

Study of Sheeta-Pitta (Urticaria) Induced by Sheeta–Maruta Samsparshat: An Ayurvedic Case Based Analysis

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Abstract

In *Ayurveda*, *Sheetapitta* is mentioned as *Tvak Vikar in laghutryaee* mainly in *Madhav nidana* firstly, but in *Bruhatrayee* mention of *Udarda* was found. In *Ayurveda*, this vyadhi had such triggers which are interpreted through the concept of *Satmya–Asatmya*, particularly due to exposure to *asatmya Ahara–vihara* and contact with *vishadravya*^[1]. *Sheetapitta*, described as a *tvak vikara*, presents with *Kandu*, *Shotha*, *Raga*, *Toda* and *Daha*^[2], resembling the clinical features of urticaria. It is a *Tridoshaja* disorder with *Pitta pradhanya* and *Vata–Kapha anubandha*, involving mainly *rasa* and *rakta dushyas*. Among the various etiological factors, *Sheeta- Maruta samsparshat* (exposure to cold along with wind) is recognized as an important *nidana*, leading to *Vata–Kapha prakopa* and secondary *Pitta* involvement, resulting in the manifestation of *Sheetapitta*. Urticaria, a common allergic skin disorder, is classified in modern medicine which can be correlative and falls under allergic, non-allergic, physical, stress-related and systemic disease–associated triggers. While modern management relies mainly on antihistamines and corticosteroids for symptomatic relief, *Ayurveda* emphasizes *nidana parivarjana* as the cornerstone of treatment. Identification and elimination of causative factors such as chronic exposure to cold and wind are essential for *apunarbhava chikitsa* (prevention of recurrence). This approach provides a more etiologically oriented and sustainable management strategy for urticaria.

Keywords: Sheetapitta /Sitapitta, Sheeta- Maruta samsparshat, Nidan parivarjana, Shodhana, Shamana, Chikitsa

Introduction

शीतमारुतसंस्पर्शात् प्रदुष्टौ कफमारुतौ |

पित्तेन सह सम्भूय बहिरन्तर्विसर्पतः || मा.नि. ५०/१^[3]

In *Ayurveda*, *Sheetapitta* is mentioned as *Tvak Vikar* i.e., skin diseases in which symptoms were *Varati Damstavat Shotha* (wheels or hives appear all over the body), *Kandu* (itching), *Daha* (burning sensation), *Chardi* (Vomiting), *Jwara* (Fever) and pain these all are the symptoms of *Sheetapitta*^[4] and this can be correlated with urticaria. This condition occurs due to the dominance of *Sheeta* (cold) over *Pitta Dosha*, when someone is exposed to cold temperature or high wind causes, *Kapha* and *Vata Dosha* aggravates

and combine with *Pitta Dosha*, they spread all over the body and creates rashes on the surface of the skin. *Varati Damstavat Shotha* and *Kandu* caused by *Kapha Dosha* vitiation, *Shul* caused by *Vata Dosha* vitiation and *Daha* caused by *Pitta Dosha*.

Urticaria is a dermatological conditioned which is characterized by itchy wheals which suddenly appear on skin or mucous membrane. They are commonly known as hives, wheals, welts and nettle rash. It usually occurs due to an allergic reaction triggered by food seasonal or external factors or medication.^[5] In urticaria the individual lesion typically last for few minutes to few hours then subside without leaving any trace.^[6] Urticaria is divided into two categories based on how long it lasts 1) acute urticaria which stay less than six weeks 2) chronic urticaria which stay longer than six weeks.^[7]

In modern science, antihistamines and steroids are used to treat urticaria and their long term uses can cause adverse effects on the human body.^[8] In *Ayurveda*, *Sheetapitta Chikista* can be divided into three phases they namely are *Langhana* for *Alpadosha*, *Langhana* with *Pachan* for *Madhya Dosha Avastha*, *Shodhan* for *Bahudosha Avastha*.^[9] In *Sheetapitta Shodhan* like *Vamana*, *Virechan* and *Raktamokshan* are the ideal treatment and they are very effective, as they eliminates vitiated *Dosha* from the body, and the recurrence can be avoided.^[10] As in this case due to *Shodhan Chikista* and *Shamana* also all symptoms are gone completely and for *Apunarbhav Chikista*, main hetu which was *Sheeta-Maruta Sparshat* (Over exposed to Air Conditioned atmosphere & Travelling long hours in extreme wind) it can be considered as main *Chikista* (*Apunarbhav Chikista*) as this *Nidan Parivarjan*, *Shodhan* & *Shamana Chikista* helps to remove the obstructed *Kapha* and *Pitta Dosha*. As in this case *Sadya Vaman*, *Nitya Virechana* as planned to treat *Sheetapitta*.

CASE REPORT

A 28 years old male patient came to the OPD with the following symptoms

- Every Alternate day develops erythematous patches over body since last 5-6 months
- Patches/wheals usually erupted on *Prushta-Pradesh* (Back Region), *Udaar-Pradesh* (Abdominal Region), *Manya-Pradesh* (Neck Region) since last 5-6 months
- Recently since 3-4 months patches/wheals are started to erupt over *Hasta-Pradesh* (Upper limb) and *Uru-pradesh* (Thigh Region and Gluteal region)
- *Kandu+++* - Itching all over body (Gradually increased since last 2 months)
- *Daha++* - Burning sensation mainly over limbs
- *Hrulaas* - Nausea
- *Chardi* - Vomiting (1 episode)
- *Adhamana* - Abdominal Distension
- *Malawsthambh* (Constipation) - increased lately
- *Nidranasha* (Loss of sleep) due to pruritis and intense itching since 1 month

History of present illness

Patient was all right before 6-7 years ago suddenly develop *Nasa-Shotha* (Edema over nasal region), *Jivha-Shotha* (Swelling over tongue), *Netrakut-Shotha* (Periorbital Swelling) in 2019 were initially taken Allopathic medications (Antihistaminic, Steroids) which given temporary results and was diagnosed as Hypersensitivity reaction.

Later, In 2024 Patches/Wheals usually develop on *Prushta-Pradesh* (Back Region), *Udaar-Pradesh* (Abdominal Region), *Manya-Pradesh* (Neck Region) with *Kandu* (Pruritis) & *Daha* (Burning

sensation) during that time phase taken Allopathic medications for 1 month but not got relieved hence taken *Ayurvedic* management (Details Unavailable) and got relieved after 1.5 month treatment.

Later, In 2025 Mental Stress was increased due to work pressure and first time noticed that *Amla-Dravyas* over *sevan* was trigger for erythematous patches (wheals) over body, also noticed Dark Discoloration patches over *Gulpha Sandhi* (Ankle Joint)

While taking history one more trigger/cause was found that patient use to had desk job under Air conditioned office were used sit for over 8-10hours on daily basis and on weekends were used to go for trekking when were he had long trekking rides after returning patches were noticeably found increased pattern. Similarly for meeting patient use to travel outside the town more frequently after returning from tour patient were used to observe increase in urticarial patches

His symptoms used to get trigger by any small *apathya* like *Amla dravya*, *Ratrijagaran*. Due to his stressful job (IT Profession) his day and night routine were totally disturbed. He was having irregular sleep and meal timings.

History

- Long Fever H/O-Measles- in 2003, Chickenpox- 2004, Small pox- 2005, Typhoid- 2010
- Hernia h/o (2004) - but details unavailable

Family history:

Maternal- Epilepsy

Paternal- Hemiplegia/Parkinson Disorder

Self- Nil

Drug History- Tab Cetrizine (Levocetizine) 10mg HS, Tab Fexofenadine (Allegra) 180mg HS/BD

Allergy: NAD

Examination of the patient

Ayurvedokta Pareeksha(Ashtavidh Pariksha)

Nadi: Kathin Nadi, Manduk gati

Mala- 1-2 veg/day, Asamyak -Pravahottar Mala Pravartan

Mutra- 5-6 veg/day

Jivha- Saam Lipta (Coated)

Sparsha- Anushnashit

Shabda- Prakrut

Drik- Prakrut

Akruti- Madhyama

Udar-Gaurav, Ghan Naad- Yakrut/Pliha

Nidra- Asamyak khandit

Bala- Madhyam

Agni- Vishama-agni

Koshta- Krura

General Examination-

Pulse- 78/min

BP- 130/70 mmHg

SpO₂- 98%

RR- 18/min

Temp- Afeb

Systemic Examination-

CVS- S1S2++

CNS- conscious/oriented

RS- AEBE Clear

P/A- Soft & NT

Local Examination-

Sr. no.	Parameters	Findings
1.	Site of lesion	All over the body
2.	Distribution	Asymmetrical
3.	Character of lesion	Red in color
4.	Itching	Present (severe at night)
5.	Discharge	Absent
6.	Temperature	Slightly raised over the lesions
7.	Edema	Lesion surface elevated

Samprapti Ghataka

1.	<i>Dosha</i>	<i>Kapha- Vata</i>
2.	<i>Dushya</i>	<i>Rasa, Rakta</i>
3.	<i>Srotas</i>	<i>Rasavaha, Raktavaha</i>
4.	<i>Udbhaav Sthana</i>	<i>Amashaya</i>
5.	<i>Agni</i>	<i>Vishamagni</i>
6.	<i>Srotodushti Prakara</i>	<i>Sanga and Vimarg gamana</i>
7.	<i>Marga</i>	<i>Bahya Roga Marga</i>
8.	<i>Vyakta Sthana</i>	<i>Twak, Rakta</i>

Assessment Criteria-

Sr. no.	Parameters	Grade 0	Grade I(Score-1)	Grade II(Score-2)	Grade III(Score-3)
1.	<i>Kandu</i> (Itching/Pruritis)	No Itching	Mild Itching during the appearance of rashes	Moderate itching one to four times during the day	Intense itching disturbing normal daily activities
2.	<i>Varna</i> (Discoloration)	No Discolored rashes	Slightly pinkish discoloration	Red colored discolored rashes	Dark red colored discoloration rashes
3.	<i>Mandalotpatti</i> (Wheal Formation)	Not any	Both hands and legs	Hands, Legs & Trunks-	On whole body

				Neck Region	
4.	Frequency of Attacks	Nil	In between 10-15days	Twice weekly	Every 2 nd or 3 rd day

Treatment Module-

Visits	Drug(Aushadhi) Procedure(Karma)	& Dose(Matru) Veg(Episode)	& Duration	Anupana
	1. Sadya Vaman(Kadha+Saindhav Jaal)	Yashti 800ml+800ml & 7/episode	6-	
	2. Drugs- Laghusutshekhar+Praval Panchamrita Rasa+Suvarna Makshik+Haridra Khand+ Kapardik	250+125+30+500+60	TDS	Lukewarm Water
First Visit	3. Urtiplex Lotion	Local Application	HS	Lukewarm Water
	4. Avipatthikar Churna 1. Raktamokshana(Rakta Vishravan vidhi)	2.5gm 250ml	BD	Lukewarm Water
	2. Drugs- Laghusutshekhar+Praval Panchamrita Rasa+Suvarna Makshik+Haridra Khand+ Kapardik	250+125+30+500+60	TDS	Lukewarm Water
Second Visit	3. Urtiplex Lotion	Local Application	HS	Lukewarm Water
	4. Avipatthikar Churna 1. Drugs- Laghusutshekhar+Praval Panchamrita Rasa+Suvarna Makshik+Haridra Khand+ Kapardik	2.5gm 250+125+30+500+60	HS TDS	Lukewarm Water
Third Visit	2. Urtiplex Lotion	Local Application	HS	Lukewarm Water
	3. Avipatthikar Churna	2.5gm	HS	Lukewarm Water

	1. Drugs-			
	Laghusutshekhar+Praval			
	Panchamrita Rasa+Suvarna			
	Makshik+Haridra Khand+			Lukewarm
	Kapardik	250+125+30+500+60	TDS	Water
	2. Urtiplex Lotion	Local Application	HS	
Fourth				Lukewarm
Visit	3. Avipatthikar Churna	2.5gm	HS	Water

Results

Patient was instructed for follow up every 15 days. All the sign and symptoms before treatment is likely to pacify by *Shodana & Shamana chikitsa*. At last follow up all symptoms were absent according to his guardians. Treatment was continued for 1 month to get complete relief with no recurrence and patient was advised to follow the *pathya* and *apathya* in his daily schedule.

Subjective assessment

Skin Lesions	First Visit	Second Visit	Third Visit	Fourth Visit
<i>Varati-Damshavat Shotha/Mandalotpatti</i>	Severe(+++)	Moderate(+++)	Mild(+)	Mild
<i>Vidaha</i>	Severe(+++)	Moderate(++)	Moderate(++)	Mild
<i>Toda</i>	Severe(+++)	Severe(++)	Moderate(++)	Mild
<i>Kandu</i>	Severe(+++)	Moderate(+++)	Mild(+)	No Itching

Discussion

Sheetapitta is a classical *Tvak Vikara* described in *Ayurveda*, characterized by sudden onset of *Varati-damshavat Shotha, kandu, raga, and daha*, along with systemic symptoms such as *hrulasa* and *chardi*. These manifestations closely resemble urticaria in modern dermatology, which presents with transient pruritic wheals that resolve without residual scarring. The present case highlights *Sheeta-Maruta Samsparshat* as a predominant *nidana* in the etiopathogenesis of *Sheetapitta* and underscores the importance of *nidana-parivarjana* in its management.

Ayurvedically, *Sheetapitta* is a *Tridoshaja vyadhi* with *Pitta-pradhanya* and *Vata-Kapha anubandha*. Prolonged exposure to cold and wind—such as air-conditioned environments, frequent travel, and trekking—leads to *Kapha-Vata prakopa*, resulting in obstruction and dissemination of *Pitta* through *Rasavaha* and *Raktavaha srotas*. Associated findings like *krura kostha, saama jivha, and vishama agni* indicate *ama* involvement, contributing to chronicity and recurrence. Clinically, recurrent wheals, severe *kandu, daha, and* aggravation following exposure to cold, *amla dravya, ratrijagarana, and* mental stress suggest persistent *asatmya ahara-vihara*, compounded by occupational stress and disturbed *dinacharya*. Conventional management of urticaria focuses on antihistamines and corticosteroids, which provide symptomatic relief but often fail to prevent recurrence. In contrast, the *Ayurvedic* approach addresses both causative and pathogenetic factors through *shodhana, shamana, and apunarbhava chikitsa*. In this case,

Sadya Vamana, Nitya Virechana, and Raktamokshana effectively eliminated vitiated *doshas* (*Kapha-Pitta Shodhana*) and *dushta rakta*, while internal medications supported *Amapachana, Pitta-shamana, Rakta-prasadana*, and stabilization of *Agni*.

Significant clinical improvement was observed, with marked reduction in frequency and intensity of wheals, pruritus, and associated systemic symptoms. Most importantly, strict avoidance of *Sheeta-Maruta Samsparshat* played a decisive role in preventing recurrence. This case demonstrates that an integrated *Ayurvedic* approach emphasizing *nidana-parivarjana* along with appropriate *Shodhana* and *Shamana* therapies offers an effective, sustainable, and etiologically oriented management strategy for chronic urticaria, particularly when triggered by environmental and occupational factors.

Conclusion

This case demonstrates that *Sheetapitta* arises from the interplay of environmental triggers and internal metabolic imbalance, leading to recurrent cutaneous manifestations. Targeted *Ayurvedic* management focusing on *śodhana, śamana*, and strict *nidāna-parivarjana* effectively interrupted disease pathogenesis and prevented recurrence. The sustained clinical remission observed highlights *Ayurveda* as a rational, causative, and preventive therapeutic approach for chronic urticaria, particularly when triggered by cold, wind, and occupational exposures.

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