

## A FUNDAMENTAL STUDY OF “YATKINCHIT KAPHAVATAGHNAMEUSHNAM VATANULOMANAM” IN CONTEXT OF TAMAKA SHVASA & COMPARATIVE CLINICAL EVALUATION OF KRISHNADI CHURNA AND SHRINGYADI CHURNA

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### ABSTRACT

In *Ayurveda*; there are 5 types of *Shvasa Roga* mentioned. *Tamaka Shvasa* is one among them. It is predominantly *Vata Kaphaja Vyadhi*, originating from *Pittasthana* (lower part of *Amashaya*) and manifested through *Pranavaha Srotasa*. *Tamaka Shvasa* or Bronchial asthma is a public health problem worldwide. It is a complex, chronic inflammatory disease of the lower airways affecting people of all ages. Approximately 300 million individuals are currently suffering from asthma worldwide including 10% (*i.e.* 30 million) in India. The prevalence of asthma is estimated to range from 3 to 38% in children and from 2 to 12% in adults. The purpose of study was to understand the principle “*Yatkinchit Kaphavataghnamushnam Vatanulomanam*” in context of *Tamaka Shvasa*.

**Keywords:** *Tamaka Shvasa, Pittasthana, Yatkinchit Kaphavataghnamushnam Vatanulomanam;*

### INTRODUCTION

*Ayurveda*, the science of life is the supreme theory with unerring factors based on *Tridosha* and *Panchabhautika* principles. This system, with its eight divisions encompassed every angle of a person's health, ailments and treatments which were highly comprehensive. *Ayurveda*, though ancient, but still contemporary and potential enough to dealing the diseases of present era. This system of medicine has got its own modes of handling a pathological condition where by the consequences are absolutely desirable. There are 5 types of *Shvasa Roga* mentioned in *Ayurveda*. *Tamaka Shvasa* is one among them. It is predominantly *Vata Kaphaja Vyadhi*, originating from *Pittasthana* (lower part of *Amashaya*) and manifested through *Pranavahasrotasa*<sup>1</sup> *Vata* gets ob-

struction by *kapha* and travels in to *Pratilomagati* and in turn causes *Shvasa*. A type of *Shvasa Roga* in which patients feels excessive difficulty in breathing and drowning in dark is known as *Tamaka Shvasa*. It may be defined as a disease in which due to derangement of *Prana Vayu*, along with obstruction by *Kapha*, the respiration is disturbed with feeling of tightness of chest, choking of neck or feeling of merging in darkness.

The clinical features mentioned for the *Tamaka Shvasa* in classics are similar to the presentation of the patient of bronchial asthma during the attacks of the disease. Bronchial asthma is a complex, chronic inflammatory disease of the lower airways affecting people of all ages.

**Need for the study**

Now a day increasing pollution in the environment, stressful lifestyle, improper food habits and change in climatic conditions are the predisposing factors of *Tamaka Shvasa*. It is such type of disease which disturbs the persons in their routine activities. Since it is a common problem and its prevalence is in all age group irrespective of the sex.

In *Ayurveda*, to achieve *Samyata* of vitiated *Dosha*, is the main aim of treatment. To achieve this, *Shodhana* and *Shamana* therapies are described. Though *Shodhana* is better than *Shamana*, but it cannot be applied in every individual due to various status of *Dosha* as well as physical status of the patients. In the classics also, the *Shamana* therapy has been considered better than *Shodhana* and *Brinhana* therapy for the treatment of *Tamaka Shvasa*, so *Shamana Cikitsa* has been selected.<sup>2</sup>

*Ayurveda* has got many time tested formulations for this condition. According to line of treatment of *Tamaka Shvasa*, the drugs which are having *Vata-Kaphaghna* and *Ushna*, *Vatanulomana*, *Dipana*, *Pachana*, *Shothahara*, *Srotoshodhaka* and *Rasayana* properties are used for its treatment. Also it is identified as *Yapya*<sup>3</sup> or *Kashtasadhya Vyadhi*<sup>4</sup> therefore its treatment has to be continued for a longer period without any side and adverse effect. Though many studies have been carried out for this burning problem, still there is need of evaluation of certain drugs clinically on various scientific parameters which could be safe, effective, cheap & readily available in the management of *Tamaka Shvasa*. So fulfill all these requirements both trial drugs were taken from *Cakradatta-Hikka-Shvasa Cikitsa* chapter-12.<sup>5</sup>

#### **Aims & Objectives:**

Comparative clinical evaluation of *Krishnadi Churna* and *Shringyadi Churna* in the management of *Tamaka Shvasa* (Bronchial asthma)

#### **Material and Method:**

A total number of 30 patients were registered. The patients were randomly allocated into 2 groups. In Group A; 15 patients were treated by *Krishnadi Churna* and in Group B; 15 patients were treated by *Shringyadi Churna*. The patients were selected from the O.P.D. & I.P.D. of N.I.A., *Arogyshala* and S.S.B.H., Jaipur.

#### **Design of study:**

**Type of study:** Simple randomized comparative clinical trial.

**No. of Group: 2, No. of patients: 30**

**Duration of study:** 30 days

**Follow-up period** – Patients were examined for the change in the signs and symptoms on 15<sup>th</sup>, & 30<sup>th</sup> day of treatment.

#### **Inclusion criteria for clinical trial:**

1. Patients having classical features of *Tamaka Shvasa*.
2. Patients belonging to age group between 16-60 yrs.
3. Patients were included irrespective of their sex on the basis of classical signs and symptoms of *Tamaka Shvasa*.
4. Patient willing to give informed consent to participate for 30 days.

#### **Exclusion criteria:**

1. Patients below the age of 16 years and above the age of 60 yrs.
2. Other complicated respiratory disorder having organic lesions such as tumour or other anatomical defects in airways.
3. Patients of *Tamaka Shvasa* with accompanying diagnosis of cardiac complaints,
4. D.M. or any infectious disease.

## 5. Lactating mothers and pregnant ladies.

### Withdrawal criteria:

If any patient develops any adverse reactions or deterioration in condition, or could not report for regular follow up during clinical trial due to any reasons, he /she was withdrawn from the trial.

**Division in groups:** – Total 34 patients were registered in two groups out of which 30 patients completed the trial and randomly divided into two groups, each group contains 15 patients.

**Group A:** 15 patients were treated by *Krishnadi Churna* (3-6 gms. q.d.s.) with honey for 30 days.

**Group B:** 15 patients were treated by *Shringyadi Churna* (3-6 gms. q.d.s.) with lukewarm water for 30 days.

### Diagnostic Criteria:

**Clinical signs & symptoms viz-** *Shvasakrichhta, Kasa, Ghurgurakadhvani, Pinasa, Shyanah Shvasa Piditah, Shleshmamuchyamane bhrisham dukhitam, Pranapidaka Tivra Shvasa, Bhrishamarti, Vishuskasya, Parshve avagrihate, Paroxysm of dyspnoea due to Megha, Ambu and cold weather, Anidra.*<sup>6</sup>

### Laboratory investigations:

- Spirometry - Before & after clinical trial
- FVC (%Pred.) (Forced vital capacity)
  - FEV<sub>1</sub> (%Pred.) (Forced expiratory volume)
  - PEFR (%Pred.) (Peak expiratory flow rate)

Blood Examination - Before & after clinical trial

- ESR (Erythrocyte Sedimentation Rate)
- TEC (Total Eosinophil Count)

Other Investigations: - Following investigations were done for exclude various cardiac & pulmonary disorders.

- Sputum test for AFB.
- Chest X-Ray PA view

### Criteria for total effect of therapy

Each patient was assessed on the basis of signs & Symptoms of the disease on the basis of grading pattern as well as percentage relief, patients were classified as follows:-

- 1) Complete improvement:** - 100% relief in signs and symptoms. No attack of *Shvasa Vega* during and after the treatment up to 1 month.
- 2) Marked improvement:** - 75-99% relief in signs and symptoms. Frequency and intensity of attack were reduced to 75% of initial one.
- 3) Moderate improvement:** - 50-75% relief in signs and symptoms.
- 4) Mild improvement:** - 25-50% improvement in signs and symptoms.
- 5) No Relief** – improvement less than 25%; with no change in frequency and intensity of attack.

Thus in this way the clinical study was carried out & the obtained observations were analyzed for statistical significance.

### Clinical Assessment

**Demography of General profile:** It includes incidence of age, sex, marital status, education, occupation, economical status, dietary habits, & addictions etc.

**Demography of Clinical profile:** It includes incidence of family history, associated symptoms, *Dashavidha Pariksha* etc.

### Statistical analysis:

All the calculations were calculated through 'Graph Pad Instat' Software.

**Paired 't' test-** Applied to independent observation from one sample only when each individual gives a pair of observation, for parametric assessment. It was used on objective parameter of all the two groups A & B.

**Wilcoxon signed rank test-** Non parametric test for the case of two related samples or repeated measurement on a single test.

It was used for the assessment of improvement in symptom of group A & B.

**Intergroup comparison:** For Subjective Parameters, 'Mann Whitney U- Statistic test' was applied and in objective parameters results were assessed by applying Unpaired 't' test.

**Observations and Results:** In this study patients were treated in two individual

groups *Krishnadi Churna* with honey (Group A) and *Shringyadi Churna* with lukewarm water (Group B). The results were drawn as under on all symptoms of each individual at the end of entire course.

**Table1: Showing the % of symptomatic improvement in 30 patients in 2 groups**

S.No.	Symptomatic improvement	Group A	Group B
1	<i>Shvasakrichhta</i> ( Dyspnoea)	36.59	40
2	<i>Kasa</i> (cough)	51.72	64.29
3	<i>Ghurgurak dhvani</i> ( wheezing)	42.86	52
4	<i>Pinasa</i> ( coryza )	36.36	62.50
5	<i>Shyanah Shvasa Piditah</i> (orthopnoea)	52.38	55.56
6	<i>Shleshmamuchyamane bhrisham dukhitam</i> (difficult to expectorate)	60.87	34.78
7	<i>Pranapidaka Tivra Shvasa</i> ( life threatning severe breathing)	50	54.55
8	<i>Bhrishamarti</i>	29.63	31.82
9	<i>Vishuskasya</i> (Dryness in mouth )	38.46	37.50
10	<i>Parshve avagrihate</i> ( chest tightness)	48.15	56
11	Paroxysm of dyspnoea due to <i>Megha, Ambu</i> and cold weather	15.15	28
12	<i>Anidra</i> ( Insomnia)	36.36	66.67

**Table2: Showing the % improvement in laboratory parameters in 30 patients in 2 groups**

S.No.	Laboratory parameter	Group A	Group B
1	Spirometry	FVC	5.05
2		FEV1	3.82
3		PEFR	6.25
4	ESR	14.49	32.54
5	TEC	18.01	25.11

*Shringyadi Churna*(Group B) showed better percentage relief in following: **Subjective parameters-** *Shvasakrichhta, K sa, Ghurgurak dhvani, P nasa, Shayanah Shvasa peeditah, Pranapidaka Tivra Shvasa, Bhrishamarti, Parshve avagrihate, Paroxysm of dyspnoea due to*

*Megha, Ambu, cold weather and Anidra.* & in all objective parameters; while **Krishnadi Churna** showed better percentage relief in *le ma yamucyam ne bh a dukhitam* and *Vi u k sya.*

**Table3: Overall effect of therapy**

Group	% Relief	Result
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<b>A</b>	41.54	Mild improvement
<b>B</b>	48.64	Mild improvement

The data shows that mild improvement was found in both the groups; it might be due to chronicity of the disease that requires a long term medication to get substantial difference.

## DISCUSSION

There are three categories of therapy for the treatment of the patient suffering from *Tamaka Shvasa* (Bronchial Asthma) which are as follows:

1. Therapy which alleviates both *Kapha* and *Vata*.
2. Therapy which alleviates *Kapha* but aggravates *Vata*.
3. Therapy which alleviates *Vata* but aggravates *Kapha*.<sup>7</sup>

The purpose of this study was to understand the principle "Yatkinchit Kaphavataghnamushnam Vatanulomanam" in context of *Tamaka Shvasa* which supports the first category of therapy.<sup>8</sup> Since *Tamaka Shvasa* is a *Yapya Vyadhi*; required prolonged medication. It is only the alleviation (*Shamana*) therapy which is absolutely free from adverse effects, so it is better to prescribe *Shamana* therapy for a long time.

### Probable mode of action of trial drugs:

**A) Krishnadi Churna-** *Krishnadi Churna* contains *Pippali, Amalaki, Shunthi, Madhu and Sita*<sup>9</sup>. It has *Katu* and *Madhura Rasa*. *Katu Rasa* reduces *Kapha* and *Vata* due to its *Ushna, Tikshna, Laghu Guna*. *Katu Rasa* also has *Dipana, Pachana, and Srotovistaraka* action. Also it is *Kaphaghna*, *Kapha* is one of the main *Dosha* in the *Samprapti* of *Tamaka Shvasa*, so with *Kaphaghna* property it again helped in *Samprapti Vighatana* of *Tamaka Shvasa*. *Madhura Rasa* balances the *Ushna, Tikshna & Ruksha Guna* of other drugs by its *Sheeta, Snigdha, Picchila and Guru Guna*.

It has also *Brinhana* property, that require in the management of *Tamaka Shvasa*. Maximum number of drugs in *Krishnadi Churna* possess *Laghu, Ruksha Guna*; which are capable of removing *Kapha* and digests early. Most of the drugs possess *Dipana* and *Pachana* properties so this drug diminishes *Mandagni* and breaks the pathogenesis of *Tamaka Shvasa*. *Kapha Vatashamaka* property of this *Churna* helps in breaking the *Srotorodha* and digestion of *Ama*, which leads to proper functioning of the body. *Madhu* is capable of adopting and acquiring the properties of the others drugs, with which it mixes while undergoing transformation or metabolism. *Madhu* has *Lekhana, Chedana, Sushmarmarganusari* and *Yogavahi* properties which helps in alleviation of *Kapha*, & in removal of *Srotorodha*.

**B) Shringyadi Churna-** *Shringyadi Churna* contains *Karkatashringi, Katutraya, phalatraya, Kantakari, Bharngi, Pu karamula and Panchlavana*<sup>10</sup> All the ingredients of *Shringyadi Churna* possess *Katu and Tikta Rasa*. *Katu Rasa* does *Dipana, Pachana, and Srotovistaraka* actions. Also it is *Kaphaghna*, *Kapha* is one of the main *Dosha* in the *Samprapti* of *Tamaka Shvasa*, so with *Kaphaghna* property it again helped in *Samprapti Vighatana* of *Tamaka Shvasa*. *Tikta Rasa* is useful in *Dipana, Pachana* and *Lekhniya Karma*, due to these properties it helped in breaking the pathogenesis of *Tamaka Shvasa*. Maximum number of drugs are *Laghu, Ruksha* and *Tikshna Guna* predominant, which are antagonistic to *Kapha* and *Vata Dosha* there by normalizing these *Dosha*. Most of the drugs are having *Ushna Virya* which treated the *Doshika* pathology. From the action, it can be as-

sume that the drug is *Virya Pradhana* indeed. These drugs also possess *Sroto-shuddhikara* property which may possibly assist to eliminate sluggish *Dosha* in the *Srotasa*. Most of the drugs having *Dipana* and *Pachana* properties stimulates the *Agni* and digest the *Ama* respectively. Most of the ingredients are having *Vatanulomana*, *Shvasahara*, *Kasahara*, *Kaphaghna* and *Vatghna* properties which directly act on the disease. Some ingredients of study drugs have *Rasayana Prabhava*. The *Rasayana* drugs are supposed to increase both qualitatively and quantitatively improvement of all *Dhatu* of the body.

## CONCLUSION

*Tamaka Shvasa* is a predominantly *Vata Kaphaja Vyadhi*, originating from *Pittasthana* (lower part of *Amashaya*) and manifested through *Pranavaha Srotasa*. *Shamana Chikitsa* in the form of *Krishnadi Churna* and *Shringyadi Churna* can play an important role in the treatment of *Tamaka Shvasa* (Bronchial Asthma). Finally on comparing the effect of two therapies, it can be concluded that Group B (*Shringyadi Churna*) provided better relief than Group A (*Krishnadi Churna*) in most of the sign and symptom of the disease at significant level. It can be concluded that if we give treatment which is *Kapha Vataghna*, *Ushna* and *Vatanulomaka* definitely effective in the management of the *Tamaka Shvasa*. Thus we are very happy indeed to declare our highly encourage results regarding successfully treated cases with herbal formulations *Krishnadi Churna* and *Shringyadi Churna*. We sincerely hope and wish that the present study should always be pioneer as an ideal research work for coming generation.

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