

## Management of Urticaria with Virechana – A Case Study Article

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Submitted: 05-08-2022

Accepted: 14-08-2022

### ABSTRACT

Sheetapitta that is Urticaria is one of the most common allergic skin disease described in Ayurveda. The symptoms of Sheetapitta like Mandal (circular rashes), Shotha (swelling), Kandu (Itching), Toda (Pain), Chardi (vomiting), jwara (fever) and Daha (burning sensation), that makes the individual annoyed and Irritated. Many of Antihistaminic agents show the instant relief in symptoms but frequent relapse occurs. Panchkarma provides better and permanent management for Sheetapitta. For treatment of such peculiar condition, a clinical evaluation by Virechana with triviratavleha was done. Here we reported a case of Sheetapitta, presented with red rashes all over the body with burning sensation and itching on the whole body aggravating by empty stomach and on exposure to cold climate since years. A male patient of 48 year old consulted to Panchkarma O.P.D. with above complaints. This case managed with Virechana karma and Rashes were a

**Key word;** Ayurveda, Sheetapitta, Urticaria, Virechana.

### I. INTRODUCTION-

Urticaria is type I hypersensitivity reaction which is manifested because of allergens. Urticaria is a raised, itchy rash that appears on the skin. It may appear on one part of the body or be spread across large areas. The rash is usually very itchy and ranges in size from a few millimeters to the size of a hand. Although the affected area may change in appearance within 24 hours<sup>1</sup>. Which are elevated (oedematous), pale or erythematous, transient and evanescent plaque lesions (Thappa, 2009). Causes include autoimmune, allergens (in food, Inhalants and injections), drug contact (e.g. animal saliva, latex), Physical (e.g. viral hepatitis, HIV), Idiopathic. Urticaria is classified into two types according to its duration.

Acute urticaria (less than 6 weeks duration, and often gone within hours to days)

Chronic urticaria (more than 6 weeks duration, with daily or episodic wheals)

Chronic urticaria may be spontaneous or inducible. Both types may coexist<sup>2</sup>.

**PATHOGENESIS-** Auto immune pathogenesis is one of the most common cause of chronic urticaria. Urticaria results from an immediate hypersensitivity reaction after exposure to an allergen or an antigen. Upon exposure, the skin mast cells release the mediator histamine. Through histamine effect on the histamine 1 (H1) occurs.

Pathogenesis of Sheetapitta is because of etiological factor vata dosha got prakopa and in turn leads to the vitiation of Pitta Doshas and Rakta Dushti, further spreading to extremities and leading to the manifestation of wheals (maculopapular rash) the sheetapitta<sup>3-4</sup>. The role of Vata Doshas in the manifestation was done by the presence of symptoms like dryness, pain and aggravating factors like exposure to the cold climate. Similarly the role of Pitta in the manifestation was done by the presence of symptoms like burning sensation and presence of itching indicated involvement of kapha in the manifestation.

For the skin related problem like Sheetapitta in Shodhana and Shamana treatment are mentioned in Ayurvedic classics<sup>5</sup>. In Bahudoshawastha (chronic condition) of any disease Shodhana therapy gives better results and chances of recurrence of disease are minimized. Therefore the Virechana is planned for the treatment of urticaria.

### CASE STUDY-

A male patient of 45 years of age consulted O.P.D. of Panchkarma Riishikul campus, Haridwar, UAU with complaints of red rashes whole over the body with itching and burning sensation, swelling on the whole body since 2 years. The patient said that the symptoms aggravating more during exposure to cold climate.

### HISTORY OF PRESENT ILLNESS-

According to the patient, he was asymptomatic 2 years back. Gradually he developed reddish rashes

all over the body with severe itching aggravating in evening hours and increase on cold exposure since 2 years. He took allopathic medicine for this but got no relief. Now he want to take Ayurvedic treatment along with purification of the body through Panchkarma procedure .so he came here for treatment and further management

Past history:No previous history any other severe illnesses.

Treatment history: patient took allopathic medicine but not get any relief.

Surgical history: NO H/O

Family history: NO H/O

**INVESTIGATION**-All routine investigation Hb,TLC.DLC,ESR,Lipid profile done and within normal rang

and not significant family history found.

On examination, the lesions were reddish in colour Maculo-papular in nature, spreading on the face ,upper limb and lower limb and chest, back with irregular shape and lesions had an irregular margin with no discharge . So the patient was diagnosed

with subjective parameters described in Ayurvedic texts which include VaratiDamshanshanashotha, Kandu, Toda, Chharadi, Jwar and Vidaha.

**TREATMENT-**

Ayurvedic emphasize on three fold therapeutic management of the disease, Sanshodhana(biopurification), Sanshamana (pacification)and NidanaParivarjana (avoiding causative factors) for almost all type of disorders including dermatological disorders. Sanshodhana(Virechana) followed by SanshamanaAushadha subside remaining doshas after Sanshodhana was adopted.

**II. RESULT AND DISCUSSION-**

The patient was assessed for Kandu (itching), Varna (discolouration), Mandalotpatti (wheal formations) and frequency of attacks. Grading was done as follows

<b>KANDU (ITCHING)</b>	<b>GRADING</b>
No itching	<b>0</b>
Itching only during night	<b>1</b>
Itching one to four times during the day	<b>2</b>
Itching disturbing normal daily activities	<b>3</b>

<b>VARNA(DISCOLOURATION)</b>	<b>GRADING</b>
No discoloured rashes	<b>0</b>
Pinkish discoloured rashes	<b>1</b>
Light red discoloured rashes	<b>2</b>
Dark red discoloured rashes	<b>3</b>

<b>MANDALOPATTI ( WHEAL FORMATIONS)</b>	<b>GRADING</b>
No	<b>0</b>
Both hands and legs	<b>1</b>
Hands, legs and trunk region	<b>2</b>
Whole body	<b>3</b>

<b>FREQUENCY OF ATTACKS</b>	<b>GRADING</b>
No	<b>0</b>
Alternate week	<b>1</b>
Twice weekly	<b>2</b>

Every Two to Three days	3
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On the day of admission patient was grade for kandu( itching) as 2, for varna ( discolouration) as 2, for Mandalopatti ( wheal formation) as 2, frequency of attack as 1,

### MANAGEMENT OF URTICARIA WITH VIRECHANA-

Fristly patient has been conseled and explained about Virechana and Got admitted toipd

Table

General condition – Average			Agni- Mandagni	
B.P- 120/80 mm Hg			Bala–Madhyama	
Pulse rate- 74/min			Nidra( sleep)- Disturbed	
Temp. 98 F			Addiction- None	
Mala ( stool)- Vibandh ( constipated)				
Mutra ( Urine) – Normal				
Akriti- Madhyama				
Therapy	Drug	Matra( Dose)	Duration	Annupana
Deepana-pachana	Ajmodaichurna ChitrakadiVati	1tsf.BD 2BD	Twice a day for 3 days	Lukewarm water
Snehapana	Go ghrita	45ml 70ml 100ml 120ml 140ml	On 1 <sup>st</sup> day On 2 <sup>nd</sup> day On 3 <sup>rd</sup> day On 4 <sup>rd</sup> day On 5 <sup>th</sup> day	Lukewarm water
Abhyanga and Saravanga	Katu-taila Nadiswedana		Next 3 days	Luke warm water
Virechana	Trivrittaavley Munakakwath	120 gm 150ml		Luke warm water,munak akwath
Sansarjana Karma	Manda ( rice water) Boiled rice Vilepai Yush Khichdi Dal roti	According to appetite	1 <sup>st</sup> day  Next day Next day Next day Next day	
SanshamanaAushadha	Arogyavardhinivati Avipattikarchurna	2  5mg empty stomach	Twice a day  Twice a day	Lukewarm water

In some cases the disorder is relatively mild,recurrent and frustrating other case, it manifests as a part of a spectrum of systemic anaphylaxis. In contemporary science there is no permanent cure, but only remission of the disease can be achieved by medicine.But these treatments can cause recurrence of the disease. So an effort has been made with Ayurvedic intervention. Initially Deepana and Pachana of Aama followed by Snehana and Swedana was done as it is mainly

Vaatshamak (Sheetpitta is also a Vatapradhantridoshajavyadhi) and also it works at the level of Sukshmasrotasa (micro channels) by cleansing the micro channels also it shifts the Doshas from Shakhas (peripheral channels) to Koshtha so that they can be easily removed from the body. Go ghrita was chosen for snehapana .Snehpaan therapy was done as it is mainly Vatashaamaka( sheetapitta is also a Vatapradhanatridoshajavyadhi) and also it works

at the level of Suksmarsrotasa (microchannels). Virechana (therapeutic purgation) was chosen for Shodhana karma (cleansing therapy) since it is best treatment for Pittajavyadhis also it is important treatment for Vataja, Kaphaja and Raktajavyadhis (these all are vitiated in Sheetapitta) as it eradicates the aggravated Doshas from the body. Virechana is treatment of Pittadosha, Kaphasamsrista Pitta and Vatasthagata Pitta (Murthy, 1996). Virechana is mentioned as Shodhana procedure in Dushti of Rasa, Rakta, Mamsa, Asthi, Majja & Shukra dhatus also. The decoction selected for virechana consists of Trivrittayavakuta, Munakakwath. Trivritta is Sukhavirechak (mild purgatives) and Munaka is also mraduRechaniya Dravya in addition it is a Pitta saarak (removes vitiated Pitta dosha from body). Hence this decoction will easily remove the deranged Doshas from the body. Considering this the predominance of Rakta, Pitta, Vata dosha Virechanawas followed<sup>6-7</sup>. Chitrakadivati and Azmoadichurnawas given to correct the Agni for first 3 days, After deepana Pachana Goghrita was used for Snehapaan in gradual increasing dose starting with 45ml. On a 6<sup>th</sup> day expected the level of Snigdha was achieved, then Sarvanga Abhyanga with Balataila and Bashpa Swedana given for 3 days then Virechana was planned with trivirtta Avleha and 150ml munakakwatha as Anupaan. Total 16 vegas were counted and Madhyamasuddhi was achieved. Patient was discharged on next day and advised to follow Samasarjana karma as per Madhyama Shuddhi for 5 days. The patient got complete remission in After treatment Kandu reduced to 1, Varna to 1, for Mandalopatti as 0 and frequency of attack as 1. Sanshamana therapy (conservative treatment) was given to expel the remaining Doshas. Drugs selected were, Aarogyavardhinivati and Avipattikarchurna.

### III. CONCLUSION-

Sheetapitta as per Ayurvedic science is a Tridoshaja Vyadhi. Initially, after Nidaanasevana (etiological factors) vitiation of Kapha and Vata takes place then they start to spread out in the whole body with externally and internally by mixing with Pitta. Ayurvedic management (Virechana as Shodhana therapy and Sanshamana Aushadha) seems very effective. Ayurveda has lot of potential in the treatment aspect of allergic skin reaction by using of various Ayurvedic formulations and by following Pathyaapathya in a well-planned manner. On the

basis of the result obtained in present study, it may be concluded that the addition of Virechana Karma prior to administration of Sanshamana Aushadha increases the cure rate

### REFERENCES-

- [1]. <https://www.nhs.uk/condition/hives/on> 26 December 2017
- [2]. <https://www.dermnetnz.org/topics/urticaria-an> -overview on 26 December 2017
- [3]. Srikanta Murthy KR. MahavaNidanam of Madhavkara Chaukhambha Orientalia Varanasi; 7<sup>th</sup> ed. 2005. p.165.
- [4]. Kumari Asha, Tewari p. Yogaratnakara, Chaukhamba Vishwabharati, Varanasi; 1<sup>st</sup> ed. p.936.
- [5]. Dwivedi R. Chakrapanidatta, 51/1,2. Vaidyaprabhahindi commentary, Chaukhamba Sanskrit Sansthan, 2<sup>nd</sup> ed. 1995. p.293.
- [6]. Kumari Asha, Tewari p. Yogaratnakara, Chaukhamba
- [7]. Bajepeyee J S. Chakradatta by Chakrapanidatta Bombay; Khemraj Shri KrishnadasPrakashan; 4<sup>th</sup> ed. 2005. p.223.