

Clinical Integration of Urticaria Activity Score (UAS7) in Individualized Homoeopathic Treatment of Chronic Urticaria

Dr Janki Hirpara¹, Dr Priyanka Shroff²

¹PG Scholar, Department of Organon of Medicine, Rajkot Homoeopathic Medical College, Parul University

²M.D.(Hom.) Professor, Department of Organon of Medicine, Rajkot Homoeopathic Medical College, Parul University

Abstract- The Urticaria Activity Score over 7 days (UAS7) has emerged as a standardized, validated tool for assessing disease severity and treatment response in chronic urticaria. This paper explores the integration of UAS7 scoring bands within classical homoeopathic practice, examining its potential to enhance precision in medicine selection, track therapeutic outcomes, and bridge the gap between conventional dermatological assessment and individualized homoeopathic prescribing. We review current evidence from clinical studies employing UAS7 in homoeopathic research, analyze the correlation between score bands and commonly indicated remedies, and propose a framework for incorporating UAS7 into routine homoeopathic practice. The relationship between UAS7 severity stratification and the prescription of remedies such as *Apis mellifica*, *Natrum muriaticum*, *Rhus Toxicodendron*, *Sulphur*, and *Psorinum* is examined through case illustrations and research findings. This paper argues that UAS7 serves not merely as an assessment tool but as a valuable adjunct to homoeopathic practice, enabling objective monitoring, enhanced case management, and improved communication with conventional medicine.

Index Terms - chronic urticaria, disease activity scoring, homoeopathy, individualized prescribing, UAS7

I. INTRODUCTION

Chronic urticaria (CU) represents a significant clinical challenge, characterized by the recurrent appearance of itchy wheals, angioedema, or both for a duration exceeding six weeks. The condition affects approximately 0.5% to 1% of the global population, with a higher prevalence in adults and a notable female

predominance^[8]. The impact on quality of life is substantial, with patients experiencing sleep disturbance, psychological distress, and impairment of daily activities comparable to that seen in coronary artery disease^[3].

The conventional management of chronic urticaria follows a stepwise approach, beginning with second-generation H1 antihistamines, progressing to higher doses, and eventually to add-on therapies such as omalizumab or cyclosporine for refractory cases^[10]. However, 40% to 60% of patients do not achieve adequate control with antihistamine therapy alone^[2], creating a therapeutic gap where complementary approaches, including homoeopathy, are increasingly sought by patients.

Homoeopathy offers a holistic approach to urticaria management, treating the patient as a whole rather than suppressing isolated symptoms. The idiopathic nature of many urticaria cases, coupled with concerns about adverse effects of long-term conventional medication, has led to growing interest in homoeopathic treatment^[3]. Emerging evidence suggests that individualized homoeopathic prescribing can improve quality of life and reduce disease activity in chronic urticaria patients^[5].

Central to the objective assessment of urticaria is the Urticaria Activity Score over 7 days (UAS7), a validated, diary-based patient-reported outcome measure that quantifies disease activity by combining scores for wheal intensity and pruritus severity over one week^[4]. While extensively used in conventional

dermatological research and clinical practice, the integration of UAS7 into homoeopathic practice remains underexplored. This paper seeks to address this gap by examining the relationship between UAS7 score bands and homoeopathic prescribing, proposing a framework for its application in clinical decision-making and outcome assessment.

II. UNDERSTANDING UAS7: DEFINITION AND SCORING BANDS

A. Development and Validation

The Urticaria Activity Score was developed to provide a standardized, quantifiable measure of disease activity in urticaria patients. The UAS7 represents the sum of daily UAS scores over seven consecutive days, where each day's score combines assessment of wheals and itching on a 0-3 scale^[4].

Daily UAS Scoring:

- Wheal count: 0 = none; 1 = mild (<20 wheals/24h); 2 = moderate (20-50 wheals/24h); 3 = intense (>50 wheals/24h or large confluent areas)
- Pruritus intensity: 0 = none; 1 = mild (present but not annoying/troublesome); 2 = moderate (troublesome but does not interfere with normal daily activity or sleep); 3 = intense (severe pruritus interfering with normal daily activity or sleep)

B. UAS7 Score Bands and Clinical Interpretation

The total UAS7 score ranges from 0 to 42, with higher scores indicating greater disease activity. Based on validation studies and clinical consensus, the following severity bands have been established^{[2][4][6]}:

Table I: UAS7 Severity Classification

UAS7 Score	Severity Band	Clinical Interpretation
0	Disease-free	No wheals or pruritus for one week
1-6	Well-controlled	Minimal disease activity
7-15	Mild	Low disease activity

16-27	Moderate	Clinically significant disease activity
28-42	Severe	High disease activity

These bands have demonstrated clinical utility in predicting treatment response, with patients in higher bands showing reduced likelihood of response to standard antihistamine therapy^[2]. Recent research has also identified UAS7 scores as independent risk factors for progression from acute to chronic urticaria, with higher initial scores predicting chronicity^[9].

C. Prognostic Value

The prognostic significance of UAS7 extends beyond simple severity classification. Studies have demonstrated that UAS7 scores correlate with:

- Quality of life impairment^[5]
- Biomarker levels including IL-4 and IL-21^[6]
- Likelihood of antihistamine response^[2]
- Risk of disease chronicity^[9]

This multidimensional utility makes UAS7 an attractive tool for homoeopathic practice, where objective measures can complement individualized assessment.

III. HOMOEOPATHIC APPROACH TO CHRONIC URTICARIA

A. Principles of Individualized Prescribing

Homoeopathic treatment of chronic urticaria is founded on the principle of individualization—selecting the remedy that most closely matches the patient's totality of symptoms, including mental, emotional, physical, and peculiar characteristics^[3]. This approach recognizes that urticaria, while sharing common pathological features, manifests differently across individuals and requires correspondingly different therapeutic interventions.

The homoeopathic case-taking process explores:

- Character of the eruption: Color, distribution, sensation (itching, burning, stinging)
- Modalities: Factors that aggravate or ameliorate symptoms (heat, cold, pressure, rest, motion)

- Associated sensations: Nature of itching (violent, < night, > cold applications)
- Mental and emotional state: Anxiety, irritability, consolation aggravates/ameliorates
- Physical generals: Thermal preference, thirst, appetite, perspiration, sleep patterns
- Miasmatic background: Underlying predisposition (psoric, sycotic, tubercular)

B. Commonly Indicated Remedies

Review of clinical studies and case reports reveals several frequently prescribed remedies in chronic urticaria [3][5]:

Table II: Homoeopathic Remedies in Chronic Urticaria

Remedy	Key Indications
Apis mellifica	Stinging pain, < heat, > cold applications, edema, burning, relieved by cold bathing
Natrum muriaticum	< sun exposure, > open air, suppressed emotions, desire for salt, oily skin
Rhus toxicodendron	< damp weather, < rest, > motion, > warmth, vesicular eruptions
Sulphur	Burning itching, < heat of bed, < washing, morning aggravation
Dulcamara	< damp weather, < change of weather, < cold
Psorinum	Chilly patient, < exertion, offensive discharges, history of suppressed skin conditions

IV. INTEGRATING UAS7 INTO HOMOEOPATHIC PRACTICE

A. Current Use in Homoeopathic Research

The incorporation of UAS7 into homoeopathic research represents a significant step toward evidence-based practice within the field. Several studies have utilized UAS7 as a primary outcome measure:

Sharma et al. (2018) conducted a prospective observational study of 70 chronic urticaria patients receiving individualized homoeopathic treatment. UAS7 assessments were performed at baseline and at

3, 6, 9, and 12 months, demonstrating progressive improvement correlating with quality-of-life measures [5].

Singh and Sangtani (2023) reported a case of cholinergic urticaria where UAS7 decreased from 42 at baseline to 2 following treatment with Psorinum, accompanied by reduction in serum IgE from 367 IU/ml to 112 IU/ml [4]. This case illustrates the potential of UAS7 to document objective improvement alongside laboratory parameters.

CTRI/2022/07/044297, an ongoing randomized clinical trial, compares individualized homoeopathic medicine with *Urtica urens* in chronic urticaria, using UAS7 and CU-Q2oL as primary outcome measures at baseline and after 4 months [8].

B. Proposed Framework for UAS7 in Homoeopathic Practice

We propose a structured approach to integrating UAS7 into routine homoeopathic practice:

- 1. Baseline Assessment**
 - Administer UAS7 diary for one week prior to initial consultation
 - Document score band (well-controlled, mild, moderate, severe)
 - Correlate with clinical presentation and quality of life impact
- 2. Remedy Selection Consideration**
 - Consider UAS7 band alongside classical repertorization
 - Recognize that higher bands may indicate need for deeper-acting constitutional remedies or consideration of miasmatic background.
- 3. Monitoring and Follow-up**
 - Repeat UAS7 assessment at 1, 3, 6, and 12 months
 - Track trajectory of improvement (rapid versus gradual)
 - Use score changes to guide repetition and potency selection
- 4. Prognostic Indication**
 - Patients presenting with severe bands (UAS7 28-42) may require more intensive follow-up
 - Consider intercurrent remedies if plateau occurs in moderate bands

C. Correlation Between UAS7 Bands and Remedy Selection

Analysis of available research suggests patterns in remedy selection across UAS7 bands, though individualization remains paramount:

Severe Band (UAS7 28-42): Patients presenting with severe disease activity often require remedies addressing acute exacerbations superimposed on constitutional backgrounds. In the Psorinum case report, baseline UAS7 of 42 indicated severe disease, and the chosen remedy addressed both the acute manifestations and underlying psoric-tubercular miasm^[4].

Moderate Band (UAS7 16-27): This band represents the majority of patients in clinical studies. Apis mellifica, Natrum muriaticum, Rhus toxicodendron, and Sulphur were most frequently prescribed in this range^{[3][5]}. The choice among these depends on characteristic modalities and accompanying symptoms.

Mild Band (UAS7 7-15): Patients in this band may respond to higher potencies or less frequent dosing. Remedies addressing specific triggers (e.g., Dulcamara for damp weather sensitivity) may be particularly relevant.

Well-controlled Band (UAS7 1-6): Focus shifts to maintaining control, addressing residual symptoms, and constitutional treatment to prevent recurrence.

VI. DISCUSSION

A. Benefits of UAS7 Integration in Homoeopathic Practice

The integration of UAS7 into homoeopathic practice offers multiple advantages:

Objective Monitoring: While homoeopathy excels in addressing individual symptom experience, objective measures enhance credibility and enable precise tracking of treatment response.

Treatment Optimization: Serial UAS7 assessments can identify when response plateaus, prompting re-evaluation and potential remedy adjustment.

Research Facilitation: Standardized outcomes enable comparison across studies and contribute to the evidence base for homoeopathy^[5].

Interprofessional Communication: UAS7 provides a common language for discussing patient progress with conventional colleagues, potentially facilitating integrated care.

Patient Engagement: Daily diary completion engages patients in their care and provides tangible evidence of improvement.

B. Challenges and Limitations

Several considerations warrant attention:

Individualization vs. Standardization: The risk of over-relying on scores at the expense of individualized assessment must be avoided. UAS7 complements but cannot replace classical case-taking.

Scope of Assessment: UAS7 measures only wheals and itching, not the full range of homoeopathic outcomes including mental well-being, energy, and constitutional improvement.

Patient Compliance: Daily diary completion for one week requires patient cooperation and may not be feasible in all settings.

Evidence Gaps: While promising, the evidence base for homoeopathy in urticaria remains limited, with few controlled studies and small sample sizes^[3].

C. Comparison with Conventional Approaches

Conventional medicine increasingly recognizes the value of UAS7 in predicting treatment response and guiding therapy escalation^{[2][6]}. Biomarkers including IL-4 and IL-21 show correlation with UAS7 bands and antihistamine response^[6], suggesting potential for stratified approaches.

Homoeopathy's holistic framework offers something distinct: rather than simply escalating therapy based on scores, the response to homoeopathic treatment reflects deeper constitutional shifts, with UAS7 improvement serving as one indicator among many of therapeutic success.

D. Future Directions

Future research should address:

1. Prospective studies correlating UAS7 bands with specific remedy indications
2. Comparative effectiveness research examining UAS7 trajectories with homoeopathy versus conventional care
3. Biomarker studies investigating whether UAS7 changes correlate with immunological parameters in homoeopathically treated patients

4. Development of integrated assessment tools combining UAS7 with homeopathic case-taking frameworks
5. Longitudinal studies examining whether UAS7 improvement predicts sustained remission

VII. CONCLUSION

The UAS7 represents a valuable tool for homeopathic practice, offering standardized, validated assessment of disease activity in chronic urticaria. Its integration with classical prescribing principles enables objective monitoring while preserving the individualized approach central to homeopathy. Current evidence, while limited, suggests that homeopathic treatment can achieve meaningful reductions in UAS7 scores, correlating with improved quality of life and, in some cases, normalization of laboratory parameters.

The relationship between UAS7 bands and remedy selection—with *Apis mellifica*, *Natrum muriaticum*, *Rhus toxicodendron*, *Sulphur*, and *Psorinum* frequently prescribed—reflects the convergence of disease severity patterns with characteristic remedy indications. As homeopathy continues to evolve within evidence-based frameworks, tools such as UAS7 facilitate research, enhance clinical practice, and improve communication across healthcare disciplines.

For the practicing homeopath, UAS7 offers a practical, patient-friendly method to track progress, identify when re-evaluation is needed, and provide tangible evidence of treatment benefit. For the researcher, it enables rigorous outcome assessment and comparison across studies. Most importantly, for the patient with chronic urticaria, it provides a voice in documenting their journey from severe disease to well-controlled status—a journey that homeopathy, properly applied, can facilitate.

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