

Kampo Dermatology – Clinical Studies

Urticaria/Hives (8)

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Chronic urticaria (more commonly known as hives) is unexpectedly one of intractable disorders in our every day life. Many cases of acute urticaria have known causes so that it can easily be cured. In many cases, urticaria appearing repeatedly for a long period has an unknown cause. The skin condition of urticaria can often be improved by Kampo medicines selected based on the overall condition.

Urticaria is a raised, bumpy red wheal that appears anywhere on the body. The wheals can be the size of a grain of rice enlarging in a map-like form. Generally, acute urticaria will fade within several hours whereas chronic urticaria will last more than a month, sometimes persist several years to more than 10 years.

Causes are certain foods, drugs, focal infection, and the direct physical stimulation of the skin. Urticaria, however, is often caused by IgE-mediated allergies. For chronic urticaria, no definite cause can be identified.

Urticaria often causes red erythmas and elevated patches (wheals) – it is basically due to the abnormality of water damp. Therefore, to treat this sho, medicines to induce diuresis and medicines to clear heat are appropriately combined.

Basic two prescriptions are *inchingoreisan* and *eppikajutsuto*. And adjustments will be determined depending on whether or not there is sweat, cold sensation, or blood stasis.

Case 1: Urticaria, oversensitivity

Male of 51 years old

Current medical history: Urticaria had been persistent for 15 years. The patient had received treatment of various kinds but no cure was attained.

Present conditions: Edemas and erythmas

covering the entire body with intense itching. Pigmentation and moistness coexisted. Dermographism (++)). Highly irritable due to oversensitivity. Had difficulty falling asleep and getting up in the morning. Cold feet (++)), constipation (+), and loose stool.

Feeling thirsty (+). Blood pressure 128/80

Abdominal sho: Tension of abdominal rectus muscles on both sides, a bloated feeling in the chest and hypochondriac region, and tenderness in the lower abdomen.

Examination findings: Table 1 (attached)

Treatment and course

Inchingoreisan 5.0g, *keigairengyoto* 6.0g, and Loratadine 1 tablet were administered for 14 dys.

Formulations were changed to *shigyakusan* 5.0g and *tsudosan* 5.0g. Claritin 1 tablet was continued. The medication was maintained.

One year later, the conditions became mostly improved.

Sweat test

		Before treatment		After treatment	
		Before stress application	After stress application	Before stress application	After stress application
Sweat	Right hand	37.9	40.8	26.1	32.6
	Left hand	38.5	44.1	26.6	37.5
	Right hand	39.5	45.8	35.2	49.0
	Left hand	34.5	40.6	37.9	36.9

* Sweat test is a simple test that shows the levels of stress felt by the patient. The patient is requested to subtract 7 from 100, and to keep subtracting from the result. And then, the volume of palmar sweating is measured. The table indicates that patient's stress levels are dropping.



Case 1: Examination findings

<Biochemistry>	Before treatment	After treatment
Total protein	6.6g/dl	6.6g/dl
UA	91mg/dl	8.1mg/dl
TC	227mg/dl	180mg/dl
TG	183mg/dl	65mg/dl
CPK (peripheral blood)	236	178

<Hematological value>	Before treatment	After treatment
Erythrocytes	538×10 ⁹ /ul	479×10 ⁹ /ul
Leukocytes	9.3↑	9.0↑
Lymphocytes	16.1%	21.0%
Neutrophils	69.8%	71.9%
Acidocytes	7.4%	1.7%

IgG 830mg/dl IgA 87 mg/dl↓ IgE 244 Cedar (++++↑)