

CASE STUDY

A Case Study on Ayurvedic Management of *Sheetapitta* with special reference to Chronic Urticaria

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ABSTRACT

The traditional Indian medical system, Ayurveda, explains adverse responses to foreign substances by examining the body's inherent harmony, or lack thereof, with external factors. These responses arise from consuming unsuitable dietary items or adhering to detrimental daily routines, or from encountering a range of harmful agents. A specific dermatological ailment, known as *Sheetapitta* (clinically recognized as hives), is documented within ancient Ayurvedic compendiums. This ailment is attributed to a disruption of the body's three fundamental regulatory forces, with an emphasis on the Vata force, and is understood to compromise the body's plasma and blood components.

"Hives, medically known as Urticaria, is a skin ailment marked by the rapid onset of raised, itchy welts. These welts can emerge on any part of the skin or mucous membranes. Typically, these lesions persist for a brief period, ranging from minutes to hours, and then resolve spontaneously without leaving any residual marks. This clinical presentation corresponds to the Ayurvedic condition known as *Shitapitta*.

Connecting to Ayurveda (*Shitapitta*):

In the framework of Ayurveda, Urticaria, recognized in modern medicine as hives, aligns with the condition termed *Shitapitta*¹. This dermatological manifestation is characterized by the swift emergence of pruritic (itchy) wheals across the skin or mucous membranes. These transient lesions, which generally dissipate within a few hours without leaving any lasting signs, are understood within Ayurveda as a result of imbalances in the doshas, particularly Pitta and Vata. The rapid onset and fleeting nature of the wheals are attributed to the mobile and reactive qualities of these doshas. In Ayurveda, *Shitapitta* is treated by addressing the underlying dosha imbalances through dietary and lifestyle modifications, as well as herbal remedies.

Key Words *Shitapitta, Urticaria, Tvak Vikar, Shaman, Shodhan Chikista, Vatapradhana, Tridosaja vyadhi*

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CASE STUDY

INTRODUCTION

The term 'Sheetapitta' in Ayurveda is a composite of two words with contrasting meanings. Here, 'Sheeta' represents the combined influence of Kapha and Vata doshas, interacting with Pitta. Within the Ayurvedic system, Sheetapitta is classified as a disorder involving all three doshas (Tridoshaj Vyadhi), although Vata and Pitta are considered predominant, primarily affecting the plasma and blood (Rasa and Rakta). Exposure to various allergens and consumption of incompatible foods and lifestyles (Asatmya-Ahara-vihara) are recognized as key causative factors¹.

The conditions Udarda, Sheetapitta, and Kotha share similar clinical presentations and etiological factors with Urticaria. These terms are often used interchangeably, all signifying the presence of pruritic, erythematous eruptions across the body. Ayurvedic texts attribute these conditions to factors such as incompatible diet, contradictory food combinations, and latent toxins, which align with modern concepts of allergic reactions. While Madhavakara initially considered Sheetapitta and Udarda synonymous, he later distinguished them by the dominance of Vata in Sheetapitta and Kapha in Udarda.

Urticaria, in contemporary medical understanding, is a skin condition characterized by the sudden appearance of itchy wheals on any cutaneous or mucosal surface. Individual lesions are transient, typically resolving within minutes to hours without residual marks. Clinically,

Urticaria is categorized based on duration: acute (less than six weeks) and chronic (more than six weeks).

Nidana:

Dietary Causes (Aaharaja hetu): Excessive consumption of nourishing foods (Santarpana), an overabundance of salty (Atilavana), sour (Atiamla), pungent (Katu), or alkaline (KsharaSevana) substances, intake of potent alcoholic beverages (Tikshna Madya), incompatible food combinations (Viruddha Ahara), eating before the previous meal has been digested (Adhyasana), consumption of heavy-to-digest substances (Guru Dravya), intake of oily or unctuous foods (Snigdha Bhojana), and frequent consumption of yogurt (Dadhi Sevana), Dushivisha, Visha-yukta Annapana.

Viharaja Hetu: Sheeta Maruta Sparsha, Vishyukta Jal Snana, Abhyanga, Udvartana, Vastra, Aabhushana, Keeta Damsha, Bahaya Krimi, Chhardi⁵

Nigraha, Atidivasvapa, Shishir Ritu, Varshakala

Diseases Arising from Improper Dietary

Habits (Nidanaarthakara Roga): Conditions such as fevers stemming from imbalances in all three doshas (Sannipatika Jwara), fevers primarily due to Pitta³ aggravation (Pittaja Jwara), fevers caused by Kapha imbalance (Kaphaja Jwara), excessive upward movement of vitiated doshas (Unmarda), and upward-moving acidic indigestion (Adhoga Amalpitta) are all recognized as disorders resulting from improper dietary choices⁴.

CASE STUDY

Chikitsa Mithya Yoga: Vamana-Virechana Ayoga.

Premonitory Signs (Purvarupa): Prior to the full manifestation of Udarda, as described in Madhava Nidana, individuals may experience thirst (Pipasa), loss of appetite (Aruchi), nausea (Hrillasa), general malaise (Dehasada), heaviness in the body (Angagaurava), and redness of the eyes (Raktalochanata).

Rupa: Udarda, Sheetapitta, and Kotha are characterized by edema resembling insect bites (Varati Damshta Samsthana Shotha), significant pruritus (Kandu Bahula), piercing pain (Toda), emesis (Chhardi), pyrexia (Jwara), and burning sensations (Vidaha). The disease process (Samprapti) involves the vitiation of Vata and Kapha doshas (Pradushtau Kapha Maruta) triggered by factors such as cold exposure (Sheeta Marutadi Nidana/Sheeta Maruta Samsparsha), which, in conjunction with Pitta dosha (Pittena Saha Sambhooya), results in the internal and external dissemination (Bahir Antah Visarpah) of the condition.

Samprapti Ghataka

- **Humoral Imbalance/ Dosha:** Involvement of all three fundamental energies (Tridosha).
- **Digestive Deficiency/Agni:** Reduced metabolic activity (Manda Agni).
- **Dosha Movement/Dosagati:** Increased, deviated, and peripheral dispersion of vitiated humors (Vridhhi, Tiryak, Shakha Doshagati).
- **Disease Pathway:** External manifestation (Bahya Vyadhimarga).

- **Affected Tissues/Dushya:** Compromised plasma and blood components (Rasa, Rakta Dushya).
- **Circulatory Channels/Srotas:** Disruption of channels carrying plasma and blood (Rasavaha, Raktavaha Srotas).
- **Channel Alteration:** Abnormal flow within the channels (Vimarga Gamana Srotodushtiprakara).
- **Primary Site:** Originating from the stomach (Aamashaya UdbhavaSthana).
- **Manifestation Site/Vyaktisthana:** Expressed through the skin (Tvak VyaktiSthana).
- **Disease Progression/Svabhava:** Rapid onset (Ashukari Svabhava).

AIM & OBJECTIVES

- To investigate the therapeutic effectiveness of palliative Ayurvedic interventions (Shaman Chikitsa) for the alleviation of Sheetapitta.
- To evaluate the impact of Ayurvedic therapeutic modalities, encompassing both pacifying (Shaman) and purifying (Shodhan) approaches, on the management of Sheetapitta.
- To determine the clinical outcomes of employing Ayurvedic treatment strategies, inclusive of conservative (Shamana) and detoxification (Shodhana) protocols, in the management of Sheetapitta.

MATERIALS & METHODS

This study employed a single-case design. A 44-year-old female presented with a nine-month

CASE STUDY

history of widespread, raised, reddish, irregularly shaped lesions accompanied by progressive pruritus and a burning sensation. The patient reported immediate onset of pruritus following the consumption of specific foods, including meat, spices, citrus fruits, fried items, dried fruits, and nuts. Symptoms were exacerbated during the nocturnal hours, with a gradual reduction in

severity observed in the morning. Despite prior use of various conventional medical treatments, including cetirizine, which provided only transient relief, the patient experienced persistent, intense itching throughout the body. A diagnosis of Sheetapitta was established. The assessment criteria is mentioned in table No. 1.

Table 1 Assessment Criteria

S. no.	Assessment Criteria	Level 0 (Absent)	Level 1 (Mild)	Level 2 (Moderate)	Level 3 (Severe)
1	Pruritus/Kandu (itching)	Absence itching	Minor itching coinciding with rash occurrence.	Itching 1-4 times per day	Severe itching disturbing daily routines.
2	Skin Discoloration (Varan)	No Skin discoloration	Subtle pinkish hue	Reddish discoloration of rashes involving limbs and torso.	Deep red discoloration of rashes
3	Mandalotpatti (wheal formation)	No wheels present	Wheels on hands and legs	Wheels appearing twice	Wheels covering the entire body
4	Episodes Frequency	No episodes	Episodes every 10-15 days	weekly episodes	Episodes every 2-3 days.

CASE REPORT

Name of patient- ABC

Age/Sex- 44 years/Female

Husband's Name- Mr. XYZ

Religion- Hindu

Socio-Economic Status- Middle class

Address- Kalol, Gandhinagar.

Chief Complaints With Duration- A 44 year female patient visited the OPD of Panchakarma, AAMC & RI Campus (Gandhinagar) on 20th - November-2024.

For the past eight to nine months, the patient has experienced intermittent episodes of widespread, red, patchy skin eruptions accompanied by intense pruritus. These episodes are characterized by nocturnal onset of itching, with the lesions appearing after scratching. Predominantly

occurring during nighttime, the eruptions tend to manifest on the side of the body the patient is lying on, persisting until morning. Relief is obtained through the use of levocetirizine tablets.

History of Present Illness:

Approximately one year prior, the patient was in a state of perceived good health. Subsequently, she noticed the emergence of erythematous lesions on both lower extremities, which progressively extended to the torso, neck, and back. While these lesions spontaneously resolved within one to two days, the patient sought conventional medical treatment, receiving cetirizine for symptomatic relief of itching. Initially effective, the patient gradually increased cetirizine intake to twice daily. Despite this, persistent generalized pruritus continued,

CASE STUDY

prompting the patient to seek further care at Gujarat, India. Patients history is mentioned in Aarihant Ayurvedic Medical College and below table No. 2. Research Institute, located in Ahmedabad,

Table 2 Patient's History

S. no.	Parameters	Details of patient
1.	History of past illness	No history of HTN/DM/Thyroid dysfunction/ any other allergic reactions..
2.	Family history	Not significant
3.	Treatment history	He was on Tablet Cetirizine – 5mg a day.
4.	Personal history	<input type="checkbox"/> Substance Use: Denies any addictive habits. <input type="checkbox"/> Hunger: Reports a healthy appetite. <input type="checkbox"/> Dietary Pattern: Adheres to a plant-based diet.

- **Food Composition:** Consumes rice, lentils, flatbread, cooked vegetables, dairy, and fruits.
- **Meal Portions:** Breakfast typically consists of two to three flatbreads with thoroughly cooked vegetables. Lunch comprises approximately two bowls of lentils and rice. Dinner includes two to three flatbreads and one bowl of lentils.

- ☐ **Elimination:** Regular bowel movements, characterized by well-formed stools, occurring once daily.
- ☐ **Urination:** Reports normal urinary function.
- ☐ **Rest:** Experiences disrupted sleep patterns.

Physical Examination

During the physical evaluation, the patient presented as comfortable and exhibited no signs of acute discomfort. A review of physiological parameters indicated a height of 5 feet 4 inches, a weight of 71 kilograms, a blood pressure reading of 126/70 mmHg, a heart rate of 75 beats per minute, and a respiratory rate of 18 breaths per minute. Examinations of the cervical region, circulatory system, respiratory system, abdominal cavity, lymphatic system, and extremities yielded unremarkable findings. Cutaneous inspection revealed numerous flat, red, patchy lesions distributed across the upper and lower limbs, torso, and pectoral region.

Name of the Drug

1. Mahamanjishthadi kwath 10ml-0-10ml with equal quantity of water
2. Gandhak Rasayan vati 2-0-2

3. Keshor Guggul 2-0-2

4. Chitrakadi Vati 2-0-2

5. Harde Vati 0-0-2

Duration:

3 months.

RESULTS

The application of Ayurvedic therapeutic strategies, encompassing both palliative (Shamana) and detoxification (Shodhana) modalities, specifically through the administration of induced purgation (Sadhya Virechan) with Haritaki powder, demonstrated efficacy in the management of Sheeta Pitta (clinically recognized as urticaria). This intervention led to a discernible improvement in the patient's overall quality of life.

CASE STUDY

Patient was instructed for follow up every 15 days. All the sign and symptoms with the above treatment were pacified by shamana chikitsa and sadhya virechan chikitsa. Treatment was

continued for 3 month to get complete relief with no recurrence and patient was advised to follow the pathya and apathya in his daily schedule. The parameters are mentioned in table no.3.

Table 3 Parameters

S. no.	Parameters	Before treatment	After treatment
1.	Kandu (itching)	Grade 3	Grade 0
2.	Varna (discoloration)	Grade 3	Grade 0
3.	Mandalotpatti (wheal formation)	Grade 3	Grade 0
4.	Frequency of attacks	Grade 3	Grade 0

DISCUSSION

Sheetapitta, as understood in Ayurveda, is a condition arising from the imbalance of all three doshas. The pathogenesis, as described by the consumption of causative factors⁶ (Nidaan Sevana), involves the disruption of Kapha and Vata, subsequently spreading throughout the body, both internally and externally, in conjunction with Pitta. This systemic spread of the imbalanced doshas⁷ leads to the vitiation of plasma and blood tissues (Rasa and Rakta Dhatus), resulting in the compromise of the channels responsible for their circulation (Rasa Vaha and Rakta Vaha Srotas). Consequently, clinical manifestations such as insect bite-like rashes (Varati Damstavat Sotha) and pruritus (Kandu) due to Kapha, pain (Shula) attributed to Vata, and burning sensations (Daha) from Pitta emerge upon reaching the sensitized skin (Vigna Twaka).

CONCLUSION

The therapeutic regimen employed in this case, focusing on palliative measures (Shamana chikitsa), consisted of Mahamanjishthadi kwath, Keshor Guggul, and Gandhak Rasayan. The

selection of drugs was based on their inherent properties. Bitter taste (Tikta rasa) is known for its anti-allergic (Vishaghna), anti-pruritic (Kandughna), and skin-clearing (Kushthaghna) actions, effectively purifying the skin (Twacha) and blood (Rakta). Panchatikta ghrita, recognized for its anti-inflammatory properties, was utilized to mitigate the inflammatory response in the skin triggered by the deranged doshas and tissues. Additional medications, including Giloy Satva, Aarogyavardhini vati, and Haridra Khanda, were incorporated for their blood-purifying (Rakta shodhaka), skin-enhancing (Twak prasaadak), and immunomodulatory effects. Turmeric (Haridra) was specifically chosen for its potent anti-allergic properties, making it suitable for various allergic conditions, including skin allergies such as Urticaria (Sheetapitta) and pruritus⁸.

The positive outcomes observed in this case underscore the efficacy of addressing the root cause of the disease by restoring dosha balance and eliminating causative factors (Nidana Parivarjanam). This approach demonstrates the potential for achieving favorable results in the management of Sheetapitta.

CASE STUDY

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