



## Case Study

### A CASE REPORT ON MANAGEMENT OF SHEETAPITTA WITH KHADHIRADHIYOGA W.S.R TO CHRONIC URTICARIA

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**KEYWORDS:** *Sheetapitta, Vatapradhana Tridosaja vyadhi, Chronic urticaria, Khadiradhiyoga.*

#### ABSTRACT

*Sheetapitta* is a *Vatapradhana Tridoshajavyadhi* with the involvement of *Dushyasrasa, Rakta*. It is characterized by *Lakshanas* like *Varatee Damstravathshotha* (wheals), *Kandu, Jwara, Chardhi, Vidaha* and *Toda* for more than 6 weeks. This disease disturbs the daily activities of an individual and makes him dependent and depressed. In present study *Khadiradhiyoga* has given to patient, it contains *Khadirarista, Haridrakhanda, Manasamitravataka. Khadira.*

**Objective of the study:** To observe the effect of *Khadiradhiyogaa* combination of (*Khadirarista, Haridrakhanda, Manasamitravataka*) internally in the management of *Sheetapitta* and to withdraw from allopathic medicine Cetirizine hydrochloride and to maintain the patient on Ayurvedic medication, to prevent recurrences, avoidance of precipitating factors, management of underlying disease.

**Methods:** A 23 yrs male patient presented with complaints of severe itching all over the body since 3 years, used several allopathic medications, only cetirizine tablet has given to the patient and got temporary relief, itching increasing when patient is having mental stress, severe hives while itching, reddish discoloration and severe headache during the episodes. In present study we have given *Khadiradhiyoga (Khadirarista, Haridrakhanda, Manasamitravataka)* for 3 months with help of assessment tools and gradation of symptoms, the findings of research work were analyzed.

**Results:** Results of this study shows that complete relief from the symptoms like, fever, headache, depression, itching, multiple macular erythematous lesions and the count of AEC, ESR, Transaminases and lipid profile has been reduced.

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#### INTRODUCTION

Urticaria or hives is a clinical skin condition that affects population with a lifetime prevalence of up to 22% and point prevalence of 1%. Hives have three typical features; central swelling of variable size, surrounding reflex erythema, and associated symptoms of pruritus or burning. It is usually resolved within a few hours. Urticaria may sometimes be associated with Angioedema. Angioedema is an acute condition characterized by sudden, pronounced swelling of the lower dermis and subcutaneous layer. Sometimes, it is associated with pain rather than pruritus. It frequently

involves the mucous membranes and may take up to 72 hours for resolution. Often both urticaria and angioedema coexist as relapsing and remitting episodes.<sup>[1]</sup> Lifetime prevalence of urticaria is reported as 7.8–22.3%, with the point prevalence being 0.5–1.0%. Approximately 4–33% of cases are reported to be physical urticaria and 1–7% of cases are cholinergic urticaria.<sup>[2,3]</sup>

In Ayurveda *Brihatrayie* particular reference as a disease entity for *Sheetapitta* are not found, but explanation about *Udarda, Kotha,*

*Utkoṭha* are described almost similar but having few different characters and different causative factors are found as a *Purvarupa* or *Lakshana*.<sup>[4]</sup> In Ayurvedic texts, the three disorders *Sheetapitta*, *Udarda*, *Koṭha Chakradutta* has clearly described the *Shamana Chikitsa* giving considerable importance to *Doshagati*.<sup>[5]</sup> He has advised that the individuals suffering from *Sheetapitta* can be given either *Sheeta* or *Ushnaahara* and *Paniyas* considering the *Doshagati*. *Bhavaprakasha* has described *Shodhana*, *Shamana* and *Bahiparimarjana Chikitsa* in *Sheetapitta*.<sup>[6]</sup> *Yogaratanakara* has described *Krimighna*, *Kustagna* and *Dadrughna* drugs to treat *Sheetapitta*. *Bhaishajyaratnavali* has mentioned that patient suffering from *Koṭha* should adopt line of treatment prescribed for *Kustha*, *Amlapitta*, *Udarda*.<sup>[7]</sup> Aggravated *Vata* and *Kapha* due to *Sheetamaarutaadinidana* (*Sheetamaaruta samsparshat*) when being mixed with *Pitta* (*Pittenasahasambhooya*) spreads internally and externally (*Bahir-Antahvisarpatah*) and results in *sheetapitta*.<sup>[8]</sup> In present study *Khadhiradhiyoga* has given to patient, it contains *Khadirarista*, *Haridrakhanda*, *Manasamitravataka*. *Khadira* is best to fight against the *Kusta* and having *Krimigna*, *Dadrughara* properties. *Haridra* has anti-bacterial, anti-microbial and *Varnya* properties and *Manasamitravataka* fight against the stress, this has been given to patient up to 3 months and better results were obtained.

CSU is a chronic disease whose duration is estimated to be 1–5 years on an average. Of the diagnosed CSU patients, 50% resolves within 6 months of onset. Another, 20% resolves within 3 years. Further, 20% resolves within 5–10 years. However, 2% of CSU cases may take up to 25 years to resolve. In some cases in very rare situation CSU can persist for up to 50 years.<sup>[9]</sup>

The pathogenesis of CSU is yet to be fully characterised. It is thought to be mediated by aberrant release of histamine and other inflammatory mediators from mast cells and basophils. CSU skin lesions show recruitment of mast cells and also basophils, neutrophils, eosinophils, and T lymphocytes.<sup>[10]</sup> It is now recognised that urticaria is a mast cell-driven disease. Activated mast cells release histamine and other mediators. These mediators activate sensory nerves. However, mast cell-activating signals in urticaria are ill-defined and likely to be heterogeneous and diverse. Mast cell activation in CSU may either be through autoimmune, allergic, or idiopathic mechanisms. Degranulation of mast cells releases histamine and other inflammatory mediators, such as platelet-activating factor and

pro-inflammatory cytokines, which ultimately activates sensory nerves and elicits local vasodilatation, plasma extravasation as well as leukocyte trafficking to urticarial lesions.<sup>[11]</sup> The edema of the upper and mid-dermis in wheals is due to dilatation of the post capillary venules and lymphatic vessels beneath the upper dermis, whereas in angioedema, lower dermis and the subcutis are involved. The edematous skin lesions often involve up regulation of endothelial cell adhesion molecules and perivascular infiltrate of neutrophils and/or eosinophils, macrophages, and T-cells.<sup>[12,13]</sup>

As IgE is a key to the release of histamine and other pro-inflammatory mediators from mast cells and basophils following degranulation, it may play a role in CSU. Specific IgG antibodies against the subunit of IgE receptor also account for 30–50% of CU cases, and 5–10% of cases show IgG antibodies against IgE itself.<sup>[9,10]</sup> Most interestingly in some CU cases, elevated levels of anti-thyroglobulin or anti-thyroid antibodies in euthyroid participants are positively associated with urticarial flares.<sup>[14,15]</sup> Around 15–20% of people have urticaria atleast once during their lifetime.<sup>[16]</sup> Acute urticaria is rather common in young ages, mostly induced by Type I hypersensitivity allergic reactions to food, drug, insect sting, viral infections, or transfusion. Often anaphylaxis due to drugs such as opiates, vancomycin, and radio contrast media is encountered in clinical practice, which needs to be differentiated from urticaria.

### **Sheetapitta**

*Udarda-Sheetapitta-Koṭha* has almost similar symptomatology and causative factors as Urticaria. These three are usually used as synonyms of each other<sup>[17]</sup>, having a common symptom of itchy red rashes on skin on almost all over the body. Various conditions like *Asatmyaahara*, *Virudhahara* and *Dushivisha* are common etiological factors for these diseases which can be correlated with allergic conditions.<sup>[18]</sup> *Madhavakara* described *Sheetapitta* and *Udarda* as synonyms of each other, but then he quoted *Vata* dominance in *Sheetapitta* and *Kapha* dominance in *Udarda*.<sup>[20]</sup>

### **Nidana** <sup>[21-24]</sup>

**Aaharajahetu:** *Santarpana*, *Atilavana*, *Atiamla*, *Katu*, *KsharaSevana*, *Tikshna Madya*, *Viruddha Aahara*, *Adhyasana*, *Guru Dravya*, *Snigdha Bhojana*, *Dadhi Sevana*, *Dushivisha*, *Visha-yukta Annapana*.

**Viharaja Hetu:** *Sheeta Maruta Sparsha*, *Vishyukta Jal Snana*, *Abhyanga*, *Udvartana*, *Vastra*,

*Aabhushana, Keeta Damsha, Bahaya Krimi, Chhardi Nigraha, Atidivasvapa, Shishir Ritu, Varshakala*

**Nidanaarthakara Roga:** Sannipatika, Pittaja and Kaphaja Jwara, Unmarda, Adhoga Amalpitta

**Chikitsa Mithya Yoga:** Vamana-Virechana Ayoga.

**Purvarupa:**<sup>[25]</sup> Pipasa, Aruchi, Hrillasa, Dehasada, Angagaurava and Raktalochanata are Purvarupas of Udarda mentioned in Madhava Nidana.

**Rupa:**<sup>[26]</sup> Varati Damshta Samsthana Shotha, Kandu Bahula, Toda, Chhardi, Jwara, Vidaha Samprapti<sup>[27]</sup> – Prakupita Vata and Kapha (Pradushtau Kapha Maruta) due to Sheeta Marutadi Nidana (Sheeta Maruta Samsparsha) when being mixed with Pitta (Pittena Saha Sambhooya) spreads internally and externally (Bahir Antah Visarpah) and resulted into Sheetapitta-Udarda-Kotha.

**Samprapti Ghataka**

Dosha: Tridosha

Agni: Manda

Doshagati: Vriddhi, Tiryak, Shakha

Vyadhimarga: Bahya

Dushya: Rasa, Rakta

Srotas: Rasavaha, Raktavaha

Srotodushtiprakara: VimargaGamana

UdbhavaSthana: Aamashaya

VyaktiSthana: Tvak

Svabhava: Ashukari

**Case Report**

A 23 yrs male patient presented with complaints of severe itching all over the body since 3 years, used several allopathic medications and after using cetirizine tablet patient is getting temporary relief, itching increasing when patient is having mental stress, severe hives while itching, reddish discolouration and severe headache, mild rise in temperature during the episodes. Patient mental status is very much aggressive during the episodes of urticaria and when there is a delay in using the tablet cetirizine hydrochloride 20mg. Patient was very much depressed for his actions

**Materials and Methods**

**Table 1: Medications, Dose and Their Duration**

	Name of the Drug	Dose	Duration
1	<i>Khadirarista</i>	20 ml tid with equal quantity of water	1months
		20 ml bid with double the quantity of water	1 month
		20 ml od with double the quantity of water	1 month
2	<i>Haridrakhanda</i>	5 gm bid with warm water	3 months
3	<i>Manasamitravataka</i>	1 tablet HS	3 months

**AIMS and OBJECTIVES**

To observe the effect of *Khadiradihyoga* (*Khadirarista, Haridrakhanda, Manasamitravataka*) internally in the management of *Sheetapitta* and to withdraw from allopathic medicines like cetirizine

after the temporary relief of itching. Patient came to SJGAMC with OPD no 1924648 for better relief as he is becoming less active and unable to do his daily activities with concentration.

**HISTORY**

The patient had initially presented to clinic after developing intensely pruritic raised welts on her abdomen, upper arms, and upper and lower legs. At that time, individual lesions varied from 2 to more than 25mm in diameter and persisted for several hours. Symptoms were worse in the evenings, although on initial presentation he had reported having lesions 24 hours a day. He went to modern hospital, many medications were used but patient has not found any relief and finally he was settled cetirizine hydrochloride 20mg at bed time, and this has given temporary relief of his pruritus but had no effect on his skin lesions. Urticaria has worsened during times of emotional stress but has not been affected by specific foods, exercise, or exposure to heat or cold. Past medical history is notable for allergic rhinitis since 3 years and he had come with a reasonable screening test with elevated levels, might include a complete blood count (CBC), AEC, Lipid profile, measurement of erythrocyte sedimentation rate (ESR) and hepatic transaminases.

**Physical Examination**

On examination, the patient is pleasant-appearing and in no apparent distress. Review of vital signs reveals a height of 5.10", weight of 84kg, blood pressure of 120/70 mm Hg, pulse of 75 bpm, and respiratory rate of 18 breaths/min, neck, cardiovascular, pulmonary, abdomen, lymphatic, and extremity examinations are normal. Skin examination reveals multiple macular erythematous lesions on the arms, legs, abdomen, and chest. The individual lesions are basically round, ranging from 5 to 25mm in diameter.

hydrochloride and to maintain the patient on Ayurvedic medication, to prevent recurrences, avoidance of precipitating factors, management of underlying disease.

## Results and Observations

**Table 2; Relief from the symptoms**

S.No	Name of the symptoms	Before treatment	After treatment
1	Fever, Depression & head ache	Severe	Absent
2	Itching	Severe	Absent
3	multiple macular erythematous lesions	Size 30 mm	Absent
4	AEC	Elevated	Normal
5	ESR, Transaminases	Elevated	Normal
6	Lipid Profile	Elevated	Almost Normal

## Ethical Clearance

This study was carried out with patient consent. Study is carried out as per international conference of Harmonization- good clinical practices guidelines (ICH-GCP) or as per declaration of Helsinki guidelines.

## DISCUSSION

In present study *Khadiradhiyoga* has been given to the patient, it contains *Khadirarista*, *Haridrakhanda*, *Manasamitravataka*. *Khadira* is best to fight against the *Kusta*, *Vatakaphahara* and having *Krimigna*, *Dadruhara* properties. *Haridra* has anti-bacterial, anti-microbial, *Vatakaphahara* and *Varnya* properties. As stress is one of the prime factor in the elevation of the symptoms in this case *Manasamitravataka* was advised due the virtue of the ingredients present, it works against stress, this has been given to patient up to 3 months. Slowly tapering of cetirizine was done and finally tapering of Ayurvedic medications were also done.

## CONCLUSION

Chronic urticaria (*Sheetapitta*) seriously compromises the quality of life of patients due to its debilitating symptoms that can last for years. In this study, a major impairment was observed in patients with the highest severity and in those diagnosed with autoimmune urticaria. An evaluation of quality of life is fundamental to better assess disease progression and treatment efficacy. *Sheetapitta* is *Vatakapha* dominant disease and having symptoms same as *Kusta*. In this present study *Khadiradhiyoga* contains *Vatakaphahara* and *Kustahara* properties by using this medication patient got 95% relief from the symptoms, leading free and quality life.

## REFERENCES

- Zuberbier T, Asero R, Bindslev-Jensen C, Walter Canonica G, Church MK, Gimenez-Arnau A, et al. EAACI/GA(2)LEN/EDF/WAO guideline: Definition, classification and diagnosis of urticaria. *Allergy* 2009;64:1417-26.
- Gaig P, Olona M, Muñoz Lejarazu D, Caballero MT, Dominguez FJ, Echechipia S, et al. Epidemiology of urticaria in Spain. *J Invest Allergol Clin Immunol* 2004;14:214-20.
- Hellgren L. The prevalence of urticaria in the total population. *Acta Allergol* 1972;27:236-40.
- Madhava, Madhava Nidan with Madhukosha Vyakhya by Vijayarakhshita and Sri Kanta Dutta by Sudarshan Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, 50/1-5.
- Agnivesha, Charak Samhita commentary by Kashi Nath Shastri and Gorakha Nath Chaturvedi, Chaukhamba Bharti Academy, Varanasi, 1/85 5.
- Bhavprakash by Bhavmishra, Vidyotini commentary, Fifth edition, Chaukhamba Sanskrit Sansthan, Varanasi, Madhya Khand, 9/89.
- Bhaishajya Ratnavali Vidyotini Hindi commentary by Ambika Dutta Shastri, Chaukhamba Orientalia, Varanasi, 8/154.
- Vangsen Samhita of "Vangsen" by Sri. Shaligramji Vaidya, Edited by Vaidya. Shankarlalji Jain. Khemraj Shrikrishnadas Publication, Mumbai. 1st edition 1996. 29/1 4.
- Maurer M, Weller K, Bindslev-Jensen C, Gimenez-Arnau A, Bousquet PJ, Bousquet J, et al. Unmet clinical needs in chronic spontaneous urticaria. A GA<sup>2</sup>LEN task force report. *Allergy* 2011; 66:317-30.
- Elias J, Boss E, Kaplan AP. Studies of the cellular infiltrate of chronic idiopathic urticaria: Prominence of T-lymphocytes, monocytes, and mast cells. *J Allergy Clin Immunol* 1986;78:914-8.
- Kaplan AP. Clinical practice. Chronic urticaria and angioedema. *N Engl J Med* 2002;346:175-9.

12. Zuberbier T, Schadendorf D, Haas N, Hartmann K, Henz BM. Enhanced P-selection expression in chronic and dermatographic urticaria. *Int Arch Allergy Immunol* 1997;114:86-9.
13. Hermes B, Prochazka AK, Haas N, Jurgovsky K, Sticherling M, Henz BM, et al. Upregulation of TNF-alpha and IL-3 expression in lesional and uninvolved skin in different types of urticaria. *J Allergy Clin Immunol* 1999;103:307-14.
14. Sabroe RA, Fiebiger E, Francis DM, Maurer D, Seed PT, Grattan CE, et al. Classification of anti-epsilon RI and anti-IgE autoantibodies in chronic idiopathic urticaria and correlation with disease severity. *J Allergy Clin Immunol* 2002; 110:492.
15. Du Toit G, Prescott R, Lawrence P, Johar A, Brown G, Weinberg EG, et al. Autoantibodies to the high-affinity IgE receptor in children with chronic urticaria. *Ann Allergy Asthma Immunol* 2006;96:341-4.
16. Kiyici S, Gul OO, Baskan EB, Hacıoglu S, Budak F, Erturk E, et al. Effect of levothyroxine treatment on clinical symptoms and serum cytokine levels in euthyroid patients with chronic idiopathic urticaria and thyroid autoimmunity. *ClinExp Dermatol* 2010;35:603-7.
17. Leznoff A, Sussman GL. Syndrome of idiopathic chronic urticaria and angioedema with thyroid autoimmunity: A study of 90 patients. *J Allergy Clin Immunol* 1989;84:66-71.
18. Greaves MW. Chronic urticaria. *N Engl J Med* 1995; 332:1767-72.
19. Kumar A, Raut A, Jayashree VJ. Madhavacharya. *J Assoc Physicians India*, 2013; 61: 677.
20. Madhava, Madhava Nidan with Madhukosha Vyakhya by Vijayarakshhita and Sri Kanta Dutta by Sudarshan Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, 50/4.
21. Agnivesha, Charak Samhita commentary by Kashi Nath Shastri and Gorakha Nath Chaturvedi, Chaukhamba Bharti Academy, Varanasi, Sutra 24/7- 10, 24/35, 26/41, 28/9-11; Viman 2/7, 7/10; Nidan 1/12, 23, 26, Chikitsa 9/5, 23/25, 23/31, 24/35, 28/15.
22. Sushruta, Sushrut Samhita with Nibandha Samgraha Vyakhya by Dalhana, Edited by Yadavji Trikamji Aacharya, Chaukhamba Orientalia, Varanasi, Sutra 21/19-23.
23. Aacharya Priyavata Sharma, Astang Sangraha, Chaukhamba Orientalia, Varanasi, Sutra 11/19, 21, 21/19.
24. Madhava, Madhava Nidan with Madhukosha Vyakhya by Vijayarakshhita and Sri Kanta Dutta by Sudarshan Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, 50/1.
25. Idem. 50/2.
26. Idem. 50/3-5.
27. Idem. 50/1.

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