TO STUDY THE ROLE OF ANUBHUT ‘AN’ CHURNA IN TREATMENT OF SHEETAPITTA.

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ABSTRACT

Sheetapitta is a common illness. We come across with this disease frequently in our day to day practice. It is increasing now a days due to industrialization & agriculture. Vata & Kapha are two Doshas which are primarily disturbed in this disease. In combination of Pitta they create redness, swelling & itching on the skin. Our ancient Acharyas have mentioned several classical formulations for cure of Sheetapitta. Ayurvedic formulations restore equilibrium of tridoshas & saptadhatus. In the present study an attempt is made to evaluate the efficacy of Anubhut AN churna in the treatment of Sheetapitta. We found good results in the patients selected for study. Also, we didn’t observe any bad effects in patients.

Keywords: Sheetpitta, Doshas, Saptadhatu, Anubhut ‘AN’ churna.

1. INTRODUCTION

The word Sheetapitta comprises of two words-sheeta & pitta. Sheeta means cold and pitta refers to warmth. So, it is a condition caused due to dominance of ‘cold’ (existing in vata & kapha dosha) over pitta dosha. Sheetapitta is a condition caused due to vitiation of all the three doshas with predominant involvement of vata.¹ Dhatus involved are rasa & rakta dhatu. In Brihhattrayi Sheetapitta is not described as a separate disease. It is described in Madhavnidan. Mandal, kandu, toda, daha, jwara, trushna, aruchi, hrullas, angasad are stated as symptons of Sheetapitta.² Although the disease is not life threatening it makes the patients troubled due to its appearance, severe itching, disturbing routine. Treatment advised for this disease in classical texts is shodhana. i.e. Vamana & Virechana.³ After that raktashodhana is advised. So, we tried to study the role of Anubhut AN churna in the said disease.

2. MATERIALS AND METHODS

2.1. Aims & objectives

♦ To study the efficacy of oral consumption of Anubhut AN churna in patients suffering from sheetapitta in clinical settings.
♦ To establish effectiveness and clinical acceptability of Anubhut AN churna.

2.2. Materials

Anubhut AN churna was used for treatment in the present study comprises of following contents:
♦ Anantmul churna [Hemidesmus indicus R.Br.] - 80%
♦ Guduchi churna [Tinospora cordifolia Willd.] - 10%

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- **Manjishtha churna [Rubia cordifolia Linn.]** - 10%

In Bhavaprakash nighantu properties of three contents are described. Anantmul (Hemidesmus indicus) is described as tridoshaghna, amapachak and vishanashak. Manjishtha (Rubia cordifolia) is described as vishanashak, kaphagha, & shothaghna. Properties of Guduchi (Tinospora cordifolia) are given are tridoshaghna, amapachak & rasayan.

### 2.3. Methods

No other medicines were given to the patients during treatment with Anubhut AN churna. Patients from Jalgaon city & rural area were studied. Diagnosis of sheetapitta symptoms were tested by description in classical texts. No laboratory tests were used. During study following 9 symptoms were studied minutely-Sarvanga mandal, kandu, tod, daha, jwara, trashna, aruchi, hrullas, and angsad. Ethical clearance was taken from IEC (Institutional Ethical Committee) of our college. Study design & assessment criteria of clinical study is tabulated in Table No.1.

### 2.4. Assessment of overall effect of treatment

- **No response:** not relieved by any symptom
- **Poor response:** relieved by only one of four symptoms
- **Moderate response:** relieved by any two among 4 symptoms
- **Good response:** relieved by all four symptoms.

### 2.5. Criteria for assessment

Reduction in signs and symptoms of sheetapitta that are mandal, kandu, daha & todavat vedana were noted. Pharmacological properties of constituents of Anubhut AN churna are tabulated in Table No. 2.

### 3. OBSERVATIONS AND RESULTS

All patients had mandal, kandu, daha, & toda-vat vedana. Observations and Results are illustrated in Table No 3 to Table No 8.

- Male patients were found more than female patients. (Male - 112, Female - 48)
- No Sama prakruti & ekdoshaj prakruti patients were seen. All the patients were of dwidoshaja prakruti.
  * 50% of patients (i.e. 80) were of Vata Kaphaj prakruti.
  * 38.12% patients (i.e. 61) were of Vata Pittaj prakruti.
  * 11.87% patients (i.e. 19) were of Pitta Kaphaj prakruti.
- 21 patients were having Mandagni. (8 females, 13 males), 102 patients were having Vishamagni (16 females, 86 males), No patient of Teekshnagni was found.
- Out of 160 patients, 1 patient was non vegetarian, 103 vegetarian and 56 patients were taking mix diet.
- Causes of disease found are irregular diet, viruddha ahar, addiction to gutakha, alcohol, tobacco etc.
- Based on degree of parameters like Mandal, Kandu, Daha, Todavat vedana; the overall assessment carried before treatment and after treatment was as-
  * 136 patients (96 males & 40 females) got upashaya within 2 days
  * 24 patients (16 males & 8 females) got upashaya within 5 days

### 4. DISCUSSION

The disease sheetapitta involves tridosha & rasa, rakta as dushyas. From pharmacological properties we can see that anantmul, guduchi & manjishtha are raktashodhak and raktaprasadak dravyas. They are mentioned as sadayaphaladayi for sheetapitta. Also, these drugs control vata, pitta & kapha, hence relief from symptoms is seen there. All the three drugs may act synergistically & show the relief. As the drug is palatable to take by oral route there was no problem with the drug administration. Most of the patients showed upashaya i.e. symptomatic relief within 2 days after starting the drug administration. As we all know, many
allopathic drugs are used for the treatment of sheetapitta are of antihistamines group. The major side effects of them are sedation, diminished alertness and diminished concentration. Ayurvedic drugs generally do not show these side effects. Also, Ayurvedic medicines and modalities act by eliminating the root cause i.e. they act on doṣh dushya sammurchana. Hence, best results are seen with proper examination of patients and use of medicines.

5. CONCLUSION

The results of the present study were good. No side effects or bad effects were noted during the therapy. This study may be considered as a primary evidence for further extensive studies & clinical research on large sample size for further evaluation. Also for chronic cases the remedy can be used with other modalities.

REFERENCES


### Patient selection

**Inclusion criteria**
1. Patients suffering from only *Sheetapitta* from maximum 5 days
2. Patients from 17-60 yrs old age group

**Exclusion criteria**
1. Patients suffering for more than 5 days long
2. Pregnant ladies
3. *Sheetpitta* due to *Ayoga* or *mithyayoga* of any *panchakarma* therapy
4. Other serious diseased patients

### Clinical study design

**Study design**
5 days with specific follow up

**Mode of administration**
Oral administration

**Dose & amanpana**
3 gm (QID) *AN Churna* with water

**Follow up days**
2rd & 5th day

### Assessment

**Mandal**
Gr.0- No whirls
Gr.1-Mild (<20/24 hrs.)
Gr.3-Moderate (21-50/24 hrs.)
Gr. 4-Intense/severe (>50/24 hrs.)

**Kandu**
Gr.0- No itching
Gr.1-Mild itching
Gr.2-Moderate itching
Gr.3-severe itching

**Daha**
Gr.0- No burning
Gr.1-Mild burning
Gr.2-Moderate burning
Gr.3-severe burning

**Todavat vedana**
Gr.0- No pain
Gr.1-Mild pain
Gr.2-Moderate pain
Gr.3-severe pain

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**Table No. 1 - Study design & assessment criteria of clinical study**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Anantmul</em></td>
<td>Madhur, tikta</td>
<td>Sheeta</td>
<td>Madhur</td>
<td>Deepana, amapachan, vishanashak, pittashamak</td>
</tr>
<tr>
<td><em>Guduchi</em></td>
<td>Tikta, katu, kashay</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Deepana, kushthahar, krumihara, rasayana, balya, tridoshaghnna</td>
</tr>
<tr>
<td><em>Manjishtha</em></td>
<td>Tikta, kashay, madhur</td>
<td>Ushna</td>
<td>Katu</td>
<td>Vishanashak, kaphaghna, shothaghna</td>
</tr>
</tbody>
</table>

**Table No. 2. Pharmacological properties of the constituents in *Anubhut AN churna***
Table No. 3. Distribution of patients according to prakruti.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Prakruti</th>
<th>No of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vatakaphaj</td>
<td>80</td>
<td>50%</td>
</tr>
<tr>
<td>2</td>
<td>Vatapittaj</td>
<td>61</td>
<td>38.12%</td>
</tr>
<tr>
<td>3</td>
<td>Pittakaphaj</td>
<td>19</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Table No. 4 – Distribution of patients according to Agni.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Agni</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vishamagni</td>
<td>102</td>
<td>63.75%</td>
</tr>
<tr>
<td>2</td>
<td>samagni</td>
<td>37</td>
<td>23.13%</td>
</tr>
<tr>
<td>3</td>
<td>Tikshagni</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Mandagni</td>
<td>21</td>
<td>13.13%</td>
</tr>
</tbody>
</table>

Table No. 5. Distribution & Results on Mandal before (BT) & After treatment (AT)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Degree of Mandal</th>
<th>BT</th>
<th>Percentage</th>
<th>AT</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gr 0</td>
<td>0</td>
<td>0</td>
<td>144</td>
<td>90%</td>
</tr>
<tr>
<td>2</td>
<td>Gr 1</td>
<td>112</td>
<td>70%</td>
<td>16</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>Gr 3</td>
<td>32</td>
<td>20%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Gr 4</td>
<td>16</td>
<td>10%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table No. 6. Distribution & Results on Kandu before (BT) & after treatment (AT)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Degree of Kandu</th>
<th>BT</th>
<th>Percentage</th>
<th>AT</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gr 0</td>
<td>0</td>
<td>0</td>
<td>128</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>Gr 1</td>
<td>16</td>
<td>10%</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Gr 3</td>
<td>128</td>
<td>80%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Gr 4</td>
<td>16</td>
<td>10%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table No. 7. Distribution & Results on Daha before (BT) & after treatment (AT)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Degree of Daha</th>
<th>BT</th>
<th>Percentage</th>
<th>AT</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gr 0</td>
<td>0</td>
<td>0</td>
<td>152</td>
<td>95%</td>
</tr>
<tr>
<td>2</td>
<td>Gr 1</td>
<td>64</td>
<td>40%</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>3</td>
<td>Gr 2</td>
<td>80</td>
<td>50%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Gr 3</td>
<td>16</td>
<td>10%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Table No. 8. Distribution & Results on *Todvat vedana* before (BT) & after treatment (AT)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Degree of <em>Todvat vedana</em></th>
<th>BT</th>
<th>Percentage</th>
<th>AT</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gr 0</td>
<td>0</td>
<td>0</td>
<td>128</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>Gr 1</td>
<td>48</td>
<td>30%</td>
<td>32</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Gr 2</td>
<td>80</td>
<td>50%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Gr 3</td>
<td>32</td>
<td>20%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>