnósticos de la urticaria. El éxito del tratamiento radica en el hecho de que controlar o inmunomodular los niveles de IgE. Según los datos disponibles, la homeopatía es muy eficaz para el tratamiento de la urticaria, reduciendo los niveles séricos de IgE a valores normales.

Resumen del caso: Una niña de 10 años acudió a consultas externas con urticaria y un aumento de los niveles séricos de IgE. En la primera visita, se recogieron todos los síntomas, objetivos y subjetivos, seguidos de la caracterización de todos los síntomas y su repertorización. La medicación antialérgica previa a la visita se redujo gradualmente. Una puntuación MONARCH de +7 demostró la relación causal entre el medicamento y el pronóstico de la paciente. La erupción urticarial finalmente cesó y los niveles de IgE se normalizaron. Este estudio de caso revela un papel positivo del tratamiento homeopático en enfermedades inmunomediadas como la urticaria.

免疫球蛋白E调节：个体化顺势疗法对患有免疫性慢性自发性荨麻疹的儿童的治疗：病例报告 简介：荨麻疹是几种免疫介导疾病之一。它非常麻烦，严重影响生活质量。慢性自发性荨麻疹（CSU）伴有红色、水肿性、红斑性、凸起性和瘙痒性风团，伴或不伴有血管性水肿。荨麻疹患者血清学标志物（例如免疫球蛋白E（IgE））升高，这是荨麻疹的诊断标准之一。成功的治疗取决于以下事实：

控制或免疫调节IgE水平。根据现有数据，顺势疗法通过将血清IgE水平降至正常范围内，对荨麻疹的治疗非常有效。

病例摘要：一名10岁女孩因荨麻疹和血清IgE水平升高到门诊就诊。在第一次就诊中，收集了所有客观和主观症状，然后对症状进行了总体概括和记录。就诊前服用的抗过敏药物逐渐减少。MONARCH评分为+7，证明了药物与患者结果之间的因果关系。荨麻疹皮疹最终停止，IgE水平恢复到正常范围。本案例研究揭示了顺势疗法在荨麻疹等免疫介导疾病中的积极作用。