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

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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 dusthi and Ama) and Environmental factors (Agantuj Hetus - Raja, Dhuma, Prayvata, 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-vataya vikar and site of its origin is Pitta ssthana. “Kaphavatamkavetopittasthana-samuddhava” [4] Tamaka Shwasa in general is described...
as Yapya (palliable) disease. However in individual with recent origin of disease, person of Pravrarabala 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 and due to their Ushna guna and are Vatanulomakā in action must be utilized in the treatment of Shwasaroga”[6]. Brimhana is considered the best option compared to Shamaṇa 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 Hikkhawasa-chikitsaprakaran[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 Vatakaphaha, 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, Bilva, Aghimanta, 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.
- Age18-70 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.
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- Any other physical and surgically ill patient will be excluded

Criteria for withdrawal
(1) Personal matters
(2) Intercurrent illness
(3) Aggravation of complaints
(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

<table>
<thead>
<tr>
<th>No. of pt's</th>
<th>Drug</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Shringyadi Churna + Guduchyadi Kwatha</td>
<td>5 gm Churna twice in a day with 40 ml Kwatha as Anupana dravya</td>
<td>2 months</td>
</tr>
</tbody>
</table>

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
- Haematological investigations after completion of treatment were repeated.
- 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: Kasa vege 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 *Kaphanishthivana*
   - 1: Occasional *Kaphanishthivana*
   - 2: Very often *Kaphanishthivana*
   - 3: Always *Kaphanishthivana*

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.

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

**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 Shwas* 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*, *Abhyavaran Shakti* & *Jaran Shakti*. 

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**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 **Sashadashwasa** was present as **Pranavaha srotodushi lakshana**, **Oshthashosh**

- **Tamaka Shwasa**

- **Kasa**

- **Pinasa**

- **Parshvashula**

- **Ghurghurukam**

- **Kaphanishthivana**

- **Kasa** and **Kaphanishtivana**. 19 patients reported the presence of **Kasa** and **Kaphanishtivana**. Only 17 patients reported the presence of **Parshvashula**.

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

<table>
<thead>
<tr>
<th>No. of patients</th>
<th>Cardinal Symptoms</th>
<th>Mean Score ± S.D</th>
<th>% Relief</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Shwasakrichhata</td>
<td>3.3±0.80</td>
<td>1.6±0.77</td>
<td>0.6±0.76</td>
<td>0.2±0.78</td>
</tr>
<tr>
<td>19</td>
<td>Kasa</td>
<td>2.65±1.04</td>
<td>1.05±1.12</td>
<td>0.35±1.09</td>
<td>0.2±1.01</td>
</tr>
<tr>
<td>20</td>
<td>Pinasa</td>
<td>3.3±0.57</td>
<td>0.7±1.00</td>
<td>0.35±0.97</td>
<td>0.2±1.15</td>
</tr>
<tr>
<td>17</td>
<td>Parshvashula</td>
<td>1.5±0.95</td>
<td>0.4±0.99</td>
<td>0.3±1.03</td>
<td>0.15±1.06</td>
</tr>
<tr>
<td>20</td>
<td>Ghurghurukam</td>
<td>2.85±0.87</td>
<td>0.65±0.96</td>
<td>0.35±0.84</td>
<td>0.1±0.56</td>
</tr>
<tr>
<td>19</td>
<td>Kaphanishtivian</td>
<td>2.45±0.99</td>
<td>1.05±1.16</td>
<td>0.45±1.22</td>
<td>0.25±1.21</td>
</tr>
</tbody>
</table>

**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 **Shwasakrichhata** was relieved upto **96.96%**. The symptom of **Ghurghurukam** was reduced upto **96.49%**. There was relief in **Kapha nishtivana** 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**

<table>
<thead>
<tr>
<th>Assessment Parameters</th>
<th>N</th>
<th>Mean Score ± S.D</th>
<th>% Relief</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of emergency medicine taken</td>
<td>20</td>
<td>1.95±1.06</td>
<td>0.35±1.3</td>
<td>0.25±1.47</td>
<td>0.2±1.5</td>
</tr>
<tr>
<td>Intensity &amp; duration of attack</td>
<td>20</td>
<td>3.55±0.69</td>
<td>1.9±1.06</td>
<td>0.6±0.74</td>
<td>0.4±0.63</td>
</tr>
<tr>
<td>Frequency of Shwasavega</td>
<td>20</td>
<td>3.9±0.31</td>
<td>2±0.86</td>
<td>0.6±0.65</td>
<td>0.45±0.6</td>
</tr>
<tr>
<td>Rhonchi</td>
<td>20</td>
<td>3±0</td>
<td>1±0.97</td>
<td>0.35±0.49</td>
<td>0.35±0.4</td>
</tr>
<tr>
<td>Crepitation</td>
<td>20</td>
<td>0.7±0.86</td>
<td>0.35±0.49</td>
<td>0.2±0.69</td>
<td>0.15±0.6</td>
</tr>
<tr>
<td>SpO2%</td>
<td>20</td>
<td>95.6±0.75</td>
<td>97.2±1.30</td>
<td>97.45±1.08</td>
<td>97.5±0.9</td>
</tr>
<tr>
<td>PEFR(L/min)</td>
<td>20</td>
<td>265.5±115.87</td>
<td>286.5±23.20</td>
<td>301.5±25.46</td>
<td>324.5±35.7</td>
</tr>
<tr>
<td>Chest expansion (cms.)</td>
<td>20</td>
<td>4.2±1.47</td>
<td>4.65±0.33</td>
<td>5.22±0.69</td>
<td>5.65±0.80</td>
</tr>
<tr>
<td>Breath holding time (min)</td>
<td>20</td>
<td>29.5±8.87</td>
<td>33±4.95</td>
<td>41±3.75</td>
<td>47.5±6.02</td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>20</td>
<td>23.0±1.35</td>
<td>19.6±1.57</td>
<td>18.95±1.41</td>
<td>18.7±1.34</td>
</tr>
<tr>
<td>ESR</td>
<td>20</td>
<td>33±23.03</td>
<td>23.65±10.76</td>
<td>19.45±12.20</td>
<td>17.6±14.21</td>
</tr>
<tr>
<td>AEC</td>
<td>20</td>
<td>352.6±165.5</td>
<td>234.5±184.36</td>
<td>195.7±153.09</td>
<td>230.25±15</td>
</tr>
</tbody>
</table>

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%. 

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OVERALL EFFECT OF THERAPY ON 20 PATIENTS OF TAMAKA SHWASA

<table>
<thead>
<tr>
<th>Status</th>
<th>Complete remission</th>
<th>Markedly improved</th>
<th>Moderately improved</th>
<th>Mildly improved</th>
<th>Unchanged</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients</td>
<td>3</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>%</td>
<td>15%</td>
<td>80%</td>
<td>5%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Follow up of patients on completion of trial after 2 months</th>
<th>No. of patients reported to have recurrence of the disease Tamaka Shwasa</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

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 Annavaahasrotas and should provide Dipana-Pachana, Vatanulomana, Vatakaphahara property. Here Karkatshringi is Kaphanissaraka-kaphagnha and Katupausthika in nature. Pushkarmala is Kaphavata shamaka, Usdna virya and Katupausthika in nature having Dipana-Pachana and Vatanulomana guna. Shati is Kapha-vata shamaka, Usdna virya and having the property of Dipana, Rochana and Shool prashamana. Shunthi is Kaphagnha and Ushnavirya. Maricha is having Kaphagnha and Kaphanissaraka guna. Pippali is Kaphavata shamaka and Agnivardhini. Shvachara is Shool virya, Balya and Poshaka in nature. All these Characteristics made these drugs to act on Prana-Udaka and Annavaaha srotas so that the Samprati vighatana occurs in a systemic manner starting from the Aamashaya where the Dipana-pachana and Agníguna of these drugs helps in the Pachana of Ama in the body. Also Kaphagnha 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 Kapakhnashak & Kaphanissaraksha aushadhi.

Guduchyadi Kwatha

Most of the contents of Guduchyadi Kwatha are having Katu, Tikta Rasa, Ushna Virya, Katu vipaka and Kapha-vataghna 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 Vyavyayguna also contribute to the quick implementation of its action. Here Vasa possess the property of Kaphanissaraka & Kaphagnha. Guduchi is Kaphagnha Virshya & Rasayana. Bilwa is Kaphavata shamak, Ushna Virya having Pachana and Balya guna. Aghmissat is Kaphagnha, Dipana-pachana and Anulomana. Shyonaka is Kaphagnha, Dipana-pachana, Katupausthika, Shothahara & Vedana shtapana. Patala is Tridosha shamak & Usdnavirya. Gambhari is Balya, Sandhanyi, Rasayana & Vedana shtapana. All these drugs act on the Pranavaha-udakavaha and Annavaahasrotas 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 bronchodilatation 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, Karkatshringi, Pushakarmula, Shyonaka, Aghmissat, 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.

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