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Case Study

CLINICAL EFFICACY OF *SHAMANANGA SNEHAPANA* IN PAEDIATRICS IgA VASCULITIS (HENOCH- SCHONLEIN PURPURA)

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ABSTRACT

Henoch-Schonlein Purpura or IgA Vasculitis is a small vessel vasculitis predominantly affecting the children, characterized by palpable purpura, arthralgias, gastrointestinal signs and symptoms like abdominal pain, renal involvement. Although IgA Vasculitis is not mentioned directly in the classical Ayurvedic literature, its clinical presentation shows similarity with the classical features of *Vātarakta.* Patients commonly show symptoms such as *Kandu* (pruritus), *Toda* (pain), *Dāha* (burning sensation), *Vaivarnya* (discoloration), and *Maṇḍalotpatti* (appearance of erythematous or purpuric patches) over the skin, along with *Udarashūla* (colicky abdominal pain) and *Sandhiśūla* (joint pain). A 12-year-old female patient diagnosed with IgA vasculitis (Henoch- Schonlein Purpura), presented with reddish skin lesions on her B/L lower limbs persisting for 1 year, along with itching, pain, burning sensation, multiple joint pain, disturbed sleep, burning micturition with intermittent stomach ache and constipation. Based on Ayurvedic clinical examinations and *Samprapti*, treatment was initiated on OPD basis with *Shamananga Snehapana* with *Sukumara Ghrita* and *Mahatiktaka Ghrita*. The patient showed significant improvement solely with Ayurvedic *Shamananga Snehapana*. Skin lesions along with the other symptoms which were not responding to conventional treatment including corticosteroids, got reduced remarkably. This case highlights the potential effectiveness of *Shamanaga Snehapana* in comprehensive management of autoimmune disorders like IgA vasculitis (Henoch-Schonlein Purpura).

INTRODUCTION

IgA vasculitis (Henoch-Schonlein Purpura) is a small vessel vasculitis characterised by palpable purpura (most commonly distributed over the buttocks and lower extremities), arthralgias, gastrointestinal signs and symptoms and glomerulonephritis[1]. IgA vasculitis (Henoch-Schonlein Purpura) is usually seen in children ages 4-7 years; however, the disease may also be seen in infants and adults. The male to female ratio is 1.5:1. A seasonal variation with a peak incidence in spring has been noted. IgA vasculitis is the most frequently encountered childhood vasculitis with an incidence of 3-27 cases per 100,000 child population[2,3].

Charaka Samhita and *Sushruta Samhita* describe *Vatarakta* as a distinct clinical entity arising from the simultaneous vitiation of *Vata dosha* and *Rakta dhatu*[4,5], wherein aggravated *Vata* becomes obstructed by impure *Rakta*, leading to *Margavarana* and subsequent inflammatory manifestations. It is considered a chronic and progressively debilitating disorder characterized by symptoms such as severe pain (*Ruja*), burning sensation (*Daha*), discoloration (*Vaivarnya*), swelling (*Shotha*), and stiffness predominantly affecting the joints and peripheral tissues. Etiological factors include excessive intake of *Lavana, Amla, Katu rasa*, alcohol consumption, sedentary lifestyle, and suppression of natural urges, all of which contribute to *Rakta dushti* and *Vata prakopa*. Early diagnosis and timely management are emphasized to prevent complications and deformities.

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Case report

Chief complaints

C/O Reddish skin lesions on her B/L lower since 1 year.

Associated complaints

A/C/O-

- Multiple joint pain since 10 months.
- Severe intermittent abdominal pain and constipation since 10 months.
- Disturbed sleep since 10 months.
- Burning sensation on urination since 10 months.
- Itching and burning sensation over patches since 3 years.

History of present illness

A 12-year-old female student was asymptomatic one year prior to presentation. Then she gradually developed reddish skin lesions over both her lower limbs, which were associated with itching, pain, and a burning sensation. The lesions were persistent and continuous in nature. Over time, she also began experiencing multiple joint pain predominantly affecting the lower limbs, along with burning micturition, severe intermittent abdominal pain, and constipation. These complaints contributed to disturbed sleep. There was a history of repeated voluntary suppression of the urge to micturate. For these, she sought medical care at a nearby hospital, where she was diagnosed with IgA vasculitis (Henoch–Schönlein Purpura) and received conventional treatment; however, she did not experience any significant symptomatic relief. Therefore, she visited Government Ayurvedic Medical College, Bengaluru, for further management.

Past History

Medical history

N/K/C/O hypertension, diabetes mellitus, thyroid dysfunction

Family history

Not suggestive

Table 1: Subject's personal history

Name - XYZ	Sleep - Disturbed
Age - 12 years	Bowel habit - Constipated
Sex - Female	Appetite - Normal
Marital status - Unmarried	Weight - 40kg
Occupation - Student	Height - 151cm
Menstrual history - Puberty on 12 years of age. No abnormality detected.	Addiction - To oily and fast foods

Table 2: *Ashtasthana pareeksha*

Nadi	*Prakruta*, 78bpm
Mutra	*Prakruta:* 3-4times/day, 1-2 times/night
Mala	*Baddha,* once in 2 days
Jihwa	*Alipta*
Shabda	*Prakruta*
Sparsha	*Prakruta*
Drik	*Prakruta*
Akriti	*Madhyama*

Table 3: *Dashavidha pareeksha*

Prakriti: Kapha vata	*Satmya: Katu pradhana sarva rasa satmya*
Vikriti: Tridosha	*Ahara shakti: Madhyama*
Sara: Madhyama	*Vyayama shakti: Madhyama*
Samhanana: Madhyama	*Vaya: Balyavastha* (12 year)
Satva: Madhyama	*Pramana*: *Madhyama*

Systemic examination

Central nervous system: Higher mental functions intact, no abnormality detected.

Cardiovascular system: S1 S2 heard, no abnormality detected.

Respiratory system: NVBS heard, no abnormality detected.

Gastrointestinal system: P/A- soft, tenderness over left hypochondrium, right hypochondrium, left lumber and right lumber regions.

Integumentary system

Inspection

Site - Bilateral lower limbs

Distribution - Bilateral lower limbs with symmetrical distribution.

Colour - Hyperpigmented lesion (reddish)

Shape - Regular

Type of lesion - Palpable purpura

Scales - Absent

Excoriations - Absent

Lichenification - Absent

Visibility of blood vessels – Absent

Discharge - Absent

Palpation

Tenderness - Present

Texture - Smooth and palpable

Temperature - Not raised

Table 4: Specific signs elicited in the patients

Signs	
Auspitz sign	Negative
Koebners sign	Negative
Candle grease sign	Negative

Table 5: *Samprapti ghataka*

Dosha	*Tridosha(Vataja, Pittaja)*	*Udbhavasthana*	*Pakvashaya*
Dushya	*Twak, Rakta, Mamsa, Asthi*	*Sancharasthana*	*Sarva shareera*
Agni	*Jatharagni, Dhatvagni*	*Vyaktasthana*	*Pada*
Agnidushti	*Jatharagni and Dhatwagni Mandya*	*Adhistana*	*Twak*
Srotas	*Rasavaha, Raktavaha, Mamsavaha, Mutravaha, Asthivaha*	*Rogamarga*	*Madhyama*
Srotodushti	*Sangha, Vimargagamana*	*Sadhyasadhyata*	*Yapya*

Table 6: Treatment protocol adopted and observation noted

Date	Treatment given	Observations
17/12/2025 to 24/12/2025	*Sukumara Ghrita* 10ml at night B/F *Mahatiktaka Ghrita* 10ml in morning B/F *Pinda Taila*- E/A	Rashes reduced mildly. Burning micturition reduced. Constipation reduced. Multiple joint pain reduced. Disturbed sleep reduced. Mild abdominal pain still persists.
25/12/2025 to 29/12/2025 (Follow up)	*Sukumara Ghrita* 10ml at night B/F *Mahatiktaka Ghrita* 10ml in morning B/F *Pinda Taila*- E/A	Abdominal pain reduced completely. Rashes in B/L lower limbs completely reduced. Rashes marks in B/L lower limbs still visible.

OBSERVATION AND RESULTS

Table 8: Observation and Results

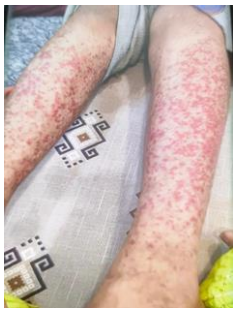
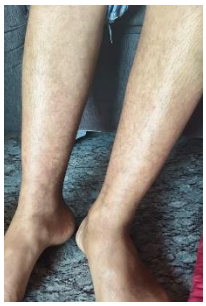
Before treatment	After treatment
	

Table 9: Overall assessment before and after treatment

Symptoms	Before treatment	After treatment	% of Improvement
Skin rashes	Present	Mild rashes mark still visible	80%
Itching and burning sensation	Present	Absent	100%
Multiple joint pain	Present	Absent	100%
Abdominal pain	Present	Absent	100%
Constipation	Hard stool, once in 2 days	Normal consistency stool, once everyday	100%
Burning micturition	Present	Absent	100%
Disturbed sleep	3 to 4 hours sleep	6 to 7 hours sleep	100%
	Average improvement		97.14%

DISCUSSION

In the present case study, an average improvement of 97.14% was observed, with all the assessment parameters demonstrating marked clinical improvement. *Snehapana* is mentioned as one of the treatment modalities in *Vatarakta* by *Acharya Charaka*[6]. In this case, there was mainly involvement of *Vata, Pitta* and *Rakta*. Patient is a 12-year-old student and was unwilling to get admitted, therefore, *Shamanaga Snehapana* with *Sukumara Ghrita* and *Mahatiktaka Ghrita* was planned on OPD basis.

Mridu Abhyanga with *Pinda Taila* was advised. *Pinda Taila* contains *Madhuschishta, Sarjarasa, Eranda Taila, Manjishta, Sariba and Yashti.* It does *Rujapaham* and is directly indicated in *Vatarakta*[7].

Shamananga Snehapana with *Sukumara Ghrita* and *Mahatktaka Ghrita*

Shamananga Snehapana is a form of internal oleation therapy administered with the primary objective of pacifying aggravated *Doṣas* rather than preparing the patient for *Sodhana* procedures. It can be safely administered on an outpatient basis in selected cases, especially in pediatric or reluctant patients where inpatient *Sodhana* therapy is not feasible. Thus, it serves as a practical and effective modality in the conservative management of various conditions such as *Vatarakta*. *Sukumara Ghrita* and *Mahatiktaka Ghrita* acts as both *Samprapti Vighatana* and *Dosha Pratyanika chikitsa*.

Sukumara Ghrita

Sukumara Ghrita contains *Krishna, Pippali Moola, Saindhava, Yashtimadhu, Mridwika, Yavani, Guda, Go Ghrita, Eranda Taila, Punarnava, Dashamoola, Aragwada, Satahwari, Dwidarbha, Sara, Kasa, Iksu Moola, Potagala* and *Go ksheera*[8]. These drugs collectively exhibit anti-inflammatory, *Sothahara* (anti-edematous), *Anulomana* (regulation of bowel movement), and *Vatahara* actions. The *Ghṛta* base, being *Yogavāhi* and *Sukṣma*, facilitates deeper tissue penetration and enhances bioavailability of active principles. *Ghṛta*-based formulations exert immunomodulatory and anti-inflammatory effects, thereby potentially modulating IgA-mediated vascular inflammation. The *Mṛdu virecaka* property of *Sukumāra Ghṛta* is particularly relevant in IgA vasculitis cases presenting with constipation and abdominal pain. By ensuring proper *Anulomana* of *Vata*, it alleviates colicky pain and reduces systemic inflammatory load.

Mahatiktaka Ghrita

Mahatiktaka Ghrita is enriched with multiple bitter drugs such as *Saptaparni, Parpataka, Sampaka, Katuka, Vacha, Triphala, Padmaka, Patha, Rajanyou, Saribe, Kanne, Nimba, Chandhana, Yashtyahwa, Visala, Indrayava, Amruta, Kiratatikta, Sevya, Vrisha, Murva, Satvari, Patola, Ativisha, Mustha, Trayanthi* and *Dhanvayasha*[9] and is processed in *Ghṛta.* It is traditionally indicated in *Kuṣṭha, Visarpa, Raktapitta,* and other inflammatory and dermatological disorders, suggesting its efficacy in conditions involving vascular inflammation and *Rakta duṣṭi.* The *Tikta dravyas* exhibit *Daha-shamana*, *Raktaprasadana*, and *Sothahara* actions, thereby potentially reducing purpuric lesions, burning sensation, and inflammatory edema observed in IgA vasculitis. Overall *Mahatiktaka Ghrita* exert anti-inflammatory, antioxidant, and immunomodulatory effects, which could help in modulating IgA-mediated vascular injury and supporting endothelial integrity.

CONCLUSION

This case highlights the potential effectiveness of *Shamanaga Snehapana* in the management of paediatric IgA vasculitis (Henoch-Schonlein Purpura). The patient showed significant improvement with Ayurvedic *Shamananga Snehapana*. Skin rashes along with other symptoms which initially were not responding to conventional allopathic treatment such as corticosteroids, got reduced significantly. These outcomes underscore the relevance of classical Ayurvedic principles like *Shamananga Snehapana* in management of autoimmune disorders like IgA vasculitis (Henoch-Schonlein Purpura).

REFERENCES

1. Kasper DL, Braunwald E, Fauci AS, editors Harrison's Manual of Medicine 21st edition vol.2, page no 2813.
2. Ruperto N, Ozen S, Pistorio A, Dolezalova P, Brogan P, Cabral DA, et al. EULAR/PRINTO/PRES criteria for Henoch-Schonlein purpura, childhood polyarteritis nodosa, childhood Wegener granulomatosis and childhood Takayasu arteritis: Ankara 2008. Part I: overall methodology and clinical characterisation. Ann Rheum Dis. (2010) 69:790–7. 10.1136/ard.2009.116624 [DOI] [PubMed] [Google Scholar].
3. Piram M, Maldini C, Biscardi S, De Suremain N, Orzechowski C, Georget E, et al. Incidence of IgA vasculitis in children estimated by four-source capture-recapture analysis: a population-based study. Rheumatology. (2017) 56: 1358–66. 10.1093/rheumatology/kex158 [DOI] [PubMed] [Google Scholar].
4. Acharya YT, ed., Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Chikitshasthana 29th chapter, Varanasi:Chaukhamba Krishnadas Academy, 2015.
5. Acharya YT, ed., Susruta Samhita of Susruta with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana, 5th Chapter, Varanasi, Chaukambha Krishnadas Academy, 2021.
6. Acharya YT, ed., Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, Chikitsha sthana 29th chapter vesrse 10, Varanasi: Chaukhamba Krishnadas Academy, 2015, pn 628.
7. Dr.K. Nishteswar, Sahasrayayogam, Varanasi: Chaukhamba Sanskrit Series Office, Reprint 2020, Pn.120.
8. Dr. K. Nishteswar, Sahasrayayogam, Varanasi: Chaukhamba Sanskrit Series Office, Reprint 2020, Pn.62-64.
9. Dr. K. Nishteswar, Sahasrayayogam, Varanasi: Chaukhamba Sanskrit Series Office, Reprint 2020, Pn.59-60.

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