



CLINICAL EVALUATION OF KRISHNADI CHURNA IN THE MANAGEMENT OF TAMAKA SHWASA

Dr. Monika Gupta*

Associate Prof., Deptt. of Kayachikitsa JIAR, Jammu, India.

*Corresponding Author: Dr. Monika Gupta

Associate Prof., Deptt. of Kayachikitsa JIAR, Jammu, India.

Article Received on 25/10/2019

Article Revised on 15/11/2019

Article Accepted on 06/12/2019

ABSTRACT

Tamaka shwasa vis-a-vis Bronchial Asthma is one of the most distressing disease and is quite common in all the socio-economic strata in all the age groups and almost all over the world. The ancient sages knew the entity of this disease from very beginning and treatment for the same has been explained in detail in scriptures of Ayurveda. With the background of the same, in this Prospective Clinical study in 30 patients suffering with *Tamaka shwasa* was administered with Krishnadi Churna for the duration of 60 days at the dose of 3 gms in divided doses with Ushna Jala as Anupana. Results were assessed by using paired t-test for subjective and objective parameters. Study revealed that there was complete remission of Teevra vega Shwasa and Ghurgurukatwam which is pratyatma niyata lakshana (cardinal clinical feature) of *Tamaka shwasa*. Statistically all subjective and objective parameters had showed highly significance results.

KEYWORDS: Krishnadi churna Tamaka shwasa, Asthama, Shwasa Roga, PEFR, AEC.

INTRODUCTION

Breathing is one of the normal physiological functions of body starts with birth and ends with death. As per Ayurveda *Pranavata* and *Apanavata* are responsible for the breathing in and breathing out. In and fro air flow through the *Pranavaha Srotas* is the vital sign of Prana.

Normalcy of breathing in and breathing out suggests health and abnormality indicates diseases and its complete cessation indicates death, this is the unique sign of life, which is affected in the diseases like *Tamaka shwasa*. The disease *Tamaka shwasa* has been mentioned in the Ayurvedic texts. Its similarities with the bronchial asthma of contemporary science are well accepted among Ayurveda community.

Tamaka shwasa is one of the most distressing diseases and is quite common in all the socio-economic strata in all the age groups and almost all over the world. 5-10% of the world population at some stage during life suffers from asthma. Because of the faulty methods of living, scarcity of balanced diet, increased air pollution and various other reasons the incidence of *Tamaka shwasa* is increasing day by day. *Tamaka shwasa* sometimes severe and fatal also. The disease can occur nearly at any age and affects 5% of adults and 7-10% children commonly.

Tamaka shwasa is also generally comes in proximal attacks and one has to manage the attack immediately. As per Ayurveda texts *Tamaka shwasa* if not treated properly it will kill the patient like the fire burns the dried bush even, though it is a *Yapya Vyadhi*, it becomes *Sadhya* if it is *Navothitha* (of recent origin).

Krishnadi churna is said to be a Tridosha Shamaka and is a best medicine for Vata Kapha disorders. Hence Protocol of this study designed to relieves *avarodha* of Vata by *Kapha*, *Vata Kapha Shamaka* or *Tridosha Shamaka Dravya acts on Tamaka shwasa*.

MATERIALS AND METHODS

Method of collection of data

Patients: Patients suffering from *Tamaka shwasa* were selected from OPD & IPD of Jammu Institute Of Ayurveda And Research Hospital.

Study design: Prospective clinical trial

Sample size: 30 patients

Exclusion Criteria

1. Severe persistent Asthma.
2. Asthmatic patients with a history of above 10 years of period
3. Patient below 18 years and above 60 years
4. Dyspnoea due to other causes like cardiac origin COPD upper respiratory obstruction.
5. Pregnant and lactating women.

6. Other diseases like DM, HTN.
7. Chronic kidney/hepatic diseases.

Inclusion Criteria

1. Patients of age group 18-60 years.
2. Mild and Moderate persistent cases of asthma
3. History below 10 years
4. Night symptoms >twice per month

Diagnostic Criteria: The sign and symptoms of *Tamaka shwasa* mentioned in the Ayurvedic texts and objective investigations mentioned in contemporary texts were used as criteria for the diagnosis.

Posology: Krishnadi Churna –3gms/ per day in divided dose with Sukoshna jala as Anupana

Study Duration: 45 Days.

Follow up: Every 15 Days.

Subjective Assessment parameters: As explained in Ayurvedic texts and modern system of medicine the subjective Parameters are noted here under

1. Teevra vega Shwasa – Shwasa Krichrata (Dyspnoea).
2. Kasa (Cough).
3. Dukhena Kapha nissaranam (Expectoration).
4. Ghurghuratwam (Wheezing).
5. Peenasa (Coryza).
6. Kruchrena bhasate (Difficulty in speech).

Objective assessment parameters: As explained in different texts the objective parameters are noted hereunder, are vividly discussed in the context of examination of patient in the same chapter

1. Peak expiratory flow rate.
2. Breath holding time.
3. Absolute Eosinophil counts.
4. Erythrocyte sedimentation rate.
5. Chest X-Ray.

RESULTS

Statistical Assessment of Subjective Parameters.

Subjective Parameters	Mean	SD	SE	T Value	P Value	Remark
Teevra vega Shwasa (Dyspnoea)	1.033	0.182	0.332	3.11	<0.005	HS
Kasa (Cough)	0.866	0.434	0.079	10.96	0.001	HS
Dukhena Kapha nissaranam (Expectoration)	0.633	0.556	0.1015	6.236	<0.001	HS
Ghurghuratwam (Wheezing)	1.096	0.597	0.108	10.148	<0.001	HS
Peenasa (Coryza)	0.6	0.498	0.0909	6.6	<0.001	HS
Kruchrena bhasate (Difficulty in speech)	0.433	0.495	0.0909	4.76	<0.001	HS

Statistical Assessment of Objective Parameters.

Objective Parameters	Mean	SD	SE	T Value	P Value	Remark
PEFR	111.67	39.22	7.166	15.58	<0.001	HS
BHT	9.2	2.998	0.545	16.88	<0.001	HS
AEC	83.33	37.9	6.919	12.04	<0.001	HS
ESR	1.833	1.053	0.192	9.546	<0.001	HS

Overall assessment and Result of the Krishnadi Churna in *Tamaka shwasa*.

Category	Patient	Percentage
Well Responded	4	13.33
Moderate Responded	9	30
Poor Responded	12	40
Not Responded	5	16.67
Total	30	100

DISCUSSION

In the present study was intended to assess the role of krishnadi churna in *Tamaka shwasa*. In *Tamaka shwasa* initially vitiation of jatharagni occurs, leading to amarasotpatti causing kapha provocation, obstructing natural function of vata resulting in disease *Tamaka shwasa*. Acharya Charaka has clearly stated describing chikitsa of *Tamaka shwasa* – Whatever drug, food or drink is alleviative of kapha and vata, and have ushna property and regulative of the movements of vata, is

beneficial for patients afflicted with shwasa. (Cha.Chi.17/142). Krishna is having kapha nissaran properties and capable of curing shwasa, aruchi etc. diseases. So keeping in view above explanation, it is presumed that by virtue of ushna veerya of the test drug krishnadi churna it alleviates kapha and vata both, thereby helping in samprapti vighatana process of *Tamaka shwasa*. The drug is also efficient in curing aruchi that means, it also improves the state of jatharagni, the root cause of the disease. In this way the probable mode of action of krishnadi churna can be explained.

It was observed that Respiratory Rate reduces significantly. Expansion of chest breath holding time and sustained maximum inspiration increases significantly. ESR reduced significantly and no side effects were observed from the drug during the present study.

CONCLUSION

Krishnadi churna is a good choice of palliative medicine in *Tamaka shwasa*. Statistically all subjective and objective parameters showed highly significance. With the above observations it is clear that the Krishnadi churna is effective in the management of Tamaka shwasa.

REFERENCES

1. Yadavaji Trikamji Acharya edited, Charaka Samhita Shareera, 1/70, Chakrapani Ayurveda deepika, Choukambha Ayurvijnana Grandhamala 34,1st ed, reprint. Choukambha Surabharati Prakashana, Varanasi, Ibid.5/7, pp 324 Chakrapani, 1992; 294.
2. K.R. Srikanth Murthy edited, Astanga Hrudaya Sutra12/4-5 3rd ed, Krishnadas academy, Varanasi, pp167. Ibid, 17/62, 1996; 535.
3. Kumar Cotran & Anirban Maitra, Robbins Basic pathology, 7th ed, 13th chapter, Harcourt (India) pvt. ltd., India, 2003; 455.
4. G.S.Sainai ed, API Text book of medicine 6th ed, sec 6-ch 7, The association of physicians of India, Mumbai, 1999; 226.
5. Antony Seaton, et. al, Crofton and Dougla's Respiratory diseases, chapter 26th edited by Neil o. Brein, published by Oxford university press, New Delhi. 4th ed, 1989; 665.
6. Yadavaji Trikamji Acharya edited, Charaka Samhita chikitsa, 17/9 Chakrapani, Ayurveda deepika Choukambha Ayurvijnana Grandhamala -34, Reprint Choukambha Surabharati Prakashana, Varanasi, 1992; 533.