

Urticaria: Complementary/Alternative Medicine

Hives (urticaria): raised and swollen welts with blanched centers (wheals) that may coalesce to become giant welts. Limited to the superficial portion of the skin.

Angioedema: Similar eruptions to hives, but with larger swollen areas that involve structures beneath the skin.

Chronic versus acute: Recurrent episodes of urticaria and/or angioedema of less than six weeks duration are considered acute, while attacks persisting beyond this period are designated chronic.

Special forms: Special forms have characteristic features (dermographism, cholinergic urticaria, solar urticaria, cold urticaria).

QUICK REVIEW

- Fundamental to the treatment of hives is recognition and control of causative factors.
- Drug reactions are the leading cause of hives in adults.
- In children, hives are usually due to foods, food additives, or infections.
- Antibiotics, including penicillin and related compounds, are the most common cause of drug-induced hives.
- Although any food can be the causative agent, the most common offenders are: milk, fish, meat, eggs, beans, and nuts.
- Several food additives (e.g., tartrazine, benzoate) and aspirin increase the production of a compound that results in an increase in the number of mast cells throughout the body.

Elimination of food additives leads to tremendous improvement in chronic hives in children.

Chronic Candidiasis can be an underlying factor in cases of chronic hives. Vitamin C prevents the secretion of histamine by white blood cells and increases the breakdown of histamine.

- The flavonoid Quercetin inhibits both the manufacture and release of histamine and other. allergic/inflammatory mediators by mast cells and basophils.
- It is important to rule out low thyroid function or the presence of antibodies against the thyroid gland in cases of chronic hives.

DRUGS THAT CAN CAUSE URTICARIA

Acetylsalicylic acid

Allopurinol

Antimony

Antipyrines

Barbiturates

Bismuth

Chlorhydrate

Chlorpromazine

Corticotropin (ACTH)

Eucalyptus Fluorides

Gold I

Griseofulvin (cold urticaria)

Insulin

Lodine

Liver extract

Menthol

Meprobamate

Mercury

Morphine, opium

Para-amino salicylic acid
Penicillin
Phenacetin
Phenobarbital
Pilocarpine
poliomyelitis vaccine
Potassium
Sulfocyanate
Procaine
Promethazine
Quinine
Reserpine
Saccharin
Thiamine chloride
Thiouracil

TREATMENT SUMMARY

The first goal of treatment is to identify and control all of the factors that promote the hives. Acute hives is usually a self limiting disease, especially once the eliciting agent has been removed or reduced. Chronic hives also responds to the removal of the eliciting agent(s).

Diet

An elimination diet is of utmost importance in the treatment of chronic hives (see FOOD ALLERGY). The diet should not only eliminate suspected allergens, but also all food additives.

Nutritional Supplements

- Vitamin C: 1 g three times per day
- Vitamin B12: 1,000 mcg per day orally, or by injection once per week
- Quercetin: 200-400 mg twenty minutes before each meal

Psychological Measures

Perform relaxation techniques daily. Listening to audio taped relaxation programs may be an appropriate way to induce the desired state.

Physical Medicine

Sunbathe daily for fifteen to twenty minutes or use a WA solarium, especially in cases of chronic physical urticaria. Obviously sunbathing is contraindicated in solar urticaria.