



“Therapeutic Outcome Of Virechana Karma In A Patient Of Sheetpitta Vyadhi”

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Abstract

Sheetpitta is a Tridoshaja Vyādhi with predominance of Pitta and Vāta dosha , characterized by kandu, daha, toda, shotha and mandala utpatti, and can be clinically correlated with urticaria. Classical Ayurvedic texts such as Charaka Saṁhitā and ashtanga Hṛdaya advocate Shodhana Chikitsā, particularly Virechana Karma, for Pitta-dominant disorders involving Rakta Dhātu. The present case study reports the therapeutic outcome of Virechana Karma in a 47-year-old female diagnosed with Sheetpitta Vyādhi. The patient was managed with Deepana–Pachana, followed by Snehapāna using Guduchi Siddha Ghrita, Sarvāṅga Abhyanga with Dashmool Taila, and Swedana as Pūrvakarma. Virechana Karma was performed using Trivṛt Leha, followed by Saṁsarjana Karma and appropriate dietary regulation. Significant improvement was observed in itching, erythematous wheals, burning sensation, and frequency of recurrence, with sustained relief during follow-up and no adverse effects. This case highlights the effectiveness of classical Virechana Karma in the management of Sheetpitta by addressing the underlying Doṣhic pathology rather than providing only symptomatic relief.

Keywords: Sheetpitta , Urticaria, Guduchi Siddha Ghrita,Virechana Karma

Introduction

Sheetpitta is described in Ayurvedic classics as a Tridoshaja Vyādhi with predominance of Pitta and Vāta dosha , characterized by kandu (pruritus), daha (burning sensation), toda (pricking pain), shotha (edema) and mandala utpatti (wheal formation). The pathological involvement of Rakta Dhātu contributes significantly to the acute and recurrent nature of the disease. Based on its clinical presentation, Sheetpitta can be correlated with urticaria, a common dermatological condition characterized by transient erythematous wheals and intense itching.

Conventional management of urticaria primarily focuses on symptomatic relief using antihistamines and corticosteroids, which may provide temporary control but often fail to prevent recurrence, especially in chronic cases. Ayurveda emphasizes a Doṣha-based approach, wherein elimination of vitiated dosha s through Shodhana Chikitsā is advocated for sustained therapeutic benefit. Classical texts such as Charaka

Saṁhitā (Cikitsāsthāna 7) and ashtanga Hṛdaya recommend Virechana Karma as the treatment of choice in Pitta-dominant disorders involving Rakta Dhātu.

Virechana Karma facilitates systemic detoxification by expelling aggravated Pitta and Rakta dosha, thereby addressing the underlying pathology rather than merely suppressing symptoms. Considering the recurrent nature of Sheetpitta and its resemblance to chronic urticaria, Virechana offers a rational and holistic therapeutic approach.

The present case study aims to evaluate the therapeutic outcome of Virechana Karma following appropriate Pūrvakarma in a patient of Sheetpitta Vyādhi, with special emphasis on clinical improvement and prevention of recurrence.

Case Report

A 47-year-old female presented to the OPD of Tarachand Ramanath Ayurvedic hospital a, Pune, with complaints of sarvāṅga kandu, toda, uro-daha, and mandala utpatti.

1) History of Present Illness:

The patient had symptoms for the last 15 days, occurring intermittently.

2) Past History:

She reported two similar episodes one month prior.

3) Treatment History:

She had taken antihistamines and antibiotics, which provided temporary relief.

4) Clinical Findings:

Findings suggested Pitta–Vāta predominance with Rakta dushti, evidenced by daha, kandu, and mandala.

5) Provisional Diagnosis:

The condition was diagnosed as Sheetpitta Vyādhi according to Ayurveda.

Samprapti

Agni Mandya / Ama → Pitta Prakopa → Rakta Dushti → Kandu → Daha → Toda → Mandala Utpatti → Recurrent Episodes

Diagnosis

Sheetpitta Vyadhi

Table 1. Treatment Intervention

Intervention	Drug / Procedure	Dose and Schedule
Snehana (Abhyanga)	Dashmool Taila	External application daily during Pūrvakarma
Swedana a	Dashmool Kwātha	Steam sudation daily after Abhyanga
Snehapāna	Guduchi Siddha Ghrita	Day 1: 50 ml; Day 2: 70 ml; Day 3: 90 ml; Day 4: 110 ml; Day 5: 110 ml
Snehaviram	—	One day rest after completion of Snehapāna
Virechana Karma	Trivṛt Leha	Administered on Day 7; Madhyama Śuddhi attained
Pashchat Karma	Saṁsarjana Krama	Advised for 5 days

Result :

Table 2. Symptom Assessment Criteria

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Kandu (Itching)	Absent	Mild, occasional	Moderate, frequent	Severe, persistent
Daha (Burning sensation)	Absent	Mild	Moderate	Severe
Toda (Pricking pain)	Absent	Mild	Moderate	Severe
Mandala utpatti (Wheals)	Absent	Few, localized	Multiple, generalized	Extensive, recurrent

Table 3. Clinical Outcome Assessment

Parameter	Baseline	Post-Virechana	Follow-up
Kandu	Grade 3	Grade 1	Grade 0
Daha	Grade 2	Grade 1	Grade 0
Toda	Grade 2	Grade 0	Grade 0
Mandala utpatti	Grade 3	Grade 1	Grade 0
Frequency of episodes	Frequent	Occasional	Absent

Conclusion :

Virechana Karma, following Snehapāna, Abhyanga, and Swedana , was effective in managing Sheetpitta Vyadhi in this 47-year-old female, providing marked relief in itching, burning, pricking pain, and wheal formation. The procedure was well tolerated, with sustained symptomatic improvement and no adverse effects. This case highlights the role of classical Shodhana therapy as a holistic approach for Pitta-dominant skin disorders.

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