

ROLE OF SADYOVAMAN IN SHITAPITTA A CASE STUDY

Dr. U. Anusha^{1*}, Dr. I. B. Kotturshetti² and Dr. Jagadish I. Hiremath³

¹PG Scholar, Panchkarma Department, Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

²M.D.(Ayu), PHD. Professor & HOD PG Dept. of Panchakarma. Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

³M.D.(Ayu) Professor. Rajiv Gandhi Educational Societies Ayurvedic Medical College and Hospital. Ron.

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*Corresponding Author

Dr. U. Anusha

PG Scholar, Panchkarma
Department, Rajiv Gandhi
Educational Societies
Ayurvedic Medical College
and Hospital. Ron.

ABSTRACT

The dermatological disease urticaria is characterised by abrupt, itchy wheals on any part of the skin or mucous membranes. Individual lesions typically disappear after a few minutes to several hours without leaving any scars or marks behind. A clinical correlation with Shitapitta (Urticaria) can be established. Even with the development of treatment techniques, there are still many adverse effects and a significant likelihood of recurrence in this illness. Therefore, it's imperative to identify a successful Shitapitta treatment. The purpose of this study is to evaluate the effectiveness of Shodhana (purificative) Chikitsa-based Ayurvedic treatment for Shitapitta. This could be because Shodhana Chikitsa effectively manages Shitapitta, hence eliminating exacerbated Doshas. This patient used Sadyo-Vaman (medicine-induced emesis) Shodhana Chikitsa are cost-effective and Shitapitta condition; hence, they can be used in clinical practice.

KEYWORDS: Shitapitta, Shodhana Chikitsa, Sadyo-Vaman.

INTRODUCTION

Most frequently referred to as "hives," urticaria is a widespread condition that affects 15–25% of people at some point in their lives.^[1] With a peak incidence in the third and fifth decades of life, the illness tends to be more prevalent in adults than in children and women than in men.^[2] The emergence of pruritic "wheals," which are well-defined regions of

nonpitting edema with elevated borders and a blanched centre that solely affect the dermal layers on the surface and are visible in the skin's surrounding erythema, is indicative of this condition. Lesions can have a diameter of only a few millimetres, but they can combine to create wheels that are several centimetres broad. They often remit themselves within 24 hours since time onset. Urticaria is classified as either acute or chronic depending on whether the onset of episode last for less or more than 6 weeks in duration respectively.^[3] Urticarial lesions may be associated with episodes of swelling known as angioedema.^[4] The role of infection act as a potential trigger for urticaria and angioedema is described, but the precise mechanism by which infection induce the release of histamine from mast cells is unknown.^[5,6] In ayurveda, this condition has a close resemblance to sheetapitta. The vitiated kapha and vata undergoes swakarana prakupitha combines with that of pitha dosha circulates throughout the shrotas and causes pathogenesis in twak and rakthadi dhatus.

CASE REPORT

A 31 -year-old female patient suffered from red rashes associated with the gradual onset of itching and burning sensation all over the body, which occurs immediately after consumption of some food items like milk, non-vegetarian diet, etc., for 6 months. The symptoms aggravate more in the evening hours.

Astha sthana pareeksha (Eight type of examination)

- Nadi- 78bpm
- Mala- Nirama
- Mutra- 4 to 5 times per day
- Jhiva- alipta
- Shabdha-Prakrutha
- Sparsha- Mrudhu
- Drik-Prakrutha
- Akarathi-Madhyama

Dashavidha pareeksha (Ten type of examination)

Prakruthi-kapha pitta

Vikruthi-kapha vata

Sara-medho sara

Samhanana-madhyama

Satva-madhyama

Satmya-sarva rasa satyma

Pramana-madhyama

Ahara shakthi-avara

Vyayama shakthi-madhyama

Vaya- madhyama

Treatment Given

sadyovamana: Sadyovamana dravya - Lavanambu Preparation of Lavanambu -15 gm of Saindhav was mixed in 1 lit of warm water and stirred till saindhav got dissolved in warm water. During this duration, the patient had 2 bruhat, 3 madhyam, and 4 alpa vegas. After the symptoms like anga and Udar, shiro laghava, kshudhaprachiti were observed, the patient was given dhoompana of Vacha, Haridra, and Guggula varti. All the necessary vitals were observed during the procedure. 2. Diet – the patient was advised to take only peya on kshudhaprachiti. 3. Jalapana – The patient was advised to take kosha jala (lukewarm water) whenever she feels thirst. 4. Pathya – the patient was advised to avoid bathing, exercising, sleeping during the daytime, indulgence in heavy food and chilled water, and direct exposure to wind and sunlight for the next 3 days.

Observation

1. Shotha (edema) before treatment ++ After treatment +
2. Toda (pricking sensation) before treatment +++, After treatment +
3. Kandu(itching) before treatment +++, After treatment +
4. Daha(burning sensation) before treatment ++, After treatment –

DISCUSSION

Mode of action of classical vamana According to Acharya Charaka, the emetic drug has ushna, teekshna, sukshma, vyavayi, and vikasi guna. By their potency, it reaches the heart and circulates through vessels. Because of their agneya nature, they liquify compact doshas. Teekshna guna separated the adhered doshas located in gross and subtle channels of the body (sthula and sukshma strotas). These separated doshas are brought to amashaya due to anupranav bhava. Doshas get stimulated by udan vayu as Vamak drug have urdhwabhaghara prabhava due to agni and vayu predominance which ultimately leads to migration of doshas towards mouth from amashaya.^[7] The mode of action of sadyovamana is also the same as that of classical vamana except purvakarma is not done in sadyovamana. The doshas are expelled from localized tissue. The dravya use for sadyovamana is vamanopaga dravya (a drug that

helps with vamana). In sadyovamana, we are not following the increasing order of olotion (arohana krama snehpana) and the Vishram kala, etc as per the guidelines by the Acharyas. Because of these, we are not eliminating prabhuta dosha from the deeper tissue. Sadyovamana has minimal efficacy and instant relief like ajeerna. Sadyovamana is carried out when dosha. Utklishta lakshnas like hrullas, Lala praseka, shiro gourava, kapha shtivana, bhakta dwesha etc are present. Purvakarma like ama pachana, snehan, swedana are not mandatory for Sadyo vamana. Otherwise, the dosha Utklishta avastha is reduced. Sadyo vamana may be practiced instantly in conditions like tamaka swasa^[8] (bronchial asthma), urdhwagaamlapitta, ajeerna, etc. It can be practiced in various emergency conditions kapha utklesha avastha in disease, visha pana, ajeerna, amlapitta, and dental caries^[9] as an emergency treatment.

CONCLUSION

According to sheetpitta, tridoshaja vyadhi is a vata kapha pradhana. The main cause of this disease's manifestation is exposure to cold wind. In order to handle the current case successively, shodhan chikitsa was adopted. Sadyovamana is one of the most significant panchakarma procedure yet least used in panchakarma practices. It is a tool that can be applied to different types of illnesses. It relieves utklishta doshavastha immediately. It is simple to do, low cost, and requires little time.

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