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Individualized Homoeopathic Treatment and Serial Assessment with the Urticaria Control Test and CU-Q2oL in a Woman with Chronic Urticaria: A Case Report

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ABSTRACT :

Background: Chronic urticaria (CU) is characterised by recurrent wheals, itching and/or angioedema persisting for more than six weeks, and it impairs sleep, daily activity and quality of life. **Case presentation:** A 40-year-old married housewife presented with recurrent, intensely itchy and burning wheals for 5–6 months, starting on the legs and spreading to the whole body except the face, aggravated by cold and packed food and ameliorated by cold water, coconut oil and scratching. Acidity and a sensation of a lump in the throat were associated. After repertorisation and case analysis, *Apis mellifica* 30 was prescribed as a single dose with placebo (Rubrum) for 15 days, and the case was followed at approximately fortnightly intervals up to 22 September 2026. Disease control and quality of life were assessed with the Urticaria Control Test (UCT) and the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL). **Outcome:** The patient reported progressive reduction in wheal episodes (about 30% relief at 4 weeks, 70–80% at 16 weeks, and about 90% with no wheals for the preceding 15 days at the last visit), with disappearance of itching and burning. A relapse after a cold was managed with *Dulcamara* 30, and a flare in July responded to *Apis mellifica* 200. UCT improved from 4/16 (poorly controlled) to 13/16 (well controlled), a gain of 9 points, and the CU-Q2oL index fell from 61.95 (severe impact) to 23.91 (mild impact), a 61% reduction. **Conclusion:** This single case suggests that individualized homoeopathic treatment may be associated with clinically meaningful improvement in disease control and quality of life in chronic urticaria; controlled studies are needed.

Keywords: Chronic urticaria; individualized homoeopathy; *Apis mellifica*; Urticaria Control Test; CU-Q2oL; case report

1. Introduction

Urticaria is a mast-cell-driven disorder with transient, itchy wheals, with or without angioedema. When symptoms recur for more than six weeks it is classed as chronic urticaria, most often chronic spontaneous urticaria without an identifiable trigger. Standard care relies on second-generation H1-antihistamines, with omalizumab and other agents for refractory disease, but many patients continue to have symptoms or seek complementary options. Itching, disturbed sleep, visible lesions and unpredictability of attacks reduce quality of life substantially, so patient-reported measures are as important as counting wheals.

The Urticaria Control Test (UCT) is a four-item, retrospective four-week questionnaire scored 0–16; a score of 12 or more indicates well-controlled disease and 11 or less indicates poorly controlled disease. The Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) has 23 items in six domains (pruritus, swelling, impact on life activities, sleep problems, limitations and looks); the total is transformed to 0–100, where a higher score indicates poorer quality of life. This case was taken from an interventional dissertation on individualized homoeopathic medicine in chronic urticaria using the CU-Q2oL, and reports the serial course alongside both instruments.

2. Case Presentation

Patient information. A 40-year-old married Hindu housewife of middle socio-economic status, vegetarian, from an urban area of Jaipur, attended the OPD of Swasthya Kalyan Homoeopathic Medical College and Research Centre on 5 May 2026 (OPD No. 11110/26) with a diagnosis of chronic urticaria. Her identity is withheld.

Presenting complaints. Urticaria for 5–6 months, beginning on the legs, then spreading to the soles of the feet and afterwards to the whole body except the face. Sensation: burning and stitching-type pain. Itching was present and ameliorated by scratching, but more scratching led to bleeding and then pain. Modalities: aggravated by cold food, packed food and spicy food; ameliorated by cold water and application of coconut oil. A fever for the last two days was also noted at presentation.

Associated complaints. Acidity, frequent, with a sensation of something stuck in the throat.

Past and family history. No significant illness; she had taken anti-allergic medicine for urticaria. Maternal side: mother died of a brain tumour 10–11 years earlier. Paternal side: no history of note.

Menstrual and obstetric history. Menarche at 17 years; cycle 2–3 days every 25 days; LMP 4 May 2026. G3 A1 P2 L2. Vaccination history complete.

Mental generals. Suppressed anger; weeping disposition (emotional); desire for company; fastidious; avoids quarrels and fights; unable to share personal problems with anyone, not even her husband; aggravation from tight clothing. Reserved and quiet by nature, sensitive to criticism, finds it difficult to forgive insults or emotional injuries, and consolation aggravates.

Physical generals. Appetite: 2–3 chapatis per meal, two to three times a day. Thirst: 2–3 L/day of cold water in summer; also recorded as 4–5 L/day, taken as large quantities at long intervals. Desire: spicy food. Aversion: fatty food. Stool: satisfactory, but sometimes constipated with hard, dry stool. Urine: 5–6 times by day, once at night. Perspiration moderate, more on the head, scalp and face. Thermal reaction: hot. Sleep: 6–7 hours, refreshing, but disturbed due to itching. No addictions; dreams not significant; bathing regular.

Clinical findings. Height 160 cm, weight 62 kg, BMI 24.2 kg/m², temperature 98.6 °F, pulse 78/min, BP 120/80 mm Hg, respiratory rate 18/min, gait normal. Pallor and icterus absent; lymph nodes not palpable; tongue clean; nails pinkish; build moderate. Skin showed erythematous urticarial wheals on the hands and legs. Nervous system: reflexes normal. Respiratory system: no wheeze or crepitations. Cardiovascular system: S1 and S2 heard normally.

3. Analysis and Selection of Medicine

Evaluation of the case brought out the following totality of symptoms, which were repertorised:

- Mind – fastidious
- Generals – food and drinks – cold food – agg.
- Generals – clothing – intolerance of
- Generals – cold applications – amel.
- Skin – eruptions – painful
- Skin – itching – scratching – amel.
- Extremities – eruptions – burning – scratching, after
- Extremities – itching – foot, sole of
- Extremities – eruptions – urticaria

Repertorial analysis gave the following ranking (marks/rubrics covered):

Remedy	Score / rubrics
Sulphur	13 / 7
Lachesis	11 / 6
Nux vomica	11 / 5
Apis mellifica	10 / 6
Sepia	10 / 6

Although Sulphur scored highest, *Apis mellifica* was selected rather than the highest-scoring remedy because both the mental and the physical generals, and not the numerical score alone, pointed to it. The mental state (suppressed anger, weeping disposition, fastidiousness, sensitivity to criticism, inability to share her problems) together with the physical generals (hot thermal reaction, thirst, amelioration from cold water and cold applications, aggravation from tight clothing) and the particulars (burning, stinging urticarial wheals with itching) were considered to be best covered by Apis mellifica.

4. Intervention

Prescription on 5 May 2026: *Apis mellifica* 30, one dose stat, followed by Rubrum (placebo) 30, three times daily for 15 days. Advice: avoid cold food and packed food; apply coconut oil locally. At each fortnightly follow-up Rubrum 30 TDS for 15 days was continued unless otherwise stated. Medicines were repeated or changed only for a defined clinical reason (Table 1).

5. Follow-up and Outcome

Table 1. Follow-up record (as recorded by the treating clinician).

Date	Symptom change (as recorded)	Prescription
5/5/26 (baseline)	Case taken; wheals on hands and legs, burning, itching, disturbed sleep	Apis mellifica 30 stat; Rubrum 30 TDS

Date	Symptom change (as recorded)	Prescription
		× 15 d
16/5/26	Slight relief in episodes of hives; slight relief in itching	Rubrum 30 TDS × 15 d
30/5/26	About 30% relief in hives; relief in itching; relief in burning after scratching	Rubrum 30 TDS × 15 d
13/6/26	Hives increased after taking medication for a cold; no relief in itching	Dulcamara 30 one dose stat
27/6/26	About 40% relief in hives; relief in itching; no other complaints	Rubrum 30 TDS × 15 d
11/7/26	Relief in hives, 4–5 episodes in last 15 days; relief in itching and burning	Rubrum 30 TDS × 15 d
25/7/26	Slight relief, 5–6 episodes in last 15 days; itching increased	Apis mellifica 200 one dose stat; Rubrum 30 TDS × 15 d
10/8/26	Relief in hives, [2] episode(s) in last 15 days; relief in itching and burning; no other complaints	Rubrum 30 TDS × 15 d
25/8/26	About 70–80% relief in hives; about 80% relief in itching; no other complaints	Rubrum 30 TDS × 15 d
8/9/26	About 80–90% relief; only slight itching; no hives in last 15 days	Rubrum 30 TDS × 15 d
22/9/26	About 90% relief; no hives in last 15 days; no itching; feels better, no other complaints	Rubrum 30 TDS × 15 d

Standardised assessment. Disease control was measured with the UCT (range 0–16; 0–11 poorly controlled, 12–15 well controlled, 16 complete control; an increase of 3 or more points is clinically meaningful) and quality of life with the CU-Q2oL, in which each of the 23 items is scored 1–5 (raw range 23–115) and converted to a 0–100 index as (raw score – 23) / 92 × 100; 0–20 denotes minimal, 21–40 mild, 41–60 moderate, 61–80 severe and 81–100 very severe impact. Scores are shown in Table 2.

Table 2. UCT and CU-Q2oL scores before and after treatment.

Time point	UCT (0–16)	UCT interpretation	CU-Q2oL index (0–100)	CU-Q2oL interpretation
Baseline (5/5/26)	4	Poorly controlled	61.95	Severe impact
Post-treatment (follow-up) 22/9/26	13	Well controlled	23.91	Mild impact
Change	+9 points	Clinically meaningful (≥3)	–38.04 points (61.4% reduction)	Severe to mild

Clinical course. Improvement was gradual over the first two months. A setback on 13 June followed a cold and its treatment, and responded to a single dose of *Dulcamara* 30, which was chosen for a cold-induced aggravation. A flare on 25 July with more frequent wheals and increased itching was treated with *Apis mellifica* 200, after which episodes fell to about two in 15 days by 10 August, with relief of itching and burning. By 8 and 22 September, no wheals had occurred in the preceding 15 days and itching had subsided, and the patient felt better with no other complaints. No adverse events were reported.

6. Discussion

Apis mellifica is a well-known homoeopathic medicine for urticarial eruptions with burning, stinging pain and relief from cold applications, and it was supported here by the patient's hot constitution and amelioration by cold water. The mental generals (suppressed anger, weeping disposition, fastidiousness, sensitivity to criticism, difficulty forgiving and inability to share her problems) and the physical generals both pointed to the same medicine, so the choice of Apis rested on agreement between the mental generals, the physical generals and the particulars rather than on the repertorial score alone.

The fortnightly record shows a pattern in which frequency of wheals, itching and burning fell together, and the intercurrent aggravation after a cold and the July relapse were each followed by renewed improvement after a change in prescription. Concordance between the clinician's percentage relief estimates and the UCT and CU-Q2oL scores adds credibility to the improvement, because these questionnaires measure disease control and quality of life from the patient's side.

7. Limitations

- This is a single, uncontrolled case, so improvement cannot be attributed to the medicine with certainty.
- Chronic urticaria fluctuates spontaneously and often remits, and prior anti-allergic use and the cold-related episode are confounding.
- Percentage relief figures in the follow-up sheets are clinician-recorded estimates; the validated scores are the objective measure.
- Rubrum was given between prescriptions, which is part of the study design and does not constitute a blinded comparison.

8. Patient Perspective

The patient reports feeling better after starting homeopathic treatment, as previous allopathic treatment did not provide satisfactory relief. Itching has subsided, sleep has improved, and the patient is now able to carry out daily activities comfortably.

9. Conclusion

In this patient with chronic urticaria, individualized homoeopathic prescribing with serial UCT and CU-Q2oL assessment was followed by sustained control of wheals, itching and burning and an improvement in quality of life. Larger controlled studies are needed to confirm these observations.**Conflict of**

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