

AYURVEDIC APPROACH IN TREATMENT OF *SHITAPITTA* (URTICARIA), A SKIN DISORDER USING *KRISHNA MARICHA CHURNA* AND *GOGHRITA*

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ABSTRACT

Introduction – *Shitapitta* that is urticaria is one of the most common allergic skin diseases. It makes the individual annoyed and irritate because of itching, nausea, fever and burning sensation. *Apthhya* (imbalanced diet), and various allergens are prime causes of urticaria. For treatment of such peculiar condition a clinical evaluation of *krishna maricha churna* and *goghrita* was done. **Aim**-To study efficacy of *krishna maricha churna* and *goghrita* in *shitapitta*. **Materials and Methods**- A single blind randomized study was carried out on 60 patients of either sex showing typical symptoms of urticaria. *Krishna maricha churna* and *goghrita* was asked to take orally daily for 10 days to patients and later were evaluated. **Observation**- Observation was done by Subjective assessment. Marked improvement was observed in sign and symptoms of patients **Conclusion**-The use of *krishna maricha churna* and *goghrita* showed prominent improvement in symptoms of *shitapitta*.

Keywords: Urticaria, skin disease, Piper nigrum

INTRODUCTION

Ayurveda is science of life which described the *Hita* and *Ahita* to *Ayu*. Means, it described the favourable and unfavourable to life. If, man doesn't follow the rules described in *ayurveda*, it leads to several pathogenesis which ultimately produces different disorders. *Shitapitta* (Urticaria) is one of such disorder, which caused by *Asatmya Sevana* means the

Exposure to allergens and antibody. *Shitapitta* is derived as - *shita* and *pitta*. *Shita* means cold and *pitta* is warm, so it is dominance of *vata* and *kapha dosha* over *pitta dosha*.

In present busy and fast life, one can't follow the rules of *Dinacharya* and *Ritucharya* described in *ayurveda*. Due to heavy industrialization, traffic and hybrid food one constantly

comes into contact with chemicals and various pollutants. These all ultimately result into *Dhatudurbalya* (i.e. lower immunity). Which causes sensitization towards different allergens and produces various types of allergic reactions, one of the common of them is Urticaria. Urticaria is a disease characterized by itchy, red rashes on skin of almost all the body. *Shitapitta-Udarda-Kotha* are having similar symptomatology and causative factors as Urticaria. So, various types of Urticaria can be taken as *Shitapitta-Udarda-Kotha*.

A transient redness and swelling of skin with itching, causing wheals in the dermis or large hypodermal swelling, is called Urticaria. Urticaria or hives is truly not one disease, but a reaction pattern of the skin - a vascular reaction, usually transient, involving the upper dermis, representing localized oedema caused by dilatation and increased permeability of the capillaries, and marked by the development of wheals.

Typical Urticular lesions are very pruritic, erythematous raised papules and plaques with no change in surface markings (i.e., no scaling, blistering)

Classification -

- 1) Acute Urticaria : It just lasts for short time. Typically, lesions lasting less than 6 weeks are referred to as acute Urticaria.
- 2) Chronic Urticaria : If Urticaria lasts six weeks or more, it is called 'Chronic Urticaria'

Symptoms and signs -

All symptoms of *Shitapitta-Udarda-Kotha* are described in ayurveda[1] and can summarise as below:

- 1) *Varati Damshta Samsthana shotha* {Inflammation - rash like an insect bite}.
- 2) *Kandu Bahula* {Severe Itching}

- 3) *Toda Bahula* {Excessive Pricking pain}
- 4) *Chhardi* {Vomiting}
- 5) *Jvara* {Fever}
- 6) *Vidaha* {Burning Sensation}
- 7) *Bhauni* {Spreading all over the body}

Epidemiology -

- 1) Incidence-

20% of total population may suffer from Urticaria once in their life. Acute Urticaria is most common in young patients while chronic type is in middle-aged women.

- 2) Sex-

Generally, women having a greater tendency for Urticaria.

Pathogenesis -

Urticaria results from an immediate hypersensitivity reaction after exposure to an allergen or an antigen.

Causes -

1. IgE antibodies mediated
2. Non-IgE mediated

Though the disease, Urticaria is not a life threatening, it makes the patient worried due to its appearance, severe itching disturbing routine and its nature susceptible to be chronic. To further complicate the issue, a fairly extensive list of diseases can cause Urticaria. Therefore the challenge for the clinician is to try to identify a cause that could lead to a specific treatment or avoidance strategy. Patients have to take those medicines for lifetime, which are having some unwanted side effects therefore they are not very patient compliant *Ayurveda* can provide better and permanent management for *Shitapitta*.

As earlier mentioned, *Dhatudaurbalya* causes *Shitapitta*, hence *Rasayana* therapy is the best choice for the correction of *Dhatudurbalya*. One of the effective remedy for urticaria in *ayurveda* is to treat with *maricha* i.e. black

pepper (*Piper nigrum*)[2]. *P. nigrum* has *Rasa Katu, Virya Katu, Vipak Ushna* and *Guna Laghu, Tikshna, Ruksha, Deepak*. [3] Piperine and other phenolic amide piperine, piperidine, dipiperamide are the major constituent of *P. nigrum* owing to its different therapeutic action. [4] *Goghrita* is another ingredient which improves the efficacy of *maricha churna*. *Goghrita* is thought to be an intensifier in *ayurveda* as it augments the efficacy of various drugs. This action is thought to be as it may act as lipid vehicle and hence increases absorption some components. *goghrita* has *Madhura rasa* and *virya* and *shita vipak*. [5] complex lipids, free fatty acids, phospholipids, sterols, carotenoids (only in ghee derived from cow milk), small amounts of charred casein and traces of calcium, phosphorus, iron, etc. *Goghrita* is a good source of fat-soluble vitamins (A, D, E and K) and essential fatty acids. Due to such benefits of these medicines the experiment was aimed to study efficacy of *krishna maricha churna* and *goghrita* in *shitapitta*

MATERIALS AND METHODS:

Source of data-

Patients of Urticaria, fulfilling the criteria, were selected irrespective to their age, sex, occupation, religion etc. from OPD of Kayachikitsa dept., S.V.N.H. Ayurveda College, Shrivijaynagar Dist. A.nagar. The patients were registered and treated on OPD basis.

Study type -

A single blind randomized study was carried out on 60 patients. They were selected after clinical and objective examination. Follow up assessment of every patient was done. At each follow up, signs and symptoms were recorded.

Drug material-

Krishna maricha churna & *Goghrita* are used as drug material. *Krishna maricha* is made from black pepper i.e. *Piper nigrum* which was collected and authenticated. Also, *goghrita* means ghee (butter) prepared from cow's milk was taken. *maricha churna* 25gm and *goghrita* 50gm were mixed and this regimen was asked to take for 10days to the patient. [6]

Duration of treatment -

The patients were administered the trial drug for 10 days.

Diet -

The patients of both groups were advised to take routine light diet and avoiding certain substances such curd, onion, etc

Follow up -

The patients of both groups were advised to visit the O.P.D of Kayachikitsa alternate days for follow up to study for 10 days.

Inclusion criteria- The patients of either sex, within age group of 18-60 years with symptoms like;

- Severe Itching - *Kandu*
- Pricking Pain - *Toda*
- Discolouration - *Araktavarnta*
- Swelling - *Shotha*

Must having **Complaints** for less than **one and half (1^{1/2}) month** were selected for present study.

Exclusion Criteria-

Kustha (leprosy), *Agnidagdha* also Age below 18 and above 60 years, patients having malignancy, suffering from AIDS, patients with acute alcohol withdrawal state, intoxication, hepatic encephalopathy, pregnant and lactating mother, psychotic patients, liver abscess, liver cirrhosis were excluded from this study.

Intervention: Patients were given *Krishna maricha churna* & *Goghrita* orally daily for duration of 10days. These patients were advised strict diet and activity i.e. *nidan parivarjana* & *pathya palana*.

Criteria for assessment:

Scoring Pattern-

Following scores were given to signs and symptoms.

1) *Kandu, Toda*

- 0 = No
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Unbearable disturbing routine

2) *Araktavarnta*

- 0 = No
- 1 = <25% of skin involvement
- 2 = 26-50% of skin involvement
- 3 = 51-75% of skin involvement
- 4 = >75% of skin involvement

3) *Shotha*

- 0 = No
- 1 = Mild
- 2 = Moderate
- 3 = Severe
- 4 = Unbearable disturbing routine

Statistical Methods: The data was collected and was assessed and interpreted by using paired 't' test.

OBSERVATIONS

Observations of 60 patients registered for present study are as follows:

Table 1: Age wise distribution

Age(yrs)	Trial Gr.	Total	%
11-20	5	10	16.66
21-30	12	21	35
31-40	5	12	20
41-50	6	11	18.33
51-60	2	6	10

This table shows that maximum no. of patients i.e.35 were belong to age group of 21-30 years followed by 20% belong to age group of 31-40 years.

Table 2: Sex wise distribution

Sex	Trial. Gr.	Total	%
Male	20	38	63.33
Female	10	22	36.66

This table shows that maximum no. of patients of Urticaria i.e. 63.33% were male followed by 36.66% were female.

Table 3: Marital status wise distribution

Marital status	Trial Gr.	Total	%
Married	16	38	63.33
Unmarried	14	22	36.66

This table shows that maximum no. of patients i.e. 63.33% were married.

Table 4: Appetite wise distribution

Appetite	Trial Gr.	Total	%
Poor	6	11	18.33
Normal	16	30	50
Moderate	8	19	31.66

This table shows that maximum no. of patients normal and moderate i.e. 50% and 31.66% of patients respectively. i.e. 18.33% having poor appetite followed by

Table 5: Diet wise distribution

Diet	Trial Gr.	Total	%
Vegetarian	6	15	25
Non-vegetarian	24	45	75

This table shows that maximum no. of patients i.e. 25% were vegetarian and 75% of patients were non vegetarian.

Table 6: Addiction wise distribution

Addiction	Trail. Gr.	Total	%
Tea/Coffee	25	49	81.66
Smoking	6	11	21.66
Chewing Tobacco	18	29	48.33
Alcohol	10	18	30

This table shows patients having an addiction of Tea/Coffee were 81.66%, 48.33% patients were having addiction of chewing tobacco and 21.66% of patients having addiction of smoking and 30% of patients having addiction of alcohol consumption.

Table 7: Involvement of skin of body part wise distribution

Body part	Trial. Gr.	Total	%
Both{Upper and Lower limbs}& Chest and Abdomen & Back	26	53	88.33
Face and Neck	4	7	11.66

This table shows that maximum patients were having involvement of skin of both - Upper and Lower limbs and chest and Abdomen and Back i.e. 88.33%. Only 11.66% of patients were having involvement of skin of face and neck.

RESULT

Table 8: Effect of *Krishna maricha churna & Goghrita* on 60 patients

Sign /Symptom	N	Mean			Relief %	S.D.	T value	P value
		B.T	A.T	BT-AT				
Kandu	30	1	0.9	0.1	90	1.2	19.30	<0.0001
Toda	22	0.73	0.09	0.64	87.67	1.28	4.1	<0.05
Araktavarnta	30	1	0.26	0.73	73	1.40	1.7	<0.05
Shotha	9	0.30	0.10	0.20	66.66	1	20.14	<0.0001

This table shows that *Krishna maricha churna & Goghrita* provided statistically highly significant relief (t-cal>table value) of 90% in *Kandu*; 87.67% relief (t-cal>table value) in

Toda; 73% relief (t-cal>table value) in *Araktavarnta*, 66.66% relief (t-cal>table value) in *Shotha*.

Table 9: Overall effect of *Krishna maricha churna&Goghrita* therapy

Result	No. of patients	%
Cured	16	53.33%
Markedly improved	7	23.33%
Moderately improved	2	6.66%
Mildly improved	0	0%
Unchanged	3	10.00%

This table shows that 53.33% patients were observed having complete cure. While marked improvements was observed in 23.33% patients and moderately improvement was observed in 6.66% of patients. 10.00% of patients were not having any results.

DISCUSSION

Subjective assessment was done based on observation made by physician depending on various factor such as:

Age - In this, maximum no. of patients i.e. 35% were belong to age group of 21-30 yrs. followed by 20% were belong to age group of 31-40 yrs.

It clearly indicates that the incidence of Urticaria is more in young age than in elder age, which supported by research works done by modern researchers.

Sex - In this, maximum no. of patients i.e. 63.33% were males and remaining 36.66% were females.

This indicated its more incidence rate in males while research works done by modern researchers indicated more incidence rate in females. This may be due to less mo. of patients studied in this work.

Marital status -This showed that maximum number of patients i.e. 63.33% were married while 36.66% of patients were unmarried. This indicated higher incidence of Urticaria in married persons. It may be due to higher incidence of Urticaria in older age when people usually got married.

Appetite -This showed that maximum number of patients i.e. 50% of patients having normal appetite.

This indicated other factors are being influenced on creating urticaria.

Diet -This showed that maximum number of patients i.e. 75% were non-vegetarian and only 25% of patients were vegetarian.

This indicated the dominancy of non-vegetarian in the area from where the patients selected.

Addiction -This showed that all patients having an addiction of tea/coffee is 81.66% and patients were having addiction of chewing tobacco is 48.33 and 30% of patients having addiction of alcohol consumption. This may be due to dominancy of habit of drinking tea/coffee in the area from where the patients selected and having no direct relation with incidence of Urticaria.

Involvement of Skin of different body parts

-The observations showed that all patients were having involvement of skin of both upper and lower limbs while involvement of chest-abdomen and back (*sarvang*) were 83.33 of patients. Only 16.66% of patients were having involvement of face and neck. This indicates the pattern of disease for involving the skin of different parts in a specific order. It also indicates that involvement of face and neck is very rare, while involvement of both extremities is common in case of Urticaria.

The use of *maricha* and *goghrita* showed prominent effect, provided relief from the symptoms when administered daily. The *P.nigrum* has Immuno-modulatory activity due to Piperine which could primary possible mechanism for showing relief against urticaria[7]. Also has digestion improvement properties, as it increases gastric and intestinal secretions and also promotes their activity which could have a key role in the management of disease [8,9]. It also has bio transformative effects including chemoprevention,

detoxification and increases bioavailability of other drugs too[10]

goghrita pacifies the *vikaras* (symptoms) manifested due to *vata* and *pitta*, beneficial for *rasa*, immunity and hence shows effects on skin causing decrease in itching.

CONCLUSION

Urticaria is one of the most common and tortuous disease and needs effective treatment and fast relief. In order to provide new treatment for urticaria this study was done to evaluate efficacy of *krishna maricha churna* and *goghrita* in urticaria. By considering various biochemical parameters and factors the study can be extended and characteristics with respect to the ingredients can be studied. *Ayurveda* has vast pool of drugs and having different application hence various other drugs formulation can be studied for evaluating their efficacy for treatment of urticaria.

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