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EFFICACY OF VIRECHANA KARMA IN THE MANAGEMENT OF SHEETAPITTA (URTICARIA) – A CASE REPORT

*Riddhi Varan¹, Dr. Shivangi Choube²

¹PG Scholar

²Associate Professor, MD Kayachikitsa (Mail ID: drshivangi1989@gmail.com),

Department of Kayachikitsa of Parul Institute of Ayurved and Research

*Corresponding Author's Email ID: riddhivaran2001@gmail.com

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ABSTRACT

Background : Chronic urticaria, an inflammatory disease of the skin characterized as a recurrent disease, is a closely related *Tridoshaja vyadhi* described in *Ayurveda*, with erythematous wheals, pruritus and loss of quality of life. Typical treatment is symptomatic and will have a tendency to recur. There is a limited clinical evidence for *Virechana Karma*, although the principle therapy for the *pitta*-predominant disorders as suggested by *ayurveda*.

Case Presentation : A 21 year old male with recurrent erythematous on face, hands, and thighs for 4 years and fever, cough with expectoration, vomiting, and constipation. Allopathic/ayurvedic therapies were providing only temporary relief and recurrent attacks. Clinical condition showed *sheetapitta* (urticaria) condition and it was planned for classical *Virechana Karma*.

Management and Outcomes : The patient was given *Deepana–Pachana* with *Amapachaka Vati* and then *Snehapana* with *Panchatikta Ghrita* in increasing doses and then *Vishrama Kala* with *Sarvanga Abhyanga* & *Mridu Swedana* followed by *Virechana Karma* using *Trivrit Avaleha* in 40 g dose with *Triphala Kwatha* (150 mL) in increasing dose. Then, the *Samsarjana Karma* and an appropriate *shamana* medicine was given. The treatment was well tolerated with no adverse events. The clinical evaluation showed complete resolution of erythema, itching, fever, vomiting

and related symptoms, with total scores of symptoms improving from 8 before treatment to 0 after treatment. There was no recurrence noted during follow up.

Conclusions: This case illustrates how classical *Virechana Karma*, when applied based on the *Ayurvedic* principles could be a safe and effective management for recurrent *Sheetapitta* (urticaria) with sustained symptomatic remission. These findings are encouraging, but more controlled clinical studies are needed to confirm these results.

KEY WORDS: *Sheetapitta; Urticaria; Virechana Karma; Panchakarma; Medicine, Case Reports*

INTRODUCTION

Sheetapitta, described in *Madhava Nidan*, is a *tridoshaja* disorder associated predominantly with *Vata* and *kapha*, with *pitta* association^[1]. Clinically, it resembles urticaria, a hypersensitivity reaction characterised by transient wheals and pruritus. Approximately 20% of the population will have at least one episode of urticaria during their lifetime, a condition known to substantially diminish patient's quality of life. Conventional management provides symptomatic relief but often lacks long-term effectiveness. *Ayurveda* emphasises *Shodhana* therapy, particularly *Virechana Karma*, for *pitta*-dominant disorders. *Sheetapitta* is characterised by *Vartidamsta samsthana sotha* (A swelling similar to that produced by a wasp or bee sting on the skin), *Kandu* (itching), *toda* (excessive pain like a needle prick), *chhardi* (vomiting), *Jwara* (fever) and *vidaha* (burning).

Sheetapitta can be associated with urticaria because they share similar causes and symptoms. Urticaria impacts approximately 20% of the population at some time during their lives^[2]. Urticaria is not a fatal disease, but it often leads to discomfort and reduces the quality of life for those affected. The Latin word “Urtica”, which means stinging nettle, is where the name urticaria comes from. This frequently occurring skin condition is characterised by red, itchy bumps on the dermis and mucous membranes, caused by the widening and increased leakiness of capillaries^[3]. Urticaria is caused by various factors such as IgE antibody-mediated reactions to foods and medications, physical triggers, infections, and autoimmune conditions^[4]. Acute and chronic urticaria may arise throughout life, often appearing between the ages of 20 and 50. Acute urticaria usually involves extensive skin involvement, persists for less than six weeks, and can be a sign of a type 1 allergy^[5]. When urticaria persists for longer than six weeks, it is classified as chronic. An autoimmune basis has been identified in as many as 45% of chronic urticaria cases. As of yet, there is no long-term medical solution. Patients have to rely on ongoing medication, which can produce unwanted side effects^[6]. *Panchakarma* is one of the treatment modalities in *ayurveda* provides a permanent cure for many diseases.

The treatment called *Virechana* involves the expulsion of *Mala* from the anal canal or lower body area (*Adhobhag*) and specifically targets the removal of *aggravated Pitta dosha*. It is indicated for conditions involving *Pitta dosha*, *Pitta* mixed with *Kapha*, and *Pitta* present in *Vata*-dominated locations. In cases of *Vata* imbalance, a mild cleansing approach is advised (*mrudu samshodhana*). By undergoing *Virechana*, various forms of *Pitta* are eliminated from the body, analogous to how a fire's intensity changes with fuel addition or cooling. This cleansing method is used to purify contaminated *Rasa*, *Rakta*, *Mamsa*, *Asthi*, *Majja*, and *Shukra dhatus*, making it effective for channel-related disorders of these tissues [7].

CASE PRESENTATION

Patient Information

A 21-year-old male patient came to the Out Patient Department (OPD) complaining of persistent occurrence of erythematous patches over the face, hands and thighs with severe itching for the last 2 days. In addition the patient complained of fever, with chills, cough with sputum, one episode of vomiting, and constipation. He complained of recurrent attacks of similar skin lesions for four years for which he had received allopathic and *Ayurvedic* treatments with only temporary symptomatic improvement, and the attacks recurred. The present episode occurred after eating spicy and sour food and its symptoms were increased. The case was assessed clinically and according to the *Ayurvedic* principles and *Virechana Karma* was recommended. No history of any systemic illness, previous medical history, surgical history or any significant comorbidities. His father's family history showed him to have had the same complaints. The patient was a student, vegetarian, tea drinker, had regular bowel habit and Sound sleep.

Personal history:

- Appetite: Reduced
- Diet: Vegetarian
- Sleep: Sound
- Bowel: Regular, occasionally constipated
- Micturition: Regular
- Addiction: Tea (thrice per day)
- Occupation: Student

General examination

- Pulse : 100 / min
- BP : 130/80 mmHg
- RR : 18/min
- Temp :102 F
- Gait : Normal
- Decubitus : Sleeping

- Facies : Normal
- Pallor : Absent
- Icterus : Absent
- Cyanosis : Absent
- Edema : Absent
- Clubbing: Absent
- Lymph nodes: Not palpable

DASHAVIDHA PARIKSHA

1. *Prakruti : Pitta Vāta*
2. *Sarataha : Madhyam*
3. *Samhananataha : Madhyam*
4. *Pramanataha : Height: 167 cm, Weight: 59 Kg*
5. *Satwataha : Madhyam*
6. *Satmyataha : Madhyam*
7. *Ahara shakti : Madhyam*
8. *Vyayamataha : Madhyam*
9. *Vaya : Madhyam*
10. *Jihwa : Sama*

SYSTEMIC EXAMINATION

- Respiratory System(RS)- Bilateral Air entry clear
- Cardiovascular System(CVS)- S1S2 clearly heard.
- Gastrointestinal Tract(GIT)- P/A- Soft, non-tender
- Central Nervous System(CNS)- The patient was conscious and well-oriented.
- Locomotor System – NAD
- **Skin examination:**

TABLE NO. 1: SKIN EXAMINATION

Parameter	Findings
Site/Distribution	Multiple lesions over the face (predominantly forehead and cheeks), neck, bilateral hands, and thighs and Asymmetrical
Morphology	Erythematous, oedematous wheals (urticarial lesions).
Shape and Size	Irregular, ranging from a few millimetres to several centimetres.

Margins	Ill-defined
Surface	Smooth, non-scaly, non-crusted.
Colour	Erythematous.
Consistency	Edematous
Tenderness	Mild tenderness present.
Pruritus	Intense itching (pruritus) present.
Secondary Changes	No vesiculation, ulceration, purpura, crusting, or secondary infection.
Course	Transient lesions with recurrent episodes over the past 4 years.
Healing	No residual post-inflammatory pigmentation or scarring.
Nail and Hair Examination	No abnormalities detected.

TABLE NO. 2: Timeline

Timeline	Clinical Events
4 Years Prior to Admission	The patient developed the first episode of generalized erythematous rashes over the entire body, associated with intense itching and burning sensation. He received conventional (allopathic) treatment, which resulted in complete symptomatic relief.
2 Years Prior to Admission	The patient experienced a second recurrence of similar complaints, including generalized erythematous rashes, severe itching, and burning sensation. He again received allopathic medications, which provided only temporary relief.
2 Months Prior to Admission	The patient developed another recurrence of the same symptoms and underwent <i>Ayurvedic</i> treatment, with partial improvement. However, symptoms recurred after completion of therapy.
2 Days Prior to Admission	The patient developed an acute episode of erythematous wheals over the face, hands, and thighs associated with severe itching, fever with chills, cough with expectoration, one episode of vomiting, and constipation. Symptoms worsened after consumption of spicy and sour foods.
Day 1 (Initial Admission & Evaluation)	Comprehensive clinical examination, systemic examination, <i>Dashavidha Pariksha</i> , and dermatological assessment were performed. A diagnosis of <i>Sheetapitta</i> (Urticaria) was established, and the patient was planned for classical <i>Virechana Karma</i> . Baseline symptom grading was documented.

Differential diagnosis

Differential diagnosis included atopic dermatitis, allergic contact dermatitis, urticarial vasculitis, drug-induced urticaria, food allergy, viral exanthema and autoimmune urticaria. The alternatives were considered less likely because these wheals were transient, intensely itchy erythematous and left no pigmentation or scarring behind. Significantly, no vesicle formation, scaling, purpura or mucosal involvement was noted, nor were there any known recent drug exposures or contact with an allergen in history.

The presence of fever was accompanied by cough, and recurrent wheal episodes were reported in the past four years, which were associated with the ingestion of spicy and sour foods, without the presence of systemic signs suggestive of another inflammatory or infectious cause of the wheal, favouring a diagnosis of chronic urticaria (*Sheetapitta*) over the other inflammatory and infectious skin disorders.

TABLE NO. 3: GRADING PARAMETERS FOR *SHEETAPITTA*^[8].

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
<i>Varati Damsha Samsthana Shotha</i> (Wheals/Swelling)	Absent	Locally scattered (specific area)	Moderately scattered (present on some parts of the body)	Severely scattered (present all over the body)
<i>Kandu</i> (Pruritus/Itching)	Absent	Mild – Occasional itching	Moderate– Itching disturbing normal activity	Severe– Itching disturbing normal activity and sleep
<i>Toda</i> (Pricking Pain)	Absent	Mild– Occasional pricking pain	Moderate – Pricking pain disturbing normal activity	Severe – Pricking pain disturbing normal activity and sleep
<i>Vidaha</i> (Burning Sensation)	Absent	Mild– Occasional burning sensation	Moderate – Burning sensation disturbing normal activity	Severe – Burning sensation disturbing normal activity and sleep
<i>Jwara</i> (Fever)	Absent (Normal body temperature)	Mild – Fever up to 100°F	Moderate – Fever 100°F–102°F	Severe – Fever >102°F
<i>Chhardi</i> (Vomiting)	Absent	Mild – Occasional vomiting	Moderate – Vomiting 1–2 times/day	Severe – Vomiting >2 times/day

TREATMENT***Purva Karma:***

Nirama lakshna was achieved for 1st 3 days *Deepana* and *Pachana* was done. Following this 2 days *visharma kala*, *Sarvanga abhyanga* with *Nimba Taila* was given at morning and evening and also *Virechana* day morning.

TABLE NO. 4 : INTERVENTION

Day	Symptoms	Medication
1 st day	Erythromatus patches over the face , hands and thighs associated with severe itching, fever with chills , cough with expectoration	1. <i>Amapachak vati</i> 2 BD A/F with <i>koshna jala</i> 2.Tab EBH 2 HS with <i>koshna jala</i>
2 nd day	Erythromatus patches over the face,hands and thighs with itching,mild fever ,cough with expectoration	1. <i>Amapachak vati</i> 2 BD A/F with <i>koshna jala</i> 2.Tab EBH 2 HS with <i>koshna jala</i>
3 rd day	Erythematous patches over face,hands and thighs with mild itching ,cough with expectoration	1. <i>Amapachak vati</i> 2 BD A/F with <i>koshna jala</i> 2.Tab EBH 2 HS with <i>koshna jala</i>
4 th day	Mild patches and itching	<i>Snehapana</i> with <i>panchtikta ghrita</i> 30 ml
5 th day	No any	<i>Snehapana</i> with <i>panchtikta ghrita</i> 60 ml
6 th day	No any	<i>Snehapana</i> with <i>panchtikta ghrita</i> 90 ml
7 th day	No any	<i>Snehapana</i> with <i>panchtikta ghrita</i> 120 ml
8 th day	No any	<i>Snehapana</i> with <i>panchtikta ghrita</i> 150 ml

TABLE NO. 5: SNHEHAPANA

Day	Matra	Aadankala	Jirnakala	Lkshna of any
1 st day	30 ml	6 am f/b <i>koshna jala</i>	9 am	No any
2 nd day	60 ml	7 am f/b <i>koshna jala</i>	1 pm	No any
3 rd day	90 ml	8 am f/b <i>koshna jala</i>	1 pm	No any
4 th day	120 ml	7 am f/b <i>koshna jala</i>	2 pm	No any
5 th day	150 ml	8 am f/b <i>koshna jala</i>	2 pm	No any

Samyaka snigdha lkshana seen

1. *Vatanuloman* : present
2. *Diptaagni*: present

3. Varch Snigdha: present

Pradhan Karma

Virechana Karma

On 9th day *Virechana Karma* was taken after *Purva Karma* with *Trivrit Avaleha* (40 g) and *Triphala Kwatha* (150 ml) at 10:00 AM. After about one hour, the first *Vega* was spotted. There were a total of 15 *Vegas* during procedure. The first sign was passing of fragmented oily stools, then semisolid stools and finally yellowish liquid stools. Half a glass of *Triphala Kwatha* was given after 5th *Vega* to assist in the continuation of the *Virechana*. The patient tolerates the procedure without complications and without any adverse events were observed throughout the procedure. The *Virechana Karma* was done well and adequate *Shodhana Lakshana* were obtained.

Pachat Karma:

TABLE NO. 6 :SAMSARJANA KARMA

Day	Pratah kala	Sayam kala
1	-	Manda / Peya
2	Manda / Peya	vilepi
3	vilepi	Akrita yush
4	Krita yush	Akrita yush
5	Krita yush	Samanya bhojana

TABLE NO. 7: FINDINGS

Day	Procedure	Findings
1-3	Deepana-Pachana	Nirama Lakshana achieved (<i>Jihva Nirama, Samyak Malapravritti, Laghuta +</i>)
4-8	Snehapana	Samyak Snigdha Lakshana observed
9-10	Vishrama Kala	Sarvanga Abhyanga with Nimba Taila followed by Mridu Swedana (Morning & Evening)
11	Virechana Day	Abhyanga and Mridu Swedana in morning followed by Virechana Karma

On discharge medication

1. Pathyadi kwatha 10 ml TDS b/f
2. Panchtikta ghrita guggulu 2 TDS churna rupena A/F with kosha jala
3. Kamadudha Rasa 2 BD B/F with Kosha jala

7 day

4. *Manjistha /kumkumadi lepa* for face
5. *Dadimadi ghrita* 15 ml at morning f/b *koshna jala* after 7 days

TABLE NO.8 : Observation before and after treatment

Parameter	B.T.	A.T.	Difference (B.T.-A.T.)	% Improvement
<i>Varati Damsha Samsthana Shotha</i>	2	0	2-0	100%
<i>Kandu</i>	2	0	2-0	100%
<i>Toda</i>	1	0	1-0	100%
<i>Vidaha</i>	0	0	0	100%
<i>Jwara</i>	2	0	2-0	100%
<i>Chhardi</i>	1	0	1-0	100%
Total	8	0	8-0	100%

DISCUSSION

Sheetapitta is a *Tridoshaja* disorder with predominant involvement of *Pitta*, *Rakta*, *Vata* and *Kapha*. In an up-to-date context, its clinical picture is very similar to chronic urticaria, an immune-mediated disease with mast cell activation and inflammatory mediators (including histamine) responsible for itching and wheal formation. Recent studies also indicate that gut microbiota dysbiosis can be associated with immune dysregulation, mast cell activation and chronic inflammation in the pathogenesis of chronic urticaria, reinforcing the concept of gut-skin axis in the disease pathogenesis [9, 10, 11, 12, 13]. In this case, management was followed based on the concept of '*Shodhana Chikitsa*' of *Ayurveda* in which '*Virechana*' was the most important therapeutic measure. *Sheetapitta* is one of the conditions which is treated by *Virechana therapy* and *Virechana* is used as the best remedy for *Sheetapitta* as it eliminates the vitiated *Doshas* from their chief seat and brings physiological equilibrium[14,15]. *Deepana-Pachana* with *Amapachaka Vati* was carried out to enhance *Agni* and remove *Ama* to prepare the patient for *Shodhana*. *Panchatikta Ghrita* was used as a *Snehapana* due to its *Pitta-Kapha Shamaka*, *Rakta-Prasadana* and *Twak-hitakara* properties which mobilizes vitiated *Doshas* towards gastrointestinal system. Medicated *Ghrita* is also supported by modern pharmacological studies which show antioxidant, anti-inflammatory and bioavailability enhancing properties[20].

Classical *Virechana* with *Trivrit Avaleha* (*Operculina turpethum*) and *Triphala Kwatha* helped eliminate aggravated *Pitta* and *Rakta*, resulting in *Samprapti Vighatana*. Experimental and pharmacological studies have demonstrated significant anti-inflammatory, antioxidant,

immunomodulatory, and free radical scavenging activities of *Operculina turpethum* and *Triphala*, supporting their role in regulating inflammatory responses associated with chronic urticaria^[16,17,18]. Furthermore, emerging evidence indicates that modulation of the gut microbiota and intestinal immune homeostasis plays an important role in chronic spontaneous urticaria, and therapeutic interventions that restore gut microbial balance may reduce systemic inflammation and mast cell activation^[9,10,11,12,13]. These findings provide a plausible scientific explanation for the beneficial effects observed following *Virechana Karma*, which may contribute to immune regulation through both detoxification and restoration of gut-immune homeostasis.

Post-Shodhana administration of *Pathyadi Kwatha*, *Panchatikta Ghrita Guggulu*, *Kamadudha Rasa*, and *Dadimadi Ghrita* was intended to maintain *Agni*, pacify residual *Pitta*, promote *Rakta Prasadana*, and prevent recurrence. Commiphora mukul (*Guggulu*) possesses well-documented anti-inflammatory and immunomodulatory activities, while medicated *Ghrita* formulations facilitate tissue nourishment and enhance drug delivery^[19,20]. The sustained symptomatic relief observed during follow-up suggests that combining classical *Virechana* with appropriate *Shamana Chikitsa* may provide effective long-term disease control by addressing both the underlying *Ayurvedic* pathogenesis and the inflammatory and immunological mechanisms involved in chronic urticaria.

Although encouraging, this observation is based on a single case. Further well-designed randomized controlled clinical studies integrating clinical outcomes, inflammatory biomarkers, and gut microbiome analysis are required to establish the efficacy and mechanism of *Virechana Karma* in the management of chronic urticaria ^[9,10,11,12,13].

Before treatment



After treatment



CONCLUSION

This case report emphasizes that Virechana Karma, strictly followed classical Panchakarma guidelines renders excellent and highly effective management for Sheetapitta (Urticaria). The conventional medicine provides temporary symptomatic blockades with antihistamines, whereas Ayurvedic Shodhana therapy has the ability to remove the vitiated Tridoshas and cleanse the blood tissue (Rakta Dhatu) from the root of the pathogenetic process. No adverse events occurred and no recurrence was found at follow-up, giving the patient 100% symptomatic relief. It is a sustainable therapy that is a trustworthy treatment for chronic and recalcitrant urticarial.

Patient Consent:

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

Ethical Considerations:

According to the institutional policy of Parul Institute of Ayurveda and Research, Parul University, formal ethics committee approval was not required for publication of a single anonymized case report. Written informed consent for treatment and publication was obtained prior to manuscript preparation. All procedures were conducted in accordance with the ethical principles of the Declaration of Helsinki and institutional guidelines for clinical case reporting.

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Authors' Contributions:

Author 1: Conceptualization, Clinical Data Collection, Data Curation, Formal Analysis, Literature Review, Visualization, Writing – Original Draft.

Author 2: Conceptualization, Clinical Supervision, Methodology, Validation, Writing – Review & Editing, Supervision, Project Administration, and Final Approval of the Manuscript.

Both authors have read and approved the final manuscript and agree to be accountable for all aspects of the work.

Patient Perspective:

The patient had been suffering from recurrent episodes of itchy erythematous skin rashes over the face, hands and thighs for the past four years. These episodes were associated with fever, cough, vomiting and considerable discomfort, which adversely affected the patient's daily activities and quality of life. Previous treatment with both allopathic and ayurvedic medications provided only temporary symptomatic relief with frequent recurrences.

The patient underwent virechana karma following the prescribed preparatory procedures. The treatment was well tolerated and no adverse events were experienced during or after the procedure. Following completion of therapy, there was complete resolution of itching, erythema, fever and other associated symptoms. The patient also reported an overall improvement in general well-being and was observed during the follow-up period. The patient expressed satisfaction with the treatment outcome and the overall care received.

Consent for Publication:

Written informed consent for publication of clinical details and images was obtained from the patient's legally authorized representative.

ABBREVIATIONS :

1. BT : Before treatment

2. AT : After treatment
3. F/B : Followed by
4. BD : Bis in die (Twice a day)
5. TDS : Die sumendum (Three times a day)
6. A/F : After food
7. Tab. EBH : Tab. Erand Bhritha Haritaki
8. HS : Hours of sleep (at bed time)
9. B/F : Before Food

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