

A CASE STUDY OF *DUSHIVISHAJANYA KOTHA*Dr. Ketan Kurtkoti^{1*} and Dr. Vikram Supugade²¹PG Scholar, PG Department of *Agadtantra*, Sumatibhai Shah Ayurveda Mahavidyalay, Hadapsar, Pune.²Lecturer, PG Department of *Agadtantra*, Sumatibhai Shah Ayurveda Mahavidyalay, Hadapsar, Pune.

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ABSTRACT

Introduction: Today's lifestyle gives exposure to poisons to the people directly or indirectly. These poisons get entered in the body and stay in the body and aggravate when the conditions are favourable. Such poison in Ayurveda is termed as "*Dushivisha*". This *Dushivisha* further causes various diseases. One of such diseases is "*Kotha*". **Case Presentation:** A patient of 70 years/Female, came with complaints of *raktavarni twak dushti* with *Mandal utpatti*, along with *raag* and *kandu* on bilateral forearms. Detailed history of the patient revealed *Hetu* of *Viruddhahar* like milk & pickle, milk & fruits, stale food and many such *hetus* like daily *Diwaswap*, which aggravates *Dushivisha*. Accordingly, the diagnosis was made as "*Dushivishajanya Kotha*". **Management & Outcome:** The patient was managed with regular treatment of *Kotha* according to dominant *Doshas* along with management of *Dushivisha* by *Dushivishari Agad*. After 2 months she got significant relief in lesion. Reduction in *Kandu*, *Raag*(*Araktata*) and *Mandal utpatti* was seen. This case study demonstrates that for the management of skin diseases like *Kotha*, detailed *hetus* of *Dushivisha* should be looked for and treatment of *Dushivisha* should be done accordingly.

KEYWORDS: *Dushivisha*, *Kotha*.

INTRODUCTION

In today's era, the dietary habits and lifestyle have been affected a lot. Our simple life has been changed by fast food and food grown with the use of pesticides/insecticides. Such food fall under *Virudhahar*, *Mithya Ahar* or *Vishayukta Anna sevan*. *Viruddha* means such substances which do not have affinity towards each other. Such act as antagonist to the *Dhatu*. Due to the consumption of *Virudhahar* for long time leads to the development of *Ama* and the *Guna* of *Ama* are similar as *Visha*.

"जीर्ण विषघ्नौषधिभिर्हितं वा
दावाग्निवातातपशोषितं वा ॥
स्वभावतो वा गुणविप्रहीनं
विषं हि दूषिविषतामुपैति ॥ "

- सु.क. २/२५

"दूषितं देशकालान्नदिवस्वप्नैरभीक्षणशः ।
यस्मात् दूषयते धातून् तस्मात् दूषीविषं स्मृतम् । "

- सु.क २/३३

A windy and cloudy day, rainy season (*Kaal*), *Anupdesha* (*Desha*), extreme cold rainy place, *Dusheet Anna* constant and regular *Diwaswaap*, all these leads vitiating the *Dhatu* of the body and this poison is known as *Dushivisha*.^[1] *Dushivisha* staying in *Rakta Dhatu* shows *Kushtha*, *Visarpa*, *Kotha*, etc. All these causes many diseases but mainly skin diseases are caused.

CASE STUDY

A patient of 70 years/Female, came with complaints of *raktavarni Twak dushti* with *Mandal utpatti*, along with *raag* and *kandu* on bilateral forearms.

Duration: Since 3 months**Past history:** No history of any major medicinal and surgical illness**History of present illness:** The above patient was symptomless before 3 months. But as the symptoms were seen the patient had taken Allopathic treatment, but as the patient had not got any relief the patient came to my OPD.**Occupation:** Housewife.

Table 1: Ashtavidha Parikshan.

Nadi	Kaphapittaj
Mala	Samyak
Mutra	Samyak
Jivha	Ishat Saam
Shabda	Spashta
Sparsha	Mrudu
Druka	Prakrut
Akruti	Sthool

Table 2: Dashvidha Parikshan.

Prakruti	Kaphapittaj
Vikruti	Kapha-Vaat
Dushya	Ras, Rakta, Mansa, Meda
Saar	Meda Saar -Uttam All others -Madhyam
Samhanan	Madhyam
Satva	Madhyam
Aharshakti	Alpa
Jaranshakti	Alpa
Vyayamshakti	Heen
Satmya	Madhyam
Vaya	Vrudhavastha
Praman	Madhyam

Table 3: General & Systemic Examination.

BP	130/80 mmHg
Pulse	76/min
Respiratory System	No added sounds trachea centrally placed
Cardiovascular System	Chest bilaterally symmetrical, S1,S2 normal
Per Abdomen	Soft, non tender, no organomegaly

DUSHIVISHA

- History of *Jangam visha* – Nil
- History of *Sthavar visha* - Nil
- History of *Virudhahar* - Almost daily consumption of Milk & Banana, Milk + Rice + Pickle, Eating Curd at night since almost past 20-25 years
- History of Continuous usage of any medicine – Nil
- Aggravating factors of *Dushivisha* –
 - Desha* – *Anupa*
 - Kal* - *Varsha rutu*
 - Anna* – Almost daily consumption of Stale food since almost past 20-25 years
 - Nidra* – Daily *Diwaswap* since almost past 20-25 years

Local Examination

- Site of lesion: Bilateral Forearms

Follow up was taken after 7th, 14th, 21th, 28th day Observations

Observations	Day 0	Day 7	Day 14	Day 21	Day 28
UAS7	35	27	20	11	4

- Distribution: Circular
- Colour: Reddish
- Itching: Mild *Kandu* present
- Inflammation: Present
- Discharge: Absent

NIDAN

“*Dushivishajanya Kotha*”

Assessment criteria**Urticaria activity score^[2]**

Score	Wheals	Score	Itching
0	No	0	No
1	Mild (<20/24hrs)	1	Mild (present but not disturbing)
2	Moderate (20-50/24 hours)	2	Moderate (disturbing but not interfering with daily activities or sleep)
3	Severe	3	Severe(severe itching, interferes with daily activities or sleep)

Assessment parameters of effect of therapy^[3]

UAS7: Urticaria activity score for 7 days;

Total (Minimum 0 - Maximum 42)

UAS7	Interpretation
<6 OR =6	Well controlled
7-15	Mild Urticaria
16-27	Moderate Urticaria
28-42	Severe Urticaria

Management of Case**Abhyantar (Oral) Treatment**

Aushadhi	Matra	Kaal	Anupan
Equal Mixture of - <i>Dushivishari Agad choorna</i> ^[4] + <i>RaktaPachak choorna</i> ^[5] + <i>Laghumanjishthadi choorna</i> ^[6]	1 gm each	3 times a day before meals	Lukewarm water

Bahya(Local) Treatment

“*Eladi Tel*^[7] - Apply it 3 times a day on the affected part”

Pathya-Apathya

- Strictly avoid *Virudhahar* like Milk & Banana, Milk + Rice + Pickle, Eating Curd at night, etc.
- Strictly avoid eating Stale food.
- Strictly avoid *Diwaswap*.

Duration of Treatment:- “30 days”

**BEFORE TREATMENT****AFTER TREATMENT****BEFORE TREATMENT****AFTER TREATMENT****DISCUSSION AND CONCLUSION**

- *Agadtantra* deals not only with the toxins but also with the chronic diseases which are caused by the accumulation of toxins. While explaining about *Dushivisha*, *Acharyas* have mentioned that it causes

various diseases, one of them is “Kotha”.^[8] Here, in this case, according to the complaints & presentation of the skin lesion, diagnosis was made as *Kotha*.^[9] But after taking complete history of the patient, it was found that all the *Hetus* were of *Dushivisha*. That’s why, final diagnosis was made as “*Dushivishajanya Kotha*”.

- In ayurvedic literature management of any disease refers the *Samprapti vighatana* (breaking off pathogenesis). Many ayurvedic formulations are described in the management of *Kotha*; but there’s no specific treatment for *Dushivisha janya Kotha*. But as *Dushivisha* is considered as *hetu* in *Kotha*; *Dushivishari agad* which is a herbomineral formulation told by *acharyas* in the treatment of *Dushivisha*, was selected for this clinical trial as it helps to neutralize *Dushivisha* inside the body.
- The contents of *Dushivishari Agada*^[4] have *Pittakaphaghna* action and due to its *Ushna Virya* removes the coating done by *Kapha* and remove the toxins deposited in the tissues. Some of the drugs in this *Agad* have *Raktaprasadaka* properties which purifies the blood.
- Along with this, as the major *Dhatu dushti* in *Kotha* is *Rakta dhatu*, “*RaktaPachak choorna*”^[5] was also given.
- Also, “*Laghumanjishthadi choorna*”^[6], a potent formulation given in *Kushtha adhikar* & which also decreases *Rakta dushti* was also given.
- Along with this, another appropriate formulation which was used locally was “*Eladi Tel*”.^[7] This *Tel* was prepared according to drugs given in *Eladi gana* by *Ashtang Hruday*, in which “*Vishaghna & Kothaghna*”, both the properties are given in *Phalashruti* of this single formulation.
- All these formulations together helped for *samprapti vighatana* of *Dushivishajanya Kotha*.

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