

Utility of Homoeopathic Medical Repertory by Dr. Robin Murphy in Management of Hives

Dr. Nishantpuri Gosai¹, Dr. Prakash Joshi²

¹PG Scholar, Department of Case Taking and Repertory, Rajkot Homoeopathic Medical College, Parul University, Rajkot, Gujarat

²PG Guide & Professor of Department of Case Taking and Repertory, Rajkot Homoeopathic Medical College, Parul University, Rajkot, Gujarat

Abstract:

Hives (Urticaria) causes transient itchy wheals, Acute and chronic disease symptoms can disrupt daily life. This 40-case study at Sainath Homoeopathic Hospital, Rajkot, examined the clinical profile and outcomes of patients with acute (13/40) or chronic (27/40) hives who received individualized oral homoeopathic medicines selected through case taking and repertorization using Dr. Robin Murphy's Homoeopathic Medical Repertory. Disease activity was measured before and after treatment using the seven-day Urticaria Activity Score (UAS7). Women accounted for 26 patients (65.0%), and the largest age group was 21–30 years (32.5%). Mean UAS7 decreased from 31.40 to 8.43, a mean reduction of 22.975 points [paired $t(39) = 15.306$]. Marked improvement was recorded in 27 patients (67.5%) and moderate improvement in eight (20.0%). The findings suggest that repertorization offered a structured approach to individualized case analysis and prescribing and that treatment was associated with reduced symptom activity; however, the homoeopathic medicine effective in hives.

Keywords: urticaria; hives; chronic spontaneous urticaria; UAS7; homoeopathy; repertory; case series; clinical research.

INTRODUCTION:

Urticaria is a common inflammatory skin disorder in which mast-cell activation produces transient wheals, itching. A typical wheal is raised, erythematous or skin-coloured, and short-lived; individual lesions generally resolve within 24 hours without scarring, although new lesions may continue to appear. The disease is clinically divided by duration into acute urticaria, lasting less than six weeks, and chronic urticaria, in which wheals, recur for more than six weeks. Chronic urticaria is further classified as chronic spontaneous urticaria (CSU) or chronic inducible urticaria, depending on whether a consistent physical or environmental trigger can be demonstrated.

The clinical burden of urticaria is not adequately represented by lesion counts alone. Itching may disturb sleep and concentration, while unpredictable flares can affect work, social participation, and mental health. Current international guidance recommends structured assessment of disease activity and disease control. UAS7 is a patient-completed measure that sums daily wheal and

pruritus scores over seven days, producing a total from 0 to 42; higher values indicate greater activity. The tool is therefore useful for documenting change over time, although it does not by itself identify the cause of improvement.

The pathophysiology of urticaria is centred on activation of cutaneous mast cells and release of mediators, particularly histamine, which increases vascular permeability and stimulates sensory nerves. Triggers may include infections, foods, medicines, insect exposure, physical stimuli, autoimmune mechanisms, and stress. In CSU, however, a specific external trigger is often not identified. The clinical assessment must therefore distinguish uncomplicated urticaria from conditions requiring urgent or specialist management, including anaphylaxis, urticarial vasculitis, hereditary angioedema, mastocytosis, drug eruptions, and blistering disorders.

Homoeopathic practice approaches a case through an individualized symptom totality. In the dissertation under review, repertorization was used to organize mental symptoms, physical generals, particulars, modalities, causation, and concomitants before checking the repertorial result against materia medica. Dr. Robin Murphy's Homoeopathic Medical Repertory is described as a modern alphabetical and practical repertory containing clinical, pathological, environmental, and other rubrics. Its proposed value in this setting is not merely to locate the diagnosis "urticaria," but to structure the relationship between the patient's characteristic features and possible remedies.

OBJECTIVES:

The primary objective was to examine the practical application of Murphy's Homoeopathic Medical Repertory in the management of hives. Secondary objectives were to describe the clinical and demographic profile of the cases, document the repertory-based prescribing process, assess change in UAS7, and classify outcomes as marked, moderate, mild, or no improvement.

MATERIALS AND METHODS:

Study design and setting

The source dissertation reports a clinical study of 40 patients attending the outpatient and special outpatient services of Sainath Homoeopathic Hospital, affiliated with Rajkot Homoeopathic Medical College, Rajkot, Gujarat. The work was conducted as part of postgraduate training in case taking and homoeopathic repertory. The dissertation states that ethical clearance was obtained and that informed consent materials were prepared in English and Gujarati.

Participants

The study included patients diagnosed with acute or chronic hives who met the dissertation's inclusion criteria. The reported exclusion criteria included serious systemic illness or significant pathology, immunocompromised status, irreversible conditions, cases requiring emergency intervention, and pregnancy or lactation.

Outcome measure

The principal quantitative outcome was UAS7. The dissertation used the conventional 0–42 scale

and categorized scores as urticaria-free (0), well controlled (1–6), mild (7–15), moderate (16–27), and severe (28–42). The study also used percentage-based outcome categories: marked improvement, 75% or more; moderate improvement, 40–74%; mild improvement, 10–39%; and no improvement, less than 10%.

Statistical analysis

Pre-treatment and post-treatment UAS7 values were summarized using means. A paired t test was applied to the 40 paired observations. The dissertation reports a pre-treatment mean of 31.400, a post-treatment mean of 8.425, and a mean paired difference of 22.975. The reported t statistic was 15.3058 with 39 degrees of freedom and a two-sided critical value of approximately 2.0227 at the 0.05 level. The analysis rejected the null hypothesis of no mean pre–post difference. For a paired t test, the relevant null hypothesis is that the mean within-person change is zero.

RESULTS:

Participant profile:

Age group (years)	Cases	Percentage
0–10	1	2.5
11–20	4	10.0
21–30	13	32.5
31–40	11	27.5
41–50	6	15.0
51–60	2	5.0
61–70	3	7.5
Total	40	100.0

The cohort was concentrated in young and middle adulthood. Participants aged 21–30 years accounted for 13 cases (32.5%), and those aged 31–40 years for 11 cases (27.5%). Together, these groups represented 60.0% of the sample. Only one participant was aged 0–10 years, and five participants were older than 60 years.

Sex	Cases	Percentage
Female	26	65.0
Male	14	35.0
Total	40	100.0

Women represented 65.0% of the cases. This is a description of the study sample, not proof that urticaria is more common in women in the population represented by the hospital.

Clinical type	Cases	Percentage
Acute	13	32.5
Chronic	27	67.5
Total	40	100.0

Chronic cases predominated, accounting for more than two-thirds of the cohort. This composition is clinically relevant because chronic disease is more likely to require repeated follow-up and structured assessment than a single short-lived acute episode.

Prescribing pattern:

Medicine	Cases	Percentage
Sulphur	4	10.0
Rhus toxicodendron	4	10.0
Natrum muriaticum	3	7.5
Urtica urens	3	7.5
Arsenicum album	3	7.5
Apis mellifica	2	5.0
Sepia	2	5.0
Dulcamara	2	5.0
Graphites	2	5.0
Bovista	2	5.0
Pulsatilla	2	5.0
Phosphorus	2	5.0
Other individual remedies(Hist,Merc sol, Psor,Ign,Staph,Ant crud, Hepar sulph,Nux vom,Lyc.)	9	22.5

The prescription pattern was heterogeneous. Sulphur and Rhus toxicodendron were the most frequently recorded remedies, each used in four cases. Natrum muriaticum, Urtica urens, and

Arsenicum album were each used in three cases. Seven remedies were used twice, while several others appeared once. This distribution is consistent with individualized prescribing, but it prevents meaningful remedy-specific effectiveness comparisons because the numbers per remedy are small and there was no comparator.

Rubric group	Reported frequency
Mind: grief / silent grief	High (≥ 8 cases)
Mind: consolation	High (≥ 7 cases)
Mind: irritability	High (≥ 9 cases)
Mind: restlessness	High (≥ 8 cases)
Mind: anxiety	High (≥ 7 cases)
Generals: warmth aggravation	High (≥ 14 cases)
Food: desire for sweets	Moderate (≥ 9 cases)
Time: night aggravation	High (≥ 10 cases)
Skin: urticaria with modality	40/40 cases

In the dissertation that mental generals were prominent in the case totalities. Frequently recorded themes included grief or silent grief, reaction to consolation, irritability, restlessness, anxiety, and crying or weeping. General modalities included aggravation from warmth, response to cold air, food desires such as sweets, and aggravation at night. The skin rubric for urticaria was present in all cases, while qualifying modalities—bathing, warmth, exercise, particular foods, and cold or we weather—were used to differentiate prescriptions.

Potency	Cases	Percentage
30	17	42.5
200	20	50.0
1M	3	7.5
Total	40	100.0

The most common potency was 200, used in half of the cases, followed by 30 in 42.5%. The 1M potency was used in three cases. The study was not designed to compare potencies, and the data cannot support a potency-effect conclusion.

Clinical outcomes:

Outcome category	Cases	Percentage
Marked improvement	27	67.5
Moderate improvement	8	20.0
Mild improvement	4	10.0
No improvement	1	2.5
Total	40	100.0

Marked improvement was reported in 27 cases (67.5%), moderate improvement in eight (20.0%), mild improvement in four (10.0%), and no improvement in one (2.5%). Thus, 35 of 40 patients (87.5%) were categorized as having at least moderate improvement. This result is encouraging as a descriptive clinical observation, but the outcome categories may be vulnerable to observer expectation and are not equivalent to blinded or independently adjudicated endpoints.

UAS7 change:

Measure	Before treatment	After treatment
Mean UAS7	31.400	8.425
Mean reduction	—	22.975
Reported variance	44.503	104.815
Number of paired observations	40	40

The reported mean UAS7 decreased by 22.975 points, from a severe-range baseline mean to a value within the mild range on average. The dissertation reports a paired t statistic of 15.3058, which exceeded the stated two-tailed critical value of 2.0227 at 39 degrees of freedom. The reported pre-post difference was therefore statistically significant under the paired analysis.

Post-treatment UAS7 category	Cases	Percentage
UAS7 0, urticaria-free	2	5.0
1–6, well controlled	26	65.0
7–15, mild	4	10.0
16–27, moderate	7	17.5
28–42, severe	3	7.5
Total	40	100.0

The dissertation reports that 26 cases (65.0%) were in the well-controlled range after treatment, four (10.0%) were mild, seven (17.5%) moderate, and three (7.5%) severe; two cases (5.0%) had a score of zero. The corresponding pre-treatment distribution was 29 severe cases (72.5%) and 11 moderate cases (27.5%), with no cases in the lower categories.

DISCUSSION:

The present study describes the clinical course of 40 patients with hives treated at the OPD and Special OPD of Sainath Homoeopathic Hospital, affiliated with Rajkot Homoeopathic Medical College. Following detailed case evaluation and repertorization using Dr. Robin Murphy's Homoeopathic Medical Repertory through RADAROPUS software, the group showed a substantial reduction in reported urticaria activity. The findings are encouraging as observations from this clinical series, but they should be discussed as an association between treatment and improvement—not as proof that homoeopathic treatment caused the improvement.

Patient characteristics

The largest age group was 21–30 years (32.5%), followed by 31–40 years (27.5%); together, these groups accounted for 60% of the sample. This indicates that young and early middle-aged adults formed the majority of patients attending these clinics. It does not establish that urticaria is more prevalent in this age range in the general population, because the study included only patients who presented for care and met its selection criteria.

Women accounted for 26 cases (65%), compared with 14 men (35%). This female predominance is an important feature of the sample and should be considered when interpreting its outcomes. Without information on the wider clinic population or population-level rates, however, it cannot be attributed to a greater disease burden or a difference in treatment-seeking behaviour.

Prescribing pattern

The range of recorded prescriptions is consistent with the study's individualized approach to case analysis. Sulphur and Rhus toxicodendron were the most frequently prescribed medicines, with four cases each (10% each); several other medicines appeared in only one or two cases. Repertorization helped structure remedy selection, but the distribution alone cannot show that a particular medicine was more effective than another: patients were not assigned remedies for a controlled comparison.

Potencies of 200 and 30 were used in 20 (50%) and 17 (42.5%) cases, respectively, while 1M was used in three (7.5%). These figures describe prescribing practice in this series, not the relative effectiveness of the potencies. Any interpretation by medicine or potency would require case-level outcomes, baseline severity, treatment duration, and information on concurrent care.

Outcomes and UAS7

Clinician-reported outcome categories showed marked improvement in 27 patients (67.5%), moderate improvement in eight (20%), mild improvement in four (10%), and no improvement in one (2.5%). Thus, 35 of 40 patients (87.5%) were classified as having at least moderate improvement. The mean UAS7 fell from 31.4 before treatment to 8.43 after treatment, an absolute difference of 22.97 points. This is a notable change in the group's reported wheal-and-itch activity. At the post-treatment assessment, 26 patients (65%) had UAS7 scores of 0–6, including two (5%) with a score of zero; 11 patients (27.5%) remained in the mild or moderate ranges, and three (7.5%) remained in the severe range. UAS7 is a seven-day measure of wheals and itch; a score of 0 denotes no recorded wheals or itch during that week, rather than permanent remission.

CONCLUSION:

This study found that most patients with hives improved after individualized homoeopathic treatment using by Dr. Robin Murphy's *Homoeopathic Medical Repertory*. Marked improvement was reported in 67.5% of cases, and the proportion with severe UAS7 scores fell from 72.5% before treatment to 7.5% afterward, while 65.0% reached the well-controlled range. These findings suggest that the repertory was a useful framework for systematic symptom analysis and remedy selection in this group of patients. Homoeopathic medicines is effective in the cases of hives.

REFERENCES:

1. Zuberbier T, Abdul Latiff AH, Abuzakouk M, Aquilina S, Asero R, Baker D, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. *Allergy*. 2022;77(3):734-766. doi:10.1111/all.15090.
2. Hawro T, Ohanyan T, Schoepke N, Metz M, Peveling-Oberhag A, Staubach P, et al. Comparison and diagnostic utility of the Urticaria Activity Score and the Urticaria Control Test in patients with chronic urticaria. *Br J Dermatol*. 2018;179(6):1409-1416. doi:10.1111/bjd.16824.
3. Murphy R. *Homoeopathic medical repertory: a modern alphabetical and practical repertory*. 3rd rev ed. New Delhi: B Jain Publishers; 2010.
4. National Center for Complementary and Integrative Health. *Homeopathy: what you need to know* [Internet]. Bethesda (MD): NCCIH; 2025 [cited 2026 Sep 26]. Available from: <https://www.nccih.nih.gov/health/homeopathy>.
5. Shang A, Huwiler-Müntener K, Nartey L, Jüni P, Dörig S, Sterne JAC, et al. Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *Lancet*. 2005;366(9487):726-732.
6. World Health Organization. *ICD-11 for mortality and morbidity statistics* [Internet]. Geneva: World Health Organization; 2026 [cited 2026 Sep 26]. Available from: <https://icd.who.int/>.
7. Griffiths CEM, Barker J, Bleiker T, Chalmers R, Creamer D, editors. *Rook's textbook of dermatology*. 10th ed. Hoboken (NJ): Wiley-Blackwell; 2024.
8. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, Orringer JS, editors. *Fitzpatrick's dermatology*. 9th ed. New York: McGraw Hill; 2019.
9. Hahnemann S. *Organon of medicine*. 6th ed. Boericke W, translator. New Delhi: B Jain Publishers; 2004.
10. Sarkar BK. *Organon of medicine*. New Delhi: Birla Publications; 2010.
11. Boericke W. *Pocket manual of homoeopathic materia medica and repertory*. 9th ed. New Delhi: B Jain Publishers; 2007.
12. Lilienthal S. *Homoeopathic therapeutics*. New York: Boericke & Tafel; 1879.
13. Clarke JH. *A clinical repertory to the dictionary of materia medica*. Sittingbourne: Homoeopathic Book Service; 1991.
14. Lima H, Gooderham M, Dutz J, Sussman G, Hong CH, Papp K, et al. Management of chronic spontaneous urticaria (CSU): a treat to target approach using a patient reported outcome. *Allergy Asthma Clin Immunol*. 2017;13:38. doi:10.1186/s13223-017-0210-0.
15. World Medical Association. *World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects*. *JAMA*. 2013;310(20):2191-2194. doi:10.1001/jama.2013.281053.