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Case Report

Title of Article: Role of *Ahar* and *Dinacharya* in The Management of *Shitpitta*: A Pediatric Case Report

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ABSTRACT

The world health organization (WHO) has stated that 270 million people are prone to lifestyle disorders due to unhealthy lifestyles and in India, the condition is worse. In Ayurveda, a perfect lifestyle is mentioned for a healthy life. It includes the daily regime or routine schedule called *Dinacharya* which should be followed for a healthy life, and lifestyle modification is the heart of pediatric care. It is a single case study of a nine-year-old male patient with a complaint of facial edema, redness, itching, burning sensation, etc. The symptoms aggravate more during evening hours and on exposure to cold climate; since last eighteen months. The patient is consulted in OPD with the above complaints. This case is managed by lifestyle modification. Symptoms almost disappeared within fourteen days. Thus, we can say that Ayurveda can provide promising results in lifestyle disorders.

Keywords: Ayurveda, Healthy lifestyle, urticarial.

INTRODUCTION

Ayurveda is a traditional system of medicine that evolved in India. Ayurveda is an ancient science that is related to maintaining health with a proper diet and practicing a healthy lifestyle. For a disease-free and long life, Ayurveda mentions a perfect lifestyle which consists of *Dinacharya* that teaches how to follow a daily routine, *Pathya Aahar* means healthy [beneficial] diet and *Aharvidhivisheshayatan* means a healthy and correct method of consumption of the food. Definition of Health by WHO: Health is defined as a state of complete physical, mental and social well-being or infirmity. Thus, we can conclude that for complete

health all three aspects are important; are physical health, mental health, spiritual health.^[1]

Ayurveda *Shastra* aims at both: maintaining the health of a healthy person and managing and healing diseases (psychiatric, somatic, or both) that manifest during a person's lifetime. One who doesn't follow the rules mentioned in Ayurved *shastra* may become ill with many diseases like *vibandh* (constipation), *sthoulya* (obesity), *shittapitta* (Urticaria), and many more. That is why it is important to follow the *Dinacharya*.

Urticaria is a type 1 hypersensitivity reaction that is manifested because of allergens. Urticaria is also known as hives, wheels, welts, or nettle rash. It is a

raised, itchy rash that appears on the skin. It starts on one part and then spread across other parts of the body. The rash is itchy and it can spread from very small size to large area. Affected area may in twenty-four hours. The epidemiology of Urticaria is increasing nowadays thanks to industrialization and agriculture. Urticaria is mainly divided into two types according to its duration. Acute urticaria (less than six weeks duration, & disappears within hours to days) Chronic urticaria (more than six weeks duration, with recurrent episodes.)

Both types may coexist.^[2] concerning etiology investigation and treatment Urticaria is a major problem. It is the fourth most prevalent primary allergic disease among all the skin diseases and it is difficult to treat, its treatment failure rate is high. Pathology includes the release of histamine, bradykinin, kallikrein, and other vasoactive substances from mast cells and basophils within the superficial dermis. In urticaria series of symptoms like localized edema which is marked by the event of wheels include the upper dermis of the skin. In young patients, Acute Urticaria is more common while in middle-aged women Chronic type is common. Antihistamines, corticosteroids, and leukotriene antagonists can provide temporary symptomatic relief.^[3]

As per Ayurveda literature, the *sheetapitta* manifests due to exposure to *Asatyama Ahara Vihara* (unhealthy diet and lifestyle) and contact with different toxic substances (allergens).^[4] Symptoms of allergic skin reaction are mentioned as *Kotha* in *Vrihatrayi*. Later on, it is described as a separate disease under the title *Sheetapitta-Udarda-Kotha* by *Madhavakara*. *Vata* and *Kapha* are two “*Doshas*”, which are primarily disturbed in this disease. Due to vitiation of *Pitta*, symptoms like redness, swelling, and itching of the skin manifest. Ayurvedic pathogenesis of *sheetapitta* is: *Vata Dosha prakopa* due to etiological factors results in the successive vitiation of *Pitta Dosha*., which leads *Rakta Dushti* to the manifestation of maculopapular rash, the *sheetapitta*.⁵⁻⁶ The role of *Vata Dosha* in the manifestation is proved by the presence of symptoms like dryness, pain, and aggravating factors like exposure to the cold climate.

Case study

A male child of nine years of age was brought to the OPD of *kaumarbhritya* with complaints of swelling over the face, red rashes with pain, swelling, burning sensation, and itching over the whole body for 18 months. The parents of the patient reported that the symptoms increasing more during evening time and with exposure to cold climate. The patient took allopathic treatment (Tab. Allegra 30 mg twice daily) for 18 months but no relief found. He also took homeopathic medicine for nine months without relief. No significant history was found. The patient was delivered by FTND with a birth weight of 3kg and cried soon after birth. Proper immunization has been taken up to age per schedule. In personal history, Diet history is taken which is as follows

Uthan (Wakeup time): 9 am

Malpravrtti and *dantdhawan* (Toilet and Brushing time): one time a day, after taking food mostly at afternoon time, passing hard stool

Breakfast: Dahi paratha, Roti -chai, Ghatiya, mamrara, halwa, milk at 9.45 am

Lunch: Dal Roti, Sabji-Aloo, Bhindi, Panner, Undhiyo, Dahi, Chass.

Snacks: potato chips, manchurian, Dahi vada, Dhokla, Biscuit

Dinner: *Khichadi*, milk, *Roti Chass*

Nidra: at 11 pm – 12 pm, disturbed sleep.

Vyayam: No Exercise

On examination, the lesions were reddish (hair of the affected site being normal), maculopapular in nature, spreading on the face, upper limb and lower limbs, chest and back with irregular shape and asymmetrical distribution (Fig- 1). Lesions had an irregular margin with no discharge and exudation with an intact perception of sensation over the site. The size varied in linear measurement from 2 to 6cm. Patient was diagnosed *Varati Damshasanshanashotha*, *Kandu*, *Toda*, *Chhardi*, *Jwara*, and *Vidaha*. The gradation used for subjective and objective parameters was as follows.

Shoth

0: Absent

1: Locally affected area (present on local area).

2: Moderately affected area (Present on some part_

3: Severely affected area (Present all over the body)

Kandu

0: Absent

1: Mild *Kandu* (Occasional *Kandu*)2: Moderate *Kandu* (*kandu* which disturbs normal activity)3: Severe *Kandu* (*kandu* which disturbs normal activity and sleep)**Vidaha**

0: Absent

1: Mild *Vidaha* (Occasional *Vidaha*)2: Moderate *Vidaha* (*Vidaha*, disturbing normal activity)3: Severe *Vidaha* (*Vidaha*, disturbing normal activity, sleep)**Jwara**

0: Absent (Normal body temperature)

1: Mild *Jwara* (*Jwara* up to 100⁰f)2: Moderate *Jwara* (*Jwara* 100⁰f - 102⁰f)3: Severe *Jwara* (*Jwara* more than 102⁰f)**Chhardi**1: Mild *Chhardi* (Occasionally)2: Moderate *Chhardi* (1 to 2 times a day)3: Severe *Chhardi* (more than 2 times a day)

Treatment protocol: Firstly child and her family were counseled and explained about the patient's *viruddha ahar* and which is as mentioned in table 1

Table 1: Treatment protocol

Dincharya	Vidhiviparit ahar evam vihar	Vidhi sahita ahar evam vihar
Uthan	9 am	7 am
Malpravrutti & dantdhawan	1 time a day, after taking food mostly in the afternoon time, passing hard stool.	Dantadhawan 2 times a day
Breakfast:	Dahi paratha, Roti -chai, Ghatiya, mamra, halwa, milk at 9.45 am	Paratha+ghrit, roti +sabji, Dal <i>chawal</i>
Lunch:	Dal Roti, Sabji-(Aloo, Bhindi, Panner, Undhiyo) Dahi, Chass.	Dal Roti, sabji-Methi, palak, lauki, karela,
Snacks:	: potato chips, manchurian, Dahi vada, Dhokla, Biscuit	Fruit- papaya
Dinner	Khichadi, milk, Roti Chass	Khichadi sabzi, Dal <i>chawal</i> (cereals should be 1 year old or roasted cereals should be given)
Nidra:	at 11 pm – 12 pm disturbed sleep	at 9.30pm-7am
Vyayam	No Exercise	Suryanamsakar, vajrasana
Vyasan	Mobile game and Television for 4 – 5 hrs	Mobile or Television half hour

Table 2: Treatment protocol

Lakshana	B.T	A.T	Diff.(B.T-A.T)	% improvement
<i>Shotha</i>	3	1	2	66.66%
<i>Kandu</i>	3	1	2	66.66%
<i>Toda</i>	3	1	2	66.66%
<i>Vidaha</i>	3	1	2	66.66%
<i>Jwara</i>	2	0	2	100%
<i>Chardi</i>	0	0	0	00
Total	15	4	11	63.33%



Figure1; on day 1 Before Treatment

Figure2; on day 7th treatment

Figure3; on day 14 treatment

RESULT AND DISCUSSION

An assessment was done after Diet and Daily routine Correction and after seven days of follow-up by adopting gradation [Table-2]. *Sheetpitta* as per Ayurvedic science is a *Tridoshaja Vyadhi*. Initially, after *Nidaan sevana* (etiological factors) vitiation of *Kapha* and *Vata* takes place then they start to spread out in the whole body both externally and internally by mixing with *Pitta*. The *Tridoshas* traveling internally causes *Dushti* (pathogenesis) of *Rasa* and *Rakta Dhatus* after that *Rasa vaha* and *Rakta vaha Sroto dushti* occurs; these on reaching to *Vigna Twaka* (sensitized skin) produce symptoms like *Shotha*, *Toda*, *Daha*, *Kandu*, etc.

The symptoms of Nephrotic syndrome are extreme tiredness, weight gain, facial swelling, foamy urine, less urine, ascites, etc. The possibility of Nephrotic Syndrome was ruled out with clinical examination and KFT investigation. The cause of *Kotha* as per *Madhavkar* is *asamayaka vaman yog* or *vaman veg vidhar*, so, the possibility of *kotha* is ruled out clinically and by proper history taking. After the confirmed diagnosis of the *shittapitta* i.e., Urticaria, initially, [1] *Avipattikar churna* is given [being *pitta shaamaka*] (*Sheetpitta* is also a *Vata pradhana tridoshaja vyadhi*) which also works at the level of *Apan karya kshetra*. It is *Mriduvirechak* and has *Anulomak* property. Dose 2 gm. *Aushadh kal Nishi kal*. With *koshna jal.*, secondly [2] diet correction is given. In this case, the patient is taking *guru*, *snigdha*, *abhishyandhi*, *viruddha ahar* without any *vyayam* so there is *vat prakop* along with *pitta dushti*, due to this disease has occurred. Thus considering this predominance of *Rakta, Pitta, Vata dosha* Diet correction was advised. Due to diet correction vitiated *Dosha* and *kleda nirmiti dushti* are inhibited.⁶

CONCLUSION

In this particular case report, *Prakriti* of the patient is *kapha pradhan pitta anubhandhi*. So, *Avipattikar churna* is a drug of choice. The chronicity of the disease is eighteen months; it can be classified as *kruccha sadhya vyadhi* or *yapya vyadhi*. Hence, continuous intake of a Healthy Diet and following *Dinacharya* is important for avoiding recurrence of the disease. Thus, Ayurveda can provide promising results in lifestyle disorders.

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