

APPROACH TO COLD URTICARIA IN AYURVEDA - A CASE STUDY

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ABSTRACT

Sheetapitta, *Udarda*, *Kota* explained in *Ayurvedic* classics can be understood under the broad term Urticaria. *Sheetapitta* is a condition where due to *Sheeta Maruta Sparsha* there is *Dusti* of *Kapha* and *Maruta* which along with *Pitta* manifests *Vikruti* in *Twacha*. *Udarda* is the condition where *Varatika Damshavat Shota* is manifested in *Twacha* associated with *Kandu* and *Toda*. *Kota* is caused due to *Udirna Pitta* producing *Mandalakara Shotha* on *Twacha* associated with *Kandu* and *Raga*. Urticaria is transient lesions that are composed of a central wheal surrounded by an erythematous halo or flare. Individual lesions are round, oval, or figurate and are often pruritic. It is classified in different types based on aetiology such as Solar Urticaria, Pressure Urticaria and Cold Urticaria. Various treatment modalities have been mentioned in classics for this condition including *Shodhana* and *Shamana*. The present case is the live example of the treatment protocol mentioned for the management of *Udarda* (Cold Urticaria) in *Ayurveda*. The treatment planned in the present case is *Virechana Karma*.

Keywords: *Sheetapitta*, *Udarda*, *Kota*, Urticaria, treatment, case study

INTRODUCTION

The description of *Sheetapitta*, *Udarda* and *Kota* explained after *Kushta* in *Madhava Nidana*¹ and *Yogaratanakara*² as they are manifested in *Twacha* and all the three *Doshas*³ are involved. This can be understood in terms of Urticaria as it simulates with description of aetiology and clinical features. Skin disorders like Urticaria create physical as well as mental stress to an individual. Urticaria are transient lesions that are composed of a central wheal surrounded by an erythematous halo or flare is considered acute. Recurrent episodes of Urticaria of less

than 6 weeks duration are considered acute, whereas attacks persisting beyond this period are designated chronic. Most of the acute cases of Urticaria are related to food, drugs, inhalants or infections. The common physical Urticarias include Cold Urticaria, Solar Urticaria, Pressure Urticaria, Dermographism and Cholinergic Urticaria⁴. Cold Urticaria is receipted by exposure to the cold, and therefore exposed areas are usually affected. Most of the physical urticarias last less than 2hrs⁵. *Sheetapitta* is diagnosed clinically based on symptoms like *Va-*

rateedastavat Shotha, Kandu, and Raga being caused or aggravated by exposure to cold or even moist wind. Presentation of *Udarda* also includes *Swayathu* (swelling) resulted from *Kapha*, caused by contact with cold water (*Sheeta Paneeya Samsparsha*) particularly during cold season (*Shishirartha*)⁶. Hemadri also mentions *Vakshoabhishyanda* (discomfort in the chest region), *Sheethavepathu* (shivering from cold), *Sheetapaneeya Samsparsha* (swelling caused by contact with cold water), *Raga* (accompanied by redness) and *Kandu* (itching) as *Lakshana* of *Udarda*. *Kota* presents with almost similar symptom but only difference is the aetiological factor *Asamyak Vamana* or *Chardi Vegavorodha*⁷ (improper emesis / suppression of the urge for vomiting).

PATHOPHYSIOLOGY

Cold Urticaria symptoms result from the activation of mast cells and subsequent release of histamine and other pro-inflammatory mediators. Following a cold stimulation test, cutaneous mast cells in patients with cold Urticaria show signs of degranulation, and serum levels of mast cell mediators are increased. A lot of pro-inflammatory mediators have been found to be elevated including histamine, neutrophil chemotactic activity, tumour necrosis factor, prostaglandin D2, platelet-activating factor-like lipid, eosinophilia chemotactic factors and platelet factor 4.

TREATMENT

There is no cure for cold Urticaria, treatment includes avoiding cold temperatures and exposure to sudden changes in temperature. Medications can help prevent and reduce symptoms. Medications used to treat cold Urticaria include⁸

- **Antihistamines** - These medications block the symptom-producing release of histamine. Examples include loratadine (Claritin), fexofenadine (Allegra), cetirizine (Zyrtec), levocetirizine (Xyzal) and desloratadine (Clarinex).

- **Cyproheptadine** - This medication is an antihistamine that also affects nerve impulses that lead to reduction in symptoms.
- **Doxepin** - Normally used to treat anxiety and depression, this medication can also reduce cold Urticaria symptoms.

CASE STUDY

Patient name Meenakshamma (Name Changed) 37 years old female, weaver by occupation, Hindu by religion, belongs to the low socio economic background admitted in the hospital on 8th January 2017 with the following complaints.

- Itching sensation all over the body along with rashes when exposed to cold weather (Such as cold breeze and cold water) since 14yrs, aggravated since 7yrs.

There is no premorbidities such as Diabetes Mellitus, Hypertension, Bronchial Asthma and intake of any NSAID's and corticosteroids.

She was treated for the same complaints symptomatically but there was relapse of the condition on exposure to cold.

History of intake of - T. Citrizine when the itching aggravates.

T. Rantac occasionally for burning sensation of throat and sour belching.

On Examination

1. Built – Moderate
2. Nourishment – Moderate
3. BMI – 27.1 kg/m²
4. Pulse – 78b/m
5. Blood pressure – 120/90 mm of hg.
6. Respiratory rate – 18 cycles per minute
7. Pallor- Absent
8. Icterus- Absent
9. Cyanosis - Absent
7. Lymphadenopathy - Absent
8. Oedema – Absent

Systemic Examination

1. Central Nervous System – Conscious, oriented to time/place/person, with preserved memory and higher mental function, no observed focal neurological deficit found.

2. Respiratory System – B/L normal vesicular breath sounds heard.
3. Cardiovascular System – S1 & S2 (+), NAD.
4. per Abdomen- NAD
5. Skin examination during exposure to cold-

- Erythematous, oedematous papule or plaque (multiple in number and of different size) - wheal.
- Raised above the skin level, itching.
- No discharge.
- Spreads all over the body.
- Dermographism – negative.



SAMPRAPTI GHATAKA

- | | |
|----------------------------|------------------------------------|
| <i>Dosha</i> | - <i>Pitta, Kapha, Vayu</i> |
| <i>Dushya</i> | - <i>Rasa, Rakta</i> |
| <i>Agni</i> | - <i>Jataragni Mandya</i> |
| <i>Srotas</i> | - <i>Rasa, Rakta</i> |
| <i>Sroto Dusti Prakara</i> | - <i>Vimarga Gamana</i> |
| <i>Udbhava Sthana</i> | - <i>Adho Amashya</i> |
| <i>Sanchara Sthana</i> | - <i>Rasa and Raktavaha Srotas</i> |
| <i>Vyakta Sthana</i> | - <i>Twak</i> |
| <i>Adhistana</i> | - <i>Shareera</i> |
| <i>Swabhava</i> | - <i>Chirakari</i> |
| <i>Marga</i> | - <i>Bahya Roga Marga</i> |
| <i>Saadhyaasaadhyata</i> | - <i>Kruchra Saadya</i> |

DIAGNOSIS- Udarda (Chronic Cold Urticaria)

As per the history taken and the clinical examination performed diagnosis goes more towards *Udarda* (Chronic Cold Urticaria) as there is *Varatika Damsta Samsthanavat Shotha* associated with *Kandu* (lesions appear typically after exposure to cold, itchy).

TREATMENT PROPOSED

Virechana Karma-

- *Sarvanga Udvartana* with *Triphala Churna* and *Manjista Churna*, followed by *Bashpa Sweda* for 4 days.

- *Snehapana* with *Guggulu Tiktaka Ghrita* for 5 days (30ml-60ml-100ml-120ml-130ml)
- *Vishrama Kala-* (3 days) *Abyanga* with *Katu Taila F/B Bashpa Sweda*.
- *Virechana* with *Trivrut Avaleha* 65gms – 10 *Vegas* were observed.
- *Samsarjana Krama* was advised for 3 days.

Shamanoushadi- *Patolamooladi Kwatha* – 1tsf BD for 1 week

OUTCOME - After undergoing the proposed treatment patient noted that there were less episode of occurrences of wheals when exposed to cold than before, the subsiding period of lesions were less when compared before.

DISCUSSION

In *Ayurveda*, all skin diseases are explained under the umbrella of '*Kushta*'. Besides this, some allergic conditions which are not explained under *Kushta* are mentioned separately such as *Sheetapitta*, *Udarda* and *Kota*. Various forms of Urticaria, can be understood in terms of *Sheetapitta*, *Udarda* and *Kota*. *Sheetapitta*, *Udarda* and *Kota* are the three diseases described in similar way with few different charac-

teristic features and causative factors. *Sheetapitta* is a *Vata* predominant condition whereas *Udarda* is a *Kapha* predominant condition. Present case was diagnosed as '*Udarda*' and treatment planned accordingly.

Probable mode of action of the proposed treatment-

Udvartana adopted in this case helped in *Kaphahara*⁹ which is the main *Dosha* involved in *Udarda*.

Snehapana and *Virechana Karma* helped in expulsion of the vitiated *Dosha (Pitta)*. *Guggulu Tiktaka Ghrita* is said to be *Prabala Sameerahara* and is indicated in *Kushta*.

Shamanoushadi administered after *Shodhana Karma* i.e. *Patolamooladi Kwatha* due to its *Tikta Rasa* it acts as *Pittahara* and is said to be *Twak Dosha hara*.

CONCLUSION

The *Ayurvedic* diagnosis of *Udarda* is made for Chronic Cold Urticaria in present case. *Virechana Karma* was found to be effective in providing relief in the signs & symptoms of Chronic Cold Urticaria. Following strict protocol i.e., avoiding sudden exposure to change in temperatures, along with internal medicines and life style changes are essential to prevent the recurrences and also to get the sustained relief after undergoing *Shodhana Karma*. Present study finding can't be generalized, further long term follow up studies on large sample are required.

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