

# Ayurvedic Approach in the Management of Urticaria – A Case Study

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## ABSTRACT

Urticaria is a frequent dermatological condition affecting approximately 15–25% of individuals at some point in their lives. This condition tends to be more common in adult than in children. It is marked by the sudden appearance of itchy, raised skin lesions. As conventional treatment focuses on antihistamines and corticosteroids, recurrence and chronicity remain challenging. Ayurveda offers alternative approach aimed at managing root cause through dosha balancing and detoxification. This case report presents a 57-year-old male with a 3-month history of recurrent, itchy, round, reddish rashes over face, neck, bilateral arms and legs. Episodes occurred daily and were partially relieved by over-the counter antihistamines. Based on Ayurveda principles, the condition was diagnosed as Utkota, marked by circular, itchy, reddish, numerous and recurrent lesions with predominance of Kapha dosha. Management included Shodhana chikitsa (Vamana) followed by Shamana chikitsa. Additionally, dietary modifications and lifestyle advice were given to avoid Nidana (triggering factors). The patient showed complete resolution of symptoms in 10 days. No recurrence was reported during a 15 day follow up. This case highlights the effectiveness of Ayurvedic management in urticaria.

**Keywords:** Urticaria, Utkota, Ayurveda, Shodhana, Vamana

## INTRODUCTION

Urticaria, commonly known as hives, is a frequent dermatological condition affecting approximately 15–25% of individuals at some point in their lives. It is marked by the sudden appearance of itchy, raised skin lesions known as wheals. These lesions are typically pink to red, often with a pale center, and can vary in size from a few millimeters to several centimeters. Characteristically transient, the wheals usually resolve within 48 hours without leaving any trace.<sup>1</sup> Urticaria is broadly classified into two categories: acute and chronic. Acute urticaria is defined by the presence of lesions lasting less than six weeks, while chronic urticaria is characterized by the recurrence of lesions for more than six weeks, typically appearing on most days of the week.<sup>2</sup> The pathogenesis of urticaria involves the activation of mast cells and the release of inflammatory mediators. In acute urticaria, an IgE-mediated hypersensitivity reaction leads to mast cell degranulation, primarily releasing histamine, which causes the characteristic transient erythema and edema. Mast cells require time to replenish their granules, explaining why lesions do

not recur immediately in the same area. In contrast, chronic urticaria often involves antigens binding to high-affinity IgE receptors on mast cells and basophils, triggering repeated degranulation. Autoimmune mechanisms also play a significant role, with pre-existing IgE antibodies facilitating a more rapid allergic response upon subsequent antigen exposure.<sup>3</sup> The recurrent and unpredictable nature of urticaria can significantly impact quality of life, making an understanding of its presentation and management essential. In Ayurveda, Urticaria fits in to either of *Sheetapitta*, *Udarda*, *Kota* or *Utkota* based on the difference in *lakshanas* mentioned in classics. In the present case study, the symptoms aligned with the diagnosis of *Utkota*, marked by circular, itchy, reddish, numerous, recurrent lesions and the condition was effectively managed through *Shodhana* followed by *Shamana* treatment.

## CASE REPORT

### Details of the case

**Relevant conflicts of interest/financial disclosures:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



A 57year old man, presented in the Outpatient department of *Visha Chikitsa* at Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan in the month of July with complaints of recurrent, itchy, raised round reddish rashes over face, neck, bilateral arms and legs since last 3 months.

### History of present illness:

Patient was apparently normal 3 months back. Later after being exposed to construction works at his home, he noticed development of raised round rashes over different parts of the body associated with itching, which subsided on its own. He ignored the condition for nearly one and half months. Later, the condition became severe and was found not subsiding itself. On consultation he was diagnosed with Urticaria by the physician and advised to take Bilastine. Symptoms were found to reappear on discontinuation of medicine. So, he approached our hospital for better management.

### History of past illness:

No history of Diabetes, Hypertension or any other metabolic disorders.

**Family history:** Nothing significant

### Personal history

Diet – Mixed  
Appetite- Good  
Bowel- Regular  
Micturition- Regular  
Sleep- Disturbed

### General Examination

There was no evidence of pallor, edema, clubbing, cyanosis, icterus, or lymphadenopathy on general physical examination.

### Vital Signs

Pulse: 74/min  
Blood Pressure: 120/70mmHg  
Respiratory Rate: 16/min  
Temperature: 97 F  
Weight: 84kg  
Height: 174cm

### Systemic examination

Central nervous system, cardiovascular system, respiratory system and gastrointestinal system examinations show no abnormality.

### Integumentary system

Distribution- Generalized  
Number of lesions – Multiple  
Pattern – Discrete; later confluent  
Areas involved – Trunk, limbs, face  
Local examination (Representative lesion)  
Site- Right Upper limb  
Size- 3 × 2 cm  
Shape- Oval  
Surface- Smooth  
Margins- Well defined  
Color- Pink to red  
Dermographism - Positive

### Asta-Vidha Pareeksha:

*Nadi:* Vata pitta  
*Mala:* Prakruta  
*Mutra:* Prakruta  
*Jihwa:* Aipta  
*Shabda:* Spashta  
*Sparsha:* Anushna-Sheeta  
*Drik:* Prakruta  
*Akriti:* Madhyama

### Dashavidha pareeksha

*Prakruti:* Pitta Vata  
*Vikruti:* Kapha Vata  
*Saara:* Madhyama  
*Samhanana:* Madhyama  
*Pramana:* Madhyama  
*Satva:* Madhyama  
*Satmya:* Madhura Katu  
*Aharashakti:* Madhyama  
*Vyayama shakti:* Madhyama  
*Vaya:* Madhyama

### Investigations

Allergic test suggested that he is allergic to ethylene anhydride, dust mite, house dust, chili, pepper, curd, yeast, lemon, pea, eggplant, peanut, lentil, grape and common reed. Lipid Profile - Triglycerides-

204.1mg/dl, VLDL cholesterol – 40.8 mg/dl. All other reports were within normal limit.

### Therapeutic Intervention

Initially, proper *Ama pachana* and *Agni deepana* was done on OPD basis and on first two days of admission with *Bilwadi Gutika* and *Gandaka rasayana*. It was followed by *Snehapana* for 5 days with *Panchatiktaka Guggulu Grita* with a starting dose of 30 ml to 220 ml on the last day. *Sarvanga Abhyanga* with *Marichadi taila* followed by *Bashpa sweda* was done for one day during *visrama kala* and *Vamana* (emesis therapy) was conducted with *Madanaphala pippali*, *Vacha*, *Yashtimadhu*, *Saindava*, *Pippali*, Honey. Diet advised during the course of treatment was *Mudga yusha*, *Kichdi*, *Ganji*.

### Discharge medicines

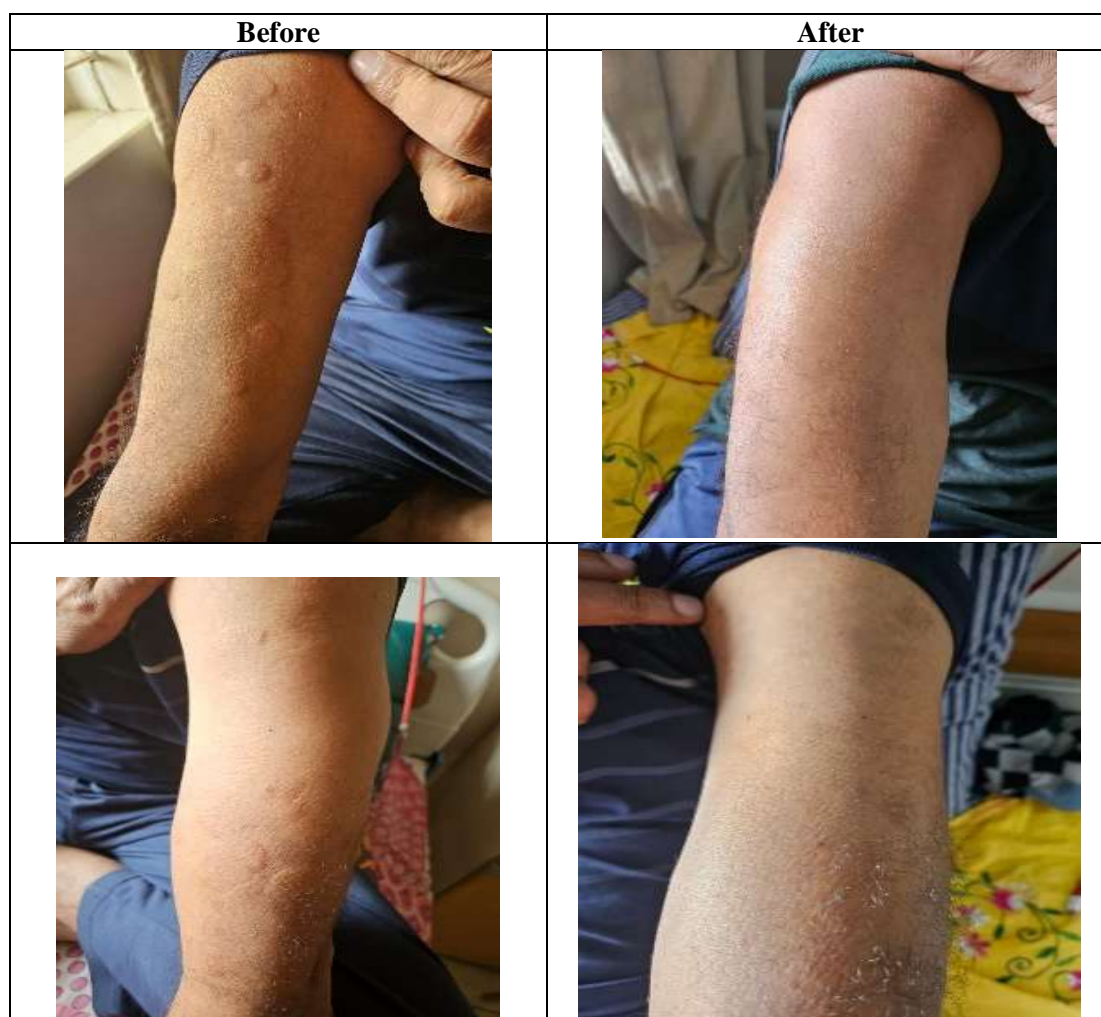
1. *Bilwadi gutika* 1-0-1 A/F
2. *Guduchi* capsule 2-0-0 B/F
3. *Avipathikara churna* 5gm at night B/F
4. *Marichadi taila* E/A

### On Follow UP (After 15 days)

1. *Bilwadi gutika* 1-0-1 A/F
2. *Guduchi* capsule 2-0-0 B/F
3. *Avipathikara churna* 5gm at night B/F
4. *Marichadi taila* E/A

### OBSERVATIONS AND RESULTS

SI No.	Symptoms	Before treatment	After treatment
1.	Itching	+++	-
2.	Raised reddish round rashes	+++	-







## DISCUSSION

### Understanding Urticaria

Urticaria is a skin disorder marked by red, swollen, and itchy wheals, primarily caused by mast cell activation and the release of histamine. In acute cases, this is often triggered by an IgE-mediated allergic reaction, which increases vascular permeability, leading to the typical wheal and flare appearance. Interestingly, lesions rarely recur at the same site immediately, as mast cells require time to replenish their granules. Chronic urticaria, however, involves more complex mechanisms. It may result from continuous activation of mast cells and basophils,

sometimes due to autoimmune processes where antibodies target IgE or its receptors. Standard treatment includes H1 antihistamines, but many patients experience persistent symptoms despite high doses. Corticosteroids are used in resistant cases but can cause risks with long-term use. Biologic therapies like omalizumab (an anti-IgE monoclonal antibody) offer newer options but are costly and not always effective. Symptoms frequently return after stopping treatment, indicating a need for alternative, holistic approaches.<sup>4</sup>

### Ayurvedic Perspective

In Ayurveda, Urticaria fits in to either of *Sheetapitta*, *Udarda*, *Kota* or *Utkota* based on the difference in *lakshanas* mentioned in classics. Both *Sheetapitta* and *Udarda* presents with swelling over the skin resembling that produced by the sting of wasp, associated with itching, pricking pain, vomiting, fever and burning sensation. They are distinguished by the difference in *dosha* predominance, where *Sheetapitta* is *Vata* predominant and *Udarda* is *Kapha* predominant.<sup>5</sup> Skin manifestations which are circular, itchy, reddish and numerous are considered as *Kota*; and if these complaints occur recurrently, it is called as *Utkota*.<sup>6</sup> In the commentary it is mentioned that *Kota* is developed from *Udarda* implying that *Kota* and *Utkota* is *Kapha dosha* predominant. In the present case study, as the patient presents with circular, reddish, numerous, recurrent lesions with severe itching indicating the predominance of *Kapha dosha*, the condition was diagnosed as *Utkota*.

### Principle Behind Each Intervention

#### a. *Ama Pachana* and *Agni Deepana*

Management was initiated with a focus on *Ama Pachana* and *Agni Deepana*, as these are considered essential preparatory steps before undertaking *Shodhana* (Purification therapy). *Bilwadi Gutika* was administered, as it is indicated in *ajeerna* condition and most of its drugs pacify both *Kapha* and *Vata doshas*.<sup>7</sup> Additionally, *Gandaka Rasayana* was prescribed due to its direct indication in strengthening *agni* (digestive fire) along with effect on *Kandu* (itching) and *Kushta* (skin diseases).<sup>8</sup> Together, these formulations served in *Ama Pachana* and correcting *Agni*, thereby preparing the body for *shodhana* procedure

#### b. *Snehapana* with *Panchatikta Guggulu Ghrita*

*Snehapana* was employed as a preparatory procedure before *Vamana*. As *Kapha shamana* was a main intention in the treatment, and as *tikta rasa* drugs are best suited for it, *Panchatikta Guggulu ghrita* was chosen for *Snehapana* considering its indication in *twak vikara* and *kandugna* action.<sup>9</sup> The progression of the *Snehapana* dosage starting from **30 ml** on the first day and gradually escalating up to **220 ml** by the fifth day allowed for proper assessment of *snigda lakshana*, such as improvement in digestion, clarity

of belching, softness of body tissues and unctuous stools, indicating readiness for the next stage of *Panchakarma*.

#### c. *Abhyanga* and *Swedana*

*Abhyanga* (oil massage) and *Swedana* (fomentation) are essential preparatory procedures prior to administering *Vamana*. This procedure aims to loosen and mobilize the vitiated *doshas*, especially *Kapha*, towards the gastrointestinal tract, facilitating their effective elimination during *Vamana*. In this case *Marichadi taila* was selected for external application because of its indication in *kandu*, *kushta* and *kapha vata hara* action<sup>10</sup>. *Bashpa sweda* administered following *Abhyanga* helps in *dosha vilayana* and promotes movement of vitiated *doshas* from *sakha* to *koshta*.

#### d. *Vamana*

The patient underwent *Vamana Karma*, as it is the principal *Shodhana* therapy indicated for *Kapha* dominant disorders. It aimed at **root-level elimination of vitiated Kapha**, which is considered the primary *dosha* involved in the *Utkota*. As most of the recurrent lesions were *jatru urdwa*, this *shodhana* procedure was the best of choice.

#### e. *Shamana Chikitsa*

After *shodhana*, *shamana chikitsa* is essential to prevent recurrence. *Bilwadi gutika* and *Avipathikara churna* helps in *sheshadosha harana* (removal of residual vitiated *doshas*). *Guduchi* capsule was given focusing on the *Kushtagna*<sup>11</sup> and rejuvenative action of *guduchi* and *Marichadi taila* helps in managing local symptoms like itching.

### Dietary and Lifestyle Management

Easily digestible and non-irritating preparations such as *Mudga Yusha* (green gram soup), *Khichdi* (rice and lentil porridge), and *Ganji* (rice gruel) were recommended. These foods are light, nourishing yet non-aggravating, making them ideal for digestive balance. Along with dietary guidelines, specific lifestyle recommendations were provided to avoid *Nidanas* (triggering factors), which are crucial in preventing recurrence. The patient was advised to avoid exposure to known allergens, sudden

temperature variations, emotional stress, and incompatible food combinations, all of which are known to disrupt *dosha* equilibrium and contribute to the pathogenesis of urticaria.

By identifying and eliminating individual-specific triggers and promoting a supportive diet and routine, the likelihood of recurrence is significantly minimized, as evidenced in this case.

## CONCLUSION

This case report demonstrates the effectiveness of Ayurvedic management in addressing recurrent urticaria through a holistic approach that targets the root cause rather than just symptomatic relief. The diagnosis of *Utkota*, based on classical Ayurvedic texts, allowed for a personalized treatment plan involving *Shodhana Chikitsa (Vamana)* followed by *Shamana Chikitsa*, along with dietary and lifestyle modifications to eliminate *Nidana* (triggers). The patient experienced complete resolution of symptoms within 10 days, with no recurrence during the 15-day follow-up period. This highlights the holistic approach of Ayurveda in managing dermatological conditions like urticaria, emphasizing *dosha* balance and detoxification. Further studies with larger sample sizes are needed to validate these findings and explore Ayurveda's broader role in managing chronic skin disorders.

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