



SUCCESSFUL TREATMENT OF CHRONIC SPONTANEOUS URTICARIA (SHEETAPITTA) – A CASE STUDY

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ABSTRACT

This is a Case Study of a 30 yrs. old Male Patient which is diagnosed case of Chronic Spontaneous Urticaria by AIIMS, Rishikesh with Severe Itching and rashes all over the body for 8 years. Antihistamine therapies, AST (Autologous Serum Therapy), and even Omalizumab provide no significant relief to the patient. He was Clinically assessed and managed with *Ayurvedic Panchakarma* procedures like *Virechana* and *Vamana* along with Internal medications as a line of treatment for *Sheeta pitta Chikitsa*. In contemporary science, there is no permanent cure, only remission of the disease can be achieved by medicines, but these treatments can cause reoccurrence of the disease. So, an effort has been made with *Ayurvedic* intervention, and results are seen.

Keywords: *Sheetapitta, Twak Roga, Urticaria, Shamana, Shodhana*

INTRODUCTION

Urticaria is classified into two types according to its duration. 1. Acute urticaria-it is of less than 6 weeks duration, 2. Chronic urticaria- it is of more than 6 weeks duration, with daily or episodic wheals. Chronic spontaneous urticaria (CSU) is defined as the

spontaneous recurrent episodes of wheals (hives), angioedema, or both, occurring at least twice a week and lasting for six weeks or more with no specific known trigger¹. Although the exact Incidence and prevalence of Chronic Urticaria are unknown, females are more

commonly affected than males. The Unpredictability and severity of attacks, as well as the reduced sleep quality caused by itching and associated fatigue, have a negative impact on the quality of Life. Presently, the first line of treatment for CSU is second-generation non-sedating H1 antihistamines. In non – responding cases treatment options include steroids, AST (Autologous Serum Therapy), and modern biologics such as Omalizumab². CSU symptomatology and causative factors can be compared to the *Sheetapitta-Udardakotha* spectrum described in *Ayurveda* classics³. It is a spectrum involving all three *doshas* in the pathogenesis, with *Pitta* predominating over *Vayu* and *Rasadhātu* and *Raktadhātu* as the main *dushyas*. *Samprapti* of *Sheetapitta* occurs due to *Hetusevana* (*Katu, Amla, Lavana rasa* and *Ushna, Tikshna guna Pradhana*) *Agnimandya* and *Apakva aahararasa* is produced, which is *Vidagdha* in nature. It leads to *Vidagdha & Abhishyandi Guna Vruddhi* in *Rasa- Raktadi Dhātu* and same *Gunatmaka Kapha Pitta Dosha* are produced. There is an indulgence of simultaneous *Vata Prakopaka Hetu, Tiryak gati* of *Vata* spreads these *Doshas* all over the body, and *Sthana Sanshraya* at *Twak* occurs. Thus, due to *Tikshna, Ushna, Vidagdha Guna* symptoms like *Saurambha, Toda, Kandu & Daha* are produced⁴ *Sheetapitta*, which is similar to Urticaria, is *Vata* condition whereas *Udarda* is a *Kapha* Condition. *Asatmya Ahara, Viruddha ahara*, and *Dushi Visha* are common etiological factors for this disease which can be correlated with various allergic conditions.

CASE REPORT - A 30-year-old male working in a private company visited the Panchakarma Outpatient Department (OPD) in HAMC, Doiwala, Dehradun, on April 5, 2022. The patient was already taking medicines from AIIMS, RISHIKESH (REG. NO. - 20170038623), where it was diagnosed as Chronic Spontaneous urticaria. The patient was complaining of the following symptoms:

1. Multiple erythematous, oedematous wheals over the trunk and bilateral upper and lower extremities without leaving behind pigmentation for 8 years.
2. Wheals associated with severe Itching for 1 month.

3. Wheals last for more than 24 h for 3 months.
4. Annular erythematous lesions on bilateral thighs and buttocks for 4 months
5. Weight gain for 4 months

HISTORY OF PRESENT ILLNESS – The patient was apparently well before July 2014 when he developed transiently raised itchy lesions over his face & scalp which subsided in 15-20 minutes with the application of topical steroids. In the following month, he developed the same lesions all over his body for which he took Levocetirizine 5 mg, and the lesion subsided in 15-20 minutes but reappeared in an hour. This episode carried on for the next 8 months for which he sought treatment from a local practitioner. He still did not get much relief. Then, He sought treatment from AIIMS, Rishikesh 2017, June. During the course of treatment in AIIMS, he received Fexofenadine 180 mg, Levocetirizine 5 mg, Hydroxyzine 25 mg, Ranitidine 150 mg, Ebastine, and Doxepin, but he did not get much relief. He was started on Oral Cyclosporine 100 mg thrice daily in September 2018 by which he got complete relief. In March 2019, he started having the frequent appearance of the transiently raised lesion (every 3rd-4th day) despite being on oral cyclosporine 100 mg thrice daily, hydroxyzine 25 mg, Levocetirizine 10 mg for which he was given Inj. Omalizumab 150 mg. There was a history of raised blood pressure and an Increased Level of Creatinine after starting the tablet cyclosporine. So, after the Nephrologist Consultation, the dose of Cyclosporin was reduced and the patient was kept on T. Amlovas 5 mg SOS. There was no history of fever or angioedema. The frequency of episodes was initially 1 month every year, but persistent episodes of wheals were for the last 1 year. It was the side effects of allopathic medicines⁵. But still, the patient didn't get satisfactory results. So, at last, he visited Himalayiya Ayurvedic (P.G) Medical College & Hospital for better management. The patient was diagnosed as *Sheetapitta* (Urticaria) and advised for *Vamana & Virechana karma* (therapeutic emesis) considering the requirement of bio purification as steroids and cyclosporine were not working at all.

Table 1. Investigations of CSU Patient

Hb%	14.68	LFT	Normal
TLC	8,401	S. Urea	48
PLC	1.76	S. Creatinine	1.38
RBS	89	Uric Acid	10.3
TSH	1.61	Viral markers	Non-Reactive

PAST HISTORY – NO H/O- HTN/DM/THYROID

TREATMENT HISTORY -

- T. CYCLOSPORINE 100 MG 1 Tab Thrice daily
- T. EBASTINE 10 MG 1 Tab Four times daily
- T. HYDROXYZINE 2.5 MG 1 Tab at Night
- T. DAPSONE 100 MG At Night
- T. FEBUXOSTAT 40 MG 1 Tab daily
- T. MONTELUKAST 10 MG at night
- INJ. OMALIZUMAB 150 MG Subcutaneously over the abdomen at two different sites over 15-20 sec (20/5/2019)

FAMILY HISTORY – No relevant Family History

PHYSICAL EXAMINATION –

(A) General Examination – The patient is well-oriented to time, place, and person.

B.P – 110/80 mmhg

Pulse – 90/min

Temp – 97.4⁰ F

Weight – 75 KG

Pallor- Not present

Icterus- Not present

Clubbing – Not present

Cyanosis and Edema – Not present

(B) Systemic examination

Respiratory system – B/L Vesicular breath sound heard with equal air entry on both sides.

Cardiovascular system – S1S2 heard, no added sound.

Per Abdomen – Soft, non-tender, No Organomegaly

Central nervous system – All Cranial Nerves intact, No sensory or Motor loss

(C) Muco-cutaneous Examination

The lesions were reddish, with wheals over the back region. It had severe itching but no burning sensation, swelling, and pricking sensation also. There was no discharge or exudation seen. Symptoms were aggravated during exposure to cold and night.

INTERVENTION –

(i) *Vamana karma* –

S.NO	NAME OF DRUG	DAYS	DATE	DOSE
1.	<i>Deepana pachana with Chitrakadi Vati</i>	3 Days	12/12/21 to 14/12/21	1 Tab 4 times
2.	<i>Snehapana with Mahatriphala Ghrita</i>	7 days	15/12/21 to 19/12/21	Starting from 30 ml and then increasing gradually upto <i>samyak siddhi lakshana</i> (120 ml)
3.	<i>Abhyanga with Nimbadi Taila followed by Sarvanga Swedana with Dashmoola Kwath</i>	2 Days	20/12/21 to 21/12/21	
4.	<i>Vamana</i>		22/12/2021	

(ii) *Virechana karma* –

S.NO	NAME OF DRUG	DAYS	DATE	DOSE
1.	<i>Deepana pachana</i> with <i>Chitrakadi Vati</i>	3 Days	25/02/22 to 27/02/22	1 Tab 4 times
2.	<i>Snehapana</i> with <i>Panchatikta Ghrita</i>	5 days	28/02/22 to 04/03/22	Starting from 30 ml and then increasing gradually upto <i>samyak siddhi lakshana</i> (120 ml)
3.	<i>Abhyanga</i> with <i>Nimbadi Taila</i> followed by <i>Sarvanga Swedana</i> with <i>Dashmoola Kwath</i>	3 Days	05/02/22 to 07/02/22	
4.	<i>Virechana</i> with <i>Trivritta Avleha</i>		08/03/2022	40 gm

ASSESSMENT CRITERIA AND OUTCOMES –

The patient was assessed for *Kandu* (itching), *Varna* (discoloration), *Mandalotpatti* (wheal formations), Number of Wheals, Size of Lesions, and frequency of attacks. Grading was done as shown in Table 2.

Table 2. Gradation of Symptoms for assessment symptoms

KANDU (Itching)

CRITERIA	GRADING
No Itching	0
Itching only during the night	1
Itching one to four times during the day	2
Itching disturbing normal daily activities	3

VARNA (Discoloration)

CRITERIA	GRADING
No discolored rashes	0
Pinkish discolored rashes	1
Light red discolored rashes	2
Dark red discolored rashes	3

MANDALOTPATTI (Wheal formations)

CRITERIA	GRADING
No	0
Both hands and legs	1
Hands, legs, and trunk region	2
Whole body	3

NUMBER OF WHEELS

CRITERIA	GRADING
>10	0
10-20	1
20-30	2
<30	3

SIZE OF LESIONS

CRITERIA	GRADING
>1 cm	0
1-2 cm	1
2-3 cm	2
<3 cm	3

FREQUENCY OF ATTACKS

CRITERIA	GRADING
No	0
Once a month	1
3-4 times a month	2
Every two to three days	3

OBSERVATION AND RESULT –

The assessment was done on the basis of symptoms on the day of admission, after Vamana, after Virechana, and on follow up as shown in Table 3. The patient skipped all allopathic medicines after Vamana & Virechana therapy. Now, he could tolerate the urticarial attacks as it was less itchy. After 2 months of treatment, the patient was stable only with Ayurvedic medicines. Urticarial wheals were without erythema or Edema. The frequency was once in 15 days lasting for

2 h only. Weight reduced from 73 kg to 64 kg. Now, routine life was not hampered due to horrible urticarial lesions. Constipation was relieved. Sleep, appetite, and digestion also improved. Blood pressure also started remaining in the normal range, again. All investigations were within normal limits. Treatment was well tolerated by the patient and no side effect was noted during this duration.

Table 3. Assessment Before Treatment, After Vamana, After Virechana, and Follow up.

SYMPTOMS	DAYS			
	1 st	18 th	60 th	90 th
<i>Kandu</i> (Itching)	3	2	2	0
<i>Varna</i> (Discoloration)	2	2	1	1
<i>Mandalotpatti</i> (Wheal formation)	3	2	1	1
No. of wheals	2	1	1	0
Size of Lesions	3	2	1	0
Frequency of Attacks	3	2	1	1

DISCUSSION

In *Ayurveda*, all skin disorders are described under the term “*Kustha*”. But some allergic conditions are mentioned separately under the heading *Sheetapitta*, *Udarda*, and *Kotha*. Various forms of Urticaria and angioedema have similar symptoms so can be correlated to *Sheetapitta*, *Udarda*, and *Kotha*. *Sheetapitta* is a *Vata*-predominant condition whereas *Udarda* is a *Kapha*-predominant condition. The present case was

diagnosed as *Sheetapitta*, and treatment was planned accordingly. In the First Month, the Patient was treated with *Vamana* and then *Virechana* was done in the second month.

Initially, *Deepana* and *Pachana* of *Aama* followed by *Snehana* and *Swedana* were done as it is mainly *Vata Shamaka* (*Sheetapitta* is also a *Vata Pradhan Tridoshaja Vyadhi*) and also it works at the level of *Sukshma Srotasa* (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.

Panchatikta Ghrita was chosen for *Snehapana* as all its constituents– *Nimba* (*Azadirachta indica*), *Patola* (*Trichosanthes dioica*), *Kantakari* (*Solanum surrattense*), *Guduchi* (*Terminalia cordifolia*) and *Vasa* (*Adhatoda vasica*) are *tikta rasa pradhan dravyas*⁶. *Tikta rasa* is *Vishaghna* (antiallergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood)⁷. *Panchatikta Ghrita* has been proven as an anti-inflammatory effect⁸. So, it checks the inflammatory reaction on the skin due to vitiated *Doshas* and *Dhatus*.

The autoimmune nature of the disease along with *Kaphadushti* initially started as an itchy lesion. Hence, the primary *Dosha* is *Kapha* when it involves the *Rasa dhatu* and causes *Kandu* (*Kapha Dushti*). The Association of *Raktadhatu* leads to erythematous wheals. *Vamana* is said to be useful in the treatment of “*Sitapitta Udardda Kotha*”⁹ as *Udbhavasthan* is *Amashaya* and *Svabhava* is *Ashukari*. Hence, *Vamana* was planned as the first line of treatment for CSU for *Shodhana* (cleansing of microcirculatory channels) purpose.

Virechana (therapeutic purgation) was chosen for *Shodhana Karma* (cleansing therapy) since it is the best treatment for *Pittaja Vyadhis* also it is an important treatment for *Vataja*, *Kaphaja*, and *Raktaja Vyadhis* (these all are vitiated in *Sheetapitta*) as it eradicates the aggravated *Doshas* from the body. *Virechana* is the treatment of *Pittadosha*, *Kapha Samsrista Pitta*, and *Vatasthagata Pitta*¹⁰. *Virechana* is mentioned as a *Shodhana Procedure* in the *Dushti* of *Rasa*, *Rakta*, *Mams*, *Asthi*, *Majja* & *Shukra Dhatus* also. The medicine selected for *Virechana* was *Trivritta Avleha*. *Trivritta* is *Sukha Virechak*¹¹ (mild purgatives) and has *Madhura Kashaya*, *Tikta Rasa*, *Katu Vipaka*, and *Ushna Virya*¹² which helps to pacify or expel out Pitta Dosh. *Trivritta* also has *Kushthaghna*, *Krimighna*, *Rakta Shodhana*, and *Tridoshaghna* properties¹³.

CONCLUSION

In the present study, *Vamana* and *Virechana* as *Shodhana Chikitsa* have shown great relief in the

symptoms of *Sheetapitta* in the patient. Moreover, the reoccurrence of the disease is also decreased. Patients responded well and great improvement was seen. So, it can be said that *Sheetapitta* can be easily managed with *Ayurveda* and needs to be studied in a greater number of patients.

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