A Clinical Study of Agnimanth (Premna integrefolia Linn.) to evaluate it’s efficacy in shitapitta w.s.r. to Urticaria.

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ABSTRACT:

Background: Agnimanth (Premna Integrefolia) is a plant widely used in Ayurveda. It is mentioned in Dashmula. Charakacharya mentioned it in Shothagna, Shitprashaman & Anuwasanopag Dashemani. ‘Urticaria’ is a disease characterized by itchy red rashes on skin on almost all over the body. ‘Shitapitta’ having similar symptomatology and causative factors as Urticaria. So, various types of ‘Urticaria’ can be taken as ‘Shitapitta.

OBJECTIVES: To study the effect of Agnimanth mool churna On Shitapitta (Urticaria). To provide effective medicine for the people suffering from Shitapitta (Urticaria) to make their prognosis better.

Methods: It was a randomized controlled study, total 30 patients are taken with known Urticaria (Shitapitta) by simple random sampling method. Agnimanthmool Churna twice a day was given to all the patients for 7 days. Discussion & Conclusion: Agnimantha is easy to prepare, affordable and well tolerated to the patients with no undesired effects. Agnimantha Moola Choorna was given to the patients for week which shows significant subside of symptom which was shown by percentage of relief in symptoms.

Keywords: Agnimanthmool Churna, Shitapitta, Dashmula, Viruddhahara

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Introduction:
Ayurveda has stated that there are three Shashwat Sutras in which all the Ayurved is described. Those are ‘Hetu Sutra’, predisposing factors for the formation of the diseases. In order to have a perfect understanding of the plants it is therefore most essential to be well acquainted with the branch of Ayurvedic pharmacology i.e. “Drayaguna”. It enables us to know the scientific knowledge of the fundamentals of Ayurvedic pharmacology and the plants. Agnimanth (Premna Integrefolia) is a plant widely used in Ayurveda. It is mentioned in Dashmula. Charakacharya mentioned it in Shothagna, Shitprashaman & Anuvasanopag Dashemani. Sushrutacharya mentioned it in Bruhatpanchmula, Vatshaman, Vitarvadi & Varunadi Gana. Vagbhatacharya mentioned it in Vitarvadivarunadi gana. Thus it forms the important place in Ayurved literature. In present busy and fast life, one can’t follow the rules of ‘Dinacharya’ and ‘Ritucharya’ described in ‘Ayurveda’. Due to heavy industrialization and heavy traffic, one constantly comes into contact with various pollutants. The spicy and fast food eaten now a days, which have very fewer nutritional values and also having similar properties to ‘Viruddhahara’. These all ultimately resulted into ‘Dhatudurbalya’ (i.e. lower immunity). Which causes sensitization towards allergens as well as antibodies and produces various types of allergic reactions, one of them is 'Urticaria', which is very common.

‘Urticaria’ is a disease characterized by itchy red rashes on skin on almost all over the body. ‘Shitapitta’ having similar symptomatology and causative factors as Urticaria. So, various types of ‘Urticaria’ can be taken as ‘Shitapitta. Though the disease, ‘Urticaria’ is not a life threatening, it makes worried the patient due to its appearance, severe itching disturbing routine and its nature susceptible to be chronic. Urticaria affects 20% of people at some point in their lifetime. In some cases, the disorder is relatively mild, recurrent and frustrating for both the patient and physician. Modern medicine not having any remedy for permanent cure but remission of the disease can be achieved administering the medicine. Patients have to take those medicines for lifetime, which are having some unwanted side effects. Ayurveda can provide better and permanent management for ‘Shitapitta’.

OBJECTIVES
1. To study the effect of Agnimanth mool churna On Shitapitta (Urticaria).
2. To provide effective medicine for the people suffering from Shitapitta (Urticaria) to make their prognosis better.

METHODS
Types of study: A randomized controlled study
Patients are taken with known Urticaria( Shitapitta) by simple random sampling method. Total no of cases: 30

CRITERIA FOR SELECTION OF PATIENTS:
Patients will be selected on random basis, written informed consent will be taken from patients., All the patients will be examined clinically and all bio-medical, parameters will be recorded in the pre-formatted case record form.

INCLUSIVE CRITERIA:
Either sex.
Age between 18-60years.
Patients diagnosed as ‘Shitapitta’ having signs & symptom like Kandu,
Toda, Daha, Varati Danshta Sanstha Shoth, Hrullas, Trushna.

**EXCLUSIVE CRITERIA:**
- Pregnant women
- HIV-AIDS
- Skin viral infection i.e. Herpez zoster
- Tinea fungal infection along with other skin diseases like psoriasis, eczema
- Diabetes mellitus
- Chronic renal failure

**DURATION OF STUDY:** 7 Days

**DRUG SOURCE:** Agnimanthmool Churna

**FORMULATION:** Powder (Choorna)

**MODE OF ADMINISTRATION:** By Mouth

**DOSE:** As per requirement

**KAL:** Twice in a day

**ANUPAN:** Cow Ghee available in Market.

**Diet:** Vyadhinetukara diet will be restricted

**FOLLOW UP:** Clinical follow-up will be advised as 03 days after first visit, 07 days after first visit 10 days after first visit

**ASSESSMENT OF EFFICACY**

1) **Subjective improvement:**
   a) General & systemic examination of patients at 04th-07th-10th days
   b) Weekly assessment in reduction of following symptoms.

1. Kandu (Itching)
2. Toda (Pricking Pain)
3. Daha (Burning Sensation)
4. Varati Danshta Sansthan Shoth (Erythematous Wheals)
5. Hrullas (nausea)
6. Trushna (Increased Thirst.)

**Table No. 1 showing Age wise distribution of patients.**

<table>
<thead>
<tr>
<th>SR. NO</th>
<th>Age group In yrs</th>
<th>Male Count</th>
<th>Male Column N%</th>
<th>Female Count</th>
<th>Female Column N%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18-20</td>
<td>2</td>
<td>16.67</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>2</td>
<td>21-30</td>
<td>3</td>
<td>25.00</td>
<td>6</td>
<td>33.34</td>
</tr>
<tr>
<td>3</td>
<td>31-40</td>
<td>1</td>
<td>8.33</td>
<td>3</td>
<td>16.67</td>
</tr>
<tr>
<td>4</td>
<td>41-50</td>
<td>4</td>
<td>33.33</td>
<td>7</td>
<td>38.89</td>
</tr>
<tr>
<td>5</td>
<td>51-60</td>
<td>2</td>
<td>16.67</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>100</td>
<td>18</td>
<td>100</td>
</tr>
</tbody>
</table>

The data shows that in Females the 18-20yrs age group 5.55 %, in 21-30yrs age group 33.34 %, in 31-40yrs age group 16.67 %, in 41-50yrs age group 38.89%, in 51-60yrs age group 5.55 % & Malesthe 18-20yrs age group 16.67%, in 21-30yrs age group 25.00%, in 31-40yrs age group 8.33%, in 41-50yrs age group 33.33 %, in 51-60yrs age group 16.67%.
Table 2 Showing Dietwise Distribution of Patient:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Type of Diet</th>
<th>Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mix diet</td>
<td>24</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>Vegetarian diet</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

The table shows that 20% patients were vegetarian diet taking patients and 80% were mixed diet taking patient.

Table NO.3 Showing Effect on general Score of Patients of Shitapitta

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Symptom</th>
<th>General Symptom score</th>
<th>Diff.</th>
<th>% of relief</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Kandu</td>
<td>50</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>2</td>
<td>Toda</td>
<td>35</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>Daha</td>
<td>30</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>VaratiDanshta Sansthan Shoth</td>
<td>41</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>5</td>
<td>Hrullas</td>
<td>57</td>
<td>21</td>
<td>36</td>
</tr>
<tr>
<td>6</td>
<td>Trushna</td>
<td>56</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>269</td>
<td>115</td>
<td>154</td>
</tr>
</tbody>
</table>

Percentage of Relief in symptom

Table No.4 Table showing Statistical analysis of the result by Wilcoxon-matched Pairs Signed-rank tests.

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Symptom</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Sum</th>
<th>No.</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kandu</td>
<td>BT</td>
<td>1.655</td>
<td>0.7209</td>
<td>0.1339</td>
<td>231</td>
<td>21</td>
<td>4.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AT</td>
<td>0.7</td>
<td>0.6513</td>
<td>0.1189</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diff.</td>
<td>0.966</td>
<td>0.7311</td>
<td>0.1358</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Toda</td>
<td>BT</td>
<td>1.167</td>
<td>0.8339</td>
<td>0.1523</td>
<td>136</td>
<td>16</td>
<td>3.52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AT</td>
<td>0.533</td>
<td>0.6814</td>
<td>0.1244</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diff.</td>
<td>0.633</td>
<td>0.7184</td>
<td>0.1312</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Daha</td>
<td>BT</td>
<td>1</td>
<td>0.6948</td>
<td>0.1269</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statistical analysis of the effect of therapy on symptom of Shitapitta

by Wilcoxon – matched – pairs Signed – ranks test

Kandu – Sum of all signed ranks was 231, The number of pairs were 21, Z value was 4.014 which was statistically very highly significant at p<0.0001.

Toda – Sum of all signed ranks was 136, The number of pairs were 16, Z value was 3.516 which was statistically very highly significant at p<0.0001.

Daha – Sum of all signed ranks was 120, The number of pairs were 15, Z value was 3.407 which was statistically very highly significant at p<0.0001.

Varati Danshta Sansthan Shoth – Sum of all signed ranks was 276, The number of pairs were 23, Z value was 4.197 which was statistically very highly significant at p<0.0001.

Hrullas – Sum of all signed ranks was 351, The number of pairs were 26, Z value was 4.457 which was statistically very highly significant at p<0.0001.

Trushna – Sum of all signed ranks was 300, The number of pairs were 24, Z value was 3.285 which was statistically very highly significant at p<0.0001.

Table No.5 Showing Effect of Therapy On 30 Patients of Shitapitta

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Total effect of therapy</th>
<th>No.of Patients</th>
<th>Percentage</th>
<th>( \Delta T )</th>
<th>Diff.</th>
<th>( \Delta T )</th>
<th>Diff.</th>
<th>Z Value</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cured (100)</td>
<td>0</td>
<td>0%</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6823</td>
<td>0.5</td>
<td>0.1246</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>2</td>
<td>Markedly improve(75 – 99)</td>
<td>6</td>
<td>20%</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6215</td>
<td>0.6</td>
<td>0.1135</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>3</td>
<td>Moderately Improved (50 – 74 )</td>
<td>15</td>
<td>50%</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6215</td>
<td>0.6</td>
<td>0.1135</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>4</td>
<td>Improved (26 – 49 )</td>
<td>9</td>
<td>30%</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6915</td>
<td>0.7</td>
<td>0.1262</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>5</td>
<td>Unchanged( 0 - 25 )</td>
<td>0</td>
<td>00%</td>
<td>0.8</td>
<td>0.8</td>
<td>0.6644</td>
<td>0.8</td>
<td>0.1213</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Total effect of therapy:

In case of 06 patients i.e 20% patients were (75-99%) Markedly improved and 15 patients i.e 50% patients were shown (50-74%) Moderate Improvement and 9 patients i.e 30% patients were shown...
(26-49%) mild improvement. no patient remains Unchanged or cured.

**Clinical efficacy of Agnimanth Moola Choorna in 30 patients of Shitapitta.**

All the 30 patients in this trail presented the entire symptom initially. Percentage of Relief in symptom Kandu improved by 58% after completion of trial. The symptom Toda improved by 54.28%. The trail drug gave 50% relief in Daha symptom. Symptom VaratiDanshta Sansthan Shoth improved by 56.09%. The trail drug gave 63.15% relief in Hrullas symptom. While percentage relief in Trushna was 57.14%.

**Total effect of therapy:**

Out of 30 patients included in this trail in which Agnimanth Mool Choorna was administered internally for one week with Go ghee anupan In case of 06 patients(20%) patients were Markedly improved and 15 patients (50%) patients were shown Moderate Improvement and 9 patients (30%) patients were shown mild improvement. no patient remains Unchanged or cured.

In my point of view, the reason may be due to the internal administration of drug Agnimanth Mool Choorna, which has directly triggered the root cause of the disease i.e. the main ingredients participating in the pathogenesis of Shitapitta. Dravya Agnimanth directly come in to contact of Dushit dosha and those are Kapha and Vata. Because of its Kapha-Vatahara, Srotoshodhana, Shwayatuhara, Agnivardhana Agnivardhana, Amapachana, Jwarahara, Kandughna, Krimighna properties.

**CONCLUSION:**

Main principle of treatment has been stated for Sitapitta in Ayurveda is Shodhan and Lepa, Abhyang, Parishekh which helps to remove the vitiated Doshas from skin and improve the quality of skin texture. Agnimantha Moola Choorna is one of the treatments advised by Yogaratnakar, Chakradatt, Acharya Govind Das Sen in Bhaishajya Ratnavali especially for the disease named Shitapitta. It is easy to prepare, affordable and well tolerated to the patients with no undesired effects. Agnimantha Moola Choorna was given to the patients for week which shows significant subside of symptom which was shown by percentage of relief in symptoms, it should be continued to further more to reduce the risk of relapse and severity of Shitapitta. The average age of 41-50 years is found to be more prone to this disease.
References:


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