

**SRI SAIRAM AYURVEDA MEDICAL COLLEGE AND
RESEARCH CENTRE**

DEPARTMENT OF PANCHAKARMA

COMPILATION WORK ON

SHITAPITTA



DONE BY

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- **INTRODUCTION:**

- Shitapitta is composed of the two words Shita and Pitta. The condition occurs due to the dominance of cold over Pitta Dosha. When someone is exposed to cold wind, Kapha and Vata Dosha aggravate and combine with Pitta Dosha. These spread all over the body and produce rashes on the surface of the skin.
- Shitapitta is not described in Brihatrayies, but explanation about Udarda, Koth are mentioned as Vyadhi (4) or Purvarupa and Lakshana Shitapitta, Udarda and Koth are considered different according to involvement of Dosha, causative factors and symptoms. According to Madhavakara Shitapitta and Udarda are synonyms of each other, but Shitapitta is having Vata dominance and Udarda having Kapha dominance.

- **DEFINITION:**

- There isn't any 'Vyutpatti' or 'Nirukti' for 'Shitapitta' available in any texts. But it comprises of two words i.e., 'Shita' and 'Pitta' which indicates that there is mainly vitiation of Doshas having Shita Guna Vata & Kapha Dosha and Dosha having Ushna Guna Pitta Dosha.

- **NIDANA:**

मा.नि.५०/१

शीतमारुतसंस्पर्शात्प्रदुष्टौ कफमारुतौ ।

पित्तेन सह संभूय बहिरन्तर्विसर्पतः ॥ १ ॥

- By contact with very cold breeze, kapha and vata getting increased, associating with pitta also, begin to travel externally (in the skin) and internally (in blood and other tissues) and produce Shitapitta.

1.Aharaj Hetu:

- Atisantarpan, Atilavan, Amla, Katu, Tikta and Kshar Sevan, Adhyashan, Virudhahar, Guru Dravya, Snigdha Bhojana, Dadhi, Visha-Yukta Annapanasevan.

2. Viharaja Hetu:

- Sheeta- Maruta -Sparsha, Vishayuktajal Snana, Abhyanga, Udvartana,

Vastra-Aabhushana-Keeta Damsha, Bahya Krimi, Chhardi Nigraha, Atidiwaswap, Shishir Ritu, Varshakala, Diwaswap.

3. Nidanaarthakara Roga:

- Sannipatika, Pittaja and Kaphaja Jwara, Unmarda, Adhoga Amlapitta.

4.Chikitsa Mithya Yoga – Vamana-Virechana Ayoga.

- **SAMPRAPTI:**

- Samprapti of Sheetapitta-Udarda- Kotha is describe by Madhavakara.
- Prakupita Vata and Kapha (Pradushta Kapha Maruta) due to Sheeta Marutadi Nidana (Sheeta Maruta Samsparsha).
- When being mixed with Pitta (Pittena Saha Sambhooya) spreads internally and externally (Bahir Antah Visarpah).
- It Causes Dushti of Raktadi Dhatu and Tvak resulted into Sheetapitta-Udarda. Vitiation of Vata causes Sheetpitta and Vitiation of Kapha Causes Udarda.
- Suppression of natural urges and Vamana Yoga causes vitiation of Kapha and Vata Doshas.

- Due to this Kapha and Vata causes Kanduyukta Mandal form called as Kotha and it causes repeatedly called as Uthkotha.

- **SAMPRAPTI GHATAKA:**

- Dosha: Tridosha
- Dushya: Rasa, Rakta
- Strotas: Rasa, Raktavaha
- Strotodushti Prakara: Vimarga Gamana
- Agni: Manda and/or Vishama
- Udbhavasthana: Amashaya
- Samcharasthana: Tiryaka Shira.
- Adhisthana: Tvak
- Vyadhi Svabhava: Ashukari
- Vyadhimarga: Bahya

- **PURVARUPA:**

पिपासारुचिहल्लासदेहसादाङ्गगौरवम् ।

रक्तलोचनता तेषां पूर्वरूपस्य लक्षणम् ॥२॥१०॥

Premonitory symptoms are-

- Thirst,
- Loss of appetite,
- Oppression in the chest,
- Debility,
- Feeling of heaviness of the body and
- Redness of the eyes.

- **RUPA:**

मा. नि

वरटीदृष्टसंस्थानः शोथः सञ्जायते ब्रहिः ।

सकण्डूस्तोदबहुलश्छर्दिज्वरविदाहवान् ॥ ३ ॥ १२०

उदरदमिति तं विद्याच्छीतपित्तमथापरे ।

वाताधिकं शीतपित्तमुदरस्तु कफाधिकः । ९४ ॥

- Elevated patches (rashes) resembling that produced by the sting of the wasp, associated with severe itching and pricking pain, vomiting, fever and feeling of burning sensation are the characteristic features of Udarda, called as Sītapitta also by others.
- In sītapitta, vāta is predominant while in udarda kapha dosa is predominant.

• **PATHYA APATHYA:**

	Pathya	Apathya
1	<u>JeernaShali</u>	<u>Ksheeravikarani</u>
2	<u>JangalaMamsa</u>	<u>ChhardiNigraha</u>
3	<u>Triphala</u>	<u>IkshuVikarani</u>
4	<u>Madhu</u>	<u>Divaswapna</u>
5	<u>MudgaYusha</u>	<u>Matsya</u>
6	KulatthaYusha Poorva	DaksheenaDishaPavana
7	Ushnodaka Anupa	AudakaMamsa
8	KarkotakaShaka	Snana
9	KaravellakaShaka	Naveena Madhya
10	MoolakaYusha	AtapaSevana
11	DadimaPhala	Virudhahara
12	ShigruShaka	Vyavaya
13	MoolakaShaka Snigdha	Amla, Madhura
14	VetragraPhala Dravya	Guru Annapana
15	Potika	Shaka
16	Shalinya	Shaka
17	Lava	Rasa
18	Tittira	Rasa
19	Katu	Tikta
20	Kashaya	Rasa
21	Kulattha	Rasa

- **Chikithsa:**

According to **Bhavprakash**

- Navakarshika Guggulu
- Trikatu Sharkara
- Yavani Vyosha Yavakshara
- Aardraka Rasa Purana Guda
- Yavani Guda
- Guda Amalaki
- Nimba Patra Ghrita Amalaki
- Ardraka khanda

Bhaishagya Ratnavali

- Visarpokta Amritadi Kwatha
- Agnimantha Moola Ghrita
- Yashtyadi Kwatha
- Amratadi Kwath
- Goghrita, Maricha, Vardhamana Prayoga
- Haridra Khanda, Brihat Haridra Khanda
- Shleshmapittantako Rasa, Veereshvaro Rasa
- Sheetapitta Bhanjan Ras, Vardhamana Pippali
- Vardhamana Lasuna
- Kushathadi Churna
- Vardhman Lashuna
- Nimba Nisha Kwath

Shamana Yogas commonly practiced in management of Sheetapitta:

- Laghu Sutashekhar Rasa
- Sutashekhar Rasa
- Arogya Vardhani Vati
- Gandhaka Rasayana
- Malla Sindura
- Swarna Bhasma
- Pravala Bhasma

Vamana Yoga

- patolpatra+nimbpatra+madanphal kwatha - Bhaishagya Ratnavali.
- Sadya vamana -patol +nimba sal +vasa kwath - Yogratnakara.

Virechan Yoga

- triphala+shudhha guggul +pippali – Yogratnakar.

Bhaishagya Ratnavali Raktamokshana

- It is a technique for removing dushita dosha from the blood.
- For Rakta dusti and Rakta pradoshaja vikara, it is the best Shodhan karma.
- After Mahatiktaka Ghrutapana, it can be done.

Yogratnakara

- Lepa Durva+ haridra. : Bhaishagya Ratnavali
- Saindhavadi yoga : Kushta+saindhav mixed with ghrita.

Madhav Nidana

- Udvardana Siddharthak yoga : shweta sarshap,+rajni + kushtha +prapunda +tila +katu tail udvardana.

Yogratnakar

- Kushtadi churna
kusht+haridra+daruharidra+sursa+patol+nimb+ashwahandha+devdaru+shigru+sarsap+tejbalphal+dhane.. sambhag+takra
- Abhyanga with Katu taila.
- Yavakshar +saindhava+ sarshapa taila.

Conclusion

- Shitapitta is caused by Asatmya ahara-vihara exposure.
- Asatmya ahara-vihara reduces body immunity, allowing allergens to come into contact with the body and cause allergy diseases such as Shitapitta.shodhana is important in shitapitta specially vaman ,virechan and raktamokshana said by laghutrais.

URTICARIA



- The word Urticaria is derived from Latin word ‘urtica’ which means stinging nettle.
- A transient redness and swelling of skin with itching, causing wheals (localized intracutaneous oedema) in the dermis or large hypodermal swellings, is called Urticaria.
- Individual hives can last as briefly as 30 minutes to as long as 36 hours.
- Their size can be small as a millimetre or 6–8 inches in diameter.
- Upon exerting pressure over the wheals, they blanch, as the dilated blood vessels are compressed causing the pallor in the centre of the wheal.
- The dilated blood vessels and increased permeability that characterize urticaria are present in the superficial dermis and involves the venular plexus in that location.
- But, when the pathology lies a little bit deeper involving the dermis it manifests as angioedema, where in swelling is the major manifestation, and the overlying skin may either look normal or erythematous.

- The itching or pruritis is less due to involvement of fewer of type C nerve endings, but the pain & burning will be immense.
- Urticaria is a disease characterized by erythematous, edematous, itchy and transient urticarial plaques, and covering the skin and mucous membranes.
- Also known as hives among people. It is a very common entity. 8.8–20% of individuals in the community experience an attack of urticaria at least once in their lifetime.
- It can be seen in all ages and sexes but is slightly more common in young adults. In 40–50% of the patients, urticaria and angioedema are seen in combination, only urticaria or angioedema is seen in 40% and 20% of the people, respectively.

Essential features

- Urticaria is characterized by transient skin or mucosal swellings due to plasma leakage.
- Superficial dermal swellings are termed wheals and deep swellings of the skin or mucosa are termed angioedema.
- Wheals are characteristically pruritic and pink or pale in the center, whereas angioedema is often painful, less well defined and shows no color change.

Terminology

- Urticaria / hives
- Superficial dermal swellings are termed wheals: characteristically pruritic and pink or pale in the centre.

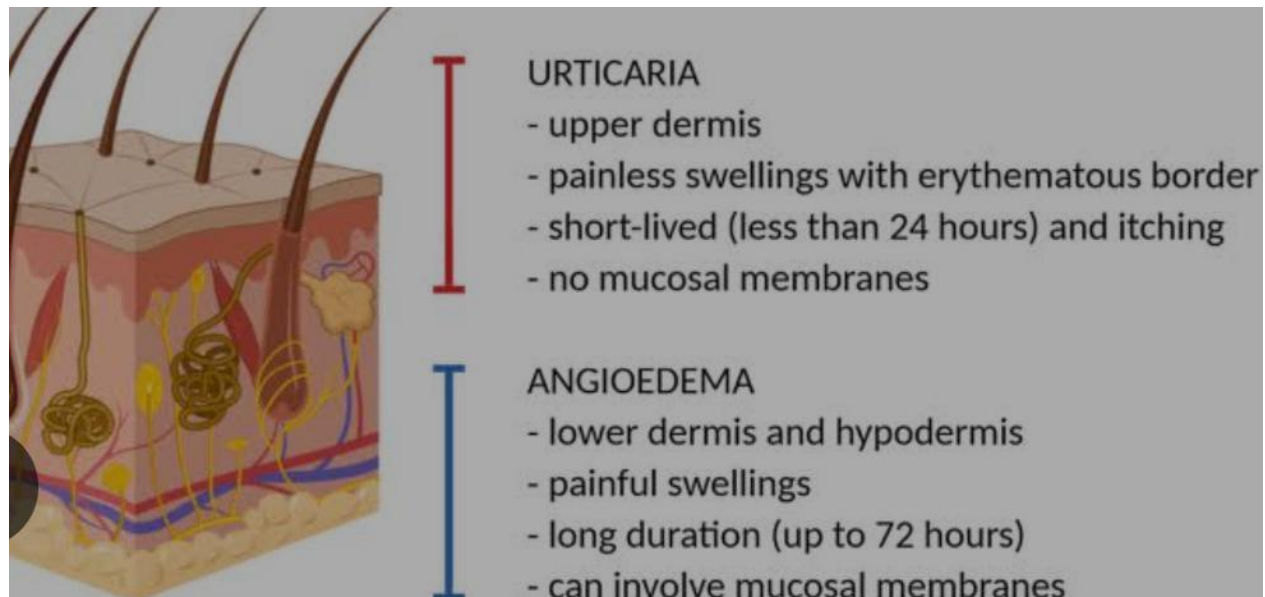
Deep swellings of the skin or mucosa are termed angioedema: often painful, less well defined and showing no color change.

Sites

- Acute: disseminated
- Chronic:
- Spontaneous: disseminated
- Inducible: areas of exposure (sun exposed sites, colder areas, physical pressure, etc.)

Introduction

- **Urticaria**, also known as hives among people, is a very common disease characterized by erythematous, edematous, itchy, and transient plaques that involve skin and mucous membranes.



- It is classified as acute spontaneous urticaria, chronic spontaneous urticaria, chronic inducible urticaria, and episodic chronic urticaria.
- Many factors such as infections, medicines, food, psychogenic factors, and respiratory allergens are accused of Etiology, but sometimes, it is idiopathic.
- Clinical presentation involves red, swelling, and itchy plaques. The lesions usually resolve spontaneously within 2–3 h without a trace.
- The patients are sometimes confronted with an angioedema that can also involve the respiratory tract.
- In this case mucous membranes, such as eyelids, lips, swell with some pain and burning sensation.
- If respiratory tracts are involved, it may be life threatening and should be treated urgently.
- The diagnosis is usually straightforward, urticarial vasculitis, drug eruptions, viral eruptions, and urticaria pigmentosa must also be considered.

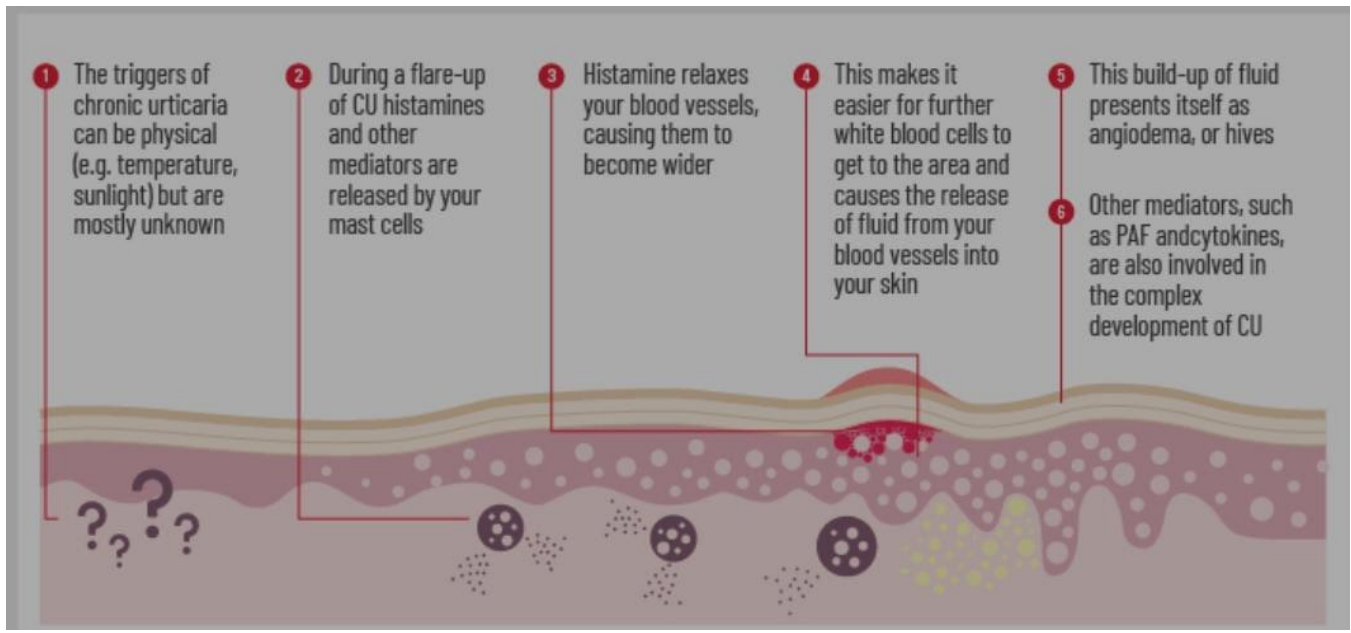
- H1 antihistamines and, sometimes, short-term systemic corticosteroids are preferred for the treatment.
- H2 antagonists may be added during resistant cases, although other treatment options, such as omalizumab, cyclosporine, and leukotriene receptor antagonists, may be considered during missed events.
- Urticaria is a disease characterized by erythematous, edematous, itchy and transient urticarial plaques, and covering the skin and mucous membranes.
- Also known as hives among people.
- It is a very common entity. 8.8–20% of individuals in the community experience an attack of urticaria at least once in their lifetime.
- It can be seen in all ages and sexes but is slightly more common in young adults.
- In 40–50% of the patients, urticaria and angioedema are seen in combination, only urticaria or angioedema is seen in 40% and 20% of the people, respectively.

Classification

- Acute spontaneous urticaria
It lasts <6 weeks.
- Chronic spontaneous urticaria (CSU)
It recurs at least twice a week and lasts >6 weeks.
- Physical urticaria (chronic inducible urticaria)
It emerges due to etiological factors as dermographism, cold, hot, vibration, pressure, and solar factors. It constitutes 20–30% of chronic urticaria.
- Episodic chronic urticaria
It lasts >6 weeks but recurs <2 times per week.

It should be kept in mind that CSU and physical urticaria can be seen together. CSU is most commonly associated with dermatographic urticaria and late pressure urticaria.

Pathogenesis:



- The main mechanism in the formation of urticaria is the release of various mediators from mast cells.
- Type 1 immunoglobulin (Ig) E-dependent hypersensitivity reaction is seen in acute urticaria.
- The antigen entering the body binds to specific antibodies on mast cells and basophils, causing the release of many mediators, primarily histamine.
- As a result, edema due to erythema and increased permeability secondary to vasodilatation.
- Mast cells cannot be restimulated until regranulation after degranulation, which explains why the urticaria plate does not reappear for several days on the region.
- In chronic urticaria, the antigen entering the body binds to the IgE high affinity ($\text{Fc}\epsilon\text{RI}\alpha$) Fc receptor located on the mast cells and circulating basophils in the skin and degranulation from these cells occurs.
- When the same antigen is encountered for the 2nd time, these IgE antibodies that are already present on the mast cells and basophils immediately bind to the antigen and develop an allergic reaction more quickly.
- This shows us that autoimmunity is also important in chronic urticaria.

Etiology

- Many factors may be responsible in the etiology of the disease. Often, encountered factors include:
- **Medications:**
 - Any drug may cause urticaria. However, the most commonly encountered ones are penicillin, aspirin, nonsteroidal anti-inflammatory drugs, sulphonamides, thiazide diuretics, oral contraceptives, angiotensin-converting enzyme inhibitors, vitamins, codeine, morphine, curare and its derivatives, synthetic adrenocorticotrophic hormone, and radiocontrast substances.
 - It may manifest from 1–2 h to 15 days after oral intake.
 - Urticaria related to the drugs given intravenously will occur immediately.
 - While the drugs generally cause acute urticaria, they may cause emergence or exacerbation of CSU.
- **Foods:**
 - Foods often encountered as causes of urticaria include nuts, eggs, fish, seafood, chocolate, meat, cow's milk, fruits (citrus fruits, grapes, plums, pineapples, bananas, apples, and strawberries), vegetables (tomatoes, garlic, onions, peas, beans, and carrots), mushrooms, fermented foods, spices, and spirits.
 - Preservatives such as azo dyes, benzoic acid derivatives, and salicylates and food dyes are also important causative factors.
 - Urticaria is usually seen 1–2 h after ingestion.
 - Food-related urticarial rashes are more common in children [9]. Although it is accepted that foods have a place in the etiology of acute urticaria, their roles in the etiology of CSU have been not proven yet.

- It is thought that mostly pseudoallergens are involved in CSU, and therefore, diet is recommended for these patients.
- **Respiratory allergens:**
 - Pollen, mold spores, mites, animal dandruff, and hairs may cause urticaria when taken through the respiratory tract [11]. Smoking is also an important factor since it contains many chemicals and can worsen the urticaria, hives should be advised to stop smoking.
 - Urticaria caused by respiratory allergens usually occurs immediately after contact.
- **Infections:**
 - Respiratory infections such as sinusitis, tonsillitis, dental abscesses, urinary tract infections, hepatitis, infectious mononucleosis, and parasites may cause urticaria.
 - Parasitoses are the cause of urticaria, especially in children.
- **Contact urticaria:**
 - Latex, cosmetics, and chemicals may cause urticaria by contact.
- **Insect bites:**
 - They should be questioned, especially in children.
- **Psychogenic factors:**
 - Reasons such as stress, sadness, and depression may aggravate the preexisting urticaria and also induce urticaria.

- **Systemic diseases:**

- They may cause especially chronic urticaria.
- The presence of thyroid diseases and rheumatic diseases such as systemic lupus erythematosus, lymphoma, leukemia, and carcinomas may be investigated as required.
- It should be noted that urticaria may occur also in pregnant women.

- **Physical factors:**

- Urticaria may develop due to external factors such as pressure, hot, cold, and dermographism.
- Urticaria secondary to pressure generally manifests an average of 3–4 h after exposure to pressure.
- Therefore, they are termed as delayed pressure urticaria.

- **Hereditary:**

- Hereditary urticaria is seen in types of urticaria as angioedema and familial cold urticaria.
- Idiopathic urticaria without any known cause may be also seen.

- **Clinical Manifestations:**

- The urticarial plaque has three characteristics as characteristic redness, blistering, and itching. Sometimes, a burning sensation may accompany.
- Lesions can occur anywhere in the body and recover in approximately 2–3 h without leaving a trace. This spontaneous recovery can sometimes last up to 1 day.
- In angioedema, especially in areas such as eyelid and lip mucosae, there is a sudden-onset skin swelling. Pain and burning sensation may be at the forefront rather than pruritus. The lesions regress spontaneously in about 72 h.

- Dermographism is an erythema and edema occurring about 10–20 min after applying mechanical trauma to the skin. While this situation may be encountered in almost half of the population, if this region is itchy, then this entity is called dermatographic urticaria.
- This condition is seen in about 4% of the society.

- **Diagnosis and Differential Diagnosis**

- It is quite easy to diagnose based on clinical appearance and anamnesis.
- However, it is also sometimes confused with drug eruptions, viral rashes, connective tissue diseases, photosensitive diseases, urticaria pigmentosa, urticarial vasculitis, and a number of syndromic diseases.
- It is very important to obtain detailed anamnesis from the urticaria patient to reach the Etiology.
- The patient should be asked about the time of onset, development, localization of lesions, systemic complaints, food intake, stress, and regular or occasional medication use.
- There is no need for routine laboratory tests and allergy tests in acute urticaria.
- In a guideline published in the United States, it has been reported that if there is no evidence to support a diagnosis, then there is no need for laboratory examinations.
- Just 25% of acute urticaria cases become chronic in time.

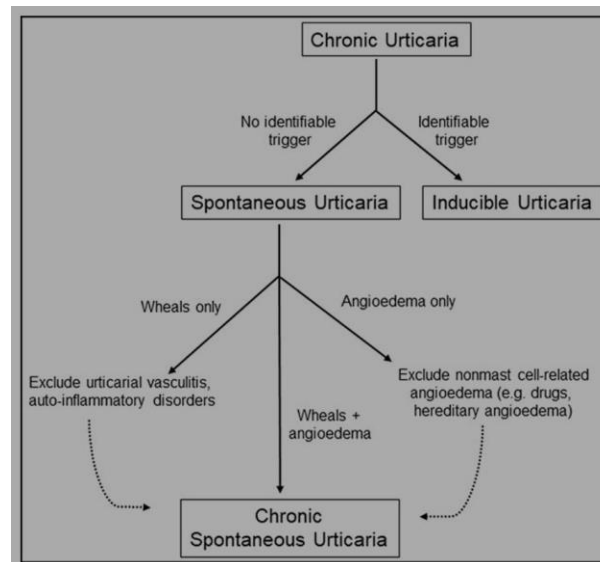
- **Classification:**

- ***A] According to duration***

- **1.Acute Urticaria:**
 - Typically, lesions lasting less than 6 weeks are referred to as acute Urticaria. This form is due to exposure to food allergens food additives, certain medications.



○ **2. Chronic Urticaria:**

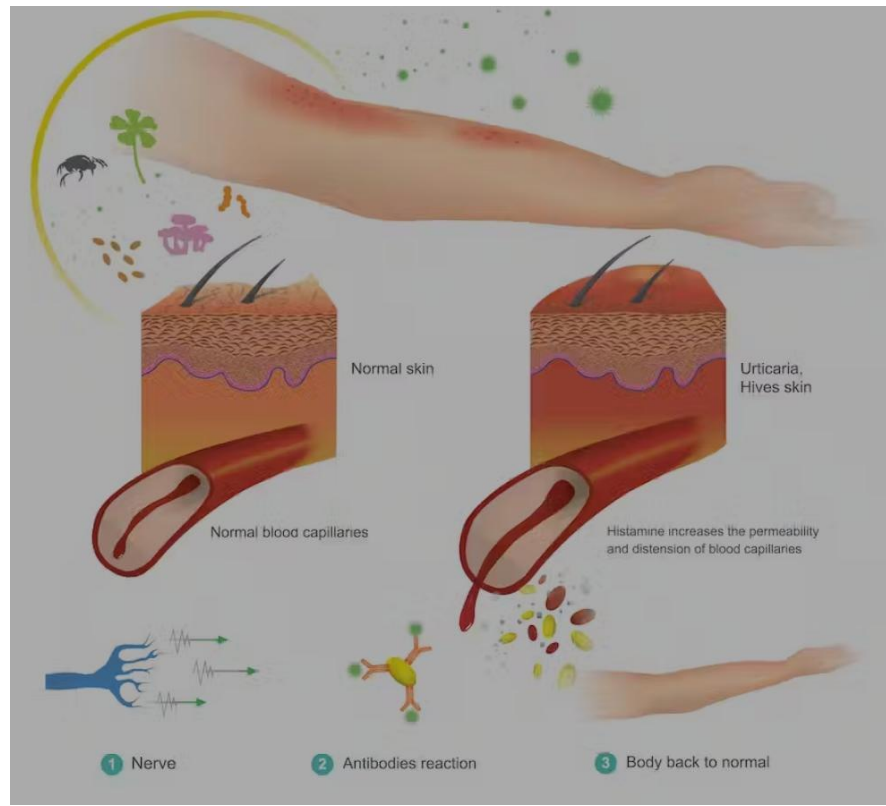


- If Urticaria lasts six weeks or more, it is called „chronic urticaria“.

- **B] According to Causes**

- 1. Immunological Reactions: Autoimmune, IgE dependent, immune complex – mediated, complement -kinin dependent
- 2. Nonimmunological Reactions: Direct mast cell releasing agent (opiates, antibiotics), Vasoactive Stimuli, Agents alter arachnoid acid metabolism (aspirin, NSAID, Benzoate)
- 3. Physical- Heat, Pressure, Sun, Hot or Cold Water
- 4. Infections: Viral Hepatitis, Infectious mononucleosis, HIV Seroconversion
- 5. Food- Fish, egg, cheese, nuts, Some Cooking Oil
- 6. Drugs- Salicylates, Opiates, NSAIDS, Antibiotics
- 7. Contact urticaria
 - a) Dermographism: This is an exaggerated response of the skin to trauma, which release histamine from the mast cell.
 - b) Pressure urticaria: This occurs 4-6 hours after sustained pressure, like swelling of palms after continues clapping or swelling on buttocks after continuous sitting.
 - c) Cholinergic urticaria: Here following excessive exercise, sweating, after emotional stress, intensely pruritic small wheals all over body.
- 8. Physical Urticaria :
 - The physical urticaria is different from other urticarias in that the characteristic wheals can be reproduced by a physical stimulus such as cold, heat, pressure, vibration, sunlight, water, exercise, and increases in core body temperature.

- **Pathogenesis as per Modern science:**



- Urticaria results from an immediate hypersensitivity reaction after exposure to an allergen or an antigen.
- The skin mast cell releases the mediator histamine, through whose influence on the histamine₁ (H₁) receptors, the capillaries get dilated.
- The dilation of the capillaries results in vascular permeability. The arteriolar dilatation resulting through the nerve reflex causes the typical flaring of the extravasations of fluid, thereby causing the wheals.
- Histamine causes the pruritus too. Other products of mast cells, act as chemotactic factor in attracting eosinophils.
- Urticaria results not only from sensitivity to antigens, but also from physical factors such as cold, heat, sunlight, water, pressure and vibration.

- The underlying mechanisms are not well understood, but the final common pathway is believed to involve release of mediators by activated mast cells and basophilic leukocytes.
- These mediators increase vascular permeability, and plasma leaks into the dermis, resulting in Urticarial wheals.
- **Laboratory Investigations:**
 - Chronic spontaneous urticaria (positivity variable):
 - Acute phase reactants elevation (ESR, CRP, D-dimer)
 - TSH and antithyroid antibodies
 - IgE level elevation
 - Tryptase if suspicion of systemic mastocytosis

Treatment

Basic steps in the treatment

- Elimination of detectable etiologic causes and avoiding triggers constitute the first step of treatment. If the patient expresses that the lesions occur in any condition, such as after a drug or food intake, he must avoid this situation. If there is a noticeable infectious condition, it should be treated.
- In an important subgroup of patients with chronic urticaria, exacerbations triggered by physical stimuli occur.
- Training patients can help them avoid these stimuli or understand their symptoms.
- As an example, heat (hot showers and excessive humidity) is the common trigger of many people.
- Tight clothing or rubber bands may exacerbate symptoms.
- On the other hand, physical urticaria (dermographism, cold, hot, solar, cholinergic, pressure urticaria, etc.) developed with the stimuli of physical factors should be properly diagnosed and the stimulant should be eliminated.

- Many drugs, especially aspirin and nonsteroidal anti-inflammatory drugs, may worsen symptoms.
- It is best to stay away from these drugs during this period.
- A 4-week elimination diet is recommended for pseudoallergens thought to induce urticaria.
- Alcohol consumption is not recommended.
- Concomitant stress, sleep disturbance, infections, premenstruation, and irregular antihistamine use may also aggravate the disease.
- Rarely reported triggers are cigarette smoke, house dust mites, pollens, molds, and spores, and the patient should be informed about all these possible irritants.
- After warning the patient about these issues, it is necessary to control the symptoms by suppressing the mediator release as the second step of the treatment.
- In the treatment of urticaria (with or without angioedema), the focus should be on the immediate relief of pruritus and angioedema,
- if any. Approximately two-thirds of the cases of acute urticaria may be spontaneously confined and recover spontaneously.

Treatment algorithm for urticaria recommended by EAACI, GA2LEN, EDF, WOA.

- First-line
 - Second-generation H1 antihistamines
- If symptoms persist more than 2 weeks
- Second line
 - Increase the dose of second-generation antihistamines up to 4 times
- If symptoms persist for additional 1-4 weeks
- Third line
 - Add omalizumab, montelukast or cyclosporine
- If symptoms cannot be controlled, corticosteroid therapy may be used for up to 10 days.

(EAACI: European Academy of Allergology and Clinical Immunology; EDF: European Dermatology Forum; GA2LEN: Global Allergy and Asthma European Network; WAO: World Allergy Organization.)

Treatment algorithm recommended by the Dermato-allergy Working Group of the Turkish Society of Dermatology and the Turkish Dermato-immunology and Allergy Association.

Step 1 Start with standard doses of second-generation antihistamines.

Step 2 If not under control 1-2 weeks later, increase the dose up to 4 times.

Step 3 If not under control 1-2 weeks later, switch to another antihistamine and use complete dose of the drug.

Step 4 If not under control 1-2 weeks later, switch to omalizumab for up to 24 weeks

Step 5 If not under control 24 weeks later, increase the dose of omalizumab, switch to cyclosporine, or add to the existing treatment.

Step 6 If symptoms are still not under control 12 weeks later, other agents may be tried.

In selected cases, a leukotriene receptor antagonist may be added in Steps 2 and 3. During attacks, 0.5-1 mg/kg prednisolone or the equivalent systemic steroid may be prescribed.

- **Management**

- Urticaria due to physical causes or drugs excluded by history.
- Complete food elimination followed by gradual introduction of one dietary element at the time helps in detection of food induced urticaria.
- Mask use/ nasal filter use/change of place may work for inhalants.
- Soothing lotion for topical application given during attack of urticaria.
- H1 Antihistamine: cetirizine, levocetirizine, Desloratadine, fexofenadine, Chlorpheniramine maleate, Hydroxyzine hydrochloride, Diphenhydramine etc.

- **Dietary:**

- Food items suitable for consuming: -



- Rice, Soup of green gram dhal, soup of horse gram, hot water, radish soup, pomegranate, leaves of bitter gourd; drumstick; radish; pazhupAgarkaay ilai (Momordica dioica) , Indian gooseberry to mention a few.

- Food items to avoid:-



- Fish, crab, oysters, wheat, milk products, tomato, citric fruits, brinjal, peanuts, chocolates, soya beans to name a few.

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Thank you!