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## UTILITY OF PANCHAKARMA IN THE MANAGEMENT OF *SHEETAPITTA* W.S.R. TO DERMATOGRAPHIC URTICARIA

DEEPAK Y<sup>1</sup>, NIRMALA S<sup>2\*</sup> AND YAMINI S<sup>3</sup>

1: PG Scholar, Department of Panchakarma, Parul Institute of Ayurved, Parul University

2: Professor, Department of Panchakarma, Parul Institute of Ayurved, Parul University

3: PG Scholar, Department of Panchakarma, Parul Institute of Ayurved, Parul University

\*Corresponding Author: Dr. Nirmala Sonawane: E Mail: [ayurved05@gmail.com](mailto:ayurved05@gmail.com)

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### ABSTRACT

Urticaria is an inflammatory skin disorder that affects up to 20% of the world's population at some point during their life. It is characterized by the development of itchy, raised marks on the skin or swelling. It is also known by the name Hives. The *Shodhana* therapies like *Vamana* and *Virechana* are considered to be the most ideal treatment and effective in this condition along with *Shaman* and *Bahyachikitsa* which have been explained by different *Acharyas*. In Ayurveda, the symptoms of *Sheetapitta* are similar to those of Urticaria. Presenting a case of a 28-year-old male with complaints of recurring reddish inflamed lines over the back and bilateral hand region with severe itching and burning sensation for 3 years. The symptoms aggravated during summer and monsoon season with increased intensity. The diagnosis was done as *Sheetapitta* concerning Dermatographic Urticaria. The treatment protocol was planned according to the principles of *Shodhana* (*Virechana karma*) followed by *Shamana chikitsa*.

**Keywords:** Dermatographism, Urticaria, *Sheetapitta*, *Virechana karma*, Panchakarma

### INTRODUCTION:

Healthy skin is a valuable asset for the body. Skin is the largest organ in the body and one of the most complicated. Skin's importance

lies in its role as a vital health barrier, regulating temperature and housing sensory receptors. Healthy skin is vital for overall

well-being, protecting against infections and environmental stressors. Socially, skin affects appearance, self-esteem, and cultural identity, influencing social interactions and emotional well-being. Personally, it is essential for personal hygiene, contributing to a sense of cleanliness and overall well-being. Skin's condition impacts self-image, self-esteem, and quality of life, affecting personal confidence and mental health. Urticaria, commonly referred to as hives, is a prevalent condition marked by red, swollen, itchy, and temporary plaques that affect both the skin and mucous membranes. It is broadly categorized into acute and chronic urticaria.

The worldwide incidence is 0.1%–3% of the population. Approximately one out of every five individuals is expected to encounter urticaria at least once in their life, and this trend appears to be consistent among people of all age groups [1]. In this case study patient is diagnosed with dermatographism which is a type of chronic urticaria (CU) Dermatographism, also known as Dermographism urticaria, or urticaria factitia, is an urticarial eruption upon pressure or trauma to the skin affecting 2–5% of the population [2]. A small percentage of individuals experiencing dermatographism may develop symptoms such as itching, stinging, and prickling sensations, causing

discomfort for the patient [3]. The precise origin of dermatographism remains uncertain; however, the release of histamine from mast cells may be a contributing factor [4].

*Sheetapitta* comprises two words- *Sheeta* and *Pitta*. *Sheeta* means cold and *pitta* means warmth. So, it is a condition caused due to the dominance of “cold” (present in *vata* and *kapha* dosha) over *pitta* dosha [5]. *Sheetapitta*, also known as *Udarda* and *Kotha*, is a skin condition characterized by swelling, red patches or rash, and itching. The disease is a result of vitiation of *Vata* and *Kapha doshas*, coupled with an aggravation of the *Pitta dosha* [6]. The condition is mainly caused due to improper dietary regimen and improper sleep timing. Irrespective of the intake of Junk food and bakery products, Fermented food leads to the accumulation of *Aamjanya vikruti* (*Pitta* vitiation) in the body and causes symptoms like itching, rashes, indigestion, etc. Aetiology or *Nidana* of the condition involves an increase in *Pitta*, leading to manifestations such as inflammation (*Shotha*), itching (*Kandu*), elevation (*Sthod*), burning sensation (*Vidaha*), fever (*Jwar*), vomiting (*Chhardi*), and other related symptoms [7].

Keeping in mind the recurring nature of the disease, Panchakarma or *shodhana chikitsa* was adopted along with *shaman* medicines. Hence, due to the major involvement of *pitta*

dosha vitiation leading to *Aamjanya piitaja vikara*, *Virechana karma* (purgation therapy) was chosen as the main treatment protocol. In Dermatographic urticarial or *Sheetapitta*, *Virechana karma* along with other *shaman* medicines, has shown significant results.

#### **CASE STUDY:**

A 28-year-old male patient came in OPD of Parul Ayurved Hospital with complaints of reddish inflamed lines over the back and bilateral hand region with severe itching and burning sensation for 3 years. The symptoms worsened during the summer and monsoon seasons and when he consumed foods such as eggs. The patient was taking allopathic medications and got relief for a short duration but the symptoms recurred. His condition gradually worsened due to the re-occurrence of the symptoms and increasing intensity of itching.

#### **PAST HISTORY:**

Three years ago, the patient had COVID-19 in September 2020. Following recovery, the patient initially complained of mild itching on bilateral lower limbs and over the back region. The patient applied moisturizer locally and experienced some relief. However, the complaints persisted for two months, and the intensity of itching increased every time. The persistent itching began to disturb the patient's sleep. After seven days of severe itching, the

patient took advice from a dermatologist and was diagnosed with dermatographia. The dermatologist prescribed levocetirizine 5mg (SOS), and the patient took 2-3 tablets per week for six months.

After six months, the itching gradually increased, and levocetirizine became less effective compared to the initial dose. The patient then started taking one tablet of levocetirizine per day. Due to the Dizziness effects of levocetirizine, the patient switched to Ebastine 10mg per day, following advice from a friend who worked at a private hospital. However, over time, the symptoms worsened.

Seeking an alternative approach, the patient turned to Ayurvedic management due to the increasing frequency of medication and the worsening condition caused by the recurrence of symptoms and intensified itching

#### **PERSONAL HISTORY:**

As per the patient's personal medical history, their dietary habits involve a mixed diet, and they maintain regular, normal bowel habits. The patient reports sound and adequate sleep. There is no history of tobacco or alcohol consumption, and the patient identifies as a student.

#### **MEDICAL HISTORY:**

The patient took allopathy medicine, i.e. antihistamines

**FAMILY HISTORY:**

There was no reported family history related to urticaria or any skin disease.

**ON EXAMINATION:**

Pulse-78/min

BP-122/90mmHg

RR-15/min

**Astavidha Pariksha-**

- *Nadi* (pulse)-*Vata* Pitta
- *Mala* (bowel habits)-sometimes hard
- *Mutra* (urine)- Regular
- *Jivha* (tongue)-Mild coated
- *Shabdham* (voice of patient)-NAD
- *Sparsham* (touch) - *Samshitoshna* (temperate)
- *Druka* (eye & vision) – NAD
- *Akriti* (body building)-*Madhyama* (medium)

**Systemic Examination-**

- Respiratory System: - AEBE Clear
- Cardiovascular System: - S1S2 heard.
- CNS: - All superficial reflexes are intact, Patient is conscious and well oriented
- GIT: - Soft Abdomen, Bowel sound heard, No Pain or any other symptoms

**Local Examination-**

- Shape- Swelling of the surface of the skin into red- or skin-colored rashes with

clearly defined edges on inducing an impact of force.

- Itching over rashes
- Rashes often change shape, appear within minutes.
- Colour- reddish
- Secretion-Absent (occasionally after scratching)
- Elevation-Present
- Pain-Mild
- Inflammation-Present
- Burning and, needle pricking sensation all over the affected area.

**Samprapti Ghataka-**

- *Dosha- Tridosha*
- *Dushya- Rasa, Rakta*
- *Srotas- Rasavaha, Raktavah*
- *Srotodushti- Vimarg gaman*
- *Ama- Sama*
- *Udbhavasthana- Amashaya*
- *Vyaktisthana- Tvak*

**DIAGNOSIS:**

From the clinical features, it was diagnosed as *Sheet pitta* (urticaria)

**INVESTIGATION:**

CBC, RBS, and URINE (ROUTINE & MICRO) were within normal limits.

**TREATMENT GIVEN:**

Table 1: Virechana karma protocol timeline

SR	Procedure	Procedure details	Duration
1	Deepana-Pachana	Chitrakadi vati 2 tab TID with Warm water Before Food Aampachaka vati 2 tab TID with Warm water After food	Day 1-2
2	Snehapana	1). Panchatikta ghr̥it in increasing dose per day  3 <sup>rd</sup> Day-30ml (7:00AM) 4 <sup>th</sup> Day-60ml (7:30AM) 5 <sup>th</sup> Day-90ml (7:15AM) Anupana-Luke 6 <sup>th</sup> Day-140ml (7:00AM) warm water 7 <sup>th</sup> Day-180ml (7:30AM)	Day 3-7
3	Siravedh	4 <sup>th</sup> Day- 60ml 5 <sup>th</sup> Day- 60ml 6 <sup>th</sup> Day- 60ml } From cubital fossa of B/L upper limb	Day 4-6
4	Vishrama kala	On 8 <sup>th</sup> day sarvanga abhyanga with Nimba tail followed by nadi swedana done	Day 8
5	Virechana karma	On the 9th day- After Sarvanga Abhaynaga with Nimba taila followed by Nadi swedana, Virechana karma was done with 80 gms of Trivirit avleha and 200 ml Draksha Kashaya. (Vega- 21 in no.) (Suddhi type-Madhyam suddhi)	Day 9
6	Paschat Karma	Samsarjana Krama protocol is followed for 5 days, as per shuddhi. On the 13th day, after the completion of the Samsarjana Krama, the initiation of Shamana medicine begins	Day 9-13

Table 2: Follow-up medicines

Sr. no.	Shamana Medicine	Dose and Dosage	Duration
1.	Arogyavardhani vati	2 tab TID before food	45 Days
2.	Haridra khanda	3gm BD after food	45 Days
3.	Kamdhudha ras	2 tab BD after food	45 Days
4.	Manjisthadi kashya	60ml BD before food	45 Days
5.	Cutis ointment	For local application	45 Days

**OBSERVATION AND RESULT:**

**Urticaria activity score (UAS7):**

Table 3: UAS7 Severity table [8]

Hives/24h		Itching/24h	
Score	Definition	Score	Definition
0	No hives	0	No itching
1	Less than 20 hives	1	Mild Itching (present, but not troublesome)
2	Between 20 and 50 hives	2	Medium Itching (troublesome, but no significant impact on daily activities or sleep)
3	More than 50 hives	3	Severe itching (intense itching, with a significant impact on daily activities or sleep)

Table 4: UAS7 disease activity score bands [8]

UAS7 band	Rationale
0	Itch and hive-free—indicative of no symptoms of CSU and considered a full treatment response
1–6	Well-controlled urticaria—indicates a good response to treatment
7–15	Mild urticaria—indicates also a lower response level
16–27	Moderate activity urticaria—entry criteria for clinical trials in CSU
28–42	Severe activity urticaria

Table 5: UAS7 (Urticaria activity score)- Before Treatment (Day 0-7)

Day	Wheals/Hives Score	Itching Score	Total
Day 1	2	2	4
Day 2	2	2	4
Day 3	2	3	5
Day 4	1	1	2
Day 5	1	1	2
Day 6	2	2	4
Day 7	2	3	5
Total			26

Table 6: UAS7 (Urticaria activity score)- After Virechana karma (Day 9-15)

Day	Wheals/Hives Score	Itching Score	Total
Day 1	2	1	3
Day 2	2	1	3
Day 3	2	1	3
Day 4	1	1	2
Day 5	1	0	1
Day 6	1	0	1
Day 7	1	0	1
Total			14

Table 7: UAS7 (Urticaria activity score)- After First Follow-up (Day 30-36)

Day	Wheals/Hives Score	Itching Score	Total
Day 1	0	0	0
Day 2	0	0	0
Day 3	0	0	0
Day 4	0	0	0
Day 5	0	0	0
Day 6	0	0	0
Day 7	0	0	0
Total			0

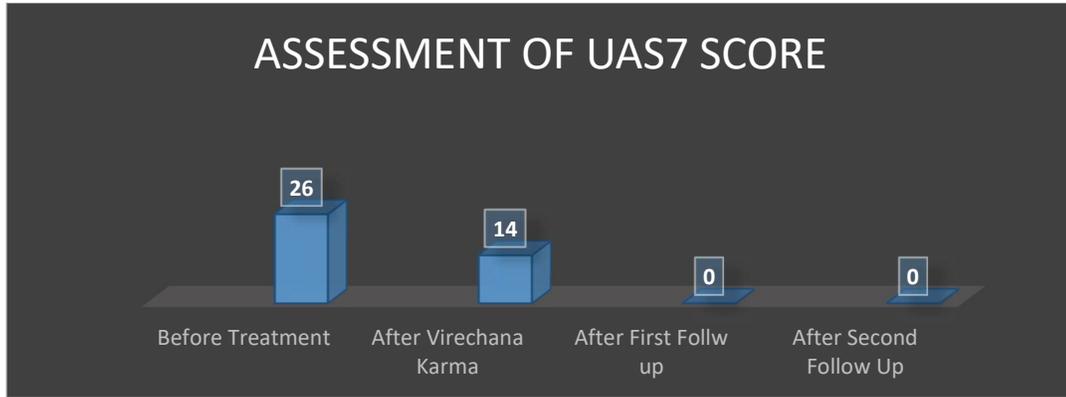
Table 8: UAS7 (Urticaria activity score)- After Second Follow-up (Day 45-52)

Day	Wheals/Hives Score	Itching Score	Total
Day 1	0	0	0
Day 2	0	0	0
Day 3	0	0	0
Day 4	0	0	0
Day 5	0	0	0
Day 6	0	0	0
Day 7	0	0	0
Total			0

Based on the outcomes identified throughout the treatment process, the following observations were cited.

Table 9: UAS7 (Urticaria activity score)- compiled result

Time	UAS7 Score
Before Treatment	26
After the Virechana Karma	14
After the First Follow Up	0
After the Second Follow Up	0



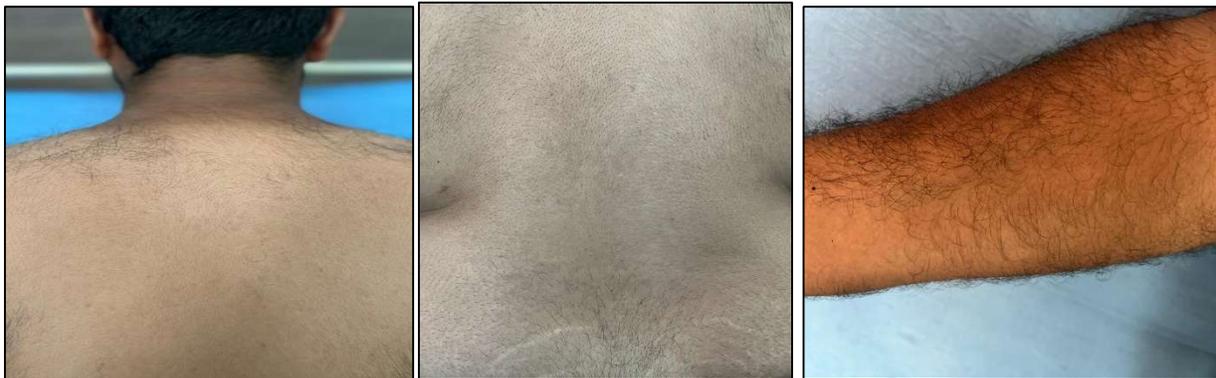
Graph 1: Assessment of UAS7

Pictures of before and after treatment-

**Before Treatment**



**After 1<sup>st</sup> follow Up**



**DISCUSSION:**

1. **Deepana- Pachana:** *Chitrakadi Vati* comprises primary ingredients such as *Maricha* (Piper nigrum), *pippali* (Piper longum), and *Chitraka* (Plumbago zeylanica). These components work to enhance the digestive fire. The roots of *Chitraka* (Plumbago zeylanica) are particularly effective as a potent appetite stimulant (*Deepana*) and digestive aid (*Pachana*) [9].
2. **Virechana karma:** *Panchtikta ghrita* was chosen for *snehapana* as all its constituents – *Nimba* (Azadirachta indica), *Patola* (Trichosanthes dioica), *Kantakari* (Solanum surattense), *Guduchi* (Terminalia cordifolia) and *Vasa* (Adhatoda vasica) are *Tikta rasa pradhan dravyas* [10] *Tikta rasa* is *Vishaghna* (antiallergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood) [11]. Studies have proven anti-inflammatory action of *Panchatikta ghrita* [12]. Therefore, it will also address the inflammatory reaction on the skin caused by imbalanced *Doshas* and *Dhatus*. *Virechana karma* was selected as the *Shodhana karma* because it is the most effective treatment for *Pittaja*

disorders, and it is also a significant therapy for *Vataja*, *Kaphaja*, and *Raktaja* disorders [12] (these all are vitiated in *Sheetapitta*) as it eradicates the aggravated *Doshas* from the body.

*Trivrit avleha* is a *Sukhavirechaka* with *Laghu*, *Ruksha* and *Teekshna guna* and *Ushna Veerya*, which gets absorbed and due to its *Veerya*, it reaches to the *Hrudaya* and *Dhamanis* and reaches to *Sthoola* and *Anu Srotas* i.e. micro and macro channels of the body. *Vyavayi guna* helps in quick absorption, then *Vikasiguna* causes softening and loosening of the bond by *Dhatu* (*Vimoksha* to *Dhatu Bandhas*). Due to its *Ushna guna*, the *Dosha Sanghata* (compactness) is disintegrated. Due to the action of *Teekshna guna*, *Mala* and *Dosha* break into microform. Due to *Sukshma guna* by reaching to microchannels, disintegrates androgenic toxins, which are then expelled/ excreted through microchannels.

*Draksha Kashay* (*Astanghridaya*), as stated by Acharya Charak, is one of the *Virechanopaga drug* [13]. The dominance of *madhura* rasa, *madhura vipaka* & *sheeta virya* with *Prithvi* and *Jala Mahabhutadhikya* can be observed. It shows that these medicines have a

natural tendency towards the downward direction. *Virechanopaga* medicines might have the action at *Mahasrotas* level only. *Virechaka* drugs act throughout the body due to their *vyavayi* and *vikasi* action. *Virechanopaga* drugs might help in propelling doshas and malas towards a downward direction once they are brought into the *mahasrotasa* or *koshtha* by *virechaka* drugs.

3. **Siravedh:** *Siravedh* is considered as “*Ardha Chikitsa*” by Acharya Sushrut. Its field of action is *Sarvadaihik* (full body) which means it removes doshas from all over the body hence, the term *Ardha chikitsa* is given [14]. In *Sheetapitta*, there is vitiation of all the three *doshas* i.e. *pitta*, *vata* and *kapha*. These vitiated doshas create an obstruction or *avarana* in the *rakta dhatu*. By performing *Siravedh*, this *avarana* of *pitta* and *kapha* was removed and thus it facilitates the mobility of *vata*.
4. **Shamana Chikitsa:** *Arogyavardhini Vati*, recommended for treating *twak vikaras*, was given alongside it. This is because it includes *Katuki*, which helps in ensuring gentle bowel movements throughout the treatment.

*Haridra khanda* is prescribed to prevent the recurrence of *Seethapitta*, as it contains *Haridra* (*Curcuma longa* L) as the primary component. This ingredient has demonstrated anti-inflammatory and antiallergic qualities by impeding the activation of mast cells mediated by Immunoglobulin E [15].

*Kamdudha ras* is widely prescribed for *pitta pradhana* disorders. *Pitta*, which is the primary contributor to skin conditions, is reduced by *Manjistha's Kasaya* and *Madhura rasa*. *Manjistha's Guru guna* subdues *laghu guna* of *vata*, whereas *Manjistha's Ruksha guna* relieves *snigdha guna* of *pitta*. Traditional and recorded uses of *manjistha* states that it operate as powerful blood purifiers, antioxidants, anti-acne, anti-inflammatory, and antibacterial qualities, which shows its significance in promoting skin health [16]. *Cutis* ointment was advised for topical application for itching as well as its cooling effect.

#### CONCLUSION:

In conclusion, *sheetpitta* presents a complex yet manageable condition within the framework of Ayurvedic medicine. Throughout this article, we have explored its multifaceted nature, from its potential triggers to its manifestation in the body. It is evident that *sheetpitta* is not merely a superficial skin

ailment but a reflection of deeper imbalances of doshas within the body.

Only Shamana medicines cannot yield optimum results considering the recurrent nature of the disease. So, to completely treat the disease from its root cause Shodhana chikitsa along with Shamana chikitsa was adopted. Hence, the present case study is a successful demonstration of the management of Sheetpitta or Dermatographism through different modalities of Panchakarma like Virechana karma and Siravedhana karma along with shaman chikitsa.

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