

A case study on management of Sheeta Pitta with special reference to Urticaria

Sachinkumar Sahebrao Patil^{1,*}, Javeriya Bashir Ahmed Naik¹ and Rahul Ishwarlal Desai²

¹ Department of Kayachikitsa M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune-411028, Maharashtra State, India.

² Department of Kayachikitsa Ashtang Ayurved Mahavidyalaya, Sadashiv Peth, Pune-411030, Maharashtra State, India.

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Abstract

Sheetapitta is a *Vatapradhana Tridoshajavyadhi* with the involvement of *Dushyasrasa*, *Rakta*. It is characterized by Lakshanas like *Varatee Damstravathshotha* (wheals), *Kandu*, *Jwara*, *Chardhi*, *Vidaha* and *Toda* for more than 6 weeks. This disease disturbs the daily activities of an individual and makes him dependent and depressed. *Urticaria* is a red, itchy rash caused by vasodilation, increased blood flow, and increased vascular permeability. The function of infection as a potential trigger for urticaria is unknown, as is the precise mechanism by which infection induces histamine release from mast cells. In present study *Khadirarista* and *Haridrakhanda* has given to patient

Keywords: Urticaria; sheetapitta; Vatapradhana Tridosajavyadhi; Khadirarista; Haridrakhanda

1. Introduction

In ayurveda, this condition has a close resemblance to *Sheetapitta*. The vitiated *Kapha* and *Vata* undergoes *Swakaranaprakupitha* combines with that of *pitha* dosha circulates throughout the *Shrotas* and causes pathogenesis in *Twak* and *RakthadiDhatu*. During the course of pathogenesis, the aggravated doshas comes out of the surface or takes *SthanaSamshraya* in *AbhyantaraRakthadiDhatu* and produces *Mandalopatthi*^[1]. Clinical features of *Sheetapitta* mentioned in ayurvedic classics are *Twak* per *Varati* kekatneke saman *Shoth* (wheel formation), *Kandu* (itching), *Todha* (pain), *Jwara* (fever), *Daha* (burning sensation)^[2]. Urticaria also known as “hives” is a prevalent disorder that affects between 15 to 25 % of population at some time during life time^[3]. The condition tends to be more common in adult than in children and in women than in men with peak occurrence in the third and fifth decade of life^[4]. This condition is marked by the onset of pruritic “wheals” which represent well circumscribed areas of non-pitting edema with blanched center and raised border that involve only superficial layers of the dermis and are seen in surrounding erythema of the skin. Lesions may be as small as a few millimeters in diameter but can coalesce to form wheels as large as several centimeter wide. They often remit themselves within 24 hours since time onset. Urticaria is classified as either acute or chronic depending on weather the onset of episode last for less or more than 6 weeks in duration respectively^[5]. Urticarial lesions may be associated with episodes of swelling known as angioedema^[6]. The role of infection act as a potential trigger for urticaria and angioedema is described, but the precise mechanism by which infection induce the release of histamine from mast cells is unknown^[6,7].

The pathogenesis of CSU is yet to be fully characterised. It is thought to be mediated by aberrant release of histamine and other inflammatory mediators from mast cells and basophils. CSU skin lesions show recruitment of mast cells and also basophils, neutrophils, eosinophils, and T lymphocytes.^[9] It is now recognised that urticaria is a mast cell-driven disease. Activated mast cells release histamine and other mediators. These mediators activate sensory nerves. However, mast cell-activating signals in urticaria are ill-defined and likely to be heterogeneous and diverse. Mast cell activation in CSU may either be through autoimmune, allergic, or idiopathic mechanisms. Degranulation of mast cells releases

* Corresponding author: Sachinkumar Sahebrao Patil

histamine and other inflammatory mediators, such as platelet-activating factor and pro-inflammatory cytokines, which ultimately activates sensory nerves and elicits local vasodilatation, plasma extravasation as well as leukocyte trafficking to urticarial lesions.^[10] The edema of the upper and mid-dermis in wheals is due to dilatation of the post capillary venules and lymphatic vessels beneath the upper dermis, whereas in angioedema, lower dermis and the subcutis are involved. The edematous skin lesions often involve up regulation of endothelial cell adhesion molecules and perivascular infiltrate of neutrophils and/or eosinophils, macrophages, and T-cells.^[11,12] As IgE is a key to the release of histamine and other pro-inflammatory mediators from mast cells and basophils following degranulation, it may play a role in CSU. Specific IgG antibodies against the subunit of IgE receptor also account for 30–50% of CU cases, and 5–10% of cases show IgG antibodies against IgE itself.^[9] Most interestingly in some CU cases, elevated levels of anti-thyroglobulin or anti-thyroid antibodies in euthyroid participants are positively associated with urticarial flares.^[13] Around 15–20% of people have urticaria atleast once during their lifetime.^[14] Acute urticaria is rather common in young ages, mostly induced by Type I hypersensitivity allergic reactions to food, drug, insect sting, viral infections, or transfusion. Often anaphylaxis due to drugs such as opiates, vancomycin, and radio contrast media is encountered in clinical practice, which needs to be differentiated from urticaria.

Samprapti Ghataka

- Dosha: Tridosha
- Agni: Mand
- Doshagati: Vriddhi, Tiryak, Shakh
- Vyadhimarga: Bahya
- Dushya: Rasa, Rakt
- Srotas: Rasavaha, Raktavaha
- Srotodushtiprakara: VimargaGamana
- UdbhavaSthana: Aamashaya
- VyaktiSthana: Tvak
- Svabhava: Ashukari

2. Material and methods

2.1. Case Report

A 32 years female patient presented with complaints of severe itching all over the body since 3 years, used several allopathic medications and after using cetirizine tablet patient is getting temporary relief, itching increasing when patient is having mental stress, severe hives while itching, reddish discolouration and severe headache, mild rise in temperature during the episodes. Patient mental status is very much aggressive during the episodes of urticaria and when there is a delay in using the tablet cetirizine hydrochloride 20mg. Patient was very much depressed for his actions after the temporary relief of itching. Patient came to Sane Guruji Arogya Kendra OPD-1 for better relief as he is becoming less active and unable to do his daily activities with concentration.

2.2. History

The patient had initially presented to clinic after developing intensely pruritic raised welts on her abdomen, upper arms, and upper and lower legs. At that time, individual lesions varied from 2 to more than 25mm in diameter and persisted for several hours. Symptoms were worse in the evenings, although on initial presentation he had reported having lesions 24 hours a day. He went to modern hospital, many medications were used but patient has not found any relief and finally he was settled cetirizine hydrochloride 20mg at bed time, and this has given temporary relief of his pruritus but had no effect on his skin lesions. Urticaria has worsened during times of emotional stress but has not been affected by specific foods, exercise, or exposure to heat or cold. Past medical history is notable for allergic rhinitis since 3 years and he had come with a reasonable screening test with elevated levels, might include a complete blood count (CBC), AEC, Lipid profile, measurement of erythrocyte sedimentation rate (ESR) and hepatic transaminases.

2.3. General Examination

In general examination, it was found that the pulse was 90/min., blood pressure was 120/110 mm/Hg, SPO₂ was 98 with RR of 20. She was moderately obese (BMI 34) with mild pallor. Skin examination reveals multiple macular erythematous lesions on the arms, legs, abdomen, and chest. The individual lesions are basically round, ranging from 5 to 25mm in diameter.

2.4. Systemic Examination

In systemic examination, it was found that respiratory system was clear, heart sounds were normal and central nervous system indicated that he is conscious and oriented. Per-abdomen examination indicated that the kidney, spleen, and liver were not palpable.

2.5. Asthvidh Pariksha

- The *Asthvidh Pariksha* (examination) suggested the following:
- *Nadi-Vata-Pitta*
- *Mala-Malavstambh*
- *Mutra-Frothy*
- *Jiva-Sam*
- *Shabd-Prakrut*
- *Sparsh-Ushna*
- *Druka-Pallor (+)*
- *Aakruti-Madhyam*

2.6. Investigations

Table 1 Investigations of the patient

Parameter	Observations	Normal Range
Hb%	9.4 gm%	14-18 gm%
fasting glucose	93 mg/dL	70 to 110 mg/dL
blood urea	36 mg/dL	15 to 40 mg/dL
Creatinine	1.0 mg/dL	0.6 to 1.1 mg/dL
Calcium	9.8 mg/dL	8.8 to 10 mg/dL
total cholesterol	267 mg/dL	< 200 mg/dL
Triglycerides	263 mg/dL	< 150 mg/dL
ESR	30 mm/hr	0-20 mm/hr

2.7. Diagnosis

The patient is diagnosed with chronic urticaria or *Seetpeetha*.

2.8. Treatment Plan

Table 2 The patient was treated with certain ayurvedic medications

	Name of the drug	Dosage	Duration
1	Khadirarista	20 ml td with equal quantity of water	1 month
		20 ml bd with double the quantity of water	1 month
		20 ml od with double the quantity of water	1 month
2	Haridrakhanda	5 gm bd with warm water	3 months
3	Jatamasicap	500mg HS	3 months

3. Observation and result

Table 3 Treatment of the patient

Sr. No	Name of the symptoms	Before treatment	After treatment
1	Fever, Depression & head ache	Severe	Absent
2	Itching	Severe	Absent
3	multiple macular erythematous lesions	Size 30 mm	Absent
4	AEC	Elevated	Normal
5	ESR, Transaminases	Elevated	Normal
6	Lipid Profile	Elevated	Almost Normal

4. Discussion

In present study *Khadirarista*, *Haridrakhanda*, *Jatamansi* cap. *Khadira* is best to fight against the *Kusta*, *Vatakaphahara* and having *Krimigna*, *Dadruhara* properties. *Haridra* has anti-bacterial, anti-microbial, *Vatakaphahara* and *Varnya* properties. As stress is one of the prime factor in the elevation of the symptoms in this case cap *Jatamansi* was advised due the virtue of the ingredients present, it works against stress, this has been given to patient up to 3 months. Slowly tapering of cetirizine was done and finally tapering of Ayurvedic medications were also done.

5. Conclusion

Chronic urticaria (*Sheetapitta*) seriously compromises the quality of life of patients due to its debilitating symptoms that can last for years. In this study, a major impairment was observed in patients with the highest severity and in those diagnosed with autoimmune urticaria. An evaluation of quality of life is fundamental to better assess disease progression and treatment efficacy. *Sheetapitta* is *Vatakapha* dominant disease and having symptoms same as *Kusta*. In this present study *Khadirarista* and *Haridrakhanda* contains *Vatakaphahara* and *Kustahara* properties by using this medication patient got 95% relief from the symptoms, leading free and quality life.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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Author's short biography



Dr. Sachinkumar Sahebrao Patil M.D. (Kayachikitsa) Medicine, Ph.D. (Kayachikitsa) Medicine, M.B.A. (H.R.), M.A. (Sanskrit), P.G.D.E.M.S., D.Y.A. Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune – 411028, Maharashtra State, India. He is working as an Ayurved Physician and Panchakarma Specialist since last 18 Years. He is a FORMER BOARD OF STUDIES MEMBER for Paraclinical Ayurved Board of Maharashtra University of Health Sciences (M.U.H.S.), Nashik. He is a FORMER FACULTY MEMBER for Post Graduate Paraclinical Ayurved Board of M.U.H.S., Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics for M.U.H.S., Nashik. He is a Ph.D. GUIDE for 08 Ph.D. Kayachikitsa (Medicine) students and M.D. GUIDE for 28 M.D. Kayachikitsa (Medicine) students out of which 21 M.D. Kayachikitsa (Medicine) students have been already passed out. His research experience is 15 Years. His research interests in Anxiety disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia, Infertility, Hypertension etc.