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An effective treatment of *Shitpitta* through *Ayurveda* with special reference to urticaria–a case study

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ABSTRACT:

Urticaria is a dermal vascular reaction of the skin characterised by the appearance of itchy wheals, which are elevated (edematous), pale or erythematous, transient and evanescent plaque lesions. Approximately 15 to 20% of the general population will have urticaria at least once during their lifetime. Current medical science views urticaria as a hypersensitivity reaction, treating it with Antihistamines and Corticosteroids. However, these treatments only offer temporary relief, and once the medication is discontinued, the symptoms may recur. In modern science, Urticaria resembles *Shitpitta* in *Ayurveda*. *Shitpitta* is one among the *Twak Vikara*, with *Vata* and *Pitta Dosha* being predominant, and *Rasa* and *Rakta* as the main *Dushya*.

In the present study, a 49-year-old female patient presented to the O.P.D. No. 4 (Rognidan Evum Vikruti Vigyan) at Government Ayurveda College & Hospital, Nagpur, on 6th March 2024, with complaints of swelling all over the body and face, red-coloured rashes or wheals over the back associated with itching all over the body, and a burning sensation over the rashes. The swelling all over the body is due to steroids, prescribed to her by an allopathic doctor. She was diagnosed with *Shitpitta* and successfully treated with a reduction in the symptoms of *Shitpitta*. She was treated with *Avipattikar Churna for three consecutive months, . Laghusutshekhar Ras, Vaishwanar Churna, Kamdudha Ras.* The patient experienced a decrease in all symptoms, and the swelling throughout the body caused by steroids has also diminished.

Keywords - Urticaria, Corticosteroid induced swelling, *Shitpitta , Ayurveda*

INTRODUCTION

Urticaria is a dermal vascular reaction of the skin characterized by the appearance of itchy wheals, which are elevated (edematous), pale or

erythematous, transient and evanescent plaque lesions.[1] Approximately 15 to 20% of the general population will have urticaria at least once during their lifetime.[2] Current medical science views urticaria as a hypersensitivity reaction, treating it with Antihistamines and Corticosteroids. However, these treatments only offer temporary relief, and once the medication is discontinued, the symptoms may reverse .In modern science, Urticaria resembles *Shitpitta* in *Ayurveda*.

Shitpitta is described as a *Tridoshaja Vyadhi*, with *Vata* and *Pitta Dosha* being predominant, and *Rasa* and *Rakta* as the main *Dushya*. *Shitpitta* is one among the *Twak Vikara*, having etiological factors (*Hetu*) related to *Kotha* and *Udarda*. *Anjana Nidana* explains *Shitpitta* as the appearance of skin patches resembling those caused by the sting of a wasp, accompanied by itching, vomiting, fever, and caused by *Shita* and *Pitta*.[3]*Madhukosha* explains that although the features of *Shitpitta* and *Udarda* are similar, *Shitpitta* has predominance of *Vata*, whereas *Udarda* is dominated by *Kapha*.[4] *Acharya Madhava* and *Bhavaprakasha* have defined *Shitpitta* as *Shotha* caused by *Varti-Dansh*, along with *Kandu, Toda, Jwara, Chhardi*, and *Vidaha*.[5]

CASE REPORT

Patients General Information

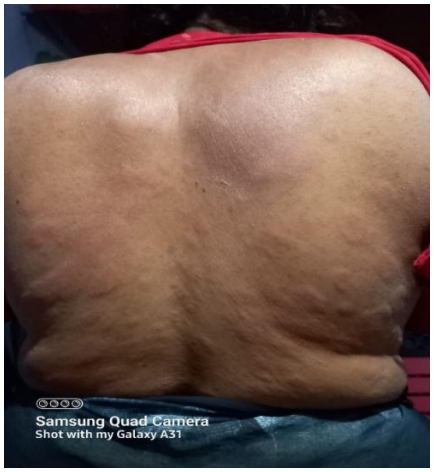
Name of patient -ABC

Age /Sex – 49 yr /F

Occupation – Housewife

Signs and Symptoms at First visit.

Swelling all over the body and face, red-coloured rashes or wheals over the back associated with itching and burning sensation over the rashes.
The swelling all over the body is due to steroids, prescribed to her by Allopathy Doctor.



HISTORY OF PRESENT ILLNESS

The patient was apparently well until 3 years ago, after which she developed rashes over the hands and back, accompanied by itching and a burning sensation. For this, she consulted various allopathic doctors, who prescribed antihistamines and corticosteroids. The patient has been taking an antihistamine (Levocetirizine) daily along with steroids, Deflazacort. She experienced relief during the period of drug action; however, once the effect wore off, she again developed rashes with severe itching and burning sensation.

Past illness: K/C/O *Amlapitta* (since 7-8 yrs)

Past medicinal history: Tab Pan 40mg 1-0-0 (3 years ago for 4 months)

Past hospitalisation: No

Family history – Father – K/C/O Hypertension (since 20 years)

Mother – K/C/O Osteoarthritis (Since 10 years)

Ashtavidha Parikshana

1. ***Nadi:*** ***78****/min,* Regular*, pitta pradhan kaphanubandh*

2. ***Mala****: Asamadhankarak Malpravritti*

3. ***Mutra****: Ishatpitvarniya*

4. ***Jivha: S****aam*

5. ***Shabda:*** *Spashta*

6. ***Sparsha:*** *kinchitushna*

7. ***Drika:*** *Prakrit*

8. ***Aakriti:*** *Madhyama* BMI- 23.2

Urah Evam Udar Parikshana

- ***Urah Parikshana :*** AE BE clear

B.P.: 110/70 mm of hg, HR- S1 & S2 Normal **P**- 78/min **Spo2**- 98%, **t**- 97.9

- ***Udar Parikshan:***

P/A- Liver-NT, Spleen-NT, Kidney- NT

Nidanpanchak **of Patient**

HETU **OF PATIENT**

Aahar: *Adhyashan, Amla katu ras ati*

Guru snigdh abhishyandi ahar adhik

Everyday banana,

Jalebi (3 -4 days /week)

Panipuri (3-5 days / week)

*Vishamashan (~*taking food irregularly*),*

Paryushit Aahara (~stale food*),*

Vihar: *Diwaswapna*

SAMPRAPTI

HETU SEVAN

↓

Agnimandya and Dosh Sanchay

↓

Aam uttapatti and Doshprakop (VaatpittaPradhan)

↓

Prakopit Dosh Ras Rakt me Prasar

↓

Twak Pradeshi Raktvarniya mandalutpatti, kandu, dah

↓

SHITPITTA

CHIKITSA (TREATMENT)

1)NIDAN PARIWARJAN **– Patient was advised to not to take *katu, amla, lavan ras Pradhan ahar*** . Avoid daytime sleeping.

2) ***SHODHAN AND SHAMAN CHIKITSA -***

AT FIRST VISIT

Sr. no.	Date	Intervention	Dose	Duration	*Anupan*
1.	6/03/2023 To 19/03/2023	*Laghusutshekhar Ras*	250 mg QID		

		Vaishwanar Churna	2gm Bd	14 days	*Koshna jal*
		Avipattikar Churna	2gm Bd		

SECOND VISIT

Sr. no.	**Date**	**Intervention**	**Dose**	**Duration**	***Anupan***
1.	20/03/2023 To 2/04/2023	*Laghusutshekhar Ras*	250 mg QID		
		Kamdudha Ras	2gm Bd	14 days	*Koshna jal*
		Avipattikar Churna	2gm Bd		

THIRD VISIT

Sr. no.	Date	Intervention	Dose	Duration	*Anupan*
1.	20/03/2023 To 2/04/2023	*Kaishor Guggul*	250 mg QID		
		Avipattikar Churna	2gm Bd	14 days	*Koshna jal*
		Syp. Rubyclin	2gm Bd		

DIAGNOSIS AMD ASSESSMENT

Diagnosis is done on the basis of symptoms patient presented with.

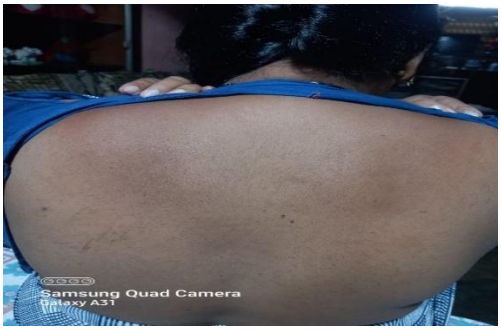
To assess, we use Urticaria Activity Score [6]

SCORE	NUMBER OF WHEALS	PRURITIS
O	None	None
1	Mild (<20 wheals per day)	Mild (not affect daily life)
2	Moderate (21-50 wheals per day)	Moderate (affect daily life)
3	Severe (>50 wheals per day)	Severe(modify daily life and daily activities)

Our patient is presented with Score 3

OBSERVATION AND RESULTS

After First visit,



The swelling across the body and face has decreased to some extent. The wheals and rashes that exist are diminishing gradually each day. The burning and itching associated with the rashes have decreased.

After Second visit,

The swelling throughout the body has significantly decreased. The rashes have completely disappeared, along with the burning and itching. At the third visit, the patient told us that the symptoms had completely stopped.

ASSESSMENT

Urticaria Activity Score Scale was used to assess the Symptoms.

SCORE	NUMBER OF WHEALS	PRURITIS
O	None	None
1	Mild (<20 wheals per day)	Mild (not affecting daily life)
2	Moderate (21-50 wheals per day)	Moderate (affects daily life)
3	Severe (>50 wheals per day)	Severe (modify daily life and daily activities)

Before treatment, at the first visit the score was 3

At the second visit, the score was 2

At third visit, completely relief from all symptoms.

DISCUSSION

Shodhana therapies are mostly adopted due to their specific action in treating aggravated *Dosha and* prevention from the recurrence of the disease. Hence, *Shodhana* is often regarded as the first choice of physicians in the management of skin ailments.

Nitya Virechana is a part of *Mridu Virechana* and is intentionally planned to induce only *Koshta Shodhana*. Therefore, *Avar Shuddhi* was expected—and achieved. *Shitpitta* is a *Tridoshaja Vyadhi*, predominantly *Vaat-Pitta.* For *Vaat-Pitta Pradhana Vyadhi*, *Virechana* is mainly performed to eliminate *Pitta* from the *koshth* and is also beneficial for *Vatanulomana.*

Hence, *Nitya Virechana* as a part of *Mridu Virechana* was administered to the patient for pacifying the elevated *KaphaPitta Dosha* and for *Vatanulomana*. For this purpose, *Avipattikar Churna* was given.

It contains *Sunthi, Pippali, Marica, Haritki, Bibhitaki, Amalaki, Musta, Lavana, Vidanga,*

Suksmaila, Tejpatra Lavanga, Trivrt, Sharkara. It also contains *Nishottar,* which is *Sukhavirechaniya* and eliminates *KaphaPitta Dosha* from the body and also perform *Malanuloman.* It also contains other *Dravyas* like *Trikatu, Lavanga, Vidanga, and Musta,* which are *Deepana and Pachana. Tikshnata* of *kalp* is balanced by the *sharkara* present in it. Overall this *kalpa* is used for *Pittashaman & Agnideepan.*[7]

Another drug given was *Laghusutshekhar ras*, which contains only *Sunth & Gairik,* while *Bhawana* of *Nagwellipatra swaras is given . Sunth is pachandeepan vaatkaphagna pittaaprakopi. Gairik is kashay Madhur shit virya ruksha so that the drava guna of pitta is reduced. Nagwellipatra is ushnateekshna pittastravi help in formation of proper pitta*. Overall, this *kalp*a decreases the *dravaguna* of *pitta, Pachan and Deepan.*

Along with them Vaishwanar churna was given, which contains Saindhava Lavana, Yavani, Pippali, Ajmoda, Sunthi, and Haritaki.All the drugs present in this kalp are Aam and Doshpachan, Agnideepan, Vatanuloman & Mrudu virechan.[8]

In another visit, Avipattikar churn and Laghusutshekhar remained as it is, Kamdudha ras was added. It contains *Mukta Pishti, Muktashukti Bhama, Prawal Pishti, Shankha Bhasma, Suvarna Gairika, Kapardika Bhasma, and Guduchi Satva. These drugs are Madhura, Tikta, Katu, Kashaya Rasa Pradhana Dravya, Sheeta virya Madhura Vipaka Pradhana, Laghu, Ruksha. Deepana, Pachana, Balya, Rasayana, Varnya, Tridoshshamaka (mainly Pittashamaka)[9]. Hence for Pittashaman, Balya and as Rasayana, kamdudha was added.*

At the third visit, we offer them *Kaishoor guggul* along with *Avipattikar churna* and Syrup rubyclin. *Kaishoor guggul* contains *sunthi, pippali, maicha, haritki, bhibhitki, Amalki, trivrit, Vidang, danti, guduchi, guggul, and goghrut*.[10]Though it is *kalpa* of Vatarakta, it also shows a good effect on skin disorders.[11]

Also, we have studied that *Purvaroop* of *Kushta* and *Vatrakt* are almost same, which shows that both shares the common pathophysiology.[13]*Trikatu* is *Agnideepan doshpachan*, *Triphala* is *Doshanuloman Tridoshhar*, *Guduchi* is *Rasdhatu Rasayana, Vidang is krimighna, Trivrut is Sukhvirechniyan & Goghrut* which is also *Rasayana, balya, twachya. Most of the drugs are tikta, katu ras, katu vipaki and ushna virya. They all have the capacity of Aampachan, Agnideepan, Tridoshshamak and raktdoshnashak*

Syrup Rubyclin was also given to the patient, which is a proprietary medicine manufactured by Health by *Ayurveda*.In Company, It contains *Khadira, Sariwa, Manjishtha, Sahachara, Madyantika, Karanj, Daruharidra, Agnimantha, Aragwadha, Katuka, Twakpatra, Nagkeshar, Ela* etc.It is *Ras-Raktshodhak, Raktprasadak, Rasrakt dhatu balya, twachya.*

CONCLUSION

From this study we can conclude that despite various advancements in modern medicine, the treatment of urticaria often remains symptomatic and temporary, relying heavily on antihistamines and corticosteroids, which may offer only short-term relief and carry potential side effects. No definitive cure is available in modern medicine.

In contrast, *Ayurveda* offers a holistic approach to the management of *Shitpitta*, aiming not just at symptom control but at addressing the root cause of the disease, through detoxification, *Dosha* balance, and immune modulation. Therefore, we conclude that Ayurveda provides a sustainable and relapse-free solution of chronic urticaria.

REFERANCES:

1. D.M Thappa, Essentials in Dermatology, 2nd edition, New Delhi, Jaypee Brothers Medical Publishers, 2009, Page no-166

2. Indian Journal of Dermatology 51(3):p 171-177, Jul-Sep 2006.DOI:10.4103/0019-5154.27978

3. Dr. S. Suresh Babu, Anjana Nidana, Varanasi, Chowkhambha Sanskrit Series, 2004; 206

4. Dr P.Himasagara Chandra Murthy, Madhava nidana (Madhukosa commentary) Part 2, Varanasi, Chowkhambha Sanskrit Series office, 2012, 50/4.

5. Shastri B., Madhavnidanam Sheetpitta Udarda and Kotha Nidanam, Varanasi, Chaukhamba Sanskrit Sansthan, 2012, chapter 50/ 4-6, page no.28.

6. https://www.mdcalc.com/calc/10226/urticaria-activity-score-uas.

7. Shastri.A, Bhaishajyaratnawali, Varanasi, Chaukhamba Prakashan Vidyotni Hindi Commentary, Amlapittachikitsa prakaranam 56/25-29, Page.no 922

8. Shastri.A, Bhaishajyaratnawali, Varanasi, Chaukhamba Prakashan Vidyotni Hindi Commentary, Aamvaatachikitsaprakaranam 29/48.

9. Vaidyapanchanan Gangadhar Shastri Gopalrao Gune, Ayurvediya Aushadhi Gunadharmashastri, Reprint edition, Shaniwar Peth Pune, Vaidyak Grantha Bhandar, 2005, Part 2, Ch 20, p-239-44.

10. Dr. Brahmanand Tripathi, Sharangdhar Samhita of Pandit Sharangdharacharya Dipika Hindi Commentary, Published by Chaukhamba Surabharati Prakashan, Madhyamkhand, p. 136.

11. https://www.worldwidejournals.com/international-journal-of-scientific-research-(IJSR)/recent_issues_pdf/2023/June/kaishore-guggulu-a-precious-medicine_June_2023_6174596286_3234790.pdf.

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