



AYURVEDIC MANAGEMENT OF SHEETAPITTA IN A PEDIATRIC PATIENT: A SINGLE CASE STUDY

Smriti Sajwan

P.G Scholar, Department of Kaumarbhritya, UAU Gurukul Campus, Haridwar.

Ajay Pratap Chauhan

Medical Officer, Ayurvedic Medical officer (Govt. Allopathic Hospital Ayush Wing, Pippli Rajak Uttarkashi.

ABSTRACT

Introduction: *Sheetapitta*, a skin disorder described in Ayurveda, is classified as a *Tridoshaja Vyadhi*, primarily involving *Vata* and *Kapha*, along with *Pitta*. It manifests as red, elevated, itchy, and burning lesions that resemble urticaria in modern medicine. While conventional treatment often relies on antihistamines and corticosteroids, Ayurveda offers a root-cause-oriented and holistic approach through *Shamana Chikitsa*. **Methods:** This single case study reports on a 10-year-old male patient with a one-month history of reddish, irregular skin lesions associated with itching and burning sensations. Symptoms worsened after intake of certain foods like non-vegetarian items, spicy and oily foods, dry fruits, and citrus fruits. Based on Ayurvedic assessment, the condition was diagnosed as *Sheetapitta*. The patient was treated with internal Ayurvedic medicines including *Haridrakhand*, *Kutaki Churna*, *Kiritikadi Kwatha*, and *Triphala*, along with external applications and dietary modifications. *Mustha Churna* and *Rakta Pachana* herbs were administered as needed. **Results:** Significant improvement was observed within the first few weeks of treatment, with a marked reduction in itching (*Kandu*), swelling (*Shotha*), redness, and burning sensation (*Daha*). By the end of one month, symptoms had nearly subsided with no new lesion formation. The patient's sleep and overall quality of life also improved. Recurrence was prevented through continued medication and *Nidana Parivarjana*. **Discussion:** This case demonstrates the effectiveness of *Shamana Chikitsa* in managing *Sheetapitta* (urticaria) by addressing *Dosha* imbalance and *Strotavarodha*. Ayurvedic formulations with *Tridoshahara*, *Raktaprasadaka*, and *Kandughna* properties facilitated *Samprapti Vighatana*. The results suggest that individualized Ayurvedic treatment can offer a sustainable alternative for allergic skin conditions.

KEYWORDS : Sheetapitta, Urticaria, Shamana Chikitsa, kandughna.

INTRODUCTION

Sheetpitta is a compound term derived from two words with contrasting meanings 'Sheet' signifies *Kapha* and *Vata*, while 'Pitta' represents the fiery dosha. In Ayurveda, *Sheetpitta* is classified as a *Tridoshaja Vyadhi*, with *Vata* and *Pitta* being predominantly involved. The primary *Dushyas* are *Rasa* and *Rakta*. Symptoms resembling allergic skin reactions, described as *Kotha* in the *Brihatrayi* texts, were later elaborated by Madhavkara as a distinct condition under the triad: *Sheetpitta-Udarda-Kotha*². This condition is generally triggered by exposure to various allergens or toxins and by consuming *Asatmya Ahar* or *Vihar*. Though not life-threatening, *Sheetpitta* significantly affects the cosmetic appearance and overall quality of life. Classical *Samhitas* attribute the causation of *Sheetpitta* to the excessive intake of *Lavana* (salty), *Katu* (pungent) tastes, *Shukta* (fermented substances), *Aranala* (acidic preparations), mustard (*Sarshapa*), as well as exposure to cold weather, wind, water, daytime sleep (*Divaswap*), improper *Vamana* therapy, insect bites (*Keeta Damsha*), and parasitic infestations (*Krimi Sansarga*). When an individual comes into contact with these causative factors, the doshas become vitiated. These vitiated doshas subsequently disturb *Rasa* and *Rakta Dhatus*, and spread to the peripheral tissues, resulting in characteristic symptoms such as wheals, maculopapular rashes, *Varati Damsha Sansthana Shotha* (urticarial swelling), *Kandu* (itching), *Toda* (pricking pain), *Vidaha* (burning sensation), along with *Jwara* (fever) and *Chhardi* (vomiting) in some cases.

These features closely mimic the condition known as **Urticaria** in modern medicine. A dermal vascular reaction marked by itchy, raised wheals or plaques that are pale or erythematous, transient, and migratory. Modern pathology identifies that nearly one-third of urticaria cases are cholinergic, often triggered by exercise, emotional stress, elevated body temperature, or sweating. The condition may also result from autoimmune responses, allergens (in food, inhalants, or contact materials), drugs, physical triggers (such as heat, cold, water, sunlight, pressure), or infections (e.g., hepatitis, HIV)³. An episode typically begins with itching, followed by red, raised patches; triggers include scratching, emotional stimuli, beverages, and physical activity. Without appropriate treatment, urticaria may recur over days, weeks, months, or even years, adversely affecting mental well-being. Modern medicine offers symptomatic relief primarily through antihistamines or corticosteroids, which often provide only temporary relief and may lower the immune response with repeated use.

Ayurveda offers a more holistic and lasting solution. The management of *Sheetpitta* includes both *Shodhana* and *Shamana* therapies. Classical texts suggest its treatment parallels those for *Kushtha* and

Amlapitta, and several herbal formulations used for *Udarda* and *Kotha* are also effective. The major advantage of Ayurvedic treatment lies in its potential to prevent recurrence by employing appropriate detoxification (*Shodhana*), symptomatic management (*Shamana*), and dietary-lifestyle modifications (*Pathya-Apathya*). A classical case presenting with symptoms of *Sheetpitta* was observed and treated successfully in the *Kaumarbhritya OPD No. 9* at Gurukul Campus, Haridwar Hospital, demonstrating the effectiveness of Ayurvedic management.

CASE REPORT

History Of Present Illness-

A 10-year-old male child presented with chief complaints of elevated, reddish, irregular-shaped skin lesions accompanied by localized swelling. These symptoms were associated with a gradual onset of itching and burning sensations affecting the entire body, persisting for the past one month. The itching episodes typically initiated soon after exposure to cold or rainy weather conditions. The symptoms were notably aggravated during the night and early morning hours, with gradual subsidence observed during the daytime. Based on the clinical presentation and relevant etiological factors, the condition was diagnosed as *Sheetapitta* basis of etiological factors and clinical presentation.

Personal History

The patient had irregular bowel habits, a preference for junk food, and delayed sleep onset. He was on modern medication for 15 days but did not experience satisfactory relief. The persistent symptoms of *Sheetapitta* disturbed his daily routine and social life. Due to this, he consulted the Ayurvedic OPD, where he was diagnosed with *Sheetapitta* (Urticaria) based on clinical features and history.

History Of Past Illness- Nil

Family History- Nil

History Of Present Illness

The patient was completely healthy before one month and gradually developed reddish irregular lesions with itching all over the body. Initially patient neglected the symptoms but when the symptoms got aggravated, patient took allopathic medication for 15 days and got symptomatic relief but the condition relapsed on discontinuing the medications.. As a result, he decided to take Ayurvedic treatment.

Family History-Not any relevant evidence.

Personal History

- ☐ Appetite- Good
- ☐ Diet – mixed
- ☐ Bowel- irregular with constipated.
- ☐ Micturition – Normal
- ☐ Sleep – Disturbed
- ☐ Addiction – not any

On Examination

Pulse Rate -78/min.,
BP -120/88mmhg
CVS-S1 S2 normal
CNS-Conscious and well oriented with respect to time place and person
P/A- Soft and non tender

Ashthavidha Pariksha-

Nadi -Pitta kaphaj
Mutra- Samyak 5-6 times/day, 1-2 times /night
Mala- Irregular, *Aam*
Jiwha- Lipta
Shabda- spastha
Sparsha- Anushna sheeta
Druka- Prakrut
Akruti- Madhyam

Management-

1. Haridrakhand 1gm- three times in a day- rasayana kala and vyanodan kala with lukewarm water. or 15 days
2. Combination of kamdudha 60mg + guduchi satva 60mg + Sutashekhar rasa 100 mg vyanodana kala with lukewarm water for 7 days
3. Nimbadi churna 2 grm+ Sudha gandhak 250mg+Jahar mohra pisthi 80mg + muktasukti bhasma 125 mg vyanodana kala with honey for 15 days
4. Urtiplex lotion for local application. For 15 days
5. Cap – Urtiplex 1 BD. For 15 days
6. Combination of Mustha churna 200mg + Avipatkar churna 400mg + kutaki churna 400mg with lukewarm water for 14 days.

The patient was evaluated weekly over a period of 15 days. Gradual and sustained improvement was observed in all presenting symptoms. Within the first week, there was noticeable reduction in **itching (Kandu)** and **burning sensation (Vidaha)**. By the second week, **urticarial swellings (Varati Damsha Sanshana Shotha)**, **pricking pain (Toda)**, and **redness** had significantly reduced. **Associated symptoms** such as **fever (Jwara)** were completely resolved. Digestive disturbances like **irregular bowel movements** also improved with the administration of Agni-balancing formulations like **Avipattikar and Mustha churna**. Sleep disturbances normalized by the end of treatment. The recurrence of symptoms, which was frequent before treatment, was completely absent by the final follow-up. The combination of *shodhan chikitsa* and *Shamana Chikitsa* with **Rasayana support (Haridrakhand, Kamdudha, Sutshekhar Rasa)** and **external application (Urtiplex lotion)** proved effective in reducing inflammation and hypersensitivity reactions. Importantly, the patient reported improved daily functioning and quality of life, with no side effects observed during or after the treatment course.

DISCUSSION

Sheetpitta is described as a *Tridoshaja* condition, predominantly involving *Kapha* and *Vata*, with *Pitta* acting as *Anubandhi*. The primary cause lies in the consumption of *Shita* and *Amla Ahara*, *Shita Vihara*, and exposure to allergens or cold, which leads to *Strotorodha* by vitiated *Kapha*. Ayurvedic management focuses on clearing this obstruction using *Ushna*, *Tikshna*, and *Laghu dravyas* to restore *doshic* balance.

Classical formulations such as *Haridrakhand* are particularly effective due to their *antioxidant*, *antihistaminic*, and *Rasayana* properties. Supporting medicines like *Kamdudha Ras*, *Sutshekhar Ras*, *Kutki*, *Mustha*, and *Avipattikar Churna* help pacify *Pitta* and *Rakta*, which are key dushtas in *Sheetpitta*. Mineral-based drugs such as *Jahar Mohra Pishti*, *Shuddha Gandhak*, and *Nimba* further aid in reducing inflammation and itching, acting as *Twachya*, *Kandughna*, and *Varnya*. Modern medicine treats urticaria symptomatically with antihistamines and corticosteroids, which may offer temporary relief

but often lead to dependence, reduced immunity, and recurrence. Ayurveda, on the other hand, offers a more comprehensive approach through *Nidana Parivarjana*, *Shodhana*, *Shamana*, and strict adherence to *Pathya-Apathya*, thereby addressing the root cause and preventing recurrence.

CONCLUSION

The present case highlights the effectiveness of Ayurvedic management in treating *Sheetpitta*, a condition closely resembling urticaria in modern medicine. While conventional treatments offer only symptomatic and temporary relief, Ayurveda provides a holistic approach targeting the root cause through *Nidana Parivarjana*, *Shodhana*, *Shamana* therapies, and *Pathya-Apathya* adherence. The use of classical formulations like *Haridrakhand*, *Kamdudha Ras*, and *Guduchi Satva*, supported by mineral and herbal combinations, demonstrated significant symptomatic relief and reduced recurrence within a short span. This case reaffirms the potential of Ayurvedic interventions in managing allergic skin conditions effectively and safely, especially in pediatric patients.

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