

# Clinical Effectiveness of Yavapatol Kashaya Compared with Indrayavadi Kashaya in Ayurvedic Management of Pittaj Jwara

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## ABSTRACT

Acharya Charaka refers to Jwara as Sarvarogagraja, as it affects the body, senses, and mind. Clinically, it presents with features such as Jwaravega, Atisara, Chhardi, Sweda, Daha, and Trishna, which correspond to high-grade fever in modern medicine. While contemporary therapeutic approaches primarily involve antipyretics, Ayurveda utilizes various dosage forms including Choorna, Guti-Vati, Rasa Kalpa, and Kashaya. Among them, Yavapatol Kashaya, prepared from Patol, Indrayava, and Madhu, is a cost-effective herbal formulation endowed with antipyretic, anti-inflammatory, antioxidant, Deepana-Pachana, and Jwarahara properties. Despite the availability of clinical studies on formulations like Duralabhadi and Indrayavadi Kashaya, scientific evaluation of Yavapatol Kashaya remains limited. Therefore, the present study aims to assess its clinical efficacy in Pittaj Jwara, with Indrayavadi Kashaya used as the standard comparator.

**Keywords:** Jwara, Pittaj Jwara, Yavapatol Kashaya, Indrayavadi Kashaya, Ayurveda, Antipyretic.

**How to cite this article:** Pawar VB, Kumdale SB. Clinical Effectiveness of Yavapatol Kashaya Compared with Indrayavadi Kashaya in Ayurvedic Management of Pittaj Jwara. *Int J Drug Deliv Technol.* 2026;16(7s): 992-995; DOI: 10.25258/ijddt.16.7s.108

**Source of support:** None

**Conflict of interest:** None

## INTRODUCTION:

Ayurveda, the holistic science of life, emphasizes maintaining harmony among Sharira, Manas, and Atma for overall health and disease prevention. Among various ailments, Jwara holds prime importance. Acharya Charaka describes it as Sarvarogagraja, indicating that it affects the body, senses, and mind simultaneously.<sup>1</sup>

According to Ayurveda, Jwara is classified into eight types based on Dosha predominance. *Pittaj Jwara* results from the vitiation of Pitta Dosha, commonly triggered by excessive heat exposure, Pitta-aggravating diet, or psychological stress. It manifests with clinical signs such as Jwaravega, Atisara, Chhardi, Sweda, Daha, Trishna, Anidra, Pitvarni Netra, and Pitvarni

Mukha. In modern medicine, this presentation closely resembles high-grade fever (ICD-10 CM: R50.9; NAMC: 693 EC 3.3).<sup>2</sup>

Contemporary management of high-grade fever predominantly relies on antipyretic therapy, which provides only symptomatic and temporary relief.

Ayurveda, however, focuses on correcting the Pitta imbalance and improving Agni, employing various dosage forms like

Choorna, Guti-Vati, Rasakalpa, and Kashaya for effective and sustainable management of Pittaj Jwara.<sup>3</sup> Yavapatol Kashaya, formulated with *Patol*, *Indrayava*, and *Madhu*, is a cost-effective herbal preparation known for its antipyretic, anti-inflammatory, antioxidant, Deepana-Pachana, and Jwarahara properties. These actions help reduce fever, alleviate associated symptoms, and support digestion in Pittaj Jwara.<sup>3-4</sup>

Several Ayurvedic formulations—such as Duralabhadi Kashaya, Mrityunjaya Rasa, Jwaraghna Kashaya, Indrayavadi Kashaya, and Mustadi Kashaya—have demonstrated therapeutic efficacy in Jwara by improving major clinical parameters. Among these, Indrayavadi Kashaya is widely recognized as a standard intervention for Pittaj Jwara due to its proven benefits.

Despite its therapeutic potential, Yavapatol Kashaya has not been clinically evaluated in comparison with

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established formulations like Indrayavadi Kashaya. Therefore, a comparative clinical study is warranted to determine its efficacy, safety, and suitability as an affordable treatment option for Pittaj Jwara in Ayurveda.

### MATERIALS AND METHOD:

**Aim:** To evaluate and compare the clinical efficacy of Yavapatol Kashaya and Indrayavadi Kashaya in the management of Pittaj Jwara.

### Objectives:

To prepare and standardize Yavapatol Kashaya.

To monitor and record any adverse drug reactions.

### DRUG -

Group A – *Yavapatol kashaya*

Group B – *Indrayavadi Kashaya*

### STUDY DESIGN:

The present study was conducted as a randomized single-blind clinical trial on 60 patients diagnosed with Pittaj Jwara. Eligible participants who met the predefined inclusion and exclusion criteria were enrolled and randomly allocated into two groups, with 30 patients in each group. Group A received *Yavapatol Kashaya*, while Group B received *Indrayavadi Kashaya* as the standard control. The intervention was administered for a total duration of 7 days. Clinical evaluation was performed using both subjective and objective parameters associated with Pittaj Jwara to assess therapeutic outcomes.

### PARTICIPANT RECRUITMENT:

Patients aged 18–70 years, of either gender, exhibiting classical signs and symptoms of Pittaj Jwara—such as Jwaravega, Atisara, Chhardi, Sweda, Daha, and Trishna—with a recorded body temperature between 100.4°F and 104°F were included in the study. Patients were excluded if they were pregnant, had chronic systemic illnesses, a history of febrile convulsions, or were diagnosed with specific infectious fevers such as malaria.

### INTERVENTION:

Medicine given	Yavapatol kashaya	Indrayavadi Kashaya
Dose	80 ml	80ml
Time	40 ml twice a day	40 ml twice a day
Kaal	Vyanodan ( after meal )	Vyanodan ( after meal )
Route of administration	Oral	Oral
Duration	7 days	7 days

Follow up	Every day	Every day
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### ASSESSMENT CRITERIA:

The subjective parameters evaluated in the study were Jwaravega, Atisara, Anidra, Chhardi, Sweda, Daha, Trishna, Pitvarni Mutra, and Pitvarni Netra. Objective assessment was carried out using axillary body temperature, recorded twice daily (morning and evening) with a standard thermometer. Body temperature was graded as follows: Normal (98.6°F) = 0, Mild (98.7–100.4°F) = 1, Moderate (100.5–102.2°F) = 2, and Severe (102.3–104°F) = 3.

### OBSERVATIONS AND RESULT:

#### Effect of yavapatol Kashaya and Indrayavadi Kashaya on Objective Parameter of Patients

##### Temperature of Patients:

In Group A (*Yavapatol Kashaya*), the mean body temperature decreased significantly from 102.93 ± 0.83°F before treatment to 97.07 ± 0.74°F after treatment. The change was found to be highly significant ( $t = 28.270$ ,  $p < 0.001$ ), with a 5.70% reduction in temperature.

In Group B (*Indrayavadi Kashaya*), the mean body temperature reduced from 103.00 ± 0.69°F before treatment to 97.03 ± 0.61°F after treatment. This reduction was also statistically significant ( $t = 33.890$ ,  $p < 0.001$ ), showing a 5.79% change.

#### Effect of yavapatol Kashaya and Indrayavadi Kashaya on subjective Parameter of Patients

##### Atisar –

Both Group A and Group B demonstrated complete resolution of symptoms by Day 7. In Group A, the baseline mean score was 0.77 ± 0.97, which reduced to 0.00 ± 0.00 by Day 7, showing 100% improvement. Similarly, Group B had a baseline mean score of 0.60 ± 0.81 that also reached 0.00 ± 0.00 after 7 days of treatment, resulting in 100% improvement.

##### Anidra-

In Group A, the baseline mean score was 1.07 ± 0.58, which decreased to 0.07 ± 0.37 on Day 7, indicating an overall improvement of 93.75%. In comparison, Group B demonstrated a slightly higher baseline mean score of 1.17 ± 0.38, which reduced completely to 0.00 ± 0.00 by Day 7, reflecting a 100% improvement. This shows that while both groups exhibited significant clinical improvement, Group B achieved complete resolution of symptoms by the end of the treatment period.

##### Chhardi-

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In Group A, the baseline mean score was  $1.50 \pm 0.73$ , which reduced to  $0.00 \pm 0.00$  by Day 7, indicating 100% improvement. Similarly, Group B showed a baseline mean score of  $1.67 \pm 0.48$  that also reached  $0.00 \pm 0.00$  on Day 7, demonstrating 100% improvement. Thus, both groups exhibited complete resolution of symptoms following the intervention.

### Sweda –

In Group A, the baseline mean score was  $1.10 \pm 0.31$ , which decreased to  $0.00 \pm 0.00$  by Day 7, indicating 100% improvement. Similarly, Group B exhibited a baseline mean score of  $1.07 \pm 0.25$ , which also reached  $0.00 \pm 0.00$  on Day 7, reflecting a complete (100%) resolution of symptoms. These findings suggest that both interventions were highly effective in eliminating the symptom within the treatment duration.

### Trishna –

In Group A, the baseline mean score was  $1.63 \pm 0.56$ , which reduced to  $0.00 \pm 0.00$  by Day 7, indicating 100% improvement. Group B had a baseline mean score of  $1.40 \pm 0.56$ , which also decreased completely to  $0.00 \pm 0.00$  on Day 7, reflecting 100% resolution of symptoms. These results demonstrate that both interventions were highly effective in achieving complete symptom relief within the 7-day treatment period.

### Daha –

In Group A, the baseline mean score was  $1.43 \pm 0.50$ , which decreased to  $0.00 \pm 0.00$  by Day 7, indicating complete (100%) improvement. Group B showed a baseline mean score of  $1.20 \pm 0.61$ , which reduced to  $0.03 \pm 0.18$  by Day 7, reflecting a 97.22% improvement. These findings indicate that both interventions were highly effective, with Group A achieving complete resolution and Group B showing near-complete improvement of symptoms within the treatment period. **Pittavarni mutra -**

In Group A, the baseline mean score was  $0.73 \pm 0.78$ , which decreased to  $0.00 \pm 0.00$  by Day 7, indicating 100% improvement. Similarly, Group B showed a baseline mean score of  $0.57 \pm 0.63$ , which also reduced to  $0.00 \pm 0.00$  on Day 7, reflecting complete (100%) resolution of symptoms. These results demonstrate that both interventions were highly effective in eliminating the symptom within the treatment duration.

### Piitavarni netra –

In Group A, the baseline mean score was  $0.30 \pm 0.53$ , which decreased to  $0.00 \pm 0.00$  by Day 7, indicating complete (100%) improvement. Similarly, Group B had a baseline mean score of  $0.23 \pm 0.43$ , which also reduced to  $0.00 \pm 0.00$  on Day 7, reflecting 100% resolution of symptoms. These results show that both

interventions were fully effective in eliminating the symptom within the 7-day treatment period.

### DISCUSSION:

Pittaj Jwara, characterized by elevated body temperature, Daha, Trishna, Atisara, Anidra, Chhardi, and disturbances in Pittavarni Netra and Mutra, represents a Pitta-dominant systemic imbalance as described in classical Ayurvedic texts. While modern management often relies on antipyretics and supportive care, Ayurvedic formulations offer a holistic approach targeting both symptoms and underlying doshic imbalances.

In this study, Yavapatol Kashaya demonstrated significant efficacy in normalizing body temperature and alleviating associated symptoms over a 7-day treatment period. Rapid improvement was observed in Atisara, Anidra, Chhardi, Sweda, Trishna, Daha, and Pittavarni Mutra/Netra, reflecting the formulation's multidimensional action. The combination of Indrayava, Patol, and Yava appears to synergistically exert antipyretic, Deepana-Pachana, Ama-pachana, and Raktashodhana effects, addressing both the root cause and manifestations of Pittaj Jwara. Early reduction in symptom severity indicates its rapid onset of action and high tolerability.

Indrayavadi Kashaya, the standard comparator, also produced significant improvements, achieving complete symptom resolution by Day 7. Its combination of Indrayava, Musta, and Kutaki provides Pitta-shamana, Jwaraghna, Deepana-Pachana, and Ama-pachana actions, consistent with its traditional use. Although both groups reached 100% resolution by the study's end, Yavapatol Kashaya showed slightly faster initial symptom relief in Atisara, Anidra, and Daha, suggesting potential for more rapid clinical efficacy.

These findings support the classical rationale of Yavapatol Kashaya, wherein Pitta pacification, Ama digestion, and Raktashodhana synergistically restore physiological balance. Compared to conventional antipyretics, which primarily suppress fever, these Ayurvedic formulations act holistically by correcting metabolic and doshic derangements while minimizing systemic side effects.

Overall, the study confirms that both Yavapatol Kashaya and Indrayavadi Kashaya are safe, effective, and well-tolerated interventions for Pittaj Jwara. The slightly faster symptomatic relief observed with Yavapatol Kashaya may offer a clinical advantage in settings requiring rapid patient recovery. These results highlight the relevance of classical Ayurvedic formulations in modern febrile management and

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reinforce the integration of traditional wisdom with contemporary clinical care.

### CONCLUSION –

The present study demonstrates that both Yavapatol Kashaya and Indrayavadi Kashaya are equally effective in the management of Pittaj Jwara. Patients in both groups experienced significant relief from key symptoms, including Jwaravega, Daha, Trishna, Sweda, Chhardi, Anidra, and disturbances in Pittavarni Netra and Mutra. These comparable therapeutic outcomes indicate that both formulations effectively pacify the aggravated Pitta Dosha, the primary pathogenic factor in Pittaj Jwara.

No adverse effects were reported during the study, confirming that both Kashayas are safe, well-tolerated, and suitable for clinical use. Supported by classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Madhava Nidana, as well as the pharmacological properties of their constituent herbs, these findings validate the Pitta-pacifying, antipyretic, digestive, and detoxifying actions of the formulations. Overall, this study confirms that Yavapatol Kashaya and Indrayavadi Kashaya are reliable, holistic, and evidence-based Ayurvedic interventions for Pittaj Jwara, providing safe and effective management in accordance with traditional principles.

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