



## Management of urticaria with *Virechana*: A case study

Poonam<sup>2</sup>, Sharma Rishu<sup>3</sup>, Gupta Sanjay<sup>4</sup>, Singh Deshraj<sup>5</sup> and Shukla Gyanendra Datta<sup>1</sup> ✉

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### Abstract

In the present era due to over-industrialization and increase in pollution as well as changed life style, one can constantly meets with various pollutants; which ultimately results in weaken immune system and increased sensitivity toward allergens. This causes various types of allergic diseases. Urticaria is one of the most common allergic skin diseases characterized by erythematous and pruritic rashes. It affects 15-20% of the people at some point of their life. Highest incidence occurs at third decade of life. The discomfort and stress caused by urticarial can lead to serious impairment of quality life. In classics *sheetpitta* has almost similar symptomatology and causative factors as urticaria. In *sheetpitta*, *vata* and *kapha* are primarily disturbed and in combination of *pitta* they cause redness, swelling and itching on the skin. Although the diseases is not life-threatening, it makes the patient troubled due to its appearance, severe itching, and disturb the daily routine. In contemporary science there is no permanent cure, but only remission of the disease can be achieved by medicine. But these treatments can cause reoccurrence of the disease. So an effort has been made with Ayurvedic intervention. A male patient from *Panchkarma* OPD was treated with *Virechana* along with internal medication and dietary protocol. Significant relief in the symptoms is observed in the patient after *Virechana* and oral medication. *Virechana* may be better line of treatment for urticaria as it works on correcting the underlying root cause along with symptoms of the diseases.

**Key words:** *Urticaria, Sheetpitta, Virechana, Panchkarma*

### Introduction

Urticaria is a dermal vascular reaction of the skin characterized by the appearance of itchy wheals, which are elevated (oedematous), pale or erythematous, transient and evanescent plaque lesions (Thappa, 2009). Causes include - autoimmune, allergens (in food, inhalants and injections), drugs, contact (e.g. animal saliva, latex), physical (e.g. heat, cold, water, sun, pressure), infection (e.g. viral hepatitis, infectious mononucleosis, HIV), idiopathic (Davidson's principles and practice, 2006). Urticaria of less than 6 weeks duration is called acute urticaria while more than 6 weeks as chronic urticaria.

**Pathogenesis:** Autoimmune pathogenesis is one of the most common causes of chronic urticaria. Urticaria results from an immediate hypersensitivity reaction after exposure to an allergen or an antigen. Upon exposure, the skin mast cell releases the mediator histamine. Through histamine's effects on the histamine1 (H1) occurs. Arteriolar dilatation through nerve reflex causes

### Author's Address

Department of Panchakarma, Rishikul Campus, UAU, Dehradun  
E-mail: [dr.gdshukla@gmail.com](mailto:dr.gdshukla@gmail.com)

the typical flaring and eventually the extravasations of fluid cause the wheals. Histamine receptors, the capillaries are dilated. With the dilation of the capillaries, vascular permeability also causes the pruritus that accompanies the condition. Other mast cells products act as chemotactic factors that attract other effect or cells such as eosinophil. Urticaria also results from physical factors such as cold, heat, sunlight, water, pressure and vibration. The underlying mechanisms are not well understood, but the final common pathway is believed to involve release of mediators by activated mast cells and basophilic leukocytes. These mediators increase vascular permeability, and plasma leaks into the dermis, resulting in Urticarial wheals (Grattan and Sabroe, 2003). In Ayurveda, allergic manifestation is mentioned under the concept of *Satmya-asatmya*. It manifests due to exposure to *Asatmya ahara-vihara* and contact with different poisonous materials (allergens) (Tripathi, 2007). In Ayurvedic texts *Sheetapitta* is described as a skin disorder characterized by inflamed lesions like of *Varati dansh* (wasp sting) and may be associated with *Kandu* (itching), *Toda* (pricking sensation), *Daha* (burning sensation), *Vamana* (vomiting) or



*Jwara* (fever) (Upadhyaya, 2007). It is a *Tridoshaja* disorder having predominance of *Pitta* and *Vayu* (Singh, 2001) and *Rasa* and *Rakta* are main *Dushyas*. *Sheetpitta* which if not treated leads to *Udarda* the *Kotha* and then *Utkotha* (Shukla, Kayachikitsa). In *Udarda*, *Kapha dosha* is predominant and the lesions formed are depressed in the centre while *Kotha* is mainly due to *Ayoga* or *Mithyayoga* of *Vamana* (Upadhyaya, 2007). On the base of clinical manifestations *Sheetpitta* can be clinically correlated with urticaria. In modern science there is vast treatment of urticaria and other allergic skin disorders but reoccurrence of disease is common. *Ayurveda* has lot of potential in the treatment aspect of allergic skin reaction by using of various *Ayurvedic* formulations and by following *Pathya apathya* in a logical manner. This case study demonstrated that in Skin diseases, *Ayurvedic* management (*Virechana* as *Shodhana* therapy and *Sanshamana Aushadha*) seems very effective.

## Material and Methods

### Case Report

The present case study is a successful *Ayurvedic* management of urticaria. A 28 year old male patient came to OPD of Panchkarma, Rishikul Campus, Haridwar, UAU, Dehradun, with chief complaint of reddish rashes all over the body with severe itching aggravating in evening hours and increases on cold exposure since 8 months.

### History of Present Illness

According to the patient, he was asymptomatic 8 months back. Gradually he developed reddish rashes all over the body with severe itching aggravating in evening hours and increases on cold exposure since 8 months. He took allopathic medicine for this but got no relief. His condition worsens day by day. Now he wants to take *Ayurvedic* treatment along with purification of body through *Panchkarma* procedure. So, he came here for treatment and further management.

**Past History:** No previous H/O any other severe illnesses. **Treatment History:** Patient took allopathic, medication for present complaint but could not get satisfactory relief. **Surgical History:** No H/O any surgery. **Family History:** Family history was negative for similar condition or skin disorder and no H/O severe illnesses. **Investigation:** All routine investigation (Hb, TLC,

DLC, ESR, RBS etc.) done and were within normal range.

### Treatment Given

*Ayurveda* emphasizes on three fold therapeutic management of the disease viz: *Sanshodhana* (biopurification), *Sanshamana* (pacification) and *Nidana Parivarjana* (avoiding causative factors) for almost all type of disorders including dermatological disorders. *Sanshodhana* (*Virechana*) followed by *Sanshamana Aushadha* (to subside remaining *Doshas* after *Sanshodhana*) was adopted.

## Result and Discussion

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

### 1. *Kandu* (Itching)

- 0 - no itching
- 1 - Itching only during night
- 2 - Itching one to four times during the day
- 3 - Itching disturbing normal daily activities

### 2. *Varna* (discolouration)

- 0 - no discoloured rashes
- 1 - Pinkish discoloured rashes
- 2 - Light red discoloured rashes
- 3 - Dark red discoloured rashes

### 3. *Mandalotpatti* (wheal formations)

- 0 - no
- 1 - Both hands and legs
- 2 - Hands, legs and trunk region
- 3 - Whole body

### 4. Frequency of attacks

- 0 - no
- 1 - Alternate week
- 2 - Twice weekly
- 3 - Every two to three days.

On the day of admission patient was graded for *Kandu* (itching) as 2, for *Varna* (discolouration) as 2, for *Mandalotpatti* (wheal formation) as 2 and for Table 2. Therapy

Frequency of attacks as 1. After treatment *Kandu* (itching) reduced to 0, *Varna* (discolouration) to 1, for *Mandalotpatti* (wheal formation) to 1 and frequency of attacks as 1.

*Sheetapitta* can be taken as 'Urticaria'. Urticaria is a disease characterized by itchy red rashes on skin



**Management of urticaria with Virechana**

Table 1.

<b>General condition:</b> Average	<b>Pulse = 78/min.</b>
<b>Mala</b> (stool) = Vibandha (Constipated)	<b>Mutra</b> (urine) = Normal.
<b>Taap-man</b> (temp.)=98°F	<b>Agni</b> = Vishamagni
<b>Shabda</b> (speech) = Samanaya	<b>Drika</b> (eyes) = Normal.
<b>Akriti</b> = Madhyama	<b>Bala</b> = Madhyama
<b>Raktadaaba</b> (B.P)=120/80mmHg	<b>Jihva</b> (tongue) = (slightly coated)
<b>Addiction:</b> None	<b>Nidra (sleep)- disturbed</b>

Table 2.

<b>Therapy</b>	<b>Drug</b>	<b>Matra (Dose)</b>	<b>Duration</b>	<b>Anupana</b>
<b>Deepana</b>	<i>Arogyavardhini Vati-2bd, Avipattikar Churna-1tsf</i>	3gm	Twice a day till proper <i>deepana</i> and <i>pachana</i>	Lukewarm water
<b>Snehapana</b>	<i>Panchtika ghrita</i>	30ml	On 1 <sup>st</sup> day	Lukewarm water
		60ml	On 2 <sup>nd</sup> day	Lukewarm water
		90ml	On 3 <sup>rd</sup> day	Lukewarm water
		120ml	On 4 <sup>th</sup> day	Lukewarm water
		150 ml	On 5 <sup>th</sup> day	Lukewarm water
		180 ml	On 6 <sup>th</sup> day	Lukewarm water
	200ml	On 7 <sup>th</sup> day	Lukewarm water	
<b>Abhyanga</b>	<i>katu-taila</i>	--	Next 3days	Lukewarm water
<b>Swedana (Sarvanga)</b>	<i>Vaspa sweda</i> (Hot fomentation)	--	Next 3 days	Lukewarm water
<b>Virechana</b>	<i>Trivritta yavakuta + Aaragvadhya phala majja+katuki churna</i>	50gm+ 40gm +10gm+600ml water reduce to 150 ml <i>virechana yoga</i>	--	Lukewarm water
<b>Sansarjana Krama</b>	<i>Manda</i> (rice water)	According to appetite	1 day	--
	Boiled Rice	According to appetite	Next day	--
	<i>Khichdi</i>	According to appetite	Next day	--
	<i>Daal and Roti</i>	According to appetite	Next day	--
<b>Sanshamana Aushadha</b>	<i>Gandhaka rasayna +suvarna gairik + giloya satva +Haridra churna</i>	10gm +5gm+5gm+15 gm Mix all 1tsf bd	Twice a day	Lukewarm water
	<i>Arogyavardhini Vati</i>	2 vati (250mg)	Thrice a day	Lukewarm water
	<i>Aaragvadhadi kasaya</i>	40ml	Twice a day	--
	<i>Avipattikar churna</i>	5gm empty stomach	Twice daily	Lukewarm water



almost all over the body. In some cases, the disorder is relatively mild, recurrent and frustrating other cases, 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 reoccurrence 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 *Vaat shamak* (*Sheetpitta* 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*<sup>13</sup> so that they can be easily removed from the body. *Panchtikta ghrita* was chosen for *snehapana* as all its constituents – *Nimba* (*Azadirachta indica*), *Patola* (*Trichosanthes dioica*), *Kantakari* (*Solanum surattense*), *Guduchi* (*Terminalia cordifolia*) and *Vasa* (*Adhatoda vasica*) are *Tikta rasa pradhan dravyas* (Sharma Priyavrat, 2006). *Tikta rasa* is *Vishaghna* (antiallergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood) (Sastri et al., 2008). *Panchatikta ghrita* has been proven as anti-inflammatory effect (Upendra et al., 2012). So it checks the inflammatory reaction on skin due to vitiated *Doshas* and *Dhatus*. *Virechana* (therapeutic purgation) was chosen for *Shodhana karma* (cleansing therapy) since it is best treatment for *Pittaja vyadhis* also it is important treatment for *Vataja, Kaphaja and Raktaja vyadhis* (these all are vitiated in *Sheetpitta*) as it eradicates the aggravated *Doshas* from the body. *Virechana* is treatment of *Pittadosha, Kapha samsrista Pitta and Vatasthagate 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 *Trivritta yavakuta, Aaragvadh phala majja, katuki churna*. *Trivritta* is *Sukha virechak* (mild purgatives) and *Katuki* is also *Rechaniya 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. *Sanshamana* therapy (conservative treatment) was given to expel the remaining *Doshas*. Drugs selected were, *Gandhak rasayana,*

*Giloy Satva, Aarogyavardhini vati* and *Aargavadhadi kwaath suvarna gairik, Haridra churna* which are all *Rakta shodhaka* (blood purifier), *Twak prasaadak* and immunomodulators. *Haridra* (turmeric) is a potent antiallergic drug, recommended in various allergic conditions including skin allergies like, *Urticaria (Sheetpitta), itching* etc (Tripathi, 2005).

## Conclusion

In modern science there are ample treatment of urticaria and other allergic skin disorders but reoccurrence of disease is common even after medication. This case study demonstrated that in Skin diseases, *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 *Pathya apanya* 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 urticaria.

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