



AYURVEDIC MANAGEMENT OF CHRONIC IDIOPATHIC URTICARIA: A CASE REPORT

Kshama Gupta *, Prasad Mamidi

Associate Professor, Department of Kayachikitsa, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India

*Corresponding Author Email: drkshamagupta@gmail.com

DOI: 10.7897/2277-4572.05427

Received on: 28/06/16 Revised on: 05/07/16 Accepted on: 04/08/16

ABSTRACT

Chronic idiopathic urticaria (CIU) is defined as the occurrence of daily or almost daily, wheals and itching for at least 6 weeks, with no obvious cause. It is a major affliction causing severe disability. The present report deals with a case of CIU diagnosed as 'udarda' according to Ayurveda. Efficacy of treatment was calculated by using 'The chronic urticaria quality of life questionnaire (CU-Q₂oL)' and 'Urticaria activity score (UAS 7)'. Total three assessments were done, before treatment, after virechana and after one month of virechana. Virechana karma is done followed by internal Ayurvedic medicines. There was complete relief in signs & symptoms of CIU, on both scales CU-Q₂oL and UAS 7 immediately after virechana but the relief was not sustained for long time. Recurrence occurred after one month of virechana due to non following of dietary protocol, lifestyle changes which are advised to the patient. It seems that shodhana karma (purificatory procedures) followed by internal medicines along with diet plan and life style changes are essential for the complete recovery and also to prevent the recurrences in chronic urticaria patients.

Key Words: Chronic idiopathic urticaria, Ayurveda, Virechana, Quality of life, life style, dietary protocol

INTRODUCTION

Urticaria (hives or nettle rash) is characterized by a red, raised, itchy rash resulting from vasodilation, increased blood flow and increased vascular permeability. Wheals can vary in size from a few millimeters to hand sized lesions which may be single or numerous. Angioedema (tissue swelling) is the result of a local increase in vascular permeability, often notable in the face, oropharynx and genitalia. Wheals and angioedema often coexist but either can occur separately¹. CIU (Chronic Idiopathic Urticaria) is defined as the occurrence of daily or almost daily, wheals and itching for at least 6 weeks, with no obvious cause. It is a major affliction causing severe disability to a degree equal to that experienced by sufferers from triple coronary artery disease². The prevalence of CU in the general population has been estimated to range from 0.5% to 5%³.

CU (Chronic Urticaria) is characterized by capricious course and a demoralizing response to treatments. There are no guaranteed means of controlling attacks. CU remains a major problem in terms of etiology, investigation and management. It may cause considerable distress and may last for years. CIU is a frequent problem where response to treatment is often disappointing. Many pharmacological and non pharmacological interventions are available, but none is accepted universally⁴. For sustained relief patients seek the help of Ayurvedic physician for various allergic disorders. CU and other allergic conditions can be correlated with the diseases explained in Ayurvedic texts such as, sheeta pitta, udarda and kotha. These three conditions are generally used synonymously and they are characterized by severe itching and red colored rash on skin⁵. The present report deals with a case of CU came for Ayurvedic treatment. Written informed consent was obtained from the patient for the publication of present case report.

CASE DESCRIPTION

A 36 year old female patient, came to our care (14.05.2016) with the complaints of, itching all over the body especially on palms, soles and face, swelling of face, lips and pedal edema, acidity, constipation, indigestion and sleeplessness due to severe pruritis with two months history. Patient was unable to do her regular activities due to severe itching. Itching increases during night time and early morning hours. The condition was gradually worsening since last two months and the onset was insidious. Patient took allopathic consultation and treatment but didn't get sustained relief. Patient was non smoker and non alcoholic. Patient has received nine months of AKT (Anti-Koch's Treatment) for pulmonary koch's. No family member has suffered with atopy or urticaria or any other relevant disease. At the time of examination, patient had severe pruritis on palms, legs, head and face. Pink to red colored skin lesions were observed all over the body especially on face and both upper, lower limbs; the lesions were big (more than one centimeter in diameter), transient, had pale centre and last less than 24 hours. Angioedema was noticed on face and limbs. Urticaria was not induced by heat, cold, sunlight or pressure. The condition was progressive, recurrent and creating anxiety to the patient.

AEC (Absolute eosinophil count) was elevated (672 / cu mm). SGPT (Serum glutamic pyruvic transaminase) levels found increased (54 U / L). Serum cholesterol (236 mg / dl) and serum LDL (low density lipoproteins) (146.6 mg / dl) levels were found elevated. Total IgE (immuno globulin E) levels were found normal (58.1 IU / ml). All other hematological and biochemical investigation reports were within normal limits (14.05.2016).

Diagnosis, Assessment & Treatment

Patient was diagnosed as having 'Chronic Idiopathic Urticaria' and according to Ayurveda, diagnosis of 'Udarda' is made⁵. To

measure the efficacy of treatment two scales were used; 'The chronic urticaria quality of life questionnaire (CU-Q₂oL)' and 'Urticaria activity score (UAS 7)'. Total two assessments were carried out before starting Ayurvedic treatment and after 6 weeks completion of Ayurvedic treatment based on the scoring of CU-Q₂oL and UAS 7. The CU-Q₂oL is an instrument that was specifically developed to assess quality of life in patients with CIU. It is a self administered 23 item questionnaire, where patients have to indicate, on a likert scale with multiple options (1: not at all; 5: very much), how much they have been troubled by each problem, with higher scores indicating worse quality of life⁶. The UAS is a CIU specific patient-reported measure. It is based on the assessment of key CIU symptoms: number of

wheals and intensity of itch. Patients with CIU are advised to document 24 hour self-evaluation scores. Daily UAS scores are summed over 7 consecutive days to create the UAS 7, with higher scores indicating greater disease severity⁶.

The main objectives of the treatment were, to withdraw from allopathic medicines and to maintain the patient on Ayurvedic medication, to prevent recurrences, avoidance of precipitating factors, management of underlying disease / condition or any other associated pathology and reassurance. Virechana karma (therapeutic purgation) is done followed by Ayurvedic internal medicines (Table 1).

Table 1: Intervention

Duration	Medicine	Dose	Frequency	Anupaana
14.05.2016 to 26.05.2016	1. Haridra khanda tablets (whenever necessary)	1 gm	twice a day, after food	with water
	2. Tribhuvana keerti ras (whenever necessary)	125 mg	twice a day, after food	with water
27.05.2016 to 25.06.2016	1. Patola katukarohinyadi kashayam	15 ml	twice a day, before food	with 45 ml of water
	2. Nimbamruta asavam	20 ml	twice a day, after food	with equal quantity of water
Panchakarma intervention				
14.05.2016 to 26.05.2016	Virechana karma			

DISCUSSION

In Ayurveda, all skin diseases are explained under the umbrella of 'kushtha' (skin diseases). Besides this, some allergic conditions which are not explained under kushtha are mentioned separately such as, sheetapitta, udarda and kotha. Various forms of urticaria and angioedema, having similar symptomatology can be correlated as sheetapitta, udarda and kotha⁵. Allergic manifestations are mentioned under the concept of saatmya and asaamyata in Ayurveda. Sheetapitta, udarda and kotha are the three diseases described in similar way with few different characteristic features and causative factors. Sheetapitta is a vata predominant condition whereas udarda is a kapha predominant condition.⁷ Present case was diagnosed as 'Udarda' and treatment planned accordingly.

In present case, virechana karma was planned and it was started with deepana (stomachic) and paachana (digestants) drugs followed by snehapana (internal administration of pure cow's ghee). Patient has received snehapana for four days with gradually increasing doses (30 ml on day-1, 60 ml on day-2, 100 ml on day-3 and 150 ml on day-4). After attaining samyak snigdha lakshana's (signs and symptoms to assess proper snehapana), patient has received sarvanga abhyanga (full body massage) and bashpa sweda (sudation in steam chamber) for the period of two days before the day of virechana. For virechana purpose, 100 gm of trivrit avalehyam is prescribed at once on early morning on empty stomach. Patient got 17 vega's (loose motions) without any discomfort. After virechana, samsarjana krama (post therapeutic diet regimen) was observed for the period of two days.

There was good improvement noticed immediately after virechana in subjective signs & symptoms and also in biochemical parameters. AEC got reduced from 672 /cu mm to 189 /cu mm, S.G.P.T (ALT) levels got reduced from 54 U/L to 39 U/L, hemoglobin improved from 12.1 gm% to 13.4%, serum cholesterol got reduced from 236 mg/dl to 212 mg/dl, serum LDL got reduced from 146.6 mg/dl to 128.5 mg/dl and serum

triglycerides reduced from 173 mg/dl to 135 mg/dl, immediately after virechana (25.05.2016). Pruritis and swelling totally disappeared and good relief noticed in acidity, constipation and in sleeplessness immediately after virechana.

Before starting treatment (14.05.2016), total score on CU-Q₂oL was 96, it is reduced to '0' immediately after virechana (25.05.2016) and after one month of virechana the score was 33. The score of UAS7, before treatment (14.05.2016) was 42, it is reduced to '0' immediately after virechana (25.05.2016) and after one month of virechana the score was 34. The severity of urticaria was 'intense' before virechana, which came to 'none' category immediately after virechana but after one month of virechana (follow up) the severity category of urticaria came to 'moderate' on UAS scale. These results indicates that immediately after virechana, the patient got complete (100%) relief in signs and symptoms but the relief was not sustained during follow up period (after one month of virechana).

At the time of discharge (25.05.2016), the patient got 100% relief in all signs and symptoms. Nimbamruta asava and patol katurohinyadi kashaya are prescribed at the time of discharge. Patient has informed that, during follow up period she has consumed non vegetarian food items, dairy products, cold water and spent most of the time in air conditioned room (which are contra indicated to the patient). She has not followed the diet protocol and do's & don'ts during follow up period which might be the reason for the aggravation of signs and symptoms one month after virechana. Along with internal medication, pathya and apathya (diet protocol suitable to the patient and disease) are also very important in the management of disease according to Ayurveda. In present case, even though the patient got tremendous improvement by virechana karma the relief is not sustained due to non observance of strict dietary protocol and code of conduct. It seems that shodhana karma (purificatory procedures) followed by internal medicines along with diet plan and life style changes are essential for the complete recovery and to prevent the recurrences in chronic urticaria patients.

CONCLUSION

The ayurvedic diagnosis of udarda is made for chronic idiopathic urticaria in present case. Virechana karma is very effective in providing immediate relief in the signs & symptoms of CIU. Following strict dietary protocol 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 to substantiate the above claims.

REFERENCES

1. Powell R J, Leech S C, Till S, Huber P A J, Nasser S M, Clark A T. BSACI guideline for the management of chronic urticaria and angioedema. *Clinical & Experimental Allergy* 2015; 45: 547-565.
2. O'Donnell B F, Lawlor F, Simpson J et al. The impact of chronic urticaria on quality of life. *British Journal of Dermatology* 1997; 136: 553-556.
3. Bernstein J A, Lang D M, Khan D A et al. The diagnosis and management of acute and chronic urticaria: 2014 update. *Journal of Allergy and Clinical Immunology* 2014; 133: 1270-1277.
4. Yadav S, Bajaj A K. Management of difficult urticaria. *Indian journal of Dermatology* 2009; 54:275-279.
5. Maurya S K, Seth A. Potential medicinal plants and traditional Ayurvedic approach towards urticaria: an allergic skin disorder. *International Journal of Pharmacy and Pharmaceutical Sciences* 2014; 6: 172-177.
6. Zuberbier T, Asero R, Bindslev-Jensen C et al. EAACI / GA²LEN / EDF / WAO guideline: definition, classification and diagnosis of urticaria. *Allergy* 2009; 64: 1417-1426.
7. Sason R, Sharma A. A conceptual study of sheetaapitta, udarad and kotha W.S.R to urticaria: A review. *International Journal of Ayurveda and Pharma Research* 2016; 4: 52-56.

How to cite this article:

Kshama Gupta, Prasad Mamidi. Ayurvedic management of chronic idiopathic urticaria: A case report. *J Pharm Sci Innov.* 2016;5(4):141-143 <http://dx.doi.org/10.7897/2277-4572.05427>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: JPSI is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal JPSI cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JPSI editor or editorial board members.