

CASE STUDY

A Case Study on Management of *Sheetpitta* w.s.r. to Urticaria

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ABSTRACT

Sheetpitta is one of the most common allergic skin disease described in *Ayurveda*. *Vata* and *kapha* are two “Doshas” which are primarily disturbed which in turn associated with *Pitta* resulting in *Tridosha Prakopa*. *Rasa* and *Rakta* are main “*Dushya*” in this disease. *Sheetpitta* is characterized by *Lakshanas* like *Varatee Damshavathshotha* (Wheals), *kandu* (itching) with *Daha* (Burning sensation), *Jwara* (Fever) and *Toda* (pain). Symptomatology and causative factors of *Sheetpitta* can be considered similar to that of “*Urticaria*”. Urticaria is red, itchy rashes caused by vasodilation, increased blood flow, and increased vascular permeability. There is no satisfactory treatment in modern science. Only some antihistaminics agents can give instant relief in symptoms but frequent relapse occurs. Hence, in this study, an attempt is made to evaluate the efficacy of *Shodhana Chikitsa* with *Shamana Chikitsa*, and results were found very effective in subjective as well as objective parameters.

1. INTRODUCTION

Sheetpitta is a disease caused when a patient is exposed to *Sheetmaarutsansparshaat*^[1] (cold breeze) which results in vitiation of *Kapha* and *Vata*. These two combine with *Pitta* and circulate all over the body producing sign and symptoms over the skin like *Kandu* and *Shoth* (itching and swelling) which is due to *Kapha* vitiation, *Lalima*, and *Vidaha* (redness and burning sensation) which is due to *Pitta* vitiation and *Toda* (pain) which is due to *Vata* vitiation. Sometimes *Jwara* (Fever), *Pipasa* (Increase Thirst), *Chardi* (Vomiting), *Hrillasa* (Nausea), and *Aruchi* (Anorexia) also occur in this disease.^[2] Symptoms of Allergic skin reaction described as *Kotha* in *Brihhatrayi*, later on Madhavkar described a separate disease under the title *Sheetpitta Udarda Kotha*.^[3] In Ayurvedic literature, both *Shodhana* (removing *Doshas* from the body by means of relative *Panchkarma*) and *Shamana* (subsiding *Doshas* within the body by use of internal medicine) therapy are mentioned.^[4] The *Shodhana* therapy provides better results than *Shamana* therapy and chances of relapse are minimum from *Shodhana* therapy; therefore, *Virechana* was planned in this case of *Sheetpitta*.

Urticaria is Type 1 hypersensitivity reaction manifested because of allergens. Urticaria affects 15–20% of the total population. The highest

incidence occurs at the third decade of life. The symptoms of urticaria are raised, and itchy rashes appear on the skin. It may appear on one part of the body or all over the body with mild-to-severe redness and itching. If urticaria persists <6 weeks duration is called acute urticaria while more than 6 weeks as chronic urticaria. Urticaria is fourth most prevalent allergic skin disease which occurs due to the release of histamine, bradykinin, kallikrein, and other vasoactive substance from mast cells and basophils in the dermis of the skin and represents localized edema and marked by the development of wheals. Acute urticaria is most common in young patients while chronic type in middle-aged women. Antihistaminics, corticosteroids can provide only symptomatic relief.^[5]

2. CASE REPORT

A 25-year-old female patient came to the Kayachikitsa OPD of Ayurvedic and Unani Tibbia Hospital with the complaint of red rashes with severe itching and burning sensation on bilateral arms, forearms, and neck region from 3 to 4 years. She was taking antihistaminics (levocitrizine 5 mg once a day) from past 2 years, but did not get any relief. Symptoms were aggravated more in morning, after exposure of cold climate and pollution.

2.1. History of Past Illness

K/C/O Bronchial asthma, not history of DM, HTN, and Thyroid disorders.

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2.2. Family History

Insignificant.

2.3. Personal History

- Appetite-Decreased
- Bowel-Constipated
- Micturition-Normal
- Sleep-Disturbed

2.4. Vital Examination

- BP-128/80 mm of hg.
- Pulse rate-78/min.
- Temp.-98.7 F
- Respiratory rate-18/min.

2.5. General Examination

- Pallor-absent
- Oedema-absent
- Icterus-absent
- Cyanosis-absent
- Clubbing-absent.

2.6. Occupation

Architecture job.

2.7. Medicine History

pt. was using inhaler (on and off) for the management of Bronchial asthma with no any internal medication.

Levocetirizine 5 mg O.D. daily from past 2 Years.

2.8. Systemic Examination

2.8.1. Respiratory system examination

Bilateral chest clear, no added sound (wheeze, rhonchi) was present.

2.8.2. C.N.S examination

Patient was well oriented to time, place, and person.

2.8.3. C.V.S examination

S1 S2 normal, no murmur was present.

2.8.4. G.I.T examination

Abdomen was soft, non-tender, and normal bowel sound was present. No organomegaly was present.

2.8.5. Ashtavidhapariksha

Table 1.

2.8.6. On examination

Lesions were reddish in color, linear in shape with intense itching and burning sensation spreading in arms, forearms, and neck region with no any discharge and no clear margins.

2.9. URTICARIA ACTIVITY SCORE

2.9.1. Diagnostic assessment

Serum IgE level-995 IU/mL (at the time of admission).

2.9.2. Other investigation

Complete blood count, absolute eosinophil count – within normal range (at the time of admission).

2.9.3. Treatment protocol

Treatment was based on ayurvedic principles of-

1. *Nidaanparivarjana*
2. *Shodhana*
3. *Shamana*.

At initial, *Shamana* therapy with pathya-apathya direction was given to the patient for 2 months [Table 2] and then *Shodhana* therapy was continued.

2.9.4. Shodhana karma

The patient was admitted for *Shodhana karma*, namely, *Virechana*, and the following treatment plan was adopted-

1. *Chitrakadi Vati* 2 TDS was given with lukewarm water for *Deepana* and *Paachana* before *Snehana* for 3 days.
2. *Snehana* was started with *panchiktika guggulu ghrita* with starting dose of 20 mL and increasing as follows for 7 days [Table 3].
3. *Virechana* was given on the third day of *Snehapana* completion with *Trivritta avleha* 50 g mixed in lukewarm milk, 500 mL of *Aaragvadhaphalmajja kwatha* and 2 tab. of *Abhyadi modak*. A total of 15 vegas was observed which is a *madhyam Shuddhi* with all the sign of *Samyak virechana*.
4. Patient was advised to follow *Samsarjana Karma* as per *Shuddhi* [Table 4]

2.10. Preparation of Ahara Kalpana for Peyadi Samsarjana Karma

2.10.1. Peya (thin gruel)

The proportion of *Tandula* (rice) and water should be 1:14.^[6]

2.10.2. Vilepi (thick gruel)

The proportion of *Tandula* (rice) and water should be 1:4.^[6] The rice should be boiled till it becomes soft and it should consist more solid portion than *Peya*.

2.10.3. Yusha

According to *Kaiyadeva Nighantu*, the proportion of *Shimbi Dhanya* (pulses-*Mudga, Aadaki, Masura, Kalaya, Rajamasha, Kulattha, Nishpava, Masha*, etc.) and water should be 1:18 is mentioned in *Krutanna Varga*.^[7]

2.10.4. Types of Yusha

Chakrapani mentioned the reference of types of *Yushas*.

1. *Kruta Yusha*: *Yusha* prepared by adding *Sneha, Lavana*, and *Katu Dravyas*.
2. *Akruta Yusha*: *Yusha* prepared without adding any *Sneha, Lavana*, and *Katu Dravyas*.

2.10.5. Mamsa Rasa

The proportion of *Mamsa* and water is to obtain

- Thick consistency 32:64
- Moderate consistency 24:64
- Thin consistency 16:64 parts is added and soup is prepared.^[8]

2.10.6. Types of Mamsa Rasa

Kruta Mamsarasa: *Mamsarasa* is prepared by adding *Sneha, Lavana*, and *Katu Dravyas*.

Akruta Mamsarasa: *Mamsarasa* is prepared without adding any *Sneha, Lavana*, and *Katu Dravyas*.^[9]

2.12. Outcome and Follow-up

Outcomes were assessed on the basis of symptoms and blood tests. The patient was treated for period of 4 months including *Shodhana*

Karma. There was a remarkable reduction in IgE level in blood test [Figure 1], and rashes were almost disappeared [Figure 2]. The patient was kept on a regular follow-up after every 15 days in OPD.

2.13. Urticaria activity score

- Before treatment-2
- After treatment-0

3. DISCUSSION

Sheetpitta is a *Tridoshaja Vyadhi*, after Nidaan sevana such as *Ati Ushna Aahar*, *Sheeta*, and *Amla ahara*, vitiation of *Vata* and *Kapha* takes place, vitiated *Doshas* tend to spread in all over the body by mixing with *Pitta*. Vitiated *Tridoshas* causes *Dushti* of *Rasa* and *Rakta Dhātu*. After that, *Shrotoavrodha* occurs due to *Dushti* of *Rasavaha* and *Raktavaha Shrotasa*. Hence, the treatment should be based on *Sookshmathrotasa* (microchannels) by cleansing the microchannels which is achieved here by *Virechana Karma* (Purgation) and the medicines which treat the vitiated doshas, that is, *Shaman Chikitsa*. Considering the predominance of *Rakta*, *Pitta*, and *Vata Dosh* *Virechana* (purgation) was followed. After *Deepan*, *Pachana*, *Panchtikta ghrīt guggulu* was used for *Snehapana*, which itself has *Pittashamak* effect. *Snehapana* was given in gradual increasing dose starting with 20 mL. on 7th day expected level of *Snigdhatā* was achieved, then *Sarvanga Abhyanga* with *Tila taila* and *Vashpa Swedana* was given for 3 days and then *Virechana* was planned. Combination of *Amaltas*, *Trivrata*, and *Abhyadi modak* was used as purgative. A total of 15 *Vegas* were counted and *Madhyama Shuddhi* was achieved. Patient discharged on next day and advised to follow *Samsarjana Karma*. The patient got complete remission in *Kandu* (itching), rashes and *Vidaha* (Burning sensation). In follow-up, *Shamana Aushadhi* was given after *Shodhana* for non-recurrence of the disease [Table 5].

3.1. Chitrakadi Vati

Contains *Piper nigrum* (*shunthi*), *Piper longum* (*Pippali*), and *Plumbago zeylanica* (*Chitraka*) as the chief major ingredients, which stimulates *Jatharagni*. Roots of *Chitrak* (*Plumbago zeylanica*) are appetite stimulant (*Deepak*), and Digestive (*Pachak*).^[10] Therefore, it also helps to digest *Ghrīta* so *Chitrakadi Vati* was given before *Snehana*.

3.2. Panchtikta Guggulu Ghrit^[11]

Was chosen for *Snehana* to verify *Pitta*, also *Vata* and *Kapha Dosh*. It was suggested that the drugs present in this *ghrita* acts on the target organ (Skin).

3.3. Haridrakhanda^[12]

Has *Haridra* as the main ingredient which has *Kaphahara* and *Kandughana* property. It has blood purification properties (*Raktashodhak*) and it also helps to eliminate inflammatory mediators like cytokines and by its immunomodulatory property helps to reduce Inflammation.

3.4. Mahamanjishthadi Kwatha^[13]

It has drugs such as *Manjishtha* (*Rubia cordifolia* linn.), *Amrita* (*Tinospora cordifolia*), *Haridra* (*Circuma longa* L.), *Daruharidra* (*Berberis aristata*), *Arishta* (*Azadirachta indica* A. Juss.), *Patolamoola* (*Tricosanthes cucumerina* linn.), *Katuka* (*Neopicorhiza scrophulariflora*), *Bhringa* (*Eclipta prostrata*), *Patha* (*cyclea peltate*)

Asana (*Pterocarpus marsupium ROXB.*), and *Aragvadha* (*Cassia fistula*L.) all these drugs having properties such as *Varnnya*, *Kaphapitta Shamak*, *Shothhara*, and *Kushthaghana*. Most of the drugs have *Tridosha shamak* effect and *Kapha Pittahara* property by virtue of *Tikta, katu*, and *Kashaya rasa*. *Manjishtha* is *Varnya* and *Rakta Prasadak* (blood purifying) *Nimba* is *Kandughana*, and *Haridra* is *Kushthaghana*.

3.5. Sarivadyasava

Contain its main ingredient *Sariva* (*Hemidesmus indicus*) has cooling, sweet, and bitter properties with affinity for *Raktadhatu*, cures inflammation from the skin, and making it a good choice for urticaria and other skin disorders. It possesses *Raktashodhak*, *Vishaghana*, *Rasayana*, and *Krmighna* properties and also it is anti-inflammatory, antibacterial, and antioxidant effect as these are important pharmacotherapeutic agent to break the pathogenesis of urticaria.

3.6. Sanshamni Vati

Has its main content *Guduchi*. With reference to *Bhavprakash Nighantu* (an ayurvedic text), *Guduchi* (*Tinospora Cordifolia*) is categorized as *Rasayana* and is used as an anti-inflammatory,^[14,15] immunomodulatory,^[16] and anti-allergic properties.^[17]

4. CONCLUSION

In the present case, the treatment protocol was adopted as per *Ayurvedic Samprapti* and aim of treatment is *Samprampti Vighnan* (breakdown the pathogenesis of disease), and the treatment response was observed. *Shodhana* and *Shamana* treatment shown remarkable improvement in sign and symptoms of *Sheetpitta* (Urticaria).

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6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

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8. ETHICAL APPROVALS

The study not require ethical approval as it is a case study.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

11. PUBLISHERS NOTE

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		Score	Number of wheals	Pruritus
Nadi-Vata Pittaja	Shabda-Spashta	0	None	None
Mootra-Samyak	Sparsha-Ruksha	1	Mild (< 20 wheals/24 h)	Mild (Not affect daily life)
Mala-Nirama	Drika-Samanya	2	Moderate (21–50 wheals/24 h)	Moderate (Affect daily life)
Jihwa-Malarahita	Akriti-Madhyam	3	Intense (>50 wheal/24 h or large confluent areas of wheals)	Intense (Modify daily life and daily activities)

Table 1: *Shamana* chikitsa before *Shodhana*

Medicine	Dose	Anupana	Route of administration	Duration
<i>Sariwadyasava</i>	15 ml BD	15 ml of luke warm water	Oral	30 Days
<i>Mahamanjishthadi kwatha</i>	20 ml BD	100 ml of luke warm water	Oral	30 Days
<i>Sanshamni vati</i>	1 tab TDS	Luke warm water	Oral	30 Days
<i>Kooshmanda rasayana</i>	Half tsf B.D.	Luke warm water	Oral	30 Days
<i>Jatyadi oil</i>	Local application		Topical	30 Days

Table 2: *Snehapana* before *virechana* karma

Day	Medicine	Dose	Anupana
1 st	<i>Panchtikta guggulughrita</i>	20 mL	Luke warm water
2 nd	<i>Panchtikta guggulughrita</i>	40 mL	Luke warm water
3 rd	<i>Panchtikta guggulughrita</i>	60 mL	Luke warm water
4 th	<i>Panchtikta guggulughrita</i>	80 mL	Luke warm water
5 th	<i>Panchtikta guggulughrita</i>	100 mL	Luke warm water
6 th	<i>Panchtikta guggulughrita</i>	120 mL	Luke warm water
7 th	<i>Panchtikta guggulughrita</i>	140 mL	Luke warm water

Table 3: *Sansarjana* krama according to *Shuddhi*

Day	Kala	Annakala	Madhyam shuddhi
1 st Day	Morning	-	-
	Evening	1	<i>Peya</i>
2 nd Day	Morning	2	<i>Peya</i>
	Evening	3	<i>Vilepi</i>
3 rd Day	Morning	4	<i>Vilepi</i>
	Evening	5	<i>Akritayusha</i>
4 th Day	Morning	6	<i>Kritayusha</i>
	Evening	7	<i>Akritamsarasa</i>
5 th Day	Morning	8	<i>Kritamsarasa</i>
	Evening	9	<i>Samanyabhojana</i>

Table 4: *Shamana Chikitsa* after *Shodhana*

Medicine	Dose	Anupana	Route of Administration	Duration
<i>Saariwadyasava</i>	15 ml BD	15 mL luke warm water	Oral	60 Days
<i>Sanshamni vati</i>	1 tab BD	Luke warm water	Oral	60 Days
<i>Haridrakhand</i>	1/2 Tsf BD	Luke warm milk	Oral	60 Days
<i>Mahamanjishthadi kwatha</i>	20 ml BD	100 mL luke Warm water	Oral	60 Days

