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## A CONCEPTUAL REVIEW ON SHEETA PITTA ,UDARDA AND KOTA

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**ABSTRACT:**

*Sheetapitta, Udarda and Kota are commonly encountered ailment manifesting in skin in clinical practice. Review of Ayurvedic literatures shows that a lot of scattered information regarding the disease Sheetapitta,Udarda and Kota is available and only few references are mentioned in Charakasamhita, Sushruta samhita and Vagbhata. Along with Brihatrayee detailed review of Laghutrayee, Yogaratnakara, Baishajyaratnavali, Haritasamhita, Vangasenaetc, Ayurvedic literatures shows that a lot of scattered information regarding the disease Sheetapitta,Udarda and Kota is available. The knowledge of Sheetapitta,Udarda and Kota extensively compiled and analyzed from Ayurveda classics helps in better and complete understanding of this disease, hence aids in treatment. In this article, an attempt is made to compile information and discuss nidana panchaka in a systematic way.*

**KEY WORDS:** Kota, Sheetapitta, Udarda.

**INTRODUCTION**

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*Sheetapitta, Udarda and Kota are commonly encountered ailment manifesting in skin in clinical practice. In Ayurveda these are explained as separate diseases after kushtarogadhikara in*

*Madhava nidana* and *Yogaratanakara*, probably because *Sheetapitta*, *Udarda*, *Kota* and *Kushta* bear certain similar attributes like *twakdushti* and *tridoshadushti* in common. The first ever-detailed description on *samprapti* and *lakshana* of *Sheetapitta*, *Udarda* and *Kota* is mentioned in *Madhavanidana* and detailed description of *chikitsa* in *Chakradutta*. Explanation pertaining to *Sheetapitta* can be traced in *madhyamakhanda* of *Bhavaprakasha* and *uttarakhand* of *Yogaratanakara*. It is interesting to note that *Baishajyaratnavali* has mentioned treatment comprising rasa preparation. *Vangasena* described this disease with treatment in chapter named *Udarda-Sheetpitta-Kota rogadohikara*. Apart from this mention of *Sheetapitta*, *Udarda* and *Kota* is found at various contexts as symptom of different diseases or conditions.

*Sheetapitta* is a *tridoshajanya vikara* with predominant involvement of *vata*, manifesting in the skin along with

involvement of *raktadhathu*. *Sheetapitta* comprises of two words *sheeta* and *pitta*. *Sheeta* refers to cold and *pitta* refers to warmth. So it is a condition caused due to dominance of *sheeta* over *pitta dosha*. *Sheetare* presents the *guna* of *vata* and *kapha* whereas *pitta* indicates *ushnata*. In this *vikara* alternate feeling of *sheetata* and *ushnata*(feeling of warmth) of *shareera* is encountered due to *vathika* and *pithikagunas*. *Sheetapitta* is a condition resulted due to excited *kapha* and *vata*. Exposure to cold wind excites *kapha* and *vayu*, combined with *pitta* and spreads all over the body lodges in the external layer of the skin and results in reddish wheal with intense itching and pricking sensation. *Sheeta maaruta samparsha* is the only mentioned *bahya nidana* responsible for the manifestation of *Sheeta pitta*. Very few scattered references regarding *Udarda* and *Kota* are available in *samhitas*. *Charaka samhita*, *Sushruta samhita*, *Kasyapa samhita*, *Bhela samhita*, *Harita samhita* does not explain disease *Sheetapitta*.

### NIDANAPANCHAKA OF SHEETAPITTA, UDARDA AND KOTA

*Sheetamaarutasamparsha* is the only mentioned *bahyanidana* responsible for the manifestation of *Sheetapitta*. *Sheetapaaneeyasamparsha*(contact with cold articles) is said to be responsible for causation of *Udarda*. *Asamyakvamana* or *chardivegavarodha* is held responsible for

causation of *kota*. *Udarda* is one among the *vimshati kaphaja nanatmaja vikaras* mentioned by *Acharya Charaka*, *Kashyapa* and *Vridhdhavaagbhata*. *Charakasamhita* mentions term *Udarda* and certain drugs are advocated<sup>1</sup>. *Sushrutasamhita* does not dedicate separate chapter for *Udarda*.

Whereas *Ashtanga hridaya* emphasizes that *Katu rasa* overcomes *Udarada*<sup>2</sup>. *Hemadri* attributes following lakshanas to *Udarada*: i) *vakshoabhishtyanda*, ii) *Sheetavepathu*, iii) *Sheetambusparsajanyashotha*, *Raga* and *kandu*. *Hemadri* also opines that, *Udarada* is *svayathu* (swelling) caused by *sheetambusparsha*, during *sheetakala*, *shishirartha* (person suffering from cold), due to *kaphadosha*<sup>3</sup>. *Arunadatta* opines similar to *Hemadri*, but does not mention *kandu* (itching) and *raga* (red in color). In *Ashtanga samgraha* *Udarada* is said to manifest due to *atisevana* of *madhura rasa*<sup>4</sup> and alleviates by *katu rasa sevana*<sup>5</sup>. *Udarada* is said to be a *kaphaja vikara* and manifests as symptom in many other disorders like *jwara*<sup>6</sup> (fever), *madatyaya*<sup>7</sup> (alcoholic intoxication) etc. *Udarada* is enumerated as one of the symptom of *madatyaya* due to *kapha*. The term *Udarada* is found in *Kaiyya deva nighantu*, *misraka varga*<sup>8</sup>. *Udarada* is mentioned a *slakshana* of *kaphajajwara* in *Ashtanga hridaya* and *Hemadri* comments on it as *uroabhishtyanda*<sup>9</sup>. The term *Kota* is not uncommon in the classical treatises, but *uthkota* is rare. The earliest medical treatise known to deal with concept of *Kota* to some extent is *Madhava nidana*<sup>10</sup>. *Uthkota* is caused by *kapha* and *pitta*, whereas *Kota* by *tridoshas*. *Kota* is considered as *rakta pradosaja roga*

according to *Charaka*<sup>11</sup>. *Acharya Vagbhata* and *Shrangadhara* consider it as one among *kshudraroga*. Causative factors attributed by these authors include improper *vamana* and suppression of the urge for emesis. The term *Kota* finds mention at various contexts in *Ayurveda* classics as follows: a symptom of *dooshivisha*, *manda vishakeetadamsha lakshana*, bite by *shukavrinta*, external contact of poisonous *keeta*, *lutadamsha lakshana*, as a *lakshana* of *mushikadamshta*<sup>12</sup>, contact with saliva of poisonous *luta*, one of the manifestations of *bahyakrimi*, as a *poorvaroop*a of *kushta*, one among *sannipatajwara lakshana*.

*Ayurveda* classics emphasize on five tools for *upalabdhi* of *vyadhi*, which are known as *Nidana panchaka*. These are *hetu*, *poorvaroop*a, *roopa*, *upashaya* and *samprapti*, which are subjective as well as objective. *Madhava nidana* mentioned *nidana panchaka* of *Sheetapitta*, *Udarada* and *Kota*. *Madhava nidana* and *Yogaratanakara* have described general causative factors (*Samanyanidana*) of *Sheetapitta*, *Udarada* and *Kota* instead of specific *nidana* for each. These *nidana* mentioned can be categorized into; *aharaja nidana*, *viharaja nidana*, *manasika nidana* and *anya nidana*. *Aharaja nidana* include *lavana rasa atisevana*, *katu rasa atisevana*, *amla rasa ati sevana*, intake of *aranala* (fermented

liquid obtained after boiling the grains), *shukta* (wine prepared from fermenting roots, tubers etc), *sarshapa* (*aasuri*) *atisevana* (excessive intake of *Brassica nigra*). Under the heading *vihara sambandhi nidana*; *sheetamaruta samsparsha* (exposure to cold winds) *sheeta paneeya samsparsha* (contact of cold articles) *diwaswapna* (indulgence in day sleep), *asamyakvamana / chardhi vegavarodha* (improper emesis / suppression of the urge for vomiting), *shishira ritu* (winter season), *varsha ritu* (rainy season), indulgence in *sheetala jala* immediately after *aatapasevana*, *atisantapasevana*.

*Bhaya* (fear), *krodha* (anger) are classified under *manasika nidana*. Causative factors like *keetadamsha* (insect bites) *krimi* (bahya) (infestations and Infections) *asatmya* can be included under *anyanidanas*.

*Ahit aahara* or *mityaharais* mainly held responsible as *Sannikrishta hethu* for immediate aggravation of the disease and sometimes act as triggering factor (*Vyanjakahetu*) for already vitiated internal atmosphere leading to manifestation of specific symptoms of this disease. An example would be exposure to cold air and consuming *katuahara* (spicy foods) leading to manifestation of itching and wheals all over the body within minutes. Further, consumption of *ahitaahara* like *desha virudhaahara* may not lead to manifestation of disease immediately, but

may result in due course of time (due to *vyabhijarihetu*). An example is consumption of cold water immediately after hot drinks (*viryavirudha*, *sitoshnavyatyasa*) causes *shonitadushti* and in due course of time produces *twakroga*. Exposure to cold air can be considered as the *sannikrishta nidana* in causation of *Sheetapitta*. *Virudhahara* leads to formation of *amavisha* and causes *sonata dushti*, thus in turn responsible for manifestation. This disease commonly occurs in *shishira ritu* and *varsha ritu*, hence *kala sambandhi nidana* has to be taken into account.

*Sheeta paaneeya samsparsha* is responsible for causation of *UdarDA* and occurs more commonly in *shishirritu*. *Asamyakvamana* or *chardi vegavarodha* is held responsible for causing *Kota*. The other possible etiological factors found in classics include ; excess intake of *lavana* and *katuahara*, excessive consumption of *aranala* and *shukta*, excess *sarshapa sevana*, exposure to *sheetamaruta*, *sheetapaneeya samsparsha*, *diwaswapna*, *asamyakvamana*, *shishiravarsharitu viparyaya*, *keetadamsha*, *krimisamsarga*. Further, *Katu*, *amla* and *lavanarasa atisevana* and such food article have predominance of *agni mahabhuta* and possess the qualities homologous to *pitta* and *rakta*. Hence, when consumed in excess causes *rakta dushti*, leading to the manifestation of *twakvikara*. Effects of excessive

consumption of *aranala* and *shukta* clearly indicate *dushti* of *pitta* and *rakta*, by virtue of their specific properties like *ushna*, *teekshna*, *vidahi* and *raktapitta prakopaka* properties. *Sarshapais* responsible for *pitta* and *rakta dushti* by its *katu rasa* and *ushna virya* property. *Sheeta maruta* and *sheeta paneeya samsparsa* is responsible for *vata* and *kaphadushti* simultaneously due to homologous properties.

*Acharya Sushruta* opines that *raktaprapakopaka nidanas* include *pittaprapakopaka nidanas* and some specific *nidanas* like *diwa-swapna*. Sleeping during the day time in the seasons other than *grishma ritu* causes *dushti* of *kapha* and *pitta*. The increased *kledatva* of *kaphadosha* (*vikruta*) in consequence to *diwaswapna* causes *rakta - dushti*. *Chardi vegadharana* or *asamyakvamana* leads to *kandu*, *Kota*, *aruchi*, *jwara*, *kushta*<sup>13</sup> etc. *Chardi* is an *adaraneeya vega* and if controlled leads to *vataprapakopaka*. If these *doshas* are not expelled out, then *prakupitadoshas* move from *koshta* to *sakha* and produce skin lesions. *Keetadamsha* (Poisonous bite) leads to *vatapitta pradhanadosha dushti*. *Acharya Charaka* and *Vagbhata* laid emphasis on *krimi*(parasite), as one of the causative factor for the manifestation of *Kota*. They may bring about *vatadidosha prakopa*, but basically (primarily) cause *raktadushti*.

## SAMPRAPTI

According to *Madhava Nidana*, *Prakupitavata* and *kapha* (*Pradushtau kapha marutau*) due to *sheeta maruta samsparsatad inidana*, in association with *pitta* (*Pittenasahasambhooya*) spreads internally and externally (*bahir-antahvisarpatah*) and results in manifestation of *Sheeta pitta-Udarda* and *Kota*. Exposure to *sheetha marutha* leads to *pradushana* of *kapha* and *vata* due to *samanaguna* (*sheethaguna*). This *vata* and *kapha* combines with *pitta* and circulates all over the body. *Bahirvisarpatha* of this combination of *vikruthatri dosha* results in *utsannamandala* over the *twak*. *Antharvisarpatha* of this combination of *vikrutha tridosha*, resides in *rakthadidhatus* and produces other symptoms. An Analysis of *Samprapti* according to *shatkriyakala* can be outlined as, when *doshas* have accumulated due to *vyabhichari nidanas in sanchayaavastha*, either *sannikrishtanidana* directly or *vyanjakanidana* produces immediate effect, However action of other types of *nidanas* varies accordingly. *Doshadushti* resulted in *sanchaya* stage attains excitation in *prakopaavastha*. *Prakupita doshas* spread to different parts of the body in *prasaraavastha* and takes *sthana samshraya* at points of *khavaigunya* leading to manifestation of prodromal symptoms. *Poorvaroop* of *Sheetapitta*, *Udarda* and *Kota* include *pipasa* (thirst),

*hrillasa* (oppression in the chest), *anga gaurava*(feeling of heaviness of the body), *aruchi* loss of appetite),*angasada* (debility), *daha* (burning sensation), *raktalochanata* (redness of the eyes). In *vyakthaavastha* clear manifestation of fully developed disease with symptoms like *varatidashta* *samsthanashotha*, *kandubahula,toda* (pricking pain), *jwara*, *vidaha,chardi* (vomiting), *raga* are exhibited .In *samprapthi*,*tridoshas* (*Vata: vyana*,*Pitta: brajaka* and*Kapha: kledaka*) play vital role. According to *Charkapanidatha*, *bhrajakapitha* should be considered as the major factor responsible for various metabolic

transformations needed for healthy skin. *Udarda* is *kaphapitta* dominant and *Sheetapitta* is *vata* dominant. *Sweda* and *moothra* are *malas* closely related with skin as they control moisture content of the body and in turn control the moistness of the skin. Any impairment in this process leads to *mala sanchaya* at various levels related to skin. Signs and symptoms of these diseases points towards primary involvement of *rasa* and *raktavahasrotodushti*. *Agnimandya*, up to some extent both *jataragni* and *dhatwagni* *mandyata* is found in *Sheetapitta*, *Udarda* and *Kota*.

**Table: 1: Poorvaroopo of Sheethapitta, Udarda and Kota<sup>17</sup>**

Poorvaroopo	Dosha involvement
<i>Pipasa</i>	<i>Pitta</i>
<i>Hrillasa</i>	<i>Kapha</i>
<i>Angaguarava</i>	<i>Kapha</i>
<i>Aruchi</i>	<i>Kapha</i>
<i>Angasada</i>	<i>Vata</i>
<i>Daha</i>	<i>Pitta</i>
<i>Raktalochanata</i>	<i>Pitta</i>

**Table: 2: Possible distinguishing features of Sheethapitta, Udarda and Kota**

Features	<i>Sheetapitta</i>	<i>Udarda</i>	<i>Kota</i>
<i>Dosha</i>	<i>Vata pradhana</i>	<i>Kapha pradhana</i>	<i>Kapha pradhana</i>
<i>Nidana</i>	<i>Sheeta maruta samsparsha</i>	<i>Shishira ritu</i>	<i>Panchakarma mithyayoga</i>
Main symptoms	<i>Varateedam shtavatshota</i>	<i>Kandu,sheeta vepathu</i>	<i>Kandu</i>

## CONCLUSION

The clinical presentation of *Sheetapitta*, *Udarda* and *Kota* has close resemblance with each other. General characteristic clinical manifestation of all these conditions is *varatidashtavat shota* associated with *kandu* and *raga*. Some commentators are of the view about the fact that *Udarda* and *Sheetapitta* are one and the same. *Pitta* and *kapha* aggravated by inadequate bouts of emesis therapy produce multiple rashes of red color on the skin associated with profuse itching. This is known as *Uthkota*. Based on etiological factors and predominant *doshas* involved in the pathogenesis these three can be

distinguished from one other. This implies that *kapha-pittadoshas* cause *Udarda* and *vata-pitta* predominant *doshas* cause *Sheetapitta* and *kaphapitta pradhana raktadushti* leads to *Kota*. If *Kota* appears repeatedly it is designated as *Uthkota*. *Adhamalla* mentions *Kota* in *kshudrarogaadhyaya* and opines that *Kota* is sub type of *Sheeta pitta* and *Udarda*. *Twakdosha* is unique for all these condition. Hence it may be assumed that, in *Sheetapitta pitta samsrustavata* is dominant and in *Udarda pitta samshrusta kapha* is significant.

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