



Case Study

A VITIATION OF *PITTA DOSHA* IN *SHARAD RITU* AND ITS MANAGEMENT BY *NITYA VIRECHANA DRAVYA*

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ABSTRACT

Pama Kushta is explained in Ayurveda which is outcome of *Pitta Dosha Dushti* it has similarities with eczema. Eczema is a chronic inflammatory skin condition characterized by redness, itching, and rash, affects a significant portion of the population worldwide. This case report presents the initial successful management of eczema in a patient using Ayurvedic interventions. A 30-year-old female patient presented with persistent eczema symptoms on her arms and legs. The patient underwent a thorough evaluation based on Ayurvedic principles, which identified imbalances in *Doshas* (bioenergies) according especially in autumn season and suggested a treatment plan accordingly. The interventions included internal medications to alleviate imbalances *Pitta Dosha*, external application of *Marichyadi* Oil to soothe the affected areas. After adhering to the treatment plan for two weeks, the patient experienced a significant reduction in eczema symptoms, including reduced redness, itching, and improvement in skin texture. This case report highlights the potential efficacy of Ayurvedic interventions with *Siddhanta*. The holistic approach of Ayurveda, addressing root cause, resulted in improved symptom control and enhanced quality of life for the patient. While further research is warranted to validate these findings, the present report suggests that Ayurveda could be a valuable complementary approach for individuals struggling with eczema. Health professionals and patients alike may consider exploring Ayurvedic interventions as an adjunct or alternative to conventional eczema management strategies.

INTRODUCTION

Our body is made up of *Tri-dosha* (body humours) and these *Dosha* are dynamics in nature, they keep changing in our body according to day clock, food intake, *Ritu* (season), and our age. Most clear change in *Dosha* can be understood in *Ritu* wise *Dosha* changes [1]. *Kapha Dosha* aggravated in *Vasanta* (mid-February to mid-April), *Pitta Dosha* in *Sharada Ritu* (mid-Sept to mid-November) and *Vata Dosha* in *Varsha Ritu* (mid-June to mid-August). *Acharya Charaka* has stated that in *Sharada Ritu* *Pitta Dosha* and *Rakta Dhātu* (blood) get vitiated. [2] One of the sites of *Pitta Dosha* is skin, when this *pitta Dosha* along with *Rakta Dushya* (vitiating factor) is vitiated, it first appeared as

skin disease[3]. Therefore, in *Sharad Ritu* i.e., month of October many patients come to hospital with complaint of various type of skin disease. Eczema is condition of group of symptoms which includes skin irritation and inflammation. Eczema includes conditions such as atopic dermatitis, contact dermatitis, dyshidrotic eczema, seborrheic dermatitis and nummular eczema. [4] Among nummular dermatitis is condition of coin-shaped eczema often appears after a skin injury like a burn or insect bite. You are more likely to get nummular eczema if you or your family members have atopic dermatitis, allergies, or asthma.[5] Nummular dermatitis has a bimodal distribution, affecting predominantly females 15 to 25 years of age and males 50 to 65 years of age. Prevalence ranges from 0.1% to 9.1%.[6] The exact aetiology of nummular dermatitis is unknown. Numerous factors have been implicated, such as xerosis, contact allergy sensitization, reactivity to environmental aeroallergens, Staphylococcal colonization, use of irritating and drying soaps, frequent bathing with hot

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water, environments with low humidity, skin trauma (Koebner phenomenon), exposure to rough fabrics such as wool, breast implantation, and certain medications. Many patients come with this condition.^[7] This condition Can be compared with *Pama Kushta* in Ayurveda. *Pama Kushta* is a condition of itching, white or black discoloration of skin with small pustules.^[8]

Patient Information

A thirty-one-year-old female of moderate build and *Kapha-Pitta Prakriti* (body constitution), doing her studies and native of New Delhi, reported to the outpatient department with complaint of circular itchy patches formation on left foot and left knee for 2 months. There were two patches on left foot both were circular in nature and one of patched where has small papules around and other patches reddish – whitish in nature. There were third patch on left knee. Patient mother has family history of eczema. There was not any drug history in patient and there was no other systemic finding in the patient. [as shown on image – 1]

Clinical Findings

General Examination: the patient was afebrile, pulse rate was 75/min, and blood pressure was 118/76 mm of Hg. her appearance was fair, two reddish-whitish

patches on left foot was found and systemic examination did not reveal any abnormality.

Personal examination: Appetite – Moderate, Bowel – Sometimes Unsatisfactory, Bladder – Burning Micturition, Sleep – Sound Sleep.

Ashtavidha parikshana: *Nadi* (pulse rhythm) - *Pitta Kapha*; *Mutra* (urine) *Mala* (stool) *Jivha* (tongue) - *Alpa Sama*; *Druka* (eye sight) - *NAD* (no any deformity); *Shabda* (sound) – Normal; *Sparsha* (touch) - *Khara Sparsha*; *Akruti* (body build) – *Madhyam*.

Dashwidha Pariksha- *Sharira Prakriti* (physical constitution) was, and *Manasa prakriti* (mental constitution) was *Satvaraja*. *Sara* (excellence of *Dushya* or tissue elements), *Samhanana* (compactness of tissue or organs), *Pramana* (anthropometry), *Satmya* (suitability or homologation), and *Satva* (psyche) were *Madhyama* (medium). *Aharasakthi* (capacity of intake of food) examined as *Abhyavaharana shakti* (capacity of intake of food), *Jaranashakti* (power of digestion), and *Vaya* (age) were *Madhyama*.

Examination of patch – Circular patch was present on patient’s left foots near ankle joint and other was near second and third toes of foot. It is rough in touch, skin was elevated in that area, itching was present, mild burning and skin dandruff in small amount was present.

Timeline

Table 1: Timeline of Treatment

1 st visit (4 th Oct 2022)	On first visit patient has very prominent patches itching was associated with them	On first ever visit it was decided to give <i>Nitya Virechana</i> with <i>Pitta Kapha Shamaka</i> (pacifying) drugs <i>Avipattikar Churna</i> , <i>Aamalaki Churna</i> , <i>Panchanimbadi Churna</i> , <i>Br. Marichyadi Tailam</i> .
2 nd visit (20 th Oct 2022)	Patient was advice to visit after 15 days to OPD her skin structure was almost showing as normal structure	After 15 days patient’s lesion was almost got clear due to <i>Nitya Virechana</i> . After that necessary treatment was given to patient to get clear skin

Table 2: Name of drugs with dosing prescribed to patient

Medicine name	Dosage	Time	Anupana	Duration	Remark
<i>Avipattikar Churna</i>	3 gm	BD - before meal	Warm water	15 days	15 min prior to meal
<i>Aamalaki Churna</i>	2 gm	BD - before meal	Warm water	15 days	15 min prior to meal
<i>Panchanimabdi Churna</i>	3 gm	BD - after meal	Warm water	15 days	15 min prior to meal
<i>Br.Marichyadi Tailam</i>	Local application	3 times a day		15 days	Used externally

Therapeutics Intervention

Based on manifestation of symptoms to the patient, she was prescribed *Pitta Hara Dravya*. Patient was given *Avipattikar Churna* 3gm with *Aamalaki Churna* 2gm in just before the meal twice a day. Patient was also prescribed *Panchanimbadi Churna* 3gm after meal twice a day. *Brihat Marichyadi tailam* was given for local application. Patient was advice to maintain

local hygiene and avoid body soap with high paraben, sulphate, and synthetic fragrance. Patient was also advices to avoid curd, *Urad* (black gram) etc and *Kapha Pittakar Aahra Dravya* (food vitiated *Kapha* and *Pitta*). Details of therapeutic intervention are given in table no. 2

Follow Up and Outcome

On the first visit, patient was advised a medication mentioned in table no 2 as first follow up. Patient was advice to visit after 15 days to OPD. On this follow up her skin structure was almost showing as normal structure. She was internally feeling well and her hunger was increased, her bowel was clearer than before. There was overall improvement seen in the patient. Her over all skin structure was also improved as it can be compared from before and after image [image no 1 and image no 2]

DISCUSSION

Patients was visited to hospital in *Pitta Prakopak kala* (*Pitta* aggravating season), as *Pitta Kapha* was vitiated in patient and medicine given to patient was *Pitta* and *Kaphaghna* therefore, patient got maximum relief in within 15 days. In the month of September – October *Tikshna* and *Ushna Guna* (irritant and warn properties) are increase due to which, *Pitta Guna* get increase and it reflect in human body as *Pitta Prokopa* (aggravation of *Pitta*), which consider as normal physiology.^[9] however, if the person intake a *Pitta Prakopaka Aahar Vihar* (*Pitta* aggravating food) in unnecessary manner it vitiated a *Dosha* in pathological means along with that if person could have *Kh-Vaigunya* (predispose pathology) in any *Dhatu* it led to disease condition of that *Dhatu*.^[10] In above patient she has done *Pitta* and *Kapha Prokopaka Hetu* (vitiating factors) in *Pitta Sanchaya Ritu* (*Pitta* accumulation season), she was having *Kha- Vaigunya* in her *Tvaka Dhatu* as *Pama* was also in her maternal history. In *Rogi Parikshana* apparently patient found of *Kapha-Pitta Prakriti* as result she was prone to get disease related to this *Doshas* as *Pama Kshudra Kushta* belongs to *Pitta Kapha Doshaj* skin condition.^[11] According to these *Dosha Dushti* the treatment was planned. Patient was given *Avipattikar Churna*, *Amalaki Churna*, *Pachanimbadi Churna*, *br. Marichyadi tailam* for external application.

Action of Avipattikar Churna

Avipattikar Churna was given 3gm twice a day before food i.e., in *Apaan Kala*. Intension behind giving *Avipattikar Churna* is *Sadya Virechana*, act like a laxative so medicine is given in *Apan Kala*, similarly *Amalaki Churna* was given the patient in *Apaan Kala* as an *Amalaki* is best for *Pitta Dosha* pacification^[12] in order to get cumulatively effect of this drug for acting as *Pitta Shamana* (pacification) and *Shanshodhan* (purification) from body they prescribed in *Apana Vayu* medicine intake period. *Avipattikar Churna* a polyherbal Ayurvedic formulation. It has *Trivrutta*, *Trikatu*, *Triphala*, *Trimada*, *Trivrutta* and *Sharkara*.^[13] In *Avipattikar Churna* the drugs are *Madhur Tikta Kasaya*, *Katu Rasa* and *Madhura Vipaka* and *Sitavirya*. *Pittashamaka Rasa*, *Virya*, *Vipaka* present in its ingredients. *Avipattikar Churna* contain mainly

Trivrutta and sugar (*Sharkara*) in 2:3 proportion ^[14] *Avipattikar Churna* has anti-secretory activity due to which it helps in normalizing the metabolism by decreasing *Pitta Dosha*, *Trivrutta* in it help in removing *Pitta Dosha* and *Kapha Dosha* from *Koshta* and *Sharkara* help to pacify elevated *Pitta* and stop their further aggravation.^[15] Another ingredient of *Avipattikar Churna* play role in *Deepana* and *Pachana* therefore, they help in elevating *Agni* and reducing *Drava Guna* of *Pitta*.^[16]

Action of Amalaki Churna

Amalaki churna is well known drug for *Pitta Dosha Hara* it contains all five-rasa excluding *Lavana*, it has *Madhura Viapaka* and *Shita Virya*,^[17] therefore help in pacification of *Pitta Dosha* though it has *Amla* as main rasa and it includes in exceptional drug of sour group of drugs for *Pitta* pacification.^[18]

Action of Panchanimbadi Churna

Similarly, *Panchanimbadi Churna* it includes 32 total ingredients. Due to *Ushna Virya* and *Tikta Rasa* of *Panchanimbadi Churna* acts as and *Kushtaghna*. As it has *Kushtaghna*, *Kandughna*, *Raktashodhak*, *Twak Prasadaka* and *Varnyakara* properties, it helpful in the management as well as produces cutaneous depigmentation that remove the blackish discoloration of skin.^[19] in *Panchanimbadi Churna* almost all drug like *Nimba*, *Bakuchi*, *Aragwadha*, *Haridra*, *Chakramarda*, *Bhallataka* etc., are having *Rakta Prasadaka* and *Twak Dosha hara* properties, it has therapeutics benefits as *Kushtadi Roga* (skin disease).^[20] *Kushtadi Roga* are priorly caused due to *Pitta- Rakta Dushti* (vitiating), *Bhallatak* is one of *Tikshna* drug which know for *Pitta* aggravation however in *Panchanimbadi churna* the effect of *Bhallatak* is get compensate due to *Vikruti Visham Samaveta* (perverted combination) of *Rasa* ^[21] it is *Madhura Vipaka* and mentioned in *Kushtaghna* group of drug by *Charak Acharya*.^[22]

In *Panchanimba Churna* the main ingredient is *Nimba* that have *Tikta*, *Kashaya Rasa* and *Laghu*, *Snigdha* properties by which *Pitta Shamaka* action can be observed. *Aragwadha*, *Amalaki*, *Maricha*, *Nimba* and *Haridra* are having *Kushtaghna* and *Kandughna* properties by which possibly significant efficacy was observed. To have *Vyadhi Pratyanyika* (disease specific) effect *Panchanimadi Churna* was prescribed in this patient that was one of objective behind giving it, as it will help in pacifying aggravated *Dosha* and breakdown initial *Samprapti Ghatak* (contributing factors in disease manifestation). This drug was administered in *Udan Vyan Kala* timing of medicine as patient was also having itching which is due to *Kapha Dushti* and *Tvaka Dushti* as *Vyan Karma* is to control all over body functioning.^[23]



Image 1: Before Treatment



Image 2: After Treatment

Action of Marichyadi Tailam

For the purpose of external application *Bahyasnehana* (external oil massage) the *Marichyaditaila* is used. The most of *Dravyas* of *Marichyaditailam* are having properties like *Katu*, *Tikta*, *Kashaya Rasa* and *Ushna Virya* which does the *Shamana* of *Kapha Dosha* by *Katu*, *Tikta*, and *Kashya Guna* and *Ushna Virya*. *Pitta* pacification is done by *Tikta* and *Kashay Guna* however on external wound patient was not feeling any burning sensation and redness therefore *Marichyadi Tailam* not cause any adverse effect. The nature of *Tailam* is *Sukshmagamitva* means it helps drugs to go into the minute channels and does the proper absorption. The *Kashaya Rasa* of these *Dravyas* helps to reduce the *Kleda* (it has properties like *Raktashodhana*, *Kushtaghna* and *Kandughna*. *Marichyadi Taila* is antiseptic, antifungal, anti-inflammatory, anti-immune modulatory property.^[24] Thus, *Marichyadi Taila* is effective in reducing the symptoms of *Pama Kushta* or any *Kaphanubandi Kushta* due to these properties.^[25]

CONCLUSION

Nitya Virechana given for fifteen days found be effective in giving initial relief in the patient of *Pama Kushta*. However, it is cumulative effect of all drug intervention i.e., external as well as internal. Though *Virechana* plays main role as *Ritu*, *Rugna Avastha* all pointing towards a *Pitta Dushti* and *Nitya Virechana* address it. Further study is required with case series or large sample size to demonstrate its wider acceptability.

REFERENCES

1. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, sutrasthana, 7th Adhyaya, 46th verse, page no. 53
2. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted

- 2014, New Delhi, Chaukhamba Publications, sutrasthana, 24th Adhyaya, 10th verse, page no. 124
3. Sushruta Samhita of Sushruta with Nibandha sangraha Commentary by Dalhana, edited by Yadav ji Trikamji Acharya, sutrashtana 6th Adhyaya, 8 and 9rd verse, reprinted 2014, New Delhi, Chaukhamba Publications, page no. 23
4. Hoare C, Li Wan Po A, Williams H. Systematic review of treatments for atopic eczema. Health Technol Assess. 2000; 4(37): 1-191. PMID: 11134919; PMCID: PMC4782813.
5. D Bonamonte et all, Nummular Contact Eczema: Presentation of a Pediatric Case, the open dermatology journal, Volume:13, Year: 2019, DOI: 10.2174/1874372201913010023
6. Robinson CA, Love LW, Farci F. Nummular Dermatitis. [Updated 2022 Oct 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan Available from: <https://www.ncbi.nlm.nih.gov/books/NBK565878>
7. Leung AKC, Lam JM, Leong KF, Leung AAM, Wong AHC, Hon KL. Nummular Eczema: An Updated Review. Recent Pat Inflamm Allergy Drug Discov. 2020; 14(2): 146-155. doi:10.2174/1872213X14666200810152246
8. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with jalpalkalpataru Commentary by shri gangadhara edited by shri narendranath senagupta, Chaukhamba Publications, trutiya khanda vimansthana, 2nd Adhyaya, 7rd verse, page no. 1423
9. Astang hridaya of vagbhat with sarvangasundara by arundatta and Ayurveda rasayana by hemadri Commentary edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, Sutrasthana, 8nd Adhyaya, 31th and 32th verse, page no. 155
10. Sushruta Samhita of Sushruta with Nibandha sangraha Commentary by Dalhana, edited by Yadav ji Trikamji Acharya, sutrashtana 24nd Adhyaya, 10th

- verse, reprinted 2014, New Delhi, Chaukhamba Publications, page no. 116
11. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, chikitsasthana, 7th Adhyaya, 8rd verse, page no. 238
 12. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, sutrasthana, 25th Adhyaya, 8rd verse, page no. 238
 13. Govt. of India MOHFW, Department of Ayush, the Ayurvedic Pharmacopoeia of India, first edition, the controller of publications, part 2, volume - 1, page no 41, published in 2007, 987-81-901151-5-5
 14. Bhaishajya Ratnavali of Govinda dasji sen edited by kanjiv lochan commented by Ambika datta shashtri reprint 2019, Varanasi chaukhamba publication 56th adhaya, 25 to 29 verse, pg. no 118
 15. Gyawali S, Khan GM, Lamichane S, Gautam J, Ghimire S, Adhikari R, Lamsal R. Evaluation of anti-secretory and anti-ulcerogenic activities of avipattikar churna on the peptic ulcers in experimental rats. J Clin Diagn Res. 2013 Jun; 7(6): 1135-9. doi:10.7860/JCDR/2013/5309.3058. Epub 2013 Jun 1. PMID:23905120;PMCID: PMC3708215.
 16. Sushruta Samhita of Sushruta with Nibandha sangraha Commentary by Dalhana, edited by Yadav ji Trikamji Acharya, sutrashtana 21st Adhyaya, 9th verse, reprinted 2014, New Delhi, Chaukhamba Publications, page no. 100
 17. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, chikitsasthana, 1st (1) Adhyaya, 36th verse, page no. 378
 18. Astanga Hrudaya of Vagbhata with Sarvanga sundara and Ayurveda Rasayana Commentary by Arunadatta and Hemadri, collated by Anna Moreshwarra Kunte & Krsna Ramchandra sastri navare edited by harisastri paradakara Vaidya introduced by P.V.Sharma acharya, sutrasthana, 12th Adhyaya, 6th, 7th verse, reprinted 2014, New Delhi, Chaukhamba Publications, page no. 178
 19. Angadi, S. S., & Gowda, S. T. (2014). Management of Vyanga (facial melanosis) with Arjuna Twak Lepa and Panchanimba Churna. Ayu, 35(1), 50-53. <https://doi.org/10.4103/0974-8520.141924>
 20. Sharangdhar Samhita of sharangdhar with Deepika commentary by aadhamalla and gudarthadeepika by kashiram edited by parashuram shastri madhyam khanda 6th adhyaya 148 to 153 verse reprint 2013, Varanasi, Chaukhamba Publications, pg. no 194
 21. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, vimansthana 1st Adhyaya, 11th verse, page no. 378
 22. Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, edited by Yadav ji Trikamji Acharya, reprinted 2014, New Delhi, Chaukhamba Publications, sutrasthana 4th Adhyaya, 11th verse, page
 23. Astanga hrudaya of Vagbhata with Sarvanga sundara and Ayurveda rasayana Commentary by Arunadatta and Hemadri, collated by Anna Moreshwarra Kunte & Krsna Ramchandra Sastri Navare edited by harisastri paradakara Vaidya introduced by P.V.Sharma acharya, sutrasthana, 12th Adhyaya, 6th, 7th verse, reprinted 2014, New Delhi, Chaukhamba Publications, page no. 178
 24. Akshatha K. Shirwar, Ashwinikumar S. Bharati, An Ayurvedic Management of Kitibha Kushta (Plaque Psoriasis)- A Case study. J Ayu Int Med Sci. 2022; 7(6):194-199.
 25. Yogaratnakar of Lakshmi patishatri with Vidyotini commentary, purvardha, Vatarakta chikitsa Adhyaya. 1-4th verse, reprinted 2020, Varanasi, chaukhamba publication page no - 556

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