



MANAGEMENT OF PRESSURE URTICARIA (*SHĪTPITTA*) THROUGH VIRECANA : A CASE REPORT

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ABSTRACT

Introduction: A 32 years old female patient consulted for the following complaints- frequent episodes of papular, pinkish red rashes on whole body on applying pressure or scratching, associated with marked itching and burning sensation since one and a half month. She was clinically diagnosed as acute case of *Shītpitta* that can be correlated with urticaria (pressure urticaria: due to pressure).

Material and Methods: Ayurvedic *Śodhana* (Virecana) and *Śamana* treatment were used to successfully manage this condition. The goal of this case study is to illustrate how *Śodhana* (bio-purification treatments) and *Śamana* (palliative) therapy might be beneficial in the treatment of allergic disorders such as urticaria.

Result and Conclusion: After receiving *Virecana* and oral medication, the patient's symptoms considerably improved. Although contemporary medicine offers a variety of treatment options for urticaria and other allergic skin conditions, recurrence is typical even after medication. This case study shown that Ayurvedic management (*Virecana* as *Śodhana* therapy and *Śamana āusadha*) may be useful in the treatment of skin issues.

KEYWORDS : *Shītpitta*, *Dermatographia*, Pressure Urticaria, Urticaria, Skin Disorder.

1. INTRODUCTION

Shītapitta is a combination of the terms *Shīta* and *Pitta*. In *shītapitta*, vitiated *Vāta* and *kaphadoṣha*, along with *duṣṭapitta*, affect the *Raktadhātu* (*duṣhya*), causing symptoms on the *Tvacā* (skin) such as *Kanḍu* (itching), *Toda* (pricking pain), *jvara* (fever) and *Dāha* (burning sensation). It can also produce symptoms such as *Chardi*, *Hrīlāsa*, *Aruci*, *Dehasāda*, *Angagaurava*, *Vidāha*, and *Pipāsa*.¹⁻³ Causative factors of *Shītapitta-udārda-koṭha* described in *Mādhavnidāna* in detailed, which are considered as progressive stages of same pathological event.⁴ Based on the symptomatic representation, it can be correlated with urticaria, since the same symptoms, such as extreme itching, discomfort, and a burning feeling, are evident in urticaria.

Urticaria⁵ is avascular reaction characterized by transient wheal formation in the dermal tissues. The wheal is caused by a localized increase of permeability of the upper dermal vessels. The mediators of this reaction include histamine, kinin, and other vasoactive substances.

Pressure urticaria:

This kind of urticaria can arise immediately after pressure stimulation or as a delayed response to prolonged pressure applied to the skin. Tight-fitting clothing, belts, and garments with strong straps can cause pressure on the skin.

In *Āyurveda* treatment is divided into three phases: *Langhana* in '*Alpadoṣhaavastha*,' *Pācana* in *Madhyadoṣha*, and *Śodhana* in *Prabhūdoṣha avastha*. Treatment of *Shītapitta* is vividly mentioned in *Yogaratanākara*, *Chakradatta* and *Bhaiṣajya Ratnāvali*. Management of *Shītpitta* includes *kaṭutaila abhyanga*, *swedan* by *Koṣṇajāla*, *Vamana*, *Virecana* and *Śamana cikitsā*.⁶

Present case was an acute case of pressure urticaria (*Shītapitta*). Ayurvedic line of treatment such as *Virecana* (medicated purgation) is given for the elimination of *Prakupita* (elevated) *doṣhas* and for *Shamana* drugs are given to the patients for the pacification of residual *doṣhas*.

PATIENT INFORMATION

A 32-year-old prim gravida developed pruritus 3-4 weeks after delivery She had noticed that when she applied pressure to any portion of the body, the pruritus worsened and generated transitory papular wheals. As a result of the patient scratching her forearm, she developed wheals, which began as small papules and gradually expanded and coalesced. She went to a contemporary doctor and was given antihistamines, steroids, and other local drugs, and the symptoms disappeared instantly, but she continues to have relapses. Thus, patient

came to us for Ayurvedic treatment.

Medical history:

Personal history:

The patient had a mixed diet and has a normal micturition pattern as well as a healthy appetite but a constipated bowel condition.

Past medical history:

She had no specific medical or dermatological history.

Treatment history-

The patient used allopathic medications for the current ailment but did not get acceptable alleviation.

Surgical history:

Lower Segment Cesarean Section two months back.

Family history:

There was no family history of a comparable ailment or skin ailment, and no history of severe illnesses.

Menstrual history: LMP-19-10-2021, Regular.

Obstetrical history: Primi-gravida (Lower Segment Cesarean Section)

CLINICAL FINDING

Table- 1 Physical Examination

General condition: Good	Nādi (pulse) = 86/min.
Mala (stool) = <i>Vibandha</i>	Mūtra (urine) = Normal.
Tāpamān (temp.) = 97.3°F	Agni = <i>Tikṣhāgni</i>
Shabda (speech) = m□du	Dr̥ka (eyes) = Normal.
Ākriti = <i>Madhyama</i>	Bala = <i>Madhyama</i>
Raktadāba (B.P) = 110/70 mmHg	Jihva (tongue) = <i>Nirāma</i> (clean)
Addiction: none	Nidrā (sleep)- excess

Laboratory Investigation:

Laboratory tests such as complete blood counts, liver function tests, renal function tests, thyroid function tests, urinalysis and autoimmune study have been done. It is important to note, however, that no abnormal findings were found when she enrolled in the case study.

Table- 2 Assessment Parameters

Evaluation of the patient done following parameters:

A) Kanḍu(itching)	GRADE 0- there is no itch.
	GRADE 1. itching exclusively at night
	GRADE 2. itching one to four times during the day
	GRADE 3 itching interfering with routine everyday activities

B) <i>Varña</i> (Discoloration)	GRADE 0-There are no discolored rashes.
	GRADE1- rashes that are pinkish-discolored
	GRADE2 rashes of faint red discoloration
C) <i>Manḍalopatti</i> (wheal formation)	GRADE 0- No
	GRADE 1-both hands and legs
	GRADE 2-hands, legs and trunk region
	GRADE 3-whole body
D) Frequency of attacks	GRADE 0-No
	GRADE 1-Alternate week
	GRADE 2-twice weekly
	GRADE 3- Every one or two days

Differential diagnosis:

Angioedema Urticarial vasculitis, Dermographism, Contact dermatitis.

Table-3 Therapeutic Intervention

S. N.	Procedure	Duration	Medication	Dose
1.	<i>Dīpana</i> – <i>Pācana</i> (Appetizer & digestant)	3 days	<i>Citrakāḍi vati</i>	2 tablet twice a day for chewing before meal
2.	<i>Snehapāna</i> (Internal oleation)	5 days	<i>Go-ghṛita</i>	<i>Uttarottara vṛiddhikrama</i> (starting with 30 ml and increased up to
3.	<i>Svedana</i> (fomentation)- <i>Niragani sveda</i>	1 days	<i>Ātapasevana</i> , <i>Gurūprāvaraṇa</i>	-
4.	<i>Virecana</i> (medicated purgation)		<i>Avipattikara churṇa</i>	20 gm in two divided doses with lukewarm water
5.	<i>Samśarjanakṛma</i> (special type of dietetic regimen)	3 days	<i>Maṇḍa</i> , <i>peyā</i> & <i>Yavagu</i>	<i>Agnibalāmusāra</i>
6.	<i>Samśamana cikitsā</i> (pacificatory management)	15 days	<i>Haridarakhanda</i>	4 gm twice a day with Lukewarm milk
			<i>Arogyavardhani vati</i>	1 tablet thrice a day

RESULT (Table-4)

PARAMETER	Before treatment	After <i>Virecana</i>	After treatment
<i>Kanḍu</i>	3	2	0
<i>Varña</i>	2	1	0
<i>Manḍalotpatti</i>	2	1	0
Frequency of attack	3	1	0

DISCUSSION:

In *Shītapitta* Mainly *Vāta* and *Kapha* is vitiated along with *Pitta dosha*. The *Prakupita* (vitiated) *Kapha* merges with the *Pitta* may lead to *Srotosanga*. Further, it alter quantities and qualitative basic matrix *rasavaha* and *raktavaha srotas* and circulated all over the body specially in *Twacha* (skin) with the help of *Vata dosha*. The *Virecana* (medicated purgation) is chosen as *Samshodhana chikitsā* (bio-purificatory therapy) and *Samśamana aushadha* (pacificatory drugs) are chosen in this case based on the *Doṣic* involvement in *Shītapitta*. At one side by biopurification we clean the boy channels & to get rid of vitiated *Pitta* and *Kapha dosha* in the body. And the other side by using *Dosha* specific pacificatory drugs such as *Arogyavardhani vati* & *Haridarakhanda*; we can alter & check the involved pathogenetic events in the disease *Shītapitta*. Recent evidences also suggest that medicated purgation therapy imparts cleansing effects in the systems and reduces the load of allergic mediators. By virtue of these two approaches, the she got symptomatic improvement.

Table-5 Probable Mode of Action^{7,8,9}:

KARMA	MODE OF ACTION
<i>Dīpana-Pacana</i>	It balances the <i>Vātadoṣha</i> , and boosts the appetite & digestive capacity.
<i>Snehapān</i> ¹⁰	<i>Ghṛta</i> is <i>Pitta-shamaka</i> and <i>Agni-Dīpaka</i> due to its properties.

	<i>Srotośodhana</i> is a technique for expelling excess <i>Pitta Doṣha</i> from the body. <i>Rakta</i> is <i>Pitta Sadharmi</i> , hence it will also pacify vitiated <i>Rakta</i> ¹⁶ .
<i>Samśarjanakṛma</i> ¹⁷	<i>Agnibalvardhanārtha</i> (improve digestion and increases appetite)
<i>Samśamana</i> drugs	Use <i>Samśamana</i> to subside remaining <i>Doṣha</i> & alter the basic matrix of genesis of disease after <i>Samshodhana</i> . Selected <i>Samśamana</i> drugs having <i>vāta-kaphaśamaka</i> and <i>Rakta-śodhaka</i> properties. The main content of <i>Haridarakhanda</i> ^{18,19} is <i>Haridra</i> (turmeric), which is a potent antiallergic drug, recommended in various allergic conditions including skin allergies like, urticaria (<i>Shītpitta</i>), itching etc. <i>Arogyavardhani vati</i> ^{20,21} has the ability of balancing <i>Tridosha</i> , destroying all types of skin disorders, analgesic, wound healing, and antipruritic properties. Pungent drugs are beneficial for reducing burning sensation and itching. Bitter taste is believed to be useful in destroying all skin disorders.

CONCLUSION:

Modern science has developed several therapies for urticaria and other allergic skin diseases, although recurrence is frequent even after treatment. As a result, the use of Ayurvedic medicine has been attempted. In present case study *Virecana Karma* along with given Ayurvedic drugs has shown remarkable outcomes. So, we can conclude that *Virecana* may be an appropriate treatment option for the management of urticarial, because it treats the underlying roots cause of disease and it can also be used as an adjuvant with pacificatory therapy.

ACKNOWLEDGEMENT:

The corresponding author expresses gratitude to the Central Council for Research in Ayurvedic Sciences, New Delhi, for funding the Senior research fellowship. The funding sources had no role on the preparation of this research article.

**Figure 1: BT****Figure 2: AT****Figure 3: BT****Figure 4: AT**

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