

A CLINICAL STUDY OF USHIRADI CHURNA YOGA IN KOTA

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ABSTRACT

Intake of mutually contradictory foods and drinks, improper food habits, intake of cold things soon after exposure to hot etc are the causes for different types of skin diseases and *Kota* is one among them.

In *Kota* reoccurrence and fluctuation is common and nowadays it is more commonly seen. The symptomatology has close resemblance with the disease Urticaria. **Aim & Objective:** To evaluate the effect of *Ushiradi Churna Yoga* in the management of *Kota* and to know the comprehensive action of *Yoga* in relation with Dominance of *Dosha*, Chronicity and Severity. **Materials & Methods:** The study design selected was a single group clinical study and the sample size was 30 suffering from classical *Lakshanas* of *Kota* as per the selection criteria. The *Yoga* is administered with *Madhu* for 21 days in the morning in empty stomach and asked to do follow up after 7days. **Results:** Among

30 patients, 2 patients (7%) got mild improvement, 7 patients (23%) got moderate improvement, 5 patients (17%) got marked improvement and 16 patients (53%) got complete remission. **Conclusion:** The present clinical study showed overall result of 72.29% and statistically significant result (P value <0.001) on symptoms of *Kota*. Based on severity of disease mild and moderate severity shown good results compared to severe cases. This *Yoga* was found to be more effective in patient with acute onset. *Kaphavatadhika Lakshanas* was seen in majority of the patients and the *Yoga* shown good result in these *Lakshanas*. The *Yoga* is having Kaphapittahara, *RasaRaktahara* and *Amahara* action.

KEYWORDS: Skin disease, Urticaria, *Kota*, *Ushiradi Churna Yoga*.

INTRODUCTION

Skin diseases are common manifestation in present era and afflicts individual irrespective of age group. It is a protective organ which reflects the health of the individual. According to Ayurveda all skin diseases are coming under *Bahya Rogamarga*. Intake of mutually contradictory foods and drinks, improper food habits, intake of cold things soon after exposure to hot etc are the causes for different types of skin diseases^[1] and *Kota* is one among them.

In classics *Acharya Vagbhata* has explained *Kota* as a separate disease under *Kshudra Roga* in *Uttarasthana*.^[2] Other scholars have explained *Kota* along with *Sheetapitta* and *Udarda* in a single chapter because of their similar presentation (*Kandu, Utsanna, Ragata*). Some of the scholars have explained *Sheetapitta* and *Udarda* as synonyms.^[3] But in *Sheetapitta- Vata Dosha* predominance and in *Udarda- Kapha Dosha* predominance is seen. In *Kota* reoccurrence and fluctuation is common and nowadays it is more commonly seen.^[4] *Kota* manifest in four ways; a) As a *Lakshana* of other disease like *Amlapitta, Sannipata Jwara, Visha* b) As a *Upadrava* of Disease like *Krimi* c) Due to improper therapy like *Vamana* d) As an independent disease. Compared to other disease like *Kushta, Visarpa* etc detailed explanation regarding the *Nidanapanchaka* and *Chikitsa* of *Kota* is not available in classics. *Acharyas* like *Vangasena* and *Vrindhamadhava* have explained *Kota Chikitsa* along with *Sheetapitta* and *Udarda* in a single chapter. Also mentioned *Udarda, Kushta* and *Amlapitta Chikitsa* can be implemented in *Kota Roga*.

As symptomatology is concerned in contemporary medicine *Urticaria* is quite similar to *Kota*. In India approximately 15-20% of the general population may suffer from *Urticaria* atleast once in their life.^[5] Antihistamines and Corticosteroids are the drug of choice with some limitations.

AIM AND OBJECTIVE

- To know the effect of *Ushiradi Churna Yoga* in *Kota*.
- To study the comprehensive action of *Ushiradi Churna Yoga* with consideration of following conditions:
 - a) Related to Dominance of *Doshas*.
 - b) Related to Chronicity of the Disease.
 - c) Related to Severity of the Disease.

MATERIALS AND METHODOLOGY

Source of Data

A) Literary Source

Literary aspect of study had been collected from classical Ayurvedic texts, contemporary text books, modern literatures including websites, journals and previous work done about the drug and disease is reviewed and documented for the intended study.

B) Sample Source

Patients were selected from the OPD, IPD and Camp programs of K V G Ayurveda Medical College and Hospital, Sullia.

C) Drug Source

The raw materials were collected from the local area and purchased from local market after proper identification and formulation of *Ushiradi Churna Yoga* was prepared from K.V.G Ayurveda Medical College and Pharmacy Sullia.

D) Preparation of Medicine

Trial Drug: *Ushiradi Churna Yoga*

Ingredients: *Ushira, Nimba, Madhu*

The *Ushiradi Churna Yoga* is prepared out of dried *Nimba patra* and *Ushira*. Each drug is identified, collected, cleaned, dried and powdered separately. *Ushira Churna* and *Nimba Churna* is taken in a ratio of 1:1. This powder is stored in an airtight container and packed into 3gm sachets. While administering the medicine *Madhu* is given as *Sahapana*.

Posology

- Here *Ushiradi Churna Yoga* is administered in a fixed dose of 1 *Karsha* (~3gm) with *Madhu* as *Sahapana (lehyavat)* for 21 days.
- In classics there is no specific reference regarding *Aushadha Sevana Kala* in *Kota*. *Aushadha Sevana Kala* is fixed as *Suryodaya* i.e morning before food.
- As per the classics there is no specific duration for *Shamana Yoga*. So for this study the duration is fixed into 21days.

Criteria for Selection of Data

a) Inclusion Criteria

- Age group between 18-70 years irrespective of gender, caste, occupation and religion.

- *Kota* as an independent disease (not a *Lakshana* of other disease.)

b) Exclusion Criteria

- *Kota* as a *Lakshana* or *Upadrava* of other disease (eg; *Amlapitta*) to be excluded.
- Patients suffering from any other systemic disease.

c) Diagnostic Criteria:- Diagnosis of disease was done based on symptomatology in the classics.

- *Mandala*
- *Kandu*
- *Ragata*
- *Bahuni*
- *Sanubandatha*

d) Assessment Criteria:- Assessment of the condition was done based on a detailed proforma and was analysed statistically.

e) Subjective Parameters

- *Kandu* (Itching)
- *Ragata* (Redness)

f) Objective Parameters

- *Mandala* (Measurements of skin lesion with grid chart)
- *Bahuni* (Number of Mandalas)
- *Sanubandatha* (Frequency of Attack)

Table No. 1: Showing the assessment of parameters.

Grading	Kandu	Ragata	Mandala	Bahuni	Sanubandatha
0	No Itching	Redness absent	Not present	No mandalas	No attack
1	Itching present but not troublesome	Redness present	<2cm in size	<20 wheals/24hrs	Once in a week
2	Itching present and is troublesome but does not interfere with routine activities		2-5cm in size	21-50wheals /24 hrs	Alternate days
3	Severe itching interfering the routine activities		>5cm in size	>50wheals/24hrs or large confluent area of wheal	Every day

OBSERVATION

In this study, 30 patients fulfilling the inclusion criteria were randomly selected and studied. There was no dropout during the course of treatment. During and after the treatment no complications and adverse drug reactions were observed. The maximum number of patients was in the age group of 20-39 years. Out of 30 patients 16 patients were having chronicity less than 1 year i.e. 53.33% and 14 patients were having chronicity more than 1 year i.e. 46.66%. On the basis of severity 22 patients were having *Madhyama Vyadhibala* i.e. 73.33%, 7 patients were having *Pravara Vyadhibala* i.e. 23.33% and 1 patient were having *Avara Vyadhibala* i.e. 3.33%. Based on *Doshika pradhanyatha* 16 patients were having *Kaphadhika* condition i.e. 53.33%, 10 patients were having *Vatadhika* condition i.e. 33.33% and 4 patients were having *Pittadhika* condition i.e. 13.33%. Overall result of the treatment is 72.29% and statistically shows highly significant ($P < 0.001$) on all symptoms of *Kota*.

RESULTS AND DISCUSSION

Paired T-test was used for statistical analyses. The study reveals that all the parameters showed highly significant.

Table No. 2: Showing the statistical outcome of the study.

Parameters	BT	AF	Net mean	SD	SE	T	P	Remarks
Kandu	1.96	0.16	1.8	0.610	0.111	16.16	<0.001	Hs
Ragata	0.66	0.23	0.43	0.504	0.092	4.71	<0.001	Hs
Mandala	1.73	0.26	1.47	0.629	0.115	12.78	<0.001	Hs
Bahuni	1.43	0.26	1.17	0.461	0.084	13.86	<0.001	Hs
Sanubandatha	1.9	0.26	1.64	0.615	0.112	14.55	<0.001	Hs

1. Effect of treatment according to Doshadhikyata

In this study 10 patients were presented with *Vatapradhana Lakshanas* i.e. 33.33%, 4 patients with *Pittapradhana Lakshanas* i.e. 13.33% and 16 patients with *Kaphapradhana Lakshanas* i.e. 53.33%.

Among 10 patients having *Vatapradhanya Lakshanas*, 6 patients showed complete remission(60%), 3 patients showed marked improvement(30%) and 1 patient showed moderate improvement(10%).

Among 4 patients having *Pittapradhana Lakshanas*, 2 patients showed complete remission(50%), 1 patient showed marked improvement(25%) and 1 patient showed moderate improvement(25%).

Among 16 patients having *Kaphapradhana Lakshanas* 8 patients showed complete remission(50%), 3 patients showed marked improvement(19%) and 5 patients showed moderate improvement(31%).

The majority of patients had *Kaphadhika* and *Vatadhika Lakshanas*. The study shows good result in *Kaphavatadhika Lakshanas*.

2. Effect of treatment according to Chronicity

Out of 30 patients, 16 patients were observed with chronicity 1 year and below among them 14 patients got complete remission (87.5%), and 2 patients got marked relief (12.5%). In the study with chronicity of above 1 year were 14 patients among them 7 patients got moderate relief (50%), 5 patients had marked relief (36%) and 2 patients had complete remission from the symptoms (14%).

So with above mentioned parameters, it can be concluded that *Ushiradi Churna Yoga* has better result in its action on chronicity below 1 year.

3. Effect of treatment according to Severity

In this study, 7 patients had *Pravara Vyadhibala*, 22 patients had *Madhyama Vyadhi Bala* and 1 patient had *Avara Vyadhi Bala*. Patients with *Pravara Vyadhibala* got mean relief of 51%, patients with *Madhyama Vyadhibala* got mean relief of 88% and patient with *Avara Vyadhibala* got mean relief of 100%.

The disease related to *Bahya Rogamarga* like *Kushta*, *Sheetapitta* and in patients with *Pravara Vyadhibala*, *Shodhana* is indicated in classics. This *Yoga* is a *Shamana Yoga* and given without *Shodhana* therapy. If it was given after *Shodhana* it may give better result in *Pravara Vyadhibala* patients also. Hence it can be concluded that in the present clinical study *Ushiradi Churna Yoga* is more effective in patients with *Madhyama* and *Avara Vyadhibala* compared to *Pravara Vyadhibala*.

4. Overall effect of the treatment

Analysis of the effect of *Ushiradi Churna Yoga* in the present clinical study shows highly significant result in all the symptoms of *Kota*. Overall effect of treatment in *Kota* shows marked improvement i.e. 72.29%. Out of 30 patients in this study, 2 patients (7%) got mild

improvement, 7 patients (23%) got moderate improvement, 5 patients (17%) got marked improvement and 16 patients (53%) got complete remission.

Probable mode of action

In *Ayurveda* according to *Sidhamantra* the potency of drug is analysed by *Rasa*, *Veerya* and *Vipaka* only. The explanation about the mode of action of a single drug is easily possible on the basis of *Rasa*, *Guna*, *Veerya*, *Vipaka*. On the other hand, justification of mode of action of compound *Yoga* through *Rasa*, *Guna*, *Veerya*, *Vipaka* is quite difficult. *Chakrapani* quoted that only sages (versatile scholar) can explain about the specific action of *Yogas*.^[6] In the present study the selected *Yoga* is a compound medicine and the ingredients are *Ushira* and *Nimba* with *Madhu* as *Sahapana*.

Acharya Vagbhata included all treatments under two groups i.e *Dwividhopakramaniya* in which the present study is coming under *Langana* therapy. In *Langana* therapy it is coming under *Shamana Yoga*. In *Shamana* the present *Yoga* belongs to *Pachana Yoga*.

While explaining the concept of *Dravya*, *Dosha* is considered as a *Dravya*. The *Dosha* can be understood by its *Guna Karma*.^[7] Understanding the *Guna* is by pharmaceutical action and in some cases the action of *Dosha* by *Guna* is rarely not possible, in that time *Karma* is to be considered. In the present study *Lakshanas* like *Kandu*, *Raga*, *Mandala* cannot be understood by *Guna* so *Karma* to be considered.^[8,9]

For *Chikitsa* the base of action is always dependant on *Panchamahabhuta*.^[10] Here the drugs having *Tikta Rasa* which consist of *Vayu* and *Akasha Mahabhuta* helps to enhance the *Agni*. This *Yoga* is a *Pachana Yoga* and because of the *Pachana* action it convert the *Ama* to *Nirama Avastha* thus helps to cure the disease. *Tikta Rasa* and *Sheeta Veerya* of *Nimba* and *Ushira* pacifies the *Pitta* and *Laghu*, *Ruksha*, *Ushna Guna* of *Madhu* has *Kaphahara* action. The *Yogavahi* property of *Madhu* further potentiates the action when given in combination.

All the ingrediants are having *Kushtagna* and *Kandugna* action. Hence it is helpful in relieving the symptoms like *Kandu*, *Raga*, *Mandala*.

Dosha-Dushya Samurchana is called *Vyadhi* and the *Chikitsa* is nothing but the *Samprapthi Vighatana*. There is an integral relation between *Kapha Dosha-Rasa Dhatu* and *Pitta Dosha-Rakta Dhatu*. Here in the pathogenesis of disease the dominant *Doshas* involved is *Kapha*

and *Pitta* and *Dushya* are *Rasa* and *Rakta*. The *Yoga* is having *Kaphapittahara* action by which *Dushyas* are also get treated. Hence may help to break the *Samprapti* of disease.

CONCLUSION

- On the basis of *Doshapradhanyatha*, *Usheeradi Churna Yoga* is found more effective in *Kota* having *Kaphapradhana lakshanas*.
- On the basis of Chronicity, the study showed better result in patients with acute onset while compared to chronic onset.
- Based on severity, the patients with *Madhyama(moderate)* and *Avarabala(less)* showed good result compared to *Pravara(severe)* *Vyadhibala*.
- This yoga is having *Kaphapittahara, Rasa-Raktahara and Amahara* action.
- During and after the treatment no complications and adverse drug reactions were observed. Thus, it can be considered as a safer *Yoga*.

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REFERENCES

1. Acharya Agnivesha- Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta, edited by Vaidya Yadavaji Trikamji Acharya, Published by Chaukhamba Publications New Delhi, Edition 2016, Chikitsasthana, Chapter no:7, Shloka no:4-8, 450.
2. Acharya Vagbhata- Ashtanga Hridaya with Sarvangasundara Commentry of Arunadatta and Ayurvedarasayana of Hemadri Edited by Hari Sadashiva Sastri Paradakara Bhissagacharya, published by Chowkhamba Surbharati Prakashan Varanasi, Edition 2010, Uttarasthana, Chapter no:31, Sloka no:32, 890.
3. Sri Madhavakara- Madhava Nidana, Rogavinishchaya (a treatise on Ayurveda) translated into English by Ayurveda Vidwan Prof. K.R Sreekanthamoorthy, Published by Choukhambha Orientalia Varanasi, Reprint Edition 2009, Nidanasthana Chapter no:50, Shloka:no 4, 165.
4. Sri Madhavakara- Madhava Nidana with Madhukosha Sanskrit Commentary by Sri Vijayaraksita and Srikantha data with Vidyodini Hindi Commentary and notes by Sri

Sudarsana Sastri Revised and Edited by Prof. Yadunandana Upadhyaya, Part 2, Published by Chaukhamba Sanskrit Sansthan Varanasi, Reprint Edition 2003, Uttarardha Chapter no:50, Shloka no:6, 170.

5. www.e-ijd.org
6. Acharya Agnivesha- Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta, edited by Vaidya Jadhavji Trikamji Acharya, Published by Chaukhambha Surbharati Prakashan, Reprint edition 2009, Chikitsa Sthana, Chapter no:1, Paada:3, Shloka no:4-6 Chakrapani commentary, 384.
7. Acharya Agnivesha- Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta, Edited by Vaidya Yadavaji Trikamji Acharya, Published by Chaukhamba Publications New Delhi, Edition 2016, Sutrasthana, Chapter no:1, Shloka no:51, 13.
8. Acharya Agnivesha- Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta, Edited by Vaidya Yadavaji Trikamji Acharya, Published by Chaukhamba Publications New Delhi, Edition 2016, Sutrasthana, Chapter no:20, Shloka no:15&18, 115.
9. Acharya Vagbhata- Ashtanga Hridaya with Sarvangasundara Commentry of Arunadatta and Ayurvedarasayana of Hemadri Edited by Hari Sadashiva Sastri Paradakara Bhissagacharya, published by Chowkhamba Surbharati Prakashan Varanasi, Edition 2010, Sutrasthana, Chapter no:12, Sloka no:51-53, 201.
10. Acharya Sushruta- Sushruta Samhita with Nibandhasangraha commentary of Dalhanacharya, edited by Vaidya Jadhavji Trikanji Acharya and Narayan Ram Acharya “Kavyatirtha”, Published by Chaukhambha Sanskrit Sansthan Varanasi, Reprint edition 2010, Shareerasthana, Chapter no:1, Shloka no:13, 341.