



Case Report: Chronic Urticaria Elimination through Ayurvedic Management.

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ABSTRACT:

A widespread concern in society nowadays is urticaria. Hives, or urticaria, are typically brought on by an allergic reaction. Due to symptoms being comparable, *sheetapitta* is considered to be a related ailment in *ayurveda*. The terms *sheeta* and *pitta* combine to form the word *sheetapitta*. The illness develops as a result of *pitta dosha*'s dominance over the cold. When exposed to cold breeze *pitta dosha* mix with worsened *kapha* and *vata doshas*. These disperse throughout the body and cause rashes to appear on the skin's surface. A 55-year-old female patient has been complaining of reddish, raised, circular rashes all over her body since 5 years. These rashes were getting worsened after her anti-allergic medications were missed, hence, she had continued the medications regularly from past 5 years. Due to which she had increased drowsiness making her disabled to do her day course. This condition was diagnosed as *sheetapitta* and was further treated with *shamana aushadis* both internally and externally along with strict monitoring of *pathya*.

Keywords: *Sheetapita*, *urticaria*, hives, *marichadi taila*, *bilwadi gulika*.

INTRODUCTION

A *vata pradhana tridoshaja vikara* known as sheet-pitta frequently manifests over the skin during the winter. This condition is caused by exposure to some of the trigger elements, which induce the *vata* and *kapha doshas* to vitiate. Which involves the vitiation of *pitta-dosha*, later

spreading throughout the body and producing rashes, wheels, itching, and burning sensations in different regions of skin. The dermatological symptoms include *varati damstavat sotha*, or swelling resembling a nettle sting, which is a cardinal feature that is itching from *kapha*



vitiating, enhanced pricking sensation due to vitiated *vata*, and burning sensations due to vitiated *pitta*. Furthermore, it can occasionally result in symptoms like nausea, vomiting, dysgeusia, generalized weakness, heaviness of the body, fever, burning sensation, and thirst.¹ Treatment of *sheeta-pitta* is mentioned in the *bhaishyajya ratnavali*, *chakradatta*, and *yogratnakar*, which includes *vamana*, *virechana*, *shamana chikitsa*, *katu taila abhyanga*, and *swedan by koshna jala*.²

A dermatological condition known as urticaria is characterized by sudden outbreaks of itchy wheals that are well-defined areas of non-pitting oedema with blanched centres and raised borders and involve only superficial layers of the dermis. The surrounding skin erythema is also present. Lesions can range in size from a few millimetres to several centimetres broad, but they can also be as little as a few millimetres in diameter. This could manifest on the mucous membranes and any area of the skin. Typically, lesions don't persist more than a few minutes to a few hours before they leave permanently.³ Itching frequently precedes the appearance of swollen, red wheals during an attack of urticaria (hives). There are different degrees of itching. Scratching, alcoholic beverages, physical activity, and emotional stress are all capable of making the itching worse.

About 12-23.5% of the population suffers from urticaria.⁴ Eggs, nuts, shellfish, and other foods commonly cause urticaria, which usually requires symptomatic relief. Antihistamines and steroids are frequently used to treat urticaria, however prolonged usage of either of these medications might have negative consequences on the body.⁵

MATERIAL AND METHODS

A 55-year-old woman who was a known diabetic had been gardening five years earlier developed wheals, redness, and itching all over her body with an episode of unconsciousness and was admitted for a day in an allopathic hospital. After being given antihistamines for everyday use and steroidal medicine for unmanageable episodes, she was discharged. The patient still had at least a few skin lesions after these treatments. Her health conditions would become worse if she missed even one medication, forcing her to take medications constantly for the past five years. Constant usage of these drugs caused side effects like fatigue, drowsiness and other issues that made it impossible for the patient to complete her daytime course. Due to the above mentioned issues, the patient

visited our hospital for additional therapy.

Hospital name: Sri Dharamasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan

Clinical Examination

Personal History

1. Appetite – Reduced
2. Bowel - Regular (twice daily)
3. Micturition – Increased during night (4-5 times)
4. Sleep – disturbed and reduced during night (due to demise of her daughter in night)
5. Diet - Mixed (mostly fish in non-veg)
6. Habits - coffee twice a day
7. Occupation – home maker
8. Socio economic status - Middle class
9. Treatment history – Was under allopathic medications

Dashavidha Pareeksha

1. *Prakriti* - *kapha, vata*
2. *Vikriti* – *vata, kapha*
3. *Satva* - *Madhyama*
4. *Sathmya* - *sarva rasa satmya*
5. *Ahara shakti* – *Avara*
6. *Vyayama shakti* – *Avara*
7. *Sara* – *Medha*
8. *Samhanana* - *Madhyama*
9. *Vaya* – *madhyama*

Asta Sthana Pareeksha

1. *NADI* – 78 bpm
2. *MALA* – *prakrutha*
3. *MUTRA* – 4 to 5 times during night
4. *JIHWA* - *liptha*
5. *SHABDA* – *prakruta*
6. *SPARSHA* – *mridu*
7. *DRIK* – blurred due to cataract
8. *AKRUTI* – *madhyama*

General Examination

1. GENERAL COMPLEXION- brown
2. BP- 120/80 mmhg
3. PULSE-78/min
4. RESPIRATORY RATE-17/min
5. TEMPERATURE- Afebrile
6. CVS - S1,S2 heard, no murmurs
7. CNS - Conscious and oriented to time, place and person
8. RS- NVBS heard, no added sounds

Local Examination

1. Site of lesion – all over the body
2. Distribution – Asymmetrical
3. Character of lesion –reddish spreading lesions
4. Itching – present (severe)
5. Inflammation – ruber, calor present
6. Discharge – absent
7. Superficial sensation on lesion –pain (absent) swelling (present) itching (present)
8. Temperature – slight raised over the lesions
9. Edema- lesion surface elevated
10. Texture of lesion – smooth
11. Angio edema – absent

Laboratory Findings

1. Hemoglobin – 12.4 gm% (13-16 gm%)
2. ESR - 20 mm/hour (0-10 mm/hour)
3. Total WBC count – 6700 cells/CMM (4000-11000 cells / CMM)
4. RBC count – 5.07 millions /CMM
5. FBS – 270 mg /dl
6. Blood urea – 16.4 mg/dl
7. Serum creatinine – 0.8 mg /dl

Nidana Panchaka

Nidhana : Ahara – Dhadi, ksheera, matsya sevana
Vihara - Ratrijagarana, dhukha, divaswapna
Poorva rupa – Aruchi, hrullasa, dehasada
Lakshana – kandu, raga, varati damstavath shotha, daha, spreading

Samprapthi Ghataka

1. Dosh - Kapha vata
2. Dushya – Rasa , Raktha
3. Ama - sama
4. Srotas – rasa , rakta
5. Udbavasthana- amashaya
6. Agni- manda
7. Srotoduushti prakara – Sanga & vimarga gamana
8. Marga – bahya roga marga
9. Vyakta sthana – twak

Management -Table 1 Shows given treatment

RESULTS

Fig 1 represents before and after treatment changes
Table 2- shows changes in symptoms

DISCUSSION

The primary cause of *sheetapitta* is the vitiation of the *tridoshas* caused by numerous triggers like exposure to cold air, etc., which results in itching and wheeling throughout the body along with other *dosha*-based manifestations.

Abhyanga with *katu taila* and *seka* with *triphala Kashaya*, which was the first line of treatment in *sheetapitta* treatment, were two of the treatment modalities used in this instance.

Since *dooshivisha* and *sheetapitta* both have aggravating causes in common, the fact that these *sheetapitta* symptoms started after an insect bite was also considered as *dooshivishari keta damsha lakshana* also explains the same. As *bilwadi gulika* is the best for all *jangama vishas*, it was therefore administered.

The patient was not suitable for traditional *shodhana* procedure, thus *avipathikara choorna* was chosen, along with *ushna jala*. Specifically, *avipathikara choorna*.

As the patient was not fit for classical *shodhana avipathikara choorna* was selected for, *nitya virechana* along with *ushna jala*. In every *agnimandhya bhava roga* and even *vimshathi pramehas*, *avipathikara choorna* is primarily indicated.

As per the *kusta, pancha tikta guggulu gritha* was chosen for *shamananga snehapana*.

During the entire duration of admission, a strict diet consisting of *mudga yusha, kichdi*, and chapathi with vegetables was observed, which helped to calm the *tridoshas* and aided in *ama pachana* and *agni deepana*.

CONCLUSION

The *tridoshaja vyadhi Sheetapitta* has one of the highest recurrence rates. *Ayurvedic* therapy principles include both *shodhana chikitsa* and *shaman*. In this case, *shamana chikitsa* was only used because of the patient's condition along with rigorous diet, and the patient's symptoms weren't noticed until one month after the follow-up visit.

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REFERENCES

1. Shastry S, Sri Vijayrakshitha And Srikanntadatta With Vidyotinidhi Hindi Commentary Madhava Nidhana Of Srimadhavakara With Madhukosha Sanskrit Commentary Part 2, 50th Chapter1-3 Verse 26 Chaukhamba Sanskrit Sansthana, Varnasi. 1996.Pp.168-170
2. Shastry L, Yogaratnakara Vidyotini Hinditeeka Sheetapitta Udarakota Nidana And Chikitsa, 1-15 Verse, 8th Edition, Chawukabha Samskrita Samsthana, Varanasi. 2004.Pp.234.
3. Sharma S, API Textbook Of Medicine, Published By Association Of Physician Of India; 9th Edition 2012.Pp.479, 491.
4. https://www.wikidoc.org/index.php/Urticaria_epidemiology_and_demographics#:~:text=in%20one%20year.-,Prevalence,is%20approximately%2012%2D23.5%25.
5. Flynn CA, Griffin G, Tudiver F, Decongestants and antihistamines for acute otitis media in children 2002

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Table 1 MANAGEMENT

DAY	TREATMENT
Day1 patient got admitted in the evening	<ol style="list-style-type: none"> 1. <i>Bilwadi gulika</i> 1 tab four hourly 2. <i>Avipathikara choorna</i> 5 grams with warm water at night
Day 2	<ol style="list-style-type: none"> 1. <i>Sarvanga abhyanga</i> with <i>marichadi taila</i> 2. Folowed by <i>sarvanga paresheka</i> with <i>triphala kashaya</i> was added with above medications
Day 3	<ol style="list-style-type: none"> 1. <i>Sarvanga abhyanga</i> with <i>marichadi taila</i> 2. Folowed by <i>sarvanga paresheka</i> with <i>triphala kashaya</i> was added with above medications <p>As itching was reduced patient voluntarily withdrawn allopathic medications And even appetite was increased.</p>
Day 4 to day 7	<ol style="list-style-type: none"> 1. <i>Sarvanga abhyanga</i> with <i>marichadi taila</i> Folowed by <i>sarvanga paresheka</i> with <i>triphala kashaya</i> was added with above medications 2. <i>Shamana snehapana</i> with <i>panchatikta guggulu gritha</i> 5ml was administered. 3. <i>Bilwadi gulika</i> 1 TID
Discharge medications for 15 days	<ol style="list-style-type: none"> 1. <i>Avipathikara choorna</i> 0-0-5 gms once in 3 days 2. <i>Panchatikta guggulu gritha</i> 5ml morning after breakfast 3. <i>Bilwadi gulika</i> (SOS) 4. <i>Marichadi taila abhyanga</i> (SOS)

RESULTS



BEFORE



AFTER

Table 2

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
Itching	Present	Absent
Urticarial lesions	Thick elevated lesions	Absent
Redness	Present	Absent
Spreading	A small lesion was rapidly spreading all over the body	Absent