

**AYURVEDA MANAGEMENT OF CHRONIC URTICARIA
(SHEETAPITTA) IN PEDIATRICS- A SINGLE CASE STUDY*****¹Dr. Ramya G. N., ²Dr. Suryanarayana M. and ³Dr. Radhika Injamuri**¹PG Scholar Dept. of *Kaumarabhritya*, SJGAMC Koppal.^{2,3}Associate Professor, Dept. of *Kaumarabhritya*, SJGAMC Koppal.Article Received on
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Koppal.**ABSTRACT**

Background: Urticaria is also known as hives. It is one of the dermatological allergic diseases characterized by sudden eruptions of itchy wheals. It often leads to reduced quality of life and a significant socio-economic burden; it is also a common problem among the pediatric population. In *Ayurveda*, it can be correlated with *Sheetapitta* having similar symptoms of itching and rashes on the skin. Aim: management of urticarial rash through *Shodhana* therapy. **Method:** In the present case, an 11-year-old female child came to our OPD with complaints of recurrent itchy rashes all over the body for 8–9 months on and off associated with disturbed sleep during the night due to itching, for which allopathic treatment was taken. Temporary relief was found, but on stopping the medicine, the reappearance of rashes was present. Therefore, the case has been understood based on *Doshik*

concepts and executed an *Ayurvedic* line of treatment like *Shodhana* in the form of *Virechana*, by considering the *pitta* predominance and its chronicity in the present case of *Sheetapitta* and also achieved complete remission after *shodhana* and the same case has been followed for next 6 months to assess its reoccurrence but no reoccurrence was found.

KEYWORDS: *Sheetapitta*, Chronic urticaria, *Virechana*, *Shodhana*, *Ayurveda* management, Children.

INTRODUCTION

Urticaria commonly known as hives affects 15-25% of people at some point in their lifetime. Urticaria is defined by the presence of wheals and/or angioedema. It is also a common problem among the pediatric population.^[1] The prevalence of Urticaria in children ranged

from 15.3-22.5%. The prevalence of all types of Urticaria in children is estimated at 3.5–8%.^[2] The global population affected by Urticaria is 1.1%. It often leads to a reduced quality of life and a significant socioeconomic burden.

It is broadly classified as acute and chronic urticaria, depending on the duration of onset. Acute urticaria lasts for <6 weeks. At the same time, chronic urticaria lasts for > 6 weeks and is associated with angioedema.^[3] A precipitating factor can be identified in <50% of cases; among these infections, drug reactions and food intolerance are the most common triggers. A patient with urticaria may present with both pruritic wheals and angioedema; the severity of the lesion is greater in the evening.^[4] Chronic Urticaria (CU) conventionally refers to recurrent wheals on most days of the week that occur for a period of \geq six weeks. CU can be further divided into two different subtypes, namely, chronic idiopathic urticaria (also called chronic spontaneous urticaria) and chronic inducible urticaria (also called physical urticaria).^[5] CU can be idiopathic or inducible. Chronic idiopathic urticaria accounts for as many as 80 to 90% of adults and children with CU. Lesions in patients with chronic idiopathic urticaria occur spontaneously, without physical or environmental stimuli. Chronic inducible urticaria is less common and requires specific triggers, which can be medications, physical stimuli, or stress, for the urticaria to occur. It is not uncommon for chronic idiopathic urticaria and chronic inducible urticaria to coexist in the same patient. CU can also be a manifestation of an auto-immune or an auto-inflammatory disease and be distinguished from urticarial vasculitis. Basic management of urticaria includes symptomatic pharmacological treatment by reducing mast cell mediator release and antihistamines. Steroids were used.^[6]

According to *Ayurveda* literature, *Sheetapitta* manifests due to exposure to *Asatyama Ahara Vihara* and contact with different poisonous materials (allergens). Symptoms of allergic skin reactions are mentioned as *Kotha* in *Vrihatrayi*; later on, it is developed as a separate disease under the title *Sheetapitta-Udarda-Kotha* by *Madhavakara*. *Vata* and *Kapha* are two “*Doshas*”, which are primarily disturbed by this disease. In combination with *Pitta*, they create redness, swelling, and itching of the skin.^[7]

It is a disease caused by exposure to a cold breeze, which results in the vitiation of *Kapha*, a *vata* that circulates all over the body with *pitta* and produces symptoms like *varati damshvat shota*, *kandu*, and *kota* associated with *chardhi* and *jwara*. *Shodhana Chikitsa* and some *Shamana Yogas* are mentioned in the treatment of *Sheetapitta* in *Ayurveda Classics*.^[8]

Samprapti Ghataka^[9]

- *Dosha: Tridosha*
- *Dushya: Rasa, Rakta*
- *Agni: Mand*
- *Doshagati: Vriddhi, Tiryak, and Shakh*
- *Srotas: Rasavaha, Raktavaha*
- *Srotodushtiprakara: VimargaGamana*
- *UdbhavaSthana: Aamashaya*
- *VyaktiSthana: Tvak*
- *Svabhava: Ashukari*
- *Vyadhimarga: Bahya*

Generally, the treatment can be divided into three phases: It is stated that in '*Alpa dosha avastha*', *Langhana* is advised; in *Madhya dosha*, *Langhana* is along with *Pachana*; and in *Prabhoota dosha*, the treatment is *Shodhana*. *Shamana Chikitsa* also has a good impact on the *Sheetapitta*.^[10]

CASE DESCRIPTION

An 11-year-old female child was brought by her parents to our SJGAMC and H. Balaroga OPD on March 30, 2023, with OPD number 2314858, with complaints of rashes all over the body twice a week for 6–8 months on and off associated with itching, disturbed sleep, and disturbances in her daily activity due to severe itching. They have consulted local pediatricians and dermatologists and received treatment for a couple of months, but have received no complete relief apart from transient relief. Also, a recurrence of rashes was present when the medication was stopped. Also, the symptoms were used to exaggerate whenever the child was exposed to dust or cold, so for further treatment, they approached our hospital. While taking a thorough history, it was found that there was no positive family history, like any hypersensitivity events, and the diet was a mixed diet. Family members did not observe peculiar exacerbations of lesions in relation to the consumption of particular animal or plant-derived proteins or any aeroallergens, temperature variations, chemical exposure, and so on. On examination, acute pruritic wheals over the chin, abdomen, buttocks, and hands were present, along with intense itching and burning and also angioedema of the peri-orbital region of the right eye; otherwise, the child is essentially healthy, and rest assured, all systemic examinations were found to be normal.

Diagnosed as *Sheetapitta* or chronic urticaria based on the clinical presentation and involvement of *dosha*. In this case, the *doshas* are in *Prabhoota Avastha* and are advised for *Shodhana* therapy. Figure legend.

METHODOLOGY

TREATMENT PLAN: Table -1

Sl. No	Treatment given	Dose	Anupana	Duration	Date
1	<i>Agnitundi vati</i> ^[11]	250mg-0-250mg	<i>Ushnajalapana</i>	3 days	30-03-2023 to 1-04-2023
2	<i>Mahatiktaka Ghrita</i> ^[12]	1 st day – 20ml 2 nd day- 40 ml 3 rd day- 80 ml 4 th day- 160 ml Total - 300 ml	<i>Ushnajalapana</i>	4 days	2-04-2023 3-04-2023 4-04-2023 5-04-2023
3	<i>Moorchita Tila Taila</i>	Q.S		3 days	6-04-2023 to 8-04-2023
4	<i>Nadisweda with Balamoola Kwatha</i>			3 days	6-04-2023 to 8-04-2023
5	<i>Trivrith lehya</i>	20gm	<i>Draksha swarasa and Ushanjalapana</i>	1 day	9-04-2023

ASSESSMENT CRITERIA

Symptoms were assessed by using the Urticaria Activity Score(UAS) and Severity of itching before and after treatment.

Urticaria Activity Score^[13]

Table- 2

Sl no	Wheals/hives	Grade
1	None	0
2	Mild (< 20 wheals/24hr)	1
3	Moderate(21-50 wheals/24hr)	2
4	Intense /severe (>50 wheals/24 hr and large confluent area of wheals)	3

Severity of itching^[14]

Table -3

Sl no	Severity	Grade
1	No itching	0
2	Mild or occasional itching	1
3	Moderate frequent itching	2
4	Severe frequent itching	3
5	Very severe itching which disturbs sleep and other activity	4

OBSERVATION AND RESULTS

Recurrence of rashes was present on the first day of *Deepana* and *Pachana*, and angioedema of the eye was present on the day of *vishrama kala* i.e., on the day of *abhyanga*. After attaining *Sneha Siddhi Lakshana* advised for *abhyanga* and *swedana* followed by *virechana* with *trivrutt leha* with *draksha swarasa*.

On the day of *virechana*, the child vomited and was given medicine no *vegas* happened because the child couldn't tolerate the hunger so she had breakfast immediately after giving medicine. Advised to take *pittakara ahahara* and again gave the medicine on the next day with proper counseling.

She had 10 *vegas*. And followed *samsarjana krama* for 7 days.

After the complete treatment, no wheals, or itching was present for one month. on the other hand, her appetite was also improved and she gained weight.

Table -4

Sl. no	Parameter	Before treatment	During treatment	After treatment
1	UAS	2	1	0
2	Severity of itching	4	2	0

DISCUSSION

In *Ayurveda*, all skin diseases are explained under the umbrella of '*kushtha*' (skin diseases). Besides this, some allergic conditions that 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 *kotha*. Initially, *deepana* and *pachana* of *aama* done, all ingredients in *agnitundi vati* is *tikshna*, *ushna* in nature which acts as *deepana*, and *pachana* effect, in every *samprapti* of *vyadhi* the main affecting factor is *Agni* and when it is *manda* or having *Agnimandya* due to this *manda agni* in body *Aama* will form this *Aama* acts as poisonous action on the body so *pachana karma* have to do so *agnitundivati* is helpful for *pachana*.^[15] Followed by *Snehana*, *Mahatiktaka ghrita* is used. This *ghrita* consists of ingredients like *Saptaparna*, *Ativisha*, *Patha*, *Musta*, *Ushira*, *Triphala*, *Patola*, *Nimba*, *Pippali*, *Gajapippali*, *Padmaka*, *Haridra*, *Shamapaka*, etc. As this *ghrita* has *tikta rasa*, it acts as *kaphavikara* indicated in *kushta vikara*.^[16] *Swedana* was done as it is mainly *vata shamaka*, *Sheetapitta* is also a *vatapradhana tridoshaja Vyadhi*. And also, it works at the level of *Shakhas* to *kosta* so that

they can be easily removed from the body. *Virechana* (therapeutic purgation) was chosen for *Shodhana karma* (cleansing therapy) since it is the best treatment for *Pittaja vyadhis*, also it is an important treatment for *Vataja*, *Kaphaja*, and *Raktaja vyadhis* (these are all vitiated in *Sheetpitta*) as it eradicates the aggravated *Doshas* from the body.

CONCLUSION

In modern science, there is ample treatment for urticaria and other allergic skin disorders, but recurrence of the disease is common even after medication. *Ayurvedic* management, *Virechana* as *Shodhana* therapy, and *Sanshamana Aushadha* seem very effective. *Ayurveda* has a lot of potential in the treatment aspect of allergic skin reactions by using various *Ayurvedic* formulations and by following *Pathya- apathya* in a well-planned manner. Based on the result obtained in the present study, it may be concluded that the addition of *Virechana Karma* before the administration of *Samshamana Aushadha* increases the cure rate of urticaria.

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