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“CLINICAL EVALUATION OF SHAMANA CHIKITSA IN SHITAPITTA W.S.R. TO URTICARIA: A CASE STUDY”**Dr. Vaidehi kadu¹, Dr. V. P. Duddalwar², Dr. S. B. Jamdhade³**

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D.M.M. Ayurved Mahavidyalaya, Yavatmal, Maharashtra, India**ABSTRACT:**

Background: Shitapitta is a common allergic skin disorder comparable to urticaria, characterized by recurrent itching, wheals, and a burning sensation.[1][2] The condition often affects the quality of life due to its recurrent nature. While modern treatment mainly focuses on symptomatic relief, Ayurveda aims to manage the disease by correcting the underlying Dosha imbalance and preventing recurrence. This case study highlights the role of Ayurvedic management in the treatment of Shitapitta.

Aim: To evaluate the clinical outcome of Ayurvedic management in a case of Shitapitta w.s.r. to Urticaria

Materials and Methods: A 56-year-old female patient presented with Multiple raised reddish skin eruptions (wheals) with mild pricking pain over bilateral upper and lower limbs. Severe itching (Kandu) associated with skin lesions. Recurrent appearance and disappearance of lesions. Burning sensation (Daha) over affected areas and Occasional swelling of skin lesions for one year. Symptoms aggravated on exposure to spicy, oily food and cold environment. The patient was managed with Shamana Chikitsa Kaishor Guggulu, Gandhak Rasyana, Kamdudha Rasa, Krumikuthar Rasa, and a combination of churna and kwatha for raktaprasadana with nitya virechana by panchasakar churna. Clinical symptoms were assessed before and after treatment.

Results: The patient showed significant relief from all the clinical symptoms with the help of shaman chikitsa and nitya mrudu virechana.

Conclusion: The present case indicates that Ayurvedic management by shaman chikitsa may provide significant symptomatic relief, and in severe cases proper virechana shodhan chikitsa will be beneficial as in this case nitya mrudu virechana has given good result in very few days.

KEY WORDS:- Shitapitta , Dosha shamana, urticaria, Nidan parivarjana , kandu.

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INTRODUCTION

Shitapitta is a common dermatological disorder described in Ayurveda under the spectrum of Shitapitta, Udarda, and Kotha.[3] Acharya Madhavakara has explained Shitapitta as a condition resulting from the vitiation of Vata and Kapha Dosha associated with Pitta, leading to the manifestation of reddish, elevated, itchy eruptions on the skin.[3] The cardinal features such as Kandu (itching), Toda (pricking sensation), Daha (burning sensation), and Mandala Utpatti (wheal formation) closely resemble the clinical presentation of urticaria.[4]

शीतमारुतसंस्पर्शाद्दुष्टौ कफमारुतौ ।

पित्तेन सह सम्भुज्य बहिन्तर्विसर्पतः ॥

(मा. नि. ५०/१)[3]

Urticaria, commonly known as hives, is characterized by transient erythematous, pruritic wheals caused by mast cell degranulation and histamine release, affecting approximately 15–20% of the population at least once during their lifetime.[5]

In contemporary medicine, the management of urticaria primarily involves avoidance of triggering factors and the use of second-generation H1-antihistamines such as cetirizine, levocetirizine, fexofenadine, and loratadine. In resistant cases, corticosteroids, omalizumab, or immunosuppressive agents may be required.[6] However, these treatments mainly provide symptomatic relief, and recurrence is commonly observed after discontinuation of therapy.

Ayurveda offers a holistic approach for the management of Shitapitta by addressing the root cause through Nidana Parivarjana (avoidance of causative factors), Shodhana Chikitsa (especially Vamana and Virechana), Shamana Aushadhi, dietary regulations, and lifestyle modifications. Ayurvedic management aims to restore the equilibrium of Doshas, improve Agni, eliminate accumulated toxins, and prevent recurrence of the disease. Therefore, Shitapitta can be clinically correlated with urticaria, and its Ayurvedic management may provide a safe and effective alternative for long-term disease control, warranting further scientific evaluation through case studies and clinical research.[4]

Aim – To evaluate the efficacy of Ayurvedic management of Shitapitta (Urticaria)

MATERIAL AND METHOD :

Present work is based on a review of Classical information, relevant Published research work

and modern literature.

Method: Single case study.

Place : PG department of kayachikitsa laxmanrao kalaspurkar Ayurvedic college Yavatmal,

Affiliated with D. M.M Ayurved college yavatmal

Case report –

A 56-year-old female patient presented to the Outpatient Department (OPD) of Kayachikitsa, L.K. Ayurved Hospital, Yavatmal, on 02/06/2026 with complaints of

- Multiple raised reddish skin eruptions (wheals) with mild pricking pain (toda) over bilateral upper and lower limbs – 1 year.
- Severe itching (Kandu) associated with skin lesions – 1 year
- Occasional swelling of skin lesions – 6 months
- Burning sensation (Daha) over affected areas – 1 year
- recurrent appearance and disappearance of lesions.– 1 year
-

History of Present Illness-

The patient was apparently healthy 1 year before presentation, The patient presented with recurrent reddish elevated skin eruptions associated with severe itching and occasional burning sensation for the past one year. The symptoms were aggravated by exposure to a cold environment, consumption of spicy and oily foods, and Ratri Jagarana (night awakening). Previous symptomatic treatment provided only temporary relief, with frequent recurrence of episodes.

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Past History –

No history of diabetes mellitus or hypertension or Thyroid disorder

No previous major surgical intervention.

No known drug allergy.

Ashtavidha Pariksha-

Nadi (Pulse) - 78/min, regular, Pitta-Kapha predominant

Mutra (Urine) - Samyaka pravritti

Mala (Stool) - Regular, once daily, well-formed

Jihva (Tongue) - Slightly coated (Saama)

Shabda (Speech/Voice) - Clear and normal

Sparsha (Touch/Skin temperature) - Samashitoshna

Drik (Eyes) - Samyak

Aakruti (Build) - Madhyama Aakruti (moderate body build), moderately nourished

Local Examination –

Skin examination: Multiple erythematous, elevated wheals measuring approximately 0.5–3 cm in diameter with irregular margins were present over the affected area. The lesions were associated with intense itching and mild edema. No scaling, crusting, or discharge was observed.

General Examination-

Pulse: 78/min, regular

Blood Pressure: 120/80 mmHg

Respiratory Rate: 18/min

Temperature: Afebrile

SpO2: 98% on room air

Per Abdomen (P/A)

Abdomen soft, non-tender

Samprapti – [7]

Nidana Sevana (Viruddhahara, Sheeta Sparsha)



Jatharagni Mandya leading to Ama Utpatti.



Ama combines with Vata, Pitta, and Kapha, causing Dosha Prakopa.



Rasa and Rakta Dushti with Rasavaha-Raktavaha Srotodushti



Dosha-Dushya Sammurchana and Sanchara through Srotas



Sthanasamshraya in Twak resulting in Kandu, Daha, Shotha, Raga, and Mandala Utpatti (Shitapitta).

Samprapti Ghataka –

Dosha: Tridosha

Dushya: Rasa, Rakta

Agni: Jatharagni Mandya, Dhatvagni Mandya

Ama: Produced due to Jatharagni and Dhatvagni Mandya

Srotas: Rasavaha and Raktavaha Srotas

Srotodushti: Sanga and Vimarga Gamana

Adhithana: Twak (Skin)

Udbhava Sthana: Amashaya

Sanchara Sthana: Rasa and Raktavaha Srotas

Vyakta Sthana: Twak (Skin)

Rogamarga: Bahya Rogamarga

Treatment –

Sr.no	Drug	Dose	Kala	Anupana
1	Kaishor Guggulu	250mg	Vyanodane	Sheetal jala
2	Kamdudha Rasa	250mg	Vyanodane	Sheetal jala
3	Gandhak Rasayana	250mg	Vyanodane	Sheetal jala
4	Krumikuthar Rasa	250mg	Vyanodane	Sheetal jala
5	Rasna ,Yashti ,Raktachandan, Sariva ,Nirgundi ,pippali churna	1 gm each	Vyanodane	koshnajala
6	Panchasakar churna	3gm	Nishakale	Koshnajala
7	Mahamanjishthadi Bharad Kwath	30 ml	Vyanodane	Koshnajala
8	Katu taila for local application	As required	Twice a day	-

Observations and Results-

Date	reddish skin eruptions with pricking pain	Severe itching (Kandu)	Burning sensation (Daha)	Occasional swelling of skin lesions
18/05/2026	+++	+++	++	+
12/06/2026	+	+	-	-



DISCUSSION

The treatment protocol was planned with the objectives of correcting Agnimandya, digesting Ama, pacifying vitiated Pitta and Kapha Dosha, purifying Rakta Dhatu, and alleviating the cardinal symptoms of Shitapitta such as Kandu (itching), Daha (burning sensation), Toda (pricking pain), Mandala Utpatti (wheals), and Shotha (swelling).

Kaishor Guggulu possesses Deepana, Pachana, Raktashodhaka, and Shothahara properties. It helps eliminate accumulated toxins, purifies Rakta Dhatu, reduces inflammation, and alleviates recurrent skin manifestations.

Kamdudha Rasa is a potent Pittashamaka formulation. It effectively reduces Daha, erythema, and hypersensitivity reactions by pacifying aggravated Pitta Dosha and maintaining physiological balance.

Gandhak Rasayana acts as Kandughna, Rasayana, and Raktaprasadana. It relieves severe itching, improves skin health, and enhances immunity, thereby reducing the recurrence of allergic episodes.

Krumikuthar Rasa helps eliminate hidden Krimi and Ama, which are considered contributing factors in chronic allergic and skin disorders. Its action aids in breaking the pathogenesis of Shitapitta.

The combination of Rasna, Yashti, Raktachandana, Sariva, Nirgundi, and Pippali Churna provides anti-inflammatory, Pittashamaka, Kandughna, and Raktaprasadana effects. These drugs help reduce itching, burning sensation, and inflammatory skin lesions while promoting healthy skin function.

Panchasakar Churna was administered to facilitate Anulomana and improve bowel evacuation. Proper elimination of vitiated Doshas and Ama helps prevent further aggravation of the disease.

Mahamanjsthadi Bharad Kwath possesses Rakta Shodhaka, Pittahara, and Shothahara properties. It helps purify blood, reduces inflammatory changes, and supports the restoration of normal skin physiology.

Katu Taila was advised for local application twice daily. Owing to its Kandughna, Shothahara, and Kaphavatahara properties, it helped alleviate itching, reduce local inflammation, and provide symptomatic relief from skin lesions associated with Shitapitta. Its external application also supported the restoration of normal skin health and reduced discomfort caused by recurrent wheals.

The combined action of these formulations resulted in a marked reduction in reddish wheals, severe itching, burning sensation, and swelling. The improvement observed may be attributed to Agni correction, Ama Pachana, Rakta Prasadana, Dosha Shamana, and the restoration of normal physiological functions of Twak and Raktavaha Srotas, leading to significant symptomatic relief in Shitapitta (urticaria).

CONCLUSION

The present case study suggests that Ayurvedic management based on the principles of Agni Deepana, Ama Pachana, Pitta-Kapha Shamana, and Rakta Shodhana may be effective in the management of Shitapitta (urticaria). The treatment regimen resulted in a marked reduction in the severity of wheals, itching, burning sensation, and associated swelling, indicating significant clinical improvement. The therapeutic effect may be attributed to the combined actions of the prescribed formulations in correcting Agni, eliminating Ama, purifying Rakta, and restoring Doshic equilibrium. The observed outcome highlights the potential of Ayurveda in providing symptomatic relief and improving the quality of life in patients suffering from Shitapitta. However, as this report is based on a single case, further clinical studies with larger sample sizes and longer follow-up periods are warranted to establish the efficacy and reproducibility of these findings.

REFERENCES

1. Sharma PV. Charaka Samhita of Agnivesha, Chikitsa Sthana. Varanasi: Chaukhamba Orientalia; Reprint 2020. Chapter 7, Shitapitta-Udarda-Kotha Chikitsa Adhyaya.
2. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, et al. Fitzpatrick's Dermatology. 9th ed. New York: McGraw-Hill Education; 2019. p. 635–646.
3. Upadhyaya Y, editor. Madhava Nidana of Madhavakara. 50th Chapter: Shitapitta-Udarda-Kotha Nidana. Varanasi: Chaukhamba Prakashan; Reprint edition. p. 284–286.
4. Verma S, Parwe S, Sawarkar P. Ayurvedic Management of Shitapitta with Special Reference to Urticaria: A Case Study. Int J Life Sci Pharma Res. 2023;13(4):L180-L184.
5. Urticaria. In: standard dermatology and allergy literature; lifetime prevalence approximately 15–20%.
6. European Academy of Allergy and Clinical Immunology, Global Allergy and Asthma European Network, World Allergy Organization. International Guideline for the Definition, Classification, Diagnosis, and Management of Urticaria (latest update).
7. Ashtanga Hridaya, Uttarasthana, Chapter 36 (Shitapitta-Udarda-Kotha Pratishedha).
8. Gune PG. Ayurvediya Aushadhi Gunadharm Shastra. Marathi ed. New Delhi: Chaukhamba Sanskrit Pratishthan; 2019.

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