

Role of Virechana (Shodhan) and Shamana Chikitsa in Sheetpitta (Urticaria) – A Case Study

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Abstract

In Ayurveda sheetpitta is described as Tridoshaj Vyadhi (Disease), but Vata and Pitta dosha are predominant and Ras and Rakta are main dushya. A 38 years old male patient consulted in the OPD with following complaints- frequent episodes of rashes on whole body associated with severe itching and burning sensation since 6-7 months. He was clinically diagnosed as chronic case of sheetpitta that can be correlated with urticaria. This case was successfully managed by Ayurvedic shodhana (Panchakarma) and Shaman therapy. The purpose of this case study is to demonstrate how shodhana (biopurification procedures) and shaman (palliative) therapy may help in treating inflammatory conditions like urticaria.

Keywords: Sheetpitta, Trivritta-triphaladikashaya, Shodhan, Urticaria, Virechana.

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Introduction

In Ayurveda sheetpitta is described as tridoshaj Vyadhi (disease), but Vata and Pitta dosha are predominant and Ras and Rakta are main dushya. Symptoms of allergic skin reaction mentioned as kotha in brihatrayi, are later on developed as separate disease under the title Shetapitta-Udarda-Kotha by Madhavakara. [1] Sheetpitta manifests due to exposure to Asatmyaaharvihar and contact with different poisonous materials (allergens). [2] Though it is not a life threatening condition, it seriously affects the quality of life. 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 lesions. [3] Urticaria of less than 6 weeks duration is called acute urticaria while more than 6 weeks as chronic urticaria. Main causes include autoimmune reaction, allergens in food, inhalants and injections, drugs, contact (e.g. animal, saliva, latex), physical (e.g. heat, cold, water, sun pressure), infection (e.g. viral hepatitis, infectious mononucleosis, HIV, idiopathic). [4] According to the Ayurveda, pathophysiology of sheetpitta initiates with vitiation of Vata and Kaphadosha (prakopa). Further vitiated Pitta dosha, leads to Ras and Raktadhatu strotodusti, then it spreads towards the

extremities and manifests as wheal/maculopapular rash. [5]

The incidence of relapse I also frequently found. Repeated intake of anti-histamine or corticosteroids provide I temporary relief as well as tend to reduce immunity threshold. Thus Ayurveda has important role in providing a comprehensive solution to this health problem. For generalized dermatological disorders like urticaria i.e sheetapitta, both the shodhana (removing doshas from the body by means of relevant Panchakarma) and shaman (subsiding doshas in situ with proper internal medicine) treatment modalities are mentioned in Ayurvedic classics. [6]

In bahudoshavastha of any disease shodhana therapy gives better results with minimum chances of recurrence. Therefore, Virechana was planned for the treatment of Sheetapitta.

Case Report-

This is case report of 38 years old male patient complaining of reddish rashes all over the body with severe itching aggravating in evening hours since 6-7 months. He had no history of DM/HTN/Asthma or any major illness. Personal history-omnivorous diet, irregular bowel habits (malavsthambha) and late onset of sleep at night.

Patient was on antihistaminic drugs for 6months. But there was no significant relief. Then, the patient approached Ayurvedic hospital for further management. Clinically

patient was diagnosed as, chronic case of sheetpitta with subjective parameters as described in Ayurvedic texts, viz., Kandu, Toda, Chhardi, jwar and Vidah. The gradation used for subjective and objective parameters are as follow.

Varati Dashtasamsthana shotha-

- 0-Absent
- 1-Locally scattered (in the specific area)
- 2-Moderately scattered (present on some part of the body)
- 3-Severly scattered (present all over the body)

Kandu (Itching)-

- 0-Absent
- 1-Mild kandu (occasional kandu)
- 2-Moderate Kandu (kandu disturbing normal activity)
- 3-Severe Kandu (kandu disturbing normal activity and sleep)

Toda (Pricking Pain)-

- 0-Absent
- 1-Mild Toda (occasional Toda)
- 2-Moderate Toda (Toda disturbing normal activity but not sleep)
- 3-Severe Toda (Toda disturbing normal activity and sleep)

Vidah (Burning sensation)-

- 0-Absent
- 1-Mild Vidah (Occasional Vidah)
- 2-Moderate Vidah (Vidah disturbing normal activity)
- 3-Severe Vidah (Vidahdisturbing normal activity and sleep)

Jwar (Fever)-

- 0-Absent (Normal body temperature)
- 1-Mild Jwar (Jwarupto1000f)
- 2-Moderate Jwar (Jwar 1000f-1020f)
- 3-Severe Jwar (Jwar more than 1020f)

Chhardi (Vomiting)-

- 0-Absent
- 1-Mild Chhardi (occasionally)
- 2-Moderate Chhardi (1 to 2 times a day)
- 3-Severe Chhardi (more than 2 times a day)

Treatment:

Initially the patient was counseled and explained about the Virechana procedure in detail and was admitted in IPD. Written consent was taken from the patient before procedure actually started. Virechana karma as per Ayurvedic classics was done. (Details in Table -1) Samsarjan karma was advised and explained. An assessment was done after Virechana and after 21 days of follow – up by adopting gradation (Table-2)

Table 1: Method of drug administration for Virechana Karma

Date	procedure	Treatment
9/4/18 10/4/18 11/4/18 12/4/18	<i>Dipana-pachana-anulomana</i>	<i>Arogyavardhini Vati-2tds, Avipattikar Churna-1tsf with Goghrita(morning)</i>
13/4/18	<i>ShamanAushadhi</i>	Tab. <i>Sutashekhar ras-2bid</i> (before meal)
14/4/18	<i>Snehapana</i>	<i>Panchatiktaghruta</i> started with 30ml in the morning empty stomach
15/4/18 16/4/18 17/4/18	<i>Snehapana</i>	<i>Panchatiktaghruta- 60 ml, 90ml and 120ml</i> respectively, in the morning empty stomach
18/4/18	<i>Snehapana</i>	<i>Panchatiktaghruta- 150ml.</i> <i>Samyaksnigdhalakshanawere</i> seen in the evening.
19/4/18 20//418	<i>Abhyanga</i>	<i>Til Tail</i>
21/4/18	<i>Virechan karma</i>	<i>Trivritchurna-5gm, Aragwadhaphalamajja-50gm+ 50gm</i> <i>Triphalabharad churna+120ml water.</i> On boiling, 80 ml Decoction was prepared out of this mixture. + <i>Abhayadi modak-2tab.(crushed)+Erand Tail-50ml</i> Total= 11 Vegas and 3 Anuvegas
22/4/18	Discharged	<i>Samsarajankrama</i> explained according to <i>shudhhi.</i> After that <i>Haridrakhand-2tsfbid</i> with milk, <i>Panchatiktaghruta Guggul-2bid</i> for 15 Days.

Photos: - (left hand)



BEFORE VIRECHANA



BEFORE VIRECHANA



AFTER 30 DAYS OF VIRECHANA



**AFTER VIRECHANA
AFTER 45 DAYS OF VIRECHANA**

Table-2 Assessment Score:

Parameter	B.T	A.T
Varati Dashta Samsthanashotha	3	0
Kandu	3	1
Toda	2	0
Vidaha	3	1
Jwar	2	0
Chhardi	1	0
Total	14	2

Result: The total duration of treatment was 3 months. As shown in above chart the assessment score of various parameters before treatment is seemed to be diminished after shodhana by Virechana and shaman chikitsa. Maximum improvement was seen in Vartidasthasamsthana shotha, Toda, and Jwar followed by Vidaha, Kandu.

Discussion:

As per Ayurveda *Sheetpitta* is a *Tridoshaja vyadhi*, characterized by Kandu, Toda and Daha etc. According to modern science Sheetpitta can be correlate with the ‘Urticaria’. Skin diseases results in discomfort also it gives an ugly look and

affects the person’s psychological and social status. So, the perfect line of treatment of Ayurveda in which Prakupita (elevated) doshas are removed out by Panchakarma (shodhana) therapy and after this remaining doshas gets subside by shaman therapy as mentioned in Ayurvedic text . In Sheetapitta Mainly Vata and Kapha is vitiated along with Pitta dosha. The Prakupita (vitiated) Kapha merges with the Pitta and due to vata dosha, cause vimargagamana (spread all over body) in Twaka. (Skin) Virechana is a treatment for Pitta dosha according to Charaka [7]. Pitta sanargaja doshas, Kapha sansargaja doshas and also for Pitta sthangata Kapha by Vagbhata [8] So, in this case predominant

involvement of Vata,Pitta and Rakta were there with less involvement of Kapha. As it involves *Vata-Pitta-Rakta* mainly, so *Panchatiktaghruta* was given for internal oleation. In this case, as the site of pathogenesis was restricted to upper limbs and Lower limbs, puricatory measure Virechana was planned with Trivritta, argawadha phalamajja, abhayadi modak and errand tail. At first the patient had consulted in OPD, his condition was worsened then, arogyavardhini vati ^[9] (Dipan-pachan,pitta virechana) and avipattikara churna (Doshanulomana) was internally administered. Then after seven days Virechana was planned. Though the lesions were reduced in extrimities by above treatment and patient got good relief. Medicine advised on discharge was *Haridrakhanda* 1tsf bid after food. The main content of *Haridrakhanda*¹⁰ is Haridra (turmeric) which is a potent antiallergic drug, recomanded in various allergic conditions including skin allergies like, Urticaria (Sheetpitta), itching etc¹¹. Mentioned in different rearch articles. Patient was asked to come after 15 days for follow up. The photographs of before and after purification and subsequent follow up are given.

Conclusion:

Present case study is a documentary demonstration of successful management of

Sheetapitta (Urticaria) through *Virechana* Karma (*shodhana*)and *shaman chikitsa*.

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