

ROLE OF VIRECHANA KARMA IN SHEETAPITTA (URTICARIA) - A CASE STUDY

¹*Sunita Kumari, ²Dr. Mahesh Kumar Sharma, ³Dr. Gyan Prakash Sharma, ⁴Dr. Preeti Swami

¹MD Scholar PG Department of Panchkarma,

²MD(Ayu.) Associate Professor & Head of Panchkarma Department,

^{3,4}MD (Ayu.) Assistant Professor PG Department of Panchkarma,
Rajasthan Ayurved University, Jodhpur, Rajasthan, India.

Article Received on
02 June 2019,

Revised on 23 June 2019,
Accepted on 13 July 2019,

DOI: 10.20959/wjpr20199-15471

*Corresponding Author

Dr. Sunita Kumari

MD Scholar PG Department
of Panchkarma, Rajasthan
Ayurved University,
Jodhpur, Rajasthan, India.

ABSTRACT

Sheetapitta that is Urticaria is one of the most common allergic skin diseases described in Ayurveda. The symptoms of Sheetapitta like Mandal (circular rashes), Shotha (Swelling), Kandu (itching), Toda (pain), Chardi (vomiting), Jwara (fever) and Daha (burning sensation) that makes the individual annoyed and irritated. Many of antihistaminic agents show the instant relief in symptoms but frequent relapse occurs. Panchakarma provides better and permanent management for Sheetapitta. For treatment of such peculiar condition, a clinical evaluation by Virechana with Virechana Yog was done. Here we reported a chronic case of Sheetapitta, presented with red rashes all

over the body with pain, burning sensation; swelling and itching on the whole body aggravating more during evening hours and on exposure to cold climate since 24 months. A male patient of 46 years old consulted to OPD with above complaints. This case was managed with Virechana karma and rashes were almost disappear within 6 days of Virechana. This case concluded that for chronic condition of skin disorder. Panchkarma is the best therapy for eliminations of vitiated Doshas.

KEYWORDS: Ayurveda, Sheetapitta, Urticaria, Virechana.

INTRODUCTION

Urticaria is type 1 hypersensitivity reaction which is manifested because of allergens. Urticaria is also known as hives, wheals, welts or nettle rash. It is a raised, itchy rash that

appears on the skin. It may appear on one part of the body or be spread across large areas. The rash is usually very itchy and ranges in size from a few millimeters to the size of a hand. Although the affected area may change in appearance within 24 hours, the rash usually settles within a few days.^[1] Epidemiology of Urticaria is increasing nowadays due to industrialization and agriculture. Urticaria is classified into two types according to its duration. 1- Acute urticaria (less than 6 weeks duration, and often gone within hours to days) 2-Chronic urticaria (more than 6 weeks duration, with daily or episodic wheals) Chronic urticaria may be spontaneous or inducible. Both types may coexist.

^[2] Urticaria is considered as a major problem with respect to its etiology, investigation, and management. Treatment failure rate is extremely high in the management of skin diseases in primary care settings. Urticaria is the fourth most prevalent allergic disease which occurs due to the release of histamine, bradykinin, kallikrein, and other vasoactive substances from mast cells and basophils in the superficial dermis. It is truly not one disease, but a reaction pattern of the skin involving the upper dermis, representing localized edema and marked by the development of wheals. Acute Urticaria is more common in young patients while chronic type is in middle aged women. Antihistamines, corticosteroids, and leukotriene antagonists can provide temporary symptomatic relief.^[3]

According to Ayurveda literature, sheetapitta manifests due to exposure to Asatyama Ahara Vihara and contact with different poisonous materials (allergens)^[4] symptoms of allergic skin reaction is mentioned as Kotha in Vrihatrayi later on it is developed as the separate disease under the title Sheetapitta-Udarda-Kotha by Madhavakara. Vata and Kapha are two "Doshas", which are primarily disturbed by this disease. In the combination with Pitta, they create redness, swelling, and itching of the skin.

वरटीदष्टसंस्थानः शोथः संजायते बहिः ।

सकण्डूस्तोदबहुलश्छर्दिज्वरविदाहवान् ॥

उदरदमिति तं विद्धाच्छीतपित्तमथापरे ।

बाताधिकं शीतपित्तमुदरदस्तु कफाधिकः ॥

(मा. नि. 50/3,4)

Pathogenesis of sheetapitta is because of etiological factor Vata Dosha got prakopa and in turn leads to the vitiation of Pitta Dosha and Rakta Dushti, further spreading to extremities and leading to the manifestation of wheals (maculopapular rash), the sheetapitta.^[5-6] The role

of Vata Dosha in the manifestation was done by the presence of symptoms like dryness, pain and aggravating factors like exposure to the cold climate. Similarly, the role of pitta in the manifestation was done by the presence of symptoms like burning sensation and presence of itching indicates involvement of Kapha in the manifestation.

For the skin related problems like Sheeta Pitta i.e. urticaria, both the Shodhana (removing Doshas from the body by means of relevant Panchakarma) and the Shamana (subsiding Doshas in situ with appropriate internal medicine) treatment are mentioned in Ayurvedic classics.^[7] The Shodhana is having very laborious treatment procedure; moreover, these Shodhana procedures are only indicated in patients having Uttama mamsa bala. But in Bahudoshawastha (chronic condition) of any disease Shodhana therapy gives better results and chances of recurrence of disease are minimized. Therefore the Virechana is planned for the treatment of urticaria.

- Case Study:** A male patient of 46 years of age consult OPD of Panchakarma with complaints of red rashes whole over the body with pain, burning sensation, swelling and itching on the whole body since 24 months. The symptoms aggravating more during evening hours and on exposure to cold climate. Patient took allopathic treatment (Tab. Citrizine 5 mg once a day) for 2 years but only symptomatic relief found. Not any significant past history found.

PERSONAL HISTORY

OPD no -36714

Blood pressure - 130/70 mm of Hg

IPD no- 1783

pulse rate - 78/minute Name –Jagdeesh Respiratory rate -

18 min Sex-male

Appetite - decrease **Occupation**- Farmer Bowel -1

time/day

Date of admission -27/8/2018 **Urine** – 4-5 times in a day

Sleep -disturbed

Past history-No history of any trauma.

- He did not have history of DM/HTN and any major surgical procedure

General examination

Pallor- absent

Clubbing-absent

Oedema-absent.

Icterus –absent

Body build- fatty

cynocis- absent

- Astvidhapariksha*
- NADI -vata -kaphja (74/MIN)
- JIHVA -malavaritta
- MALA -niram (1 time /day)
- MUTRA -samanya
- SHABDA –spasta
- SPARSHA-ruksha (dry, rough)
- DRIK -samanya
- AKRTI -Madhyama

On examination, the lesions were reddish in color (hairs of the affected site being normal) Maculo–papular in nature, spreading on the face, upper limb and lower limbs, chest and back with irregular shape and asymmetrical distribution. Lesions had an irregular margin with no discharge and exudation with intact sensation perception over the site. The size varied in linear measurement from 2 to 6cm. So the patient was diagnosed with subjective parameters described in Ayurvedic texts which include Varati Damshasanshanashotha, Kandu, Toda, Chhardi, Jwara and Vidaha. The gradation used for subjective and objective parameters were as follows.

Varati Damsha Samsthana Shotha

- 0: Absent
- 1: Locally scattered (in the specific area).
- 2: Moderately scattered (Present on some part of the body)
- 3: Severely scattered (Present all over the body)

Kandu

- 0: Absent
- 1: Mild Kandu (Occasional Kandu)
- 2: Moderate Kandu (Kandu disturbing normal activity)
- 3: Severe Kandu (Kandu, disturbing normal activity, and sleep)

Toda

- 0: Absent
- 1: Mild Toda (Occasional Toda)
- 2: Moderate Toda (Toda, disturbing normal activity)

3: Severe Toda (Toda, disturbing normal activity, and sleep)

Vidaha

0: Absent

1: Mild Vidaha (Occasional Vidaha)

2: Moderate Vidaha (Vidaha, disturbing normal activity)

3: Severe Vidaha (Vidaha, disturbing normal activity, and sleep)

Jwara

0: Absent (Normal body temperature) 1: Mild Jwara (Jwara up to 100°f)

2: Moderate Jwara (Jwara 100°f - 102°f) 3: Severe Jwara (Jwara more than 102°f)

Chhardi

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 protocol

Firstly the patient have been counseled and explained about Virechana and got admitted to IPD of Panchkarma department. Virechana karma as per classics has been done [Table-1].

Samsarjana Krama was obtained as per Shuddhi.

Table 1: Method of Drug Administration for Virechana Karma.

Treatment	Drug used	Dose	Anupana	Duration
Deepana-pachana	Panchkol churna	3gm BD	Lukewarm water	3 days
Snehapana	Goghrita	Vardhman matra	Lukewarm water	5 days
Sarvanga Abhyanga-swedana	Dasmoola tail	-	-	3 days
Virechana Karma	Amaltasmajja	40 gm	Sukoshna jala	1 Day
	Kutki	20 gm		
	Chirayata	40 gm		
	Nishotha	40 gm		
	Haritaki	40 gm		
	Munakka	10 pcs.		
	Eranda taila	50 ml.		
Samsarjana Karma	As per Classics	-	-	5days

Table 2: Assessment score.

Parameter	B.T.	A.T.	Difference (B.T.-A.T.)	% Improvement
Varati Damsha Samsthana Shotha	3	1	2	66.66%
Kandu	3	1	2	66.66%
Toda	3	1	2	66.66%
Vidaha	3	1	2	66.66%
Jwara	2	0	2	100%
Chhardi	1	0	1	100%
Total	15	4	11	73.33%

RESULT AND DISCUSSION

An assessment was done after Virechana and after 15 days of follow-up by adopting gradation [Table-2].

Sheetpitta as per Ayurvedic science is a Tridoshaja Vyadhi. Initially, after Nidaan sevana (etiological factors) vitiation of Kapha and Vata takes place then they start to spread out in the whole body both externally and internally by mixing with Pitta. The Tridoshas travelling internally causes Dushti (pathogenesis) of Rasa and Rakta Dhatus after that Rasa vaha and Rakta vaha Sroto dushti occurs these on reaching to Vigna Twaka (sensitized skin) produce symptoms like Toda, Daha, Kandu, etc. Initially, Snehana therapy was done as it is mainly Vatashaamaka (Sheetpitta is also a Vata pradhana tridoshaja vyadhi) and also it works at the level of Sukshmasrotasa (microchannels) by cleansing the microchannels also it shifts the Doshas from Shakhas.

Considering this, the predominance of Rakta, Pitta, Vata dosha Virechana (purgation) was followed.^[8-9] Panchkol churna was given to correct the Agni for first 3 days. Burning sensation increased with new red lesion developed, pain and itching started in starting.

After Deepana Pachana, Goghrita was used for Snehapana (Internal oleation) in gradual increasing dose starting with 30 ml. On a 5th day expected the level of Snigdha was achieved, then Sarvanga Abhyanga with Mahanarayan Taila and Bashpa Swedana given for 3 days and then Virechana was planned with Virechana yog (combination of Amaltas, nisotha, kutki, chirayata, haritaki, 10 pcs. Munakka, castor oil) as purgative. Total 16 Vegas were counted and Madhyama shuddhi was achieved.

Patient discharged on next day and advised to follow Samsarjana krama as per Madhyama shuddhi i.e. Peya at the evening on the day of Virechana and on the next morning then Vilepi,

Mudga Yusha and Krishara was given for two Annakala consecutively for 5 days. The patient was asked to follow up after 7 days. The patient got complete remission in Jwara and chardi and 66.66% relief found in Varati Damshasanshanashotha, Kandu, Toda, and Vidaha after follow up.

CONCLUSION

As Sheetpitta is mainly due to vitiation of Vata and Pitta Dosha and Virechana pacifies Vata Pitta dosha. Hence in this study Virechana Karma has shown significant results.

REFERENCES

1. Davidson's principles and practice of medicine, Elsevier Philadelphia, 20th edition, 2006 pp.1270.
2. Tripathi B. Charaka Samhita, Sutra sthana 26/81 Chaukhambha Bharati Academy, Varanasi, 2007, pp. 492.
3. Srikanta Murthy KR. Madhava Nidanam of Madhavkara, Chaukhambha Orientalia Varanasi; 7th ed. 2005.p.165.
4. Kumari Asha, Tewari p. Yogaratnakara, Chaukhamba Vishwabharati, Varanasi; 1st ed. p.936.
5. Dwivedi R. Chakrapanidatta, 51/1,2. Vaidyaprabha hindi commentary, Chaukhamba Sanskrit Sansthan, 2nd ed. 1995, p.293.