



Case Report On Ayurvedic Management Of Allergic Reaction Due To Toxicity Of Semicarpus Anacardium Taila

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ABSTRACT-

Semicarpus anacardium (Bhallataka) is a widely used Ayurvedic drug possessing Kaphavatahara properties, known for potent therapeutic actions after proper Shodhana (purification). However, direct or improper use of its oil may cause toxic skin reactions manifesting - itching, redness, and vesicle formation. This case report presents a 26-year-old female who developed acute contact dermatitis after exposure to Semicarpus anacardium taila. Ayurvedic management with Avipattikar Churna, Dushivishari Gulika, Godugdha Dhara, and Durva Amrutadi Ghrita led to marked improvement within seven days. The case demonstrates the effectiveness of Ayurvedic management in Bhallataka Visha Vikara and emphasizes the importance of Shodhana before use of Upavisha Dravya.

Keywords: Semicarpus anacardium, Bhallataka Visha, allergic reaction, Dushivishari Gulika, Avipattikar Churna, Durva Amrutadi Ghrita

INTRODUCTION

Semicarpus anacardium Linn. (Family: Anacardiaceae), commonly known as Marking Nut (Bhallataka or Bhilawa), is classified in Ayurveda as an Upavisha (semi-poisonous substance). The pericarp contains a tarry oil with phenolic compounds such as anacardic acid, cardol, and bhilawanol, which are irritant to the skin and may produce contact dermatitis.

In Ayurvedic classics, Bhallataka is described as Ushna, Tikshna, and Kapha-Vatahara, used therapeutically in Arsha, Kustha, Vata Vyadhi, and Medoroga after proper Shodhana to reduce its toxicity. Improperly purified or direct application may cause Daha, Kandu, Pidika, and Shotha — classical features of Bhallataka Visha Vikara.

From a modern perspective, the irritant reaction caused by Bhallataka corresponds to contact dermatitis — an inflammatory skin response caused by delayed-type hypersensitivity (Type IV reaction). The following case demonstrates successful Ayurvedic management of such a toxic skin reaction.

CASE REPORT

Patient Information:

A 26-year-old female reported to the Kayachikitsa OPD of Tilak Ayurved Mahavidyalaya, Pune, with complaints of severe itching, redness, rashes, and 1–2 small blisters over the right hand for two days following direct application of *Semicarpus anacardium* taila.

History of Present Illness:

Symptoms began within 24 hours of exposure to Bhallataka oil. The lesion was localized to the dorsal aspect of the right hand, non-spreading, associated with burning and itching.

Past History:

No known chronic illness. No history of allergies or similar episodes.

Treatment History:

The patient had taken allopathic treatment (Levocetirizine and Atrax lotion) for 4–5 days without relief; symptoms aggravated further.

Clinical Findings:

Local examination revealed erythema, rashes, intense itching, and few vesicles on the right hand. No oozing or secondary infection was observed. Systemic examination was within normal limits.

Provisional Diagnosis:

Allergic reaction due to Bhallataka Visha (Toxicity of *Semicarpus anacardium*).

TREATMENT PROTOCOL

Sr no.	Medicine	Dose and mode of administration	Duration	Indications
1.	Avipattikar Churna	5 g with warm water in the morning	7 days	Pitta Shamana, Ama Nissarana
2.	Dushivishari Gulika	2 tablets thrice daily with water	7 days	Dushivisha Shamana, Detoxification
3.	Godugdha Dhara	External Dhara twice daily	7 days	Pitta Shamana, Daha Hara
4.	Durva Amrutadi Ghrita	Local application twice daily	7 days	Ropana and Kanduhara

All medicines were procured from GMP-certified Ayurvedic pharmacies and administered under supervision.

Diet and Lifestyle Advice:

Patient was advised to avoid sun exposure, spicy food, and irritants; follow light, cooling (Sheetala Ahara) diet including milk, rice, and ghee.

RESULTS

Marked improvement was observed within 5–7 days:

Itching and redness reduced by approximately 80–90% by Day 5.

Complete healing of vesicles and erythema by Day 7.

No post-inflammatory pigmentation or scarring was observed.



Before treatment



After Treatment

DISCUSSION

The toxic reaction from *Semicarpus anacardium taila* is attributed to its phenolic compounds such as bhilawanol, cardol, and anacardic acid, which have irritant and vesicant properties. In Ayurvedic terms, this reaction results from Tikshna-Ushna Guna and Visha Prabhava of Bhallataka, leading to Pitta Visha Sammurchana.

Avipattikar Churna acts as Pitta Shamana and facilitates Aama Nissarana, reducing systemic inflammation. Dushivishari Gulika serves as a classical Vishaghna Rasayana, neutralizing Dushivisha and promoting tissue detoxification. Godugdha Dhara provided local Sheetala and Daha Shamana action, while Durva Amrutadi Ghrita offered Ropana, Kandughna, and Vranashodhana effects.

This integrative approach combining internal detoxification and external soothing therapy achieved rapid relief and prevented secondary infection or scarring. The outcome supports the rationale of managing Upavisha Vikaras through Pitta-Visha Shamana and Ropana Chikitsa principles.

CONCLUSION

Allergic reaction due to *Semicarpus anacardium taila* exposure can be effectively managed through Ayurvedic principles emphasizing Pitta-Visha Shamana and Ropana therapies. The combination of Avipattikar Churna, Dushivishari Gulika, Godugdha Dhara, and Durva Amrutadi Ghrita provided safe and effective results without adverse effects.

This case highlights the importance of proper Shodhana before the therapeutic use of Upavisha Dravya and supports the efficacy of Ayurvedic management in toxic dermatoses. Further documentation and scientific validation are encouraged.

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