

Diagnosis of *śītapitta*: an *ayurvedic* review

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ABSTRACT *Śītapitta*, a classical dermatological manifestation described in the *Ayurvedic* canon, is attributed primarily to perturbations in *Vāta* and *Pitta doṣas* with significant involvement of *Rasa–Rakta dhātus*. Clinically, it shares features with modern **urticaria**, including pruritic wheals, erythema, and episodic recurrence. This article presents a peer-review–style exploration of *Śītapitta* diagnosis, integrating **scriptural evidence**, **clinical symptomatology**, and **pathophysiological interpretation**. By synthesizing classical *Ayurvedic* descriptions with contemporary dermatological understanding, we propose a structured diagnostic framework relevant for modern practice.

KEYWORDS *Śītapitta*, Urticaria, *Vāta*, *Pitta*, *Rasa-Rakta dhātus*, *Nidāna*, *Samprāpti*.

INTRODUCTION *Śītapitta* is a well-recognized pathological entity in *Ayurveda*,

traditionally grouped with *Udarda* and *Kotha* under hypersensitivity-related skin disorders. Texts such as *Mādhava Nidāna*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdayam* identify *Śītapitta* as a rapid-onset dermal condition characterized by **itching, reddish or pale wheals, swelling, and burning or cold sensations**. Comparable to urticaria in modern biomedicine, *Śītapitta* demonstrates a multifactorial etiopathogenesis involving dietary triggers, environmental changes, psychological influences, and systemic imbalance.

AIM AND OBJECTIVES Despite extensive traditional knowledge, few academic analyses have systematized its **diagnostic methodology**. This paper aims to bridge that gap by presenting an evidence-based diagnostic framework consistent with classical *Ayurvedic* epistemology: *Nidāna* (etiology), *Lakṣaṇa*

(symptomatology), *Samprāpti* (pathogenesis), and *Parīkṣā* (examination).

METHODOLOGY The methodology of this review involves a structured synthesis of classical *Ayurvedic* references and contemporary observations. The diagnostic framework is built upon the following textual authorities:

- **Mādhava Nidāna:** The most elaborate description appears in *Mādhava Nidāna*, **Chapter 49**, where *Śitapitta* is defined as arising from *Vāta* and *Pitta* obstruction influenced by cold. This suggests the synergy of *doṣa* vitiation with cold as the precipitating factor.

- **Suśruta Saṃhitā:** *Suśruta (Uttara Tantra 54)* groups *Śitapitta* with *Udarda* and *Koṭha* and assigns primary involvement to *Vāta–Pitta*, leading to *śīta-prakopa* (cold-triggered aggravation) with rashes and swelling.

- **Aṣṭāṅga Hṛdayam:** *Vāgbhaṭa* reiterates the etiological role of cold exposure after exertion or heating, which destabilizes *doṣas* and leads to **immediate skin eruptions**.

REVIEW OF ETIOLOGY AND SYMPTOMATOLOGY

Nidāna: Etiological Determinants Accurate diagnosis relies on the clear identification of causative factors:

- **Dietary Nidānas:** Intake of **hot, pungent, sour, and salty foods**; fermented preparations, alcohol, and incompatible food combinations (*viruddhāhāra*); or heavy, unctuous meals causing *doṣa* blockage.

- **Lifestyle and Behavioral Nidānas:** Sudden cold exposure following physical

exertion, excessive sun exposure, stress, anger, and irregular sleeping patterns.

- **Environmental Nidānas:** Seasonal transitions (e.g., *Hemanta* to *Śisira*) and exposure to allergens in the air, dust, or food. These factors contribute variably to *Vāta–Pitta* derangement, enabling sensitive individuals to manifest recurrent episodes.

Lakṣaṇa: Diagnostic Signs and Symptoms *Ayurvedic* texts outline several hallmark features:

- **Primary Symptoms:** *Kandu* (pruritus), *Rāga* / *Śveta-rāga* (red or pale wheals), *Śoṭha* (dermal swelling and raised patches), *Daḥa* (burning) or *Hima-sparśa* (cold sensations), and *Tvarita utpatti* (sudden onset of lesions).

- **Secondary Manifestations:** *Romahaṛṣa* (goosebumps), *Kasā–śvāsa* (coughing or breathing difficulty in severe cases), and *Aṅgasāda* (malaise). These symptoms closely parallel the **wheal-and-flare reaction** in urticaria, affirming the modern correlation.

Samprāpti: Pathophysiological Mechanism A structured understanding of *samprāpti* aids differential diagnosis:

- **Doṣa:** Primarily *Vāta–Pitta*, with the occasional association of *Kapha* as a blocking agent.

- **Dūṣya: Rasa dhātu** (circulatory fluid) and **Rakta dhātu** (blood tissue).

- **Srotas: Rasavaha** and **Raktavaha srotas** become impaired, leading to local circulatory disturbance.

- **Agni:** *Mandāgni* or *Tīkṣṇāgni* variations cause incomplete digestion, generating *āma* which aggravates hypersensitivity.

- **Srotorodha** → **Doṣa-prakopa** → **Lakṣaṇa manifestation:** Blockage of microchannels creates a pressure imbalance under the skin, resulting in **raised wheals**, a pattern consistent with mast cell-mediated vasodilation in modern immunology.

Parīkṣā: Clinical Examination and Diagnostic Protocol *Ayurvedic* diagnostic examination follows a threefold approach:

- **Darśana (Inspection):** Distribution of lesions, morphology (wheals, swelling, color variations), and trigger factors (response to cold, heat, pressure).

- **Sparśana (Palpation):** Temperature changes (cold/warm wheals), tenderness, consistency, edema, and dermographism assessment.

- **Praśna (Interrogation):** Detailed history-taking regarding onset, duration, recurrence patterns, relation to diet, environmental exposure, psychological factors, and seasonal correlation.

- **Ayurvedic Diagnostic Tools:** *Doṣa-vibhāga* analysis, *āma* assessment, and *Agni* and *srotas* evaluation.

- **Modern Supportive Examinations (optional):** While not described in classical texts, clinicians may use CBC, IgE levels, allergy testing, and temperature-induced urticaria assessments to complement *Ayurvedic* principles.

DIFFERENTIAL DIAGNOSIS To ensure accurate classification, *Śītapitta* must be differentiated from:

- **Udarda** – dominant itching with minimal swelling.

- **Koṭha** – deeper and persistent swelling.

- **Vicharchika** – chronic eczema-like lesions.

- **Visarpa** – spreading inflammation with systemic symptoms.

- **Raktapitta** – bleeding disorders with skin involvement. Clinical patterns of sudden onset, cold aggravation, and wheal formation help confirm *Śītapitta*.

DISCUSSION *Śītapitta* demonstrates significant overlap with the pathophysiology of urticaria, particularly regarding **immune hypersensitivity, mast cell activation, and vascular permeability changes**. However, *Ayurveda* provides a broader lens by emphasizing **digestive status, mental stress, and doṣic constitution**. This holistic approach improves diagnostic accuracy by integrating systemic and behavioral variables that modern medicine may overlook. Understanding *Śītapitta* through the *Ayurvedic* framework reinforces its diagnostic identity as a **multi-systemic disorder involving rasa circulation, doṣa dynamics, and agni regulation**. The classical diagnostic model remains highly relevant and can guide individualized therapeutic strategies.

CONCLUSION The diagnosis of *Śītapitta* demands systematic assessment through **nidāna identification, lakṣaṇa analysis, doṣa-duṣya evaluation, and threefold parīkṣā**

grounded in *Ayurvedic* epistemology. Classical texts offer a coherent conceptual basis that continues to align with contemporary dermatological observations. Academic study of *Śitapitta* should continue to integrate traditional insights with modern investigative tools to refine diagnostic precision and broaden therapeutic applications.

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