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## The Effect Of *Amruta Rajanyadi Kashaya* In The Management Of The *Sheet Pitta*– A Controlled Comparative Clinical Studies

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**ABSTRACT:** According to Ayurveda *sheetpitta* is *tridoshaj vyadhi* and also described as skin problems due to etiological factors vitiation of *Kapha and Vata* take place and combine with *pitta* spread out in whole body externally and internally (*rasa and raktavaha shrotodusti*) leads to *twak vaigunya* produces symptoms like *Toda, Kandu, Daha, Sotha, and Mandalotpatti*. In Ayurveda, it is described under the concept of *satmyasatmya*. It is due to *Asatmya Ahar Vihar* and poisonous materials. In modern medicine, *sheetpitta* is described as an allergy or urticaria. Urticaria of fewer than six weeks duration is called acute urticaria and more than six weeks is called chronic urticaria. *Shaman chikitsa* is the best remedy for better management of *sheetpitta*. Hence study is aimed to check the efficacy of *Amruta Rajanyadi Kashaya* in *Sheetpitta* (Urticaria).

**Methods:** In this present study *Yastyadi yoga* and *Amruta Rajanyadi Kashaya* as an oral drug (*abhyantar chikitsa*) was selected. The study was designed as Randomised Controlled Comparative Study. Comparative clinical study for 30 days was conducted consisting of 40 patients forming two groups of 20 each, randomly selected with inclusive criteria. In group A *Yastyadi Yoga* and in group B *Amruta Rajanyadi Kashaya* was given one month.

**Results:** The effect of therapy in both groups was assessed by the prepared scale. There was no adverse effect noticed during the study. Data regarding nidan signs and symptoms were observed carefully to get an idea about *samprapti* of disease.

**Interpretation & conclusion:** Both groups showed significant results in decreasing symptoms of *sheetpitta* but *Amruta Rajanyadi Kashaya* showed statistically significant relief in *Kandu, Toda, Mandlotpatti* and Frequency of attack than *Yastyadi Yoga*.

**Keywords:** *Sheetpitta, Ayurveda, Urticaria, Amruta Rajanyadi Kashaya, Yastyadi Yoga*

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## INTRODUCTION:

Ayurveda is a science which deals with healthy life and definition is *Dosh, Dhatu* and *Mala* are considered as the responsible factors for the normal maintenance of health.<sup>1</sup>As per Ayurvedic concept *sheetpitta* is *Tridoshaja Vyadhi*. Initially after *nidan sevana*(etiological factors) vitiation of *Kapha* and *Vata* takes place and start to spread out in whole body both externally and internally causes *dusti*(pathogenesis) of *rasa* and *rakta datu* and *rasavaha* and *raktavaha shrotodusti* occurs these on reaching to *twaka vaigunya*<sup>2</sup>and it produces symptoms like *Toda, Daha, Kandu, Mandalotpati, Shotha* etc.<sup>3</sup>But in *sheetpitta Pradhan dosha* is *Vata*and *pitta*.<sup>4</sup>In Ayurveda *Sheetpitta* described under the concept of *Satmyasatmya*.In Modern medicine *Sheetpitta* is described as Allergy or

Urticaria. It is described under Skin Disease. Urticaria (chronic, acute, or both) affects 15 – 25% of the population get affected at leastone time in their lives. Acute urticaria is higher in people with genetic tendency to develop allergic diseases, and the condition occurs most commonly in children and young adults. Some patients can have urticaria and angioedema both, occurring at the same time or separately. Approximately 50% of patients have both urticaria and angioedema, whereas 40% have urticaria alone, and 10% have angioedema alone.<sup>5</sup>

The drug selected under the study *Amruta Rajanydi Kashaya* is described in *Sahasrayogam* which contains *Amruta, Haridra, Nimba, Yawasa, Argwadha, Mustha, Haritki, Amalki, Vasa*.Most of the drugs are *Tikta – Kashaya Rasa pradhan,*

*Guna-Guru, Laghu, Ruksha, Veerya-Sheeta veerya pradhana, Vipaka-Madhura and Doshagnata: Tridhoshaghna and Kapha pitta shamak* which act against *Srotoavarodha,* and *varnya prasadha, pittavirechak* and also have specific role in management of *Mandagni*.

The drug selected as a control is *Yastyadi Yoga* described in *Yogratnakar* which contains *Madhu Yasti, Madhuka, Rasna,* Red Sandal Wood, White Sandal Wood, *Nirgundi, Pipali* having *Agnideepak, Kapha pitta shamak*.

**Table 1: Sampraptighatak of sheetpitta**

1	<i>Dosha</i>	<i>Tridosha</i>
2	<i>Dushya</i>	<i>Rasa, Rakta</i>
3	<i>Srotas</i>	<i>Rasavaha ,Rakthavaha</i>
4	<i>Agni</i>	<i>Mandagni</i>
5	<i>Sroto Dusti Prakara</i>	<i>Vimargaman</i>
6	<i>Udhabhav Sthana</i>	<i>Amashaya</i>
7	<i>Sanchar Sthana</i>	<i>Tiryak Sarira, Rasa, Raktavaha srotasa</i>
8	<i>Vyakti Sthana</i>	<i>Tvaka</i>
9	<i>Svabhava</i>	<i>Ashukari</i>
10	<i>Vyadhimarga</i>	<i>Bahaya</i>

### AIM AND OBJECTIVES:

1) To evaluate the efficacy of *Amruta Rajanyadi Kashaya* and *Yastyadi Yoga* in *Sheetpitta*.

2) To compare efficacy of both drugs.

### MATERIAL AND METHODS:

The grouping and management details were provided in Table-2. Total of 40 patients between the age group of 16 to 60 years,

fulfilling the criteria for the diagnosis of *Sheetpitta* were registered and randomly divided into two groups. In group A-20 patients and group-B 20 patients were registered. The patients were selected from the OPD of Kaychikitsa of Dhanvantari Ayurved College and Research Centre, Siddhapur U.K. Karnataka.

**Criteria for selection of patients:****Inclusion Criteria**

Patient(s) of both sexes were selected presenting with clinical signs and symptoms of *sheetpitta*. Patient(s) of both sexes in the age group of 16 – 60 years were taken and routine investigations are done. Patient(s) diagnosis with a classical signs and symptoms of *Sheetpitta*. The diagnosis was based on classical features of *Sheetapitta* vis-à-vis chronic urticaria.

(1)*VartiDamsthavat(Mandal)*  
 (2)*Shotha*(swelling) (3)*Kandu* (itching)  
 (4)*Toda* (pricking pain) (5)*Vidaha* (burning sensation) With or without (6)*Chardi* (vomiting) (7)*Jwara* (fever) (8)*Aruchi* (anorexia) and (9)*Pipasa* (Thurst).

**Exclusion criteria**

- Subjects suffering from uncontrolled diabetes mellitus (>200mg/dl), uncontrolled hypertension (systolic>160mm Hg and diastolic > 90mmHg) and other systemic disorders which interfered with the course of intervention were excluded.
- Pregnant women and lactating mothers were excluded.
- Patients below 16 years and above 60 years.

- Patients having any major associated systemic illness.
- Hypersensitivity reactions
- Allergic contact dermatitis
- Patients with secondary systemic involvement like diabetes mellitus / HIV/HBsAg)

**Investigations**

CBC, ESR, Absolute Eosinophil Count (AEC).

**Drug Detail****Composition of *Amruta Rajanyadi Kashaya*<sup>6</sup>**

*Amruta (Tinospora Cardifolia), Haridra (Curcuma longa linn), Nimba (Azadirachta Indica), Yawasa (Alhagi Camelorum Fisch), Argwadha (Cassia Fisutula), Mustha (Cyperus Rotundus linn), Haritki (Terminalia Chebula), Amalki (Emblica Officinalis Gaertn ), Vasa (Adhatoda Vasica Ness)* taken in equal quantity.

**Composition of *Yastyadi Yoga Kashaya*<sup>7</sup>**

*Madhu Yasti (Glycyrrhiza Glabra Linn), Madhuka (Madhuca Indica ), Rasna (Pluchea Lanceolata), Red Sandal Wood (Petrocarpus Santalinus), White Sandal*

*Wood (Santalum Album Linn) , Nirgundi (Vitex Negundo Linn), Pipali (Piper Longum Linn)* taken in equal quantity.

**ASSESSMENT CRITERIA**

Patients were examined weekly. Changes in patient status were noted and following points were taken into consideration for the assessment result. The effect of the drugs under trial was based mainly on the improvement in the cardinal signs and symptoms of disease. The subjective improvement was assessed on the basis of symptoms like *Toda, Kandu, Daha*<sup>8</sup> while objective improvement was assessed on the basis *Vaivarnya*<sup>9</sup> *shotha, Mandalotpatti*, Frequency of attack<sup>10</sup>.

**a) Toda (Pricking pain)**

Grade 0      No *Toda*  
 Grade 1      Mild *Toda*  
 Grade 2      Moderate *Toda*  
 Grade 3      Unbearable      disturbing  
 routine

**b) Kandu (Itching)**

Grade 0      No *Kandu*  
 Grade 1      Mild *Kandu*

Grade 2      Moderate *Kandu*  
 Grade 3      Unbearable      disturbing  
 routine

**c) Daha (Burning)**

Grade 0      No *Daha*  
 Grade 1      Mild *Daha*  
 Grade 2      Moderate *Daha*  
 Grade 3      Severe disturbing routine

**d) Mandalopatti (Varti Damsthan)**

Grade -0 - No *Mandalopatti*  
 Grade 1      ≤10 of skin involvement  
 Grade 2      11 – 50 of skin involvement  
 Grade 3      >50 of skin involvement

**e) Vaivarnya (discolouration)**

Grade 0      No discoloured rashes  
 Grade 1      pinkish discoloured rashes  
 Grade 2      Light red discoloured rashes  
 Grade 3      Dark red discoloured rash

**(f)Shotha (Swelling)**

Grade 0	No
Grade 1	0 to 1mm
Grade 2	1 to 2mm
Grade 3	more than 3 mm

Symptom scoring was calculated before and after treatment through statistical analysis and percentage of relief was noted to assess the efficacy of therapy. The obtained results were interpreted on the basis of paired “t” test.

**Assessment of total effect of therapies**

**f) Frequency of Attack**

Grade 0	No
Grade 1	Once a week
Grade 2	2 to 3 times a week
Grade 3	Always

- 1) Complete remission -100%
- 2) Marked improvement -76 to 99%
- 3) Moderate improvement-51 to 75%
- 4) Mild improvement -25 to 50 %
- 5) No improvement-below 25%

**Table 2: Grouping and management:**

	<i>Yatyadi Yoga</i> (Group-A)	<i>Amrita Rajanyadi Kashaya</i> (Group-B)
Dose	48 ml twice a day	48 ml twice a day
Duration	30 days	30 days
<i>Anupan</i>	<i>Sukhosna jala</i>	<i>Sukhosna Jala</i>

**Table 3: Age Wise Analysis**

<b>Age Wise Analysis</b>				
<b>Age Group (yrs)</b>	<b>Group A</b>	<b>Group B</b>	<b>Grand Total</b>	<b>% age</b>
20 – 30	8	6	14	35
31 – 40	4	5	9	22.5
41 – 50	7	8	15	37.5
51 - 60	1	1	2	5
61 – 70			0	0
<b>Total</b>	<b>20</b>	<b>20</b>	<b>40</b>	<b>100</b>

**Table 4: Chronocity Wise Distribution**

<b>Chronocity Wise Distribution</b>				
<b>Chronicity</b>	<b>Group A</b>	<b>Group B</b>	<b>Grand Total</b>	<b>%age</b>
2 – 6 months	10	9	19	47.5
7 – 12 months	2	5	7	17.5
1 – 2 years	8	6	14	35
<b>Grand Total</b>	<b>20</b>	<b>20</b>	<b>40</b>	<b>100</b>

**Table 5: Observation of *Nidanasevan* in patient of *sheetpitta***

Observation	Number of patients Group-A	Group-B	Total	%
<i>Ati sheetal jal</i>	4	7	11	27.5
<i>Katu rasa</i>	8	7	15	37.5
<i>Tikta rasa</i>	1	1	2	5
<i>Kashaya rasa</i>	0	0	0	0
<i>Ruksha</i>	1	0	1	2.5
<i>Amla rasa</i>	1	4	5	12.5
<i>Ati lavan</i>	5	7	12	30
<i>Virudha ahar</i>	8	10	18	45
<i>Tikshana ahar</i>	0	0	0	0
<i>Jaggery</i>	1	4	5	12.5
<i>Adhyashan</i>	5	3	8	20
<i>Guru ahar</i>	2	2	4	10
<i>Snigdha ahar</i>	2	6	8	20
<i>Sheeta ahar</i>	1	0	1	2.5
<i>Madhur</i>	3	4	7	17.5
<i>Dadhi</i>	11	10	21	52.5
<i>Santarpanjany ahar</i>	3	2	5	12.5
<i>Vegaavrodha</i>	6	4	10	25
<i>Shoka</i>	0	4	4	10
<i>Abhighataj</i>	1	1	2	5
<i>Ati vyayam</i>	1	1	2	5
<i>Atap</i>	2	1	3	7.5
<i>Krodha</i>	11	8	19	47.5



<i>Chinta</i>	4	2	6	15
<i>Upvas</i>	2	4	6	15
<i>Daha</i>	1	0	1	2.5
<i>Avyayam</i>	5	7	12	30
<i>Divaswapna</i>	8	9	17	42.5

**Table 6: Observation of chief complaints in patients of *Sheetpitta***

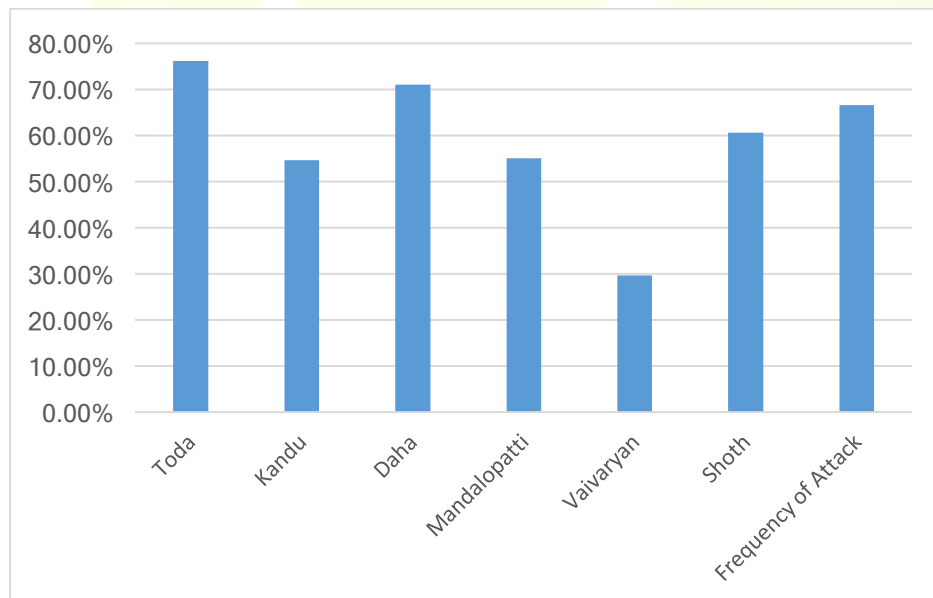
Chief complaints	Group-A	Group-B	Total	%
<i>Toda</i>	20	20	40	100
<i>Kandu</i>	20	20	40	100
<i>Daha</i>	20	20	40	100
<i>Mandalotpatti</i> ( <i>Vartidamsta samstha</i> )	20	20	40	100
<i>Vaivarnya</i>	16	17	33	82.5
<i>Sotha</i>	17	18	35	87.5
Frequency of attack	20	20	40	100

**Table 7-A: Effect of *Yastyadi Yoga Kashaya* in patient of *Sheetpitta***

Group – A										
	Parameter	Mean		MD	S.D	S.E	D F	t	P	Remark(s)
		BT	AT							
Parameter (s)	<i>Toda</i>	2.10	0.50	1.60	0.60	0.13	19	11.96	< 0.001	HS
	<i>Kandu</i>	2.65	1.20	1.45	0.69	0.15	19	9.45	< 0.001	HS
	<i>Daha</i>	1.90	0.55	1.35	0.59	0.13	19	10.28	< 0.001	HS
Parameter (o)	<i>Mandalotpatti</i>	2.00	0.90	1.10	0.72	0.16	19	6.85	< 0.001	HS
	<i>Vaivarnya</i>	1.35	0.95	0.40	0.60	0.13	19	2.99	< 0.001	HS
	<i>Shoth</i>	1.65	0.65	1.00	0.79	0.18	19	5.63	< 0.001	HS
	Frequency of Attack	2.70	0.90	1.80	0.83	0.19	19	9.66	< 0.001	HS

**Table 7-B: Effect of Yastyadi Yoga Kashaya in patient of Sheetpitta**

Group – A					
	Parameter	Mean		MD	% Improvement
		BT	AT		
Parameter (s)	<i>Toda</i>	2.10	0.50	1.60	76.19 %
	<i>Kandu</i>	2.65	1.20	1.45	54.72%
	<i>Daha</i>	1.90	0.55	1.35	71.05%
Parameter (o)	<i>Mandalotpatti</i>	2.00	0.90	1.10	55.00%
	<i>Vartidamsta</i>	1.35	0.95	0.40	29.63%
	<i>Shoth</i>	1.65	0.65	1.00	60.61%
	Frequency of Attack	2.70	0.90	1.80	66.67%

**Fig.1: Improvement in Sign and Symptoms of Sheetpitta of Group A**

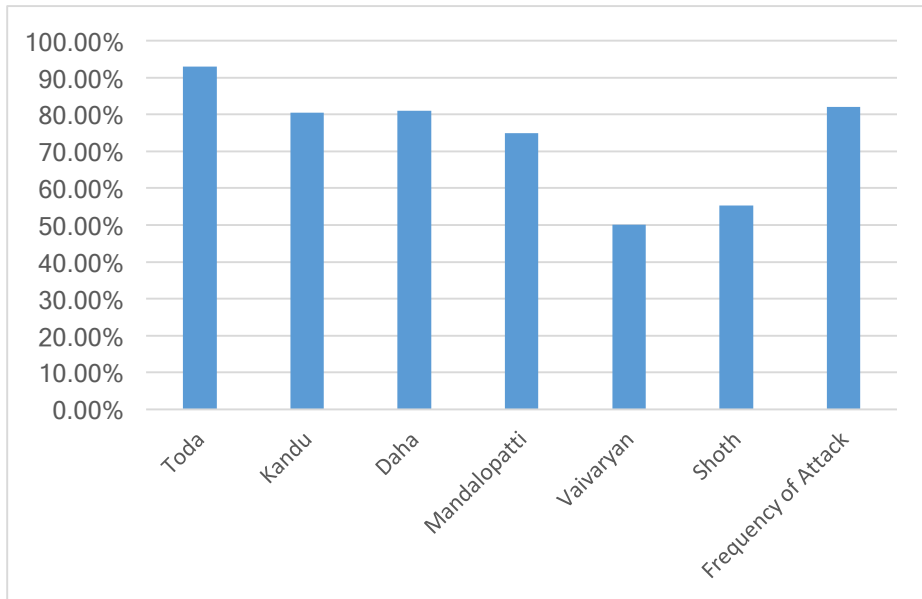
**Table 8-A: Effect of *Amrita Rajnyadi Kashaya* in Patient of *sheetpita***

Group – B										
	Parameter	Mean	MD	S.D	S.E	DF	T	P	Remark(s)	
		BT	AT		+/-	+/-				
Parameter (s)	<i>Toda</i>	2.15	0.15	2.00	0.73	0.16	19	12.33	< 0.001	HS
	<i>Kandu</i>	2.55	0.50	2.05	0.51	0.11	19	17.96	< 0.001	HS
	<i>Daha</i>	1.85	0.35	1.50	0.89	0.20	19	7.55	< 0.001	HS
Parameter (o)	<i>Mandalotpatti</i>	2.00	0.50	1.50	0.61	0.14	19	11.05	< 0.001	HS
	<i>Vaivarnya</i>	1.50	0.75	0.75	0.79	0.18	19	4.27	< 0.001	HS
	<i>Shoth</i>	1.90	0.85	1.05	0.94	0.21	19	4.97	< 0.001	HS
	Frequency of Attack	2.50	0.45	2.05	0.76	0.17	19	12.08	< 0.001	HS

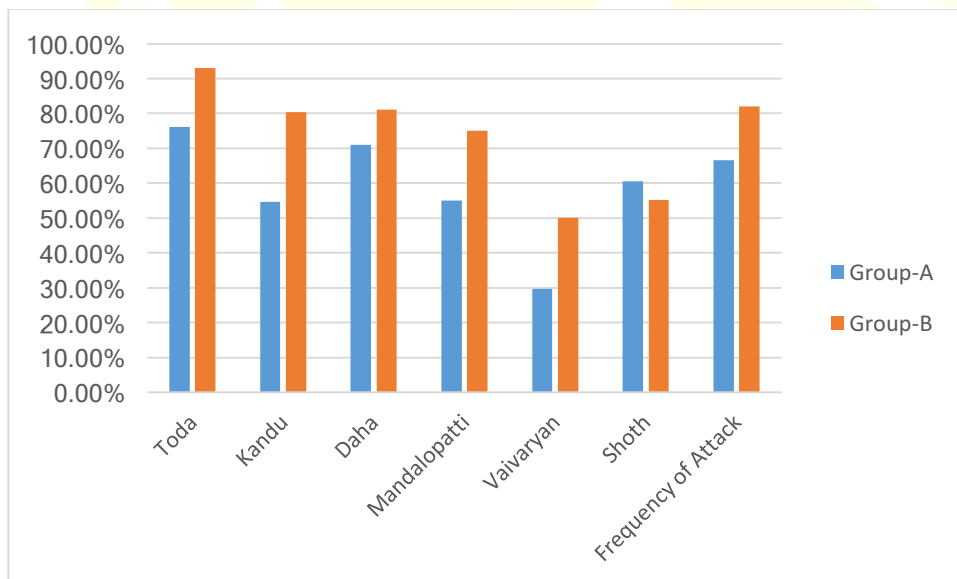
**Table 8-B: Effect of *Amruta Rajanyadi Kahsaya* in Patient of *sheetpita***

Group – B					
	Parameter	Mean		MD	% Improvement
		BT	AT		BT-AT/BT*100
Parameter (s)	<i>Toda</i>	2.15	0.15	2.00	93.02 %
	<i>Kandu</i>	2.55	0.50	2.05	80.39%
	<i>Daha</i>	1.85	0.35	1.50	81.08%
Parameter (o)	<i>Mandalotpatti</i>	2.00	0.50	1.50	75.00%
	<i>Vaivarnya</i>	1.50	0.75	0.75	50.00%
	<i>Shoth</i>	1.90	0.85	1.05	55.26%
	Frequency of Attack	2.50	0.45	2.05	82.00%

**Fig.2: Improvement in Sign and Symptoms of *Sheetpitta* of Group B**



**Fig.3 Comparative improvement in Sign and Symptoms of *Sheetpitta***



**Table 9: Stastical effect of Group A on Group B by unpaired “t” test**

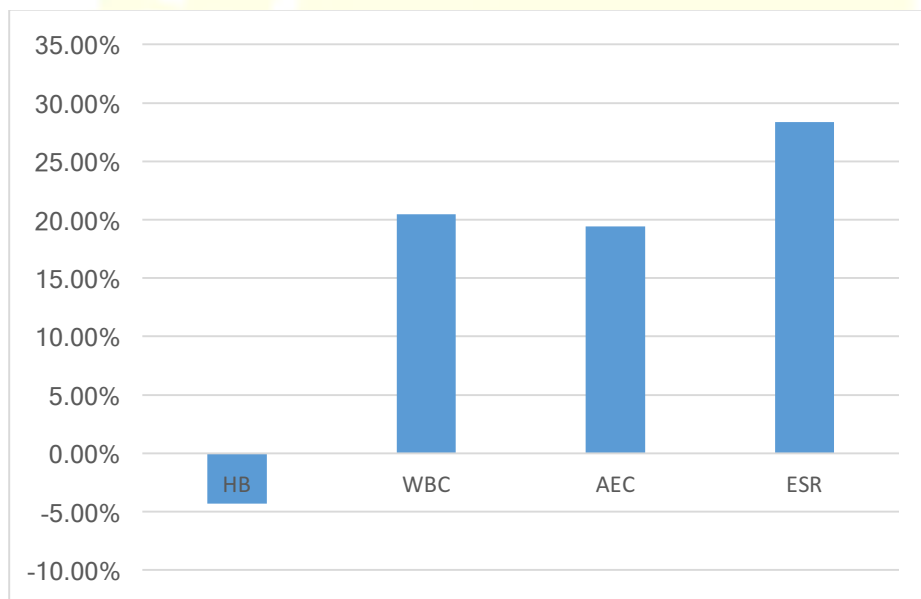
Unpaired t – Test										
Parameter(s)	Group A			Group B			D F	T	P	Remark(s) )
	N	MD	SD	N	MD	SD				
<i>Toda</i>	20	1.60	0.60	20	2.00	0.73	38	2.21	< 0.05	SS
<i>Kandu</i>	20	1.45	0.69	20	2.05	0.51	38	4.27	< 0.05	HS
<i>Daha</i>	20	1.35	0.59	20	1.50	0.89	38	1.15	> 0.05	NS
<i>Mandalotpattii</i>	20	1.10	0.72	20	1.50	0.61	38	2.37	< 0.05	SS
<i>Vaivarnya</i>	20	0.40	0.60	20	0.75	0.79	38	0.82	> 0.05	NS
<i>Shoth</i>	20	1.00	0.79	20	1.05	0.94	38	0.94	> 0.05	NS
Frequency of Attack	20	1.80	0.83	20	2.05	0.76	38	2.46	< 0.05	SS

**Table 10-A: Biochemical parameter statistical analysis by paired t-test in Group-A**

Investigation	Mean		MD	D F	S. +/-	S.E +/-	T	P	Remark(s)
	BT	AT							
HB	12.06	12.58	-0.51	19	0.53	0.12	-4.35	<0.001	HS
WBC	9720.00	7730.00	1990.00	19	1688.01	377.45	5.27	<0.001	HS
AEC	214.85	173.10	41.75	19	45.62	10.20	4.09	<=0.001	HS
ESR	30.30	21.70	8.60	19	6.76	1.51	5.69	<0.001	HS

**Table 10-B: Improvement in Biochemical parameters (%) in Group-A**

Group – A				
Investigation	Mean		MD	% Improvement
	BT	AT		$\frac{BT-AT}{BT} \times 100$
HB	12.06	12.58	-0.51	-4.31%
WBC	9720.00	7730.00	1990.00	20.47%
AEC	214.85	173.10	41.75	19.43%
ESR	30.30	21.70	8.60	28.38%

**Fig.4: Improvement in Biochemical parameters(%) in Group-A**

**Table 11-A Biochemical parameter statistical analysis by paired t-test in Group-B**

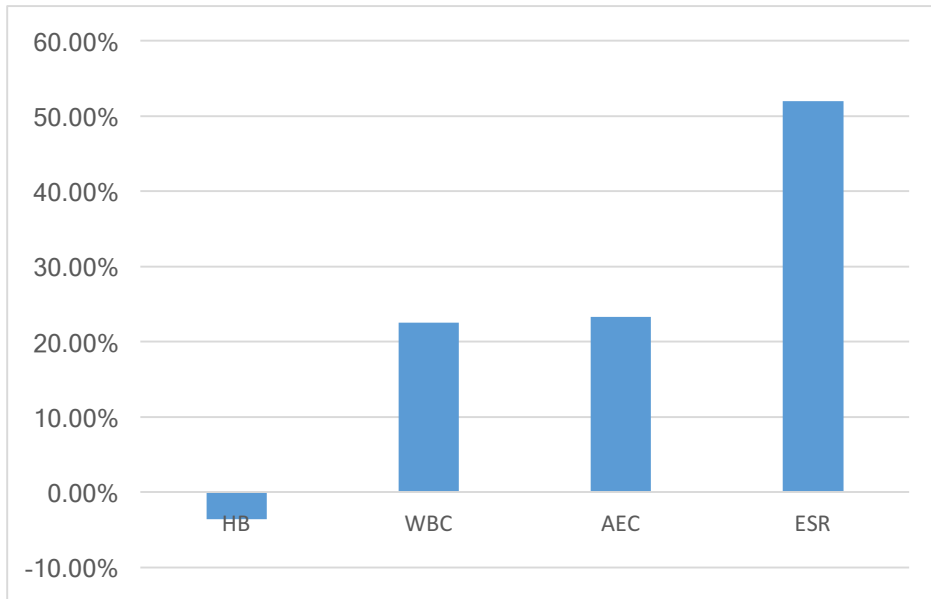
Investigation	Mean		MD	DF	S.D	S.E	T	P	Remark(s)
	BT	AT							
HB	12.70	13.15	-0.46	19	0.47	0.11	-4.30	< 0.001	HS
WBC	9555.00	7400.00	2155.00	19	1968.83	440.24	4.90	< 0.001	HS
AEC	225.20	172.70	52.50	19	55.14	12.33	4.26	< 0.001	HS
ESR	33.95	16.30	17.65	19	13.48	3.01	5.86	< 0.001	HS

**Table 11-B: Improvement in Biochemical parameters(%) in Group-B**

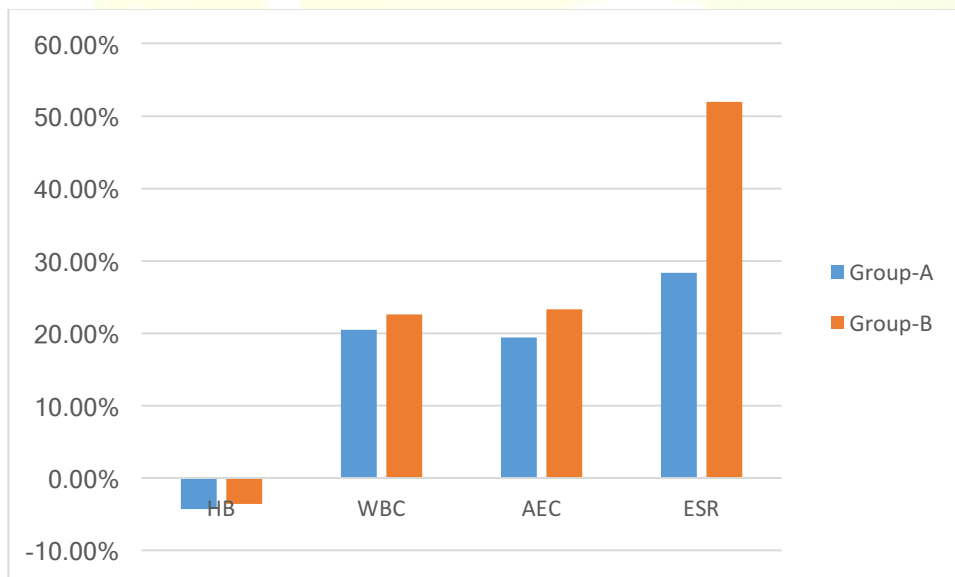
Group – B				
Investigation	Mean		MD	% Improvement
	BT	AT		
HB	12.70	13.15	-0.46	-3.54%
WBC	9555.00	7400.00	2155.00	22.55%
AEC	225.20	172.70	52.50	23.31%
ESR	33.95	16.30	17.65	51.99%



**Fig.5: Improvement in Biochemical parameters(%) in Group-B**



**Fig.6: Comparative Improvement in Biochemical parameter of Sheetpitta**



### Unpaired t Test

**Table 12 Biochemical parameter Statistical Analysis - Unpaired t-test**

Unpaired t – Test										
Investigation	Group A			Group B			D F	T	P	Remark(s)
	N	M D	SD	N	MD	SD				
HB	20	- 0.515	0.52942	20	- 0.455	0.47292	38	0.9887	> 0.05	NS
WBC	20	1990	1688.00723	20	2155	2336.99650	38	0.6442	> 0.05	NS
AEC	20	41.75	45.61610	20	52.5	65.13961	38	0.0248	> 0.05	NS
ESR	20	8.6	6.76212	20	17.65	13.48010	38	2.0747	<0.05	SS

**Table 13 Overall effect of therapy**

Criteria	Effect of therapy			
	Group A		Group B	
	N	%	N	%
Complete remission	1	5	2	10
Marked Improvement	8	40	13	65
Moderate improvement	2	10	4	20
Mild improvement	7	35	1	5
No improvement	2	10	0	0

## OBSERVATIONS AND RESULTS

Age wise analysis (Table.3), Chronocity wise distribution (Table.4), Observation on *Nidan sevan* (Table.5), Observation of chief complaints (Table.6), effect of *Yastydi yoga Kashaya* (Table.7-A), effect of *Yastydi yoga Kashaya* (Table.7-B), effect of *Amrita rajanyadi kashaya* (Table.8-A), effect of *Amrita rajanyadi kashaya* (Table.8-B), effect of Group A on Group B (Table.9), Biochemical parameter analysis of Group-A (Table.10-A), Biochemical parameter analysis of Group-A (Table.10-B), Biochemical parameter analysis of Group-B (Table.11-A), Biochemical parameter analysis of Group-B (Table.11-B), Biochemical parameter analysis of Group-A on Group-B (Table.12) and overall effect of therapy (Table.13) mentioned in respective tables, Improvement in Sign and Symptoms of *Sheetpitta* of Group A (Fig.1), Improvement in Sign and Symptoms of *Sheetpitta* of Group B (Fig.2), Comparative improvement in Sign and Symptoms of *Sheetpitta* (Fig.3), Improvement in Biochemical parameters(%) in Group-A (Fig.4), Improvement in Biochemical parameters(%) in Group-B (Fig.5),

Comparitive Improvement in Biochemical parameter of *Sheetpitta* (Fig.6)

## DISCUSSION

*Sheetapitta* is a disease that disturbs the day today activity of an individual. It is a *Tridoshaj vyadi (Vata- Pitta Pradhan)*. In India where middle class and service class majority of the population get affected. It is not a life-threatening disorder, but due to its appearance, severe itching disturbing routine and chronic in nature. The disorder is relatively mild, recurrent, and frustrating for patients and physicians. Due to disability and distress caused by urticaria can lead to serious impairment of life. The cases are chronic in nature from 2 to 6 moths and 1 to 2 years (shown in table.4). *Sheetpitta* can be correlated with urticaria as they having similar symptomatology i.e *Vartidamstha Samsthana Sotha* means nettle rash with swelling, *Kandu* meaning Itching, etc.<sup>11</sup>

As per *Ayurveda sheetpitta nidan* given in the above table which can be correlated with urticaria cause is a food allergy. The case of *sheetpitta* is more in mid-age group (41-50 years) which mentioned in urticaria. Most of the patient ESR elevated. Hence we can compare *sheetpitta* with urticaria. Modern medicine can provide symptomatic

relief and cannot cure permanent. Because of this patients have to take medicine for longer duration which may have side effects. Ayurveda can provide a permanent cure for it. The *sheetpitta* is due to *Amotapatti*. Due to *Nidan Sevan jathragni mandya* and *Rasdhatu agnimandya* lead to *Ama* formation and it causes *Rasvaha* and *raktvaha shrotodusti*. Due to *shrotodusti* and *Twaksthane Khavagunya* give rise to *sheepitta* symptoms.

*Sheet-Pitta* is a disease that is not stated in *Brihatrayee*, but the word *Kotha*, *Mandal*, *Raktakotha*, and *Udard* word used as a symptom for many diseases. In *Charak* and *Sushruta Samhita* in *vish chikitsa* and *keet Kalpa* chapter respectively description of *sheetpitta* as a *kotha* is given. First-time *Astang Hrudya Kotha* and *Udard* mentioned separately under the *Kshudra Roga* chapter.<sup>12</sup> *Acharya Madhav* has given *Sheetpitta-Udard Kotha Nidanam* as a separate chapter.

### **Probable mode of action of *Amruta rajanyadi Kashaya***

*Amruta rajanyadi Kashaya* is *Tikta-Kashaya Rasa pradhan*, *Guna-Guru*, *Laghu*, *Ruksha*, *Veerya-Sheeta*, *Vipaka-Madhura*, and *Doshaghnata: Tridhoshaghn*

*a* and *Kaphapitta shamak*. *Tikta* and *kashaya Rasa* are *Pitta Shamak* and also subsides *Kapha Dosha*. While due to *Madhur vipaka* leads to soothing effect and enhance strength and pacify *Pitta* and *Vata*.

According to *Charak Samhita*, *Tikta Rasa* having properties like *Vishaghna*, *Krimighna*, *Murchahar*, *Dahakar*, *Kanduhar*, *Tishnashamak*, *Jwaraghna*, *Agnideepan*, *Pachan*, and *Pitta Sleshma upasoshana*<sup>13</sup> *Kashaya Rasa* is *Sanshaman*, *Sandhankarak*, *Ropan*, *Soshan* and *Kapaha*, *Pitta* and *Rakta shamak*.<sup>14</sup> In *Sheetpitta Mandagni* leads to *amotpatti* and *ras* and *raktvaha shrotodusti*. *Tikta Rasa* drugs cause *agnideepan* and *pachan* of *Ama* and *kasay rasa* will absorb the *kleda* from *srothas*. *Madhura Vipaka* causes *Vata shaman* and *Varnya prasadhak* role and pacify symptoms like *Toda*, *Kandu*, *Daha*, *Mandalotpatti*. *Haritaki* is *deepan* and *pachan* and *vatanulomak*<sup>15</sup> and also anti-inflammatory, antioxidant and antimicrobial property<sup>16</sup>. *Mustha* is *agnideepan*, *ampachak*<sup>17</sup> and anti-inflammatory, antidiarrheal, antipyretic<sup>18</sup>. Both are *agneedeepan* and *pachak* will cure *mandagni*. *Argwadha* is *Mrudu virchak*, *sothahar*, *pitta shamak*<sup>19</sup> and antipyretic, anti-inflammatory, anti-allergic

properties<sup>20</sup>. *Amruta* is *kapha pittashamak* and *rakta shodhak*<sup>21</sup> and antipyretic, anti-inflammatory, analgesic, ant-allergic, antioxidant and immunomodulatory properties<sup>22</sup>. *Vasa* is *pitta shamak*, *rakta shodhak*<sup>23</sup> and antipyretic, antimicrobial, anti-inflammatory property and reduce oedema<sup>24</sup>. Hence both having *rakta shodhak* and *pittahar* properties will act on *raktavaha srotasa*. *Haridra* is *kaphavata shamak* and *pittarechak*, *krimighna*, *vranaropak*<sup>25</sup> and anti-inflammatory, analgesic properties<sup>26</sup>. *Nimba* is *krimighna* and *raktashodhak*, *dahaprashaman*<sup>27</sup> and anti-inflammatory, analgesic, anti-allergic properties have a great to play in this disorder<sup>28</sup>. *Amalki* is *tridoshshamak*, *dahaprashaman*<sup>29</sup> and anti-inflammatory, antioxidant, immunomodulatory properties control *Daha* due to its cooling properties<sup>30</sup>. *Yawas* is *Vata pittashamak*, *sothhar*<sup>31</sup> and analgesic, anti-inflammatory and anti-allergic properties<sup>32</sup>.

### **Probable mode of action of *Yasyadi Yoga Kashaya***

*Yasyadi Yoga Kashaya* is *Madhur-Tikta Rasa Pradhan*, *Guna-Guru Pradhan*, and *snigdha*, *laghu* and *Ruksha*, *Veerya-Sheeta*, *Vipaka-Katu*, *Doshagnata-Vata Kapha shamak*. *Madhur* and *Tikta Rasa* which is

*Pittashamak* and *Kaphashamak*. *Tikta rasa* is *deepan* and *pachan* property and *Madhur rasa* is *Balya* and *varnya* property<sup>33</sup>. In *samprapti* of *sheetpitta Mandagni* leads to *Ama* formation *pipali* is the best medicine for *Amapachan* and alleviates the *shrotorodha* by *Katu rasa (Vipak)*. Due to *Sheet veerya* it counteract the *teekshna guna* of vitiated *pitta*.<sup>34</sup> *Pippali* is anti-inflammatory, rejuvenating properties<sup>35</sup>. *Rakta Chandan* and white *Chandan* are *Daha prashaman*, *raktashodha*, *sothahar*<sup>36</sup>, and anti-inflammatory, analgesic properties<sup>37</sup>. *Madhuka* is *vatapitta shamak*, *daha prashman*<sup>38</sup> and anti-inflammatory, analgesic, reduces swelling, antioxidant properties<sup>39</sup>. *Rasna* is *Vata shamak* and *Ama pachak*<sup>40</sup> and antipyretic, anti-inflammatory effect<sup>41</sup>. *Madhuyasti* is *varnya*, *kandughna*, *dhahashamak*, *sothahar*<sup>42</sup> and anti-inflammatory, antibiotic, antiulcer effects<sup>43</sup>. *Nirgundi* is *Vatakapha shamak*, *Krimighna* and *Vishgna*, *sothhar*<sup>44</sup> and analgesic, anti-inflammatory, anti-histaminic and antipyretic properties<sup>45</sup>.

According to *Yogratnakar Sukhosnajala (Usnodak)* is *Kapha*, *Meda*, *Vayu* and *Amadosha nashak*<sup>46</sup> and in *sheetpitta mandagni* leads to *amdosha* is

main *samprapti ghatak*. Also shows better results in elevated ESR<sup>47</sup>. Hence it is concluded that it is beneficial in this disease.

### Effect of therapy

*Amrutara Rajanyadi Kashaya* (Group-B) shows better results in symptoms such as *Toda, Kandu, Mandalotpatti* and Frequency of attack. It also shows better results in *malpravrutti* (expulsion of stool) than group A.

### CONCLUSION

*Sheetpitta* showed a direct impact on *Annavahsrotas* (*Agnimandya*).

*Agnimandya* was present in the majority of patient. In Ayurveda *Sheetpitta* mention as *Twak Vaigunya* while in Modern it is mention as Skin diseases. A present lifestyle that has distributed food habits like *Virudha Anna, Adhyashan, Dadhi, Madhur ahar, Vegadharna, Krodha, divaswapna* give rise to *Mandagni* leads to *Rasvaha* and *Raktavaha Srotodusti* and finally give rise to *Sheetpitta*. *Amruta Rajanyadi Kashaya* showed a better results. *Amruta Rajanyadi Kashaya* showed better results in ESR. Both drugs had no side effects during treatment.

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