

Ayurvedic management of *Shitapitta*: A case study

Ammana Sharma *

Saraswati Ayurved Hospital and Medical College, Gharuan, Punjab.

World Journal of Biology Pharmacy and Health Sciences, 2026, 25(01), 379-384

Publication history: Received on 10 December 2025; revised on 28 January 2026; accepted on 30 January 2026

Article DOI: <https://doi.org/10.30574/wjbphs.2026.25.1.0071>

Abstract

Shitapitta is a common allergic dermatological condition that is documented in *Ayurvedic* texts. It is characterized by an abrupt onset of reddish wheals, severe burning, itching, and recurrent episodes. Clinically, it closely resembles urticaria in contemporary medicine, which is characterized by itchy wheals that occur on skin or mucous membranes. They are often referred as nettle rash, wheals, welts, and hives. It frequently happens as a result of an allergic reaction brought on by diet, seasonal or environmental factors, or medication. The goal of the current case study is to emphasize *Shitapitta's* clinical presentation, *Ayurvedic* diagnosis method, and holistic therapeutic management. Based on traditional signs and symptoms, a diagnosis of *Shitapitta*, primarily involving *Vata* and *Kapha Dosha* with *Pitta* association, was made for a 25-year-old woman who had recurrent erythematous wheal, edematous wheal associated with severe pruritis and burning sensation aggravated by incompatible diet, and sudden cold exposure. Internal *Ayurvedic* formulations with *Dosha Shamaka*, *Deepana*, *Pachana*, and *Rakta Shodhna* qualities are part of the therapy procedure, which is reinforced by rigorous avoidance of known etiological factors through *Nidana Parivarjana*. Significant alleviation from pruritis and erythema was seen, along with a notable clinical improvement in the intensity, frequency, and duration of symptoms, no side effects were noted. The study demonstrates the efficacy of *Ayurvedic Shamana* therapy in conjunction with *Nidana Parivarjana* in the treatment of *Shitapitta* and raises the possibility that it could be a safe and successful treatment for recurrent urticaria.

Keywords: Shittapitta; Nidana Parivarjana; Rakta Shodhna; Dosha Shamaka; Urticaria; Deepana; Pachana

1. Introduction

Classical *Ayurvedic* scriptures describe *Shitapitta*, a significant dermatological disorder that closely resembles urticaria in modern times. *Acharya Sushruta* and *Vagbhata* have elaborated on the clinical characteristics, etiopathogenesis, and management concepts of *Shitapitta*, whereas *Acharya Charaka* has characterized it under *Kshudra Kushtha*. *Mandala* (wheals), *Kandu* (itching), *Toda* (prickling pain), *Daha* (burning sensation), and *Shotha* (swelling) are the disease's hallmarks. These symptoms present episodically, go away on their own, or return often. These symptoms show that *Pitta* vitiation and the *Vata* and *Kapha doshas* are involved.

Acharya Charaka states that the following are significant causes of *Shitapitta*: exposure to cold wind (*Sheeta Vata Sevan*), consumption of incompatible and unwholesome food (*Viruddha Ahara*), excessive consumption of sour, salty, and pungent substances, suppression of natural urges, and psychological stress (*Charaka Samhita, Chikitsa Sthana 7*). Cutaneous manifestations result from the vitiation of *Doshas*, especially *Vata* and *Kapha*, which become stuck in the *Rasa* and *Rakta Dhatu*. *Acharya Sushruta* emphasizes the acute and repeated nature of *Shitapitta* by describing it as a disorder characterized by skin lesions that appear and disappear quickly (*Sushruta Samhita, Nidana Sthana 5*).

Acharya Vagbhata further explains that the interaction of vitiated *Doshas* with *Ama* due to *Agnimandya* plays a crucial role in the pathogenesis of *Shitapitta* (*Ashtanga Hridaya, Nidana Sthana 14*). The involvement of *Rakta Dhatu* makes the

* Corresponding author: Ammana Sharma.

disease clinically significant, often requiring *Shodhana* therapies such as *Virechana* and *Raktamokshana* for effective management

According to contemporary medical definitions, urticaria is a hypersensitivity reaction marked by temporary erythematous wheals and excruciating itching. The condition is caused by the degranulation of mast cells and the release of histamine, which increases vascular permeability. Antihistamines and corticosteroids are the vital component of conventional treatment these medications relieve symptoms but are frequently linked to recurrence and negative side effects after extended usage.

Ayurveda offers a comprehensive and holistic approach to the management of *Shitapitta* through *Nidana Parivarjana*, *Shodhana*, and *Shamana Chikitsa*, aiming at correcting *Agni*, eliminating *Ama*, and pacifying vitiated *Doshas*. This case study is undertaken to evaluate the efficacy of Ayurvedic treatment modalities in the successful management of *Shitapitta*(urticaria) with reference to classical principles.

2. A Case Study

2.1. Aatura Parichaya

- Name-ANITA SHARMA
- Age-25yrs
- Sex-female
- Religion-
- Occupation-student
- Address- Mohali

2.2. Pradhana Vedana

- Itching –5 months on and off
- Rashes – 5months on and off
- Hyperacidity-5 month on and off

2.3. Vedana Vruttanta

A 25-year-old patient presented to the OPD with the chief complaints of recurrent episodes of itching and erythematous skin rashes associated with hyperacidity for the past five month. The symptoms came on gradually and were sporadic. The patient reported that itchy rashes suddenly appeared on various body locations. These rashes either went away on their own or after taking medication, but they regularly developed again.

The itching was moderate to severe in intensity and was associated with burning sensation at times. The rashes were non-scaly, transient, and migratory in nature, leaving no residual pigmentation after resolution. Each episode lasted for a few hours to one day. No history of oozing, pain, fever, or systemic manifestations was reported.

The patient also complained of associated symptoms of hyperacidity in the form of epigastric burning sensation, sour belching occurring on and off during the same duration. Both the cutaneous manifestations and gastric symptoms were observed to aggravate following the intake of fried, spicy, oily, and junk food. Partial relief was noted after avoidance of such dietary factors and intake of light, bland food.

There was no history suggestive of drug allergy, food allergy, insect bite, recent infection, or exposure to known allergens.

Based on the clinical presentation of recurrent pruritic rashes associated with hyperacidity, aggravated by intake of spicy and fried food, the condition was provisionally diagnosed as ***Shitapitta***.

2.4. Poorva Vyadhi Vruttanta

No history of hypertension/diabetes/hypothyroidism/hyperthyroidism

2.5. Kutumbh Vruttanta:

No significant history found

2.6. Vyaktika Vrutanta :

- Food habit: Mixed diet (Non-veg-Weekly twice)
- Sleep: Disturbed due to itching
- Bowel: incomplete evacuation of bowel
- Micturition: 6-7times/day,1 time/night.

2.7. General examination

Pallor – Positive.	Clubbing – Absent.
Oedema- Absent	Cyanosis- Absent.
Icterus – Absent	Lymphadenopathy – Absent.
Weight – 58 Kg.	Height – 5.6 feet.
BMI – 22.5.	
BP – 118/72 mm of hg.	Pulse – 80/min.
Respiratory rate – 16/min.	Temp – 98.3 F

2.8. Systemic Examination:

- **Respiratory System:** Normal Vesicular Breath Sound heard.
- **Cardiovascular System:** S1 S2 heard. No added sound heard.
- **Central Nervous System:** Patient is conscious and oriented to time, place and person.
- **Gastro – Intestinal Tract:** Soft and Non –Tender

Table 1 Ashta Sthana Pariksha

<i>Nadi</i>	<i>Vatapittaja</i>
<i>Mala</i>	<i>Asamyaka mala pravriti</i>
<i>Mutra</i>	<i>Prakrita</i>
<i>Jihwa</i>	<i>Ishat Liptata</i>
<i>Shabda</i>	<i>Aspastha</i>
<i>Sparsha</i>	<i>Ushan</i>
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>

Table 2 Dashavidha Pariksha

<i>Prakruti</i>	<i>Vata-Pitta</i>
<i>Vikriti</i>	<i>Vata-Kapha Pradhana with Pitta Anubandha</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satwa</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhyama; intolerance to Katu, Amala and Ushana</i>

<i>Aharashakti</i>	☐ <i>Abhyavaharana Shakti: Madhyama</i> ☐ <i>Jarana Shakti: Avara (suggestive of Agnimandya)</i>
<i>Vyayamashakti</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>

3. Treatment given-

composition of –

- ***Nimba Churan*** -3gm
- ***Manjishtha Churan***-3gm twice daily given
- **Capsule Urtiplex 2BD**
- Tablet Nirocil 2BD
- *Patolakaturohinyadi Kwath*
- *Avipattikar Churan* 5gm HS

3.1. Local Application- *Nimbadi Tail*

The treatment was given for 28 days and the patient was advised to visit for follow up every 7 day. Criteria mentioned below was assessed before and after the treatment.

Table 3 Parameters For Assessment

Parameters	Before Treatment	After Treatment
<i>Kandu</i> (Itching)	Present	Absent
<i>Mandala Utpatti</i>	Present	Absent
<i>Raga</i> (Erythema / Redness)	Present	Absent
<i>Daha</i> (Burning Sensation)	Present	Absent
<i>Shotha</i> (Swelling / Edema)	Absent	Absent
<i>Toda / Ruja</i> (Pricking Pain)	Absent	Absent
<i>Chalatva</i> of <i>Mandala</i>	Present	Absent
<i>Nidra nash</i> (Sleep Disturbance)	Present	Absent
Frequency of appearance	3-4 times a weeks, frequency increases after eating spicy and fried food	not appeared since a week

4. Discussion

According to *Ayurvedic* texts, *Shitapitta* is a *Tridoshaja Vyadhi* with an imbalance of *Vata* and *Kapha* paired with *Pitta*, marked by abrupt onset of lesions of *Kandu*, *Mandala Utpatti*, *Raga*, *Daha*, and *Chalatva*. *Viruddha Ahara*, exposure to *Sheeta*, stress, and *Agnimandya* frequently trigger the condition, resulting in hypersensitivity reactions and *Rakta Dushti*. *Dosha Shamana*, *Rakta Prasadana*, *Agni Deepana*, and recurrence prevention should therefore be the main goals of the therapeutic regimen.

Because of its strong *Tikta-Kashaya Rasa*, *Laghu-Ruksha Guna*, and *Pitta-Kapha Shamaka* action, *Nimba Churna* was chosen in this case. The primary complaints of itching and erythema were promptly addressed by its traditional properties of *Kandughna*, *Kushthaghna*, and *Rakta Shodhaka*. *Manjishta Churna*, which is well-known for its *Rakta Prasadana* and anti-inflammatory properties, effectively corrected *Rakta Dushti* by lowering *Raga*, *Daha*, and *Mandala Utpatti*. Urtiplex Capsules contain a blend of *Ayurvedic* herb

Capsule urtiplex contains herbs like *Manjistha*, *Khadir*, *Katuki*, *Daruharidra*, *Haridra*, *Sariva*, *Jatamansi*, *Amalaki*, *Usheer*, *Guduchi*, and *Shunthi* working as natural anti-allergic, anti-inflammatory, and blood-purifying agents. Tablet urtiplex has 1000mg of *Tamalaki* which is *Kaphapitta Shamaka* and *Yakrututtejaka* and *Raktashodhaka* and *Rakatapittahara* properties.

Patolakaturohinyadi Kwatha is a classical *Ayurvedic* herbal formula primarily used to treat skin diseases, liver disorders, and digestive issues by balancing Pitta and Kapha doshas. The presence of *Tikta Rasa* drugs like *Patola* and *Katuki* aided in alleviating *Daha*, *Raga*, and systemic *Pitta Dushti*, thereby reducing the severity of acute flare-ups.

Agnimandya and *Kostha Dushti* were corrected in large part by *Avipattikar Churna*, which was administered before bed. In order to manage recurring *Shitapitta*, proper bowel regulation is crucial for removing stored *Doshas* and preventing additional aggravation of Pitta. Long-term symptom alleviation was connected with improved digestion.

Local application of *Nimbadi Taila* provided prompt relief from *Kandu* and *Daha* due to its *Shothahara*, *Kandughna*, and *Pitta-Kapha Shamaka* actions. External therapy complemented internal medications by reducing local inflammation and enhancing patient comfort.

The combined effect of internal *Shamana* therapy and external application resulted in significant improvement in subjective assessment parameters, including itching, erythema, wheal formation, and sleep disturbance. The safety and effectiveness of *Ayurvedic* treatment for *Shitapitta* are further supported by the lack of side effects during the course of the treatment.

This example highlights the value of holistic management over symptomatic suppression alone and shows how a multimodal *Ayurvedic* treatment approach based on classical principles and customized to *Dosha* involvement can effectively manage *Shitapitta* and decrease recurrence.

5. Conclusion

Shitapitta is described in *Ayurveda* as a *Tridoshaja Vyadhi* with predominance of *Vata* and *Kapha* associated with *Pitta*, presenting clinically with *Kandu*, *Mandala Utpatti*, *Raga*, *Daha*, and *Chalatva* of lesions. In the present case, a comprehensive *Ayurvedic* treatment protocol was planned with the aim of *Dosha Shamana*, *Rakta Shodhana*, *Agni Deepana*, and prevention of recurrence.

The internal administration of *Nimba Churna* and *Manjishta Churna* effectively reduced itching, erythema, wheal formation, and burning sensation due to their *Rakta Shodhaka*, *Kandughna*, and *Pitta-Kapha Shamaka* properties. Cap Urtiplex and Tablet Nirocil contributed to the control of hypersensitivity reactions and inflammation, supporting faster symptomatic relief. *Patolakaturohinyadi Kwatha* played a significant role in pacifying *Pitta Dosha* and correcting *Rakta Dushti*, thereby reducing acute exacerbations. *Avipattikar Churna* helped in maintaining proper bowel movements and improving digestion, which is essential in preventing further *Dosha* aggravation and recurrence of *Shitapitta*.

Local application of *Nimbadi Taila* provided additional relief from itching and local inflammation, improving patient comfort and quality of life. Overall, the combined internal and external *Ayurvedic* management resulted in marked clinical improvement without any adverse effects. This case supports the effectiveness and safety of a holistic *Ayurvedic* approach in the management of *Shitapitta*.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

- [1] Madhavakara. *Madhava Nidana* with Madhukosha commentary of Vijayarakshita and Shrikanthadatta. Upadhyaya Y, editor. Varanasi: Chaukhambha Sanskrit Sansthan; Nidana Sthana. *Shitapitta-Udarda-Kotha Nidana*.

- [2] Agnivesha. *Charaka Samhita*, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Acharya JT, editor. Varanasi: Chaukhambha Sanskrit Sansthan; Chikitsa Sthana. Kushta Chikitsa Adhyaya.
- [3] Vagbhata. *Ashtanga Hridaya* with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri. Paradakara HS, editor. Varanasi: Chaukhambha Surbharati Prakashan; Nidana and Chikitsa Sthana.
- [4] Bhavamishra. *Bhavaprakasha* with commentary by K.R. Srikantha Murthy. Varanasi: Chaukhambha Krishnadas Academy; Madhyama Khanda. Kshudra Roga Adhikara.
- [5] Bhavamishra. *Bhavaprakasha Nighantu*. Sitaram B, editor. Varanasi: Chaukhambha Orientalia; Guduchyadi and Haritakyadi Varga (Nimba, Manjishta).
- [6] Sen GD. *Bhaishajya Ratnavali*. Mishra SN, editor. Varanasi: Chaukhambha Surbharati Prakashan; Amlapitta Chikitsa Prakarana (Avipattikar Churna).
- [7] Shastri L. *Yoga Ratnakara* with commentary. Varanasi: Chaukhambha Prakashan; Pitta Vyadhi and Grahani Chikitsa.