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Clinical Efficacy of *Amrutadi Kwath* in the Management of *Sheetapitta* with special reference to Urticaria

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ABSTRACT

Sheetapitta is one of the commonest skin ailments equated with Urticaria in modern science. Urticaria affects up to 20% of the population at some point in their lives. It results from an immediate hypersensitivity reaction, appears as edema or wheals over body, itching, and burning sensation. In modern aspects of medicine, antihistamines are mainly used along with steroids which have so many side effects and Urticaria is mostly resistant to this treatment. This specifies the necessity of research concerning alternative management of urticaria (*Sheetapitta*). In this context, *Amrutadi Kwatha* is a very unique herbal combination from *Chakradatta* mentioned in the treatment of Skin diseases like *Visarp*, *kushtha* and *Sheetapitta*. A simple randomized clinical trial carried in 30 Patients having symptoms of *Sheetapitta* with *Amrutadi kwath*. Clinical facts obtained from the study were analyzed with appropriate statistical methods. The drug was found to be effective clinically in pacifying symptoms of *Sheetapitta*. The present study provides strong shreds of evidence that prove effective management of *Sheetapitta* with *Amrutadi kwath*.

KEYWORDS

Sheetpitta, Urticaria, *Amrutadi Kwath*



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INTRODUCTION

Skin is the most noticeable part of the physique that reflects one's persona and the first structure of the body interacting with the environmental agents like physical, chemical & biological agents. *Sheetapitta* is one of the commonest skin disorders also known as Urticaria in modern terms, which affects 15-20% population at some point in their whole lives. Though Urticaria is not a life-threatening disease it may be a very problematic and frustrating condition for the patient.

Sheetapitta is a disorder in which *Vata* and *Kapha* are two *doshas* which are primarily disturbed due to *dosha prakopak hetu* and in combination with *pitta dosha* cause *Sheetapitta*¹. *Vata dosha* is dominant in *Sheetapitta* which leads to the formation of wheals, redness, itching over the skin².

Urticaria results from an immediate hypersensitivity reaction between antigen and antibody, which causes an increase in vascular permeability leading to edema (wheals). In this reaction, Histamine is thought to be the most important biochemical mediator. It causes vasodilatation and enhances the capillary permeability for fluid and plasma proteins from blood into the affected tissues. So the accumulation of fluid with protein causes local edema.

In modern aspects of medicine, antihistamines are mainly used along with steroids which have so many side effects and Urticaria is mostly resistant to this treatment so far known to the medical world. The present known treatment is still not an ideal one by any means. For the skin conditions like *Sheetapitta*, both *Shodhan* and *Shaman* treatment is mentioned in Ayurvedic classics³. The *Shodhana* procedures are laborious treatment procedure where the patients have to be hospitalized; moreover these procedures are only indicated in patients having *uttama bala*.

Various *Shaman aushadhi* are stated in Ayurvedic conventional textbooks. *Amrutadi Kwath* is a decoction of 10 herbs mentioned in *Chakradatta* for the management of several skin ailments like *visarp*, *kushtha*, *sheetapitta*⁴. Thus a simple randomized clinical trial was conducted on 30 patients to estimate the efficacy of *Amrutadi Kwath* on *sheetapitta*.

AIM AND OBJECTIVES

1. To specify the disease *Sheetapitta* with its clinical aspects.
2. To study the clinical efficacy of “*Amrutadi Kwath*”
3. To determine the exact indications for the efficacy of “*Amrutadi Kwath*”.



MATERIALS AND METHODS

A. Patients- 30 patients identified clinically on the basis of symptoms of *Sheetapitta* as described in *Ayurvedic texts*².

Inclusion criteria –

1. Patients between the age group of 16 to 60 of both sexes, irrespective of religion, occupation, and socio-economic status were selected.

2. Patients representing the following clinical symptoms of “*Sheetpitta*.”

Varati Damsha Sansthan Shotha (Hives), *Kandu* (itching), *Toda* (Pricking Sensation) *Chhardi* (Vomiting), *Jwara* (Fever), *Vidaha*(Burning Sensation).

Exclusion Criteria-

1. Patients below the age of 16 and above 60 years.

2. Patients of *Sheetapitta* with any complication.

3. Any other dermatological comorbidity.

4. Patients known to have a drug allergy or other hypersensitive reactions.

B) Drug:

A freshly prepared *Amrutadi Kwath* was given orally for 28 days with a dose of 20 ml twice a day. Patients were actually given the coarse powder of *kwath* ingredients 20gm/day and were explained the procedure to prepare *kwath* as per the classical text⁵.

Raw materials of *Amrutadi Kwath* were enlisted in Table no.1.

Table 1 Ingredients of *Amrutadi Kwath*

Sr No.	Name of Drug	Latin Name	Family	Part Used
1	<i>Amruta(Guduchi)</i>	<i>Tinospora cordifolia</i>	Menispermaceae	Stem
2	<i>Vasa</i>	<i>Adathoda vasaka</i>	Acanthaceae	Leaves
3	<i>Patola</i>	<i>Trichosanthes dioica</i>	Cucurbitaceae	Leaves
4	<i>Musta</i>	<i>Cyperus rotundus</i>	Cyperaceae	Root
5	<i>Saptaparna</i>	<i>Aistonia scholaris</i>	Apocynaceae	Bark
6	<i>Khadira</i>	<i>Acacia catechu</i>	Leguminoseae	Bark
7	<i>Anantmula</i>	<i>Hemidesmus indicus</i>	Asclepidaceae	Root
8	<i>Nimba</i>	<i>Azadirachta indica</i>	Maliaceae	Leaves
9	<i>Haridra</i>	<i>Curcuma longa</i>	Zingiberaceae	Rhizome
10	<i>Daruharidra</i>	<i>Berberis aristata</i>	Berberidaceae	Stem

C) Follow Up:

Follow-up for further medication was done on 7th, 14th, 21th & 28th day. On the 29th day after the commencement of treatment, a thorough clinical assessment was done.

D) Criteria for assessment of clinical result –Table no. 2.

The efficacy of therapy was assessed on the basis of Subjective parameters before & after treatment. To give the result objectively and for statistical analysis of subjective parameters by using the Wilcoxon Signed Ranks test, a

**Table 2** Criteria for assessment

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
<i>Varati Damsha Samsthana Shotha</i> (Hieve)	Absent	Locally scattered (on specific area)	Moderately scattered (Present on some part of the body)	Severely scattered (Present all over body)
<i>Kandu</i> (Itching)	Absent	Mild (Occasional)	Moderate (<i>Itching</i> disturbing normal activity)	Severe (<i>Itching</i> disturbing normal activity and sleep)
<i>Toda</i> (Pricking sensation)	Absent	Mild (Occasional)	Moderate (disturbing normal activity)	Severe (disturbing normal activity and sleep)
<i>Vidaha</i> (Burning)	Absent	Mild (Occasional)	Moderate (disturbing normal activity)	Severe (disturbing normal activity and sleep)
<i>Jwara</i> (Fever)	Absent (Normal body temperature)	Mild (<i>Fever</i> upto 100 ^o f)	Moderate (<i>Fever</i> 100 ^o f - 102 ^o f)	Severe (<i>Fever</i> more than 102 ^o f)
<i>Chardi</i> (Vomitting)	Absent	Mild (Occasionally)	Moderate (1 to 2 times a day)	Severe (more than 2 times a day)

multidimensional scoring system was adopted. The score was given as follows.

1. Absence of Symptoms: 0 (-)
2. Mild Degree of Symptoms: 1 (+)
3. Moderate degree of Symptoms: 2 (++)
4. Severe degree of Symptoms: 3 (+++)

E) Criteria for the assessment of the overall effect of the therapy:

The total effect of the therapy was assessed considering the overall improvement symptoms on 29th day, as follows:

Table 3 Agni, Prakriti and Koshtha Observation

Agni	Prakruti	Koshtha
Mandagni- 44%	<i>Vata-Kaphaj</i> - 20%	<i>Vata-Pittaj</i> -13% <i>Krur</i> -37%
Vishmagni-30%	<i>Kapha-Vataj</i> -20%	<i>Kapha-Pittaj</i> -10% <i>Madhyam</i> -33%
Tikshnagni-23%	<i>Pitta-Vataj</i> -20%	<i>Mrudu</i> -27%
Samagni - 3%	<i>Pitta-Kaphaj</i> -17%	<i>Sama</i> -3%

2) Overall improvement-

A total of 19 patients had relieved symptoms above 70%, 11 patients had relief between 30-70% and no patient features a poor result.

3) Symptomatic improvement:

1. Excellent Results: Relief in Symptoms above 70%

2. Moderate Results: Relief in Symptoms between 30 to 70%

3. Poor Results: Relief in Symptoms below 30% or no change.

OBSERVATION AND RESULTS

1) All 30 patients included in the study were examined clinically for *Prakriti*, *Agni*, and *koshtha*. Observations documented were enlisted in table no.3.

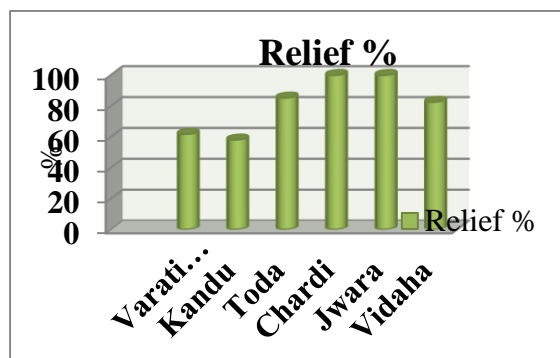
Varati Damsh Sansthan Shotha (61.8%), *Kandu* (58.14%), *Toda* (85.33%), *Chhardi* (100%), *Jwara* (100%), *Vidaha* (82.60%). As shown in table no.4 & Graph 1.

4) This apparent symptomatic improvement in the patients was proved by



Table 4 Symptom wise Relief % in 30 patients of *Sheetapitta*

Symptom	Before treatment Score	After treatment Score	Difference	% Relief
<i>Varati Damsh Sansthan Shotha</i>	89	34	55	61.8
<i>Kandu</i>	86	36	50	58.14
<i>Toda</i>	75	11	64	85.33
<i>Chhardi</i>	11	0	11	100
<i>Jwara</i>	22	0	22	100
<i>Vidaha</i>	69	12	57	82.60



Graph No.1 Symptom wise relief % distribution in 30 patients of *Sheetapitta*

Table 5 Effect of Therapy on Symptoms in 30 Patients of *Sheetapitta* by Wilcoxon Signed Rank Test

S No.	Symptom	W	T+	T-	Median	Mean ± SD		SD	Z	P
						BT	AT			
1	<i>Varati Damsh Sansthn Shotha</i>	465	465	0	2	2.97±0.18	1.13±0.57	48.62	4.77	<0.0001
2	<i>Kandu</i>	435	435	0	2	2.87±0.35	1.20±0.66	48.62	4.15	<0.0001
3	<i>Toda</i>	465	465	0	2	2.50±0.68	0.37±0.56	48.62	4.77	<0.0001
4	<i>Chhardi</i>	21	21	0	0	0.37±0.76	0.00±0.00	48.62	-4.36	0.0313
5	<i>Jwara</i>	78	78	0	0	0.73±0.98	0.00±0.00	48.62	-3.19	0.0005
6	<i>Vidaha</i>	406	406	0	2	2.30±0.84	0.40±0.56	48.62	3.56	<0.0001

5) A total mean score of 30 patients before treatment was found to be 11.73 and after treatment, the total mean score was reduced to 3.10. The difference between BT and AT was significant. Table No.6 shows that *Amrutadi Kwath* provides highly significant relief ($p < 0.0001$) i.e. 73.58% in total score of the patients.

DISCUSSION

Urticaria/ *Sheetapitta* is a disease characterized by red rashes with severe

itching. Though the disease is not a life-threatening condition, it makes worried the patient due to its appearance, severe itching disturbing routine and chronic nature. According to the observations mentioned in Table no.3

applying statistical tests to the assessment parameters (variables) mentioned above. According to the Wilcoxon Signed Rank test applied to each subjective criteria of assessment, *Amrutadi kwath* was found to be significantly effective in treating all the symptoms of *Sheetapitta* as per Table no.5.

1) *Mandagni* is the root cause of all diseases and *Vishamagni* indicates *Vata* dominance. These leads to *Kapha prakopa* and *Vataprakopa* respectively, which are initiators of the pathogenesis of *Sheetapitta*.



2) Incidence of *Sheetapitta* / Urticaria in three types of *Sharira Prakritis* (60%) it mostly leads to *Kapha* and *Vata prakopa*, which are initiators of the pathogenesis of *Sheetapitta*. Short term exposure to etiological factors can cause the sudden manifestation of the disease in this *prakriti* group.

3) In symptoms excellent to Moderate results were observed in *Varatidanshta Samsthana Shotha, Kandu, Toda, Daha, Jwara, and Chardi*. Among all the symptoms of *Sheetapitta, Chardi, and Jwar* were relieved completely, this may be due to *Kaphapittaghna, Raktashodhak, Deepan, Pachana* properties of *Amrutadi kwath*.

CONCLUSION

The above discussion indicates that *Mandagni* and *vishmagni* persons were mostly affected by the disease. *Sheetapitta* is more incident in *Vaat-Kaphapradhan, Kapha-Vatpradhan & Pitta-Vatapradhan Prakriti*.

Ingredients of *Amrutadi Kwath* have *Tridosha shamak, Vatapittaghna, Raktashodhak, Kandughna, Twakdoshahar* action. It purifies the *rasa, rakta dhatu*, and strengthens the *twacha* (Skin) by their *varnya* and *prasadana* activity. Thus we can conclude that *Amrutadi kwath* works

excellently on *Sheetapitta vyadhi*. This research will be one of the pieces of evidence to support the management of *Sheetapitta* for Ayurvedic practice.

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Amrutadi kwath Ingredients were authenticated in teaching Pharmacy of S.G.R.A.M. Solapur, Maharashtra.



REFERENCES

1. Acharya Madhavakara, Madhavnidanam
Translated by Acharya Narendranath
Shastri, Motilal Banarasidas Publication.
Chapter 50/1, 638p.
2. Acharya Madhava, Madhavnidan
Translated by Acharya Narendranath
Shastri, Motilal Banarasidas Publication.
Chapter 50/3-4, 639p.
3. Yogratnakar, Translated by vaidya Shri
laxmipati Shastri (Reprint edition 2015),
Chaukhambha Prakashan,
Uttaraardha,Udardasheetapittadi chikitsa
Chapter /14-15, 236p.
4. Acharya Chakrapani, Chakradatta
Translated by Pandit Jibanand
vidyasagar, IInd Eddition , Saraswati press
Publication 1988. Chapter Visarp visphot
chikitsa/20,312p.
5. Acharya Sharandhar,Sharangdhar
Samhita Translated by Dr. Bramhanand
Triphathi, Choukhamba surbharati
Publication ,Varanasi, Madhyamkhand
Chapter 2/1, 90p.