A HOLISTIC APPROACH TO SHEETPITTA W. S. R TO URTICARIA BY AYURVEDIC MANAGEMENT
- CASE REPORT

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ABSTRACT

Sheetpitta is a Tridoshaja disorder having predominance of Pitta and Vayu and Rasa and Rakta are main Dushyas it can be clinically correlated with urticaria. Urticaria is a dermal vascular reaction of the skin characterized by the appearance of ichy wheals. A 50 year old female patient presented with following complaint - on and off reddish rashes on whole over the body associated with severe itching since four months. She was clinically diagnosed as Sheetpitta or urticaria. The patient was treated with Panchkarma chikitsa and some Ayurvedic Sanshaman drugs. Initially the patient had been administered Snehana with Panchtiktaghrita. Further, Virechana was done with Hritaki (Terminalia chebula), Katuki (Picrorhiza kurroa) and Nishotha (Operculina terpethum) kwath (decoction) followed by Sanshaman therapy. The follow up was done for two months during which she had no episodes of rashes or itching. The results of the treatment were encouraging and there were no side effects during the therapy.

INTRODUCTION

Sheetapitta as described in Ayurvedic texts is a skin disorder characterized by inflamed lesions like of Varati dansh (wasp sting) and may be associated with Kandu (itching), Toda (pricking sensation), Daha (burning sensation), Yamana (vomiting) or Jwara (fever). It is a Tridoshaja disorder having predominance of Pitta and Vayu and Rasa and Rakta are main Dushyas. Acharyas have mentioned its stages on the basis of severity as follows.

Sheetpitta which if not treated leads to Udarda then Kotha and then Utkotha. In Udarda, Kapha dosha is predominant and the lesions formed are depressed in the centre while Kotha is mainly due to Ayoga or Mithyayoga of Vamana (improperly done therapeutic emesis). Due to its similarity in clinical manifestations Sheetpitta can be clinically correlated with urticaria.

URTICARIA is a dermal vascular reaction of the skin characterized by the appearance of ichy wheals, which are elevated (edematous), pale or erythematous, transient and evanescent plaque lesions. Urticaria of less than 6 weeks duration is called acute urticaria while more than 6 weeks as chronic urticaria, main causes include - autoimmune, allergens (in food, inhalants and injections), drugs, contact (e.g. animal saliva, latex), physical (e.g. heat, cold, water, sun, pressure), infection (e.g. viral hepatitis, infectious mononucleosis, HIV), idiopathic. Autoimmune pathogenesis is one of the most common cause of chronic urticaria. It is due to the production of self reacting antibodies that cross link the IgE receptors on mast cells with subsequent mast cell degranulation.

CASE REPORT

This is a case report of a 50 year old female patient. She complained of reddish rashes on whole over the body on and off every week associated with severe itching since four months. The patient had consulted allopathic doctors, but could not get complete relief then someone suggested her to opt for Ayurvedic management. Thereafter, patient approached Ayurvedic treatment for further management.

The patient was asymptomatic before four months, there were no aggravating or relieving factors associated with the onset of rashes. She had no history of Diabetes/hypertension/asthma/or any other chronic illness. She had a surgical history of umbilical hernia which she got operated five years back. Personal history revealed vegetarian diet, normal appetite, regular bowel habit, flatulence occasionally and normal sleep.
General and systemic examination was within normal limits. B.P-130/90mmHg, Pulse-86/min/regular.

**Investigations**

- Hb% - 8.6 gm%
- ESR - 20mm/hr
- TLC - 6700/cmm
- DLC - Neutrophils 68%, Lymphocytes 27%, Eosinophils 03%, Monocytes 02%, Basophils 01%
- Stool for ova, cyst and occult blood - NAD

**Treatment schedule**

Firstly the patient was investigated for *Lakshanas* (symptoms) of *Ama* (a state where metabolism is hampered) such as *Aruchi* (lack of appetite and lack of interest of food), *Aadhmana* (flatulence), *Anyagauravata* (heaviness in abdomen). As there were no symptoms related to *Ama* in the patient all were normal so the patient was given *Snehpana* (oleation therapy) with *Panchtikta ghrita* with equal quantity of lukewarm water. Starting dose of *Panchtikta ghrita* given was 25 ml which was increased everyday with 25 ml for 7 days.

<table>
<thead>
<tr>
<th>Date</th>
<th>Sneha Matra</th>
<th>Sneha pana kal</th>
<th>Udgar shuddhi kal</th>
<th>Kshudha Kal</th>
<th>Symptoms</th>
<th>Vitals</th>
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<tr>
<td>20/4/2015</td>
<td>25ml</td>
<td>8:00AM</td>
<td>9:00AM</td>
<td>11:00AM</td>
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<td></td>
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<td>Pulse-84/min BP-120/80 Temp-97.2°F</td>
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<td>Pulse-72/min BP-110/70 Temp-98°F</td>
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<td>26/4/2015</td>
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<td>8:00AM</td>
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<td>Nausea, loose stool, pain abdomen</td>
<td>Pulse-80/min BP-110/70 Temp-98.4°F</td>
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<td>Day -7</td>
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**Table 1 : Showing regimen of Snehpana (oleation therapy)**

On day 8 she was given rest with no *Snehpana* (oleation therapy) and was instructed to do mild *Swedana* (fomentation) below umbilical region. Patient is advised to take light diet like, *Krisara (Khicadi)* made up of rice and moong.

On day 9 *Virechana* (therapeutic purgation) was planned at 8.00 am with *Kwaath* (decoc tion) of *Haritaki* (*Terminalia chebula*), *Katuki* (*Picrorrhiza kurroa*) and *Nishotha* (*Orculina terpethum*).

**Table 2: Showing Sansarjana krama**

On taking the *Kwaath* the patient had 7-8 mala *vegas* (purgation).

**SANSRAJAN KRAM** – Due to *Virechana karma* there occurs *Ksheenta* in *Jatharagni* (digestion capacity reduces) therefore Sansarjan krama is given for *Vridhi* of *jatharagni*.

**OBSERVATIONS AND RESULTS**

The patient was assessed for *Kandu* (itching), *Varna* (discolouration), *Mandalotpatti* (wheat formations) and frequency of attacks.

Grading was done as follows

1. **Kandu (itching)**
   - 0 - no itching
   - 1 - itching only during night
   - 2 - itching one to four times during the day
   - 3 - itching disturbing normal daily activities

2. **Varna (discolouration)**
   - 0 - no discoloured rashes
   - 1 - Pinkish discoloured rashes
   - 2 - Light red discoloured rashes
   - 3 - Dark red discoloured rashes
3. **Mandalotpatti (wheat formations)**

- 0 - no
- 1 - Both hands and legs
- 2 - Hands, legs and trunk region
- 3 - Whole body

4. **Frequency of attacks**

- 0 - no
- 1 - Alternate week
- 2 - Twice weekly
- 3 - Every two to three days.

On the day of admission patient was graded for _Kandu_ (itching) as 2, for _Varna_ (discolouration) as 2, for _Mandalotpatti_ (wheat formation) as 2 and for frequency of attacks as 1.

After treatment _Kandu_ (itching) reduced to 0, _Varna_ (discolouration) to 1, for _Mandalotpatti_ (wheat formation) to 1 and frequency of attacks as 1

Advice on discharge

1. **Nimbaadi churna x 3 gm**
   - _Gandhak rasayana x 500 mg_, 3 times daily
   - _Satva giloy x 500 mg_

2. **Arogyavardhini vati 2 tab x twice daily**

3. **Mahamanjisthadi kwaath x 50 mI. I twice daily**

Follow up after 15 days

Symptoms reduced after _Shanshaman_ therapy were _Kandu_ (itching) reduced to 0, _Varna_ (discolouration) to 0, for _Mandalotpatti_ (wheat formation) to 0 and frequency of attacks to 0.

**DISCUSSION**

_Sheetpitta_ as per Ayurvedic science is a _Tridoshaja vyadhi_. Initially after _Nidaan sevan_ (etiological factors) vitiation of _Kapha_ and _Vata_ takes place then they start to spread out in whole body both externally and internally by mixing with _Pitta_. The _Tridoshas_ travelling internally causes _Dushti_ (pathogenesis) of _rasa_ and _Rakta_ _dhatus_ after that _Rasavaha_ and _Raktavaha_ _Srotodushti_ occurs these on reaching to _Viguna twak_ (sensitized skin) produce symptoms like _Toda, Daha, Kandu_, etc.

Our treatment plan should be such that-

- Which is _Vata pradhan Tridoshamaak_.
- Which purifies _Rasa rakta dhatus_.
- Helps in boosting immune system as autoimmunity plays an important role in its pathogenesis.

Initially _Snehana_ therapy was done as it is mainly _Vaat shamak_ (_Sheetpitta_ is also a _Vata pradhan tridoshaja vyadhi_) and also it works at the level of _Sukshma srotasa_ (micro channels) by cleansing the micro channels also it shifts the _Doshas_ from _Shakhas_ (peripheral channels) to _Koshta_ so that they can be easily removed from the body.

_Panchtikta ghrita_ was chosen for _snehapana_ as all its constituents – _Nimba_ (Azadirachta indica), _Patola_ (Trichosanthes dioica), _Kantakari_ (Solomon surattense), _Guduchi_ (Terminalia cordifolia) and _Vasa_ (Adhatoda vasica) are _Tikta rasa pradhan dravyas_. _Tikta rasa_ is Vishaghna (antiallergic action), _Kandughna_ (pacifics itching), _Kushtaghna_ (removes skin disorders) and purifies _Twacha_ (skin) and _Rakta_ (blood). Studies have proven anti-inflammatory activity of _Panchatikta ghrita_. Thus, it will also check inflammatory reaction on skin due to vitiated _Doshas_ and _Dhatu_.

_Virechana_ (therapeutic purgation) was chosen for _Shodhana karma_ (cleansing therapy) since it is best treatment for _Pittaja vyadhis_ also it is important treatment for _Vataja, Kaphaja and Rakta vyadhis_ (these all are vitiated in _Sheetpitta_) as it eradicates the aggravated _Doshas_ from the body.

The decoction selected for virechana consists of _Haritaki, Katuki and Nishotha_. These drugs were chosen as _Hritaki is Mridu virechaki_ and _Nishotha is Sukha virechaki_ (mild purgatives) and _Katuki is also Rechaniya Dravya_ in addition it is a _Pitta saarak_ (removes vitiated _Pitta dosha_ from body).

Hence this decoction will easily remove the deranged _Doshas_ from the body.

_Sanshamana_ therapy (conservative treatment) was given to subside the remaining _Doshas_. drugs selected were _Nimbaadi churna, Gandhak rasayana, Satva giloy, Arogyavardhini vati and Mahamanjishthaadi kwaath_ which are all _Rakta shodhaka_ (blood purifier), _Tvak prasaadak_ and immunomodulators. Percentage relief after _Virechana_ was 58.4% and after _Sanshaman_ therapy was 100%.

**CONCLUSION**

_Sheetpitta_ or urticaria is a common skin disorder which is caused due to disturbance in the equilibrium of _Vata, Pitta, Kapha_ and _Rakta_. It can occur in any age group. In this case study _Shodhana karm_ followed by _Sanshaman karm_ was performed and found more effective than only _Sanshaman chikitsa_. As the patient of _Sheetpitta_ becomes desperate after long ineffective treatment so it is hope that present line of treatment will definitely prove a milestone in the management of this worrisome disease.

**REFERENCES**

2. Prof. Ram Harsh singh, Kayachikitsa vol 2, chaukhamba Sanskrit pratishthan, Delhi, page 348


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