



Research Article

CLINICAL STUDY TO EVALUATE THE EFFICACY OF NAVAKARSHIKA KWATHA FOR THE TREATMENT OF SHITAPITTA

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ABSTRACT

Ayurveda gives basic guidelines for the healthy wellbeing and treatment of disease if occurred. *Shitapitta* is disease occurring commonly and presenting as itchy red patches all over the body, fever and redness of eyes. Though the condition is not life threatening but it has its routine disturbing impact. Many of antihistaminic agents show instant effect on the disease condition but frequent relapse occurs. This frequency of relapse made this study to happen for eradication of the root cause of disease. Hence *Navakarshika kwatha* (decoction prepared with 9 herbal medicines) used for the disease treatment to evaluate its efficacy. *Navakarshika Kwatha* was given in dose of 20ml twice a day immediately after meals to 30 patients. Follow-up of the patients was kept after every 7 days for 28 days. During each follow-up signs and symptoms were noted with multidimensional scoring system. The causative factors for the disease according to classics were advised to exempt to achieve the *Nidanparivarjana*. Type of study was plain and paired 't' test was applied on the data of these 30 patients before and after treatment. After comparing the signs and symptoms with multidimensional scoring system before and after the treatment excellent results (above 80%) were found in 11 patients and moderate results were observed in 19 patients.

KEYWORDS: *Sheetapitta*, Skin, *Navakarshika Kwatha*, Clinical Report.

INTRODUCTION

Vedas are known as root of all knowledge. *Ayurveda* is branch of *Atharva Veda* [1]. Here the 'Veda' word in *Ayurveda* proves that knowledge of *Ayurveda* has equal importance to the knowledge of *Vedas*. *Ayurveda*, the science of life, always viewed a graceful and healthy life; which is the most ancient system of medicine known to mankind. Nature is always favorable for all living beings, but modernization of life style of man has changed the rules of Nature. In fact there has been a drastic change in the daily activities including lifestyle, food habits, medical therapies, environmental pollution and occupational hazards which causes various ailments to human beings.

Skin is the largest organ and having large exposure to environmental factors along with other *Ahara-viharaja* (dietary & daily routine behavior) causes which leads to various skin disorders. *Sheetapitta* is one of the commonest among them which is known as urticaria in modern terms. Urticaria is common skin disorder that affects 15-20% of the population at some point in their life. Though the urticaria is not a life threatening disease but it is very problematic and frustrating condition for the patient, physicians as well as relatives to the patient. Urticaria occurs mainly because of an immediate hyper sensitivity reaction between antigen and antibody, which causes increase in vascular permeability and

thus edema (wheals). Histamine is thought to be the most important biochemical mediator in the urticarial reaction. This leads to 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 antihistaminic drugs are mainly used along with steroids which have limited effects with various side effects. Further mostly the urticaria is resistant to this treatment is well known to medical world. The present known treatment is still not an ideal one by any means.

For the skin related problems like *Sheetapitta* i.e. urticaria, both the *Shodhan* (removing *Doshas* from body by means of relevant *Panchakarma*) and the *Shaman* (subsiding *Doshas* in situ with appropriate medicine) treatment are mentioned in *Ayurvedic* classics[2]. The *Shodhana* is having very laborious treatment procedure, more over these *Shodhana* procedures are only indicated in patients having *Uttama mamsa bala*. Therefore the alternative *Shamana oushadhi* is selected and studied in the present study for the treatment of urticaria. The effects of *Navakarshika Kwatha* were evaluated against the urticaria on the group of 30 patients. The *Navakarshika Kwatha* is composition of *Triphala* [is consists of *Haritaki* (*Terminalia Chebula*); *Bibhitaka* (*Terminalia*

bellirica) and *Amalaki* (*Emblica officinalis*), *Nimba* (*Azadirachta indica*), *Manjishtha* (*Rubia cordifolia*), *Vacha* (*Acorus calamus*), *Katukrohini* (*Picrorhiza Kurroa*), *Vatasadani* (*Tinospora cordifolia*) and *Darunisha* (*Berberis aristata*) [3]. The results obtained from this clinical study and the method followed is discussed in this research article.

METHODOLOGY

The clinical effects of *Navakarshika Kwatha* were evaluated on the 30 patients of urticaria for the period of 28 days. The patients were selected from OPD and IPD of the same hospital. The entire study was carried out at Govindji Raoji Ayurved Mahavidyalaya, Solapur-413 002. INDIA. The criteria for inclusion and exclusion are as follows, the patients of age group 16 to 60 were selected for this study irrespective of their sex, religion, education and socioeconomic status. The patients were explained about the study and only after their willingly approval, they were selected for the study. The patients above and below the age group of selection and those who were not following the instructions of *Vaidya* were excluded from the study. Further patients having any other complications along with urticaria were excluded from the study. Diagnosis was done with the help of textual signs and symptoms. The patients who fulfilled with the criteria of diagnosis of 'Sheetapitta' were selected.

At the beginning of the study the medical history of the patients, signs and symptoms were recorded in special case proforma [4]. The *Navakarshika Kwatha* (constituting the contents as mentioned above in equal proportions) was used to treat the group of patients. The dose for the study was 20 ml of *Navakarshika Kwatha* twice a day. This dose was given by oral route after the meal and follow up of symptoms was taken after every 7 days for 28 days.

The contents of the *Navakarshika yoga* were collected from the ISO standard laboratory of same research center where the study was performed. The coarse powder of these contents was properly mixed and *Kwatha* was prepared from the same. The *Navakarshika kwatha* was prepared according to the standard method of *Kwath* preparation mentioned in *Sharangdhara Samhita dwitiya Khanda*. To prepare the unit dose of the formulation, 10 gm of coarse powder of the *Navakarshika yoga* was added to 160 ml of water and the mixture was boiled in open vessel to reduce it to 1/8th of its volume i.e. 20 ml.

The patients were diagnosed with various subjective Parameters described in various *Ayurvedic* texts which include *Varati Damsha sanshana shotha*, *Kandu*, *Toda*, *Chardi*, *Jwara* and *Vidaha*; and if required, with some objective parameters like CBC and ESR.

The gradation used for subjective and objective parameters were as follows,

Varati Damsha Samsthana Shotha

0 : Absent

1 : Locally scattered (on specific area).

2 : Moderately scattered (Present on some part of the body)

3 : Severely scattered (Present all over body)

Kandu

0 : Absent

1 : Mild *Kandu* (Occasional *Kandu*)

2 : Moderate *Kandu* (*Kandu* disturbing normal activity)

3 : Severe *Kandu* (*Kandu*, disturbing normal activity and sleep)

Toda

0 : Absent

1 : Mild *Toda* (Occasional *Toda*)

2 : Moderate *Toda* (*Toda* disturbing normal activity)

3 : Severe *Toda* (*Toda*, disturbing 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 and sleep)

Jwara

0 : Absent (Normal body temperature)

1 : Mild *Jwara* (*Jwara* upto 100^of)

2 : Moderate *Jwara* (*Jwara* 100^of - 102^of)

3 : Severe *Jwara* (*Jwara* more than 102^of)

Chardi

0 : Absent

1 : Mild *Chardi* (*Chardi* Occasionally)

2 : Moderate *Chardi* (*Chardi* 1 to 2 times a day)

3 : Severe *Chardi* (*Chardi* more than 2 times a day)

RESULTS AND DISCUSSION

To evaluate the effect of *Navakarshika Kwatha* on urticaria, clinical study was performed on 30 patients. In the group of patients male and female were equal in number and were in the age range of 16 to 60. In the groups the patients were of varying *Agni* and *Prakriti*. Considering the diet and addiction, 20% patients were vegetarian and remaining were having mix diet. Among all, 18 patients were addicted to tea, whereas 6 were addicted to tobacco and 6 were to alcohol. The chronic nature of disease was observed in to the group of patients under study. It was observed that 11 patients were suffering from less than 6 month, 12 patients were suffering from period of 6-10 months, 3 patients were suffering from almost 15 months and 4 were suffering with disease condition from more than 15 months.

The graphs shown in Figure-2 to Figure-7 and along with it the shown Table 1 to Table 6 explains about the day wise changes observed in the patients

with respect to different symptoms which were prominent in the patients at the beginning of the study.

From Table 1 and Figure 1, it was observed that *Varati damsha samsthan shotha* symptom was reduced from severe to mild grade in 23 out of 30 patients and 7 patients were totally relieved from the condition. Overall 71.60% relief was observed in this symptom ($t = 41.73$, at $P < 0.01$). Similar to that, *Kandu* was also observed to be reduced from severe to mild grade in 23 out of 30 patients and it was totally relieved in 7 patients i.e. 71.95% relief was there as shown in Table 2 and Figure 2.

As shown in Table 3 and Figure 3, *Toda* symptom was reduced from severe to mild grade in 21 out of 30 patients and it was totally relieved in 9

patients i.e. 73.42% overall relief was observed ($t = 29$, at $P < 0.01$). All the patients were found to be totally relieved for *Chardi* symptom i.e. as shown in Table 4 and Figure 4, 100% relief was there ($t = 4$, at $P < 0.01$). The effect of formulation under study also showed excellent results against *Jwara* symptom. As shown in Table 5 and Figure 5, the formulation under study gave 100% relief from this symptom. As shown in Table 6 and Figure 6, *Vidaha* was reduced from severe to mild grade in 22 out of 30 patients and total relief was observed in 7 patients, whereas 1 patient was having moderate *Vidaha* at the 28th day. Overall 70.73% relief was there for *Vidaha* ($t = 20$, at $P < 0.01$). The symptoms wise relief (statistical table) and patient wise relief obtained after treatment is shown in Table 7.

Days	1	7	14	21	28
Severe	21	1	2	0	0
Moderate	9	25	8	3	0
Mild	0	4	19	22	23
Absent	0	0	1	5	7
Total	30	30	30	30	30

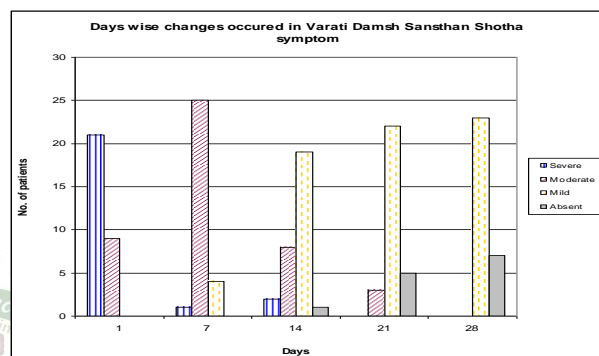


Table 1: Day wise changes in patients relief in Varati Damsh Sansthan Shotha symptom by Navakarshika Kwatha

Figure 1: Day wise changes in patients relief in Varati Damsh Sansthan Shotha symptom by Navakarshika Kwatha

Days	1	7	14	21	28
Severe	22	3	0	0	0
Moderate	8	25	18	1	0
Mild	0	2	12	29	23
Absent	0	0	0	0	7
Total	30	30	30	30	30

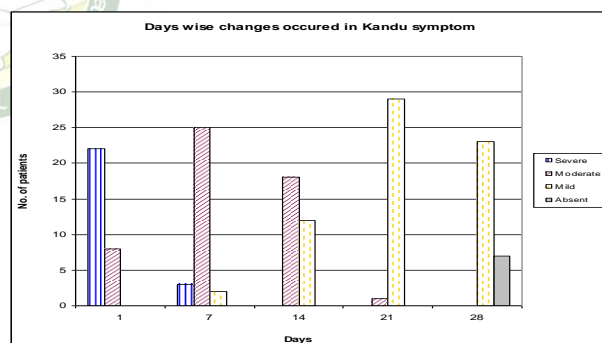


Table 2: Day wise changes in patients relief in Kandu symptom by Navakarshika Kwatha

Figure 2: Day wise changes in patients relief in Kandu symptom by Navakarshika Kwatha

Days	1	7	14	21	28
Severe	19	2	2	0	0
Moderate	11	23	7	2	0
Mild	0	5	20	26	21
Absent	0	0	1	2	9
Total	30	30	30	30	30

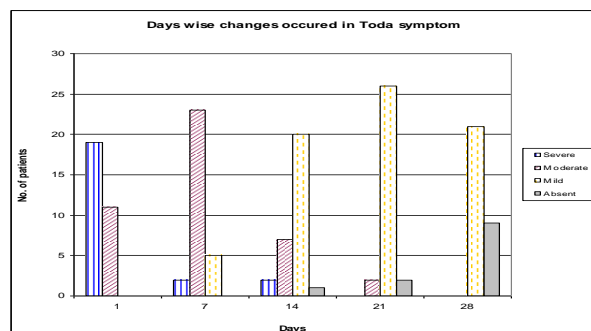


Table 3: Day wise changes in patients relief in Toda symptom by Navakarshika Kwatha

Figure 3: Day wise changes in patients relief in Toda symptom by Navakarshika Kwatha

Days	1	7	14	21	28
Severe	0	0	0	0	0
Moderate	0	0	0	0	0
Mild	10	0	0	0	0
Absent	20	30	30	30	30
Total	30	30	30	30	30

Table 4: Day wise changes in patients relief in Chardi symptom by Navakarshika Kwatha

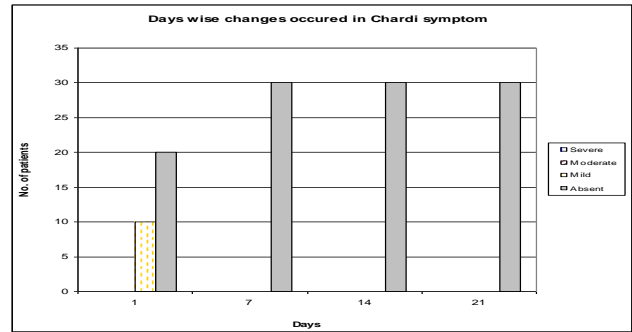


Figure 4: Day wise changes in patients relief in Chardi symptom by Navakarshika Kwatha

Days	1	7	14	21	28
Severe	0	0	0	0	0
Moderate	0	0	0	0	0
Mild	12	0	0	0	0
Absent	18	30	30	30	30
Total	30	30	30	30	30

Table 5: Day wise changes in patients relief in Jwara symptom by Navakarshika Kwatha

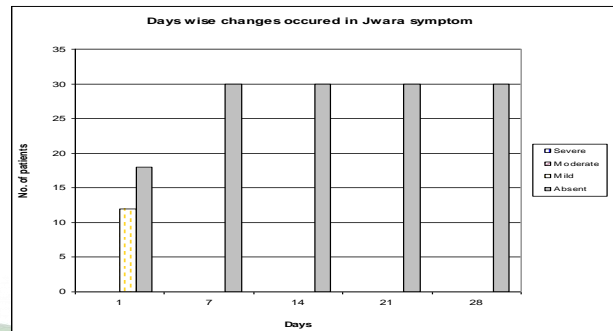


Figure 5: Day wise changes in patients relief in Jwara symptom by Navakarshika Kwatha

Days	1	7	14	21	28
Severe	22	1	0	0	0
Moderate	8	27	10	2	1
Mild	0	2	20	28	22
Absent	0	0	0	0	7
Total	30	30	30	30	30

Table 6: Day wise changes in patients relief in Vidaha symptom by Navakarshika Kwatha

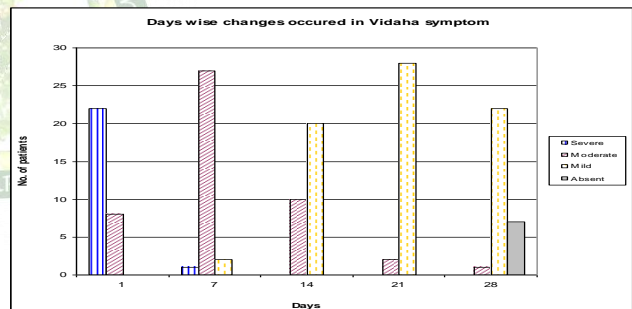


Figure 6: Day wise changes in patients relief in Vidaha symptom by Navakarshika Kwatha

Table 7: Statistical table for symptoms wise relief after treatment received by Navakarshika Kwatha

Symptoms	Before Treatment (BT) score	After Treatment (AT) score	Relief / Difference (BT - AT)	Relief %	't' at P<0.01
Varati Damsh Sansthan Shotha	81	23	58	71.60	41.73
Kandu	82	23	59	71.95	59
Toda	79	21	58	73.42	29
Chardi	10	0	10	100.00	4
Jwara	12	0	12	100.00	4
Vidaha	82	24	58	70.73	20

In Sheetapitta i.e., urticaria, there mainly occurs the Prakopa of Kapha and Vata, along with the Pitta Samsarga. Hence the influence of Tridosha is seen in the Samprapti of the Sheetapitta. To understand the effect of formulation on the symptoms of the disease condition, the role of individual constituent is to be understood first.

Among the Ghatakravyas of Navakarshika yoga, Triphala exhibits shamana effect on Tridoshas [5]. It also acts as Mrudu rechak and Krimighna which hampers Trhe pitta dosha and Hetus (causative factors) like Krimi if present. Nimba is Kapha pitta shamaka due to its Tikta rasa, while its krimighna activity is also well known[6]. Manjshtha is Kapha pitta shamaka and popularly known for its 'Varnya' gunadharma which is

due to its *Rakta prasadaka* action^[7]. *Vacha* is *Kapha vata shamaka* due to its *Katu rasa* and *Ushna virya*, accordingly due to its *Ushna viryatva*, it is *Amapachaka* and subsides the *Rasa dushti*^[8]. *Kutaki* is *Kaphapittahara*, it is *Mala bhedaka* so eliminates the *Dushita pitta* through *Virechana*. *Virechana* is the best management tool for the *Pitta dosha* and also does *Vatanuloman*, which exhibits the *Ashrayashrayi bhava* with *Rakta*, hence ultimately shows *Raktaprasadaka* action^[9]. *Guduchi* exhibits the *Vatapitta shamaka* activity on virtue of its *Tikta kashaya rasa* and *Guru snigdha guna*. It is popularly known as *Rasayani* which shows its effectiveness on *Rasa Rakta dhatu*^[10]. *Daruharidra* on accord with its *Tikta kashaya rasa* and *Loghu ruksha guna* is *Kaphapitta shamaka*, it exhibits *Varnya* property, and hence it purifies the *Rasa rakta* and minimizes the *Kapha* and *Pitta dosha*^[11].

Above discussion indicates that the *Navakarshika kwatha* has the *Ghatakadravyas* those controls the *Tridosha*, purifies the *Rasa, Rakta* and strengthen the *Twacha* (skin) by their *Varnya* and *Prasadana* activity. This clearly supports its role in *Samprapti bhanga* of *Sheetapitta*. The *Navakarshika Kwatha* formulation showed significant results. After the completion of treatment 37% patients got excellent relief and 63% patients got moderate relief. The statistical analysis was done and the test of significance (paired 't' test) was positive, suggesting the study shows significant changes in *Sheetapitta Vyadhi* by *Navakarshika Kwatha*. The results obtained prominently explained the effective role of *Navakarshika kwatha* in the management of *Sheetapitta* i.e. urticaria.

CONCLUSIONS

The clinical study for the management of *Sheetapitta* i.e. urticaria by using *Navakarshika kwatha* formulation was carried out in a group of 30 patients for 28 days. The study was performed on age group of 16 to 60 and irrelevant to their sex, socioeconomical status and cast. The role of each constituent of the formulation was explained well for the symptomatic relief of the disease. At the end of the study, 37% patients were found to receive excellent relief from the disease condition and 63% patients got moderate relief. The statistical analysis was done and the test of significance (paired 't' test) was observed to be positive. This study explained the effective role of *Navakarshika Kwatha* in *Sheetapitta Vyadhi*.

REFERENCES

1. Vriddha vagbhata, Ashtanga sangraha sutrasthana 1/10, translated by B. Ramarao, Chaukhamba Vishwabharati, First edition (2006) page no 5.
2. Chakrapanidatta, Chakradatta, Vaidyaprabha hindi commentary, edited by Ramanath Dwivedi chapt. 51/1,2. Chaukhamba Sanskrit santhan edition 2, (1995) page no.293.
3. Sarangadharacharya, Sharangadharasamhita, edited by Dr.Brahmanand Tripathi, Chaukhamba Surbharati, edition (2008), Madhyam khanda 2/3, Page 133.
4. Madhavkara, Madhavnidana, Madhukosha Sanskrit commentary by Vijayrakshit and Shrikantdatta with hindi commentary vidyotini by Surdarshanshatri edited by Yadunandan Upadhyaya Sheetapitta udardakotha nidana 50/1,2,3,4, edition (2013) page no 201.
5. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Haritakyadi varga 43 page no 12.
6. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Guduchyadivarga 90 page no 320.
7. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Haritakyadivarga 191 page no 110.
8. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Haritakyadivarga 103 page no 43.
9. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Haritakyadivarga 155 page no 72.
10. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Guduchyadivarga 08 page no 269.
11. Bhavmisra, Bhavaprakasha nighantu, commentary by K.C.Chunekar, edited by Dr.G.S. Pandey, Chaukhamba bharati academy edition (2006) Haritakyadivarga 202 page no 118.

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