



Research Article

A CLINICAL STUDY ON THE ROLE OF *SHRINGYADI CHURNA* AND *GUDUCHYADI KWATHA* IN THE MANAGEMENT OF *TAMAKA SHWASA* WITH REFERENCE TO BRONCHIAL ASTHMA

Kimmi Seth^{1*}, Om Prakash Singh², Punita Pandey³, Deshraj Singh⁴

¹MD Scholar final year, ²Professor and Head, ³Associate Professor, PG Dept. of Kayachikitsa, Rishikul Campus, Haridwar, Uttarakhand, India.

⁴Medical Officer, Rishikul Campus, Haridwar, Uttarakhand, India.

Received on: 14/07/2015

Revised on: 20/07/2015

Accepted on: 02/08/2015

ABSTRACT

Tamaka Shwasa is one of the stressful medical conditions of today's era and is well known for its episodic and chronic course which afflicts the human race. It is analogous to Bronchial Asthma due to similarity in etiopathogenesis and symptoms. Though incidence of *Tamaka Shwasa* is increasing in day to day practice and at alarming rate but very few patients need intensive care and most of the patients can be managed effectively by Ayurvedic line of treatment. *Ayurvedic* medicine may help to decrease the recurrence, improve immunity, and check symptoms naturally.

Aims and Objectives: To evaluate the efficacy of *Shringyadi Churna* and *Guduchyadi Kwatha* in the management of *Tamaka Shwasa*.

Materials and Methods: 20 Patients suffering from *Tamaka Shwasa* and attending the O.P.D. and I.P.D. department of Kayachikitsa, Rishikul Campus Haridwar were selected randomly. Patients were investigated as per proforma prepared for the study. *Shringyadi Churna* is given with *Guduchyadi Kwatha* as *Anupana dravya* for duration of 4 weeks, with assessment follow ups of 15 days interval and follow up was done after 2 months of the completion of the trial. All the patients were kept under strict dietary control during the treatment.

Results and Discussion: The observation of the effect of therapy was encouraging and reduced recurrence significantly. Out of 20 patients, 16 patients i.e. 80% patients attained Marked Improvement in the symptoms, 1 patient i.e. 5% attained Moderate improvement in symptoms whereas In 3 patients i.e. 15% attained Complete remission of the symptoms of *Tamaka Shwasa*.

KEYWORDS: *Shringyadi Churna*, *Guduchyadi Kwatha*, *Tamaka Shwasa*, Bronchial Asthma, *Ayurveda*, *Aam*, *Agni*.

INTRODUCTION

Tamaka Shwasa is one of the five types of disease *Shwasa*. It is mainly a disease of *Pranavahasrotas*^[1]. The signs, symptoms and etiopathogenesis of Bronchial Asthma explained in modern science have a lot of similarities with the disease entity *Tamaka Shwasa*. The main features of Bronchial Asthma are recurrent episodes of breathlessness, chest tightness, wheezing and cough.

The prevalence of respiratory disorders like *Tamaka Shwasa* (Bronchial asthma) is now a day's increasing alarmingly due to excessive pollution, overcrowding, occupational conditions, stress and poor hygiene etc. Both *Ayurveda* and modern medical Science agree regarding the *Nidana* of the disease as host factors (*Nija Hetus-Dosha dushti* and *Ama*) and Environmental factors (*Agantuj Hetus - Raja, Dhuma, Pragvata*, etc). It can be easily correlated with allergic

condition. *Nidana Parivarjan* hence plays a key role in the management strategy in both sciences^[2].

Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. It is very common at all ages but predominantly in early life. Current estimates suggest that 300 million people worldwide suffer from asthma and an additional 100 million may be diagnosed with asthma by 2025^[3]. Bronchial Asthma calls the attention of Medical world due to significant burden in terms of healthcare costs as well as lost productivity and reduced participation in family life.

Acharya Charaka has mentioned that *Tamaka Shwasa* is *Kapha-vataja vikar* and site of its origin is *Pitta sthana*. "*Kaphavatamkavetopittasthana-samudbhava*"^[4] *Tamaka Shwasa* in general is described

as *Yapya* (palliable) disease. However in individual with recent origin of disease, person of *Pravarabala* or both said to be *Sadhya*^[5]. *Acharya Charaka* has clearly mentioned the importance of *Nidana parivarjana*, and also the following principles for the management of *Shwasa roga*. "The medicine and dietetic regimen which controls the *Kapha* and *Vata* due to their *Ushna guna* and are *Vatanulomaka* in action must be utilized in the treatment of *Shwasaroga*"^[6]. *Brimhana* is considered the best option compared to *Shamana* and *Karshana* when treating *Tamaka Shwasa* patient^[7]. Also, any remedy which aggravates *Vata* and pacifies *Kapha* or which pacifies *Vata* and aggravates *Kapha* or which pacifies either *Vatakapha* or which pacifies only *Vata* should be used for the management of *Tamaka Shwasa*^[8].

The current management of *Tamaka Shwasa* (Bronchial Asthma) by modern medicine is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand prolonged use of these drugs are not safe, as it has many adverse effect with systemic manifestation and as the chronicity increases drug dose dependency increases & dilates the lung tissue to such an extent that at last it leads to respiratory failure. In present scenario *Ayurveda* is the best way to effectively & safely manage the condition without any drug dependency where various *Shodhana* procedures and use of internal medication not only detoxifies the body but also provides nutrition & increases the elasticity of lung tissue & develops natural immunity of the body. So with this aim present study was conducted to provide a unique, but accurate & effective method of dealing with the complexities of the disease. Thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

For the present study drug has been selected from *Chakradatta Hikkashwasa-chikitsaparakarana*^[9]: *Shringyadi Churna* and *Guduchyadi Kashaya*. Drugs are selected as per the principles of *Ayurveda* and Research work conducted regarding these drugs in various research institutes. Drugs having *Vatakaphahara*, *Ushna* & *Vatanulomaka* property were selected & Compound preparation in the form of *Churna* & *Kwatha* was prepared. Contents of *Shringyadi Churna* are *Karkatshringi*, *Shati*, *Pushkarmula*, *Maricha*, *Shunthi*, *Pippali*, *Mustaka* and *Sharkara* in equal parts and contents of *Guduchyadi Kwatha* are *Guduchi*, *Vasa*, *Bilwa*, *Agnimantha*, *Gambhari*, *Shyonaka* & *Patala* (all contents in equal parts).

After the evaluation of the trial, it has been proved that *Shringyadi Churna* with *Guduchyadi Kwatha* as *Anupana dravya* shown remarkably good results, in pacifying the symptoms and reducing the recurrence and frequency of episodes in the patients of *Tamaka Shwasa*.

MATERIAL & METHODS

Aims and Objectives

The present study has been undertaken with the following aims and objectives.

- To study the aetiopathogenesis of *Tamaka Shwasa*.
- To evaluate the efficacy of *Shringyadi Churna* & *Guduchyadi Kwatha* as *Anupana dravya* in the management of *Tamaka Shwasa*.
- To identify the best and effective treatment for the management of *Tamaka Shwasa*.

Selection of patients

Total 20 Patients of *Tamaka Shwasa* were selected from the O.P.D./I.P.D. of P.G. Dept. of *Kayachikitsa*, Rishikul Campus, Haridwar on the basis of inclusion and exclusion criteria, depending on the detailed clinical history, physical examination and other necessary / desired investigations and irrespective of their gender, caste or creed.

Selection of Sample: Randomized sampling

Type of study: Single Blind

Drug trial schedule: Patients were treated with *Shringyadi Churna* 5 gm b.d. and *Guduchyadi Kwatha* 40 ml as *Anupana Dravya* 1 hour before meal.

Inclusion Criteria

- ❖ Presence of symptoms of airflow obstruction (2 or more of cough, wheezing, dyspnoea).
- ❖ Airflow obstruction is atleast partially reversible.
- ❖ Oxygen saturation > 90%
- ❖ Cases included from intermittent, mildly persistent to moderate persistent asthma.
- ❖ PEFr 100 – 300 ml/min = Moderate Exacerbation.
- ❖ Age 18-70 years.

Exclusion Criteria

- ❖ PEFr < 100 litre/min = Severe Exacerbation (Status Asthmaticus).
- ❖ Oxygen saturation < 90%
- ❖ Chronicity more than 10 years.
- ❖ *Asadhya Lakshanas* of *Tamaka Shwasa*
- ❖ The patient with H/O Tuberculosis, COPD, Emphysema, Chronic airway obstruction, H/O Cardiac involvement.
- ❖ H/O Endocrine disorders like diabetes mellitus, thyroidism.
- ❖ Other complicated respiratory diseases having any organic lesion such as tumor or any anatomical defect in airway.
- ❖ If the patient exhibits short seasonal changes of less than 4 weeks duration.

- ❖ Any other physical and surgically ill patient will be excluded

Criteria for withdrawal

- (1) Personal matters
- (3) Aggravation of complaints
- (2) Intercurrent illness
- (4) Any other difficulties
- (5) Leave against medical advice (LAMA)

Diagnostic Criteria

An extensive proforma was compiled on the basis of classical signs and symptoms of the *Tamaka Shwasa* as per the *Ayurveda* & modern classics. A detailed clinical history and respiratory examination was done and the data was collected. A complete history taking *Dashvidh pariksha* etc. of each patient was compiled and filled in proforma. All vital signs like B.P, Pulse Rate, Respiratory rate were noted and Peak Flow Meter reading, Breath holding time, Chest expansion was taken before and during treatment for assessment.

Study Plan

The treatment schedule is classified as follows

No. of pt's	Drug	Dose	Duration
20	Shringyadi Churna + Guduchyadi Kashaya	5 gm Churna twice in a day with 40 ml Kwatha as Anupana dravya	2 months

Criteria for assessment

The assessment of the trial was done on the basis of following parameters:

Subjective: The subjective assessment was done on the basis of improvement in signs and symptoms of *Tamaka Shwasa* described in classics, before during and at the end of the trial.

Objective: The objective assessment was done on the basis of changes in clinical findings, relevant laboratory parameters and Pulmonary Function Test before during and at the end of the trial.

Laboratory Investigations

- a. Haematological investigations after completion of treatment were repeated.
- b. Respiratory function tests were repeated before, during and at the end of trial.
 - i) Peak Expiratory Flow Rate
 - ii) Breath holding time
 - iii) Chest Expansion

For the signs and symptoms of the disease *Tamaka Shwasa*, grading was done depending upon the severity and assessment was done on the following *Lakshanas* graded.

All the signs & symptoms were given scores depending upon their severity before, during and at the end study. They are as follows:

1. Frequency of *Shwasa Vega*

- 0 : No attack during 15 days
- 1 : 1 - 5 attack during 15 days
- 2 : 6 - 10 attack during 15 days
- 3 : 11 - 15 attack during 15 days
- 4 : > 15 attack during 15 days

2. Intensity and Duration of attack

- 0 : No attack
- 1 : Attack lasting 10 mins, resolution without medication.
- 2 : Attack lasting ½ hour resolution without medication.
- 3 : Attack lasting ½ hour resolution with *Ushnopchara*.
- 4 : Attack lasting more than ½ hour resolution only after medication.

3. Number of Emergency medicine taken

- 0 : None
- 1 : Occasionally during attack
- 2 : Regular Oral / Inhaler
- 3 : Regular Oral + Inhaler
- 4 : Regular Oral + Inhaler + Occasional injectibles

CARDINAL SYMPTOMS

4. *Shwasakrichhata*

- 0 : No sign of *Shwasakrichhata*
- 1 : Slight *Shwasakrichhata* after heavy work
- 2 : *Shwasakrichhata* on slight exertion like walking
- 3 : *Shwasakrichhata* even at rest
- 4 : Very severe *Shwasakrichhata* and require medication / hospitalization.

5. *Kasa*

- 0 : No *Kasa*
- 1 : *Kasavega* sometimes but is not troublesome
- 2 : Troublesome *Kasa*, but do not disturb the sleep
- 3 : Very troublesome *Kasa*, does not even allow to sleep

6. Pinasa

- 0 : No Pinasa
- 1 : Pinasa along with attack
- 2 : Pinasa even without attack
- 3 : Pinasa always persisting

7. Parshvashula

- 0 : No Parshvashula
- 1 : Parshvashula along with the attack
- 2 : Very often Parshvashula even without attack
- 3 : Always Parshvashula

8. Ghurghurukam (Wheezing)

- 0 : No Wheezing
- 1 : Wheezing only at night
- 2 : Wheezing at night and occasionally during day time
- 3 : Wheezing throughout the day

9. Kaphanishthivana

- 0 : No Kaphanishthivan
- 1 : Occasional Kaphanishthivan
- 2 : Very often Kaphanishthivan
- 3 : Always Kaphanishthivan

10. Rhonchi

- 0 : Absence of Rhonchi on normal breathing & deep breathing.
- 1 : Absent on normal breathing but few rhonchi on forced breathing.
- 2 : A few scattered bilateral rhonchi on normal / deep breathing.
- 3 : Innumerable high pitched bilateral rhonchi on normal / deep breathing.

11. Crepitation

- 0 : Absence of crepitation on normal breathing & deep breathing
- 1 : Absent on normal breathing but few crepts on forced breathing.
- 2 : A few scattered bilateral crepts on normal / deep breathing
- 3 : Innumerable high pitched bilateral crepts on normal / deep breathing.

Follow up study

After the completion of the treatment, the follow up study was done after two months to note the recovery of attacks and symptoms.

Criteria for the total effect of the therapy

To assess the total effect of the therapy, the following criteria were fixed to each of the status.

Complete Remission	100% relief in signs and symptoms. No attack of <i>Shwasavega</i> during and after the treatment upto two months of follow up.
Markedly Improved	More than 75% relief in signs and symptoms, with the frequency and intensity of attack reduced to 75% of the initial one.
Moderately Improved	50% to 75% relief in signs and symptoms, with the frequency and intensity of attack reduced to 50% of the initial one.
Mildly Improved	25% to 50% relief in signs and symptoms, with the frequency and intensity of attack reduced to 25% of the initial one.
Unchanged	Less than 25% relief in signs and symptoms, with no change in the frequency and intensity of attack.

Statistical Analysis

The information collected on the basis of observation made during the treatment are analyzed on a statistical criteria in terms of mean score (X), standard deviation (S.D.), Standard error (S.E.), Paired t test was carried at the level of 0.05, 0.01, 0.001, of p level thus the obtained results were interpreted as:

- P > 0.05 Unimprovement
- P < 0.05 Improvement
- P < 0.01 Significant Improvement
- P < 0.001 Highly significant

To, more specifically quantify the percentage of improvement in each patient, this was also calculated using the formula $(BT - AT) * 100 / BT$.

RESULTS AND DISCUSSION

- The observations made on 20 patients of *Tamaka Shwasa* showed that maximum patients were belonging to the age group of 21-30, 31-40, and 51-60 yrs, were male, were married, of Hindu religion, belong to urban habitat, were serving in some services and were from lower middle class. In most of the patients Bowel habit was regular, Sleep pattern was disturbed.
- Maximum number of patients showed positive family history, Extrinsic type of Asthma, with chronicity of < 2 yrs and > 15 yrs and mostly don't do exercise except their routine work. Tobacco chewing was present as addiction in maximum patients and aggravation of attacks occurs more in winters. In maximum patients Moderate persistent asthma was present with PEFr b/w 151-250 L/min.
- Maximum patients have *Vata-kaphaj* as *Deha prakriti* and *Tamasa* as *Manasa prakriti*, *Madhyam Sara*, *Sanh anana*, *Satmya* & *Vyayama Shakti* and *Avara Satva*, *Abhyavharan Shakti* & *Jaran Shakti*.

Vishamashana as *Aahara vidhi* and had shown more indulgence in *Madhura rasa*.

- *Pinasa* as *Nidanarthkara roga*, excessive usage of *Sheetambu* and exposure to *Dhooma* was found to be the etiological factor in maximum patients. In most of the patients *Sashabdashwasa* was present as *Pranavaha srotodushti lakshana*, *Oshthashosha*

as *Udakvaha srotodushti lakshana* and *Avipaka as Annavaha sroto dushti lakshan*.

- Among Cardinal Symptoms all 20 patients reported the symptom of *Shwasakrichhata*, *Pinasa*, & *Ghurghurukam*. 19 patients reported the presence of *Kasa* and *Kaphanishthivana*. Only 17 patients reported the presence of *Parshvashula*.

Effect of Shringyadi Churna & Guduchyadi Kwatha on the Cardinal symptoms of Tamaka Shwasa

No. of patients	Cardinal Symptoms	Mean Score \pm S.D					% Relief	t	P
		BT	A1	A2	A3	A4			
20	<i>Shwasakricchata</i>	3.3 \pm 0.80	1.6 \pm 0.77	0.6 \pm 0.76	0.2 \pm 0.78	0.1 \pm 0.76	96.96%	19.10	< 0.001
19	<i>Kasa</i>	2.65 \pm 1.04	1.05 \pm 1.12	0.35 \pm 1.09	0.2 \pm 1.01	0.05 \pm 1.07	98.11%	10.86	< 0.001
20	<i>Pinasa</i>	3.3 \pm 0.57	0.7 \pm 1.00	0.35 \pm 0.97	0.2 \pm 1.15	0.15 \pm 1.12	95.45%	12.59	< 0.001
17	<i>Parshvashula</i>	1.5 \pm 0.95	0.4 \pm 0.99	0.3 \pm 1.03	0.15 \pm 1.06	0.1 \pm 1.02	93.33%	6.15	< 0.001
20	<i>Ghurghurukam</i>	2.85 \pm 0.87	0.65 \pm 0.96	0.35 \pm 0.84	0.1 \pm 0.56	0.1 \pm 0.56	96.49%	21.8	< 0.001
19	<i>Kaphanishthivan</i>	2.45 \pm 0.99	1.05 \pm 1.16	0.45 \pm 1.22	0.25 \pm 1.21	0.1 \pm 1.10	95.91%	9.48	< 0.001

Cardinal Symptoms: In 20 patients of *Tamaka Shwasa*, Highly Significant ($p < 0.001$) result was obtained on all the cardinal symptoms after using *Shringyadi Churna & Guduchyadi Kwatha* as *Anupana dravya*. There was 98.11% relief in *Kasa*. The main symptom *Shwaskrichhata* was relieved upto 96.96%. The symptom of *Ghurghurukam* was reduced upto 96.49%. There was relief in *Kapha nishthivana* upto 95.91%. There was 95.45% relief in *Pinasa* and the reduction in *Parshvashula* was upto 93.33%.

Effect of Shringyadi Churna & Guduchyadi Kwatha on various assessment parameters

Assessment Parameters	N	Mean Score \pm S.D					% Relief	T	P
		BT	A1	A2	A3	A4			
No. of emergency medicine taken	20	1.95 \pm 1.60	0.35 \pm 1.3	0.25 \pm 1.47	0.2 \pm 1.5	0.15 \pm 1.5	92.30%	5.37	< 0.001
Intensity & duration of attack	20	3.55 \pm 0.69	1.9 \pm 1.06	0.6 \pm 0.74	0.4 \pm 0.63	0.25 \pm 0.59	92.95%	24.7	< 0.001
Frequency of Shwasa vega	20	3.9 \pm 0.31	2 \pm 0.86	0.6 \pm 0.65	0.45 \pm 0.6	0.25 \pm 0.59	93.58%	27.3	< 0.001
Rhonchi	20	3 \pm 0	1 \pm 0.97	0.35 \pm 0.49	0.35 \pm 0.4	0.2 \pm 0.41	93.33%	29.8	< 0.001
Crepitation	20	0.7 \pm 0.86	0.35 \pm 0.49	0.2 \pm 0.69	0.15 \pm 0.6	0 \pm 0.8	100%	3.59	< 0.01
SpO ₂ %	20	95.6 \pm 0.75	97.2 \pm 1.30	97.45 \pm 1.08	97.5 \pm 0.9	98.05 \pm 0.84	2.56%	13.0	< 0.001
PEFR(L/min)	20	265.5 \pm 115.87	286.5 \pm 23.20	301.5 \pm 25.46	324.5 \pm 35.72	358 \pm 47.78	34.83%	8.65	< 0.001
Chest expansion (cms.)	20	4.2 \pm 1.47	4.65 \pm 0.33	5.22 \pm 0.69	5.65 \pm 0.80	6.48 \pm 0.73	54.28%	13.89	< 0.001
Breath holding time (/min)	20	29.5 \pm 8.87	33 \pm 4.95	41 \pm 3.75	47.5 \pm 6.02	54 \pm 6.11	83.05%	17.91	< 0.001
Respiratory Rate	20	23.05 \pm 1.35	19.6 \pm 1.57	18.95 \pm 1.41	18.7 \pm 1.34	16.85 \pm 1.81	27.11%	15.29	< 0.001
ESR	20	33 \pm 23.03	23.65 \pm 10.76	19.45 \pm 12.20	17.6 \pm 14.21	11.7 \pm 17.59	64.54%	5.412	< 0.001
AEC	20	352.6 \pm 165.5	234.5 \pm 184.36	195.7 \pm 153.09	230.25 \pm 156.34	167.9 \pm 176.54	52.38%	4.68	< 0.001

Above table reveals that in 20 patients of *Tamaka Shwasa* Highly Significant ($p < 0.001$) result was obtained on various assessment parameters except crepitation where significant result ($p < 0.01$) is obtained after using *Shringyadi Churna & Guduchyadi Kwatha* as *Anupana dravya*. as Number of Emergency medicine taken was reduced upto 92.30 %. The Intensity & duration of attack was reduced by 92.95 %. The frequency of attack was reduced by 93.58 %. The relief in Rhonchi was 93.33%. SpO₂% was increased by

2.56 %. There was an increase in PEFR by 34.83 %. The relief in Crepitation was 100 %.

There was an increase in B.H.T by 83.05 %. There was an increase in chest expansion by 54.28%. Among Biophysical parameter: The Respiratory rate was decreased by 27.11 %. Among Haematocrit values : The level of ESR was reduced by 64.54%. The level of AEC was reduced by 52.38%.

OVERALL EFFECT OF THERAPY ON 20 PATIENTS OF TAMAKASHWASA

Status →	Complete remission	Markedly improved	Moderately improved	Mildly improved	Unchanged
No. of patients	3	16	1	0	0
%	15%	80%	5%	0	0

Out of 20 patients 3 patients i.e. 15% patients attained Complete remission of the symptoms. 16 patients i.e. 80% patients attained Marked Improvement in the symptoms whereas only 1 patient i.e. 5% attained Moderate Improvement in the symptoms of *Tamaka Shwasa*.

FOLLOW- UP WISE DISTRIBUTION OF PATIENTS

Follow up of patients on completion of trial after 2 months	No. of patients reported to have recurrence of the disease <i>Tamaka Shwasa</i>
10	0

Out of 20 patients, only 10 patients came for follow up and reported not any recurrence of the symptoms since last 2 months.

The difference in the distribution of the contents of *Shringyadi Churna* and *Guduchyadi Kwatha* has brought the above result which clearly indicates Statistically that, on many symptoms and assessment parameters combination has shown the admirable results. This data ascertains the effectiveness of synergistic effect of *Shringyadi churna* along with *Guduchyadi Kashaya* as *Anupanadravya*.

The probable mode of Action of the drug can be discerned from the results.

Shringyadi Churna

The *Shaman yoga* in *Shwasa* is expected to work on *Prana-udaka* and *Annavahasrotasa* and should provide *Dipana- Pachana, Vatanulomana, Vatakaphahara* property. Here *Karkatshringi* is *Kaphanissaraka-kaphaghna* and *Katupaustika* in nature. *Pushkarmula* is *Kaphavata shamaka, Ushna virya* and *Katupaustika* in nature having *Dipana-Pachana* and *Vatanulomana guna*. *Shati* is *Kapha-vata shamaka, Ushna virya* and having the property of *Dipana, Rochana* and *Shool prashamana*. *Shunthi* is *Kaphaghna* and *Ushnavirya*. *Maricha* is having *Kaphagna* and *Kaphanissaraka guna*. *Pippali* is *Kaphavata shamaka* and *Agnivardhini*. *Sharkara* is *Sheet virya, Balya* and *Poshaka* in nature. All these Characteristics made these drugs to act on *Prana - Udaka* and *Annavaha srotasa* so that the *Samprati vighatana* occurs in a systemic manner starting from the *Aamashaya* where the *Dipana-pachana* and *Agniguna* of these drugs helps in the *Pachana* of *Ama* in the body. Also *Kaphaghna* and *Kaphanissaraka guna* will helps in the removing of blocked channels of the body i.e. *Srotorodha* will be cured and *Vatanulomana* will be achieved so that the *Kupitavata* will attain its *Samyaka* state and there will be relief in the symptoms of *Tamaka Shwasa*. *Balya guna* of these medicines on

the other hand will prevent the *Prakopa* of *Vayu* which may occur due to continuous use of *Kapahnashak & Kaphanissaraka aushadh*.

Guduchyadi Kwatha

Most of the contents of *Guduchyadi Kwatha* are having *Katu, Tikta Rasa, Ushna Virya, Katu vipaka* and *Kapha-vatghna* property which seems to be quite effective in antagonizing the *Shwasa roga, which is Kapha-vata pradhana* disease. Quick absorption of the *Kwatha* from *Aamashaya* due to its *Vikasi* and *Vyavayi guna* also contribute to the quick implementation of its action. Here *Vasa* possess the property of *Kapha nissaraka & Kaphaghna*. *Guduchi* is *Kaphaghna Vrishya & Rasayana*. *Bilwa* is *Kaphavata shamak, Ushna Virya* having *Pachana* and *Balya guna*. *Agnimanth* is *Kaphaghna, Dipana-pachana* and *Anulomana*. *Shyonaka* is *Kaphaghna, Dipana-pachana, Katupaustika, Shothahara & Vedana sthapana*. *Patala* is *Tridosha shamak & Ushnavirya*. *Gambhari* is *Balya, Sandhaniye, Rasayana & Vedana sthapana*. All these drugs act on the *Pranavaha-udakavaha* and *Annavahasrotas* and helps in relieving the symptoms. The elimination of *Kapha* will release the obstruction and free flow of *Pranavayu* will be revealed in the form of improvement. Here inhalation of the vapours which comes during the preparation of decoction will work locally on the upper & lower respiratory tract thereby increasing the circulation of blood, relieve in inflammation thereby in bronchoconstriction and Ultimately the broncho-dilatation which will bring free flow of *Pranavayu*.

The pharmacological studies already reported on the individual drugs, also favours the effectiveness of various contents of *Shringyadi Churna* and *Guduchyadi Kwatha* in disease *Bronchial Asthma* as given below^[10]

Anti-allergic: *Guduchi, Karkatshringi, Shati*.

Anti-inflammatory: *Guduchi, Maricha, Pippali, Shunthi, Bilwa, Karaktshringi, Pushakarmula, Shyonaka, Agnimantha, Patala, Gambhari*.

Anti-spasmodic: *Vasa, Karkatshringi, Shati, Bilwa, Shyonaka, Pippali, Maricha*.

Bronchodilator: *Vasa, Pippali, Shati, Pushkarmula*

Expectorant: *Vasa, Karkatshringi, Shati, Patala*

Immunomodulator: *Pippali, Guduchi*

Anti-Oxidant: *Shunthi, Maricha*

CONCLUSION

In nut shell it can be concluded that:

1. In present era, the most common etiological factors for *Tamaka Shwasa* are derived from Polluted Environment, unhealthy dietary habits and familial disposition as evident from the study.
2. The etiological factors are affecting the *Agni* and *Pranavahasrotas*.

3. The optimum result has been seen by the usage of drugs which clears the *Srotovrodha* by optimizing the *Agni*. *Shringyadi Churna & Guduchyadi Kwatha* is such a drug here.
4. Results of this work have undoubtedly established the importance of synergistic effect of *Shringyadi Churna & Guduchyadi Kwatha*. In future, researchers may try to study the efficacy of the drug by increasing the follow up period so that the absence of recurrence of the disease can be ascertained for more duration. It can be concluded that the study scientifically proves the efficacy of traditionally practiced *Shringyadi Churna & Guduchyadi Kwatha* in the management of *Tamaka Shwasa*.

REFERENCES

1. Goyal HR New Delhi; Central Council for Research in Ayurveda and Siddha; 1997. A clinical study of Tamaka Shwasa (Bronchial Asthma).
2. Hemlatha N. M.D. Thesis Jamnagar; Gujarat Ayurveda University; 2006 A clinical and experimental study on the efficacy of Shunthi Pushkarmooladi yoga in the management of Tamaka Shwasa w.s.r. to Childhood Asthma.
3. Churchill Livingstone, Davidson's Principle and Practice of Medicine, 20th ed, 2006, 19th chap.pp-670.
4. Agnivesha, Charaka Samhita- Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chaukambha Bharti Prakashan, Varanasi, Edition reprint 2004. Charaka samhita Chikitsa sthana 17/8, pp- 509.
5. Agnivesha, Charaka Samhita- Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chaukambha Bharti Prakashan, Varanasi, Edition reprint 2004. Charaka samhita Chikitsa sthana 17/62, pp- 517.
6. Agnivesha, Charaka Samhita- Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chaukambha Bharti Prakashan, Varanasi, Edition reprint 2004. Charaka samhita Chikitsa sthana 17/147, pp- 529.
7. Agnivesha, Charaka Samhita- Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chaukambha Bharti Prakashan, Varanasi, Edition reprint 2004. Charaka samhita Chikitsa sthana 17/149, pp- 530.
8. Agnivesha, Charaka Samhita- Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chaukambha Bharti Prakashan, Varanasi, Edition reprint 2004. Charaka samhita Chikitsa sthana 17/148, pp- 529.
9. Indradev Tripathi and Ramanath Dwivedy, Chakradatta of Sri Chakrapanidatta, ed. 2012, Varanasi; Chaukambha Sanskrit Bhawan; Hikkashwasa-chikitsaparakaran 12/15, pp no.108.
10. Sharma PC, Verne MB, Dennis TJ New Delhi Central Council for Research in Ayurveda and Siddha Department of ISM & H Ministry of Health & Family Welfare.1-5 New Delhi Govt. of India, 2000.Database Medicinal Plants.

Cite this article as:

Kimmi Seth, Om Prakash Singh, Punita Pandey, Deshraj Singh. A Clinical Study on the Role of Shringyadi Churna and Guduchyadi Kwatha in the Management of Tamaka Shwasa with Reference to Bronchial Asthma. International Journal of Ayurveda and Pharma Research. 2015;3(8):28-34.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Kimmi Seth

MD Scholar final year
PG Dept. of Kayachikitsa
Rishikul Campus, Haridwar (India)
Ph: +918449609809
Email : luckykimtim@gmail.com