

## AYURVEDIC MANAGEMENT OF URTICARIA w.s.r. to SEETAPITTA- A CASE STUDY

Aswathy M<sup>1</sup>, V.C Deep<sup>2</sup>

<sup>1</sup>Senior Research Fellow, Swasthya Rakshan Programme, NARIP Cheruthuruthy, Kerala, India

<sup>2</sup>Research Officer (Ay), SCT-3, NARIP, Cheruthuruthy, Kerala, India

Email: [aswathy.achu212@gmail.com](mailto:aswathy.achu212@gmail.com)

### ABSTRACT

Urticaria/Hives is a common disease characterized by pale red rashes and severe itching caused by an allergic reaction. Even after the availability of newer medicine, there is lack of promising results against this ailment. Moreover use of drugs like antihistamines and corticosteroids lead to various side effects. The aim of the study is to evaluate the effect of Ayurvedic treatment in the management of Urticaria. Ayurvedic classics mentioned this similar condition as *Seetapitta*, one among *Twakroga* which is *Vatapradhanatridhosha* in nature. A 49 year old female patient visited OPD NARIP, Cheruthuruthy, with complaints of severe itching over whole body and rashes since 2 years. She consulted a dermatologist and was under medication. But there was no satisfactory relief. Treatment was given with internal *samana* and *sodhanaushadhi*. Advices on proper diet and LSM were also given. Excellent result was found on continuation of treatment for 2 months. Ayurvedic treatment can prove to be very effective in the management of Urticaria.

**Keywords:** Urticaria, *Seetapitta*, *Deepana*, *samana*, *sodhana*

### INTRODUCTION

Urticaria is a very common problem characterized by raised itchy areas of skin that are usually a sign of an allergic reaction. One person in five will suffer from it during the course of their life. Often the patches of rash move around. Typically they last a few days and do not leave any long-lasting skin changes. Fewer than 5% of cases last for more than six weeks. The condition frequently recurs. Hives frequently occur following an infection or as a result of an allergic reaction such as to medication, insect bites, or food. Psychological stress, cold temperature, or vibration may also be a trigger. In half of cases the cause remains unknown. Risk factors in-

clude having conditions such as hay fever or asthma. Diagnosis is typically based on the appearance. Patch testing may be useful to determine the allergy. Prevention is by avoiding whatever it is that causes the condition. Urticaria occurs when the body reacts to an allergen and releases histamine and other chemical from under the surface of the skin. The histamine and the chemicals cause inflammation and fluid to accumulate under the skin, causing wheals. Urticaria usually fade within a few weeks, and hives that longer are usually the sign of an autoimmune condition. Treatment is typically with antihistamines.

**Case History**

This 49 year old house wife presented for the treatment of *seetapitta*. She complained of itching over whole body. Itching is severe with appearance of reddish skin lesions having elevated margins. She describes the itching as if some insect is crawling over her body. Itching is associated with severe thirst, tightness of chest and breathing difficulty.

This complaint started 2 years back during winter season. The frequency of the symptoms increased in the last year and is continuous every day now, when she came to the clinic. Itching aggravates during cold climate and towards end of the day. She is taking levocetirizine daily for the last 1 ½ years and that provides her relief of the symptoms. But stopping the medicine even for a single day causes reappearance of all complaints. There is no complete recovery of the symptoms after continuous medication and patient is feeling sleepy on taking the medicine, so she decided to take Ayurvedic medication.

**Past history** – Nothing relevant found.

**Drug history** – Lecocetirizine (5 mg) daily last 1 ½ years

No family history. Psychosocial status also good.

**Personal history** –

Appetite: Good

Diet: Mixed diet (preferably non-vegetarian, liking for *katu rasa*)

Bowel: 2 times/day, well formed stools

Micturition: 4-5 times/day, 1-2 times/night

Sleep: Sound

Menstrual cycle- regular (5/28 days)

Obstetric history- G2 P2 L2 A0

**General Examination** - Revealed a medium built, fit looking well dressed woman with anxious face. No pallor / icterus / cyanosis / clubbing / lymphadenopathy/ edema. BMI -24 with Ht – 157 cms and wt- 60 kg. **Vitals** -Respiratory rate- 18/mt, Pulse rate and heart rate -70/mt, B.P - 110/70 mm Hg.

**Systemic examination:**

Integumentary system – Inspection: Site-Universal, Configuration-Asymmetrical, Shape-circular with elevated margins, Discoloration-Reddish, Morphol-

ogy-Papules/Plaques, Associated features-Itching. Palpation revealed dry skin.

Respiratory system – Normal vesicular breathing, no added sounds. No abnormality detected.

Cardiovascular system –S1S2 clearly heard, no murmurs.

**Lab investigations** – Hb – 12.3 mg%, ESR – 12 mm/hr, Total cholesterol – 229 mg/dl.

Patient was diagnosed with *seetapitta* which can be correlated to urticaria (hives).

**Ayurvedic examination:**

**Dasavidha pareeksha**

*Prakrithi* – vata pitta

*Vikrithi*: Doshā – vata pradhana tridosha (vata - +++ karshnya, anaha, sakrit graham) Pitta- ++ dāha, raga kapha - + kandu

*Dushya*: Rasa, Raktha

*Desam*: Bhoomi desam- janghala sadharana, Dehadesam – sarvanga

*Balam*: Roga balam – pravaram, Rogi balam – madhyamam

*Kalam*: Kshanadi – Varsha rtu, Vyadhyavastha – Purana

*Analam*: Vishamagni

*Vayas*: Madhyama

*Satwam*: Madhyama

*Satmyam*: Katurasa

*Aharasakthi*: Jaranasakthi- madhyama,

*Abhyavaharana sakthi*- madhyama

**Ashtavidha pareeksha:**

*Nadi*: Vataja

*Mootram*: Anavilam

*Malam*: Sadharanam

*Jihva*: Anupalepa

*Sabdham*: Spashta

*Sparsham*: Anusnaseeta

*Akrithi*: Madhyama

*Drik*: Vyaktha

**Samprapthi ghatakas:**

*Agni*: Vishamagni

*Adisthana*: Amasaya

*Srothas*: Rasavaha, Rakthavaha

*Sthanasamsraya*: Twak

*Rogamarga*: Bahya

**Table 1:** Treatment Details:

DATE	COMPLAINTS	MEDICINE	PRINCIPLE	RESULT
10/3/17	Itching, appearance of rashes + difficulty in breathing on stopping medicine (pt is on continuous medication)	1. Guduchyadi kashayam <sup>1</sup> (15 ml + 45 ml luke warm water twice daily before food) 2. Avipathy choornam <sup>2</sup> - 1 tsp at night daily + hot water.	<i>Agni deepana, kapha pitta hara</i>  <i>Pitta samana</i>	Appetite – improved Advised to take levocetirizine in the same dose in addition to our medication
24/3/17	Same as above	Stopped kashayam 1. Tikthakam ghritam <sup>3</sup> - 1 tsp at morning in empty stomach. 2. Haridrakhanda <sup>4</sup> - 1 tablespoon at bed time 3. Sarshapa tailam <sup>5</sup> - Abyanga and hot water bath	<i>Vatapittahara</i> Reduce allergy by improving <i>vyadhikshamathva Usna, teekshna, vatahara</i>	Reduced the dose of levocetirizine to 2.5 mg daily
8/4/17	Same complaints after 36 hrs of taking levocetirizine	1. Virechanam with Avipathy choornam– 15 gm + hot water at 7.00 am on 9/3 and advised samsarjana karma. 2. Continue tikthakaghrita and haridrakhanda 3. Advised strict pathya- apathyas (avoid curd, pickles, masha etc)	<i>Kaphapittahara</i>  <i>Srothosodhana</i>	Symptom free for 3 days.  Taking levocetirizine half dose once in three days.
2/5/17	Almost symptom free	1. Indukantham ghritam <sup>6</sup> + Haridrakhanda daily for 1 month 2. Diet and hot water bath 3. Advised to do virechana with Avipathy choornam once in a month.	Enhance immunity  Prevent recurrence	Levocetirizine 2.5 mg once in a week.

After a course of 3 months Ayurvedic medication, she is symptom free and is not taking any of the medicines now.

**Advice:**

1. Follow strict diet regimen.
2. Hot water bath.
3. *Virechana* once in a month.

**DISCUSSION**

In the *samprapthi* of this disease *Agni mandhya* and *Ama* played a major role. Improper *agni* along with irregular food habits caused the formation of *ama* which further vitiate the *tridosha* and created *srothorodha* by *sanga* and *vimargagamana*. Thus

the *dosha dushya sammurchana* commencing in *amasaya* got *sthanasamsraya* in *twak* and produced the *lakshanas*. As the treatment aims at *samprapthi vighattana* and *nidana parivarjana*, the treatment principle should be *deepana- pachana, tridosahara, srothosodhana* and *balavardhana*. Keeping this in mind, the medicines were selected.

**CONCLUSION**

49 yr old female patient diagnosed of *seetapitta* (urticaria) got complete recovery of her symptoms on taking 3 months Ayurvedic medication. The medicine (levocetirizine) which she was taking continuously for last 1 ½ years was advised to decrease the

dose gradually and it was completely withdrawn by 2 month of our medication.

Awareness given on Proper food habits, *Dinacharya*, *Rtucharya* and *Rtusodhana*<sup>6</sup> worked here hand in hand along with the medicines.

#### **Acknowledgments:**

The authors express sincere thanks to Vaidya Prof. K. S. Dheeman, Director General, CCRAS, Dr. N. Srikanth, Deputy Director General CCRAS and Dr. P. Radhakrishnan, Assistant Director in Charge, NARIP Cheruthuruthy for their support and co-operation.

#### **REFERENCES**

1. Vagbhatacharya, Astanga Hridaya with English translation and commentary by Dr. T Sreekumar, 2007, Vol – I , sutra sthana, 15/16 pg 380
2. Vagbhatacharya, Astanga Hridaya translated by prof. Sreekanta Murthy, 5th edition, 2003, Vol – II, kalpasthana, 2/17- 20, pg 542
3. Vagbhatacharya, Astanga Hridaya translated by prof. Sreekanta Murthy, 5th edition, 2003, Vol – II, chikitsasthana, 19/2-7, pg 472
4. Govindadas, Bhaishajya Ratnavali with Hindi commentary of Venimadhav Aswini Kumar Sasthry, Chowkamba publishers 2<sup>nd</sup> edition 2014, 27/2 , pg 337
5. Chakrapanidatta, Chakradatta translated by pandit Jagannatha Sharma Bajpeyee, Lakshmi venkateswar steam press publishers, 3<sup>rd</sup> edition, pg. 224, sloka-4
6. Sahasrayoga, ghritaprakarana, pg.51 sloka-14.

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Aswathy M & V.C Deep: Ayurvedic Management Of Urticaria W.S.R To Seetapitta- A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited May, 2018} Available from: [http://www.iamj.in/posts/images/upload/1187\\_1190.pdf](http://www.iamj.in/posts/images/upload/1187_1190.pdf)