



## Case Study

### SYNERGISTIC EFFECT OF *SADYOVAMANA* AND *VIRECHANA* IN *UDARDA*

Rajeshwari S Acharya<sup>1\*</sup>, Swaruprani<sup>1</sup>, Shaila B<sup>2</sup>

\*1PG Scholar, <sup>2</sup>Professor, Department of Panchakarma, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

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#### ABSTRACT

*Udarda*, a condition akin to urticaria, is an acute hypersensitivity reaction characterized by erythematous rashes, pruritis, edema primarily caused due to the vitiation of *Pitta*, *Kapha* and *Vata dosha*. Urticaria refers to transient redness and swelling of skin associated with itching, wheals or large hypodermal swellings. **Materials and methods:** A female patient aged 14 years presented with erythematous papules associated with itching and burning sensation over the lesions since 3 years was diagnosed as *Udarda*. The patient was treated with *Sadyovamana* followed by *Kramataha Virechana* and oral medications. **Results:** Post treatment, the patient exhibited significant reduction in itching, rashes and swelling, with overall wellbeing preventing further relapses during follow up period. **Conclusion:** Conventional management provides symptomatic relief but often fails to address underlying pathophysiology, leading to recurrent episodes. *Panchakarma* offers a holistic approach to detoxification and *Dosha* balance, thereby preventing recurrence.

#### INTRODUCTION

*Udarda*<sup>[1]</sup> is a skin manifestation which is caused due to exposure to *Sheeta maruta* resulting in vitiation of *Kapha* and *Vata dosha* in association of *Pitta dosha* (*Svahetu upachitena pittena*), spread inside and outside the body (*Bahirantarvisarpataha*). *Udarda* is *Kapha pradhana* with *Kandubahula* according to *Madhavakara*<sup>[2]</sup> and *Kapha pitta pradhana* by *Sharangadhara*<sup>[3]</sup>. It is characterized by lesions which are elevated (*Utsanga*), reddish (*Raga*) in color and associated with itching sensation, dominantly occurring in *Shishira ritu*. *Chakradatta*, *Bhaishajya Ratnavali*<sup>[4]</sup> has mentioned *Vamana*, *Virechana* and *Raktamokshana* as the line of treatment for *Udarda*.

Urticaria is a common disorder which affects as many as 20% of all people at some time during their lives<sup>[5]</sup>. It is clinically manifested as wheals, which are transient, well defined, superficial erythematous or pale edematous, raised areas of skin usually associated with itching.

They occur on any part of the body or on the mucus membrane. All forms of urticaria eventually tend to resolve spontaneously. Chronic urticaria, where episodes persists for 6 weeks or more is characterized by a course of remission and relapses, triggered by physical stimulus such as rubbing, pressure, heat, cold, light, etc.

Hyperchlorhydria and urticaria are not directly connected in most standard medical texts, but there are a few possible indirect associations between them worth noting. In urticaria, histamine is released from mast cells in the skin causing itching and wheals. In the stomach, histamine stimulates gastric acid secretion from parietal cells. Hyperchlorhydria may involve elevated histamine activity in the gut, which could reflect or influence systemic histamine sensitivity, potentially exacerbating urticaria in histamine sensitive individuals. In some individuals, acid reflux or gastritis may be associated with food sensitivities or gut inflammation, which in turn might trigger or worsen chronic urticaria via immune or inflammatory pathways.

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**Case report****Chief complaints**

C/O of reddish elevated lesions all over the body since 3 years.

**Associated complaints**

Itching and burning sensation over lesions since 3 years.

**History of present illness**

A female patient aged 14 years, not a K/C/O any systemic illness was apparently normal 3 years ago. Her history revealed that after consumption of papaya, she had noticed the development of small wheals accompanied by itching and burning sensation over bilateral upper limb followed by all over the body. The wheals appeared in each 1-2 days interval and disappeared spontaneously about 30 minute later.

Wheals appear more commonly during mid-day to evening time without any triggering factor. No enhanced dermatographic reaction was observed. No similar episode has been observed in her family. Her lifestyle includes skipping breakfast, reduced intake of food and eating more of fast foods. She consulted Dermatologist and was advised for antihistamine medication in BD dose for 10 days. After withdrawal of medications, she again developed the same. So, for further management she approached Panchakarma department of SJGAUH, Bengaluru on 03/12/2024.

**Past History**

Medical history

N/K/C/O Hypertension, Diabetes Mellitus, Thyroid Dysfunction

**Family history:** Nothing significant

**Table 1: Personal history**

Name – XYZ	Sleep – Sound
Age – 14 years	Bowel habit – Regular, soft, 1 time/day
Sex – Female	Appetite – Normal
Marital status – Unmarried	Weight – 43 kg
Occupation – Student (8 <sup>th</sup> standard)	Height – 148 cm
Menstrual history – Menarche at 11 years of age Menstrual cycle- regular No abnormality detected.	Addiction – Too oily and fast foods

**Table 2: Ashtasthana pareeksha**

<i>Nadi</i>	<i>Prakruta, 70bpm</i>
<i>Mutra</i>	<i>Prakruta</i> 3-4 times/day 1-2 times/night
<i>Mala</i>	<i>Prakruta</i> 1 time/day
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Prakruta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>

**Table 3: Dashavidha pareeksha**

<i>Prakriti: Vata kapha</i>	<i>Satmya: Katu pradhana sarva rasa satmya</i>
<i>Vikriti: Tridosha</i>	<i>Ahara shakti: Madhyama</i>
<i>Sara: Madhyama</i>	<i>Vyayama shakti: Madhyama</i>
<i>Samhanana: Madhyama</i>	<i>Vaya: Bala (14 years)</i>
<i>Satva: Pravara</i>	<i>Pramana: Madhyama</i>

**Systemic examination**

Central nervous system: Higher mental functions intact, no abnormality detected.

Cardiovascular system: S1 S2 heard, no abnormality detected.

Respiratory system: NVBS heard, no abnormality detected.

Gastrointestinal system: P/A- soft, non-tender

**Integumentary system****Inspection**

Site - Bilateral arm and forearm with symmetrical distribution.

Distribution - Bilateral arm and forearm with symmetrical distribution.

Colour - Pinkish red colored lesion

Shape - Irregular

Edges - Gradually blend

Type of lesion - Primary, transient and migratory

Scales - Absent

Excoriations - Absent

Lichenification - Absent

Visibility of blood vessels - Absent

Discharge - Absent

**Palpation**

Tenderness - Absent

Texture - Smooth

Temperature - Not raised

**Table 4: Specific signs elicited in the patients**

Signs	
Auspitz sign	Negative
Koebners sign	Negative
Candle grease sign	Negative
Dermatographism	Positive

**Table 5: Samprapti ghataka**

Dosha	Tridosha	Udbhavasthana	Amashaya
Dushya	Rasa, Rakta	Sancharasthana	Sarva shareera
Agni	Jatharagni, Dhatvagni	Vyaktasthana	Hasta
Agnidushti	Jatharagni and Dhatvagni Mandya	Adhistana	Twak
Srotas	Rasavaha, Raktavaha	Rogamarga	Bahya
Srotodushti	Sangha, Vimargagamana	Sadhyasadhyata	Krucchrasadhya

**Table 6: Treatment protocol adopted**

Panchakarma	Shamana Oushadhis
<ul style="list-style-type: none"> <li>Sadyovamana with Yastimadhu Kashaya<sup>[6]</sup></li> <li>Deepana pachana with Chitrakadi vati<sup>[7]</sup> for 3 days</li> <li>Snehapana with Patoladi ghruta<sup>[9]</sup> for 4 days</li> <li>Sarvanga Abhyanga with Yastimadhu Taila<sup>[10]</sup> f/b Ushnajala snana for 3 days</li> <li>Virechana with Trivrit leha<sup>[11]</sup></li> </ul>	Avipathikara churna <sup>[8]</sup> 5gm BD B/F with warm water

**OBSERVATION AND RESULTS****Table 8: Observation and Results**

Treatment	Observation
Sadyovamana <sup>[12]</sup>	Itching sensation reduced moderately
Snehapana with Patoladi ghruta	Burning sensation reduced
Sarvanga Abhyanga with Yastimadhu Taila f/b Ushnajala snana	Itching reduced
Virechana <sup>[13]</sup> with Trivrit leha	Lesion disappeared completely Itching and burning sensation reduced 80%

## DISCUSSION

### Sadyovamana

*Udarda* results due to *Sheeta maruta samsparsha* leading to *Kapha vata dushti* with already existing *Pitta dushti* (*Swahetu upacitena pittena*) priorly. *Sadyovamana* is done when there is already *Utklishta avastha*. *Udarda* is due to *Kapha pradhana tridosha dushti*. *Vamana* is indicated in *Kapha* with *Pitta samsrishta*, *Tatsthana gata* (*Kaphasthana gata*) *Pitta*<sup>[14]</sup> and also as a *Purvakarma*<sup>[15]</sup> to *Virechana*. In the present case, there was already *Kapha utklesha*, and hence *Sadyovamana* was planned.

### Snehapana with Patoladi ghrita

Ingredients of *Patoladi ghrita* includes *Nimba*, *Patola*, *Katuka*, *Darvi*, *Sevya*, *Triphala*, *Vasa*, *Bhunimba*, *Yastimadhu*, etc. which are *Kapha pittahara*, *Dahahara kushtanut*.

### Sarvanga abhyanga with Yastimadhu taila

*Yastimadhu* has *Madhura rasa*, *Guru- snigdha guna*, *Madhura vipaka*, *Sheetaveerya*, *Vatapittahara* and is mentioned under *Kandughna dashemani*<sup>[16]</sup> by *Acharya Charaka*.

### Virechana with Trivrit lehya

*Virechana* is mainly indicated when there is *Pitta pradhana dushti*. Firstly, *Vamana* was done to remove the *Utklishta kapha* from the *Amashaya*. Once the *kapha* was removed, *Pitta dosha* has to be targeted. *Virechana karma* is best for removing the *Dushta pitta* from *Adhobhaga* and since there is also *Rakta dushti*, *Rakta* and *Pitta* have *Ashraya ashrayi bhava*, this is also tackled by *Virechana karma*.

*Trivrit* has *Kashaya*, *Madhura rasa*, *Ruksha guna*, *Katu vipaka*, *Ushna veerya* and mainly *Kaphapittahara*. It is *Sukha virechaka* and *Sarvarogahara*. Since *Kapha pitta* is the *Pradhana dosha* involved in *Udarda*, *Trivrit lehya* was selected for *Virechana*.

## CONCLUSION

*Udarda* is a condition characterized by *Kandu*, *raga*, *Utsedha* and lesions which are *Mandalakriti*. Faulty lifestyle and dietary habits cause vitiation of *Agni*, further leading to vitiation of *Tridoshas*, impairing *Rasa rakta* and *Twak*, resulting in *Udarda*. *Shodhana* therapies like *Vamana*, *Virechana* and *Raktamokshana* are effective in these conditions. Here, in the present case, *Sadyovamana* followed by *Kramataha Virechana* was given as *Samprapti vighatana* and *Dosha pratyanka chikitsa*. The synergistic action of these two *Shodhana* therapies effectively pacified the vitiated *Kapha*, *Vata* and *Pitta doshas*, leading to remarkable symptomatic relief. The reduction in itching, wheals, and recurrence frequency suggests that timely bio purificatory measures not only

provide *Shighra shamana* but also help in preventing recurrence by addressing the disease at its root. *Ayurveda* emphasizes treating the *Mula* (root cause), rather than just symptoms, ensuring sustainable results and improves overall health. Further studies on a larger sample are warranted to validate this integrative approach.

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**\*Address for correspondence**

**Dr. Rajeshwari S Acharya**

PG Scholar,

Dept. of Panchakarma,

Government Ayurveda Medical  
College, Bengaluru, Karnataka.

Email:

[rajeshwari17101997@gmail.com](mailto:rajeshwari17101997@gmail.com)

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