A FUNDAMENTAL STUDY OF "YATKINCHIT KAPHAVATAGHNAMUSHNAM VATANULOMANAM" IN CONTEXT OF TAMAKA SHVASA & COMPARATIVE CLINICAL EVALUATION OF KRISHNADI CHURNA AND SHRINGYADI CHURNA

Tiwari Manisha¹, Kumar Hemant²

¹P.G. Scholar, Dept. of Basic Principles, ²P.G. Scholar, Dept. of Roga Nidana Evam Vikriti Vigyan, National Institute of Ayurveda, Jaipur, Rajasthan, India

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 Pranavahasrotasa¹ Vata gets obstruction 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.
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 then Shodhana and Brinhana therapy for the treatment of Tamaka Shvasa, so Shamana Cikitasa has been selected.²

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 Yapya³ or Kashtasadhya Vyadhī⁴ 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-12.⁵

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 15th, & 30th 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.
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, Shleshmanuchamane bhrisham dukhitam, Pranapidaka Tivra Shvasa, Bhrishamarti, Vishuskasya, Parshve avagrihate, Paroxysm of dyspnoea due to Megha, Ambu and cold weather, Anidra.

Laboratory investigations:

Spirometry - Before & after clinical trial
i) FVC (%Pred.) (Forced vital capacity)
ii) FEV 1 (%Pred.) (Forced expiratory volume)
iii) PEFR (%Pred.) (Peak expiratory flow rate)

Blood Examination - Before & after clinical trial
i) ESR (Erythrocyte Sedimentation Rate)
ii) TEC (Total Eosinophil Count)

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

i) Sputum test for AFB.
ii) 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

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

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

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Laboratory parameter</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spirometry FVC</td>
<td>5.05</td>
<td>8.69</td>
</tr>
<tr>
<td>2</td>
<td>FEV1</td>
<td>3.82</td>
<td>6.40</td>
</tr>
<tr>
<td>3</td>
<td>PEFR</td>
<td>6.25</td>
<td>8.60</td>
</tr>
<tr>
<td>4</td>
<td>ESR</td>
<td>14.49</td>
<td>32.54</td>
</tr>
<tr>
<td>5</td>
<td>TEC</td>
<td>18.01</td>
<td>25.11</td>
</tr>
</tbody>
</table>

*Shringyadi Churna* (Group B) showed better percentage relief in following: **Subjective parameters-** Shvasakrichhta, Kāsa, Ghurgurak dhwani, Pinasa, 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 Śle ma yamucyamāne bh śa dukhitam and Viśu kāśya.

**Table3:** Overall effect of therapy

<table>
<thead>
<tr>
<th>Group</th>
<th>% Relief</th>
<th>Result</th>
</tr>
</thead>
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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.7

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.8 Since Tamaka Shvasa is a Yapya Vyadhī; 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.9 It has Katu and Madhura Rasa. Katu Rasa reduces Kapha and Vata due to its Ushna, Tikshna, Laghu Gu a. Katu Rasa also has Dipana, Pachana, and Srotovistaraka action. Also it is Kaphaghna, Kapha is one of the main Dosha in the Sampraapti of Tamaka Shvasa, so with Kaphaghna property it again helped in Sampraapti Vighatana of Tamaka Shvasa. Madhura Rasa balances the Ushna, Tikshna & Raksha Guna of other drugs by its Sheeta, Snigdha, Picchila and Guru Guna.

B) Shringyadi Churna- Shringyadi Churna contains Karkatashringsi, Katutraya, phalatraaya, Kantakari, Bharmgi, Pu karamula and Panchlavand.10 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 Sampraapti of Tamaka Shvasa, so with Kaphaghna property it again helped in Sampraapti 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 predominate, 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-

| A | 41.54 | Mild improvement |
| 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.
sume that the drug is Virya Pradhana indeed. These drugs also possess Srotoshuddhikara 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 Vatanuloma, Shvasahara, Kasahara, Kaphaghna and Vataghna 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 Cikitsa 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 Vatanuloma 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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CORRESPONDING AUTHOR

Dr. Tiwari Manisha
P.G. Scholar, Dept. of Basic Principles
National Institute of Ayurveda, Jaipur, Rajasthan, India

Email: manishatiwari2411@gmail.com

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