

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL



Impact Factor: 6.719

Case Report

ISSN: 2320-5091

EFFECT OF POLYHERBAL FORMULATION IN SHEETAPITTA (URTICARIA): A CASE STUDY

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https://doi.org/10.46607/iamj4109122021

(Published Online: December 2021)

Open Access

© International Ayurvedic Medical Journal, India Article Received: 15/11//2021 - Peer Reviewed: 07/12/2021 - Accepted for Publication 08/12/2021

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ABSTRACT

Aim: Urticaria is a common condition in children for which Paediatricians are consulted. In Ayurveda, it can be correlated with Sheetapitta which is a Tridoshaja vyadhi. The present study is aimed to show the effect of Polyherbal formulation in *Sheetapitta* (Urticaria) in children. **Background:** Urticaria is defined as a transient eruption of circumscribed oedematous and usually itchy swellings of the dermis. As per Ayurveda, Urticaria can be correlated with Sheetapitta in terms of clinic features, causative factors and pathogenesis. Case Description: A 14-year-old female patient with her mother from Haridwar district came in OPD of Department of Kaumarbhritya, Rishikul Campus, Uttarakhand Ayurved University, Haridwar with the presenting complaints of red rashes all over the body along with itching, burning sensation and swelling since 2 years also having associated complaints like nasal congestion, sneezing and swelling B/L eyes from 2 months. On examining upper respiratory tract left-sided nasal hypertrophy, chapped lips, white-coated tongue, rt. sided slightly enlarged tonsils were found. On examining the Integumentary system, maculopapular lesions were present mainly over the upper limb, lower limb, chest and back. Swelling underneath B/L eves was also present. The effect of the treatment was assessed on the basis of relief in itching and clearance of lesions. Conclusion: After the intervention of the polyherbal formulation for 45 days, there was a marked improvement in symptoms like Kandu, Vidaha and Shotha etc. So, it was concluded that internal use of Polyherbal formulation along with external use of Anu taila and the local application of Urtiplex lotion is highly effective in the management of Sheetapitta (Urticaria).

Keywords: Urticaria, Sheetapitta, Kandu, Allergic disease

INTRODUCTION

The term urticaria is defined as a transient eruption of circumscribed oedematous and usually itchy swellings of the dermis.^[1] It is a type I hypersensitivity reaction that is manifested because of allergens. Urticaria is also known as hives, wheels, or nettle rash.^[2] It is the fourth most prevalent allergic disease which affects 20% of the total population once in their life.^[3] It can be acute or chronic. Episodes of hives that last for <6 weeks are considered *acute*, whereas those that occur on most days of the week for >6 weeks are designated chronic.^[4] Acute urticaria is more common in the young population. It is often caused by an allergic IgE -mediated reaction. It occurs when an allergen activates mast cells in the skin. Common causes are foods. drugs (particularly antibiotics), and stinging-insect venom. Acute urticaria can also result from non-IgEmediated stimulation of mast cells, caused by radiocontrast agents, viral agents (including hepatitis B), opiates, and nonsteroidal anti-inflammatory drugs (NSAIDs). The diagnosis of chronic urticaria is established when lesions occur for more than six weeks and are not physical urticaria or recurrent acute urticaria with repeated exposures to a specific agent.^[5] In Ayur*veda*, allergic diseases are described under the concept of Satmya-Asatmya. Various forms of urticaria can be taken as Sheetapitta. According to Ayurveda, Sheetapitta manifests due to exposure to Asatmya ahara-vihara and contact with different toxic substances (allergens). Vata and Kapha doshas are primarily disturbed in Sheetapitta. Vata Dosha prakopa results in vitiation of *Pitta Dosha* which leads to the manifestation of symptoms like redness, swelling etc.

MATERIALS AND METHODS

Place of study: OPD Department of Kaumarbhritya, Rishikul Campus, Uttarakhand Ayurved University, Haridwar

CASE REPORT:

A 14-year-old female patient XYZ from Haridwar district with Registration no. B-4606/47732 came with her mother to OPD no. 10 of Kaumarbhritya Department, Rishikul Campus, UAU, Haridwar, with the following complaints:

C/0:

- a. Red rashes all over the body with itching, burning sensation and swelling.
- b. Excessive sneezing after taking bath or exposure to AC.
- c. Swelling B/L eyes (on/off)

HISTORY OF PRESENT ILLNESS

According to the patient's mother, the patient was asymptomatic 2 years back. Then suddenly she developed red rashes all over the body along with severe itching, burning sensation and swelling which reoccurs after every 15-20 days. Later on, the patient felt allergic to climate change or cold environment such as being exposed to A.C. or after having a bath with cold water she developed excessive sneezing. Now from the last two months patient had developed the same problem again along with complaints of swelling over B/L eyes (on/off). They had consulted their local allopathic doctor for the above complaints and had treatment for 15 months approx. also got some relief for some months but again the symptoms reoccur. Then they came to the Rishikul campus, UAU, Haridwar for further treatment.

HISTORY OF PAST ILLNESS

Not significant

FAMILY HISTORY

The patient's family members (Mother, Father, Sister, Brother) do not have any kind of same complaints.

HISTORY OF ALLERGIES

Excessive sneezing after taking bath with cold water, exposure to AC or during weather change.

IMMUNIZATION HISTORY

Immunization is appropriate for age.

PERSONAL HISTORY

Name: XYZ	Age: 14 years	Sex: Female
Habitat: Rural	SES: Middle	Occupation: Student
Dietary habit: Vegetarian	Appetite: Average	Bowel: Regular
Micturition: Regular	Sleep: Disturbed	Thirst: Normal

GENERAL EXAMINATION

Height: 153cm	Lymph nodes: not enlarged	Neck: Trachea centrally placed, normal neck holding
Weight: 43 kg	Tongue: white coated	Cyanosis: Not present
Pallor: present	Throat: Rt. Sided tonsil slightly enlarged	Clubbing: Not present
Icterus: Not present	Oedema: Peri-orbital oedema	Skin: Red rashes with swelling

VITAL SIGNS

Heart rate	80/min
Respiratory rate	20/min
Blood pressure	110/65 mmHg
Temperature	98.2°F

SYSTEMIC EXAMINATION

1. Respiratory System:

(a) Inspection:

- **URT:** Lt. Sided nasal hypertrophy, chapped lips, Tongue white-coated, Rt. Sided tonsil slightly enlarged
- LRT: Chest B/L symmetrical, not any scar mark present
- (b) Palpation: Normal B/L thoracic movement, not any tenderness present

- (c) Percussion: Resonant sound
- (d) Auscultation: Chest sound clear

2. Integumentary System:

- Reddish lesion over the upper limb, lower limb, chest and back, lesions were maculopapular in nature and had an irregular margin with no discharge.
- The perception of sensation was intact.
- Folds underneath B/L eyes.

DASHVIDHA PARIKSHA

Prakruti: Vata-Kaphaja	Vikriti: Vata Pradhana Tridoshaja
Sara: Mamsasara, Asthisara	Samhanana: Madhyama
Pramana: Sama	Satmya: Madhura-Lavana rasa
Satva: Madhyama	Ahara Shakti: Madhyama
Vyayama Shakti: Madhyama	Vaya: Balyawastha

ASHTAVIDHA PARIKSHA

Nadi: Pittaja	Mala: Nirama
Mutra: Samanya Pravritti	Jihva: Malavrutta
Shabda: Samanya	Sparsha: Ruksha, Ushna
Druka: Samanya	Akriti: Samanya

TREATMENT PLAN

Patient was treated on OPD level.

Details of Polyherbal formulation (Anubhuta Yoga) which was selected for internal use:

Name of Medicine	Dose	Route	Kaala	Anupana
Panchtikta Ghrita Guggulu	250 mg			
Aarogyavardhini Vati	125 mg			
Haridrakhanda	500 mg	Oral	Twice a day post-	Madhu
Amalaki Rasayana	250 mg		meal	(Honey)
Giloy Satva	125 mg			
Yashada Bhasma	65 mg			

Medicine	Ingredients	Action [6,7,8,9,10,11]
Panchtikta Ghrita Guggulu	Nimba, Patola, Kantakari, Guduchi, Vasa,	Vranashodhaka, Anti-itching, anti-inflam-
	Guggulu, Ghrita	matory
Aarogyavardhini Vati	Parada, Gandhaka, Abhraka bhasma,	Tridoshashamaka, Kushthaghna, antioxi-
	Tamra bhasma, Shilajatu, Kutaki	dant, Deepana
Haridrakhanda	Haridra, Sharkara, Goghrita, Godugdha,	Pitta-Kaphanashaka, Anti-allergic, Im-
	shunthi, Mricha etc.	munomodulator
Amalaki Rasayana	Amalaki	Pittashamaka, Rasayana, Immunomodula-
		tor
Giloy Satva	-	Agnideepana, Mehahara, Rasayana, Balya
Yashada Bhasma	-	Anti-inflammatory, Antioxidant, Antibacte-
		rial, Antifungal, Immunomodulator

For External Use:

(a) Nasya: Anu taila 1-1 drop in each nostril at night

(b) Urtiplex lotion local application all over the affected body parts thrice a day.

Contents of Urtiplex Lotion	Mode of action ^[12]
Kumari (Aloe vera)	Anti-inflammatory
Mustard oil	Anti-inflammatory & Antioxidant action
Marigold oil	Anti-inflammatory & Antioxidant action
Menthol	The anti-pruritic and soothing effect
kokum	Soothe skin rash

The above treatment was given for 45 days with regular follow-ups after every 7 days.

OBSERVATIONS & RESULTS

Effect of treatment on the basis of assessment criteria given below:

Criteria	Before Treatment	After Treatment	
Shotha (Swelling)	+++	-	
Kandu (Itching)	+++	+	
Vidaha (Burning sensation)	++	-	
Toda (Pricking pain)	-	-	
Jwara (Fever)	-	-	
Chhardi (Vomiting)	-	-	

Assessment of signs and symptoms of the patient regarding *Sheetapitta* was done during each follow-up i.e., after every 7 days. The above table shows that there is significant relief in all signs and symptoms of *Sheetapitta* (Urticaria) after about 45 days of intervention. Hence the selected management of *Sheetapitta* is effective.

DISCUSSION

Sheetapitta is a Vata dominant disorder. Acharya Madhavakara has described the sign and symptoms of Sheetapitta such as Varati dashta samsthana Shotha (inflammation like an insect bite), Kandu bahula (Severe Itching), Toda bahula (excessive pricking pain), Chhardi (Vomiting), Jwara (Fever) and Vidaha (Burning sensation). Drugs in Anubhuta Yoga were mainly having Katu, Tikta, Madhura, Kashaya rasa, Guru-Snigdha guna and Sheeta virya. Hence, they act as Tridodhashamaka, Rasayana and Deepana also having Antipruritic, Antiinflammatory, Antioxidant, Immunomodulatory properties.

Urtiplex lotion which was used for local application is an anti-allergic and anti-pruritic formula that reduces inflammation relieves itching & burning sensation and has a soothing effect on skin rashes.

CONCLUSION

Hence, it is concluded that the internal use of Polyherbal formulation along with Anu *taila nasya* and local application of Urtiplex lotion is highly effective in the management of *Sheetapitta* (Urticaria).

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Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Verma Neeharika & Verma Keerti: Effect Of Polyherbal Formulation In Sheetapitta (Urticaria): A Case Study. International Ayurvedic Medical Journal {online} 2021 {cited December 2021} Available from: http://www.iamj.in/posts/images/upload/3174_3178.pdf