

EVALUATION OF THE EFFICACY OF PIPPALYADI AGAD IN DUSHIVISHAJANYA SHWASA

Patil Sanjay S. Patil Varsharani S. Tiwari Mrunal
Department of Agada Tantra

L. R. P. Ayurved Medical College and Research Center, Islampur, Maharashtra, India

ABSTRACT

Poison is a substance which when administered, inhaled or ingested is capable of acting deleteriously on the human body. Poison can act on body by disturbing *dhatu* and producing various diseases. In the same way *dushivisha* is acting on the body by vitiating *dhatu* (tissues). *Dushivisha* has less potency, though not fatal it remains inside the body for variable period. Factors responsible for vitiating *dhatu* (tissues) such as *dushit desha* (place), *kala* (time), food, *diwaswap* (Daysleep) etc. are considered as *dushivisha* and also these are triggering factors for the both *dushivisha* and *shwasa* (Asthma). In present clinical study effort were made to evaluate the therapy for *dushivishajanya tamakshwasa* (Bronchial Asthma).

Keywords: *Dushivisha*, *Tamakshwasa* (Bronchial Asthma), *Pippalyadi agad*

INTRODUCTION

Poison is a substance which when administered, inhaled or ingested is capable of acting deleteriously on the human body.¹ So many poison mentioned in the Ayurvedic classics are not available on the earth. In the same way today so many poison identified but not included as poison in Ayurvedic texts. Newly identified poisons if have less potency, tendency to remain inside the body and vitiate *dhatu* (tissues), they will also be titled as *dushivisha*. E.g. preservatives in food, different pesticides, germicides, different adulterants, (Adulteration of non edible oil into edible oil, small stone in rice etc.) harmful gases released by vehicles, polluted water and fumes discharged by industry etc.

Dushivisha produces Sign and Symptoms in the body. *Shwasa* (Asthma) is

one of them which clearly mentioned by Madhav Nidan² and Bhava prakasha³ also *kaphasthangata visha lakshanas* by charak⁴ and *visha updrava* by Vagbhata.⁵ We had taken *Tamakshwasa* (Bronchial Asthma) as others are fatal and *Ksudra* not require treatment.

About 235 million people currently suffer from asthma. India has an estimated 15-20 million asthmatics⁶.

The incidence of *Tamaka shwasa* (Bronchial Asthma) which may be considered as Bronchial Asthma has a high incidence as 5-10% of the population is suffering from Bronchial Asthma with irrespective of age, sex, occupation and socioeconomic status etc in the present day. In this research work considering that *Dushivisha* as causative factor, we had taken *Pippalyadi agad* mentioned in *Astang Sangraha* by con-

sidering its *Vishagnha* and *Shwasaghna* properties.

AIMS AND OBJECTIVES

To study efficacy of *Pippalyadi Agad* in *Dhushivishajanya Shwasa* (Bronchial Asthma)

MATERIAL AND METHODS

All the 30 patients were selected from OPD and IPD of LRP Ayurveda Hospital and Research centre, Islampur, ran-

RESULTS

Table 1: Result of 30 patients in subjective and objective parameters

Sl. No.	Symptom	Compare days	S. E.	T cal.	P value	% Relief
1	<i>Shwasa krucchrata</i> (Dyspnoea)	1 st & 30 th	0.143	8.84	< 0.001	73.8
2	<i>Kasa</i> (Cough)	1 st & 30 th	0.138	7.94	< 0.001	70.21
3	<i>Shwasa vega</i> (Attacks of Asthma)	1 st & 30 th	1.41	11.09	< 0.001	72.31
4	<i>Anidra</i> (Sleeplessness)	1 st & 30 th	0.152	7.67	< 0.05	71.43
5	<i>Parshwashoola</i> (Pain in thoracic region)	1 st & 30 th	0.089	11.5	< 0.001	67.39
6	<i>Vakkrucchrata</i> (Difficulty in speech)	1 st & 30 th	0.115	7.55	< 0.001	72.22
7	Associated complaints of dushivisha	1 st & 30 th	0.142	13.1	< 0.001	84.85
8	Hb %	1 st & 30 th	0.081	3.63	< 0.01	2.46
9	ESR	1 st & 30 th	0.914	3.50	< 0.01	13.5
10	AEC	1 st & 30 th	12.75	4.77	< 0.001	14.3
11	PEFR	1 st & 30 th	4.99	3.10	> 0.01	25.23

Table 2: Overall assessment of 30 patients

Sl. No.	Grade	Subjective parameter		Objective parameter	
		No. of Patients	%	No. of Patients	%
1	Complete improvement	9	30	19	63.33
2	Marked improvement	13	43.33	5	16.66
3	Moderately improvement	7	23.33	1	3.33
4	Mild improvement	1	3.33	5	16.66
5	Total	30	100	30	100

In this research 63.33% patients have got complete improvement, 20 % patients having marked improvement, 10 % patients having moderate improvement and 6.66 % patients having mild improvement.

DISCUSSION

Probable mode of action

Pharmacological action of *Pippalyadi agad* can be explained hypothetically in following way: *Acharya Charak* advised three main types of treatment for *tamakshwasa* (Bronchial Asthma), *bruhana*, *shaman* and *shodhana*. *Shamana* has priority over

domly and investigated for Hb%, TLC, DLC, ESR, AEC and PEFR before and after treatment.

Research Methodology:

30 patients were kept on *Pippalyadi Agad* 2.5 g BD with *madhu* (Honey) along with meal.

rest of two⁷. In *shaman chikitsa vataka-phaghna ushna* and *vatanulomana* drugs should be used.⁸

As explained in Ayurvedic review pathogenesis of *dushivishajanya tamakshwasa*, *dushivisha* plays an important role in pathogenesis of *tamakshwasa* (Bronchial Asthma). *Acharyas* has advised *vataka-phaghana*, *ushna*, *vatanulomana* drugs as a first line of treatment of *tamakshwasa* (Bronchial Asthma).

Drug exhibiting quick control over vitiating *vata* and *kapha*, While permanent

relief is attainable through implementation of drugs having action *agni and pittastana* along with *vatakaphghnata*. So the drug administered for the treatment of *Shawsa* (Asthma) should have action on *pitta*. For that we have selected *Pippalyadi agad*. *Pippalyadi agad* has used as not only *shwasaghna* (antiasthmatic) but also *vishaghna* (Antitoxic) in *dushivishajanya tamakshwasa* (Bronchial Asthma).

Pippali: It is *swadu, hrudya, shwasghna, rasayani, vatanulomani and pittanashani*.⁹ As mentioned in *Raja Nighantu, Bhav prakash, Kaideva Nighantu, Madanpal nighantu* that *pippali* is *shwasanashak*, so *Pippali* is directly *vyadhipratyanik*.

Hingu: *Asa foetida* is recommended for the treatment of snake bite and scorpion bite. It is used as antidote to poison¹⁰.

Kapitha: *Kapitha* has *madhura, amla, kashaya* rasa act as mucolytic and expectorant. *Katu vipak* enhances *jatharagni, dhatavagni* and normalize the metabolic process. It reduces the *kapha* and it has properties *shwasaghna* as well as *vishaghna*. Pulp with honey and *pippali* is given for hiccup and difficulty in breathing.¹¹

Saindhava: *Saindhava* makes drug to act as a *kaphashamak and amvisha doshahar*.¹²

Sita: It is *Vatapittahar* and gives soothing effect and relieving congestion and spasm of *pranavaha strotas*.¹³

Madhu: *Madhu* has *Madhur (Kashaya) rasa, Kaphapitta shamak, pacifying kapha* and expulsion of *kapha*.¹⁴

In this *agad pippali* and *hingu* have properties like *katu rasa, amushna and ushna virya, Kapitha* have *madhura, amla, kashaya rasa, vipak katu and vishahar karma. Katu rasa has ushna, lekhana guna*

and secretogenic effect in diluting thick mucus plug and bring out easy expulsion.¹⁵

Deepana, pachana, ruchikara and kaphghna katu rasa which is present in drug helps for *deepana karma* i.e. *jatharagni and dhatvagni and Pachana karma* i.e. *Ama pachan. Ama* is the main cause of *samprapti*. In this way, *deepana and pachana help in samprapti vighatana* (Break in Pathogenesis). *Prasaryati strotansi* means *katu rasa* is broncho dilatation and also it is *kaphaghna*. So it again helps in *samprapti vighatana* (Break in Pathogenesis).

According to *Ayurveda ushna virya* helps in pacifying *kapha and vata*, helps in fast destruction of cell debris and clearing micro channels.¹⁶ It also helps in removing the *dushivisha* from various *dhatu*s (tissues).

CONCLUSION

The present clinical study has been undertaken to evolve the *shamana* treatment by *Pippalyadi agad* and to see the efficacy of '*Pippalyadi agad*' in *dushivishjanya tamakshwasa* patients. *Sthavara, jangama, krutrim visha, virudha ahar, ajirna, agnimandya vegavrodha and mansik bhava* were causes of *dushivisha*. Any type of poison *krutrim visha and gara visha* produced in body due to *agnimandyakar nidan, virudha ahar* etc are not properly expelled out of body. Some amount of mild toxin is enfeebled by intrinsic and extrinsic factor remains latent in *dhatu*s (tissues) and labeled as *Dushivisha*.

Dushivisha on vitiation produce of *rasa and rakta* (blood) causing hypersensitivity reaction in tracheobronchial tube and leads to allergic bronchial asthma. When potency of toxins decreases symptoms disappear again re exposure of aggravating factor the attack occurs. So from this we

conclude that *Dushivisha* is important causative factor of *Tamakshwasa* (Bronchial Asthma). In *dushivishajanya tamakshwasa* pathological finding raised AEC were observed. *Pippalyadi agad* relieves the symptom *Shwasakruccharata* (Dyspnoea) has been statistically reduced by 73.08 %, *Kasa* (Cough) 70.21 %, *Shwasavega* (Attack of Asthma) 72.31 %, *Anidra* (Sleeplessness) 71.43 % , *Parshwashool* (Pain in Thoracic region) 67.39 %, *Vakkruchhrata* (Difficulty in speech) 72.22 % and Associated complaints of *dushivisha* 84.85 %, these results were Statistically highly significant ($P < 0.001$).

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CORRESPONDING AUTHOR

Dr. Sanjay S. Patil

MD Scholar, Dept of Agada Tantra,
LRP Ayurved medical college and Research
Center, Islampur, Maharashtra, India
Email: drpsanjaymd@gmail.com

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