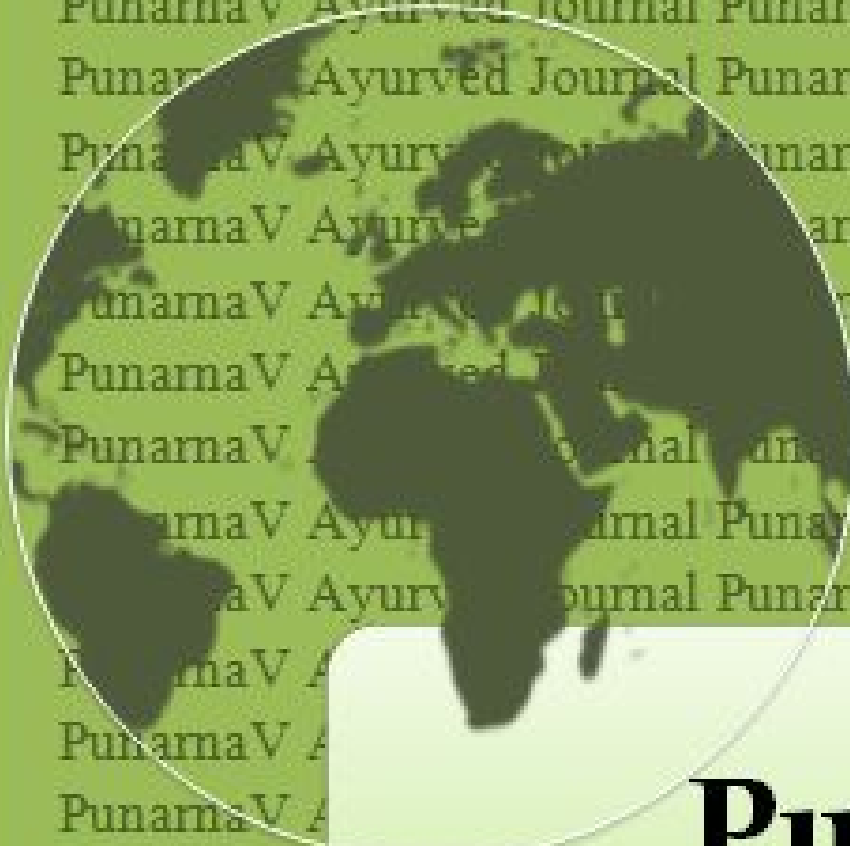


**MONTH: JAN-FEB :2017**

**VOLUME: 5, ISSUE: 1**

**ISSN: 2348-1846**



# **Punarna V**

**TITLE**

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**AN INTERNATIONAL PEER REVIEWED AYURVED JOURNAL  
ON LINE BI-MONTHLY AYURVED JOURNAL**

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## ANALYZING THE NIDANAS OF SHEETAPITTA (A LIFESTYLE DISORDER)

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### ***ABSTRACT***

*Our science considers Arogya(health) and Roga(disease) both as the products of Ahara(food) and Vihara(regimen) what we follow. Lifestyle disease is an umbrella term given to all diseases which arise because of unhealthy lifestyle. Sometimes they are called disease of longevity or disease of civilization. With increasing prevalence of life style diseases in India, one out of four is at risk of acquiring the same.*

*Important and very common among them is Sheetapitta(urticaria). In our classics they mentioned about the Sheetamaaruta(cold wind) exposure as a prime Nidana(cause) in vitiating Vata predominantly along with other Doshas like Pitta and Kapha leading to skin manifestations in Bahya Twacha(superficial skin) and other systemic symptoms in Abyantara Shareera. The following article “Analyzing the Nidanas of Sheetapitta-A lifestyle disorder” is reviewed through Ayurvedic classics in integration to modern medical facts in causation and course of a disease, along with its relevance in present lifestyle pattern.*

**KEYWORDS:** *Lifestyle disease, Nidana, Sheetapitta*

## INTRODUCTION

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Word *Etiology* is derived from a Greek word called as *Aetiology* which means “Giving a Reason”. In our science reason is to be given for formation of disease i.e the cause, set of causes or manner of causation of a disease or condition. For any *Karya*(work) to occur *Karana* (cause) is always required. Ayurveda emphasizes on *Nidana* or *Hetu* to a very greater extent. “*Seti Kartavyatako Roga Utpaadaka Hetuhu Nidaanam*”<sup>1</sup> suggests that prime duty of any *dosha* is always to produce a disease and only then it will be called as *Nidana*. “*Tatra Nidaanam Kaaranamiti Uktamagre*”<sup>2</sup> i.e *Nidana* is explained first and foremost among *Nidanapanchakas* clearly signifies the importance of a cause in production of a disease.

**Analyzing the Nidanas**

*Sheetapitta*(urticaria) is a very common skin manifestation which can occur in any

age group affecting both males and females. Several causes have been identified in the formation of *Sheetapitta*. Classics identified the exposure to *Sheetamaruta*<sup>3</sup> primarily vitiating the *Vata dosha* further vitiating rest of two *doshas* as a basic cause for the development of *Sheetapitta* lesions. Even in case of *Udarda* and *Kota* manifestation of similar kind of skin lesions will be present but in *Udarda Kapha*<sup>4</sup> dominant *lakshanas* will be seen like increased itching and lesions will be slightly elevated from the surface of the skin with depression in centre. *Kota* is primarily explained as a *Twak vikara* manifested due to *Vega nigrahana* or *Ayoga* of *Vamana* etc *karmas*. Here circular skin lesions with itching will be seen. It is also called as *Utkota* due to its relapsing quality<sup>5</sup>. Clinically all these *Twak vikaras* are quite difficult to distinguish individually based on symptoms. These are to be considered as the stages in *Sheetapitta* itself. Here *Nidana* will play a certain crucial role in understanding the difference.

Urticarias or hives is the presence of transient, recurrent, pruritic wheals<sup>6</sup>. They are intensely itchy at their onset. Individual lesions last for a few hours, usually less than 12 hours. Urticarial vasculitis should be suspected if the lesions last for more than 24 hours. They fade without leaving any trace. Large, non

pruritic or slightly itchy, diffuse swellings of the eyelids, lips, tongue, hands, genitalia or some other parts of the body are known as Angio-oedema which lasts longer. Ordinary urticaria and angio-oedema can occur together. Fever, headache, dizziness, feeling of a lump in the throat, hoarseness, wheezing, shortness of breath, nausea, vomiting, abdominal pain, diarrhoea and arthralgias may occur as systemic manifestations of urticaria or angio-oedema.

Histo-pathologically urticarial lesions show vascular dilatation, dermal oedema, and presence of cells (lymphocytes, polymorphs, basophils and eosinophils) in the dermis.

In angio-oedema the same process occurs in the deep dermis, subcutaneous and subcutaneous regions.

Pathogenesis occurs when local release of histamine from the granules of mast cells and basophils causes capillary and arteriolar dilatation, and increased vascular permeability via receptors on blood vessels. Urticaria usually represents an immediate (Type 1) type of hypersensitivity reaction. IgE binds the specific antigen resulting in release of histamine. Sometimes urticaria can be a manifestation of immune complex reaction or Arthus reaction.

Urticarias can be acute or chronic. Wheals occurring daily or frequently for more than 6 weeks are called chronic. Acute urticarias are more common in young adults, chronic in middle-aged women.

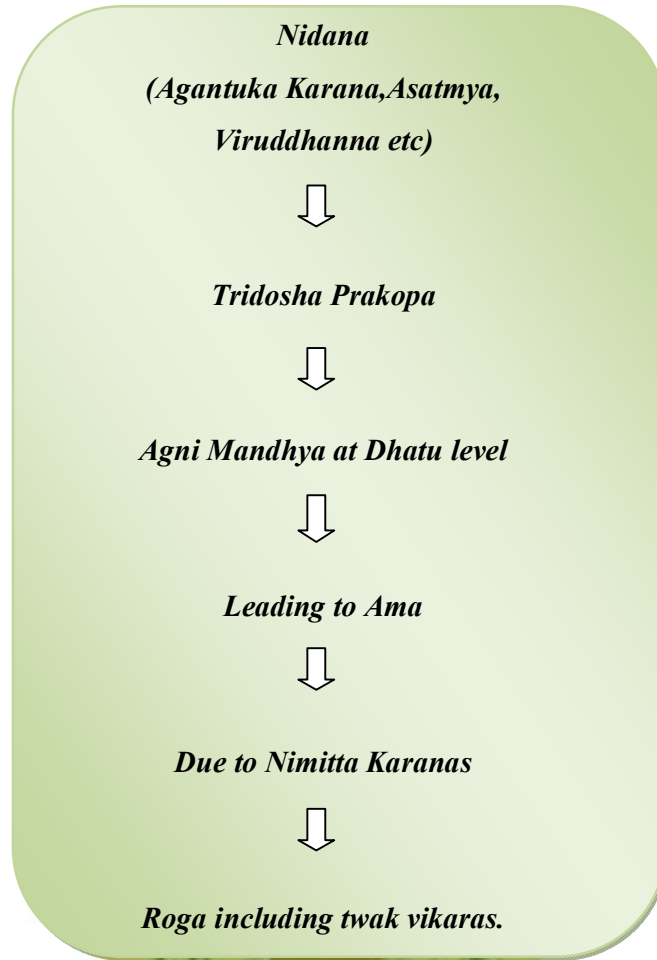
Urticaria may be immunologic (allergic) or non immunologic (non allergic). Allergic urticarias are significantly associated with personal or family history of atopic disorders. Non allergic urticarias are caused by degranulation of mast cells and histamine release by mechanisms not involving antigen-antibody reaction. Others are Cholinergic urticaria, Pressure urticaria etc.

#### **Understanding of Allergy & mode of disease production (*Twak vikara*) in Ayurveda.**

Allergy is the activity of the lymphocytes, their progenitors in the bone marrow & their derivatives in blood, lymphatics & other tissues. These act in association with macrophages & commonly with polymorphonuclear leucocytes, blood and tissue enzymes including the complement enzyme system.

Allergic response is subject oriented not substance oriented thus the relevance of *Satmya*(*accustomed*) & *Asatmya* can be substantiated. Allergy can be due to like physical factors like *Visha*, *Vayu* & other factors like: *Asatmya-Viruddha Ahara*, *Mithya Vihara* & various drug reactions &

also psychological factors like *Shoka, Bhaya* etc.

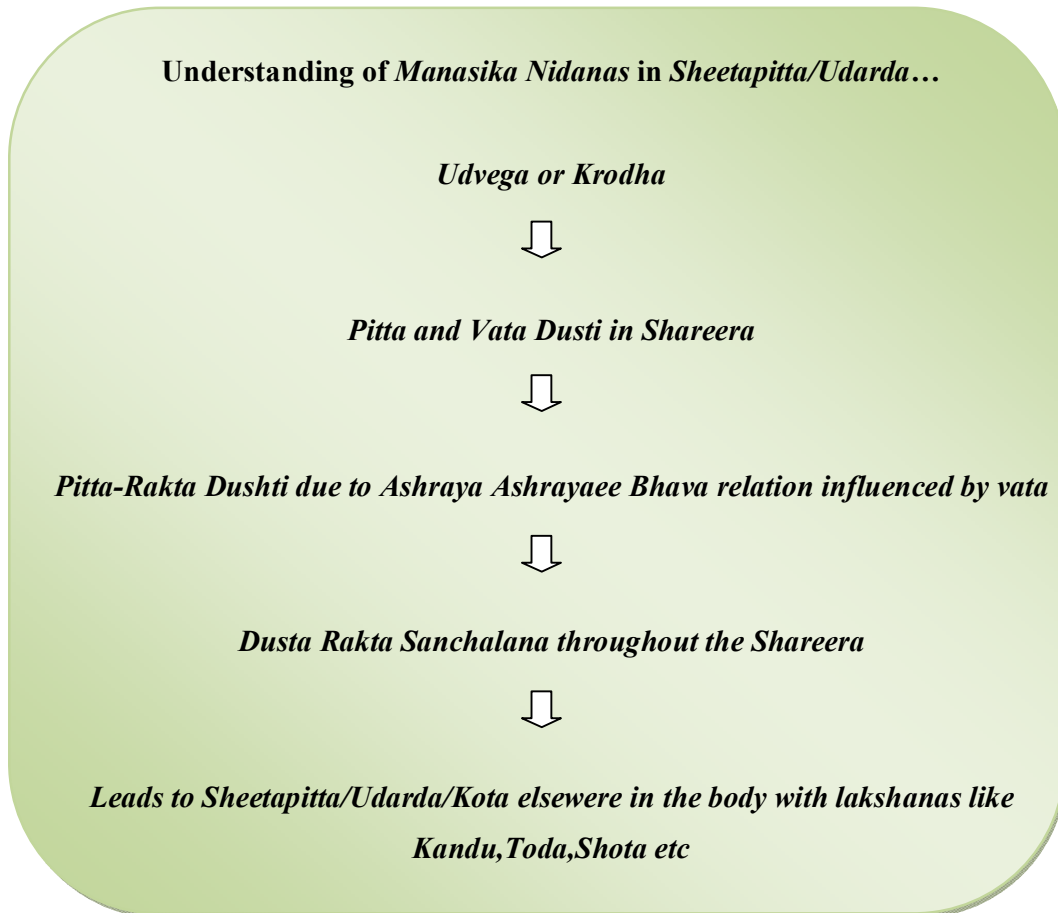


All these causative factors create *Dhatu vaishamyam* very rapidly. Above mentioned *Samprapti* (pathogenesis) makes its manifestation mainly confining to the *Rasa dhatu* metabolism e.g Asthma, food allergy, urticaria etc. From this it can be assessed that *Agnimandhya* (hypo functioning of digestive fire) is mainly at the level of the *Rasadhatu* & defective *Rasadhatu* i.e *Saama* is circulating throughout the body. Here it is very important to note that whenever an allergen get entry into body

either through skin or any one of the *Bahirmukha srotas* (external orifice), it makes *Khavaigunya* (defect in orifice) at the site of attachment in susceptible person and makes *Tridoshakopa*. This produces the first attack of hypersensitivity.

Later further *Dosha-dusti, Agnimandhya* at the *Dhatu* level & *Ama* production in such a way that the person is the patient of allergy. This long standing *Doshadusti* will make condition worst and best, according to the *Nimitta Karanas*. This is

almost similar to the pathogenesis of  
*Dooshivisha*.



**Some important and neglected causes of Urticaria clinically seen are**

Intake of sour buttermilk after sweet.

Milk and milk products.

Tomato/Brinjal etc vegetables.

Intake of chocolates/any eatables with added coloring agents.

Drugs that subside cough/vomiting/pain etc.

Drugs used for deworming.

Wearing particular dress materials like Nylon etc..

Before the exams and other competitive events.

Exposure to fan immediately after bath.

Its important to note that all those which causes allergy are the causes of Urticaria.

### CONCLUSION

*Dhatvagnimandyata, Manasika karanas* etc infinite *Nidanas* may be present for the manifestation of this disease including

Autoimmune as a cause. Sedentary lifestyle, Pollution, Uncontrolled population explosion etc also contribute to

this disease. Trying to find out the *Nidana(Hetu)* in Urticaria & it's critical analysis is a prime task otherwise due to chronicity the *Dosha* in *Shareera* becomes *Leena(adhered)* i.e *Dhatvantaragata* and even produce complications like Angioedema finally resulting in Anaphylactic shock etc. *Nidanaparivarjana* is a primary line of treatment followed by *Shodana* if the

*Dosha* is *Leena/Bahudosha* in *Shareera*. Analyzing the *Nidanas* very initially in the disease will definitely help in preventing it from further progression also promoting in easier line of treatment for the betterment of individual.

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