



Role of Dushivishari Agada in Kotha WRS to Allergic urticaria.

Dr. Sarita M. Mantri,

Associate Professor, Dept. of Agadatantra, Matoshri Ayurved College, Eklahare, Dist. Nashik,
Maharashtra.

ABSTRACT:

‘Urticaria’ is a disease characterized by itchy red rashes on skin on almost all over the body. 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. The challenge for the clinician is to try to identify a cause that could lead to a specific treatment or avoidance strategy. Modern medicine not having any remedy for permanent cure but remission of the disease can be achieved administering the medicine. environmental factors cause some specific reactions on human body. As the concentration of all these factors is very low the reactions cannot be seen at the same time but when it gets habituated the reaction occurs on very large scale and symptoms like urticaria can be seen. Ayurveda considered these factors as Dushi Visha prakopaka Hetu and these types of Visha are called as Dushi Visha. Ayurveda described and suggested remedies for Dushi Visha. Dushivishari Agada is a mixture of Herbo-mineral drugs which is mentioned specifically for treatment of Dushivisha. A pilot study of 30 patients was done to assess the efficacy of Dushivishari Agada in allergic urticaria. It showed a promising response to the drug as results are significantly better before and after the treatment. Key words: Allergic Urticaria, Dushi Visha, Dushivishari Agada, Herbo-mineral drug

INTRODUCTION:

‘Urticaria’ is a disease characterized by itchy red rashes on skin on almost all over the body.¹ ‘Shitapitta-Udarda-Kotha’ are having similar symptomatology and causative factors as Urticaria. So, various types of ‘Urticaria’ can be taken as ‘Shitapitta-Udarda-Kotha’. 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.² The disability and distress caused by Urticaria can lead to serious impairment of quality of life, almost comparable to that experienced by patients with cardiovascular disease. To further complicate the issue, a fairly extensive list

of diseases can cause Urticaria. Patients often seek medical attention with the hope that a reversible cause can be identified. Therefore, the challenge for the clinician is to try to identify a cause that could lead to a specific treatment or avoidance strategy. A carefully taken history, blood tests, cutaneous punch biopsy, and allergy skin testing may provide the clues to specific mechanisms in some cases. Often, however, it is impossible to pinpoint the exact cause.³ Modern medicine not having any remedy for permanent cure but remission of the disease can be achieved administering the medicine. Ayurveda can provide better and permanent management for 'Kotha'. In day to day life we get exposed to many visha like chemicals, polluted air, different types of smokes, insects, plants etc. These environmental factors cause some specific reactions on human body. As the concentration of all these factors are very less, the reactions cannot be seen at the same time but when it gets habituated the reaction occurs on very large scale and symptoms like urticaria can be seen. This is called as Dushi Visha in Ayurveda. The specific treatment strategy and some drugs are mentioned in the classics. Dushivishari Agada is a drug specifically mentioned for Dushi Visha in classics. Hence, we have selected this topic for pilot study.

AIM AND OBJECTIVES:

Aim:

To assess the efficacy of Dushivishari Agada in 'Kotha' W.S.R. to allergic urticaria.

Objectives:

1. To study Kotha and allergic urticaria in detail
2. To study Dushi Visha concept
3. To study Dushivishari Agada in detail

MATERIAL AND METHODS:

Study Design:

Randomized standard controlled open label clinical trial.

Study setting (location of study)

OPD and IPD patients from kaychikitsa department of the hospital attached to the college.

Duration of study: 2 months.

Duration of treatment:

Duration of treatment was 15 days and follow up was taken on 5th, 10th and 15th day. post therapy follow up was taken on 30th day for recurrence of the disease.

Sample Size: 30 patients.

Patient Selection Criteria:**Inclusion Criteria:**

1. Patients between ages 20-60 years irrespective of gender, religion & occupation.
2. Patients having a history of Kotha i.e. Hives for minimum 1 year.
3. Patients having symptoms Varatidashta Sansthanavata Shotha (Wheals/Hives), Kandu (Pruritus), Toda (Pricking pain), Vidaha (Burning Sensation).
4. Patients irrespective of gender, socioeconomic status, occupation etc.

Exclusion Criteria:

1. Patients having any associated major illness.
2. Patient taking treatment from any other pathy for the same problem.
3. Hypersensitivity reactions to any drug.

Withdrawal Criteria:

1. Patient unable to tolerate the treatment.
2. Any adverse drug reaction of treatment on patient.
3. The Patient is not willing to continue the treatment and violating Assessment Schedule.
4. If Patient himself wants to withdraw from the clinical trial.

Criteria for Assessment:

1. Varatidashta Sansthanavata Shotha (Wheals/Hives)

GRADE	SCORE	SIGN & SYMPTOMS (NO OF WHEELS/HIVES)
0	0	Absent
+	1	0 to 20 Wheals/24hours
++	2	20 to 50 Wheals / 24 hours
+++	3	50 Wheals /24hrs

2. Kandu (Pruritus)

GRADE	SCORE	SIGN & SYMPTOMS
0	0	Absent
+	1	Present but Not Annoying or troublesome
++	2	Troublesome but not interfere with Normal daily activities or sleep
+++	3	Severe itching which is sufficiently troublesome to interfere with normal daily activities or sleep

3. Vidaha (Burning Sensation)

GRADE	SCORE	SIGN & SYMPTOMS
0	0	Absent
+	1	Present with touch but not annoying or troublesome
++	2	Troublesome but not interfere with normal daily activities or sleep
+++	3	Severe burning sensation sufficiently troublesome to interfere with normal daily activities or sleep.

Objective Criteria:

1. VAS (Visual Analogue Scale)
2. Absolute Eosinophilic Count

Treatment Details:

	Group A
Drug Used	Dushivishari Agada
No. of Patients	30
Route of administration	Per Oral
Dose	2.5 gm
Kala	Twice a day after meals
Anupana	Madhu
Duration	15 days
Follow Up	5 th , 10 th and 15 th Day

OBSERVATIONS AND RESULTS:**Age wise Distribution:**

Sr. No.	Age group	No. of Patients	Percentage
1	18 to 30 years	7	23.33
2	31 to 40 years	6	20
3	41 to 50 years	12	40
4	51 to 60 years	5	16.66

Gender wise Distribution:

Sr. No.	Gender	No. of patients	Percentage
1	Male	18	60
2	Female	12	40

Occupation wise Distribution of patients

Sr. No.	Occupation	No. of Patients	Percentage
1	Service	8	26.66
2	Business	4	13.33
3	Worker	6	20
4	Driver	3	10
5	Housewife	5	16.66
6	Student	4	13.33

Prakruti wise Distribution of Patients

Sr. No.	Prakruti	No. of Patients	Percentage
1	Vata	3	10
2	Pitta	1	3.33
3	Kapha	3	10
4	Vata-Pitta	8	26.66
5	Vata-Kapha	5	16.66
6	Pitta-Kapha	10	33.33
7	Tridoshaja	0	0

Diagnostic Criteria wise Distribution of the Patients:

Sr. No.	Criterion	No. of Patients	percentage
1	Viruddha ahar sevana	13	43.33
2	Snake/Scorpion/Insect Bite	7	23.33
3	Exposure to chemical	6	20
4	Exposure to Radiations	2	6.6
5	Chronic exposure to some allergen	3	10

Assessment Criteria:**Subjective Criteria:**

Sr. No.	Symptom	Mean Score		S.D.	S.E.	t cal	Significance
		B.T.	A.T.				
1	Varatidashta Sansthanavata Shotha (Wheals/Hives)	2	0.57	0.77	0.14	13	Significant
2	Kandu	2.5	0.87	0.77	0.14	12.3	Significant
3	Daha	1.77	0.8	0.64	0.12	14.7	Significant

All the three subjective criteria were prognosed significantly well. Student's paired t test was used to determine the significance of the observations. It shows that the treatment regimen with Dushivishari Agada is significantly effective for all the three subjective criteria.

Objective Criteria:

Sr. No.	Criterion	Mean Score.		S.D.	S.E.	t cal	Result
		B.T.	A.T.				
1	Absolute Eosinophilic count	423.5	347.8	0.75	0.14	12.4	Significant
2	VAS	1.33	0.58	1.05	0.19	7	Significant

Absolute Eosinophilic count was reduced 75.7 t cal was 12.4 hence $p < 0.001$, therefore, this criterion was improved significantly. Also, in case of VAS, $t=7$ hence $p < 0.05$ hence significant improvement was seen. Therefore, treatment regimen with Dushivishari Agada is significantly effective in case of AEC and VAS.

DISCUSSION:

According to Madhavkara Samprapti Ghataka of Kotha are Tridosha i.e. Vata, Pitta and Kapha; Rasa, Rakta dhatu and Twaka. 'Prakupita Vata and Kapha {Pradushtau Kapha Marutau} due to Shita Marutadi Nidana {Shita Maruta Samsparshat} – when being mixed with 'Pitta' {Pittena Saha Sambhooya} spreads internally and externally {Bahir-Antah Visarpatah} and results in to 'Shitapitta-Udarda-Kotha'.⁴ The interesting thing about Kotha is that Acharya Charaka, Sushruta and Vagbhata had described Kotha as complication or symptom of Dushivisha and in Madhava Nidana where Kotha is first described as an independent disease, he has mentioned hetus (causes) of Kotha which exactly are the trigger factors of Dushivisha described in Bruhat trayee. Therefore, in this clinical trial Kotha which has a particular origin and has a specific history was included.

Dushivishari Agada is described in Ashtanga Hridaya Uttarsthana 35.⁵ Its contents are Pimpali, Dhyamaka, Jatamansi, Rodhra, Ela, Suvarchika, Kutannata, Nata, (Tagara) Kushtha, Yashti (Jyeshthamadh), Chandana and Gairika. Pimpali is Ushna, Tikshna having Katu rasa, Ushna virya and Madhura Vipaka. It is Deepana, Pachana and having Rasayana property.⁶ Dhyamaka is having Tikta rasa, Ushna Virya, katu vipaka and have Deepana, Pachana properties.⁷ Jatamansi has Tikta, Kashaya rasa, Ushna virya and katu Vipaka it has specific Bhutaghna property and is nidrajanaka, it has also Deepana and Pachana propertis.⁸ Rodhra is Kashaya, Tikta in Rasa, has Katu Vipaka and shita virya it has immense property of Raktaprasadana and Kandughna.⁹ Ela is Ushna Tikshna and Deepana and Pachana; Suvarchika is also Deepana and Pachana in property,¹⁰ Kutannata i.e. Musta is deepana and Pachana also it is Krumighna and has Ushna virya;¹¹ Tagara is Ushna Tikshna in property also it is Deepana and Pachana and shreshtha Kapha shamaka dravya;¹² Kushtha is Srheshtha Vata shamaka and deepana Pachana and srotoshodhana dravya;¹³ Yashti is Madhura, Tikta,

having Madhura Vipaka and Ushna Virya it is Saraka and srotoshodhana. It has rasayana property.¹⁴ Chandana is Tikta, Kashaya rasatmaka and is having Shita Virya Katu Vipaka. It is shreshta Nirvapana and Raktaprasadana dravya and shreshtha Pitta shamaka.¹⁵ Gairika is Pitta Shamaka and Raktaprasadana dravya.¹⁶ Therefore, collectively Dushivishari Agada is Ushna, Tikshna, Deepana, Pachana, Srotoshodhana, Raktaprasadana and Rasayana. It is also Tridosha Shamaka in property.

Dushivishari Agada is Deepana, Pachana and srotoshodhana therefore it metabolises the toxins which are dumped in the body and remain dormant due to their alpa Virya. It is Tridosha Shamaka and hence it decreases vitiated doshas and bring them to normal. It is Rasayana and hence produces good quality of Rasa dhatu and cures Rasa Dushti. It is Rakta prasadana and hence decreases rakta dushti and concentration of Pitta in Rakta Dhatu. All these properties help to cure and reduce incidence of prakopa of Dushivisha and hence decreases incidence of Kotha (Allergic Urticaria).

CONCLUSION:

Dushivishari Agada is significantly better to cure Kandu, Daha and Raktavarni Shotha in allergic urticaria. Hence, Dushivishari Agada is effective in Kotha (allergic urticaria).

REFERENCES:

1. Aspi F. Golwalla and Sharukh A. Golwalla, Golwall's Medicine for Students, edited by Milind Nadkar, 25th edition, Published by Jaypee Publication Delhi. P. No. 423.
2. www.ncbi.nlm.in
3. Dr. Y.P. Munjal, API Textbook of Medicine, 9th edition published by JP Brothers medical publishers. P.No. 1439.
4. Acharya Madhavakara, Madhavanidana with Madhukosha comentry of Vijayarakshita, Chaukhamba Orientalia, Varanasi. M. N. 50 / 1
5. Acharya Vagbhatta, Ashtangarhudyaya with Sarvangasundari commentary by Arunadatta and Ayurvedarasayana commentary by Hemadri edited by Shri. Anna Moreshwar Kunte, Chaukhamba Prakashana, Varanasi. A.Hr.U. 35/15.
6. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998 verse 53-58, P.N. 15-16.
7. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998 Guduchyadi Varga, P.N. 227.
8. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 89, P.N. 240242.
9. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 215-216, Page No. 128-130.
10. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 21, Page no. 328.
11. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 92-94, P. N. 243.

12. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Karpuradi varga. P.N. 382.
13. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 173, P.N. 91.
14. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 145-146, P.N. 65-66.
15. Acharya Bhavamishra, The Bhavaprakash Nighantu edition 1998, Verse 11-13, P.N. 186-187.

