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A CASE STUDY ON THE MANAGEMENT OF SHEETAPITTA- WITH SHODHITA MADHANAPHALA YOGA AS A VAMAKA DRAVYA

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ABSTRACT

A 42 year old male subject, hailing from Arsikere taluk of Hassan district, Karnataka presents with a two and a half month history of periodic swelling over his face, neck and chest region. The lesions were well defined, localised, *erythematous*, *elevated wheals* associated with itching and burning sensation. *Blanching* was present and there were no associated bruising. He was clinically diagnosed as an acute case of *sheetapitta (Urticaria)*. As *shodhana* chikitsa is more effective, he was treated by giving *shodhananga snehapana* and *shodhita madanaphala Vamana yoga* in which vitiated doshas are expelled through mouth. He vomited 7 times a total content of 8200ml against 7500ml of input. At the end of *vamana*, pitta was vomited. After an hour of *vamanakarma* the subject felt remarkable relief from itching, burning sensation and gradual reduction of erythema.

Keywords: *Vamana, sheetapitta, urticaria, shodhita madanaphala, blanching*

INTRODUCTION

Among the different types of *Twakvikaras* mentioned in Ayurveda Sheetapitta is one. Sheetapitta is a disease caused when patient is exposed to cold breeze. Due to

the nidana there will be vitiation of *Kapha and Vata*. These two combinewith Pitta and circulate all over the body i.e. both internally and externally producing signs

and symptoms over skin [1] features being *Varati Damstravat Sotha* and *Kandu* caused by *Kapha*, *Shula* caused by *Vata* and *Daha* caused by *Pitta*. Even sometimes it causes symptoms like *Chardi*, *Hrillasa*, *Aruchi*, *Dehasada*, *Angagaurava*, *Jvara*, *Vidaha* and *Pipasa*. Sheetapitta makes the patient worried due to its appearance of wheals all over the body with severe itching, burning sensation and pain.

Urticaria is one of the dermatological disorders. It is characterized by sudden eruptions of itchy wheals which may appear on any part of skin and mucous membranes. Individual lesions as a rule do not last longer than a few minutes to a few hours and disappear without leaving any trace. Urticaria affects about 15-20 % of total population [2]. This condition can interfere in routine activities of the victim. It is intermittent and frustrating for both the victims and physicians. Sheetapitta is having similar symptomatology and causative factors to that of urticaria. A possible co-relation has also been made with a view to understand the etiology and pathogenesis of the disease.

Ideally in *bahudoshavastha* of the disease, *shodhana* is very much effective as it eliminates the doshas at the root level in large amount and prevents the recurrence [3]. Henceforth *shodhana* followed by

shamana therapy has to be advised in the subjects diagnosed of sheetapitta. The purpose of the case study is to demonstrate how *vamana* (therapeutic emesis) is a safe protocol in treating inflammatory skin diseases like sheetapitta (urticaria).

A CASE REPORT

A 42 year old case hailing from Arsikere taluk of Hassan district with came to SDMCAH, Hassan presenting with a two and half a month history of periodic swelling over his face, neck and chest. The lesions are well defined, localised, erythematous, elevated wheals associated with itching and burning sensation over the patches. Blanching was present and there were no associated bruising. The subject was asked to get admitted in IPD basis for planning *shodhana karma* (purificatory therapy).

HISTORY OF PRESENTING ILLNESS

The subject was apparently normal two and a half months Ago. Gradually he started developing reddish elevated patches all over his body especially over face, neck and front of chest with itching and burning sensation over the patches. He describes his agony in his words as “there is an intense itching sensation initially forcing me to scratch that region with redness and burning sensation and

appearance of these patches". They persists from few minutes to hours, sometimes disappears gradually on its own. They appear usually in the morning or sometimes at night. He was physically and mentally tormented due to symptoms.

PAST HISTORY not significant

PERSONAL HISTORY:

Occupation: Agriculture business.

Bad Habits: nil

O/E:

□ Nadi (pulse) = 75/min. □ Mala =Prakrita □ Mutra = prakrita. □ Jeeva =lipta. □ Agni = Jataragnimandya □ Shabda =prakrita □ sparsha = Khara,sheetasparsha □ Druk = prakrita. □ Akrti = krusha. □ Bala = pravara. □ Raktachapa (B.P) = 130/90 mm/Hg.

SAMPRAPTI GHATAKA

- Dosha :Vata, Pitta, Kapha
- Dushya : Rasa , Rakta
- Srotas :Rasavaha , Raktavaha
- Srotodushti: Sanga and Vimargagamana
- Ama : Agnidushtjanya
- Agni: Jataragnimandya, Dhatwagnimandya.
- Udbhavasthana: Amashaya, Pakwashaya.
- Sancharasthana: Sarvashareera
- Vyaktasthana: Twak
- Adhishtana: Twak
- Rogamarga: Bahya

TREATMENT SCHEDULE

Table 1: Treatment Schedule of Study

Date	Day	Treatment procedure	Observations
28/11/20	1st	Sarvanga Parisheka with Dashamoolaqwatha	Itching reduced
29/11/20	2nd	Sadyovirechana with Avipattikarachoorna 20g and warm water	Vega pravrutti :5
30/11/20	3 rd	Shodhanangasnehapana with MoorchitaGhrta dose 40ml (morning 7:30 am)	Appearance of new wheels over right shoulder , itching +
31/11/20	4 th	Snehapana dose 60ml	Itching +++
01/12/20	5 th	Snehapana dose 100 ml	Itching subsided
02/12/20	6 th	Snehapana dose 140 ml	Nothing significant
03/12/20	7 th	Snehapana dose 180ml	Swelling over face increased .samyaknigdalakshanas attained
04/12/20	8 th	Sarvanga Abyanga with Yashtimadhutaila and Bashpasveda . advised kaphautkleshanaaharas	Nothing significant
05/12/20	9 th	Sarvanga Abyanga and Bashpasveda followed by vamana	After 1 hr of vamana there was remarkable decrease in the symptoms

TREATMENT PLAN

As *Poorvakarma* before *shodhana*, *Sarvanga Parisheka* which is a type of *dravasveda* is planned keeping in mind not to provoke pitta and further it is *vatakaphahara* as well. *Kashaya* was

selected as the *dravadravaya* as it is *rooksha*, *kledamedovishoshana* (brings down *kleda* and *meda*), *kaphapittahara* and *amasamsthambana* (procrastinate amaformation) [4]. There after a *sadyovirechana* was planned for bringing

the *vataanulomana*, *koshtashuddhi* and required *agnideepti* (being langana karma) for the subsequent *snehapana*. Making sure that the agni is good enough for the digestion of sneha, *snehapana* was decided with *moorchitaghrita*, keeping in mind the palatability of sneha and the only aim being *doshautkleshana* at its best, as it would decide the outcome of shodhana procedure. Initially *ahrsiyasi matra* (test dose) of 40 ml was administered in empty stomach in the presence all *ahara jeerna lakshanas* except hunger. Then observing the *snehajeerna lakshanas*, *kshut pravrutti*, *udgarashuddhi lakshanas*, sneha was administered in arohanamatra (increasing dose) till *samyaksnigda lakshanas* were attained.

About Vamana karma

After attaining *samyaksnigda lakshana* [5] following *snehapana*, patient was subjected to undergo *vamana* as per classical references. On the previous day of *vamana* karma, the patient was instructed to take *kaphautkleshakara aharas* (promotes production of kapha) [6] like idli, dahivada for breakfast, curdrice, payasam for lunch, tilladdu, fresh sugarcane juice, milk, curds frequently and milk rice for dinner. The subject was asked to complete dinner before 8:30 pm and go to bed around

10:30 pm. He was counselled previous day regarding the procedure and dos and don'ts ensuring his full cooperation and full mindedness during *vamana* karma so as to avoid any untoward complication. Next day subject was asked to wake up at 4:30 am early morning and freshen up making sure he passes his natural urges and was taken to the *Vamana* room by 5 am. After examining the vitals on the day of *vamana* karma during *kaphakala* the patient was subjected to *sarvanga abhyanga* [7] with *yashtimadhu taila* and *bhaspasveda* and asked to take *usna jala snana* before starting the process. The *mala rupikapha* (toxins) accumulated in the body are effectively removed by *vamana*, which is the first panchakarma mentioned in classics. By *vamana* we can also bring out other mala from the body. Here mala refers any foreign particle or metabolized product that is harmful to the body and that obstructs or adheres within the *srotas* (body channels). The objective of *vamana* therapy is to induce vomiting in the person to get rid of mucus that causes excess *kapha*. *Shodhita madanaphala* is said to be the best therapeutic emetic agent because of its less complication. *Milk* is used as a medium for facilitating vomiting at an ease (*vamanopaga*) (Figure 1) [8].



Figure 1: Vamana Karma

Executing vamana karma

The subject was made to sit in a chair in a reclined position with back support and arm rest. A tub is placed at his front for collecting the vomitus. He was given a semi solid *yavagu* to eat so as to facilitate blocking of pyloric sphincter and this would prevent the chances of *virechana* instead of *vamana*. He was made to drink milk *akantapana* (till he burps). He consumed 2000ml of milk. Then *vamakadravya yoga* (*shodhita madanaphala churna 10g + yashti madhuchurna 4g + vacha churna 2g + saindhava lavana 5g + honey 50g*) was given in a *lehya* form after offering prayers to lord *dhanwantari*. Then waited for about 20 minutes for the *swayam pravartana* (self induction) of *utklishta doshas*, which is for facilitating the dosha movement. The onset of perspiration on forehead (*svedapradurbhava*) indicates melting or liquefaction of dosha and horripilation (*romaharsha*) indicates the doshas has started moving from its seat of stagnation. *Kukshi Adhmana* (Abdominal

distension) indicates that the doshas has shifted to the stomach. This act is followed by *praseka* (salivation) and *hrillasa* (nausea) that confirms the upward movement of dosha [9]. For the ease of the procedure *yashti madhuphanta* was given followed by *saindhavajala* towards the end. He consumed 3500 ml of *yashtiphanta* and 2000 ml of *saindhavajala*. At the end of the procedure, bile is vomited (*pittanta vamana*) signalling the physician to discontinue, otherwise it may provoke Vata.

INFERENCE / OBSERVATIONS

The four criterias namely Antiki, Maniki, Vaigiki, Laingiki are observed (Table 1). Subject having an output of 8200ml of contents in 7 *Vegas* expresses the “*madhyama shuddhi*” [10]. The entire process of *vamana* is completed in a duration of 65 minutes. Patient felt relaxed, lightness in whole body, remarkable relief from itching, burning sensation & gradual reduction of erythemas as shown in Figure 2.1-2.3 (comparison of before and after treatment). As patient is self-expressive of diminishing of emesis, *dhumapana* (therapeutic smoke inhalation) is given.

Table 1: Observations of Study

Procedural summary		Measures
Maniki (measurement)	Input	7500 ml
	Output	8200ml
Antiki (procedural inference)		Pittanta
Vaigiki (bouts of vomiting)		07
Laingiki (symptoms)		Sarceralaghuta , kapha present in vomitus
		No blood in vomitus was observed

RESULTS



BEFORE VAMANA AFTER VAMANA

Figure 2.1: Shows Lesions on the Face



BEFORE VAMANA AFTER VAMANA

Figure 2.2: Shows Lesions over the Left Lateral Side of Neck



BEFORE VAMANA AFTER VAMANA

Figure 2.3: Shows Lesions Over the Mid-Chest (RIGHT)

DISCUSSION

It is also found that vamana has actions on blood parameters as well. The Erythrocyte Sedimentation Rate (ESR) and Absolute Eosinophil Count (AEC) at the time of admission was recorded as 18 mm/hr and 450 cells/mm³ respectively. While after vamana it was reduced to 8mm/hr and 360 cells/mm³ ie within the normal limits. . Vamana karma also proves kaphagnatha and srothoshodhana effect there by clearing the flow of asthaya (circulating) rasa and rakta, that may be the probable reason of reduction in ESR and AEC. Many doubts arises on the intake of kaphavardhaka aharas during the visramakala (day prior to vamana) whether it aggravates the symptoms or not. In true sense, its beneficial because if kapha is increased, it will easily come to the koshta by svedana. By snehapana, the aggravated kapha already mixed with the mala in the srotas becomes in animated. It combines with the kapha which is aggravated by kapha vardhaka foods and drinks, becomes active to move towards koshta and thereby helps in the samyak yoga of vamana. Otherwise there will be ayoga of vamana [11].

CONCLUSION

After proper nirharana (elimination) of mala rupikapha through vamanakarma and following samsarjanakrama

depending upon the shuddhi, shamanaoushadhis can be given to the subject which would prevent the recurrence of the disease. This concludes that vamana karma (therapeutic emesis) is a safe protocol in the management of many inflammatory skin diseases like urticaria. Following case study is a documentary demonstration of successful management of sheeta pitta (urticaria) with *shodhita madhanaphala* yoga as a vamakadravya.

REFERENCES

- [1] Madhava Nidana; Madhavakara; Madhukoshavyakhya edited by Vijayarakshita and Shrikanthadatta, Varanasi: Chaukhamba Surabharati Prakashana; 2003: 221.
- [2] API Text Book of Medicine; Sainani Gurmukh S; 5th ed. Bombay; Association of Physician of India; 1994 : 1248.
- [3] Charaka Samhita, Sutrasthana, Ayurvedadipika Ayushi, Hindi commentary edited by Vd.harish Chandra singh Kushawaha Vol-1 16/20-21, Varanasi: Chaukamba Orientalia; 2009: 251.
- [4] Ashtanga Hrdaya, Sutrasthana, English translation & commentary edited by T. Sreekumar, 3rd edition. Vol-1 10/20-21 : 255

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- [5] Charaka Samhita, Sutrasthana, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd.harish Chandra Singh Kushawaha Vol-1 13/48, Varansi; Chaukamba Orientalia; 2009: 211.
- [6] Charaka Samhita, Kalpa Sthana, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Harish Chandra Singh Kushwaha Vol-II 1/14, Varanasi: Chaukhamba Orientalia; 2009 : 859
- [7] Charaka Samhita, Sutrasthana, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Harish Chandra Singh Kushwaha Vol-I 15/12, Varanasi: Chaukhamba Orientalia; 2014 : 243
- [8] Charaka Samhita, Sutrasthana, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd.Harish Chandra Singh Kushwaha vol-1 4/23, Varanasi; Chaukamba Orientalia; 2014: 65
- [9] Pulakkantakar Principles and Practice of Panchakarma; Choukhamba Sanskrit pratishthan, Delhi. : 366
- [10] Charaka Samhita, Sutrasthana, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd.Harish Chandra Singh Kushwaha vol-2 1/13-14 Varanasi; Chaukamba Orientalia; 2009 : 877
- [11] Pulakkantakar, Principles and Practice of Panchakarma, Chaukamba Sanskrit pratishthan, Delhi: 358-9.