



## Role of virechana in sheetapitta- A case study

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### ABSTRACT:

A 45-years old female, presented with complaints of Reddish lesions in the both the limbs on and off since 1 moth associated with Burning sensation, pain, itching aggravating more during evening hours and on exposure to cold climate . Diagnosed as Sheeta-Pittavis-à-vis Urticaria Pigmentosa. Its management was successfully done by following the principle of Shodhana

The purpose of this paper was to justify how a clinical hypothesis based on appropriate diagnosis of Dosha – Dushya along with scrutinizing magnitude of the shodhana therapy alone would help in curing the condition by using the principle of purificatory treatment.

### Keywords:

SheetaPitta, Urticaria Pigmentosa, Trivruth draksha kashaya, shodhana, virechana.

### INTRODUCTION:

A 45 years old adult female, house maker by profession, complained of frequent eruption of reddish lesions on both lower and upper limbs since 1 month associated with localized itching ,burning sensation and pain, the Aggravating factors for the complaint seen in evening time, on exposure to cold climate and wind.

The lesions first appeared on the left dorsum of the ankle joint and spread to extremities, more on lower limbs specifically from the foot to thigh. The case was diagnosed as

Sheeta – Pitta on the basis of etiology and aggravating factors.

Pathogenesis of sheeta –pitta is because of aetioloical factors like Vata dosha prakopa

and in turn leading to the vitiation of Pitta dosha and Rakta dusti, the vitiation of the rakta and pitta was already present due to the history of typhoid to the patient 3 years prior.

Excessive intake of curd, non-veg weekly thrice, spicy items, stress and A/C associated with 1 glass of milk

The role of vata dosha in the manifestation was elicited by the presence of symptoms like dryness, and aggravating factors like exposure to cold climate. Similarly the role of pitta in the manifestation was done by the presence of symptoms like burning sensation and presence of itching indicated involvement of Kapha dosha<sup>(1)</sup>

Just like the seeds remain dormant on the soil till suitable time and germinates further as the seeds get its feed similarly doshas too remain in the inactive state in the dhatu and during their appropriate time it gets aggravated<sup>(2)</sup>The similar case is seen in the patient, aggravation of the symptoms during the exposure to cold wind

On examination the lesions were reddish in color (hairs of the affected site being normal) Maculo-papular in nature, spreading on both lower limb and Upper limbs with irregular shape and Asymmetrical Distribution. Lesions had Irregular margin with no Discharge and exudation with intact Sensation and perception over the site. Color of the lesion –red, Hair over the lesion –present, Temperature –absent. The size varied in linear measurement from 0.2 to 0.5cm.

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Considering this, the predominance Rakta, Pitta, Vata dosha Virechana (purgation) was planned to the patient as a part of the shodhana (cleansing) therapy. as a part of poorvakarma the patient was instructed for deepana and pachana with chitrakadi vati for 2 days prior to the admission procedures in the earlier consultations.

The patient reported to SDMCHAH Hassan on 8/10/16. followed by the admissions the patient was planned for snehapana (internal oleation) therapy from 9/10/16 in a gradual increasing dose with sukumara ghrita, the maximum dosage reached was 120 ml. on 12/10/16 the expected level of snighdata was achieved. Snehapana was stopped after this, followed by abhyanga (external oleation) therapy with pinda taila was adopted. virechana was planned with 80 grams of trivritr lehya and 150 ml of draksha kashaya as anupana (adjuvant to the main drug given). Total no of vegas achieved were 18, with kaphanata lakshana and laingiki laskshana seen were laghuta, daurbalya and kshudapravrutti.

Medicines advised on discharge were, kumariasava 4 tsp bd a/f, tab sootashekhara 2 bd b/f and tab haritaki 2 bd after food. Patient was asked to review after 15 days for follow up.

The total duration of the treatment taken was for 3 months, patient had got complete relief after 45 days of the treatment.

The pictures of before and after treatment and after treatment are below.

**PROBABLE MODE OF ACTION OF THE DRUGS**

Urticaria pigmentosa has a distinctive appearance consisting of brown or reddish-skin

lesion, predominantly on limbs. Underlying these freckles are the small collections of mast cells. There are no permanent cures for urticaria pigmentosa. However, treatments are possible. Most treatments for mastocytosis can be used to treat urticaria pigmentosa. Many common anti-allergy medications are useful because they reduce the mast cell's ability to react to histamine<sup>6(3)</sup>

In Ayurveda, presentation and prognosis of disease depends on multiple factors. Sheeta pitta is one of the condition that is found in bahudoshak lakshanas and as mentioned in Charaka Sutra 16<sup>th</sup> chapter as pitaka, kota, kandu, and its treatment being mentioned as adoption of various shodhana therapies depending on the predominance of dosha in sthana<sup>(4)</sup>. In current era there are many cases reporting with the symptoms of sheeta pitta due to the vishamashana, leading to tridosha prakopa the samprapti taking place as mentioned in the rajyakshama adhyaya of Charaka Chikitsa therefore shodhana becomes inevitable for the treating the diseases.

Virechana is the prime shodhana therapy for pitta and it also purifies rakta. It palliates vata and normalises its movements thus maintains its physiological function<sup>(5)</sup>

The shodhana therapies are most adopted due to their speciality of action, treating the dosha once when there is aggravation with the shodhana modality of treatment, helps in the non-recurrence of the disease. Thus the shodhana modalities of treatments are

praised or the first choice of the physicians in treating the skin ailments.

For the pre-procedural preparation as snehana (internal oleation) therapy sukumara ghrita was chosen, contains Punarnava (*Boerhaavia diffusa*), Bilva (*Aegle marmelos*), Agnimantha (*Premna mucronata*), Shyonaka (*Oroxylum indicum*), Patala (*Stereospermum suaveolens*), Gambhari (*Gmelina arborea*), Brihati (*Solanum indicum*), Kantakari (*Solanum xanthocarpum*), Gokshura (*Tribulus terrestris*), Shalaparni (*Desmodium gangeticum*), Prishnaparni (*Uraria picta*), Payasya (*Kshirakakoli*) (*Roscoeia purpurea*), Ashwaganda (*Withania somnifera*), Eranda (*Ricinus communis*), Shatavari (*Asparagus racemosus*), Darbhamoola (*Erianthus arundinaceum*), Kushamoola (*Desmostachya bipinnata*), Kashamoola (*Saccharum spontaneum*), Shara moola (*Saccharum arundinaceum*), Ikshumoola (*Saccharum officinarum*), Potagala moola (*Typha elephantina*), Guda (Jaggery), Eranda taila (Castor oil), Ghrita, Kshera, Krishna (Long piper fruit), Krishnamoola (Long piper root), Saindhava Lavana (rock salt), Yashti (Licorice – *Glycyrrhiza glabra*), Madhuka (*Madhuka longifolia*), Mridvika (Raisins), Yavani (*Trachyspermum ammi*), Nagara (ginger)

Due to the dshamoola kashaya it acts a vatanulomaka thus eranda thaila also does the anulomana of the vata along with the removal of the vibandha due to kapha and pitta.

the kleda bhava in the rakta thus reduces due to the pachaniya drvayas. Trivritr lehya acts Due to ushna guna of trivritr, dosha sanghata (compactness of the by-products) is softened and liquefied.



Tikshana guna breaks down the by-products into a minute form and removes them out of the utkleshita dsha along from the cells <sup>(6)</sup>. Thus, these removed by-products from the cells are brought to the intestine, where due to purgative action they are thrown out of the body preventing further formation of the mast cells which are responsible for production of the symptoms.draksha kashaya was chosen with the interest of anupana which would help in the sarana of the mala and also does the pitta shamana,controls ayoga due to its mrudutva

On discharge the patient was advised to take kumariasava, sootashekhara rasa and tab haritaki for 15 days.after the first review the patient had no complaints of sheetapitta and was relieved of the disease.

#### CONCLUSION:

Present case study is a documentary evidence of successful management of Sheeta –Pitta vis-à-vis Urticaria



Pigmentosa through Virecanaa one among the shodhana therapy.

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