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Understanding of the disease *Sheetapitta* w.s.r. to Urticaria

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ABSTRACT

Urticaria a common skin condition characterized by development of itchy and raised mark on the skin or swelling in the skin because of leaky dermal vessels. It is also known by name Hives. The condition may be because of food related, seasonal, external cause or may be some drug induced. In case of *vatapradhanyata* it is called *sheetapita* and in case of *Kaphadikyata* it is considered as *Udarda*. The *Shodhana* like *Vamana* and *Virechana* will be most ideal treatment and effective in this condition along with *Shaman* and *Bahyachikitsa* has been explained by different *Acharyas*.

Key words: *Sheetapitta, Udarda, Kotha, Urticaria, Hives, Chikitsa, Management, Pathya Apathya.*

INTRODUCTION

Sheetapitta is disease mainly caused by the external cause produces *Kota, Kandu Daha* over *Twacha, Madukosha* on *Madhavanidana* said this as *Tridoshajavyadhi*. It is *Bahyaroga Margashrita* hence can be considered as *Sukha Sadhya Vyadhi*.

Udarda is one among the *Vimshati Kapha Nanatmaja Vikaras* explained by *Acharya Charaka, Kashyapa* and *Vridha Vagbhata*.

Kotha is considered as *Rakta Pradoshaja Roga* and *Acharya Vagbhata* and *Sharangadhara* considered it as one among *Kshudraroga*. This is also due to improper application of *Vamanakama*. Commentators are of the view about the fact that *Udarda* and *Sheetapitta* are one and the same. This article

highlights about all the aspects of urticaria, *Sheetapitta, Udarda Kotha*, its management and *Pathya* and *Apathya* from various *Samhitha Grantha*.

Urticaria is a kind of skin rash with red, raised, itchy bumps often the patches of rash move around. Typically they last a few days and do not leave any long-lasting skin changes. Fewer than 5% of cases last for more than six weeks. The condition frequently reoccurs. Prevalence rate of Urticaria is estimated 15% to 23% of adults have experienced at least one episode of acute Urticaria at some time in their lives, and the prevalence of chronic Urticaria in adults is estimated at 0.5% to 5%.

Sheetapitta^[1]

Sheeta

Sheeta is derived as *Shai + kta = Sheetala (Amarakosha)*

Sheetala means *Himaguna*

According to *Shabdakalpadruma*, *Sheeta* denotes *Hima, Ritu* or cold weather.^[2]

As per *Monier-William's*, *Sheeta* implies cold, chilly, cool, frigid, coldness, cold weather or cold water. *Vridha Vagbhata* in his *Asthanga Hridaya* defines

"*Sheetam Himasparshana Eva Dukham*" - That is ill-effect caused due to *Hima Sparsha*.

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Pitta^[1]

The second component word 'Pitta' is derived from the *Dhatu Tap*, i.e., to heat or to burn or to warm. In *Amarakosha* it is attributed to be one of the *Dhatu Visheshha* of the body.

Urticaria is an itchy skin eruption characterized by weals with pale interiors and well-defined red margins; usually the result of an allergic response to insect bites, food or drugs.^[3]

Paryaya: *Sheetapitta*, *Udarda* and *Kotha* are synonymously used in Ayurvedic classics.

Synonyms of Urticaria:^[4] Urticaria is also called Hives

Paribhasha

Lesion which resembles the rash, like bite of wasp associated with excessive itching, vomiting, fever and burning sensation is called as *Sheetapitta*.

It is a common skin condition characterized by development of itchy a raised mark on the skin or swelling in the skin because of leaky dermal vessels. Urticaria is described as 'acute' if it lasts less than 6 weeks and 'chronic' if it persists beyond this.^[5]

Sheetapitta Udardakota Nidana and Samprapti^[7]

Because of *Sheeta Maruta Samsparsha*, *Vata* and *Kapha Doshas* get vitiated in the body and being mixed with *Pitta Dosha* spreads all over the body lodges in the external layer of the skin and produces a sort of reddish rashes with intense - itching and pricking sensation. This condition is known as '*Sheetapitta*'.

Udarda

It is one among the *Vimshati Kapha Nanatmaja Vikaras* explained by *Acharya Charaka*, *Kashyapa* and *Vridhha Vagbhata*. *Arunadatta* commenting on the word *Udarda* gives his view as below. It would appear; from the above that *Udarda* manifests due to *Sheeta Paaneeya Samsparsha* and occurs more commonly in *Shishira Ritu*.

Kotha

It is considered as *Rakta Pradoshaja Roga* according to *Charaka* and *Kashyapa*.

Acharya Vagbhata and *Sharangadhara* consider it as one of the *Kshudraroga*.

The reason attributed by these authors includes improper *Vamana* and suppression of the urge for emesis.

Kotha as *Lakshana* may see in different instance

- Improper application of *Vamana*
- *Mandavisha Keeta Damsha Lakshana*
- *Bahya* contact of poisonous of *Keeta*
- *Visha* of *Luta Damsha Lakshana*
- Bite of *Mooshika*
- Bite of *Matsya*

Nidanas of Sheetapitta, Udardakota and Kotha

Aharaja Nidana: *Lavana Rasa Atisevana*, *Katu Rasa Atisevana*, *Shamidhanya Varga*

Viharaja Nidana: *Sheetamaruta Samsparsha*, *Sheeta Paneeya Samsparsha*, *Diwaswapna*, *Asamyak Vamana* or *Chardi Vegavarodha*, *Sishira Ritu* and *Varsharitu*.

Any Nidana: *Keeta Damsha*, *Krimi (Bahya)*.

Aetiology^[8]

The final event in pathogenesis involves degranulation of cutaneous mast cells, which releases a number of inflammatory mediators than in turn make dermal capillaries leaky. In most cases the underlying cause is unknown. Occasionally urticaria is secondary to viral or parasitic infection, drug reactions like aspirin, penicillin allergies, food allergy like strawberries, food colourings or seafood or rarely systemic lupus erythematous.

There is evidence for an autoimmune aetiology in some of the 'idiopathic' cases as certain individuals develop auto antibodies against the high- affinity IgE receptor Alfa subunit of the mast cell. Urticaria is commoner in atopic individuals and usually presents in children and young adults.

Table 1: Showing causes of Urticaria

Hives frequently occur following an infection or as a result of allergic reactions such as;	Causes ^[9]
<ul style="list-style-type: none"> ▪ Medication ▪ Allergic reaction ▪ Insect's bites or ▪ Food ▪ Psychological stress ▪ Cold temperature, or <p>Vibration may also be a trigger. Risk factors include having conditions such as hay fever or Asthma</p>	<ul style="list-style-type: none"> ▪ Urticaria more than 50% of people with chronic hives of unknown cause, it is due to an autoimmune reaction. ▪ Medications: Drugs that have caused allergic reactions evidenced as hives include codein, dextroamphetamine, aspirin, ibuprofen, pencillin, clotrimazole, sulfonamides, anticonvulsants etc. ▪ Food: The most common food allergies in adults are shellfish and nuts, eggs, wheat, soya ▪ Infection or environmental agent: Hives including chronic spontaneous hives can be a complication and symptom of a parasitic infection. ▪ Dermatographic urticaria: Dermatographic urticaria is marked by the appearance of weals ▪ Pressure or delayed pressure: The hives may last from eight hours to three days. The source of the pressure on the skin can happen from tight fitted clothing, belts, clothing with tough straps, walking, leaning against an object, standing, sitting on a hard surface, etc. The areas of the body most commonly affected are the hands, feet, trunk, abdomen, buttocks, legs and face. ▪ Cholinergic or stress: Cholinergic or stress which is provoked during sweating events such as exercise, bathing, staying in a heated environment, or emotional stress. ▪ Cold-induced: The cold type of urticaria is caused by exposure of the skin to extreme cold, damp and windy conditions; it occurs in two forms. The rare form is hereditary and becomes evident as hives all

	<p>over the body 9 to 18 hours after cold exposure. The common form of cold urticaria demonstrates itself with the rapid onset of hives on the face, neck, or hands after exposure to cold. Cold urticaria is common and lasts for an average of five to six years. The population most affected is young adults, between 18 and 25 years old.</p> <ul style="list-style-type: none"> ▪ Severe reactions can be seen with exposure to cold water; swimming in cold water is the most common cause of a severe reaction. This can cause a massive discharge of histamine, resulting in low blood pressure, fainting, shock and even loss of life. Cold urticaria is diagnosed by dabbing an ice cube against the skin of the forearm for 1 to 5 minutes. ▪ Solar urticaria: This form of the disease occurs on areas of the skin exposed to the sun; the condition becomes evident within minutes of exposure. ▪ Water-induced: This type of urticaria is also termed rare, and occurs upon contact with water. The response is not temperature-dependent and the skin appears similar to cholinergic form of the disease. The appearance of hives is within one to 15 minutes of contact with the water, and can last from 10 minutes to two hours. ▪ Exercise: People with exercise urticaria (EU) experience hives, itchiness, shortness of breath and low blood pressure five to 30 minutes after beginning exercise. These symptoms can progress to shock and even sudden death.
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Samprapti of Sheeta Pitta^[10]

The *Nidanas* like *Sparshana* of *Sheeta Maruta*, *Vata* and *Kapha Doshas* get vitiated in the body and being mixed with *Pitta Dosh* spreads all over the body lodges in the external layer of the skin and produces a sort of reddish rashes with intense itching and pricking sensation. This condition is known as

'Sheetapitta'. *Madhukosha* commentary on *Madhavanidana* said *Sheetapitta* as *Tridoshajavyadhi*.

Pathophysiology

- The skin lesions of urticarial disease are caused by an inflammatory reaction in the skin, causing leakage of capillaries in the dermis and resulting in an edema which persists until the interstitial fluid is absorbed into the surrounding cells.
- Hives is caused by the release of histamine and other mediators of inflammation from cells in the skin. This process can be the result of an allergic or non allergic reaction, differing in the eliciting mechanism of histamine release.
- **Allergic hives:** Histamine and other pro inflammatory substances are released from mast cells in the skin and tissues in response to the binding of allergen bound IgE antibodies to high-affinity cell surface receptors. Basophils and other inflammatory cells are also seen to release histamine and other mediators, and are thought to play an important role, especially in chronic urticarial diseases.
- **Autoimmune hives:** Over half of all cases of chronic idiopathic hives are the result of an autoimmune trigger. Roughly 50% of patients with chronic urticaria spontaneously develop auto antibodies directed at the receptor located on skin mast cells. Chronic stimulation of this receptor leads to chronic hives.
- **Infections:** Hive-like rashes commonly accompany viral illnesses, such as the common cold. They usually appear three to five days after the cold has started, and may even appear a few days after the cold has resolved.
- **Dietary histamine poisoning:** This is termed food poisoning ingestion of free histamine released by bacterial decay in fish flesh may result in a rapid-onset, allergic-type symptom complex which includes hives. However, the hives produced by scombroid is reported not to include wheals.
- **Stress and chronic idiopathic hives:** Chronic idiopathic hives has been anecdotally linked to

stress. A link between stress and this condition has also been shown.—A recent study has demonstrated an association between stressful life events (e.g. bereavement, divorce, etc.) and chronic idiopathic urticaria and also an association between post traumatic stress and chronic idiopathic hives.

Sheetapitta Purvarupa ^{[11], [12]}

- *Pipasa*, (Thirst)
- *Aruchi*, (Loss of appetite)
- *Hrillasa*, (Salivation)
- *Daha*, (Burning)
- *Angagourava* (Fatigue) and
- *Raktalochana* (Redness in eyes)

Udarda Lakshanas ^[13-16]

- *Mandala Samana Kota* over *Twacha*
- *Shotha* (Inflammation)
- *Kandu* (Itching)
- *Suchivatvedhana* over skin (pricking type of pain)
- *Vamana* (Vomiting)
- *Jwara* (Fever) and
- *Daha* (Burning) is known as *Udarda*.

For some some *Acharyas* said as *Sheetapitta*. In case of *Vatadhikyata* - it is called *Sheetapita* and in case of *Kaphadhikyata* it is considered as *Udarda*.

Lakshanas:

Udarda- *Utsangayukta*, *Raktavarna*, *Kanduyukta mandalas* of *Kaphaja* is called as *Udardaroga*.

The lesions of *Udarda* are elevated; red in colour associated with severe itching. It is a *kapha* predominant disease most commonly occurs in *Sishirarutu*. "*Sa Utsangaischha Saragaischha Kandu Madbhischha Mandalah*".

Adhamalla, the commentator of *Sharangadhara Samhita* opines as "*Varatidashta Samsthanah Shotah Sanjayathe Bahi*". The characteristic lesions resemble

the bite of a nettle sting and are frequently associated with *Kandu*, *Toda*, *Chardi* and *Vidaha*.

In *Asthanga Sangraha* there is a mention about “*Saraaga Kandu Shophah Syaad Udardah Sa Kaphodhbhava*”. *Ragayukta*, *Shopayukta*, *Kanduyukta Mandalas* characterise *Udarda* and is an outcome of *Kapha Dosh*a in predominance. According to *Anjana Nidana* “*Varatidashtavath Shotah*” It resembles bite of a wasp and is concomitantly presents with other symptoms like *Kandu*, *Chardi*, *Jwara*. If *Vata* predominates it may be termed as *Sheetapitta* and *Udarda*, if *Kapha Dosh*a is predominant.

Kotha

Because of *Mithya Yoga* of *Vamana* does vitiation of *Pitta* and *Kapha* does *Avarodha* to *Ann*, *Adhika Kanjisevana*, *Shukta*, *Lavana Sevana*, *Varshakala*, produce *Mandala*, *Kandu* and *Ragayukta Adhika Mandala* is said as *Mandala*.

Kanduyukta, *Ragayukta Mandalas (Bahu)* are characteristically seen in *Kotha*. In *Charaka Samhita* in the context of *Sannipataja Jwara Kotha* is mentioned as one of its manifestation. *Chakrapani* says “*Varatidashta Samkasha Kanduman Lohitasra Kapha Pittat*”. *Kunduyukta Lohita Mandalas* resembling *Varati Damshatra* are the important feature of *Kotha* and it resolves spontaneously within minutes.

Kothaschha Varatidamsha Samsthanan

Other references include:

“*Kotho Lohitam Kathinam Cha Mandalam*”

The *Mandalas* of *Kotha* are *Kathina* and possess *Lohita Varna*.

“*Kotho Varati Damshtrakara Shothah*”

If *Kotha* appears repeatedly it is designated as *Utkotha*.

“*Udarda Sheetapittayo Bhedah Kotha Iti Prasiddha*”

Types

The *Bheda* that is associated with *Sheetapitta* is “*Sheetapitta Ekah*” *Sheetapitta* is one “*Udarda Eka Prakarah*” *Udarda* is one.

Table 2: Showing clinical features of Urticaria

Clinical Features ^[17]	
<ul style="list-style-type: none"> The history is of cutaneous swellings or weals developing acutely over a few minutes. They can occur at anywhere on the skin and last between minutes and hours before resolving spontaneously. Lesions are intensely itchy and so no surface change or scaling. Lesions are normally erythematous but if very acutely swollen, they may appear flesh-coloured or whitish and people often mistake them for blisters. Severe urticaria with subcutaneous involvement can present as soft tissue swellings especially around the eyes, the lips and the hands. 	<ul style="list-style-type: none"> This can be very alarming to the patient. It can also be dangerous if mucosal areas such as mouth and larynx are involved but fortunately this is very rare. Physical urticarias; occasionally this can be caused by physical stimuli such as cold, deep pressure, stress, heat, sunlight, water or chemicals such as latex. Cholinergic urticaria is one of the commonest physical urticarias and has rather different clinical lesions from the other forms. Small itchy papules rather than weals appear on the upper trunk and arms after exercise or anxiety. Pressure can cause two types of urticaria. More superficial pressure can cause dermographism, which is relatively common. This presents as urticated weals occurring a few minutes after application of light pressure. Even scratching or rubbing will bring up linear weals in dermographic individuals. Delayed pressure urticaria is rare and occurs as deep swellings some hours after pressure is removed.

Sadhyasadhya^[18]

Sheetapitta is *Bahyaroga Margashrita* hence can be considered as *Sukha Sadhya Vyadhi*.

When we explore the classics we get many numbers of *Yogas* or *Kalpas* based on the necessity of the patients and ideal *Yogas* may be selected and planned proper treatments. According to *Yogaratanakara*,

Chakradatta, Gadanigraha, Bhaishajyaratnavalli and Vangasen.

Diagnosis^[19]

- Based on typically appearance of Patch testing may useful to determine the allergy.
- In some cases regular extensive allergy testing over a long period of time is requested in hopes of getting new insight. No evidence shows regular allergy testing results in identification of a problem or relief for people with chronic hives. Regular allergy testing for people with chronic hives is not recommended.

Prognosis^[20]

Most cases of 'idiopathic' urticaria last a few weeks to months before disappearing spontaneously. A small percentage of people go on to develop chronic urticaria which can last for several months or years. The physical urticarias are more persistent, often lasting for years, and they often resistant to therapy.

Prevention: is by avoiding whatever it is that causes the condition. Treatment is typically with antihistamine. In severe cases, corticosteroids may be used. Keeping the environmental temperature cool is also useful. For cases that last more than six weeks immunosuppressants are given.

About 20% of people are affected. Cases of short duration occur equally in males and females while cases of long duration are more common in females. Cases of short duration are more common among children while cases of long duration are more common among those who are middle aged. Hives have been described at least since the time of Hippocrates. The term urticaria is from latin word 'urtica' meaning nettle.

Chikitsasutra^[21]

Samanaya Chikitsa of *Sheetapitta* and *Udardakotha* is *Abhyanga* is done with *Sarshapataila*, *Swedana* with *Ushnajala*, *Vamana* is carried out by administering *Patola*, *Nimba* and *Vasa kwatha*. *Vangasen* added *Virechana* is done with *Triphala*.

Table 3: Showing Chikitsa Kalpa used in Sheetapitta, Udarada and Kotha

Samanya Yoga	Kwatha Yogas
<i>Gambharika Phaladi Yoga, Yashtyadi Yoga, Amritadi Yoga, Agnimanta Yoga, Yavanyadi Yoga, Nimbapatra Yoga, Navakarshika Yoga, Saindhavayoga, Durvadi Yoga, Yavaksharadi Yoga and Siddharthakadi Yoga.</i>	<i>Amritadi Kashaya, Madhuyashtyadi Kwatha, Amrita Rajanyadi Kashaya. Ardraka Khanda, Haridra Khanda And Brihat Haridra Khanda. Vishweshwara Rasa, Vatavidhwamsana Rasa, Sheetapittantaka Rasa, Sleshmapittantaka Rasa, Sarvatobhadra Rasa, Sootabhasma Yoga, Sootashekhar Rasa, Tamra Yoga, Talakeshwara Rasa, Dinardha Rasa, Nripati Vallabha Rasa, Poornabhra Rasa, Manikya Rasa, Rajamringanka Rasa.</i>

Treatment^[22]

- Any identifiable underlying cause should be treated. Patients should avoid salicylates and opiates as they can degranulate mast cells.
- Oral antihistamines are the most useful in treating idiopathic cases.
- Therapy should be started with regular use of non sedating antihistamine like cetirizine 10mg daily or loratadine 10mg daily.
- If control proves difficult, addition of a sedating antihistamine.
- Dietary manipulation helps a small proportion of patients with chronic urticaria but it is generally unrewarding. Angio-odema of the mouth and throat may require urgent treatment with intravenous steroids.

Urticarial Vasculitis^[22]

This is variant of urticaria and should be suspected if individual urticarial lesions last more than 24 hours and leave bruising behind after resolution. There is often an associated arthralgia or myalgia and a small proportion may go on to develop connective tissue disease. The diagnosis is confirmed by skin biopsy. A

full vasculitis screen should be carried out for an underlying cause.

Treatment is with antihistamines oral dapsone 50-100mg daily or immune suppressants.

Management: ²³

The mainstay of therapy for both acute and chronic hives is patient education, avoiding triggers and using antihistamines.

Chronic hives can be difficult to treat and lead to significant disability. Unlike the acute form, 50–80% of people with chronic hives have no identifiable triggers. Fortunately, 50% of people with chronic hives will experience remission within 1 year. Overall, treatment is geared towards symptomatic management. Individuals with chronic hives may need other medications in addition to antihistamines to control symptoms. Patients who experience hives with angioedema require emergency treatment as this is a life-threatening condition.

Treatment guidelines for the management of Chronic Hives

- H1 receptor blocking antihistamines.
- Systemic glucocorticoids can also be used for episodes of severe disease but should not be used for long term due to their long list of side effects.
- Step 2 consists of increasing the dose of the current antihistamine, adding other antihistamines, or adding a leukotriene receptor antagonist such as montelukast.
- Step 3 consists of adding or replacing the current treatment with hydroxyzine or doxepin. If the individual doesn't respond to steps 1–3 then they are considered to have refractory symptoms. At this point, anti-inflammatory medications (dapsone, sulfasalazine), immunosuppressants (cyclosporin, sirolimus).

Antihistamines: Non-sedating Antihistamines that block the histamine H1 receptors are the first line of therapy. First generation antihistamines such as diphenhydramine Second generation antihistamines such as cetirizine.

Systemic steroids: Oral glucocorticoids are effective in controlling symptoms of chronic hives however they have an extensive list of adverse effects such as adrenal suppression, weight gain, osteoporosis, hyperglycemia, etc. Therefore, their use should be limited to a couple of weeks. In addition, one study found that systemic glucocorticoids combined with antihistamines did not hasten the time to symptom control compared with antihistamines alone.

Table 4: Showing Pathya and Apathya ^[24]

<i>Pathya</i>	<i>Apathya</i>
<i>Puranashali, Janghalapashupakshi Mamsa, Kullatha, Yava, Karkotaka, Karavella, Shigru, Mulaka, Dadima, Triphala, Madhu, Katutiktakashayani</i> are said to <i>Pathya</i> in <i>Sheetapitta, Udarda</i> and <i>Kota</i> .	<i>Ksheerasadita, Guda, Matsya, Aoudaka Anupamamsa, Naveenamadhya, Chardivega Dharana, Purva, Uttaradisha Vayusevana, Diwaswappna, Sheetala Jalasnana, Viruddha Aharasevana Dhuama, Atapasevana, Ati Snigdha, Amla, Madhura Sevana, Vyavaya, Guruannapanani</i> are said to be <i>Apathya</i> for <i>Sheetapitta, Udarda</i> and <i>Kota</i> .

DISCUSSION

- The most common food allergies in adults are shellfish and nuts, eggs, wheat.
- Allergic reactions evidenced as Hives include codein, dextroamphetamine, aspirin, ibuprofen, pencillin, clotrimazole, sulfonamides and anticonvulsants.
- The source of the pressure on the skin can happen from tight fitted clothing, belts, clothing with tough straps, walking, standing, sitting on a hard surface.
- Exposure of the skin to extreme cold, damp and windy conditions.
- So finding out the causative factor and try avoid will be the first line of treatment.
- Lifestyle modification as a preventive aspect is followed.

CONCLUSION

Nidana Parivarjanae Mevachikitsa is the first line of treatment so find out what may be cause and try to avoid. *Avipattikara Churna* for *Nitya Rechana*, *Amritottotarakashaya*, *Sutasekhararasa*, *Haridra Khanda* are most practicable medicaments. *Amla*, *Guda*, *Mastya*, *Mamsa*, *Sheetajala* and *Sheetavayu* plays important role in manifestation of *Sheetapitta*, *Udarda* and *Kotha*.

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