



## A CRITICAL COMPARATIVE REVIEW OF SOOTSHEKHAR RASA AND KAMDUDHA RASA W.S.R. TO AMLAPITTA

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### ABSTRACT

*Amlapitta* is one of the most commonly encountered disorders of the gastrointestinal system described in Ayurveda and is closely associated with *Agnimandya*, *Ama*, and vitiation of *Pitta Dosha*. In contemporary practice, it may be correlated with conditions such as hyperacidity, acid reflux, gastritis, and dyspepsia. Among the Ayurvedic formulations indicated in its management, *Sootshekhar Rasa* and *Kamadudha Rasa* are widely prescribed herbo-mineral preparations. The present review was undertaken to critically compare these two formulations with special reference to *Amlapitta*. Classical Ayurvedic texts, Rasashastra literature, published research articles, and review studies were analysed to evaluate their composition, pharmacodynamic profile, therapeutic indications, and probable mode of action. The review revealed that *Sootshekhar Rasa* predominantly possesses *Deepana*, *Pachana*, and *Amapachana* properties, making it more suitable in *Amlapitta* associated with *Mandagni* and *Ama*. In contrast, *Kamadudha Rasa* mainly exhibits *Pittashamaka*, *Dahaprashamana*, and antacid-like actions due to the predominance of *Sheeta Virya* and *Sudha Varga* ingredients. Both formulations demonstrated significant therapeutic potential in experimental and clinical studies. Proper selection based on *Dosha predominance* and stage of disease may improve therapeutic outcomes in *Amlapitta* management.

**KEYWORDS:** *Amlapitta*, *Sootshekhar Rasa*, *Kamadudha Rasa*, *Rasashastra*, *Pittashamana*, *Deepana-Pachana*.

### INTRODUCTION

Ayurveda emphasises the maintenance of health through the balanced state of *Dosha*, *Dhatu*, *Mala*, and *Agni*. Among these, *Agni* plays a pivotal role in digestion and metabolism, and its impairment (*Mandagni*) is considered the root cause of many gastrointestinal disorders.<sup>[1]</sup> In the present era, changing lifestyle patterns, irregular dietary habits, stress, and excessive intake of spicy and processed foods have led to a significant rise in acid-related disorders such as hyperacidity, gastritis, gastroesophageal reflux disease (GERD), dyspepsia, and peptic ulcer disease.<sup>[2]</sup>

*Amlapitta* is one of the most common disorders described in Ayurveda and is elaborately explained in

texts such as *Kashyapa Samhita*, *Madhava Nidana*, *Bhava Prakasha*, and *Chakradatta*. The condition develops due to aggravation of *Pitta Dosha* associated with vitiation of *Amla* and *Drava Guna*, resulting from impaired digestion and formation of *Ama*.<sup>[3]</sup> Clinically, *Amlapitta* is characterised by symptoms such as sour belching, heartburn, nausea, vomiting, indigestion, epigastric burning, and anorexia.<sup>[4]</sup> On the basis of symptomatology and pathogenesis, *Amlapitta* can be correlated with acid peptic disorders and hyperacidity described in modern medicine.<sup>[5]</sup>

Modern management of hyperacidity mainly includes antacids, H<sub>2</sub> receptor blockers, and proton pump inhibitors, which often provide symptomatic relief but

may be associated with recurrence and adverse effects during prolonged use.<sup>[6]</sup> Ayurveda offers a holistic approach in the management of Amlapitta through dietary regulation, lifestyle modification, and use of herbal and herbo-mineral formulations. Among these, *Rasaushadhis* are considered highly potent due to their rapid action, smaller dose, enhanced bioavailability, and therapeutic efficacy.<sup>[7]</sup>

*Sootshekhar Rasa* and *Kamadudha Rasa* are two important *Kharaliya Rasayana* formulations widely used in Ayurvedic practice to manage Amlapitta and other *Pitta-pradhana* disorders. *Sootshekhar Rasa* is a classical herbo-mineral formulation indicated in Amlapitta, Agnimandya, Gulma, Grahani, Kasa, and related disorders.<sup>[8]</sup> Multiple formulations of *Sootshekhar Rasa* are described in Ayurvedic literature, among which the formulation mentioned in *Yoga Ratnakara* is most commonly used in clinical practice.<sup>[9]</sup> Similarly, *Kamadudha Rasa* is predominantly indicated in disorders caused by aggravated Pitta Dosh and contains ingredients such as *Pravala*, *Mukta*, *Shankha*, *Shukti*, and *Guduchi Satva*, which possess cooling, antacid, and gastroprotective properties.<sup>[10]</sup>

Although both formulations are extensively prescribed in clinical practice for Amlapitta, comparative critical reviews regarding their composition, pharmacological properties, therapeutic indications, and probable mode of action are limited. Therefore, the present review aims to critically compare *Sootshekhar Rasa* and *Kamadudha Rasa* with special reference to Amlapitta, highlighting their classical background, therapeutic utility, and relevance in the management of acid peptic disorders.

## MATERIALS AND METHODS

The present study is a narrative literary review based on classical Ayurvedic texts, Rasashastra literature, research articles, review papers, and published journals related to *Sootshekhar Rasa*, *Kamadudha Rasa*, and *Amlapitta*. Relevant data regarding formulation composition, *Rasa Panchaka*, therapeutic indications, pharmacological actions, and clinical studies were collected, critically analysed, and compared systematically.

**Table 1: Variants of Sootshekhar Rasa and Kamadudha Rasa.**

Formulation	Principal Ingredients	Major Therapeutic Uses
Sootshekhar Rasa (Yoga Ratnakara) <sup>[15]</sup>	Parada, Gandhaka, Trikatu, Dhatura, Shankha Bhasma	Amlapitta, Agnimandya, Grahani
Laghu Sootshekhar Rasa <sup>[16]</sup>	Gairika, Shunthi	Amlapitta
Rakta Sootshekhar Rasa <sup>[17]</sup>	Rasa Sindura, Abhraka, Loha, Swarna	Kapha-Pitta disorders
Kamadudha Rasa (Mukta Yukta) <sup>[18]</sup>	Mukta, Pravala, Shukti, Shankha, Guduchi	Amlapitta, Daha, Pittaja disorders

## Comparative Analysis of Composition

Comparative evaluation revealed that *Sootshekhar Rasa* possesses a more complex ingredient profile compared to *Kamadudha Rasa*. *Sootshekhar Rasa* contains herbal, mineral, and animal-origin substances, whereas *Kamadudha Rasa* is predominantly composed of mineral

## RESULTS

### Review and Development of both the Formulations

The review of Ayurvedic and Rasashastra literature demonstrated that both *Sootshekhar Rasa* and *Kamadudha Rasa* have been extensively employed in the management of *Amlapitta* and various disorders associated with aggravated *Pitta Dosh*. Both formulations are categorised under *Kharaliya Rasayana*, a pharmaceutical preparation obtained through prolonged trituration in *Khalvayantra*.<sup>[11]</sup> The process of repeated levigation (*Bhavana*) described in these preparations appears to enhance homogenization, particle size reduction, potency, and therapeutic effectiveness.<sup>[12]</sup>

Classical review identified five formulations described under the name *Sootshekhar Rasa*. The earliest available reference was traced to *Rasa Chintamani*. Subsequent descriptions were found in *Yoga Ratnakara*, *Rasa Chandanshu*, *Rasa Tantra Sara Evam Siddha Prayoga Samgraha*, *Rasamritam*, *Ayurveda Sara Samgraha*, and the *Ayurvedic Formulary of India*.<sup>[13]</sup> Among these, the formulation described in *Yoga Ratnakara* gained maximum acceptance in clinical practice and pharmaceutical manufacturing.

Several modifications in composition were observed across different texts. Some authors excluded *Swarna Bhasma* to reduce the cost of the medicine, resulting in preparations marketed as *Swarna Rahita* or *Sada Sootshekhar Rasa*.<sup>[14]</sup> In certain references, *Rajata Bhasma* was added, while *Swarna Makshika Bhasma* was used as a substitute for *Swarna Bhasma*. Replacement of *Vatsanabha* with *Nirvisha* was also observed, probably to minimise toxicity.<sup>[13]</sup> Variations in the duration of *Bhavana* were noted, ranging from one day to twenty-one days.

In the case of *Kamadudha Rasa*, three principal formulations were identified in classical texts. Among them, *Kamadudha Rasa with Mukta* was found to be the most commonly used preparation in contemporary Ayurvedic practice, especially in acid-peptic conditions and Pittaja disorders.

and marine-derived ingredients belonging to *Sudha Varga*.

The major mineral constituents of *Sootshekhar Rasa* include *Parada*, *Gandhaka*, *Tankana*, *Tamra Bhasma*, *Rajata Bhasma*, and occasionally *Swarna Bhasma*.

Herbal components such as *Trikatu*, *Dhatura*, *Twaka*, *Ela*, *Bilva*, *Kachura*, and *Bhringaraja* provide digestive and metabolic actions.

On the contrary, *Kamadudha Rasa* mainly consists of calcium-rich ingredients, including *Mukta Pishti*,

*Pravala Pishti*, *Shukti Bhasma*, *Shankha Bhasma*, and *Kapardika Bhasma*, along with *Guduchi Satva* and *Swarna Gairika*. This composition indicates a stronger emphasis on cooling, acid-neutralising, and Pittashamana properties.

**Table 2: Comparative Characteristics of the Formulations.**

Parameter	Sootshekhar Rasa	Kamadudha Rasa
Nature of formulation	Poly herbo-mineral	Mineral-dominant herbo-mineral
Dominant therapeutic approach	Deepana-Pachana	Pittashamana-Antacid
Major active group	Trikatu, Dhatura, Tankana	Mukta, Pravala, Shankha
Virya predominance	Ushna	Sheeta
Primary action	Agni correction and Amapachana	Acid neutralisation and cooling

### Pharmacodynamic Profile

#### Sootshekhar Rasa

Assessment of *Rasa Panchaka* demonstrated predominance of *Katu* and *Tikta Rasa*, along with *Laghu*, *Ruksha*, and *Ushna* attributes in Sootshekhar Rasa.<sup>[9]</sup> The formulation also exhibited strong *Deepana* and *Pachana* activity.

**Table 3: Predominant Pharmacodynamic Features of Sootshekhar Rasa.**

Attribute	Predominance
Katu Rasa	66.66%
Tikta Rasa	55.55%
Laghu Guna	77.77%
Ushna Virya	72.22%
Deepana Karma	66.66%

The predominance of *Katu*, *Tikta*, and *Ushna* properties suggests enhancement of digestive activity, metabolism of *Ama*, reduction of excessive *Drava Guna*, and restoration of impaired *Jatharagni*.

#### Kamadudha Rasa

In *Kamadudha Rasa*, *Madhura*, *Tikta*, and *Kashaya Rasa* were predominant, accompanied by *Sheeta Virya* and

*Madhura Vipaka*. The formulation showed marked *Pitta Shamaka*, *Daha Shamaka*, and antacid characteristics.<sup>[19]</sup>

**Table 4: Pharmacodynamic Features of Major Ingredients of Kamadudha Rasa.**

Ingredient	Important Actions
Mukta Pishti	Pittashamana, Daha Shamana
Pravala Pishti	Antacid, Deepana
Shankha Bhasma	Grahi, Acid neutralising
Guduchi Satva	Rasayana, Pitta balancing

The findings indicate that *Kamadudha Rasa* acts primarily by reducing aggravated *Pitta*, controlling burning sensations, and protecting the gastric mucosa.

### Therapeutic Indications

Classical indications revealed considerable overlap between the two formulations in the management of *Amlapitta*. However, *Sootshekhar Rasa* demonstrated broader utility in gastrointestinal and systemic disorders associated with *Mandagni* and *Ama*.<sup>[13]</sup>

**Table 5: Comparative Therapeutic Indications.**

Clinical Condition	Sootshekhar Rasa	Kamadudha Rasa
Amlapitta	✓	✓
Agnimandya	✓	Limited
Chardi	✓	✓
Grahani	✓	Limited
Daha	Moderate	Marked
Pittaja disorders	✓	✓
Jirna Jwara	✓	✓

*Sootshekhar Rasa* was found to be indicated in conditions such as *Agnimandya*, *Grahani*, *Gulma*, *Kasa*, *Shwasa*, and *Hikka*, whereas *Kamadudha Rasa* was mainly indicated in *Daha*, *Raktapitta*, *Pittaja disorders*, and conditions associated with excessive heat and acidity.

### Experimental and Clinical Findings

Published experimental studies demonstrated significant gastroprotective and antiulcer activities of both formulations.

**Table 6: Antiulcer Activity in Experimental Models.**<sup>[21]</sup>

Ulcer Model	Kamadudha Rasa	Sootshekhar Rasa
Cold restraint ulcer model	74.37% inhibition	74.83% inhibition
Ethanol-induced ulcer	47.59% protection	50.69% protection
Indomethacin-induced ulcer	55.91% inhibition	57.52% inhibition

Clinical studies also reported substantial symptomatic improvement in patients of *Urdhwaga Amlapitta*. Reduction was observed in symptoms such as<sup>[22]</sup>

- Heartburn,
- Sour belching,
- Nausea,
- Indigestion,
- Heaviness,
- Fatigue.

Combination therapies involving Sootshekhar Rasa with *Avipattikara Churna* or *Pathyadi Kwatha* showed comparatively superior outcomes. Safety studies further indicated the absence of significant adverse reactions when the formulations were administered in therapeutic doses.

#### Probable Mode of Action in Amlapitta Sootshekhar Rasa<sup>[4]</sup>

The probable action of *Sootshekhar Rasa* in *Amlapitta* can be understood based on its *Rasa Panchaka*, *Doshaghata*, and predominance of *Deepana-Pachana* properties. The formulation mainly acts at the level of *Agnimandya*, *Ama*, and *Annavaha Srotodushti*, which are considered important factors in the pathogenesis of *Amlapitta*.

Most of the ingredients possess *Katu* and *Tikta Rasa*, *Laghu*, *Ruksha*, and *Tikshna Guna*, along with predominance of *Ushna Virya*. These properties help in *Deepana* and *Pachana*, thereby correcting *Mandagni* and digesting *Ama*. The presence of *Trikatu*, *Tankana*, *Bilva*, *Kachura*, and *Shunthi* supports *Amapachana* and improves *Jatharagni*. Due to the predominance of *Laghu* and *Ruksha Guna*, the formulation also helps in reducing the excessive *Dravatva* and *Amlata* of aggravated *Pitta*.

Ingredients such as *Dhatura* and *Vatsanabha* possess *Vyavayi* and *Vikasi Guna*, which may contribute to the rapid systemic action of the formulation. *Kajjali*, formed by *Parada* and *Gandhaka*, acts as *Yogavahi* and may enhance the efficacy and bioavailability of other ingredients.

The presence of *Shankha Bhasma* and *Tankana*, which are *Kshariya* in nature, may help in neutralising excessive gastric acidity. *Rajata Bhasma*, *Swarna Bhasma*, and *Swarna Makshika Bhasma* contribute *Pittashamana*, *Hridya*, and *Rasayana* properties. *Chaturjata* drugs (*Twaka*, *Ela*, *Tejapatra*, *Nagakeshara*) improve *Rochana*, reduce *Hrillasa*, and support proper digestion.

Thus, *Sootshekhar Rasa* appears to act mainly through

- *Deepana*
- *Pachana*
- *Amapachana*
- *Agnivardhana*
- *Pitta-Kapha Shamana*
- Reduction of *Drava Guna* of *Pitta*
- Correction of *Annavaha Srotodushti*

This makes the formulation more suitable in *Amlapitta* associated with *Mandagni*, *Ama*, *Avipaka*, *Gaurava*, and recurrent digestive disturbance.

#### Kamadudha Rasa<sup>[23]</sup>

The action of *Kamadudha Rasa* is mainly directed towards *Pittashamana*, *Daha Prashamana*, and the reduction of *Amlata*. The formulation predominantly contains *Madhura*, *Tikta*, and *Kashaya Rasa* drugs having *Sheeta Virya* and *Madhura Vipaka*. These properties help in pacifying aggravated *Pitta Dosha* and reducing *Vidagdhatva*.

The formulation contains several *Sudha Varga* dravyas such as *Mukta Pishti*, *Pravala Pishti*, *Shukti Bhasma*, *Shankha Bhasma*, and *Kapardika Bhasma*. These drugs are rich in calcium compounds and possess *Sheeta*, *Pittashamaka*, and *Dahashamaka* properties. Their *Kshariya* nature may help in reducing excessive *Amla Guna* in *Amlapitta*.

*Guduchi Satva* contributes *Pittashamana*, *Raktaprasadana*, *Rasayana*, and *Amapachana* properties. *Swarna Gairika* acts as *Stambhaka* and may help in controlling excessive *Pitta Srava*. *Shankha Bhasma* and *Shukti Bhasma* possess *Grahi* and *Deepana* properties, which support digestion while reducing irritation in the gastrointestinal tract.

Unlike *Sootshekhar Rasa*, the action of *Kamadudha Rasa* is less focused on *Tikshna Deepana* and more on *Shamana* of aggravated *Pitta*. Therefore, the formulation appears more beneficial in conditions where symptoms like:

- *Hrit-Kantha Daha*
- *Amlodgara*
- *Tikta Udgara*
- *Chardi*
- *Trishna*
- *Vidaha*
- Gastric irritation are predominant.

### Overall, *Kamadudha Rasa* mainly acts through

- *Pittashamana*
- *Dahashamana*
- *Amlatahara*
- *Raktaprasadana*
- mild *Deepana-Pachana*
- *Grahi* action

Hence, it appears comparatively more useful in acute *Pittaja Amlapitta* with dominant *Daha* and *Vidagdha Pitta Lakshanas*, whereas *Sootshekhar Rasa* appears more suitable in chronic *Amlapitta* associated with *Mandagni* and *Ama*.

### Comparative Therapeutic Interpretation

The comparative evaluation suggests that both formulations are effective in the management of *Amlapitta*, although their therapeutic orientation differs considerably.

*Sootshekhar Rasa* appears to be more suitable in chronic or recurrent *Amlapitta* associated with impaired digestion, *Ama* accumulation, *Kapha-Vata* predominance, and metabolic dysfunction. Its primary action is directed toward the correction of *Mandagni* and the restoration of digestive function.

*Kamadudha Rasa*, owing to its *Sheeta Virya* and calcium-rich composition, appears more beneficial in conditions characterised by severe burning sensation, gastric irritation, hyperacidity, and dominant *Pittaja* manifestations. Its therapeutic effect is mainly directed toward rapid symptomatic relief and acid neutralisation.

The findings of the present review indicate that selection of either formulation should be based upon:

- *Dosha* predominance,
- Severity of burning symptoms,
- Presence of *Ama*,
- Digestive status,
- And stage of disease progression.

### DISCUSSION

The findings of the present review suggest that although both *Sootshekhar Rasa* and *Kamadudha Rasa* are indicated for *Amlapitta*, their therapeutic approaches appear fundamentally different. The comparative analysis indicates that the selection of either formulation should not be based solely on the disease name but rather on the disease stage, *Dosha* predominance, associated symptoms, and the involvement of *Ama* and *Agni*.

The review showed that *Sootshekhar Rasa* possesses a strong predominance of *Katu* and *Tikta Rasa*, *Laghu-Ruksha Guna*, and *Ushna Virya*. From an Ayurvedic perspective, this combination appears highly suitable in conditions where *Amlapitta* is associated with *Mandagni*, *Ama*, *Kapha Avarana*, and impaired digestion. In clinical practice, many patients of chronic or recurrent *Amlapitta* do not present only with burning sensation, but also with

symptoms such as *Avipaka*, *Gaurava*, *Adhmana*, *Utklesha*, and irregular appetite. The predominance of *Deepana* and *Pachana* properties in *Sootshekhar Rasa* suggests that the formulation acts primarily at the root level of *Samprapti* by correcting *Agni Dushti* rather than only suppressing symptoms.

Another important observation is the presence of *Tikshna*, *Vyavayi*, and *Vikasi* drugs like *Dhatura* and *Vatsanabha*. These ingredients may contribute to rapid pharmacological action and better systemic distribution of the formulation. At the same time, the use of *Kajjali* as a *Yogavahi* possibly enhances the therapeutic efficacy of associated ingredients. This may explain why classical texts have indicated *Sootshekhar Rasa* not only in *Amlapitta* but also in conditions like *Gulma*, *Grahani*, *Kasa*, and *Hikka*, where *Ama* and *Agnimandya* play an important role.

The review also suggests that the repeated modifications in the formulation by later scholars were likely aimed at balancing efficacy, safety, and affordability. Removal of *Swarna Bhasma* and replacement with *Swarna Makshika Bhasma* appear to reflect practical considerations in clinical use without significantly altering the core therapeutic intention of the formulation. Similarly, substitution of *Vatsanabha* with *Nirvisha* may represent an attempt to reduce toxicity while maintaining *Deepana-Pachana* action.

In contrast, *Kamadudha Rasa* appears to follow a comparatively different therapeutic pathway. The predominance of *Madhura Rasa*, *Sheeta Virya*, and *Pittashamaka* properties indicates that the formulation mainly targets aggravated *Pitta* and excessive *Amla Guna*. The formulation seems particularly suitable in patients presenting with intense *Daha*, *Hrit-Kantha Daha*, *Tikta-Amla Udgara*, irritation, and burning sensation, where immediate *Pitta Shamana* becomes necessary.

The high proportion of *Sudha Varga* ingredients in *Kamadudha Rasa* is clinically significant. These drugs possess *Sheeta*, *Stambhaka*, and *Dahaprashamana* properties and may contribute to rapid symptomatic relief. From a modern perspective, their calcium-rich nature may support acid neutralisation, but from an Ayurvedic standpoint, their importance lies more in reducing *Tikshnata* and *Dravatva* of aggravated *Pitta*. Therefore, *Kamadudha Rasa* appears more *Shamana*-oriented, whereas *Sootshekhar Rasa* appears relatively more *Samprapti Vighatana*-oriented.

Another noteworthy finding is that despite being indicated for the same disease, both formulations differ markedly in their *Virya* predominance. The dominance of *Ushna Virya* in *Sootshekhar Rasa* initially appears contradictory in a *Pittaja* disorder like *Amlapitta*. However, this can be understood on the basis that the formulation is intended primarily to correct *Mandagni*

and digest *Ama*, which are considered central to disease progression. In contrast, *Kamadudha Rasa* directly counteracts aggravated *Pitta* through *Sheeta Virya* and *Madhura Vipaka*. This distinction is clinically important because inappropriate selection of formulation without assessing the stage and nature of *Dosha involvement* may not produce optimum therapeutic outcomes.

The experimental and clinical findings reviewed in the study further support the classical understanding of these formulations. The antiulcer and gastroprotective effects observed in different studies may correlate with the *Pittashamana*, *Dahashamana*, *Amapachana*, and *Agnivardhana* actions described in Ayurveda. However, most available studies are preliminary in nature, and further well-designed comparative clinical trials are still required to establish clear therapeutic indications, safety profile, dose standardisation, and long-term efficacy.

Overall, the present review indicates that both formulations are therapeutically valuable in *Amlapitta*, but their rational use depends upon proper assessment of *Dosha*, *Agni*, *Ama*, chronicity of disease, and associated clinical manifestations.

## CONCLUSION

*Sootshekhar Rasa* and *Kamadudha Rasa* are both important formulations in the management of *Amlapitta*, but they differ in their therapeutic approach and pharmacodynamic profile. *Sootshekhar Rasa* appears more effective in *Amlapitta* associated with *Mandagni* and *Ama*, whereas *Kamadudha Rasa* is comparatively more beneficial in predominant *Pittaja* conditions with marked *Daha* and *Amlata*. Rational selection based on *Dosha* and stage of disease may enhance therapeutic outcomes.

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