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CLINICAL EFFICACY OF VIRECHANA KARMA IN THE MANAGEMENT OF URTICARIA W.R.T SHEETAPITTA

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RESEARCH ARTICLE

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URTICARIA W.R.T SHEETAPITTA

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ABSTRACT:

Urticaria is a type I hypersensitivity reaction which is manifested because of exposure to such allergens. Epidemiology of Urticaria is increasing now days due to Industrialization and Agriculture. *Vata* and *Kapha* are two "Doshas", which are primarily disturbed in this disease. In the combination with *Pitta* they create redness, swelling and itching on the skin. Acute urticaria is associated with more diffuse swelling of lips, face and throat and is spread all over the body.

Udarda-Sheetapitta-Kotha has almost similar symptomatology and causative factors as Urticaria. *Asatmya*, *Virudhahara* and *Dushivisha* are common etiological factors for these diseases. Management primarily aimed at patient's education, avoidance of known triggers and pharmacotherapy i.e. antihistamines, glucocorticoids. The modern medicine provides temporary symptomatic relief and patient have to take medicines for long time, which may be having some unwanted side effects. The study was undertaken to evaluate efficacy of *Virechana Karma* in the management of Urticaria. Patients enrolled in this study were treated by *Snehapana* as a *Purvakarma* with *Panchatikta Ghrita* followed by *Virechana Karma* with Tab. A. K. Pills and *Eranda Sneha* with cow milk. The Subjective Parameters like *Varati Damshta Samsthana Shotha* (Inflammation like an insect bite) *Kandu Bahula* (Sever itching) *Toda Bahula* (Excessive pain like pricking), *Chhardi* (Vomiting), *Vidaha* (Burning Sensation) like were used to score clinical outcome. The improvement was calculated by proper statistical treatment. Our experience with this modality has been encouraging as the response pattern is good in considerably short duration of treatment.

Key Words: Urticaria, *Sheetapitta*, *Virechana*

INTRODUCTION

It manifests due to exposure to *Asatmya ahara-vihara* and contact with different poisonous materials (allergens). [1] Symptoms of allergic skin reaction is mentioned as *Kotha* in *Brihata Trayi* later on it is developed as separate disease under the title *Sheetapitta-Udarda-Kotha* by Madhavakara. Urticaria is considered as a major problem with respect to its etiology, investigation, and management. Despite the high frequency of certain skin diseases in developing countries, they have so far not been regarded as a significant health problem in the development of public health strategies. [2] Treatment failure rate is extremely high in the management of skin diseases in primary care settings. Urticaria is the fourth most prevalent allergic disease which occurs due to the release of histamine, bradykinin, kallikrein, and other vasoactive substances from mast cells and basophils in the superficial dermis. It is truly not one disease, but a reaction pattern of the skin involving the upper dermis, representing localized edema and marked by the development of wheals.

Acute Urticaria is more common in young patients while chronic type is in middle-aged women. Antihistamines, corticosteroids, and leukotriene antagonists can provide temporary symptomatic relief. [3]

Aim and objective

To evaluate the efficacy of *Virechana Karma* in the management of Urticaria w.r.t *Sheetapita*

Materials and methods

We had used *Panchatikta Ghrita* for *Snehapana* which was prepared and authenticated at Dept. of *Rasashastra and Bhaishjyakalpana*, D.Y.Patil School of Ayurveda, Nerul, Navi-Mumbai. Tab. A. K. Pills, *Ayurveda Seva Sangha*, Nasik and *Eranda Sneha* (castor oil) along with cow milk were used for *Virechana Karma*.

Materials

A) Tab. A. K. Pills, *Ayurveda Seva Sangha*, Nasik

Each 500 mg. Tablet Contains

Aragvadha magaj (Cassia fistula) 375 mg.
Kampillaka (Mallotus philippinesis) 125 mg.

B) Eranda Taila – 30 ml + Cow milk 100 ml [4]

Day 4-120 ml

Day 5-150 ml

Day 6 -180 ml

Day 7 -200 ml

Methods

Purvakarma

Snehapana with Panchatikta Ghrita Pana

(As per Agni Pariksha we had given Snehapana for 5-7 days)

Day 1- 30 ml

Day 2 -60 ml

Day 3-90 ml

Written consent

General examination of the patients

Pradhankarma

Snehana – Bala Taila

Swedana – Dashamoola Kwatha

Virechana Karma- Virechana with Tab.A.K.Pills

Eranda Sneha with cow milk [5]

Table 1: Methodology of research work

Sr. No	Particulars	Details
1	Number of Patients	30
2	Treatment given	Virechana with Tab.A.K.Pills Eranda Sneha with cow milk
3	Dosage	Tab.A.K.Pills- 2 tablets, Eranda Sneha 30 ml + 100 cow milk
4	Route of Administration	Oral
5	Kala	Pratahakala 10 a.m
6	Treatment duration	16 -21 days
7	Assessment	1-8 days daily On 16th daily On 21st daily
8	Follow up	1-8 days daily On 16th daily On 21st daily

Paschatkarma

Table 2: Samsarjan Krama

Days	Annakala	Pravara Shuddhi	Madhyama Shuddhi	Avara Shuddhi
I day	1 morning	-	-	-
	2 evening	Peya	Peya	Peya
II day	1 morning	Peya	Peya	Vilepi
	2 evening	Peya	Vilepi	Akruta Kruta yusha
III day	1 morning	Vilepi	Vilepi	Akruta Kruta Mamasa Rasa
	2 evening	Vilepi	Akruta yusha	Normal diet
IV day	1 morning	Vilepi	Kruta yusha	-
	2 evening	Akruta yusha	Akruta mamasaras	-
V day	1 morning	Kruta yusha	Kruta mamasarasa	-
	2 evening	Kruta yusha	Normal diet	-
VI day	1 morning	Akruta mamasaras	-	-
	2 evening	Kruta mamasarasa	-	-
VII day	1 morning	Kruta maamsarasa	-	-
	2 evening	Normal diet	-	-

Place of Research

1. A Clinical survey of subjects attending OPD and IPD of Department of Kayachikitsa, D.Y. Patil School of Ayurveda Nerul, Navi-Mumbai Mahavidyalaya, were included and subjects fulfilling the criteria of diagnosis as per the Performa have been selected for the study during the (01 Jan 2015 to 30th July 2016) Total 35 patients were enrolled in the study, out of which 5 patients were drop-out.

2. A clinical evaluation of subjects was done by collection of data through information obtained By CRF.

3. Informed consents of all the subjects registered were duly taken before starting the interventions'. In each group ethical clearance was taken from IEC for this study.

4. The data obtained by the clinical trial was statistically analyzed by applying Wilcoxon matched Pair sample test.

Selection of Cases

Inclusion Criteria

1. Age and sex- 15 to 60 years of either sex.
2. Chronicity – above six weeks.
3. *Kandu* – Pruritus
4. *Daha* – Burning sensation
5. *Toda* – Pricking pain
6. *Varatidashta Sansthanam Shotha* – Swelling
7. Frequent attacks

Exclusion Criteria

1. Acute Urticaria
2. Diabetes Mellitus
3. Hypertension
4. Tuberculosis
5. Pregnancy

Criteria for Assessment

The improvement in the patient was assessed mainly on the basis of relief in the cardinal Symptoms of disease. To assess the effect of therapy objectively, all the symptoms were given Scoring depending upon their severity from 0 to 4.

Subjective Assessment

Main signs and symptoms and associated complaints were given different scores according to their severity, they were recorded before and after treatment and during the follow up study [if there is any history of relapse]. The Results of the treatment were assessed on the basis of comparison of scores recorded before treatment, after treatment and after relapse (if any).

Table 3: Grading of subjective symptoms

Symptoms	Score	Grade	Grading criteria of symptoms
<i>Kandu</i> (itching)	0	None	Not present
	1	Mild	Present but not annoying or troublesome
<i>Daha</i> (Burning sensation)	2	Moderate	Troublesome but not interfering with normal daily activities or sleep
<i>Toda</i> (pricking sensation) ^[6]	3	Intense	Severe pruritus, burning, pricking pain which is sufficiently troublesome and interfering with normal daily activities or sleep
<i>Varatidamsta Sansthanam Shotha</i> (swelling) ^[7]	0	None	Not present
	1	Mild	Up to 25% skin involvement
	2	Moderate	25- 50% skin involvement
	3	Severe	51-75% skin involvement
	4	Intense	More than 75% skin involvement

Urticaria Activity Score ^{1 (website)}

How many wheals have appeared during the last 24 hr?	Scoring
None	0
Mild (< 20 wheals / 24 h)	1
Moderate (20-50 wheals /24 h)	2
Intense (> 50 wheals / 24 h)	3

How severe was itching during last 24 hr?	Scoring
None	0
Mild (present but not annoying or troublesome)	1
Moderate (present but does not interfere with normal Daily activity)	2
intense (severe itch which is sufficiently enough to interfere with Normal daily activity)	3

Table 4: Criteria for assessing the total effect of Virechana

Cured	100% relief in signs and symptoms
Not cured	No significant relief in signs and symptoms
Relapsed	Appearance of signs and symptoms after complete cure
Moderate relief	Above 50% relief in signs and symptoms
Mild relief	Below 50% relief in signs and symptoms

Table 5: Effect of Virechana Therapy in the patients of Urticaria

Sr. No.	Subjective Parameters	Two Tailed P value	Significance	Effect of therapy in %
1	<i>Kandu</i>	<0.0001	Considered extremely significant	87.03%
2	<i>Daha</i>	<0.0001	Considered extremely significant	89.8%
3	<i>Toda</i>	<0.0001	Considered extremely significant	83.3%
4	<i>VaratidamstaSansthanam Shotha</i>	<0.0001	Considered extremely significant	89.8%
5	Urticarial Activity Score			
6	Wheals appeared in 24 hrs	<0.0001	Considered extremely significant	90%
7	Severity of itching in last 24 hrs	<0.0001	Considered extremely significant	87.03%

OBSERVATIONS

The general observations of 30 patients of Chronic Urticaria registered in this study are as follows:

Age: Maximum number of patients observed i.e. 43.33 % belonged to age group of 30-45 years. This indicates more incidence of *Sheetapitta* [Chronic Urticaria] in 3rd and 4th decade; probable reasons may be predominance of *Pitta* in this age. *Rasa* and *Rakta* are the seats of *Pitta* and these are the *Dhatus* were *Sthanasamsraya* occurs; therefore this age group may be more susceptible to *Sheetapitta*.

Sex: Female and male patients has shown the ratio 63.33 % and 36.6 % respectively..

Diet: Maximum numbers of patients i.e. 60% were Non-vegetarian. This may be due to protein allergy.

Prakruti: Observations regarding *Prakruti* of the patients showed that maximum number of patients i.e. 46.66 % belonged to *Vata-Pittaja* followed by *Vata-Kaphaja* [40%] type of *Sharira Prakruti*. This shows the predominant incidence of *Sheetapitta* [Urticaria] in *Vata-Pittaj Sharira Prakruti* as these *Doshas* plays vital role in *Samprapti* of *Sheetapitta*.

Etiological Factors: Observations of etiological factors showed that maximum number of patients i.e. 90% shown *Dadhi sevana* followed by 86.66% having *Amlarasa sevana*, *sparsha* in 63.33% of patients. This shows the importance of *Vata* and *Pitta* in disease manifestation. Excessive intake of *dadhi* without following rules results in vitiation of *Kapha*, *Pitta*

and *Rakta* which are mainly involved in the pathogenesis of Urticaria. *Sheeta sparsh* provokes the pathogenesis.

Chief Complaints: Observations of 30 patients showed that all patients i.e. 100% were having *Kandu*, *Varatidasta sansthanam Shotha* and *Daha*. *Toda* were found in 50% cases. Above observations indicates that Itching and Rash are the cardinal symptoms of Urticaria.

DISCUSSION

Sheetapitta as per Ayurvedic science is a *Tridoshaja Vyadhi*. Initially after *Nidaan sevana* (etiological factors) vitiation of *Kapha* and *Vata* takes place then they start to spread out in whole body both externally and internally by mixing with *Pitta*. The *Tridoshas* travelling internally causes *Dushti* (pathogenesis) of *Rasa* and *Rakta Dhatus* after that *Rasavaha* and *Raktavaha Srotodushti* occurs these on reaching to *Viguna Twak* (sensitized skin) produce symptoms like *Toda*, *Daha*, *Kandu*, etc. Our treatment plan should be such that-

- Which is *Vata pradhan Tridoshamaak*.
- Which purifies *Rasa Rakta Dhatus*.
- Helps in boosting immune system as autoimmunity plays an important role in its pathogenesis

Initially *Snehana* therapy was done as it is mainly *Vaat shamak* (*Sheetapitta* is also a *Vata pradhan tridoshaja vyadhi*) and also it works at the level of *Sukshma srotasa* (micro channels) by cleansing the micro channels also it shifts the *Doshas* from *Shakhas* (peripheral channels) to *Koshtha* so that they can be easily removed from the body. *Panchtikta ghrta* was chosen for *snehapana* as all its constituents - *Nimba* (*Azadirachta indica*),

Patola (*Trichosanthes dioica*), *Kantakari* (*Solanum surattense*), *Guduchi* (*Terminalia cordifolia*) and *Vasa* (*Adhatoda vasica*) are *Tikta Rasa Pradhan Dravyas*.^[8] *Tikta Rasa* is *Vishaghna* (antiallergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood) Studies have proven anti-inflammatory activity of *Panchatikta ghrita*.^[9] Thus, it will also check inflammatory reaction on skin due to vitiated *Doshas* and *Dhatus*.

Virechana (therapeutic purgation) was chosen for *Shodhana karma* (cleansing therapy) since it is best treatment for *Pittaja vyadhis* also it is important treatment for *Vataja*, *Kaphaja* and *Raktaja vyadhis* (these all are vitiated in *Sheetpitta*) as it eradicates the aggravated *Doshas* from the body. Tab.A.K Pills contains *Aragwadha* and *Kampillak*. *Aragwadha* has been mentioned by *Acharya Charaka* as *Mrudu Virechaka* where as *Acharya Sharnghdhar* has mentioned it as *Stransan Dravya*. *Kampillaka*, one of the *Audbhida dravya* (vegetable drugs) is well described in *Charaka Samhita* and *Sushruta samhita*. (Ayurvedic classics of ancient traditional medicine of India). Glands and hairs of the fruits (*phalarajah*) and seed oil (*beejataila*) are administrated in various disease conditions. The glands and hairs of the fruits are used to remove intestinal worms and also as a purgative.^[10]

CONCLUSION

Sheetpitta or urticaria is a common skin disorder which is caused due to disturbance in the equilibrium of *Vata*, *Pitta*, *Kapha* and *Rakta*. It can occur in any age group. Patient of *Sheetpitta* becomes desperate after long in effective treatment so it is hope that present line of treatment will definitely prove a milestone in the management of this worrisome disease.

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