An Agadtantra Perspective in The Ayurvedic Management of Sheetapitta (Urticaria): A Case Analysis

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***Abstract*—Sheetapitta is a Tridoshaja Twak Vikara predominantly involving Vata and Kapha Dosha with Pitta association, clinically resembling urticaria. This case study evaluates the effect of Ayurvedic Shamana Chikitsa in a 38-year-old female who presented with Kotha (wheals), Kandu (itching), Toda (pricking sensation), Daha (burning sensation), disturbed sleep, and constipation for two months. Considering Dushi Visha involvement, treatment was planned on the principles of Deepana-Pachana, Dosha Shamana, and Visha Nirharana. The patient was treated with Haridra Khanda, Dushivishari Agada, Avipattikar Churna, Kaishore Guggulu, Chitrakadi Vati, Khadirarishta, and local application of Bakuchi and Neem oil for 45 days. Marked improvement was observed with reduction in itching, complete relief in wheals, improved bowel habits, and no recurrence during follow-up. The study highlights the effectiveness of an Agadtantra-based Ayurvedic approach in the management of chronic Sheetapitta.**

***Index Terms*—Sheetapitta, Ayurvedic, Urticaria, Agadtantra, Dushi Visha, Dushivishari Agada, Shamana Chikitsa.**

I. INTRODUCTION

In Ayurvedic classics, *Sheetapitta* is described under *Twak Vikaras* and represents a tridoshic disorder characterized by the association of *Sheeta* qualities with *Pitta Dosha*, along with the involvement of *Vata* and *Kapha*. As stated in *Madhava Nidana*, exposure to cold wind (*Sheeta Vayu Sevana*) is a key etiological factor, leading to vitiation of *Vata–Kapha* with secondary *Pitta* involvement. This *Dosha* imbalance results in *Rasa* and *Rakta Dhatu Dushti* and, through *Dosha Gati* from *Koshtha* to *Shakha*, manifests as erythematous, elevated, and pruritic skin eruptions. *Sheetapitta*, *Udarda*, and *Kotha* are described in the classics as closely related conditions differing mainly in *Dosha* predominance; *Madhukosha* clarifies that *Sheetapitta* is *Vata*-dominant, whereas *Udarda* is *Kapha*-dominant. Although not detailed as an independent disease in the *Brihatrayi*, these conditions are referenced under *Purvarupa*, *Lakshana*, and *Vyadhi* in various *Samhitas*. Intake of *Asatmya* and *Viruddha Ahara*, along with incompatible environmental exposures, acts as *Nidana*, comparable to allergens in modern medicine. Contemporary lifestyle factors further contribute to *Dhatu Daurbalya* and reduced *Vyadhikshamatva*, predisposing individuals to hypersensitivity reactions.

Owing to similarities in etiology, pathogenesis, and clinical features, in contemporary medicine, Sheetapitta is closely correlated with urticaria, a prevalent dermatological condition that affects approximately 20% of the global population at some point in life. It is pathophysiologically characterized by the sudden appearance of transient, pruritic wheals resulting from localized increases in capillary permeability. Clinically, the condition is classified as acute urticaria when symptoms resolve within six weeks—a phase that may occasionally manifest alongside angioedema—whereas presentations persisting beyond this duration are categorized as chronic. Based on the principles of *Dosha Shamana* and *Agada-based* management, the present study evaluates the efficacy of *Shamana Chikitsa* in *Sheetapitta*.

II. AIM AND OBJECTIVES

- Aim:

To evaluate the efficacy of Ayurvedic Shamana Chikitsa in the management of Sheetapitta

- Objectives:

To document the clinical progression, changes in skin lesions, and relief in subjective symptoms through a structured Ayurvedic protocol.

Case Report

This case study reports on a 38-year-old female who presented to the Agadtantra OPD of Rani Dullaiya Smriti Ayurved P.G. College and Hospital, Bhopal, complaining of erythematous wheals (*Kotha*) over the upper and lower limbs for two months, accompanied by severe itching (*Kandu*), pricking (*Toda*), burning sensation (*Daha*), disturbed sleep, and constipation. The clinical features were consistent with *Sheetapitta*, correlating with urticaria in contemporary medicine, and the chronicity suggested a *Dushi-Vishajanya* origin. This study was undertaken to assess the effectiveness of Ayurvedic *Shamana Chikitsa* and to document symptomatic and clinical improvement following a structured treatment regimen.

History of Present Illness

The patient had been in good health until 2 months ago when she developed severe itching and papules on her extremities. She reported that the symptoms were aggravated by cold wind and were more frequent at night. She had previously taken Vitamin D supplements but found no lasting relief.

Past History

No history of Hypertension (HTN), Diabetes (DM), or Thyroid disorders.

Menstrual History: Regular cycles (28–30 days), 2–3 pads per day, with occasional pain and clots.

Personal History

Occupation – Teacher.

Nidana

The etiological factors observed in the present case can be categorized under *Aharaja*, *Viharaja*, and *Dushi Visha*. *Aharaja Nidana* includes the probable consumption of *Viruddha Ahara* and excessive intake of spicy and salty foods, which contribute to *Dosha* vitiation. *Viharaja Nidana* involves exposure to cold wind (*Sheeta Maruta Sevana*) and habitual suppression of natural urges, aggravating *Vata* and *Kapha Dosha*. Additionally, a history suggestive of prior medical interventions or continuous exposure to environmental pollutants may have resulted in *Dushi Visha*, leading to latent toxicity and chronicity of the condition.

Purvarupa

Mild itching and generalized fatigue before the appearance of wheals.

Rupa

The clinical presentation was characterized by the presence of *Kotha* (multiple erythematous patches and papular eruptions), as evident in the clinical photographs, along with *Kandu* (severe itching) that was more pronounced during nighttime. The patient also experienced *Toda* (intermittent pricking) and *Daha* (burning sensations), indicating the involvement of *Pitta* along with *Vata* in the pathogenesis.

Samprapti Ghataka

- Dosha: Vata and Kapha (primarily), with Pitta involvement.
- Dushya: Rasa and Rakta (Blood).
- Adhisthana: Tvacha (Skin).
- Agni: Mandagni (Weak digestive fire, leading to constipation).
- Srotas: Rasavaha and Raktavaha Srotas.

General Examination

- BP: 120/80 mmHg | Pulse: 80/min | Weight: 57 kg
- SpO2: 98% | Temp: Afebrile

Ashtavidha Pariksha of patient (Eight-fold Examination)

Feature	Finding
Nadi (Pulse)	Vata-Kapha
Mala (Stool)	Mild Constipation
Mutra (Urine)	Normal
Jihwa (Tongue)	Normal *(Niram*)
Shabda (Speech)	Normal
Sparsha (Touch)	*Sheeta* (Cold) / Normal
Druk (Vision)	Normal
Akruti (Physique)	*Madhyama*

Assessment Criteria
The patient was evaluated using the following scales:

Table 1: Objective Criteria (Urticaria Activity Score –Moderate)

Score	Wheals/24 hrs	Pruritus (Itching)
0	None	None
1	Mild (< 20 wheals)	Mild, not troublesome
2	Moderate (20-50 wheals)	Troublesome, but doesn't interfere with sleep
3	Intense (> 50 wheals)	Severe, interferes with daily activities/sleep

Table 2: Subjective Criteria (Ayurvedic Gradation)

Symptoms	Grade 0	Grade 1 (Mild)	Grade 2 (Mod)	Grade 3 (Severe)
Kotha (Wheals)	Absent	1-2 patches	3-5 patches	Multiple patches
Kandu (Itching)	Absent	Occasional	Frequent	Constant
Toda (Pricking)	Absent	Mild	Moderate	Severe

Kotha - Grade 2
Kandu - Frequent
Toda - Moderate

III. OBSERVATIONS & TREATMENT PROGRESSION

Initial Presentation (Nov 2025)
Severe papules and deep purple/reddish black discoloration on the thighs and legs.

Mid-Treatment Observation (Dec 2025)
- Clinical Note: "Relief in previous symptoms - 50%.
- Skin: Reduction in the number of active wheals; however, some hyperpigmentation/patches remain.

Follow-up (End of Dec 2025)
- Clinical Note: "Mild itching rarely occurs at night. No patches over body."
- Vitals: Stable; sleep improved.
- Skin: There is no pigmentation on thigh.

Final Treatment Protocol (Administered)
Based on the prescriptions, the following protocol was followed:

DATE -15/11/2025

SN	Medication	Dosage	Anupana	Key Action
1.	*Haridra Khanda*	5g BD	Lukewarm Water	Anti-allergic, *Kandughna*
2.	*Dushivishari Agada*	2 Tab BD	Honey	Neutralizes latent toxins
3.	*Chitrakadi Vati*	2 Tab BD	N/A	Improves Agni (Digestion)
4.	*Khadirarishta*	20ml BD	Lukewarm Water	Anti-toxic and anti-allergic properties.

FOLLOW UP AFTER 14 DAYS
DATE -29/11/2025

SN	Medication	Dosage	Anupana	Key Action
1.	*Haridra Khanda*	5g BD	Lukewarm Water	Anti-allergic, *Kandughna*
2.	*Dushivishari Agada*	2 Tab BD	Honey	Neutralizes latent toxins
3	*Bakuchi + Neem Oil*	Local App.	N/A	Heals skin lesions
5	*Chitrakadi Vati*	2 Tab BD	N/A	Improves Agni (Digestion)
6	*Khadirarishta*	20ml BD	Lukewarm Water	Anti-toxic and anti-allergic properties.
7	*Arogyavardini Vati*	2 Tab BD	Lukewarm water	Deepana & Pachana, Rechana, blood purifier, anti-inflammatory

FOLLOW UP AFTER 7 DAYS
DATE -06/12/2025

SN	Medication	Dosage	Anupana	Key Action
1.	*Haridra Khanda*	5g BD	Lukewarm Water	Anti-allergic, *Kandughna*
2.	*Dushivishari Agada*	2 Tab BD	Honey	Neutralizes latent toxins
3.	*Avipattikar Churna*	5g HS	Lukewarm Water	Laxative (*Pitta Rechana*)
4.	*Kaishore Guggulu*	2 Tab BD	Lukewarm Water	Blood purifier, Anti-inflammatory, Anti-allergic
5.	*Bakuchi + Neem Oil*	Local App.	N/A	Heals skin lesions
6.	*Khadirarishta*	20ml BD	Lukewarm Water	Anti-toxic and anti-allergic properties.

The patient continued the therapeutic regimen outlined on 06/12/2025 for an additional 24 days. A final clinical reassessment was conducted at the end of the 45-day treatment cycle (30/12/2025) to document final outcomes.

IV. RESULTS

After 45 days of continuous Ayurvedic management, notable improvement was observed in both subjective complaints and clinical findings. The severity of pruritus (*Kandu*) decreased considerably from Grade 3 to Grade 1, reflecting effective mitigation of hypersensitivity. Cutaneous manifestations in the form of erythematous wheals (*Kotha*) showed progressive regression, with almost complete disappearance of active lesions and absence of fresh eruptions during the treatment period. Normalization of bowel habits was achieved, suggesting improvement in digestive capacity (*Agni*). Overall, the patient experienced marked relief from presenting symptoms along with enhanced general health status.

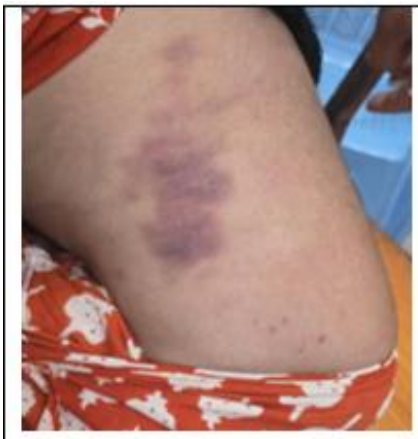

Fig.no 1 - Before treatment

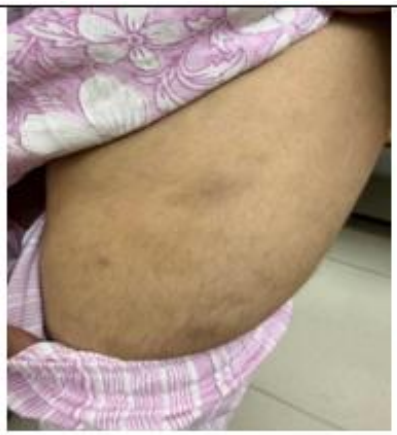

Fig.no 2 – During treatment

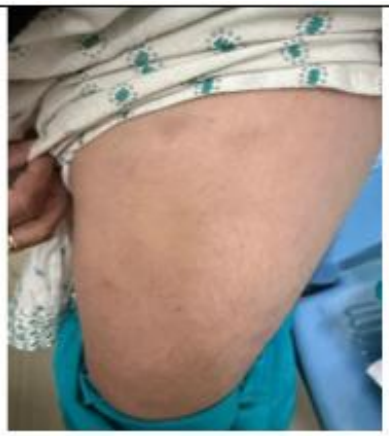

Fig.no 3 – After treatment

V. DISCUSSION

The favorable clinical response can be explained by the Ayurvedic therapeutic approach directed toward addressing the fundamental *Samprapti* of *Sheetapitta*. Chronic disease presentation is commonly linked to deranged *Agni*, accumulation of *Aama*, and the persistence of latent toxins (*Dushi Visha*), which collectively promote recurrent *Dosha* vitiation and allergic manifestations. The treatment protocol prioritized *Agni Deepana* and *Aama Pachana*, facilitating metabolic correction and preventing further *Dosha Dushti*. Concurrent implementation of *Visha Nirharana* measures supported detoxification and purification of *Rasa* and *Rakta Dhatus*, thereby attenuating inflammatory and immune-mediated reactions. This comprehensive strategy aided in interrupting disease chronicity and improving *Vyadhikshamatva*.

VI. CONCLUSION

This case highlights the effectiveness of Ayurvedic *Shamana Chikitsa* in managing chronic *Sheetapitta*. By enhancing digestive function and eliminating accumulated toxins, the protocol achieved notable

symptom relief and minimized recurrence. The findings suggest that an Agadtantra-based Ayurvedic strategy offers a safe and sustainable therapeutic option for chronic allergic skin conditions, delivering long-term clinical benefits.

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