



CLINICAL EVALUATION OF TEJOVATYADI CHURNA IN THE MANAGEMENT OF SHAWASAROGA W.S.R TO BRONCHIAL ASTHMA

Dr. Twinkle Gupta*

[Md Kayachikitsa] Hod and Professor of Dept. of Kayachikitsa.

Corresponding Author: Dr. Twinkle Gupta

[Md Kayachikitsa] Hod and Professor of Dept. of Kayachikitsa.

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ABSTRACT

There are about 334million patients suffering with bronchial asthma that is affecting almost all age groups of patients across the world. In India around 15-20million people were affected with bronchial asthma. In global scenario the cases of bronchial asthma were increasing tremendously and were estimated to be approximately 4.5 percent. The prevalence of asthma is increasing with time and additional 100 milion people will be expected to develop asthma by the year 2025. The alarming rise in the prevalence of Tamaka Shwasa can be accounted to factors such as Atmospheric pollution, rapid environmental changes, adaptation of newer dietetic preparations and tremendous psychological stress. In the present study we planned to get effective and safe treatment for 'shwasa Roga 'with the help of clinical principle of Ayurveda . In the present study, 30patients having shwasa roga were selected from O.P.D and I.P.D of Jammu Institute of Ayurveda and Research College and Hospital, Jammu. The end results thus obtained were interpreted and graded as complete remission, marked improvement, moderate improvement and mild improvement and presented in details.

KEYWORDS: Shwasa roga, bronchial asthma.

INTRODUCTION

Ayurveda serves the living beings in two ways –one by curing the disease and second by maintaining the health of healthy individual. Tamaka shawasa vyadhi is related with dearrangement of the Pranavaha srotas. On the basis of the clinical features bronchial asthma can be clinically correlated with Tamaka shawasa. Tamaka shwasa is pittasthana samudhabhava and kapha vataja dosha vyadhi. Whenever there is obstruction of pranavaya by kapha dosha the vitiated vayu gets pratiloma to produce shwasa roga.

The clinical manifestations show high recurrence pattern. Therefore the management criteria should be addressed to quality improvement in the life of patients. The desired mode of management Bronchial asthma is avoidance of allergen, treatment of infection, Pharmacological therapy and Hypo- sensitization.

According to ayurveda the drugs which were having Kapha Vataghna gana, ushna and Vatanulomana properties can effectively treat the Tamaka Shwasa.

MATERIALS AND METHOD

- **Selection of Patients:** For the present study, 30 patients with classical signs and symptoms of

Tamak Shwasa were selected from O.P.D and I.P.D of Jammu Institute of Ayurveda and Research, Hospital.

- **Inclusion Criteria:** The patients above the age of 16 years and below 60 years of either sex were included on the basis of clinical sign and symptoms . The subjects with a history for atleast 6 months, non-smokers and absence of long term remission of asthma were included in the study.
- **Exclusion Criteria:** Patients with the history of pulmonary tuberculosis, pleural effusion, cardiac asthma, emphysema, bronchial carcinoma ,status asthmatics were excluded.
- Written informed consent was obtained from each patient before starting the clinical study.
- **Diet And Restriction:** Patients were advised to avoid cause and aggravating factors such as curd, cold drinks, fish and meat, tobacco chewing and smoking, alcohol, excessive physical work, day sleep and exposure to dust, smoke, pets and pollens.

Patients were advised to use lukewarm water after meal and at bed time. They were advised for light diet, breathing exercise such as Pranayama, use of mask while working, to avoid exposure to dust and smoke etc.

- **Criteria For Assessment:** Effect of the treatment was assessed by assessing – signs and symptoms before and after treatment.
2. Absolute Eosinophil counts.
 3. ESR.
 4. Chest X-Ray.

As explained in different texts the objective parameters are noted here under, are vividly discussed in the context of examination of patient.

1. Peak expiratory flow rate.

RESULTS

Statistical assessment of subjective parameters

Subjective Parameters	BT	AT	%Relief	SD	SE	Tvalue	Pvalue
Shwasakrichhta	1.37	0.5	63.64%	0.640	0.2 27	3.776	< 0.01
Kasa (cough)	1.5	1	33.33%	0.534	0.189	2.261	< 0.05
Peenasa	1.12	0.75	33.33%	0.755	2.680	2.04	< 0.1
Dukhena kapha nissaranam (expectation)	1	0.5	50.00%	0.536	0.188	2.64	< 0.05

Statistical Assessment of Objectives Parameters.

Objective Parameters	Mean Score	Mean Score	%Relief	SD	SE	T value	Pvalue
	BT	AT					
PEFR	2.28	0.71	68.75	1.08	0.29	5.41	< 0.001
AEC	1.9	0.57	70.37	0.84	0.22	6.13	< 0.001
ESR	2.57	0.71	72.22	1.04	0.27	6.85	< 0.001

Overall assessment and Result of Tejovatyadi churna in shwasa roga

CATEGORY	PATIENT	PERCENTAGE
Well responded	9	30
Moderate responded	4	13.33
Poor responded	12	40
Not responded	5	16.67
Total	30	100

DISCUSSION

In the present study was intended to assess the role of tejovatyadi churna in tamaka shwasa. In Tamaka shwasa initially vitiation of jatharagni occurs, leading to amarasotpatti causing 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. The drug is efficient in curing aruchi that means, it also improves the state of jatharagni the root causes of the disease. In this way the probable mode of action of tejovatyadi churna can be explained. It was observed that respiratory rate reduced significantly. Expansion of chest breathing holding time and sustained maximum inspiration increases significantly.

CONCLUSION

Tejovatyadi 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

tejovatyadi churna is effective in the management of Tamaka shwasa.

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