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## A Clinical Study of *Urtiplex* Tab and Lotion in *Dushivishjanya Vikaar* w.s.r. to Allergic Skin Diseases

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### ABSTRACT

In Ayurveda, there is no direct reference of allergy in classical ayurvedic literature, but Ayurveda has explained various types of diseases or symptoms (*Asatmaya*, *Viruddha* and *dushivisha*) that are similar to allergy. The present work was under taken with the objective to study the effect of skin disorders, and to assess the efficacy of the prepared drug in allergic skin diseases. The concept of *Dushivisha* with special reference to allergic skin disorders are clearly mentioned in *Charaka Samhita*, *Sushruta Samhita* and other ancient ayurvedic texts. Some of the skin problems caused by *Dushivisha*, which are described in Samhitas are *kustha*, *visharpa*, *bhinnavarna* (discoloration of skin), *shonitdushti* (Ch. Chi. 23/31), *shitapitta*, *udarda* and *kotha*. The present work was under taken with the objective to study the effect of *urtiplex* tab and lotion in allergic skin disorders.

### KEYWORDS

*Dushivisha*, *Kustha*



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## INTRODUCTION

The immune system declines when the body consists unwholesome (toxic) substances (*dushivisha*) and then the body attempts to eliminate these toxins. One of the routes of elimination of these unwanted products is the skin, so manifestation of skin disease occurs. The patients always experiences physical, emotional & socio-economic embarrassment in the society. Normally 10 - 15% of the General Practitioners works with skin disorders (Roxburgh's Common Skin Diseases) & it is the second commonest cause of loss of work<sup>1</sup>. Majority of the skin diseases in *Ayurveda* have been described under the broad heading of '*Kustha*', which are further divided into *MahaKustha* & *KshudraKustha*. There is no direct reference of allergy as such in classical ayurvedic literature, but *Ayurveda* has explained various types of diseases or symptoms (*Asatmaya*, *Viruddha* and *dushivisha*) that are similar to allergy. Altered immune response or *ojovyapad* finds intrinsic and extrinsic causes in *Ayurveda*<sup>1</sup>. One among is *dushivisha*. The references regarding *dushivisha* point out that it can generate similar harmful effects as that of hypersensitivity reactions. The peculiarity of *dushivishais* that it remains latent in

*dhatu* (tissues) and on vitiation it produces hazardous consequences on the body. Only *upasaya* and *anupasaya* can perceive this subclinical disease. Allergic disorder of the skin is very common and it is characterized by itchy red rashes, burning sensation, eruptive red rashes on almost all over the body. *Shitapitta-Udarda-Kotha*<sup>2</sup> is having similar symptomatology and causative factors as Urticaria. So, various types of 'Urticaria' can be taken as *Twakvikaara* (*Shitapitta-Udarda-Kotha*)<sup>2</sup>. Therefore, the challenge for the physician is to identify a cause that could lead to a specific treatment. 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 pin point the exact cause. Modern medicine not having any remedy for permanent cure but remission of the disease can be achieved administering the medicine. Patients have to take those medicines for lifetime, which are having some unwanted side effects. *Ayurveda* can provide better and permanent management for '*Shitapitta*'.

## NEED OF STUDY

There are so many internal and external patent Ayurvedic drugs are available in market but still allergic skin diseases are not



ended. Most of ingredients of urtiplex tab (Table 1) and lotion ( Table 2) *raktshodhak* property, *dipan*, *pachan*, *krimighan*, *shothhar*, *tridoshghan* and *immunomodulator properties*, along with

*vyavahi and vikasiguna*, which helps to increase the action of drugs. Hence,these two Ayurvedic preparations are taken for clinical trial .

### Drug Profile

a) Table 1 Ingredients of Urtiplex capsule

Sr.No.	Drug Name	Latin Name	Family	Part
1.	Manjishta	Rubiocordifolia	Rubiaceae	1 Part
2.	Khadir	Acacia catechu	Mimosideae	1 Part
3.	Katuki	Picrorrhizakurroa	Scrophulariaceae	1 Part
4.	Daruharidra	Berberis aristata	Berberidaceae	1 Part
5.	Sariva	Hemidesmusindicus	Asclepiadaceae	1 Part
6.	Usheer	Vetiveriazizanioides	Graminae	1 Part
7.	Guduchi	Tinopsoracordifolia	Menispermaceae	1 Part
8.	Haridra	Curcuma longa	Zingiberaceae	1 Part
9.	Shunthi	Zingiberofficinale	Zingiberaceae	1 Part
10.	Jatamansi	Nordostachysjatamansi	Valerianaceae	1 Part

Dose of =2 tab BD

Route of administration=Oral

Duration of treatment=60 days

b. Table 2 Ingredients of URTIPLEX ANTI-ITCH LOTION

S.No	Drug Name	Latin Name	Family	Part
1.	Kumari	Aloevera	Liliaceae	1 Part
2.	Jhandu	Tagetes erecta	Asteraceae	1 Part
3.	Sarshap	Brassica campestris	Cruciferae	1 Part
4.	Kokum	Garcinia indica	Guttiferae	1 Part
5.	Putiha	Mentha spicata	Labiatae	1 Part
6.	Yasada	Zinc oxide	-	1 Part

## AIMS AND OBJECTIVES

1. To elaborate the concept of *dushivisha* regarding to allergic skin diseases.
2. To study clinical evaluation of Urtiplex Lotion and tablet locally in allergic skin disease.
3. To assess the *dushivisha* as a cause of different kinds of allergic skin diseases.

## MATERIALS AND METHODS

### STUDY DESIGN

**Institutional ethical committee number is IEC/ACA/2015/22**

A randomized clinical trial was conducted from January to April 2017 .This paper highlights only the effect of these two drugs on 15 patients suffering from urticaria. Original grading scale was done to score the intensity of cardinal symptoms like itching, redness, inflammation, burning sensation, *toda*, Photosensitivity, wheal formation, scaly rashes. Patients, their profile, the drug prepared in pharmacy would be the basic



parameters of study. Methods of study will be adopted as in *Rasa shastra* Pharmacy and *Rog Nidan* department generally used for drug preparation and disease diagnosis. For study both males and females of all age groups would be selected.

**Dose** of =As per required

**Route** of admistration=Locally

**Duration** of treatment=60 days

#### a)Diagnostic Criteria

1. History of long term ingestion of food having cumulative material in non-lethal dose.
2. History of exacerbation of allergic skin diseases due to seasonal variations.
3. Patients having habit of sleep during day time.
4. Patients having clinical manifestations like itching, rashes, redness, urticaria.

#### B)Inclusion criteria

1. Age groups of 16 – 70 years, either sex were considered.
2. All patients of *dushivishjanit* allergic skin eruptive disorders with clinical features like itching ,urticaria, rashes were included.

#### c)Exclusion criteria

1. Patients of carcinoma, burns, Herpes, Eczema, Psoriasis, measles and chickenpox, leucoderma and leprosy
2. Patients have major illness like IHD,HTN,MI,TB,COPD,DM were excluded fom trial.
3. Patients having systemic pathogenesis due to allergy.

**Table 3** Effect of Therapy on Subjective Parameters (Wilcoxon Matched Pairs Single Ranked Test)

Chief Complaints	Mean		Mean diff.	Relief %	S.D. ±	S.E. ±	P	S
	BT	AT						
<b>Itching</b>	2.35	0.53	1.77	76.9%	1.1462	0.2960	0.0001	HS
<b>Redness</b>	1.8	0.6	1.25	66.6%	0.9155	0.2364	0.0005	VS
<b>Daha</b>	2.06	1.26	0.8	38.8%	0.5606	0.1447	0.0005	HS
<b>Inflammation</b>	1.30	0.53	0.77	58.2%	0.8165	0.2108	0.0039	HS
<b>Nodule formation</b>	1.13	0.8	0.33	29.2%	0.480	0.1260	0.0313	S
<b>Photosensitivity</b>	0.86	0.26	0.6	69.7%	0.8281	0.2138	0.0156	S
<b>Scaly rashes</b>	1.26	0.33	0.93	73.8%	0.7037	0.1817	0.0005	HS
<b>Hyperpigmentation</b>	0.64	0.06	0.58	90%	0.7559	0.2020	0.0156	S
<b>Wheal formations</b>	1.2	0.93	0.27	22.5%	0.9612	0.2482	0.1563	NS
<b>Shonitdustilakshan</b>	0.73	0.2	0.53	72.6%	0.7432	0.1919	0.0015	S
<b>Toda</b>	1	0.86	0.14	14%	1.125	0.2906	0.3672	NS

## RESULTS

Observations were made before and after completion of treatment. Study showed following results (TABLE NO.3)

**Effect of Therapy on Itching score:** The mean Score before treatment was **2.35** which lowered down to **0.53** after treatment, with SD± **1.146** giving a relief of



76.9% which was statistically **highly significant**. ( $p = 0.0001$ )

**Effect of Therapy on Redness score** The mean Score before treatment was 1.8 which lowered down to 0.6 after treatment, with  $SD \pm 0.915$  giving a relief of 66.6% which was statistically **very significant**. ( $p = 0.0005$ )

**Effect of Therapy on DAHAs core:** The mean Score before treatment was 2.06 which lowered down to 1.26 after treatment, with  $SD \pm 0.560$  giving a relief of 38.8% which was statistically **highly significant**. ( $p = 0.0005$ )

**Effect of Therapy on Inflammation score** The mean Score before treatment was 1.30 which lowered down to 0.53 after treatment, with  $SD \pm 0.81$  giving a relief of 58.2% which was statistically **highly significant**. ( $p = 0.003$ )

**Effect of Therapy on Nodule formation score:** The mean Score before treatment was 1.13 which lowered down to 0.8 after treatment, with  $SD \pm 0.480$  giving a relief of 29.2% which was statistically **significant**. ( $p = 0.031$ )

**Effect of Therapy on Photosensitivity score:** The mean Score before treatment was 0.86 which lowered down to 0.26 after treatment, with  $SD \pm 0.82$  giving a relief of 69.72% which was statistically **significant**. ( $p = 0.015$ )

**Effect of Therapy on Scaly rashes score:**

The mean Score before treatment was 1.26 which lowered down to 0.33 after treatment, with  $SD \pm 0.70$  giving a relief of 73.8% which was statistically **highly significant**. ( $p = 0.0005$ )

**Effect of Therapy on Hyperpigmentation score:** The mean Score before treatment was 0.64 which lowered down to 0.06 after treatment, with  $SD \pm 0.755$  giving a relief of 90% which was statistically **significant**. ( $p = 0.015$ )

**Effect of Therapy on Wheal formations:** The mean Score before treatment was 1.2 which lowered down to 0.93 after treatment, with  $SD \pm 0.9612$  giving a relief of 22.5% which was statistically **not significant**. ( $p = 0.156$ )

**Effect of Therapy on Shonit dusti lakshan:** The mean Score before treatment was 0.73 which lowered down to 0.2 after treatment, with  $SD \pm 0.74$  giving a relief of 72.6% which was statistically **significant**. ( $p = 0.013$ )

**Effect of Therapy on Toda:** The mean Score before treatment was 1 which lowered down to 0.86 after treatment, with  $SD \pm 1.125$  giving a relief of 14% which was statistically **non significant**. ( $p = 0.367$ )

## DISCUSSION

URTIPLEX capsule is natural anti allergic and anti-itch formulation.



*Manjishta* (*Rubiacordifolia*), *Khadir* (*Acacia catechu*) and *Katuki* (*Picrorrhizakurroa*) were potent herbs known for its skin soothing, anti-inflammatory as well as antibacterial activity. *Daruharidra* (*Berberisaristata*) and *Sariva* (*Hemidesmusindicus*) possessed anti-inflammatory and antioxidant activity which helped in relieving itching and reduces the flare-ups. *Usheer* (*Vetiveriazizanioides*), *Guduchi* (*Tinopsoracordifolia*) and *Haridra* (*Curcuma longa*) helped in wound healing and also exhibit antimicrobial activity to prevent secondary infections. *Shunthi* (*Zingiberofficinale*) and *Jatamansi* (*Nardostachysjatamansi*) help to soothe skin rash & hives and control stress associated with skin disorders.

URTIPLEX ANTI-ITCH LOTION acts as natural antiallergic and anti-itch formulation. *Kumari gel* (*Aloe Vera*) was very potent herb known for its skin soothing, anti-inflammatory as well as antibacterial activity. Marigold oil (*Tagetes erecta*) and *Sarsap* oil (*Brassica campestris*) possess anti-inflammatory and antioxidant activity which helps in relieving itching and reducing the flare-ups. Menthol is beneficial for urticaria due to its cooling effect and antipruritic potentials. Zinc oxide and *Kokum* (*Garcinia indica*) help to soothe skin rash and hives.

## CONCLUSION

In the present research work on the basis of facts, observations and results of drugs and clinical studies, the following can be concluded. *Dushivisha* is a distinctive concept of Ayurveda which can be one of the causative factors for *twakvikaras*. This is a most important and unique concept of Ayurveda which can be directly co-related with allergy which mentioned in discussion part of present study. *TridoshaPrakopa*, *Mandagni* and *Rasa dushti* are the main culprits in the formation of eruptive disorders of the skin. The pathology could be due to excessive intake of beverages (especially tea and coffee), sedentary life style or *Virudhahara*. The middle class people are most prone to skin disorders. This could be because this socio-economic class of the society is the most affected by the modern life. Sleeping during day time (*divaswapna*) results in *agnimandya*, which is the root cause of all the diseases. It also leads to vitiation of *kapha* and *pitta*. The disease is prevalent in the age group 21-30 years which is also supported by modern literature. Skin disorders were mostly found in patients of *pittakaphaprakriti*, hence patients with dominance of *pitta kaphaprakriti* are more likely to be affected by skin disorders. The *twakvikaras*



(*Shitpitta, udardakotha*) in modern science clearly resemble with Urticaria. The family history of the patients has no role to play in occurrence of skin disorders. These two drugs have showed significant effect in some symptoms of urticaria.

### **LIMITATIONS OF THE STUDY**

The sample size was very small (for many symptoms there were just one patient each) to conclude the results statistically. Also, the present study was conducted during limited period of time. The facilities and techniques available to evaluate allergic skin disorders need to be upgraded. A collaborative research effort of different departments could provide better results.

**Ethical approval Institutional ethical committee number is IEC/ACA/2015/22**



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