EVALUATION OF THE EFFICACY OF PIPPALYADI AGAD IN DUSHIVISHAJANYA SHWASA

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INTRODUCTION

Poison is a substance which when administered, inhaled or ingested is capable of acting deleteriously on the human body. Poison can act on body by disturbing dhatusamya and producing various diseases. In the same way dushivisha is acting on the body by vitiating dhatus (tissues). Dushivisha has less potency, though not fatal it remains inside the body for variable period. Factors responsible for vitiating dhatus (tissues) such as dushit desha (place), kala (time), food, diwaswap (Daysleep) etc. are considered as dushivisha and also these are triggering factors for the both dushivisha and shwasa (Asthma). In present clinical study effort were made to evaluate the therapy for dushivishajanya tamakshwasa (Bronchial Asthma).

Keywords: Dushivisha, Tamakshwasa (Bronchial Asthma), Pippalyadi agad

INTRODUCTION

Poison is a substance which when administered, inhaled or ingested is capable of acting deleteriously on the human body. So many poison mentioned in the Ayurvedic classics are not available on the earth. In the same way today so many poison identified but not included as poison in Ayurvedic texts. Newly identified poisons if have less potency, tendency to remain inside the body and vitiate dhatus (tissues), they will also be titled as dushivisha. E.g. preservatives in food, different pesticides, germicides, different adulterants, (Adulteration of non edible oil into edible oil, small stone in rice etc.) harmful gases released by vehicles, polluted water and fumes discharged by industry etc.

Dushivisha produces Sign and Symptoms in the body. Shwasa (Asthma) is one of them which clearly mentioned by Madhav Nidan\(^2\) and Bhava prakasha\(^3\) also kaphasthangata visha lakshanas by charak \(^4\) and visha updrava by Vagbhata.\(^5\) We had taken Tamakshwasa (Bronchial Asthma) as others are fatal and Ksrudra not require treatment.

About 235 million people currently suffer from asthma. India has an estimated 15-20 million asthmatics.\(^6\)

The incidence of Tamaka shwasa (Bronchial Asthma) which may be considered as Bronchial Asthma has a high incidence as 5-10% of the population is suffering from Bronchial Asthma with irrespective of age, sex, occupation and socioeconomic status etc in the present day. In this research work considering that Dushivisha as causative factor, we had taken Pippalyadi agad mentioned in Astang Sangraha by con-
sidering its Vishagnha and Shwasaghna properties.

**AIMS AND OBJECTIVES**
To study efficacy of Pippalyadi Agad in Dhushivishajanya Shwasa (Bronchial Asthma)

**MATERIAL AND METHODS**
All the 30 patients were selected from OPD and IPD of LRP Ayurveda Hospital and Research centre, Islampur, randomly and investigated for Hb%, TLC, DLC, ESR, AEC and PEFR before and after treatment.

**RESULTS**

**Table 1: Result of 30 patients in subjective and objective parameters**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Symptom</th>
<th>Compare days</th>
<th>S. E.</th>
<th>T cal.</th>
<th>P value</th>
<th>% Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shwasa krucchrata (Dyspnoea)</td>
<td>1st &amp; 30th</td>
<td>0.143</td>
<td>8.84</td>
<td>&lt; 0.001</td>
<td>73.8</td>
</tr>
<tr>
<td>2</td>
<td>Kasa (Cough)</td>
<td>1st &amp; 30th</td>
<td>0.138</td>
<td>7.94</td>
<td>&lt; 0.001</td>
<td>70.21</td>
</tr>
<tr>
<td>3</td>
<td>Shwasa vega (Attacks of Asthma)</td>
<td>1st &amp; 30th</td>
<td>1.41</td>
<td>11.09</td>
<td>&lt; 0.001</td>
<td>72.31</td>
</tr>
<tr>
<td>4</td>
<td>Anidra (Sleepleassness)</td>
<td>1st &amp; 30th</td>
<td>0.152</td>
<td>7.67</td>
<td>&lt; 0.05</td>
<td>71.43</td>
</tr>
<tr>
<td>5</td>
<td>Parshwashoola (Pain in thoracic region)</td>
<td>1st &amp; 30th</td>
<td>0.089</td>
<td>11.5</td>
<td>&lt; 0.001</td>
<td>67.39</td>
</tr>
<tr>
<td>6</td>
<td>Vakkrucchrata (Difficulty in speech)</td>
<td>1st &amp; 30th</td>
<td>0.115</td>
<td>7.55</td>
<td>&lt; 0.001</td>
<td>72.22</td>
</tr>
<tr>
<td>7</td>
<td>Associated complaints of dushivisha</td>
<td>1st &amp; 30th</td>
<td>0.142</td>
<td>13.1</td>
<td>&lt; 0.001</td>
<td>84.85</td>
</tr>
<tr>
<td>8</td>
<td>Hb %</td>
<td>1st &amp; 30th</td>
<td>0.081</td>
<td>3.63</td>
<td>&lt; 0.01</td>
<td>2.46</td>
</tr>
<tr>
<td>9</td>
<td>ESR</td>
<td>1st &amp; 30th</td>
<td>0.914</td>
<td>3.50</td>
<td>&lt; 0.01</td>
<td>13.5</td>
</tr>
<tr>
<td>10</td>
<td>AEC</td>
<td>1st &amp; 30th</td>
<td>12.75</td>
<td>4.77</td>
<td>&lt; 0.001</td>
<td>14.3</td>
</tr>
<tr>
<td>11</td>
<td>PEFR</td>
<td>1st &amp; 30th</td>
<td>4.99</td>
<td>3.10</td>
<td>&gt; 0.01</td>
<td>25.23</td>
</tr>
</tbody>
</table>

**Table 2: Overall assessment of 30 patients**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Grade</th>
<th>Subjective parameter</th>
<th>Objective parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Patients</td>
<td>% No. of Patients</td>
<td>% No. of Patients</td>
</tr>
<tr>
<td>1</td>
<td>Complete improvement</td>
<td>9 30 19</td>
<td>63.33</td>
</tr>
<tr>
<td>2</td>
<td>Marked improvement</td>
<td>13 43.33 5 16.66</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderately improvement</td>
<td>7 23.33 1 3.33</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mild improvement</td>
<td>1 3.33 5 16.66</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>30 100 30 100</td>
<td></td>
</tr>
</tbody>
</table>

In this research 63.33% patients have got complete improvement, 20 % patients having marked improvement, 10 % patients having moderate improvement and 6.66 % patients having mild improvement.

**DISCUSSION**

**Probable mode of action**
Pharmacological action of Pippalyadi agad can be explained hypothetically in following way: Acharya Charak advised three main types of treatment for tamakshwasa (Bronchial Asthma), bruhana, shaman and shodhana. Shamana has priority over rest of two. In shaman chikitsa vataka-phaghna ushna and vatanulomana drugs should be used.

As explained in Ayurvedic review pathogenesis of dushivishajanya tamakshwasa, dushivisha plays an important role in pathogenesis of tamakshwasa (Bronchial Asthma). Acharyas has advised vatakaphagha, ushna, vatanulomana drugs as a first line of treatment of tamakshwasa (Bronchial Asthma).

Drug exhibiting quick control over vitiating vata and kapha, While permanent
relief is attainable through implementation of drugs having action agni and pittastana along with vatakaphghnata. So the drug administered for the treatment of Shwa (Asthma) should have action on pitta. For that we have selected Pippalyadi agad. Pippalyadi agad has used as not only shwa-saghna (antiasthmatic) but also vishaghna (Antitoxic) in dushivishajanya tamakshwasa (Bronchial Asthma).

**Pippali:** It is swadu, hrudya, shwasghna, rasayani, vatanulomani and pittanashani. As mentioned in Raja Nighantu, Bhav prakash, Kaideva Nighantu, Madanpal nighantu that pippali is shwasanashak, so Pip-pali is directly vyadhipratyanik.

**Hingu:** Asa foetida is recommended for the treatment of snake bite and scorpion bite. It is used as antidote to poison.

**Kapitha:** Kapitha has madhura, amla, kashaya rasa act as mucolytic and expectorant. Katu vipak enhances jatharagni, dhatavagni and normalize the metabolic process. It reduces the kapha and it has properties shwasaghna as well as vishaghna. Pulp with honey and pippali is given for hiccup and difficulty in breathing.

**Saindhava:** Saindhava makes drug to act as a kaphashamak and amvisha doshahar.

**Sita:** It is Vatapittahar and gives soothing effect and relieving congestion and spasm of pranavaha strotas.

**Madhu:** Madhu has Madhur (Kashaya) rasa, Kaphapitta shamak, pacifying kapha and expulsion of kapha.

In this agad pippali and hingu have properties like katu rasa, anushna and ushna virya, Kapitha have madhura, amla, kashaya rasa, vipak katu and vishahar karma. Katu rasa has ushna, lekhana guna and secretogenic effect in diluting thick mucus plug and bring out easy expulsion.

**Deepana, pachana, ruchikara and kaphghna katu rasa** which is present in drug helps for deepana karma i.e. jatharagni and dhatavagni and Pachana karma i.e. Ama pachan. Ama is the main cause of samprapti. In this way, deepana and pachana help in samprapti vighatana (Break in Pathogenesis). Prasaryati strotansi means katu rasa is broncho dilatation and also it is kaphaghna. So it again helps in samprapti vighatana (Break in Pathogenesis).

According to Ayurveda ushna virya helps in pacifying kapha and vata, helps in fast destruction of cell debris and clearing micro channels. It also helps in removing the dushivisha from various dhatus (tissues).

**CONCLUSION**

The present clinical study has been undertaken to evolve the shaman treatment by Pippalyadi agad and to see the efficacy of ‘Pippalyadi agad’ in dushivishjanya tamakshwasa patients. Sthavara, jangama, krutrim visha, virudha ahar, ajirna, agnimandya vegavrodha and mansik bhava were causes of dushivisha. Any type of poison krutrim visha and gara visha produced in body due to agnimandya kar nidan, virudha ahar etc are not properly expelled out of body. Some amount of mild toxin is enfeebled by intrinsic and extrinsic factor remains latent in dhatus and labeled as Dushivisha.

**Dushivisha** on vitiation produce of rasa and rakta (blood) causing hypersensitivity reaction in tracheobronchial tube and leads to allergic bronchial asthma. When potency of toxins decreases symptoms disappear again re exposure of aggravating factor the attack occurs. So from this we
conclude that *Dushivisha* is important causative factor of *Tamakshwasa* (Bronchial Asthma). In *dushivishajanya tamakshwasa* pathological finding raised AEC were observed. *Pippalyadi agad* relieves the symptom *Shwasakrccharata* (Dyspnoea) has been statistically reduced by 73.08 %, *Kasa* (Cough) 70.21 %, *Shwasavega* (Attack of Asthma) 72.31 %, *Anidra* (Sleeplessness) 71.43 %, *Parshwashool* (Pain in Thoracic region) 67.39 %, *Vakkruchhrata* (Difficulty in speech) 72.22 % and Associated complaints of *dushivisha* 84.85 %, these results were Statistically highly significant (*P* < 0.001).

**REFERENCES**


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Source of support: Nil
Conflict of interest: None Declared