

**Case Study****A HOLISTIC APPROACH TO SHEETPITTA W. S. R TO URTICARIA BY AYURVEDIC MANAGEMENT - CASE REPORT****Chamoli Anjali^{1*}, Goyal Dinesh Kumar², Singh Om Prakash³**¹M. D scholar, ²Reader, ³Professor and Head, Department of Kayachikitsa, Rishikul Ayurvedic College, Haridwar, India.**Article info****Article History:**

Received: 08-08-2015

Accepted: 28-08-2015

KEYWORDS: *Sheetpitta, Urticaria, Virechana, Panchtikta ghrita, Sanshaman therapy.****Address for correspondence****Dr. Anjali chamoli**M. D. Scholar, Dept. of Kayachikitsa,
Rishikul Ayurvedic College,
Haridwar, India.

Ph. No. 9634591267

Email: anjlichamoli89@gmail.com**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 itchy 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 Sanshamana* drugs. Initially the patient had been administered *Snehana with Panchtiktaghrita*, Further, *Virechana* was done with *Hritaki (Terminalia chebula)*, *Katuki (Picrorhiza kurroa)* and *Nishotha (Operculina terpehum) 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), *vamana* (vomiting) or *Jwara* (fever)¹. It is a *Tridoshaja* disorder having predominance of *Pitta* and *Vayu*² 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*³. 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)⁴. 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 itchy wheals, which are elevated (edematous), pale or erythematous, transient and evanescent plaque lesions⁵. 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 (eg. animal saliva, latex), physical (eg. heat, cold, water, sun, pressure), infection (eg. viral hepatitis, infectious

mononucleosis, HIV), idiopathic⁶. 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 4 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 %, lymphocytes27%, eosinophils03%, monocytes02%, basophils01%
- 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)⁷ such as *Aruchi* (lack of appetite and lack of interest of food), *Aadhmana* (flatulence), *Angagauravata* (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 ghrta*⁸ with equal quantity of lukewarm water. Starting dose of *Panchtikta ghrta* given was 25 ml which was increased everyday with 25 ml for 7 days.

Table 1 : Showing regimen of Snehapana (oleation therapy)

Date	Sneha Matra	Sneha pana kal	Udgar shuddhi kal	Kshudha Kal	Symptoms	Vitals
20/4/2015 Day -1	25ml	8:00AM	9:00AM	11:00AM	No specific complain	Pulse-72/min BP-110/70 Temp-96°F
21/4/2015 Day-2	50ml	8:00AM	9:00AM	11:00AM	No specific complain	Pulse-72/min BP-112/70 Temp-98°F
22/4/2015 Day-3	75ml	8:00AM	9:00AM	11:30AM	No specific complain	Pulse-76/min BP-110/70 Temp-98.4°F
24/4/2015 Day-5	125ml	8:00AM	9:40AM	12:00PM	Nausea, heaviness in head	Pulse-84/min BP-120/80 Temp-97.2°F
25/4/2015 Day-6	150ml	8:00AM	10:AM	12:30PM	Vomiting	Pulse-72/min BP-110/70 Temp-98°F
26/4/2015 Day-7	175ml	8:00AM	10:AM	12:30PM	Nausea, loose stool, pain abdomen	Pulse-80/min BP-110/70 Temp-98.4°F

On day 8 she was given rest with no *Snehapana* (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* (decoction) of *Haritaki* (*Terminalia chebula*), *Katuki* (*Picrorhiza kurroa*) and *Nishotha* (*Operculina terpehum*).

Kwaath was prepared by taking *Yava kut churna* (coarse powder) of 30gm *Haritaki*, 30gm *Katuki* and 30 gm *Nishotha* and adding 800 ml. of water and boiling it till 200 ml of *Kwaath* remains.

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

SANSARJAN KRAM - Due to *Virechana karma* there occurs *Ksheenta* in *Jatharaagni* (digestion capacity reduces) therefore *Sansarjan krama* is given for *Vridhhi* of *Jatharaagni*.

Table 2: Showing Sansarjana krama

On the day of <i>Virechan</i>	Morning - X	Evening- <i>Akrit</i> moong daal (just boiled daal with little salt)
Next day	Morning - <i>Krita</i> moong daal (frying it with oil or ghee)	Evening - moong daal, 2 chapatti without ghee
3 rd day	Moong daal, 2 chapatti with ghee	Evening - balanced diet

OBSERVATIONS AND RESULTS

The patient was assessed for *Kandu* (itching), *Varna* (discolouration), *Mandalotpatti* (wheal 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 (wheal 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* (wheal formation) as 2 and for frequency of attacks as 1.

After treatment *Kandu* (itching) reduced to 0, *Varna* (discolouration) to 1, for *Mandalotpatti* (wheal formation) to 1 and frequency of attacks as 1

Advice on discharge

1. *Nimbaadi churna* x 3 gm
Gandhak rasayana x 500 mg
Satva giloy x 500 mg } 3 times daily
2. *Arogyavardhini vati* 2 tab x twice daily
3. *Mahamanjishthadi kwaath* x 50 m.l twice daily

Follow up after 15 days

Symptoms reduced after *Sanshaman* therapy were *Kandu* (itching) reduced to 0, *Varna* (discolouration) to 0, for *Mandalotpatti* (wheal 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 *Koshtha* 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* (*Solanum surattense*), *Guduchi* (*Terminalia cordifolia*) and *Vasa* (*Adhatoda vasica*) are *Tikta rasa pradhan dravyas*⁹. *Tikta rasa* is *Vishaghna* (antiallergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood)¹⁰. Studies have proven anti-inflammatory activity of *Panchatikta ghrita*¹¹. Thus, it will also check inflammatory reaction on skin due to vitiated *Doshas* and *Dhatus*.

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 *Raktaja vyadhis*¹¹ (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 virechak*¹² and *Nishotha* is *Sukha virechak*¹³ (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*¹⁴, *Gandhak rasayana*¹⁵, *Satva giloy*¹⁶, *Arogyavardhini vati* and *Mahamanjishthaadi kwaath* which are all *Rakta shodhaka* (blood purifier), *Twak 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

1. Madhav nidanam by madhavakara with madhukosha Sanskrit commentary edited by prof. yadunandana upadhyaya, 2007. 200-Chaukhamba prakashan, Varanasi. pp. 201.
2. Prof. Ram Harsh singh, *Kayachikitsa* vol 2, chukhamba Sanskrit pratishthan, Delhi, page 348

3. Dr. Vidyadhar shukla, Kayachikitsa, vol2, Chaukhamba Surbharati Prakashan, Varanasi, pp. 617.
4. Madhav nidanam by madhavakara with madhukosha Sanskrit commentary edited by prof. yadunandana upadhyaya, 2007. Chaukhamba prakashan, Varanasi. pp. 202.
5. Essentials in dermatology, D. M. Thappa 2nd edition, 2009, Jaypee brothers medical publishers, New Delhi. pp. 166.
6. Davidson's principles and practise of medicine, 20th edition, 2006, Elsevier Philadelphia, 1270pp.
7. Gupta Atrideva, Upadhyaya Yadunandana, Ashtangahrdayam, 2011, Chaukhamba Prakashan, Varanasi. pp.132.
8. Ravidutta Shastri chakrapani virachit chakradutta, Chaukhamba Surbharti prakashan, Varanasi, 2006, pp.198.
9. Sharma Priyavrat, dravyaguna vigyan vol II, 2006, Chaukhamba Bharati Academy, Varanasi.
10. Satyanarayan sastri, Pt. Kashinath Shastri, Dr. Gorakhnath Chaturvedi. Charak samhita, Chaukhamba bharati publications, Varanasi. 2008. sutra sthana (26/41-5). pp. 506-507.
11. Zala Upendra, vijay kumar, chaudhari Ak, ravishankar B, Prajapati PK, anti-inflammatory and analgesic activities of panchtikta ghrita, Ayurpharma Int J Ayur Alli Sci., vol. 1, 2012 pp. 187-192.
12. Sharma Priyavrat, dravyaguna vigyan vol II, 2006, Chaukhamba Bharati Academy, Varanasi. pp. 755.
13. Satyanarayan sastri, Pt. Kashinath Shastri, Dr. Gorakhnath Chaturvedi. Charak samhita, Chaukhamba bharati publications, Varanasi. 2008. sutra sthana (25/40). pp.468.
14. Ambikadutta shastri, Rajeshwar dutta Shastri, Bhaijaryatnavali, 2004, Chaukhamba Sanskrit Sansthan, Varanasi, pp. 420.
15. Shri Vaidyanath Ayurveda bhawan, Ayurveda saar sangraha, vaidyanath bhawan limited, 2010. pp.291-292.
16. More P, Pai K, Immunomodulatory effects of Tinospora cordifolia (Guduchi) on macrophage activation. Journal of biology and medicine, 2011, 3 (2) :134-140.

Cite this article as:

Chamoli Anjali, Goyal Dinesh Kumar, Singh Om Prakash. A Holistic Approach to Sheetpitta w. s. r to Urticaria by Ayurvedic Management - Case Report. AYUSHDHARA, 2015;2(4):217-220.

Source of support: Nil, Conflict of interest: None Declared