



A case report on Chronic Inducible Urticaria with special reference to *Dooshivisha*

Author – Dr Rajalekshmi S

Assistant professor

Govt Ayurveda College Tripunithura

Co-authors

Dr Sreevidya C G

Dr Siroscha M

Dr Prima Stanly

Abstract – Chronic inducible urticaria (CIndU) is characterized by wheals and/or angioedema (AE) for 6 weeks or more in response to specific and definite triggers. Individual patients can have more than one type of CIndU. Chronic spontaneous urticaria affects approximately 1% of the general population worldwide, and is associated with multiple comorbidities. *Dooshivisha* (*cumulative toxicity*) is a unique concept in *Ayurveda* that leads to so many systemic illnesses in the body. *Virudhaharas* (*incompatible foods*) are the causative factors for inducing *Dooshivisha* pathogenesis in the body. In the manifested diseases of *Dooshivisha Kota* a skin disease which can be correlated with Urticaria like presentation. This is a case report of a female aged 47 years having history of Chronic Inducible Urticaria and she presents with allergic manifestations which shows better management through conventional methods including vishahara drugs.

Key words: *Virudhahara*, *Dooshivisha*, *Kota*, Chronic Inducible Urticaria

Introduction :Allergies are reactions that are usually caused by an overactive immune system. The immune system overreacts by producing antibodies called Immunoglobulin E (IgE). Each type of IgE has specific "radars" for each type of allergen^[1]. Chronic inducible urticaria (CIndU) is characterized by wheals and/or angioedema (AE) for 6 weeks or more in response to specific and definite triggers. Individual patients can have more than one type of CIndU^{[2][3]}. Chronic spontaneous urticaria affects approximately 1% of the general population worldwide, and is associated with multiple comorbidities^[4]. This is a case report showing a vast history of allergy towards so many exceptional items and its conventional management by *Dooshivisha* treatment. By following this treatment principles, the patient improved her condition as well as quality of life.

Patient information

A 47-year-old female patient presented to the *Agadtantra* outpatient department on 13/03/25 with complaints of allergic sneezing, dry black lesions around neck, upper trunk associated with itching. The symptoms had been ongoing for the past 2 months. The patient was non diabetic and non-hypertensive but having thyroid dysfunction.

Clinical history

The complaint started 41 years ago during her 6th standard summer vacation. She had a dog bite during that period and took Rabipur vaccine day after tomorrow after the bite and that was her first anaphylactic reaction response with rashes all over the body along with facial edema, she was admitted in the hospital and managed. After a long gap the second severe attack were shown during embryo transfer as a part of IVF treatment and symptoms like fever, hives over the neck, face and upper part of the body associated with diarrhea were manifested. She had a history of doing about 10 IUI treatment and 3 years continuous IVF treatment. In 2009 during her LSCS delivery 3rd attack anaphylactic manifestations developed. It has been managed from the hospital itself. After these 3 anaphylactic attacks for the last 15 years, she becomes allergic towards certain drug medications, foods, gluten, milk and milk products, soyabean, mushrooms. On contact shows allergy towards coconut oil, sunlight, dust, pollen. Recently in February 2025 she got Influenza B and during the treatment again the anaphylactic reactions manifested with symptoms like vomiting, diarrhea, fainting. From the hospital itself it was identified as the allergy shown towards Drug Augmentin 625 Duo Tablet. On march 2025 patients mother consulted our OPD by detailing the history and presenting complaints like allergic sneezing and itching over upper body. We have prescribed medications for the complaint. She got better relief after 4 weeks. So, she came to our hospital and admitted in our department for further management on 27/04/25.

Diagnostic assessment

On integumentary system examination hyperpigmentation and dryness noted in face, perioral area, around neck and upper extremities. From the previous Drug Allergy Test report, it is revealed that she had shown allergy towards certain drugs. From the objective structured questionnaire, the urticarial conditions were assessed before treatment and after treatment.

| Sl no: | Questionnaire | Before treatment | After treatment |
|--------|--|------------------|-----------------|
| 1 | UAS worksheet (Urticaria Activity Score) (0-42 weekly) | 14 | 7 |
| 2 | CU-Q2OL (Chronic Urticaria Quality of Life Questionnaire) (0-92) | 22 | 9 |
| 3 | Urticaria control test (0- 16) | 8 | 3 |

Table 1. Major Anaphylactic events

| Serial No | Situation |
|-----------|-------------------------------------|
| 1. | After Rabies vaccine administration |
| 2. | After Embryo Transfer (IVF) |
| 3. | After LSCS operation (Delivery) |
| 4. | During Influenza treatment |

Table 2. List of Allergens

| Sl no: | Drug | Food | Others |
|--------|-------------------|----------------------|-------------------------------------|
| 1 | Mahacef XL 200 | Shell fish | Dust |
| 2 | Gladmentin CV 500 | Glutens | Pollen |
| 3 | Novamentin 625 | Milk & Milk products | Sunlight |
| 4 | Cledomox 625 | Soyabean | External application of coconut oil |
| 5 | Augmentin Duo 625 | Mushrooms | |
| 6 | Diclofenac tab | | |

Table 3. Therapeutic interventions given in OPD

| Seri al No: | Date | Medicine | Dose | Time | Duration |
|-------------|----------------------------|---|--|---------------|----------|
| 1 | 13/03/25 | <i>Amritottaram kashaya</i> + <i>Punarnavadi kashaya</i> | 90 ml bd Before food | 6 am 6 pm | 1 month |
| 2 | 13/03/25 | <i>Amritarajanyadi kashaya</i> | 60ml bd Before food | 11 am 3 pm | 1 month |
| 3. | 13/03/25 | <i>Vilwadi tab</i> | 1 bd with Kashaya | 6 am 6 pm | 3 weeks |
| 4 | 13/03/25 | <i>Manasamitravatakam</i> | 1 bd after food | 7 am 7 pm | 3 weeks |
| 5 | 15/04/25 to 21/04/25 | 1,2,3,4 medicines repeated | | | |
| 6 | 22/04/25 | <i>Amrutotaram kashaya</i> + <i>Guluchyadi kashaya</i> | 90 ml bd Before food | 6 am 6 pm | 1 week |
| 7 | 22/04/25 | <i>Vitpala keram</i> + Equal amount coconut oil | Quantity sufficient | Day | 1 week |
| 8 | 22/04/25 | <i>Manibhadragulam</i> | 10 gm | Hs | 1 week |
| 9 | 22/04/25 | <i>Aswagandha churnam</i> | 5 gm bd with hot water after food | 7 am 7 pm | 1 week |

| | | | | | |
|----|----------|---|----------------------|---------------|---------|
| 10 | 22/04/25 | <i>Amritarajanyadi kashaya</i> + <i>Punarnavadi kashaya</i> | 90 ml bd before food | 11 am 3 pm | 1 week |
| 11 | 22/04/25 | Histantin tab | 2 bd | After food | 2 weeks |
| 12 | 22/04/25 | Urtiplex capsule | 2 bd | After food | 2 weeks |
| 13 | 22/04/25 | <i>Amritarishtam</i> + <i>Punarnavasavam</i> | 25 ml bd | After food | 1 week |
| 14 | 22/04/25 | <i>Hinguvachadi</i> tab | 2 bd with Kashaya | 6 am 6 pm | 1 week |

Table 4. Therapeutic interventions given in IPD

| Sl no: | Date | Internal medications | Treatment procedures |
|--------|----------------------|---|--|
| 1. | 27/04/25 | <ol style="list-style-type: none"> 1. <i>Amrutottaram kashaya</i> + <i>Punarnavadi kashaya</i> – 90 ml-Bd 2. <i>Guluchyadi kashayam</i> – <i>Panam-Muhurmuhu</i> 3. <i>Pippalyasavam</i> – 25 ml Bd- After food 4. <i>Shaddharanam</i> tab – 1 Bd with <i>kashaya</i> 5. <i>Hinguvachadi churnam</i> – 10 gm Bd- Before food | As Rookshana |
| 2 | 28/04/25 | Repeated 1-5 medicines <ol style="list-style-type: none"> 6. Urtiplex capsule – 2 Bd – After food 7. Urtiplex lotion – External application 8. <i>Nalpamaradi keram</i> – External application 9. <i>Manibhadragulam</i> – 15 gm – Hs | Mild laxative |
| 3 | 29/04/25 | All the above medicines repeated | |
| 4 | 30/04/25 to 06/05/25 | No internal medications | <i>Achasnehapanam</i> with <i>Aragvadhamahathikthakam ghritam</i> |
| 5 | 07/05/25 | No internal medications Evening <i>utklesana ahara</i> intake | <i>Abhyangam</i> with <i>Nalpamaradi keram</i> and <i>Ooshma sweda</i> |

| | | | |
|----|-------------------|--|---|
| 6 | 08/05/25 | No internal medications | <i>Vamana with Kutajabeeja churna in Yashti kashaya</i> |
| 7 | 09/05/25-12/05/25 | No internal medications – Urtiplex lotion external application on body <i>Satadhouta ghruta</i> – external application for face | <i>Peyadi krama</i> |
| 8 | 13/05/25-17/05/25 | Plain Ghee (25 ml) with Kanji Bd | <i>Sadhya snehapana</i> for 3 days |
| 9 | 18/05/25 | <i>Avipathi churnam</i> 20 gm with hot water at 6 am | <i>Virechana</i> |
| 10 | 19/05/25 | <i>Avipathi churnam</i> 20 gm with hot water at 6 am | Virechana |
| 11 | 20/05/25 | 1. <i>Punarnavadi</i> + <i>Guluchyadi kashaya</i> – 90 ml bd 2. <i>Dooshivishari</i> Tab – 1 Bd 3. <i>Haridrakhanda</i> granules – 1 tsp Bd with Honey External application continued as previous | |
| 12 | 21/05/25-27/05/25 | Internal medications and External medications continued | <i>Takradhara</i> with <i>Kalyanakam Kashaya</i> |
| 13 | 28/05/25-03/06/25 | Internal medications and External medications continued | 1. <i>Shashitka pinda swedam</i> with <i>Manjishtadi kashaya</i> 2. <i>Marsa Nasya</i> with <i>Kumkumadi taila</i> |

Discussions

Chronic inducible urticaria (CIndU) is characterized by wheals and/or angioedema (AE) for 6 weeks or more in response to specific and definite triggers. Individual patients can have more than one type of CIndU.

Chronic spontaneous urticaria affects approximately 1% of the general population worldwide, and is associated with multiple comorbidities. Diagnosis is based on clinical presentation, ie, spontaneously recurring wheals, angioedema, or both. Chronic spontaneous urticaria persists for more than 1 year in most patients (1 or repeated episodes) and may present with comorbidities including chronic inducible urticaria (>10%), autoimmune thyroiditis (approximately 20%), metabolic syndrome (6%-20%), and anxiety (10%-31%) and depression (7%-29%). Chronic spontaneous urticaria is an inflammatory skin disease associated with medical and psychiatric comorbidities and impaired quality of life. Second-generation H1

antihistamines are first-line treatment, omalizumab is second-line treatment, and cyclosporine is third-line treatment for chronic spontaneous urticaria.

The chronicity of the allergic mechanisms in this patient is very high. So, purification is essential in this condition. For that *Agnideepana* is done for the patient by giving *Deepana pachana Kashayas* and *Churna*. After getting proper digestive fire we started *Acha snehapana*. For removing the *Utklishta dosha* easily we have done *Abhyanga Ooshmasweda* for one day and after that purificatory procedure *Vamana* done. Agai for administering *Virechana Sadyasnehapana* started for three days after that *Virechana* performed. The logic behind performing both purificatory procedures is due to chronicity of the disease as well as taking the concept of *Dooshivisha*. Since we are correlating the condition with chronic inducible urticaria also a part of allergic reactions definitely there will be vitiation to *Raktha dhatu*. Where there is blood tissue vitiation there may be chance of affecting Integumentary system. In *Dooshivisha* also *Sonita dushti* is explained by *Charakacharya*. Skin and mind is closely related. By considering the anxiety and depression issues we have gone for *Takradhara*. This is also a *Rookshana kriya* and after that snehana kriya like *Shashtika pinda sweda* along with *Marsa nasya*. In this century where people are ready to spend a lot of money on improving their appearance, *Shashtika shali pinda sweda* serves the purpose. When it is done in cooked in *Manjishtha Kashaya* along with milk the results are often far better than the chemical products. It certainly improves the skin tone and gives good results in pigmentation.^[5] A perfect solution to dry skin as it is *Vatahara* on combination with milk. For face alone small *Pottalis* can be made for practical usage. *Kumkumadi taila* administered in form of *Nasya* reaches to *Shrungataka* area, spreads in *Murdha* and helps to remove the *Prakupita dosha* and also balances the function of endocrinal system and maintains hormonal balance. Also, it gets absorbed by nasal mucosa and enters in circulatory system and pacifies *Prakupita rakta* and *Rasa dhatu*. Contents of *Kumkumadi taila* include *Kumkuma*, *Haridra*, *Darvi*, *Pippali* as *Kalka dravya* and *Chitraka* as *Kwatha dravya* along with *Taila*. All ingredients are basically *Katu*, *Tikta Rasatmaka* and *Usna viryamatka* having *Vata- Kaphahara* properties and *Varnya* properties. (Sharma, P.V (2011), *Dravya Guna Vidyana*, Chaukhambha publications, Varanasi) hence causes *Twak prasadana* and helps in restoring natural skin tone.^[6]

Conclusion

Chronic inducible urticaria is a rare condition that requires allopathic management for emergency situations. Even though Ayurvedic science cannot handle the emergency treatment, the *Dooshivisha* line of treatment shows a better response for achieving a better quality of life and preventing further episodes

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