



## ***Upanaha* Induced Contact Dermatitis – Case Report of an Adverse Drug Reaction (ADR) in *Panchakarma* Practice and its *Ayurveda* Management**

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**ABSTRACT:** A female of 46 years attended the *Ayurveda* OPD, Department of AYUSH in a tertiary care hospital for right knee pain, previously diagnosed with Osteoarthritis (Grade II) of the right knee. Patient was provisionally diagnosed as *Janu Sandhigata Vata* (with *Aamaja Shopha*). *Panchakarma* (*Upanaha* with Polyherbal formulation) was introduced alongside *Ayurveda* oral medications as per the treatment principle of *Sandhigata Vata*. The patient developed symptoms of irritant contact dermatitis at the site of the *Upanaha* application. She was treated with *Ayurveda* medication and local application, and her symptoms were observed for 7 days. Itching, redness etc. started reducing from the second day and complete remission of the symptoms was noticed within 7 days. *Ayurveda* treatment may be adopted for mild to moderate irritant contact dermatitis, developed as Adverse Drug Reactions (ADR) during *Upanaha* or any other localized *Panchakarma* treatment modality.

**KEYWORDS:** *Ayurveda*, *Panchakarma*, *Upanaha*, Adverse drug reaction, Irritant contact dermatitis

### **INTRODUCTION**

*Panchakarma* is a procedural management facility in *Ayurveda* medicine, for bio-purification and *dosha* balance. It comprised both systemic and local treatment modalities with polyherbal formulations through different routes of drug administration like subcutaneous, rectal, nasal etc. *Upanaha* is amongst the treatment principles for *Sandhigata Vata* (Osteo Arthritis)<sup>1</sup>. It is an external *Panchakarma* modality where lukewarm medicated paste is applied over the affected site and tied with *Eranda* (*Ricinus communis*) leaf, cloth for almost 6 hours. It is indicated for *Vata* and *Vata-Kapha* disorders<sup>2</sup>.

Adverse Drug Reactions (ADRs) are noxious, unintended and often preventable responses to medication that pose significant risks to patient safety, contributing to substantial mortality, morbidity and healthcare costs. ADRs related to *Ayurveda* drugs and modalities not common but not rare. There are a few numbers of cases reporting ADR in *Panchakarma* practice. The pharmacovigilance programme for *Ayurveda*, *Siddha*, *Unani* and Homoeopathy (ASU&H) drugs under the Ministry of Ayush has reported a total of 382 suspected Adverse Drug Reaction (ADR) in the first six months of 2025, almost 73% of the total ADRs reported in the previous year<sup>3</sup>.

Contact dermatitis is an inflammatory eczematous skin disease. It is of two types, one is irritant contact dermatitis (ICD) (a nonspecific response of the skin to direct chemical damage that releases inflammatory

mediators predominantly from epidermal cells), and the other is allergic contact dermatitis (ACD) (a delayed type 4 T cell-mediated hypersensitivity). Females, infants, the elderly, and individuals with atopic tendencies are more susceptible to irritant contact dermatitis<sup>4</sup>. It is due to sufficient inflammation arising from the release of proinflammatory cytokines from keratinocytes in response to the stimuli. It mainly causes skin barrier disruption, epidermal cellular changes and cytokine release. Itching, rash, swelling, oozing of fluid are the common symptoms of irritant contact dermatitis. ICD is more prevalent than allergic contact dermatitis (ACD)<sup>5</sup>. High-risk occupations for ICD include healthcare workers, food service workers, metal workers, hairdressers, and construction workers<sup>6</sup>.

## CASE REPORT

A 54 years old female attended the *Ayurveda* OPD, Department of AYUSH in a tertiary care hospital for right knee pain. She was previously diagnosed with Osteoarthritis (Grade II) of the right knee joint by the Orthopedics specialist of the same institute, and started allopathic medication for around 2 months. Patient was provisionally diagnosed as *Janu Sandhigata Vata* (with *Aamaja Shopha*), after a detailed clinical history taking and *Ayurveda Roga* and *Rogi Pareeksha*. She was introduced *Upanaha* in the right knee for Osteoarthritis of the knee along with other *Panchakarma* treatment (*Janu Basti* and *Lavana Pinda Swedan*). *Churna* of *Dashanga Lepa*<sup>7</sup> was chosen for the *Upanah*. The ingredients of the *Upanaha* were 1. *Churna* of *Dashanga lepa* - 50 gm 2. *Dashamool Kwath* – 50 ml 3. *Mahanarayan Taila* – 20 ml 4. *Saindhav Lavan* – 10 gm 5. Lemon (*Kaji Nemu*) juice – 10 ml. It was covered with *Eranda* leaf and was finally tied with a crepe bandage. The patient was advised to keep it for 6 hours and to wash it with lukewarm water thereafter. The next day, patient presented with mild itching and redness over that area. It was a suspicion of *Upanaha* induced irritant contact dermatitis. The next day (*Panchakarma D2*), *Upanaha* was again tied with the same material and kept it for observation for 3 hours in the hospital itself to confirm the diagnosis. After one hour only, patient developed severe itching in the site. On local examination, itching, redness, and erosion were noticed, delimited in the *Upanaha* contact area. Onset was acute and developed after the first exposure. It was provisionally diagnosed as irritant contact dermatitis. Immediately, the area was washed out, and *Narikel Taila*<sup>8</sup> (Coconut Oil) was applied locally. *Kaishore Guggulu*, 500 mg three times daily was advised to the patient for next 5 days. *Upanaha* was withheld, but other treatment was carried out. There was remission of the symptoms in the third day of the *Panchakarma* (Table No. ). It confirmed the probable cause of the dermatitis may be the *Upanaha*. However, the same *Upanaha* treatment was also introduced in other patients in day-to-day *Panchakarma* practice, but no such complication was observed. However, the patient confessed a previous allergic history with brinjal and cold after the incident.

## Intervention

Immediately after the diagnosis, the following medications were prescribed (Table No. 1). The other medications and *Panchakarma* treatment for Osteoarthritis were continued as previous.

**Table No. 1: Medication for Irritant Contact Dermatitis**

Sl. No.	Medicine	Dose and duration	Remarks
1.	<i>Kaishore Guggulu</i>	500 gm thrice daily with lukewarm water for 5 days	Along with the Calcium and Vitamin D3 supplements, the patient has been taking since last month.

2.	<i>Narikel Taila</i> (Coconut Oil)	For topical application, 6 hourly for 10 days	Topical application of any oil/ointment was prohibited.
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### Observation and Outcome

There was a marked reduction in the symptoms of contact dermatitis in the first 2 days of starting the *Ayurveda* treatment (Table No. 2). Pictorial presentation of the site, before (Figure No. ) and after (Figure No. ) treatment is presented here. Removal of causative factor is the first line of treatment in *Ayurveda*.

**Table No. 2: Assessments of the symptoms**

Sl. No.	Symptoms	D1	D3	D5	D7
1.	Itching	+++	++	+	Nil
2.	Redness	+++	++	Nil	Nil
3.	Swelling	+	Nil	Nil	Nil

Note: Grading for the symptoms of contact dermatitis: Severe (+++), Moderate (++), and Mild (+).

### Presentation of the patient before (Fig. No.1) and after treatment (Fig. No. 2 )



Figure No. 1



Figure No.2

### DISCUSSION

*Vicharchika* is one among the *Kshudra Kushta* (Minor skin disorder) of *tridosha* origin. *Vicharchika* is characterized by skin manifestation having the symptoms *Kandu* (Itching sensation), *Pidika* (Papule), *Shyava Varna* (Blackish brown discoloration) and *Bahusrava* (*Excessive exudation*)<sup>9</sup>. Its symptoms may be matched with contact dermatitis. *Tridosahara Chikitsa* can be adopted in the management of *Vicharchika*.

Coconut oil contains medium-chain fatty acids. It acts as hydrating agent<sup>10</sup> and antimicrobial properties<sup>11</sup>. *Narikel Taila* is *Sheeta Virya*, primarily used to pacify *Pitta & Vata Dosha*<sup>9</sup>. It is *Brimhana*, *Balavardhana*, *Keshya*, *Vata-Pitta Shamana*, *Madhura Rasa*, *Raktapitta hara* and *Twacchya*. *Kaishore Guggulu*<sup>13</sup> contains almost 12 ingredients, which have antiallergic, anti-inflammatory, antibacterial and blood purifying properties. Traditionally, it has been used for skin disorders. It acts as *Srotovishodhak*, *Agnivivardhank*, *Raktaprasadak* and *Tridosahara*. In the present study, a significant reduction of symptoms was noticed in the first three days of the treatment.

### CONCLUSION

Patient's previous allergy history to any drug or substance should be noted before any local application in Panchakarma practice, especially in *Upanah*, as it's contact time with the skin is almost 6 hours. Preferably, a skin allergy test may be done with the same drug a day before the Panchakarma treatment. Proper training

should be provided to the Panchakarma technicians to observe preliminary signs of contact dermatitis to inform the consultant on time. Meticulous observation during the Panchakarma procedure and early intervention can reduce the risk of all sorts of Adverse Drug Reactions (ADR) from *Panchakarma*. Ayurveda treatment can be adopted in mild to moderate type of irritant contact dermatitis developed as Adverse Drug Reactions (ADR) in *Panchakarma* due to *Upanaha* or any other localized modality.

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