

AYURVEDIC MANAGEMENT OF UDARDA WITH SPECIAL REFERENCE TO URTICARIA- A CASE REPORT

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ABSTRACT

Urticaria is a form of allergic reaction characterized by recurrent attacks, relapse & dependence on antihistamines. It is often associated with lifestyle changes which leads to altered immune response. We report a case presenting with recurrent episodes of urticaria. The patient was examined and diagnosed as a *udarda* according to ayurveda. The patient was treated with ayurvedic principles of *shamana* and *shodhana chikitsa* aiming at prevention of recurrence (*Apunarbhava*), marked improvement was observed with reduction in frequency, intensity & need for antihistamines.

KEYWORDS: *Udarda, Shamana, Shodhana, Urticaria.*

INTRODUCTION

Urticaria is considered as a hypersensitivity reaction caused by mast cell degranulation & histamine release leading to vasodilatation and increased vascular permeability. This condition is characterized by transient, erythematous wheals associated with pruritus and edema. Conventional management includes antihistamines and corticosteroids which provide symptomatic relief but associated with recurrence. In ayurveda, this condition is correlated with *Sheetapitta*, *udarda* and *Kotha* in *Madhavnidana*.^[1] *Madhavakara* distinctly differentiates *Udarda* from *Sheetapitta* and *Kotha* based on *doshic* predominance and clinical expression. The pathogenesis involves dietary & lifestyle factors leading to *agni dushti*, *tridosha prakopa*, (*kapha-pitta* dominant) and *rakta dushti* resulting in manifestation of *utsanna mandala*(raised wheals), *kandu*(itching), *raga*(redness) and *shopha*(swelling).^[2]

Environmental factors like exposure to cold (*sheet vayu sevana*^[3]) act as a aggravating cause. Ayurvedic management of *udarda* emphasizes correction of underlying *dosha* imbalance by *shodhana* and *shamana chikitsa*^[4] and thereby prevent recurrence. This case report presents the ayurvedic management of *udarda* with special reference to urticaria.

CASE REPORT

Patient Information

The 21 years old female patient presented with the complaints of recurrent episodes of erythematous, raised wheals (*utsanna rakta mandala*) for last 3.5 years. The associated complaints including itching (*kandu*) and burning (*daah*) sensation. In addition, the patient had complaint of facial swelling (*mukha shopha*) and nausea (*hrullas*) during episodes for the last 8 months. Frequency of episodes was about 4-5 times per week with approximately 50-60 wheals appearing during each episode. The lesions persist for 5-6 hours and subsided after the administration of antihistamines. The condition was aggravated by the exposure to cold air, sleep disturbances and consumption of curd and milk products.

History

No history of any past illness

Family history-nil

Clinical findings

Parameter	Findings
Site of lesion	All over the body
Distribution	Asymmetrical
Character	Red in colour
Itching	Present, severe at morning and night
Temperature	Slightly raised over the lesions
Oedema	lesion surface elevated, facial oedema

Laboratory Investigations

CBC	Eosinophils 12 %
ESR	48 mm/hr
Total IgE	780 IU/ml

<i>Prakruti</i>	<i>pitta kapha</i>
<i>Nadi</i>	<i>Vaata pittaj, 74/min</i>
<i>Mala</i>	<i>1 vega, baddha mala</i>
<i>Mutra</i>	<i>Prakruta</i>
<i>Jivha</i>	<i>Sama, Lipta</i>
<i>Sparsha</i>	<i>Anushna</i>
<i>Aakruti</i>	<i>Sthool, Hraswa</i>
<i>Agni</i>	<i>Manda</i>
<i>Koshtha</i>	<i>Mrudu</i>
BP	110/70mm of Hg

<i>Dosha</i>	<i>kapha dominant, vata pitta</i>
<i>Dushya</i>	<i>rasa, rakta</i>
<i>Udbhav sthana</i>	<i>aamashaya</i>
<i>Vyakti sthana</i>	<i>twacha</i>
<i>Agni</i>	<i>manda</i>
<i>Kala</i>	<i>3.5 years</i>

❖ *Samprapti*^[5]

Hetu - Amla, dugdha vikruti, diwaswapa, prajagara, chinta, matsya sevana, sheet vayu

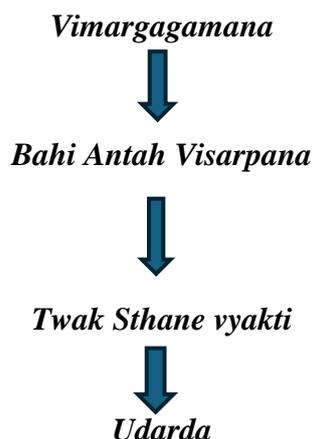


Kapha Vata prakopa + pitta dushti



Agni mandya





❖ **Assesment Criteria**^[6]

Parameters	Grade 0	Grade 1	Grade 2	Grade 3
<i>Kandu</i> (Itching)	No itching	Mild itching during appearance of rashes	Moderate itching one to four times during the day	Intense itching disturbing normal daily activities
<i>Varna</i> (Discolouration)	No discoloured rashes	Slightly pinkish discolouration	Red coloured discoloured rashes	Dark red coloured discoloured rashes
<i>Mandal utpatti</i> (Wheal formation)	Not any	Both hands and legs	Hands, legs and trunk region	On whole body
Frequency of attacks	Nil	In between 10-15 days	Twice weekly	Every two or three days

❖ **Assesment before and after treatment**

Parameter	BT	AT
<i>Kandu</i>	Grade 3	Grade 1
<i>Varna</i>	Grade 3	Grade 1
<i>Mandal utpatti</i>	Grade 3	Grade 0
<i>Frequency of attacks</i>	Grade 3	Grade 0

Scale^[7]

Urticaria Activity Score for 7 Days (UAS7)	
BT - 28	AT - 04

❖ Therapeutic Intervention

Timeline	Chikitsa	Duration
Treatment started	<p>1. <i>Aarogyavardhini vati</i> 250mg TDS with warm water</p> <p>2. <i>Laghusutshekhar Rasa</i> 250mg TDS with warm water</p> <p>3. <i>Haridra Khand</i> 250 mg BD with warm water</p> <p>4. <i>Patolkaturohinyadi Kashaya</i> 15ml BD with warm water</p> <p>5. <i>Bahya snehana - Katu taila</i></p>	1 month
<p>Follow-up 1</p> <p>Frequency - 3 episodes / week</p> <p>Intensity - reduced, 15-25 wheals/episode</p> <p>Itching - reduced</p> <p>Facial oedema - 2 episodes/ week</p>	CT all	1 month
<p>Follow-up 2</p> <p>(Meanwhile, <i>daah</i>, <i>sarvang kandu Hetu - Jagarana, Matsya sevana</i>, fermented food)</p>	<i>Raktamokshana</i> by <i>Siravyadha</i> - 100 cc	
<p>Follow-up 3</p> <p>frequency - 2/3 episodes/ week</p> <p>intensity - 10-15 wheals / episode</p> <p>No facial oedema</p> <p>nausea</p>	<p>Previous treatment continued</p> <p><i>Amruta rajanyadi kashayam</i> 15 ml BD with warm water</p>	15 days
<p>Follow-up 4 all symptoms reduced relapse only after <i>hetu sevana (Amla, sheet vayu)</i> but intensity significantly reduced</p>	<p><i>Vamana - Snehapana - panchatiktak ghrut Vamama Dravya - nimb siddha jala, yashtimadhu phanta pittanta, madhyama shuddhi</i></p>	-
<p>Follow-up 5</p> <p>No episode within 7 days of <i>samsarjana</i></p>	<p><i>Apunarbhava chikitsa</i> (Treatment to prevent relapse)</p> <p>1. <i>Udarda prashamana</i></p>	1 month

	<i>mahakashaya</i> 250mg BD with warm water 2.<i>Amruta rajanyadi kashayam</i> 15 ml BD with warm water 3.<i>Gandharva Haritaki churna</i> 3 gm HS with warm water	
Follow- up 6 No episode for last 1 month	1.<i>Aarogyavardhini vati</i> 250mg BD with warm water 2.<i>Laghusutsekhar Rasa</i> 250mg BD with warm water 3.<i>Gandharva Haritaki churna</i> 3 gm HS with warm water	1 Month
Follow-up 7 no episode for last 2 months	Treatment stopped Dietary and lifestyle modifications advised	

❖ DISCUSSION

The treatment protocol was planned based on classical ayurvedic principles, aiming to correct the underlying *samprapti* through both *shamana* and *shodhana chikitsa*.

Aarogyavardhini Vati^[8] was administered for its *deepana–pachana*, *mala shodhana*, *pitta–kapha hara*, and *kushtaghna* properties. *Laghusutsekhar Rasa*^[9] further aided in pacifying aggravated *pitta* and *kapha* dosha and *pachan* properties. *Patolkaturohinyadi Kashayam*^[10] and *Amruta Rajanyadi Kashayam*^[11] were incorporated owing to their *pitta–kapha hara*, *raktashodhana*, *vishaghna*, and *kushtaghna* actions. These formulations are traditionally indicated in skin diseases associated with *rakta dushti* and *pitta kapha* vitiation. *Haridra Khanda*^[12], known for its *raktaprasadana*, *kandughna*, and *krumighna* properties, contributed to controlling allergic responses and preventing recurrence. The inclusion of *Udarda Prashamana Mahakashaya*^[13] specifically addressed hypersensitivity manifestations such as *udarda*, *kandu*, and *daha*, which are comparable to urticarial presentations. *Gandharva Haritaki Churna*^[14] was used to maintain proper bowel movement through its *anulomana* and *mala shodhana* actions,. Among the *shodhana* procedures, *Vamana* was performed to eliminate aggravated *kapha* and *pitta dosha* from the *amashaya*,. This intervention helped in correcting pathophysiology and reducing frequency of episodes. *Raktamokshana* was employed to correct *rakta dushti*, leading to marked improvement in symptoms such as

mandala, daha, and kandu.^[15] The outcomes of this study support the role of a holistic, *samprapti*-based Ayurvedic approach in the management of *udarda*. (urticaria).

❖ CONCLUSION

The present study concludes that Ayurvedic management was effective in the treatment of *udarda*(Urticaria). *Udarda*, predominantly involving *tridosha* (*kapha pitta* dominant) with associated *rakta dushti* and *Āma*, was managed through interventions aimed at

Doṣha shamana and *shodhana*

Agnidipana and *Amapachana*

Rakta-prasādana

The patient demonstrated complete clinical remission following the prescribed Ayurvedic intervention, with total resolution of wheals, pruritus, and associated discomfort. No adverse events were observed during the course of therapy. The patient was followed up for a period of two months, during which no recurrence of symptoms was noted. Considering the sustained symptomatic relief and clinical stability, the treatment was gradually withdrawn, and the patient was advised to continue appropriate dietary and lifestyle modifications. The outcome suggests that the adopted therapeutic protocol was effective in achieving both symptomatic control and prevention of relapse in this case.

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