iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 14 **Issue:** VI **Month of publication:** June 2026

DOI: https://doi.org/10.22214/ijraset.2026.83648

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 14 Issue VI June 2026- Available at www.ijraset.com

Ayurveda Management of Chronic Urticaria (Sheetapitta)

Dr. Vishal Kumar
Assistant Professor Department of Dravyaguna Lal Bahaadur Shastri Mahila Ayurvedic college & Hospital, Vyaspur, Yamunanagar (Haryana)

Abstract: Introduction: Hives are another name for urticaria. It is one of the allergic diseases of the skin that is characterised by itchy wheals that appear suddenly. It is a prevalent issue among children and frequently results in a lower quality of life and a substantial socioeconomic burden. It is comparable to Sheetapitta in Ayurveda in that both conditions cause skin rashes and itching. Aim: management of urticarial rash through Shodhana therapy. Method: In the present case, an 21year-old male adult came to our OPD with complaints of recurrent itchy rashes all over the body for 8–9 months on and off associated with disturbed sleep during the night due to itching, for which allopathic treatment was taken. Temporary relief was found, but on stopping the medicine, the reappearance of rashes was present. In light of the pitta predominance and chronicity in the current case of Sheetapitta, the case was interpreted using Doshik concepts, and an Ayurvedic treatment plan, including Shodhana in the form of Virechana, was implemented. Following Shodhana, the patient experienced complete remission, and the case was monitored for the following six months to determine whether it recurred, but no recurrence discovered.
Keywords: Sheetapitta, Ayurvedic management, Virechana, Shodhana,, and chronic urticaria.

I. INTRODUCTION

15–25% of people will experience urticaria, also referred to as hives, at some point in their lives. Wheals and/or angioedema are characteristics of urticaria. Additionally, it is a prevalent issue among adults.[1] In adults, the prevalence of urticaria varied from 15.3-22.5%. It is estimated that between 3.5 and 8% of adults have some form of urticaria.[2] 1.1% of people worldwide suffer from urticaria. It frequently results in a substantial socioeconomic burden and a lower quality of life. Depending on how long it started, it is generally divided into two categories: acute and chronic urticaria. For less than six weeks, acute urticaria persists. In addition, chronic urticaria is linked to angioedema and lasts longer than six weeks.[3] In less than half of these infections, a precipitating factor can be found; the most frequent triggers are food intolerance and drug reactions. In addition to pruritic wheals, urticaria patients may also exhibit angioedema; the severity of the lesion is higher in the evening.[4] Conventionally, recurrent wheals on most days of the week that last for at least six weeks are referred to as chronic urticaria (CU). Chronic idiopathic urticaria, also known as chronic spontaneous urticaria, and chronic inducible urticaria, also known as physical urticaria, are the two subtypes of CU.[5] CU may be inducible or idiopathic. In adults and children with CU, 80–90% have chronic idiopathic urticaria. Patients with chronic idiopathic urticaria develop lesions on their own initiative, independent of environmental or physical triggers. Chronic inducible urticaria is less common and is triggered by certain things, such as stress, physical stimuli, or medications. It is not unusual for a patient to have both chronic inducible urticaria and chronic idiopathic urticaria. CU can be differentiated from urticarial vasculitis and may also be an indication of an auto-inflammatory or auto-immune disease. Pharmacological treatment for urticaria symptoms involves lowering the release of mast cell mediators and antihistamines. They used steroids.[6]*Ayurvedic* literature states that exposure to *Asatyama Ahara Vihara* and contact with various toxic substances (allergens) are the causes of *Sheetapitta*. *Vrihatrayi* refers to the symptoms of allergic skin reactions as *Kotha*; *Madhavakara* later develops this condition as a distinct illness and names it *Sheetapitta-Udarda-Kotha*. The two "*Doshas*" that this illness primarily disturbs are *Vata* and *Kapha*. They cause the skin to become red, swollen, and itchy when combined with *Pitta*.[7] This illness is brought on by exposure to cold air, which vitiates *Kapha*, a *Vata* that travels throughout the body with pitta and manifests as symptoms like *Varati damshvat Shota*, *Kandu*, and *Kota*, which are linked to *Chardhi* and *Jwara*. According to *Ayurveda* Classics, *Sheetapitta* can be treated with <u>*Shodhana*</u> *Chikitsa* and certain *Shamana Yogas*.[8]

II. DESCRIPTION

21-year male patient he complained of rashes all over her body twice a week for 6 to 8 months, intermittently, along with itching, sleep disturbances, and disruptions in his daily activities because of the intense itching. They have seen dermatologists in the area and have been treated for a few months, but other than temporary respite, they have not experienced full relief.

©IJRASET: All Rights are Reserved

When the medication was discontinued, rashes returned. Additionally, the symptoms were exaggerated whenever the adult was exposed to cold or dust, so they came to our hospital for additional care. Following a comprehensive history, it was discovered that the diet was mixed and that there was no positive family history, such as any hypersensitivity events. The consumption of specific proteins derived from plants or animals, aeroallergens, temperature changes, chemical exposure, and other factors did not cause any unusual exacerbations of lesions, according to family members. Examining the adult revealed severe itching and burning, as well as angioedema of the peri-orbital region of the right eye, along with acute pruritic wheals over the chin, abdomen, buttocks, and hands. Other than these symptoms, the child is essentially healthy, and don't worry—all systemic examinations came back normal.

III. METHODOLOGY

A. *Treatment Plan*

Table :- 1

Sl. No	Treatment given	Dose	*Anupana*	Duration
1	*Agnitundi vati*[9]	250mg-0-250mg	*Ushnajalapana*	3 days
2	*Mahatiktaka Ghrita*[12]	1st day – 20ml 2nd day- 40 ml 3rd day- 80 ml 4th day- 160 ml Total - 300 ml	*Ushnajalapana*	4 days
3	*Moorchita Tila Taila*	Q. S		3 days
4	*Nadisweda* with *Balamoola Kwatha*			3 days
5	*Trivrith lehya*	20gm	*Draksha swarasa* and *Ushanjalapana*	1 day

B. *Assessment Criteria*

Symptoms were assessed by using the Urticaria Activity Score (UAS) and Severity of itching before and after treatment.

Urticaria Activity Score[10]

Table- 2

Sl no	Wheals/hives	Grade
1	None	0
2	Mild (< 20 wheals/24hr)	1
3	Moderate(21-50 wheals/24hr)	2
4	Intense /severe (>50 wheals/24 hr and large confluent area of wheals)	3

Severity of itching[11]

Table -3

Sl no	Severity	Grade
1	No itching	0
2	Mild or occasional itching	1
3	Moderate frequent itching	2
4	Severe frequent itching	3
5	Very severe itching which disturbs sleep and other Activity	4

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

IV. OBSERVATION & RESULT

On the first day of *Deepana* and *Pachana*, there was a recurrence of rashes, and on the day of *vishrama kala*, or *Abhyanga*, there was angioedema of the eye. *Siddhi Lakshana* suggested *Abhyanga* and *Swedana* after achieving *Sneha*, then *Virechana* with *Trivrutt leha* and *Draksha swarasa*. On the day of *Virechana*, the patient puked and was given medication; however, no *Vegas* occurred because the patient was unable to handle his hunger and promptly ate breakfast. suggested taking *pittakara Ahahara* and administered the medication again the following day with appropriate guidance. He had 10 *Vegas*. And followed *Samsarjana krama* for 7 days.After the complete treatment, no wheals, or itching was present for one month. on the other hand, her appetite was also improved and he gained weight.

V. DISCUSSION

All skin conditions are classified under the general heading of "*Kushtha*" (skin diseases) in *Ayurveda*. In addition, a few allergic conditions like *Sheetapitta*, *Udarda*, and *Kotha* that are not covered under *Kushtha* are mentioned separately. Because they share similar symptoms, different types of urticaria and angioedema can be categorised as *Sheetapitta*, *Udarda*, and *Kotha*. Initially, *Deepana* and *Pachana* of *Aama* done, all ingredients in *Agnitundivati* is tikshna, ushna in nature which acts as *Deepana*, and *Pachana* effect, in every *Samprapti* of *Vyadhi* the main affecting factor is Agni and when it is *Manda* or having *Agnimandya* due to this *Manda Agni* in body *Aama* will form this *Aama* acts as poisonous action on the body so *Pachana Karma* have to do so *Agnitundivati* is helpful for *Pachana*[12]. Followed by *Snehana, Mahatiktaka ghrita* is used. This *ghrita* consists of ingredients like *Saptaparna, Ativisha, Patha, Musta, Ushira, Triphala, Patola, Nimba, Pippali, Gajapippali, Padmaka, Haridra, Shamapaka*, etc. As this *ghrita* has *tikta rasa*, it acts as *kaphavikara* indicated in *kushta vikara*[1] *Sheetapitta* is also a *Vatapradhana Tridoshaja Vyadhi*, and *Swedana* was performed because it is primarily a *Vata Shamaka.* Additionally, it facilitates their easy removal from the body by functioning at the level of *Shakhas* to *Kosta*. Because it eliminates the aggravated *Doshas* from the body, *Virechana* (therapeutic purgation) was selected for *Shodhana karma* (cleaning therapy) because it is the most effective treatment for Pittaja vyadhis and also a crucial treatment for *Vataja, Kaphaja*, and *Raktaja Vyadhis* (all of which are vitiated in *Sheetpitta*).

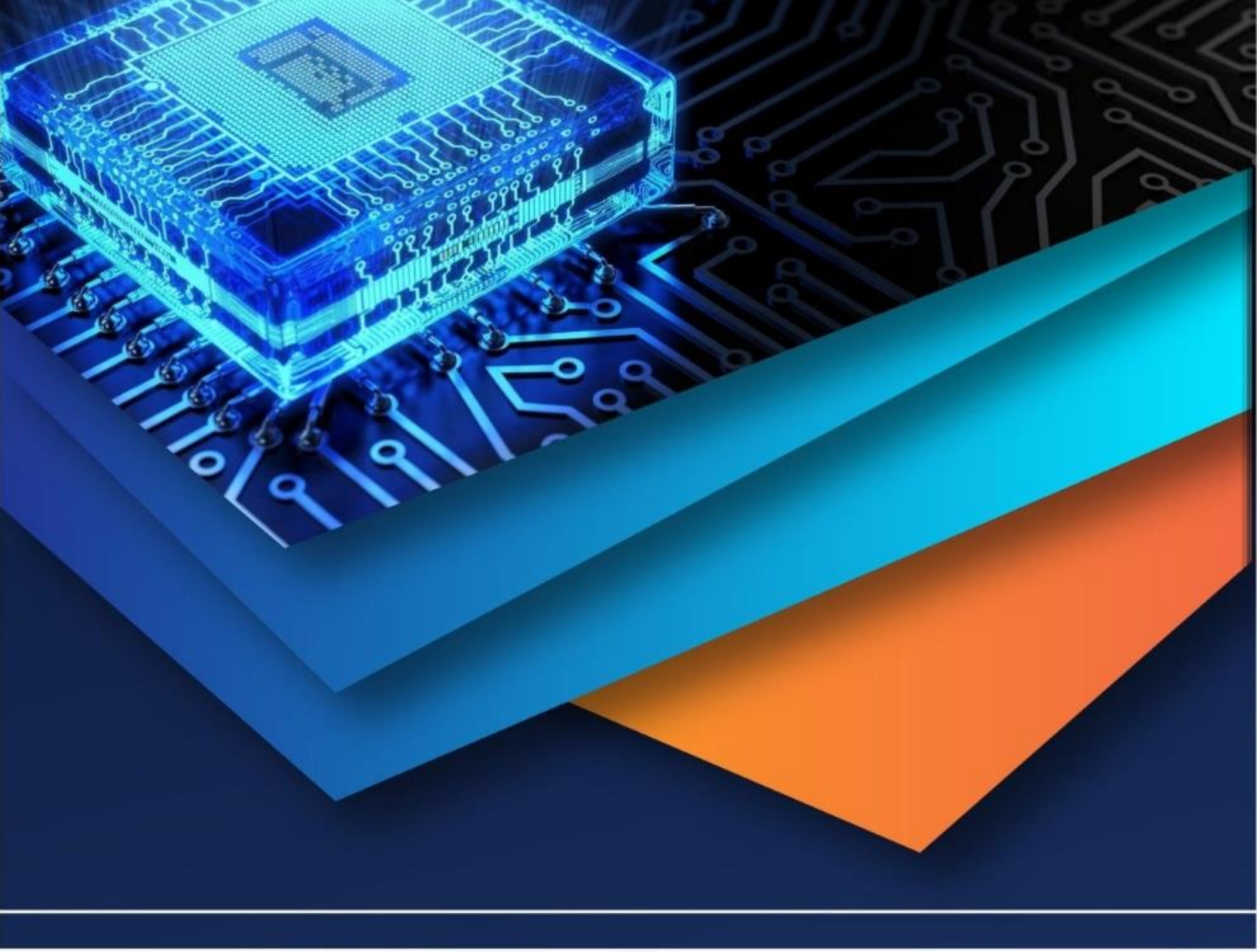
VI. CONCLUSION

Urticaria and other allergic skin conditions can be effectively treated in modern science, but even with medication, recurrence of the condition is frequent. *Sanshamana Aushadha, Virechana* as *Shodhana* therapy, and *Ayurvedic* management all appear to be highly successful. By using different *Ayurvedic* formulations and adhering to *Pathya-Apathya* in a methodical way, Ayurveda has a lot of potential in treating allergic skin reactions. The current study's results suggest that the addition of *Virechana Karma* prior to the administration of *Samshamana Aushadha* improves the likelihood that urticaria will be cured.

REFERENCES

[1] Piyush Gupta, PSN Menon, Siddarth ranji. PG Textbook of Pediatrics Vol -3: Urticaria and Mastocytosis. 3rd ed. New Delhi: Jaypee brothers medical Publisher; 2022; Pg no- 3334.
[2] 2 Fricke J, Ávila G, Keller T, Weller K, Lau S, Maurer M, Zuberbier T, Keil T. Prevalence of chronic urticaria in children and adults across the globe: Systematic review with meta- analysis. Allergy, 2020 Feb; 75(2): 423-432. doi: 10.1111/all.14037. Epub 2019 Oct 11.PMID: 31494963.
[3] Piyush Gupta, PSN Menon, Siddarth ranji. PG Textbook of Pediatrics Vol -3: Urticaria and Mastocytosis. 3rd ed. New Delhi: Jaypee brothers medical Publisher, 2022; Pg no- 3334.
[4] Piyush Gupta, PSN Menon, Siddarth ranji. PG Textbook of Pediatrics Vol -3: Urticaria and Mastocytosis. 3rd ed. New Delhi: Jaypee brothers medical Publisher, 2022; Pg no- 3334.
[5] Hon KL, Leung AKC, Ng WGG, Loo SK. Chronic Urticaria: An Overview of Treatment and Recent Patents. Recent Pat Inflamm Allergy Drug Discov, 2019 May; 13(1): 27–37.
[6] Piyush Gupta, PSN Menon, Siddarth ranji. PG Textbook of Pediatrics Vol -3: Urticaria and Mastocytosis. 3rd ed. New Delhi: Jaypee brothers medical Publisher; 2022; Pg no- 3338.
[7] Kumari S, Sharma DMK, Sharma DGP, Preeti D. ROLE OF VIRECHANA KARMA IN SHEETAPITTA (URTICARIA) - A CASE STUDY. World J Pharm Res, 8(9).
[8] Rishu Sharma and Arjun Gupta. 2021. “Ayurvedic review of urticaria vis-à-vis sheetapitta”, International Journal of Development Research, 11(05): 46731-46732.
[9] Kaviraj Shri Ambikadatta Shastri Ayurvedacharya, Agnimandyadi chikitsa prakaranam, Bhaishjya Ratnavali 2019, chaukambha prakashan, Varanasi, p-341.
[10] Maurer M. Chronic urticaria, Chapter 5.2. Urticaria and Angioedema. In: Torsten Zuberbier, Clive Grattan, Marcus Maurer., editors. Springer International edition, 2010;pp. 45–54.
[11] Jáuregui I, Ortiz de Frutos FJ, Ferrer M, Giménez-Arnau A, Sastre J, Bartra J, Labrador M, Silvestre JF, Valero A. Assessment of severity and quality of life in chronic urticaria. J Investig Allergol Clin Immunol, 2014; 24(2): 80-6. PMID: 24834770.
[12] Wavhale SA. Comprehensive Classical Review on Agnitundi Vati (AVT).

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)