

Ayurveda Treatment protocol in the management of *Seetapitha* with special reference to Chronic Urticaria – A Case Report

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ABSTRACT:

Urticaria is a common dermatological condition that typically presents with intensely pruritic, well circumscribed, raised wheals. The intense pruritus causes significant impairment in daily functioning, disrupt sleep and thereby affects the quality of life. Chronic Urticaria can be defined as Urticaria that persist for longer than 6 weeks. Medications in Ayurveda is found to be very effective in the management of Chronic Urticaria without any deleterious side effects. The present case 39-year-old housewife came to OPD of PNNM Ayurveda Medical College with complaints of recurrent occurrence of itchy rashes all over the body associated with feverishness and warmth in the affected areas in the last 2 years. She was using combination of antihistamines continuously for 2 years and on stopping medications, rashes reappear. The case was managed by both internal medicines and *Panchakarma* (purificatory) procedure considering the concepts of *Ama* (unassimilated food leading to toxicity) *Dooshivisha* (accumulated toxins) and *Seetapitha* (Urticaria). After relieving symptoms, *Rasayana* (Rejuvenative) medications given. Overall effect after the course of treatment showed complete remission and there is no recurrence in the past three years.

KEY WORDS: *Ama*, Chronic urticaria, *Dooshivisha*, *Seetapitha*.

Received: 21.01.2022 Revised: 09.03.2022 Accepted: 15.03.2022 Published: 20.03.2022

Quick Response code



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INTRODUCTION:

Urticaria is a common dermatological condition that typically presents with intensely pruritic, well circumscribed, raised wheals ranging from several millimeters to several centimeters or larger in size. It can occur with angioedema, which is localized non pitting edema of the subcutaneous or interstitial tissue that may be painful and warm. The intense pruritus can cause significant impairment in daily functioning and disrupt sleep.^[1]

In Chronic urticaria, recurrent episodes occur at least twice a week for 6 weeks.^[2] Histamine released from the mast cells is the major effector.^[3] It affects 15-20% of population once or more during a life time.^[4] In around 30% of patients with urticaria, often recur for months and years. Recent advances consider the possibility of an autoimmune basis to Chronic urticaria.^[5] In *Seetapitha*, due to altered food habits and lifestyle, *Tridosha* (functional units of the body) get vitiated with *Kapha vata* dominance involving *rasa dhatu* and *rakta*

dhatu (structural units of body) producing symptoms like *kandu* (itching), *toda* (pain) and *daha* (burning sensation) in the skin.^[6] This is similar to urticarial rashes. Management through Ayurveda showed improved quality of life and reduced recurrence of symptoms. In the present case also *Tridosha* vitiation noted with *kapha vata* dominance and involvement of *rasa dhathu* and *raktha dhathu*. The treatment was focused on the principles in the management of *Ama*, *Dooshivisha* and *Seeta pitha*.

CASE DESCRIPTION:

A 39-year-old house wife came to the OPD with complaints of recurrent appearance of itchy rashes all over the body. Nearly 2 years back, sudden onset of wheal like rash appeared on both arms and legs with severe itching and warmth at the affected sites. Patient also felt feverishness, consulted modern medicine and by the use of antihistamines for one week this was subsided. On stopping the medicines for 2 days, complaints reappeared involving other areas like abdomen, head etc. She was continuously taking combination of antihistamines for the last two years. She

came to the OPD to get a complete relief. On examination, beehive rashes with mild reddish discoloration seen in the abdomen, forehead, upper arm and both thighs. In the thighs and abdomen, the lesions were large with increase in temperature. Histopathology Report showed segments of pigmented skin with upper dermal perivascular round cell infiltrates along with eosinophils, neutrophils and few erythrocytes which was consistent with Urticarial Vasculitis. Serum Ig E levels measured to find the severity and duration of urticarial lesions and found to be elevated (576 IU/ mL on 16-1-2018).^[7]

Based on the clinical features and *dosha* involvement, it was diagnosed as *Seethapitha* with *Dooshivisha* nature. The patient was *Kapha vata prakriti* (constitution of Individual), with *kroora koshta* (constipated bowel), and *manda agni* (reduced digestive power). She had disturbed sleep during flare-ups and had the habit of sleeping during day time. She used to take *Idli, Vada, Dosa, sweets* etc. almost daily (*Snigdha ushna aahara*). She had regular menstrual cycles and no one in the family had similar complaints.

Table 1- Treatment given in PHASE 1(22-1-2018 to 5-2-2018)

Medicine	Dose
<i>Avipathy choornam</i>	30 gm with 100ml <i>Draksha phanta</i> given on first day at 7.30 am
<i>Rasa pachana kashayam</i>	90 ml twice daily before food (second day onwards) 7am, 6pm
<i>Dooshivishari gulika</i>	1-0-1 (along with <i>Kashayam</i>)
<i>Lepa</i> with <i>Amritha, Raktha Chandana & Useera</i>	For external application
<i>Shadangha panam</i>	<i>As panajalam</i>

Table 2- Treatment given in PHASE 2-IP TREATMENT (6-2-2018 to 23-2-2018)

Procedure	Dose
<i>Rookshana with Vaiswanara choornam</i>	25 gm <i>choorna</i> added with one and half litre buttermilk daily for 3 consecutive days
<i>Snehapanam with Tiktaka ghritam</i>	30ml,50ml,75ml,100ml,125ml (on fourth day started for 5 days respectively)
<i>Abhyangam with Doorvadi tailam and Ushma swedam</i>	For 2 days (on ninth and tenth day)
<i>Virechanam with Avipathy choornam</i>	25 gm with luke warm <i>Draksha phantam</i> (on eleventh day, 16-2-2018)
<i>Takradhara with Aragwadhadi gana takram and Amalaki kashayam</i>	For 7 days from twelfth day onwards
Internal medications administrated from (17-2-2018 to 23-2-2018)	
Medicine	Dosage
<i>Amrithha vrisha patoladhi kashayam</i>	90 ml twice daily before food 7am & 6 pm
<i>Dooshivishari Gulika</i>	1-0-1 (with <i>Kashayam</i>)
<i>Durvadi thailam</i>	External Application

Table 3- Treatment given in PHASE 3-Discharge medicine for one month (24-2-2018 to 26-3-2018) Phase II internal medications continued along with below medicines

Medicines	Dosage
<i>Amritarajanyadi choornam</i>	½ tsp powder in ½ glass luke warm water at 11 am & 4 pm
<i>Sigrupunarnavadi choornam</i>	For external <i>lepana</i>
<i>Haridrakhandam</i>	2 tsp tds after food
<i>Trivrit lehyam</i>	2tsp at bed time

Table 4- Treatment given in PHASE 4 (27-3-2018 to 28-5-2018)

For preventing the recurrence and to boost the immunity, *Rasayana* drugs given in phase 4

Medicines	Dosage
<i>Arogyavardhini vati</i>	once daily at bedtime
<i>Haridrakhandam</i>	1tsp in the morning after food.

Table 5- URTICARIA TOTAL SEVERITY SCORE

Parameter	Score 0	Score 1	Score 2	Score 3
Number of wheals	None	≤ 10	11-50	>50
Size of wheals	None	< 1 cm	1-3 cm	>3 cm
Intensity of pruritus	None	Mild	Moderate	Severe
Duration of wheals	None	<1 hr	1-12 hr	>12 hr
Frequency of appearance	None	≤ once a week	2-3 times a week	Daily/almost daily
Frequency of antihistamine use	None	≤ once a week	2-3 times a week	Daily/almost daily

Table 6- Assessment of Urticaria Severity Score

Parameter	Before treatment	After phase I	After phase II	After phase III	After phase IV
Number of wheals	2	2	1	1	0
Size of wheals	3	2	2	1	0
Intensity of pruritus	3	2	1	1	0
Duration of wheals	3	2	1	1	0
Frequency of appearance	3	2	1	1	0
Frequency of antihistamine use	3	2	1	1	0

OBSERVATIONS AND RESULTS:

Assessment was done based on Urticaria total severity score. Pre and post assessment done before treatment, after phase I, II, III & IV. The reduction in the score clearly shows the effect of the treatment. Most of the parameters shown reduction in score after *Sodhana*.

DISCUSSION:

Kushta samprapti (pathogenesis of Skin diseases) is always associated with the involvement of *Tridosha* vitiation. *Seetapitha* is the one that comes under *Kushta* but in *Brihatrayis* it is not mentioned. Madhavakara in *Madhava Nidana* have clearly mentioned the *nidana* (etiology), *poorvaroop* (prodromal symptoms), *roopa* (clinical features) and *Samprapthi* (pathogenesis) of *Seetapitha*. Due to *mithyaahara vihara* (altered food habits & life style) especially due to the intake of *snigdha ushna aahara* (unctuous & hot) for a long time there will be an underlined *Kapha-Pitha dushti*. By this the *anulomana gati* (normal movement) of *vayu* is also disturbed. At this time when the patient comes in contact with cold wind or cold water either internally or externally, *kaphavata* aggravates and together with *pitha* it spreads out all over the body and brings out *varatidashta samsthana soph* (wheal like reactions) both externally and internally associated with *chardi*

(vomiting), *jwara* (fever), *Daham* (burning sensation), *ragam* (discolouration), *todam* (pain) and *kandu* (itching). i.e; there will be appearance of dark red or pale red itchy rashes.^[8] When the *dosha dusti* starts – the patient may experience prodromal symptoms like *pipasa* (thirst), *aruchi* (anorexia), *hrillasa* (nausea), *dehasadam* (body pain), *angagouravam* (heaviness), *raktalochanata* (redness of eyes).^[9] The involvement of *saptadooshya* is very clear in this *samprapti*.

So, treatment protocol should be focused on *Amapacanam*, *Dooshivisha* and *Rasayana*. Due to *mithya aharavihara* there will be underlying *prabhoota* (excess) *Kaphapitha dusti*. In order to alleviate the *prabhootha dosha dushti*, first *sramsana* done with 30 gm *Avipathy choorna* in *Draksha phantam*.^[10,11] Next day onwards for *Amapacanam* and *Dooshivisha samanam*, for first two weeks, *Rasa pachana Kashaya* mentioned in *vishama jwara cikitsa*^[12], *Amritha vrisha patoladi Kashaya* mentioned in *Chakradhatha*^[13], *Dooshivishari gulika* were given internally and for external application *lepa* with *amritha*, *raktha candana* and *useera* given.^[14] *Shadangham* also given as *Panajalam* (Table 1). After two weeks of above medication, the patient got only mild relief of symptoms. The frequency of appearance, associated pruritus, duration of wheals got decreased and score came

down from 3 to 2. Then admitted as in patient for *Sodhana cikitsa*.

Before *Snehana*, first *Rookshana* done for three days by giving *Vaiswanara choorna* (25g) with one and half litre buttermilk.^[15] After that *Snehapana* started with *Tiktakaghrita* (30ml), gradually increased in the order 50ml, 75ml, 100ml and 125ml; by fifth day as *samyak snigdha* was shown, the next two days *Abhyanga*, *Ushma sweda* and *snigdha ushna aahara* given for *dosha utklesha* and after that *Virecana* done with *Avipathi choorna*. After *sodhana* procedure, (7days) *Samana* done by internal medications and *Takradhara* (Table 2). After IP treatment, significant change observed. All the scores got down to 1, except the size of wheals.

As there is accumulation of toxins for a long period due to *mithya ahara vihara*, when a favourable condition occurs, the *dosha* get triggered, leading to *sopha* (Urticarial rashes) both inside and outside. So, treatment of *Dooshivisha* also adopted in order to eliminate the *dhatu leenagata dosha*. In the discharge medicines *Amrutharajanyadi kashayam*, *Trivrit lehyam*, *Haridrakhanda* are included (Table 3). After 1 month of medicines, Ig E level was rechecked and was found to be reduced from 576 IU/ml to 134 IU/ml. All the other scores also reduced significantly.

After *Sodhana* and *Samana* treatments, *Arogyavardhini Vati* was give as *Rasayana* for two months along with *Haridrakhanda* to pacify the triggered allergic response (Table 4). Strict *Pathya aahara* was advised during the whole course of treatment. It is found that all the complaints got completely relieved and score got down to zero after this phase. There was no recurrence in the past 3 years.

CONCLUSION:

The patient got complete recovery of her symptoms on 3 months of treatment and she stopped using antihistamines. The medications and panchakarma treatment done is on the view of *Amapachana*, to eliminate vitiated dosha and to correct *Agni*. Treatment of *Dooshi visha* is incorporated here as the disease is produced by accumulation of toxins for long period. This study is highly relevant as the medications corrects the pathology without any side effects.

LIMITATION OF STUDY:

As this is a single case report, results cannot be generalized. Further studies on large sample size can give better understanding on treatment aspect.

PATIENTS CONSENT:

Duly signed consent form obtained.

ACKNOWLEDGEMENT:

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CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

GUARANTOR: Corresponding author is guarantor of this article and its contents.

SOURCE OF SUPPORT: None

HOW TO CITE THIS ARTICLE:

Smitha AV, Maya Mohan A. Ayurveda Treatment protocol in the management of *Seetapitha* with special reference to Chronic Urticaria – A case Report. *Int. J. AYUSH CaRe*. 2022; 6(1):23-28.