IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Role Of Panchakarma Therapy In The Management Of Chronic Spontaneous Urticaria: A Single Case Study

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Abstract –

This case study reports a 30-year-old male patient diagnosed with Chronic Spontaneous Urticaria (CSU), presenting with severe generalized pruritus and recurrent wheals distributed over the entire body for the past 4 years. The patient did not achieve significant symptomatic relief despite prolonged treatment with conventional antihistamines, Autologous Serum Therapy (AST), and Omalizumab (OMA).

The patient was clinically evaluated and managed through Ayurvedic Panchakarma interventions, including Snehapana (therapeutic administration of unctuous substances such as ghee and oil), Vamana, and Virechana, along with internal medications prescribed according to the principles of Seethapitta Chikitsa. Disease activity was assessed using the validated Weekly Urticaria Activity Score (UAS7), recorded at baseline, after Vamana, after Virechana, and during follow-up. Quality of life was evaluated at baseline and after follow-up using the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL).

The outcomes demonstrated complete remission of disease activity along with marked improvement in quality of life, as reflected by the assessment scores. Hematological and biochemical investigations further indicated the safety and therapeutic efficacy of Ayurvedic management in this case of Chronic Spontaneous Urticaria.

1. Introduction –

Chronic spontaneous urticaria (CSU) is a dermatological condition characterized by the spontaneous and recurrent occurrence of wheals (hives), angioedema, or both, appearing at least twice weekly and persisting for six weeks or longer in the absence of any identifiable triggering factor [1]. The exact incidence and prevalence of chronic urticaria are not clearly established; however, it is estimated to affect approximately 0.1% to 3% of the population, with a higher prevalence among females.

The unpredictable course and severity of urticarial episodes, along with sleep disturbances due to intense pruritus and resultant fatigue, adversely affect patients' quality of life (QoL). At present, second-generation non-sedating H1-antihistamines constitute the first-line management for CSU. Patients who

do not respond adequately may require alternative therapies, including systemic corticosteroids, Autologous Serum Therapy (AST), and modern biologic agents such as Omalizumab [2].

Omalizumab (OMA) is a recombinant humanized monoclonal antibody directed against human immunoglobulin E (IgE) and is indicated for the management of urticaria in patients who show inadequate response to standard therapy [3,4]. The Urticaria Activity Score over 7 days (UAS7) is a widely accepted, validated, and user-friendly tool that enables patients to quantify the severity of wheals and pruritus on a daily basis [5]. Chronic spontaneous urticaria can be distressing and debilitating, significantly interfering with daily activities and subjective well-being. Hence, disease-specific instruments such as the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) are employed to assess the impact of CSU on patients' quality of life [6].

The clinical features and etiological factors of CSU can be correlated with the disease spectrum of Sheethapitta, Udarda, and Kotha described in classical Ayurvedic literature [7]. This spectrum involves the vitiation of all three Doshas, with predominance of Pitta associated with Vata, and involvement of Rasa Dhatu and Rakta Dhatu as the principal Dushyas. Among these, Sheethapitta is predominantly Vata-dominant, whereas Udarda is Kapha-dominant. Etiological factors such as Asatmya Ahara, Viruddha Aharaand Dushivisha are commonly described in Ayurveda and may be correlated with allergic conditions [8].

In Ayurvedic practice, this condition is primarily managed on an outpatient basis using oral medications. However, in cases unresponsive to conventional management, inpatient care with appropriate Panchakarma (five bio-purification therapies) is advocated, considering factors such as disease severity, chronicity, patient strength, and individual constitution (Prakriti). Panchakarma therapy is reported to reduce treatment duration, medication requirements, and overall cost, while improving quality of life in chronic conditions, including dermatological disorders [9].

2. Patient Information

2.1. Presenting Complaints

A 30-year-old married male patient, non-smoker and non-alcoholic, presented to the Outpatient Department (OPD) with complaints of severe generalized pruritus associated with recurrent erythematous wheals involving the entire body.The episodes persisted for 3–4 days and had been recurring for the past 4 years. The patient reported that the symptoms were aggeravated during hot climatic conditions.

2.2. Past Medical History

The patient had a history of inadequate response to conventional management, including antihistamines, Autologous Serum Therapy (AST), and Omalizumab (OMA). Despite these treatments, he continued to experience severe pruritus almost on a daily basis. The past medical history and clinical features were suggestive of Chronic Spontaneous Urticaria (CSU).

2.3. Investigations

On clinical examination, the patient's blood pressure was recorded as 110/80mmHg. Hematological investigations revealed Hemoglobin of 15.1 g/dL, Neutrophils 62%, Lymphocytes 26%, Eosinophils 12%, and a platelet count of 1.84 lakh/mm^3. Total serum IgE estimation performed earlier showed a markedly elevated level of 1309.5 IU/mL. Liver function tests, renal function tests, and lipid profile were within normal limits. The Urticaria Activity Score over 7 days (UAS7) recorded for the week prior to admission was 42, and the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) score was 103.

2.4. Clinical Findings

Ayurvedic clinical assessment was carried out using Ashtavidha Pariksha. The findings were as follows: Nadi (pulse) showed Sarpagati; Mutra (urine) was Avila varna (turbid); Mala (stool) was Samanya (normal); Jihva (tongue) was Nirama (clean); Shabda (voice) was Samanya (normal); Sparsha (touch) was Ushna (warm); Drik (eyes) was Samanya (normal); and Akruti (body build) was Samanya (normal). The patient's Prakriti was assessed as Vata-Pitta.

3. Diagnostic Focus and Therapeutic Intervention

The Ayurvedic management was individualized based on the patient's age, duration and severity of illness, degree of Dosha vitiation, and overall strength (Bala). Therapeutic outcomes were assessed using the Urticaria Activity Score over 7 days (UAS7), while quality of life was evaluated using the Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL).

During the initial visit, the patient was instructed to record daily wheals and pruritus for one week using the validated UAS7 and CU-Q2oL scales. Baseline scores were 42 and 103, respectively, indicating severe disease activity and markedly impaired quality of life. Oral Ayurvedic medications were initiated during the first visit, which resulted in mild symptomatic relief and marginal improvement in quality of life.

Considering the chronicity of the disease and its non-responsiveness to conventional therapies as well as oral Ayurvedic medications, the therapeutic focus was directed toward systemic detoxification and rejuvenation to achieve sustained remission and to prevent autoimmune responses, auto-allergy, and mast cell activation. As pruritus and wheals were the predominant symptoms, inpatient management with Vamana (therapeutic emesis) was planned.

As a preparatory measure for Vamana, Deepana–Pachana was administered for two days using Vaishwanara Choorna. Following this, the patient reported a sense of lightness, improved appetite, and adequate energy levels. This was followed by Snehapana with Mahatikthaka Ghrita, a medicated ghee commonly indicated in dermatological disorders, until classical signs of adequate oleation were observed. These signs included unctuous stools with the presence of ghee, soft and oily skin, aversion to ghee intake, nausea, and fatigue. A noticeable reduction in pruritus and wheals was observed from the fifth day of Snehapana, with complete resolution of symptoms following Vamana.

Subsequently, the patient was discharged with prescribed oral medications and advised to monitor daily symptoms using the UAS7 for one week. Re-admission was advised after 15 days for Sadyovirechana (immediate therapeutic purgation without planned oleation and sudation), in accordance with Ayurvedic principles advocating repeated Shodhana therapies in chronic skin disorders.

The patient reported to the OPD after 30 days with a mild recurrence of symptoms, which were managed with oral medications. He was later re-hospitalized for one day to undergo Sadyovirechana and discharged with continued oral therapy. The patient was instructed to maintain daily symptom records using the UAS7 and to present the findings during follow-up after 15 days.

4. Follow-up and Outcome

Following Vamana, the Urticaria Activity Score over 7 days (UAS7) reduced from the maximum baseline score of 42 to zero. After Virechana, a mild increase in the UAS7 score to 4 was observed, which again reduced to zero during subsequent follow-up. The patient remained in complete remission up to a follow-up period of 180 days. Additionally, based on telephonic follow-up, the patient reported sustained remission with no recurrence of symptoms over the subsequent 12 months.

The Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) score showed marked improvement, decreasing from 103 at baseline to 31 at follow-up, indicating a significant enhancement in quality of life. Visual clinical assessment revealed complete resolution of wheals and hives (Fig. 1e–h). Hematological

and biochemical parameters assessed before and after various therapeutic interventions remained within normal limits, thereby confirming the safety of the administered Ayurvedic treatments.

5. Discussion

Given the chronicity and refractoriness of the disease to conventional therapeutic approaches, including antihistamines, Autologous Serum Therapy (AST), and Omalizumab (OMA), as well as limited response to oral Ayurvedic medications, a deep-seated pathological process was considered. Owing to the chronic and severe nature of symptoms, inpatient Panchakarma therapy in the form of Vamana was planned following Snehapana with Mahatiktaka Ghrita.

Vamana was performed to eliminate accumulated toxins with Kapha predominance. Mahatiktaka Ghrita was selected due to its classical indication in Kushta, particularly those with Pitta predominance. Haridra Khanda was administered to prevent recurrence, as it is specifically indicated in Sheethapitta. The formulation contains Haridra (Curcuma longa L.) as the principal ingredient, which has demonstrated anti-inflammatory and anti-allergic properties through inhibition of IgE-mediated mast cell activation [19].

The presence of pruritic skin lesions with erythematous discoloration suggested involvement of Rakta Dhatu. Accordingly, Manjishtadi Kwatha, indicated in conditions involving Rakta vitiation and reddish discoloration, was prescribed. Its Tikta-Kashaya (bitter and astringent) predominance helps prevent aggravation of Kapha Dosha. Arogyavardhini Vati, a formulation commonly advised in dermatological disorders, was administered concurrently, as it contains Katuki (Picrorhiza kurrooa Royle), which facilitates mild laxation during treatment.

Ayurveda advocates repeated Shodhana (purificatory) therapies to prevent recurrence of chronic skin disorders. Hence, Sadyovirechana was planned using Avipattikara Choorna, containing Trivrit as the chief ingredient, administered along with Triphala decoction. This combination is recommended for purgation in Visarpa and other skin diseases [20].

As the patient remained in remission with sustained improvement in quality of life during follow-up, Sarivadyasava was added to prevent exacerbations, particularly during hot climatic conditions. This formulation is indicated in conditions involving vitiation of Vata and Rakta. Sariva containing formulations are traditionally prescribed in skin diseases and disorders associated with Pitta Dosha involvement.

At present, the patient remains under continuous observation and oral Ayurvedic therapy. As of the last follow-up, there was no recurrence of symptoms, with sustained improvement in quality of life. No adverse events were reported during the entire course of treatment, which is a significant observation considering the severity of the disease and its non-responsiveness to established conventional therapies.

6. Conclusion

The present case demonstrates that Panchakarma therapies, in conjunction with appropriate oral Ayurvedic medications, are safe and effective in the management of Chronic Spontaneous Urticaria refractory to standard conventional treatments, including Omalizumab. This integrative Ayurvedic approach also appears to prevent disease recurrence and significantly improve quality of life. However, further well-designed clinical studies with larger sample sizes across diverse settings are warranted to substantiate these findings.

7. Patient Perspective

The patient expressed a high level of satisfaction with the outcomes achieved through Ayurvedic Panchakarma therapy within a relatively short duration. He had undergone multiple conventional treatment modalities without experiencing significant or sustained relief. The persistent symptoms had adversely affected his professional performance and emotional well-being, often necessitating frequent absences from work. Following Ayurvedic intervention, the patient reported a marked improvement in confidence and overall quality of life and was able to tolerate a wide variety of foods without symptom aggravation. As per the patient's account, he has remained asymptomatic for the past one and a half years following completion of treatment and expressed contentment with the therapeutic outcome.

8. Patient Consent

Written and informed consent was obtained from the patient for publication of this case study.

Source of Funding

None.

9. References (Vancouver style)

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