

## AN AYURVEDIC PERSPECTIVE ON SHEETPITTA: ETIOPATHOGENESIS AND MANAGEMENT

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### ABSTRACT

*Sheetpitta* is an Ayurvedic condition classified under the *Kushtha* category, characterized by temporary wheals (mandala), severe itching (*kandu*), burning sensations (*daha*), and sometimes angio-edematous swelling. Traditional Ayurvedic literature attributes its cause to the imbalance of *Vata* and *Pitta*, with secondary effects on the *Rasa* and *Rakta* dhatus, and identifies dietary, seasonal, and lifestyle factors such as *viruddh aahara* and exposure to cold winds as contributing factors. This paper offers a thorough review of classical Ayurvedic texts and modern evidence linking *Sheetpitta* to urticaria and related hypersensitivity disorders. The methodology involved a systematic examination of classical Sanskrit texts (Charaka, Sushruta, Ashtanga Hridaya, and their commentaries) alongside contemporary literature (dermatology reviews) to outline *nidana*, *samprapti*, *lakshana*, and *chikitsa*.

The therapeutic discussion incorporates Ayurvedic principles: *nidana parivarjana*, *Shodhana* (*Vamana/Virechana/Raktamokshana* when necessary), *shamanadravyas* with *kandughna* and *raktashodhaka* properties, external applications (*lepa*, *snana*, *abhyanga*), and strict adherence to *pathya-apathya*. The correlation with modern treatment emphasizes complementary roles: symptomatic relief (antihistamines, short-term corticosteroids) versus Ayurvedic strategies aimed at addressing root causes and preventing recurrence. The review suggests a practical

protocol for clinical evaluation (*dosha dominance, agni, dhatu status*), treatment selection, and follow-up, and highlights the need for controlled clinical trials to provide evidence for integration. Combining classical insights with current urticaria guidelines supports an evidence-based, patient-centered Ayurvedic approach for *Sheetpitta*.

**KEYWORDS:** *Sheetpitta*, Urticaria, Ayurveda, *Shodhana*, *Shamana*.

## INTRODUCTION

*Sheetpitta* is formed with two words which are exactly opposite to each other by their meaning. Here Sheet denotes *Kapha* and *Vata* and their combination with Pitta Dosha. According to Ayurveda *Sheetpitta* is described as *Tridoshaj Vyadhi* (Disease), but *Vata* and Pitta Dosha are predominant and Ras and Rakta are main Dushya. *Sheetpitta* is one among the *Twak Vikara* (skin disorders) that have related Hetu of *Kotha and Udarda*. *Vata* and *Kapha* are two “Doshas”, which are primarily bothered which in turn is associated through *Pitta* resulting in *Tridosha Prakopa* causing to redness, swelling itching on the skin etc. Symptoms of allergic skin reaction described as *Kotha* in *Brihatrayi*, are later on *Madhavkara* developed as separate disease under the title *Sheetpitta Udarda-Kotha*. *Sheetpitta* manifests due to exposure to contact with various poisonous materials (allergens) and intake of *Asatmya-Ahar-vihar*. Though it is not a lifethreatening condition but it cosmetically and extremely affects the quality of life. In Samhita causes given for *Sheetpitta* are *Lavana Katu Rasa, Shukta, Arnal, Sarshapa Atisevana*, Exposure to cold environment, wind, water, *Diwaswap, Asamyaka Vamana, Keeta Dansha, Krumi Sansarga*.

When person comes in contact with above causes or similar to these causes *Dosha* gets vitiated. Further vitiated *Dosha*, leads to Ras and Rakta-dhatu *Strotodusti*, then it spreads towards the extremities and manifests as wheal/maculopapular rash and *Varati Damsha Sansthana Shotha* (urticaria), *Kandu Toda, Vidaha* are common symptoms associated with *Jwara* and *Chhardi* in few patients. All above features that closely mimics with urticaria. Urticaria is a dermal vascular reaction of the skin characterized by the appearance of itchy wheals, which are elevated (edematous), pale or erythematous, transient and evanescent plaque lesions. Modern pathology suggests that almost one third of Urticaria are cholinergic. It occurs either due to exercise, warming, anxiety or sweating. Elevated body temperature plays key role in pathogenesis.

Main causes include autoimmune reaction, allergens in food, inhalants and injections, drugs, contact (e.g. animal, saliva, latex), physical (e.g. heat, cold, water, sun, pressure), infection (e.g. viral hepatitis, infectious mononucleosis, HIV), idiopathic. An episode of it may start with itching followed by red elevated patches at site of itching. Scratching, beverages, emotional conditions and exercise are provocative factors for the symptoms. Episodes of urticaria may continue to relapse for days, weeks, months or year, if not treated properly. Frequent attacks may hamper patient's mental condition. There is no permanent cure of Urticaria in modern science and treatment aims on Symptomatically. Repeated intake of anti-histamine or corticosteroids provide temporary relief as well as tend to reduce immunity threshold. International guidelines provide diagnostic categories, triggers, and evidence-based treatments (such as antihistamines, corticosteroids, and escalation strategies), yet managing recurrence and chronicity remains challenging. A combined approach that integrates the classical Ayurvedic understanding of causes with modern symptomatic treatment could enhance long-term management. This manuscript merges classical sources with current evidence to create a practical Ayurvedic framework for *Sheetpitta*. Thus Ayurveda has important role in providing a comprehensive solution to this skin problem. Treatment for *sheetpitta* according to Ayurveda includes both *Shodhana* and *shamana chikitsa*. Acharya have suggested that treatment can be done as of *Kushtha*, *amlapitta*. Various *aushadhi* yoga are mentioned for *udarda*, *kotha* which also can be used for *sheetpitta*. Main advantage for ayurvedic treatment is that it helps to stop the recurrence of *sheetpitta* with correct use of *Shodhana*, *shamana chikitsa* and *pathyapathya palana*. (For modern guideline background, see international urticaria guidelines).

## OBJECTIVES

1. To examine traditional Ayurvedic accounts of *Sheetpitta*, including its causes, development, and symptoms.
2. To draw parallels between *Sheetpitta* and modern urticaria, focusing on clinical characteristics and classification.
3. To offer a comprehensive Ayurvedic treatment plan, avoidance of causative factors, purification, pacification, external application, and dietary guidelines.
4. To identify research gaps and suggest pathways for clinical trials and integrative healthcare approaches.

## MATERIALS AND METHODS

**Study Type:** This research is integrative review that merges traditional Ayurvedic texts with contemporary biomedical literature.

### Sources and Search Strategy

- The classical texts referenced include the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, along with standard commentaries focusing on *nidana*, *samprapti*, and *chikitsa*.
- Modern literature sources comprise PubMed, PMC, guideline documents, and review articles on urticaria, including the EAACI/GA<sup>2</sup>LEN/EuroGuiDerm/APAAACI international guideline and national reviews. These key guidelines and reviews were utilized to outline current diagnostic and therapeutic recommendations.

**Inclusion Criteria:** The study includes classical descriptions specifically addressing *Sheetpitta*, *Udarda*, or similar skin eruptions, as well as contemporary reviews, guideline documents, and clinical studies on the pathogenesis and management of urticaria.

**Synthesis Method:** The approach involves extracting *nidana*, *lakshana*, *samprapti*, and *chikitsa* headings from classical sources and aligning them with modern pathophysiological mechanisms and treatment methods. An integrated clinical assessment and treatment algorithm is developed based on dosha dominance, chronicity, and patient strength (*rogi bala*).

**Ethics:** As this is a literature synthesis, no patient data were utilized. For any future clinical trials, institutional ethics approval and clinical trial registration will be necessary in accordance with journal policy and UGC research practice guidelines.

### Ayurvedic View

- **Nidana:** Factors include incompatible foods, excessive consumption of cold foods or water, sour, spicy, or oily foods, suppression of natural urges, seasonal influences, and intense emotional stress.
- **Samprapti:** The primary disturbance involves *Vata*–*Pitta*, affecting the *Rasa* and *Rakta* channels; *Pitta* is responsible for burning sensations and redness, while *Vata* causes the transient nature of wheals and sensations of pain or pricking. *Kapha*'s role leads to swelling or oedema.

- **Lakshana:** Symptoms include transient wheals (*Mandala*), intense itching (*Kandu*), burning (*Daha*), pricking pain (*Toda*), and swelling (*Shotha*) when *Kapha* is involved, with potential systemic symptoms in severe cases.
- **Chikitsa (classical):** Involves avoiding causative factors; purification therapies like *Vamana* for *Kapha* dominance, *Virechana* for *Pitta* dominance, and *Raktamokshana* for blood impurities; soothing treatments with properties to relieve itching, improve skin, and purify blood; external applications like pastes, cooling baths, and infusions. (Classical remedies include *Haridra*, *Guduchi*, *Nimba*, *Manjishtha*, *Triphala*; external applications like *Chandan-Sariva* paste).

### Modern correlation (urticaria)

- Urticaria is a condition driven by mast cells, characterized by transient wheals with or without angioedema; it is typically classified as acute or chronic (lasting 6 weeks or more). Evidence-based treatments focus on symptom relief using second-generation non-sedating antihistamines, with dosage adjustments if necessary, and escalation to omalizumab or ciclosporin for chronic spontaneous urticaria that is resistant to treatment, following international guidelines. Recurrence is common, but identifying triggers and making lifestyle or dietary changes may help reduce episodes.

### CHIKISTA (Management of *Sheetpitta*)

In Ayurveda, the treatment of *Sheetpitta* is guided by the core principles of *Nidana Parivarjana*, *Shodhana Chikitsa*, *Shamana Chikitsa*, *Bahirparimarjana*, and *Pathya-Apathya*.

*Sheetpitta* is identified as a *Vata-Pitta* dominant Tridoshaja Vyadhi, involving *Rasa* and *Rakta* *Dhatu*, so therapy should be tailored according to *Dosha* dominance, disease duration, *Agni*, and the patient's strength.

#### 1. *Nidana Parivarjana*

The initial and crucial step in managing *Sheetpitta* is avoiding causative factors. Classical texts highlight that ongoing exposure to these factors can lead to recurrence and chronicity. Patients should steer clear of: *Viruddha Ahara* (incompatible food combinations) Over consumption of sour, salty, spicy, fermented, and oily foods Cold water baths, exposure to cold winds, and abrupt temperature changes Sleeping during the day (*Divaswapna*) and staying awake at night (*Ratrijagarana*) Psychological stress, anger, and suppressing natural

urges Strict adherence to *Nidana Parivarjana* not only alleviates symptoms but also boosts the effectiveness of subsequent treatments.

## 2. *Shodhana Chikitsa*

*Shodhana* therapy is recommended for recurrent, chronic, or severe *Sheetpitta* cases, especially when Doshas are deeply rooted (Bahudosha Avastha). Proper Purva Karma and patient evaluation are essential.

**Vamana Karma:** Suitable for *Kapha*-dominant cases marked by heaviness, swelling, and lethargy. Vamana aids in removing vitiated *Kapha* and related toxins.

**Virechana Karma:** Preferred for *Pitta*-dominant *Sheetpitta*, especially when there is intense burning, redness, and inflammation. *Virechana* cleanses *Pitta* and *Rakta*, preventing recurrence.

**Raktamokshana:** Suggested for specific cases with predominant *Rakta Dushti*, particularly chronic or treatment-resistant cases with persistent lesions and severe itching. *Shodhana* therapies are vital in addressing the root pathology and reducing disease chronicity.

## 3. *Shamana Chikitsa*

*Shamana* therapy focuses on pacifying the vitiated Doshas, alleviating symptoms, and restoring the normal function of *Agni* and *Dhatu*s. Drugs with *Kandughna*, *Raktashodhaka*, *Pitta-Shamaka*, and *Twak Prasadana* properties are favored. Commonly used formulations and drugs include.

*Haridra Khanda*

*Arogyavardhini Vati*

Ayurvedic Herbs: *Guduchi* (*Tinospora cordifolia*), *Nimba* (*Azadirachta indica*), *Manjistha* (*Rubia cordifolia*), *Sariva* (*Hemidesmus indicus*), *Patola* and *Triphala*. These medications help reduce itching, inflammation, and hypersensitivity while enhancing skin health.

## 4. *Bahirparimarjana Chikitsa*

External therapies are effective for providing quick relief from symptoms, particularly itching and burning. Commonly used methods include.

Lepa made from *Chandana*, *Sariva*, *Nimba*, and *Yashtimadhu*. Bathing with medicated decoctions that have cooling and anti-inflammatory properties. *Abhyanga* with cooling medicated oils in selected cases *Bahirparimarjana Chikitsa* complements internal treatments and improves patient comfort.

**5. Pathya-Apathya** Dietary regulation is a crucial aspect of *Sheetpitta* management.

*Pathya*: Light, cooling, easily digestible foods; bitter and sweet tastes; adequate hydration.

**Apathya**: Spicy, sour, oily, fermented foods; alcohol; junk and processed foods Following Pathya-Apathya significantly reduces recurrence and enhances long-term outcomes.

## 6. Integrative Perspective

In the acute stages, contemporary antihistamines can be employed for quick relief of symptoms. Conversely, Ayurvedic *Chikitsa* targets the underlying cause by rectifying *Dosha* imbalances, enhancing Agni, and cleansing Dhatus. A combined approach utilizing both systems may lead to superior disease management, decreased recurrence, and enhanced quality of life.

## DISCUSSION

The *Ayurvedic* depiction of temporary wheals, burning, and itching aligns well with the clinical symptoms of urticaria. The idea of doshic imbalance (*Vata-Pitta*) offers a basis for personalized treatment — for instance, Pitta-dominant symptoms (burning, redness) suggest *Pitta-shaman* and *Virechana* approaches; *Kapha* characteristics (swelling/heaviness) indicate *Vamana* consideration. Therapeutic sequencing: Acute mild episodes: Prompt removal of *nidana*, application of cooling topical treatments (*chandana/sariva lepa*), oral shaman dravyas with itch-relieving properties, and short-term modern symptomatic treatment (second-generation antihistamine) if necessary for fast relief. Recurrent / chronic cases: Assess dosha dominance and *agni*; if appropriate and after evaluation, consider *Shodhana* (*Virechana* preferred for *Pitta* dominance; *Vamana* for *Kapha* traits). Combine with long-term shamana agents (*Guduchi, Manjishtha*) and strict pathya (avoidance of incompatible foods, alcohol, NSAIDs where applicable) to minimize recurrence. *Raktamokshana* may be selectively considered when *Rakta dushti* is present. In *Sheetpitta* there was vitiation of *Kapha* and *Vaat* due to *Shita-Amla Ahara* and *Shita vihara*. *Kapha* was dominant and *Pitta* was *Anubandhi*. In such condition *Strotavarodha* created by vitiated *Kapha* should be broken first. Charaka has advised drugs belonging to *Udarda Prashamana Mahakashya*. *Ushna-Tikshna-Laghu Guna, Katu-Tikta Rasa* helped to normalize vitiated *Kapha* and helped to remove the *Strotavarodha*, also at the same time *Pitta* achieved normal state after removal of *Avarodha*. Clinically effects of urticaria are due to local vasodilatation causes redness, increase blood flow causes warmth, enhanced vascular permeability leads to swelling/edema, these are the feature of lewi's triple response. The first line of treatment for *sheetpitta* is *Nidana parivarjan*, so it is

advised to the patient to find out what may be the cause and try to avoid it as far as possible. *Haridrakhanda* is a classical formulation indicated in *Sheetpitta* in Ayurvedic texts, as curcumin has anti-oxidant and anti-histaminic properties. Both acute and chronic liver disease can manifest on the skin. The skin is the largest organ in the body and if examined too briefly this will lead to subtle changes that cannot be missed. So tonic to enhance the liver function is a must. Most of the ingredients have *Vata Kaphahara*, *Tridosahara*, *pittahara*, *doshaghna* karma and karma exhibited include *Rasayana*, *kushtagna*, *varnya* and *kandughna*. These *rasa guna* and *karma* help in the *Samprapti vighatana* and thus proves to be effective in the management of *Sheetpitta*. It commonly relates *Twak Vikara* in clinical practices. A variety of etiological factors are responsible for triggering the disease. So, for the treatment of *Sheetpitta* (urticaria), drugs acting on different causative factors is the key line of treatment.

## CONCLUSION

### Monitoring & Outcomes

Employ modern outcome measures (e.g., UAS7, CU-QoL) alongside Ayurvedic parameters (dosha assessment, *agni*, *dhatu* status) to assess response — this facilitates integrative evidence gathering. (Refer to international outcome measures and Indian clinical practice papers). IJDVL+1 Safety & integration: For acute symptom relief, modern antihistamines are safe and can be used alongside Ayurvedic topical/cooling treatments. *Shodhana* requires institutional settings and trained professionals; ensure checks for drug interactions and obtain patient consent. Future RCTs should explore standardized Ayurvedic regimens versus standard care or add-on designs. Research gaps: Absence of high-quality, randomized controlled trials of classical *Shodhana* protocols for urticaria; need for standardized case definitions (Ayurvedic + modern), validated outcome measures, and pharmacovigilance reporting.

*Sheetpitta*, as described in classical Ayurveda, closely resembles clinical urticaria in modern dermatology. Ayurvedic management — combining *nidana parivarjana*, individualized *Shodhana* where necessary, *shaman* therapy, and *pathya* provides a logical, root-cause-focused strategy to complement modern symptomatic treatment. Integration through structured clinical trials and outcome measurement will be essential to confirm efficacy and safety and to enable broader evidence-based practice based adoption. Ayurveda has a vast concept of *Pathya* and *Apathya* and it also believes that prevention is always better than cure so the first line of treatment is *Nidana Parivarjan* as food plays a major role in aggravating

the symptoms of urticaria. In modern medicine, there is widespread treatment modalities available but persistent usage of steroids and antihistamines can cause hazardous consequences to the human health. There are higher chances of recurrence rate thus it is essential to find out the effective treatment which will eliminate the disease from its root cause.

## REFERENCES

1. [https://www.webmed.com/skin-problems and treatment /giude.](https://www.webmed.com/skin-problems-and-treatment/guide)
2. Sharma SK, Munjal YP, Agarwal AK. API Textbook of Medicine, Association of physician of India, 9<sup>th</sup> edition, 2012; pg-479, 491.
3. <https://researchgate.net/deref/https%3A%2F%2Fwww.dermentnz.org>
4. Sri Vijayarakshita and Srikanttadatta with Vidyotinihindi commentary By-Sudarshana Shastri, *Madhavanidana* of Srimadhavakara with Madhukosha Sanskrit commentary by Part -II, 50th chapter 1st -6th verse 26th edition. Chaukhamba Sanskrit Sansthan, Varanasi, 1996; 168-170.
5. Flynn CA, Griffin G, Tudiver F Decongestants and antihistamines for acute otitis media in children, 2002.
6. Agnivesh, Charak Samhita commentary by Brahma Nand Tripathi, Chaukhamba Surbharti Sansthan, Varanasi. sutra 4/17, 43: 24.
7. Elman S, Hynan LS, et al. The 5-D itch scale, a new measure of pruritus. *Br J Dermatol*, 2010; 162(3): pg 587-93.
8. Yogaratnakar.
9. Prof Sharma A, *Orientalia Delhi C. Edition, 2017, kayachikista Vol-2, chapter no.60, pg no-864.*
10. Prof Sharma A, *Orientalia Delhi C. Edition, 2017, kayachikista Vol-2, chapter no.60, pg no-865.*
11. Principles and practice of panchakarma by Dr. Vasant C Patil. 5<sup>th</sup> edition Chaukhamba publication, pg no 404.
12. Charak Samhita, Shukla AV, Chaukhamba Prakashan Siddhi Sthana vol 1 reprint edition 2015.
13. Prof Sharma A, *Orientalia Delhi C. Edition, 2017, kayachikista Vol-2, chapter no.1, pg no-17.*
14. Agrawal S, editor (reprint edition) *Hatayogpradipika of Swatmaram Yogi, Dvitiyaupadesh, chapter 2 Verse 25. Varanasi: Chaukhamba Orentalia, 2018.*

15. Anjana *Nidana* by Dr.S.Suresh Babu, Chowkhambha Sanskrit Series, Varanasi, edition, 2004; 206.
16. Madhava *nidana* 50/4 (Madhukosa commentary) Part 2 by Dr P.Himasagara Chandra Murthy, Chowkhambha Sanskrit Series office, Varanasi, edition, 2012.