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ORIGINAL ARTICLE

Siddha Management of Chronic Idiopathic Urticaria: A Case Report

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ABSTRACT
Chronic urticaria (CU) is an inflammatory skin disease defined by recurrent pruritic wheals and/or angioedema that lasts for over six weeks. Up to 20% of the worldwide population suffers from this condition at some point in their lives. This report seeks to assess the role of Siddha medicine in the treatment of chronic urticaria. A 29-year-old woman complained of recurrent generalised wheals, intense itch, erythema and occasional angioedema. The disease was progressive and chronic and had a debilitating effect on the patient's life. The symptoms were similar to chronic urticaria and matched with Kaanakadi (Siddha diagnosis). Treatment protocol included Virechanam (purgation therapy), followed by internal medicine (Elathy chooranam) and external medicine (Sivappu kukil thailam) for 40 days. A strict regimen of diet and lifestyle (Pathyam) was recommended. The UAS7 score was improved from 40 (severe) to 0 (remission). Itching, wheals, and angioedema completely resolved. Laboratory findings improved, with a decrease in AEC, ESR and a change in CRP from positive to negative. There was also a slight decrease in the IgE level. There was no relapse in the follow-up period. This case suggests that Siddha treatment, involving detoxification, internal and external medicines, and dietary restriction, is effective for chronic urticaria (Kaanakadi).
Keywords*: Chronic Urticaria, Kaanakadi, Siddha Medicine, Elathy Chooranam, Sivappu Kukil Thylam, UAS7 score.*

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INTRODUCTION

The Siddha system of medicine is founded on the theory of the three humours (Mukkuttram), Vatham, Pitham and Kabham. Disease is thought to occur when the balance of these humours is disrupted. Chronic urticaria (CU) is known as Kaanakadi in Siddha literature, defined as persistent itchy wheals (Arippu), angioedema (Naala Azharchi), or both for over a period of one month. The disease is believed to be caused by internal and external factors, such as diet, climatic conditions and bites. These factors are believed to affect the Tridosha, mainly Pitham and Kabham [1]. It is a common and acute inflammatory cutaneous condition that can affect up to 20% of the world's population during their lifetime. It is estimated that globally, around 86 million people were affected in 2017, with an incidence of 160 million new cases annually [2]. Acute urticaria affects 15-23% of adults at some point in their lives, and chronic urticaria has an incidence of 0.5-5% in adults. Urticaria and angioedema can occur at any age, but are more commonly found post-puberty [3]. Urticaria, or hives, is a clinical condition that presents with pruritic, evanescent (transient) erythematous (red) or pale (white or flesh-coloured) edematous (swollen) wheals due to dermal oedema. They usually disappear in less than 24 hours without leaving a

mark. Angioedema, which affects deeper dermal and subcutaneous layers, is present in about 25% of patients with acute urticaria and as high as 50% with chronic urticaria [4]. Urticaria can be acute or chronic according to its duration. Acute urticaria is defined as urticaria that lasts for six weeks or less, while chronic urticaria lasts for more than six weeks and can persist for more than a year in some patients. Chronic urticaria can be further classified into spontaneous and inducible urticaria [5]. Although there are conventional therapies, the management of chronic urticaria is difficult, with many patients not achieving satisfactory control of their symptoms. There has been a renewed interest in traditional systems of medicine, such as Siddha, for the treatment of chronic allergic and skin diseases in recent times. According to Siddha texts, urticaria and other skin conditions are grouped under the term "Kuttam". Siddhars have recommended several herbal, herbomineral and metallic preparations for the successful management of these conditions when used in the right dose and combination. Thus, the current case report describes the outcome of Siddha management in a case of chronic urticaria (Kaanakadi). The patient has given her consent for the publication of this case report.

CASE DESCRIPTION:

A 29-year-old female patient reported to the Outpatient Department of the National Institute of Siddha, Ayothidoss Pandithar Hospital, Tambaram Sanatorium, Chennai, with a one-year history of recurrent wheals that were all over the body with severe itch, redness, and a burning sensation. The lesions were temporary, erythematous macules greater than 1 cm in diameter, and the wheal formation was caused by scratching because of severe pruritus. The patient also complained of occasional mild angioedema of the face, especially of the lips. The itch was severe to the extent of disrupting normal daily activities, and it was more intense during the night. The symptoms began slowly and had been increasing gradually during the last three months. The patient had been on allopathic therapy using the steroid medication prednisolone (5 mg as a single dose in the morning) for a year, but it did not bring lasting relief. No serious medical history, such as hypertension, diabetes mellitus, or thyroid problems. There was no family history of atopy, urticaria, or conditions of a similar nature. The symptoms were not triggered by known physical provocations like heat, cold, sunlight or pressure. General examination showed no abnormalities in other systems, other than the cutaneous. The disorder was frequent and progressive, which added to a great deal of mental distress. Lab tests showed a high absolute eosinophil count (AEC) of 600 cells/μL and a higher erythrocyte sedimentation rate (ESR) of 24mm/hr. The level of serum immunoglobulin E (IgE) was high (403 IU/mL), and C-reactive protein (CRP) was positive. The rest of the haematological and biochemical parameters were normal.

General Examination

The patient's body temperature was within normal limits. She had a normal blood pressure (120/80 mmHg), pulse (72 beats per minute) and respiratory rate (16 breaths per minute). The cardiac examination showed normal S1 and S2 sounds, no murmurs. The central nervous system exam revealed the patient was awake and alert with normal orientation. Examination of the respiratory system was normal with normal vesicular breath sounds and no added sounds. The patient was previously treated with other drugs for urticaria.

Personal History

The patient had decreased appetite. Bowel movements were normal (twice a day). The patient passed urine 4-5 times a day. Sleep was reported to be adequate. She had a varied diet with a preference for fish. She drank two cups of coffee per day. She is a housewife, belonging to a middle-class family.

DIAGNOSIS, ASSESSMENT & TREATMENT

The patient was diagnosed with chronic idiopathic urticaria (CIU) [ICD-10-CM L50.1], and according to the Siddha system of medicine, she was categorised under Kaanakadi. The Urticaria Activity Score in 7 days (UAS7) was used to assess the effectiveness of the treatment. Two assessments were performed: one before the initiation of Siddha treatment and another after 6 weeks of treatment, based on UAS7 scoring. The UAS is an ordinal grading patient-reported outcome-based clinical severity scoring system. It assesses two important symptoms: the quantity of wheals and the severity of the pruritus (itching). The patients were asked to write down their symptoms in 24 hours, and the score that was given in a day was added up over 7 days in a row to get the UAS7 score, whereby the higher the score, the higher the severity of the disease. The main goals of treatment were to withdraw allopathic medications slowly, continue with Siddha treatment, prevent relapse, avoid triggers, control any underlying or comorbid conditions, and offer reassurance. The treatment regimen involved Ennai Kuzhiyal (oil bath), followed by Viresanam (purgation therapy), and later intake of the Siddha internal and external drugs (Table 1).

Table 1: Treatment summary

S.No	Name of the treatment	Name of the medicine	Doses and times of medicines	Anubanam
1.	Oil Bath (Oleation therapy)	*Arakku thylam*	Take an oil bath on day 1 and twice a week	Bath with Hot water
2.	Viresanam (Purgation therapy)	*Agasthiyar* *Kuzhambu*	200mg O.D at Early morning (Day 2)	*Isangu Charu*
3.	Internal Medicine	*Tablet. Elathy* *Chooranam*	2 TDS after food	Lukewarm water (50ml)
4.	External Medicine	*Sivappu kukil thylam*	Local Application	-

All medications were prescribed for 7 days. The patient was advised to attend follow-up once every 7 days. After completion of one *Mandalam* of treatment, she experienced complete relief from symptoms.

DISCUSSION

Kaanakadi, as described in the Siddha system of medicine, can be correlated with urticaria and angioedema, which present similar clinical features. The case under consideration was diagnosed with Kaanakadi, and treatment was initiated. Acute urticaria is usually a disease of the first Thathu, which is Saaram. Once the pathological Amam develops in the blood tissue, it can result in chronic manifestations. The first mode of treatment aimed to remove Amam by purgation (Virechanam) and to stabilise Agni (metabolic/biological fire) in the blood, thus eliminating the triggering factors in the blood (Senneer)[6]. Elathy chooranam tablets and Sivappu Kukil thailam were prescribed for 40 days. Elathy chooranam has antihistaminic, anti- inflammatory, and immunomodulatory properties[7]. Sivappu Kukil is an external application used to calm the skin and relieve itching. There was considerable improvement after 40 days of both internal and external therapy. Itching and wheals were resolved. Before treatment (22. 01. 22.01.2026), the UAS 7 score was 40, which reduced to zero after 40 days (04. 03. 04.03.2026). The intensity of urticaria, initially classified as intense, was reduced to none after treatment. The patient reported full (100 per cent) relief of all signs and symptoms, as well as improvement in biochemical parameters. Absolute eosinophil count (AEC) fell to 260/cu.mm, erythrocyte sedimentation rate (ESR) to 21 mm/hr, C- reactive protein (CRP) to negative, and serum IgE levels dropped to 398 IU/mL. The patient was advised to avoid non- vegetarian foods like chicken, eggs, and fish; dairy products; millets; and some vegetables like brinjal and bitter gourd, since they were contraindicated during the treatment period. The patient was very compliant with the given diet plan and lifestyle changes. A one- month follow- up was ensured after completion of the treatment course. The Siddha system of medicine suggests that Pathyam (suitable diet) as well as Apathyam (dietary restrictions) are essential in the management of diseases. This case indicates that in chronic urticaria patients, a combination of internal and external medications, an adequate diet plan, and lifestyle changes is necessary to ensure full recovery and prevent recurrence of the disease.

CONCLUSION

The case report sheds light on the management of chronic urticaria (Kaanakadi) through the Siddha-based treatment method. These internal and external treatments, combined with proper dietary and lifestyle changes, led to full symptom resolution and laboratory parameter improvement. The lack of recurrence at the follow-up indicates long-term benefit. These results suggest that a holistic Siddha approach might be helpful in the treatment of chronic urticaria; nevertheless, additional research is necessary to validate its extended clinical utility.

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CONFLICTS OF INTEREST
All authors have reviewed the manuscript and confirmed that there are no conflicts of interest regarding its publication.

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AUTHOR CONTRIBUTION:
Shaira Banu, I was responsible for conceptualisation, methodology, and funding acquisition, journal submission, writing, editing the original draft and was the principal investigator. Madhavan Ramachandran was responsible for the conceptualisation of the project, resources, supervision and project administration. Ravindiran G and Jinavani J. were responsible for data curation and conducted the initial analysis. Priyadharshini M and Gomathy K. were responsible for the development of the methodology.

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