

**TO ESTABLISH TREATMENT MODALITIES IN SEASONAL NON-COMMUNICABLE CHRONIC DISORDERS W. S. R. TO “TAMAKA SHWASA” AS PRANAVAHA PRADOSHAJA VIKARA****Sushil Kumar Jangid¹, Sunita Kumari Bijarniya²**

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Article Received: 25/10/2021 - **Peer Reviewed:** 065/11/2021 - **Accepted for Publication:** 08/11/2021**ABSTRACT**

Ayurveda is not only the science of life but also the philosophy of life. *Srotasa* which represent the internal transport system includes a series of channels through which *Rasa-Raktaadi Dhatu* is propelled to all parts of the body. The concept of *Pranavaha Srotodushti* & its explanation matches entirely with the pathogenesis mechanism symptoms of Asthma. Taking this aspect in the mind, the clinical study was planned to establishment of the functional utility of *Srotomoola* in the management of the disease *Tamaka Shwasa*. **AIM & OBJECTIVES:** To establish the role and function utility of *Srotomoola*. To study the aetiopathogenesis and treatment of *Pranavaha-Pradoshaja Vikara*. To assess the efficacy of *Shwasha Yoga*, *Hridaya Yoga*, and *Deepaniya Yoga*. **MATERIALS AND METHODS:** For the clinical study 30 clinically diagnosed patients of *Tamaka Shwasa* (Bronchial Asthma) were registered for present clinical. They were treated in three groups randomly each containing 10 patients within the age group of 20-70 years.

Group 1 has been treated with *Shwasha Yoga* 5gm three times a day for 2 months.

Group 2 have given *Hridya Yoga* 5gm three times a day for 2 months.

Group 3 have given *Deepaniya Yoga* 5gm three times a day for 2 months.

30 clinically diagnosed patients of *Tamaka Shwasa* (Bronchial Asthma) were registered for the present clinical study in 3 divided groups. **RESULTS**:-After the complete intervention the overall improvement in the patient of group I was found to be 77.27%, in Group II was found to be 63.64% and in group III was found to be 31.50% which was a mild improvement symptomatically but statistically it was highly significant. **DISCUSSION AND CONCLUSION:** It was observed that most drug ingredients in *Shwashar Yoga*, *Hridya Yoga*, *Deepaniya Yoga* have *Laghu*, *Ruksha*, *Tikshna Guna*, *Tikta*, *Katu Rasa*, *Katu & Madhura Vipaka & Kapha Vatashamaka Prabhava*. Considering these factors, the selected drugs as well comprises *Kapha Vatashamaka* action, moreover, should contain a strong affinity to perform on *Pranavaha Srotas*. It shows signs of *Srotoshodhaka* properties which may assist to eliminate sluggish *Dosha* in the *Srotas*.

Keywords: *Srotasa*, *Srotomoola*, *Tamaka Shwasa*, *Kapha Vatashamaka*.

INTRODUCTION

Ayurveda is the most ancient science of life. Ayurveda is not only the science of life but also the philosophy of life. Ayurveda aims at the maintenance of good health & prevention of diseases. Ayurveda postulates the unique principles of *Tridosha*, *Dhatu* and *Mala* for homeostasis of the body. The living body can function normally, only when its *Doshas*, *Dhatus*, and *Malas* are in a state of equilibrium: These *Dosha*, *Dhatu* and *Mala* constitute the basis of the physiological and pathological doctrine of Ayurveda. The term physiology is used here to signify the normal functions of the living body in all of its different aspects; in the same manner, as this term is understood today's viz. cells, tissues, organs and systems, their structural and functional integration and direction as a single composite unit or whole.

To know whole-body constituents structural & physiological is admired by the experts of Ayurvedic science. This knowledge gives an insight into the factors essential for the maintenance of the body. One who understands the entire body in all aspects & all the body's disorders is never confused in the matter of treatment. This is the outcome of *Charaka Vimanasthana Adhyaya 5 (Srotovimana Adhyaya)*. This means that if we want to cure the disease perfectly & surely, we must know all systems of the body entirely.

The Ayurvedic concept of the human body is described in detail in the *Sharira Sthana* of all the major

Ayurvedic texts & further unanimously summarized into *Tridosha*, *Saptadhatu & Mala* as *Dosha Dhatu Malamoolam hi Shareeram*. In the same context, the *Vimanasthana* of *Charaka Samhita* holds a further specialized study related to structural & pathophysiological aspects of human bodies. It is here that we encounter a detailed narrative about the very important entity the "*Srotas*" without which even the *Dosha*, *Dhatu & Malas* are rendered dysfunctional. The concept of *Srotas* is amongst the fundamental concepts of Ayurveda.

Srotas constitute the internal transport system of the body & are specially related to the fine channels of circulation & pathways, carrying out all the vital functions of the body. Health & disease depends on the proper structure & function of these channels of the body. Therefore, *Srotas* have great importance to maintain the equilibrium, development of the body & in the application of treatment to the patients.

Charaka & Susruta both have described the origin & the pathological features of these *Srotas* first of all, while describing the classification of the prominent type of *Srotas*. The *Pranavaha Srotas* is of immense importance hence it is selected for the present clinical study. *Pranavaha Srotas* is the transport system of *Prana* which has been narrated as vital air (vital breath) inhaled & also be the vital energy of the body responsible for each & every activity of a living being. Therefore, the concept of *Pranavaha Srotas*

should also be understood in light of these facts. The *Srotas* in which *Pranavayu* flows is called *Pranavaha Srotas*. Any derangement in the normal pathophysiological of the *Pranavaha Srotas* may lead to several respiratory disorders like *Shwasa* (bronchial asthma, COPD, chronic bronchitis, emphysema, lung diseases etc.)

Tamaka Shwasa Vyadhi is related to the derangement of the *Pranavaha Srotas*. Based on the clinical features Bronchial Asthma can be correlated with *Tamaka Shwasa*, a disease described under the heading of 5 types of *Shwasa Roga* in Ayurvedic Classics. *Tamaka Shwasa* is *Pittasthana Samudhabhava & Kaphavataja Dosh Vyadhi*. Whenever there is obstruction of *Pranavayu* by *Kapha Dosh*, the vitiated *Vayu* gets *Pratiloma* to produce *Shwasa Roga*. So, there is mainly: -

- ✓ Formation of *Ama Dosh*
- ✓ *Kha Vaigunya* in *Pranavaha Srotas*
- ✓ Obstruction of *Pranavaha Srotas* by *Kapha Dosh*
- ✓ *Pratiloma Gati* of *Vayu* in *Tamaka Shwasa*.

According to the Ayurveda formation of *Ama Dosh* is the seed for the development of *Tamaka Shwasa*. The acute attack of disease appears whenever there is obstruction of the normal passage of *Pranavayu*. Once the obstruction is removed and *Vayu* starts travelling in its normal path, most of the symptoms (Dyspnoea, Cough etc.) of *Tamaka Shwasa* are abolished.

As stated by WHO 100–150 million of global populations are suffering from Bronchial Asthma, out of which 1/10th are Indians, and the prevalence of Asthma is increasing everywhere. Current estimates suggest that 300 million people worldwide suffer from Asthma and an additional 100 million may be diagnosed with Asthma by 2025. According to the WHO by the year, 2020 Asthma along with Chronic Obstructive Pulmonary Disease will become the third leading cause of death. It is a male predominant disease. The male and female ratio is 2:1. This alarming rise in the prevalence of *Tamaka Shwasa* can be accounted to factors such as Atmospheric pollution, rapid environmental changes, an adaptation of newer

dietetic preparations and tremendous psychological stress.

Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbour a special type of inflammation in the airways that makes them more responsive than non-Asthmatics to a wide range of triggers, leading to excessive narrowing with consequently reduced airflow and symptomatic wheezing and dyspnoea. Narrowing of the airways is usually reversible, but in some patients with chronic Asthma there may be an element of irreversible airflow obstruction.

The utility of the knowledge of *Srotomoola* (sites of origin) of *Srotas* (channels) is not directly described in *Samhitas*. As a tree is seriously affected by injury to its root, similarly the channels of circulation in the human body are seriously affected when their *Srotomoola* is injured. With this view, *Acharya Sushruta* has described symptoms due to the injury at the sites of origin of these channels of circulation.

The hypothesis of this work is if we treat the *Moola* of a *Srotas* of a particular *Dhatu*, then the *Dhatu-Pradoshaja Vikara* of that particular *Dhatu* will automatically get treated.

So, the objective of the study is to explore the scientific basis for Ayurvedic medicine on the practical ground and create a better understanding of Ayurvedic Principles w.s.r. to *Srotas* and *Srotomoola*. For this purpose, the present clinical study entitled- To establish the Functional utility of *Pranavaha Srotomoola* through Fundamental & clinical study of "*Tamaka Shwasa*" as *Pranavaha Pradoshaja Vikara*.

Aims, and Objectives:

1. To establish the role and function utility of *Srotomoola*.
2. To study the aetiopathogenesis and treatment *Pranavaha- Pradoshaja Vikara*.
3. To assess the efficacy of *Shwashar Yoga, Hridaya Yoga, and Deepaniya Yoga*.

For assessment of the Relationship between *Srotomoola* and *Srotovikara* and the effect of *Hridaya-Mahasrotas* as *Hetu* (causative factor) as well as *Aushdha* (curative factor), The *Pranavaha Srotovika-*

ra i.e., *Tamaka Shwasa* is considered. To prove the specialization, the disease *Tamaka Shwasa* is chosen amongst the *Pranavaha Srotovikaras*.

MATERIALS AND METHODS:

1. Selection of cases: -

Patients will be selected from OPD & IPD of NIA hospital & Bombaywala Hospital, Jaipur, Rajasthan. 30 clinically diagnosed patients of *Tamaka Shwasa* (Bronchial Asthma) were registered for the present clinical study in 3 divided groups.

A. INCLUSION CRITERIA: -

Patients those having signs & symptoms of *Tamaka Shwasa* (Bronchial Asthma) according to as mentioned in Ayurvedic texts, were selected for the Present Clinical trial.

3. Patient willing to sign the consent forms.

B. EXCLUSION CRITERIA: A. Patients of age below 16 years and above 70 years of either sex. B. 1. Tuberculosis, Pleural effusion, Cardiac asthma, Emphysema, COPD (Chronic obstructive pulmonary disease), Bronchial Carcinoma, Status Asthmatics, Patients suffering from serious systemic disorders like renal failure, malignant hypertension etc.

Grouping:

GROUP-1

10 clinically diagnosed patients of *Tamaka Shwasa* were treated with *Shwashhar Yoga* for 60 days.

GROUP-2

10 registered patients of *Tamaka Shwasa* were treated *HridayaYoga* for 60 days.

GROUP-3

10 registered patients of *Tamaka Shwasa* were treated *Deepaniya Yoga* for 60 days.

Duration of clinical trial and follow up study: 1.

All the patients of three groups were regularly followed up for 15 days. 2. Duration of Trial - 60 days.

3. All patients followed up fortnightly for 1 month.

CRITERIA FOR ASSESSMENT

1. Subjective parameters-

1. Breathlessness) / *Shwasakrichhrata*
2. *Kasa* (Cough).
3. Swelling of joint.
4. *Ghurghurakam Dhvani* (Wheezing)
5. *Peenasa* (Coryza).

6. *Shayanah Shwasa Peditah* (Orthopnea).

7. *Aasino Labhate Saukham* (Comfort in a sitting posture)

8. *Sleshma aamuchyamane Bhrusham Dukhitam* (Difficult to expectorate)

9. *Pranapidaka Tivra Shwasa* (Life-threatening severe breathing)

10. Restlessness

11. *Vishushkasyata* (Dryness of Mouth)

12. *Parshve avagruhyate* (Chest Tightness)

13. Paroxysms of dyspnoea due to *Megha, Ambu*, cold weather.

14. Expectoration

15. Disturbance of sleep

2. Objective parameters

1) Spirometry - Before & After clinical trial

i. FEV (L) (Forced expiratory volume)

ii. FVC (L) (Forced vital capacity)

iii. PEFR (L/SEC.) (Peak expiratory flow rate)

2) Blood Examination - Before & after clinical trial

i. Hb%(Hemoglobin)

ii. TLC (Total leucocyte count)

iii. DLC (Differential leucocyte count)

iv. ESR (Erythrocyte Sedimentation Rate)

v. TEC (Total Eosinophil Count)

3) Other Investigations: -

Following investigations were done to exclude various cardiac & pulmonary Disorders.

i. ECG

ii. Chest X-Ray PA view

OBSERVATION: The study had shown that overall, 73.33% of patients belong to the 3rd to 5th decade of life. Incidence of disease was found notably higher in females (66.66%). The majority of the patients (80%) Hindu religion, (86.66%) married. Out of which, maximum (53.33%) housewives; about (53.33%) belonged to poor class; max. (53.33%) *Vata-Kaphaj Prakriti*; (60%) *Madhyama Sara*, (40%) *Madhyama Samhanan*, (73.33%) patients of *Madhyama Satmya*, (73.33%) *Madhyama Satva*, (53.33%) *Madhyama Ahara Shakti*, (60%) *Avara Vyayama Shakti*, (46.66%) *Madhyama Vyayama Shakti*, (46.66%) *Madhyama Koshtha* whereas (46.66%) *Kroora Koshtha*, max. (53.33%) *Mandagni* & (46.66%) *Vi-*

shamagni. In this type of *Kostha & Agni*, there is a predominance of *Vata & Kapha Dosha*, which may play important role in developing the pathogenesis of *Tamaka Shwasa*. Max.(66.66%) duration of illness < 4yrs, max. *Ati Guru Ahara Shevan* (66.66%) then *Singdha Ahara* (60%), *Ati Madhura* (60%), *Adhyashana* (86.66%), *Vishamashana* (66.66%), *Divasvapna* (86.66%)and *Nishchalata* (80%), *Bhojanot-tara Vyayama* (73.33%)& *Ratri Jagarana* (66.66%), *Chinta* (33.33%), *Bhaya* (13.33%), *Shoka* (6.66%), (40%) patients had a positive family history of the disease, (100%) patients had *Shwasakrichata* (Dyspnoea) and *Kasa*; (95.29%) *Parshve Avagruhyate* (chest tightness) & Paroxysm of Dyspnea due to *Megha, Ambu* cold weather and Restlessness; (92.17%) *Pranapidaka Tivra Shwasa* (severe breathlessness) & (78.47 %) Expectorations before the treatment; Max. (75.52%) *Anidra* (Insomnia), then (68.70%) patients were having *Aasinolabhate Saukhyam* (comfort in a sitting posture) & *Shleshman Aamuchyamane Bhurusham Dukhitam* (difficult to expectorate), (70.64%) *Ghurgurak Dhvani* (wheezing), (65.74%) *Vishushkasya* (Dryness in mouth), (61.82%) shoulder joint, (73.33%) ankle joint, (53.33%) knee joint involvement, (60%) *Pinasa* (coryza) and (59.88%) had *Shayanah Shwasa Peeditah* (orthopnoea).

RESULTS: Effect of therapy in **SUBJECTIVE PARAMETERS** of 30 patients of *Tamaka Shwasa Group I (Shwashar Yoga)*:- The patients of Gp I who have been treated with *Shwashar Yoga* maximum percentage of improvement in symptoms of *Shwasakrichata* (75.00%), *Kasa* (63.64%), *Ghurguraka Dhvani* (65.00%), *Pinasa* (63.64%), *Shyanah Shwasa Peeditah* (58.33%), *Sleshman Aamuchyamane Bhurusham Dukhitam* (58.33%), *Prana Pidaka Tivra Shwasa* (75.00%), Restlessness (54.17%), *Vishushkasya* (44.00%) *Parsve Avagruhyate* (77.27%), Paroxysm of dyspnoea due to *Megha, Ambu* & cold weather (77.27%), Expectorations (84.21%), *Anidra* (62.50%), *Pranavaha Srotasa Priksha* (63.64%).

The overall improvement in the patient of group I was found to be 77.27% which was mild improve-

ment symptomatically but statistically it was highly significant.

Group II (Hridya Yoga):- The patients of Group II treated with *Hridya Yoga* the maximum percentage of improvement was recorded in the symptoms like *Pranavaha Srotasa Priksha* (31.82%), *Shwasakrichata* (56.52%), *Kasa* (57.89%), *Ghurgurak Dhvani* (27.78%), *Pinasa* (23.81%), *Shayanah Shwasa Peeditah* (24.00%), *Sleshman Aamuchyamane Bhurusham Dukhitam* (32.00%), *Pranapidaka Tivra Shwasa* (61.90%), Restlessness (63.64%), *Vishushkasya* (37.50%), *Parsve Avagruhyate* (59.09%), Paroxysm of dyspnoea due to *Megha, Ambu* etc. (50.00%), Expectorations (40.00 %), *Anidra*(50.00%).

The overall improvement in the patient of Group II was found to be 63.64% which was moderate improvement symptomatically but statistically, it was highly significant.

Group III (Deepaniya Yoga):- In the patient of group III treated with *Deepaniya Yoga* maximum improvement was recorded in the symptoms like *Pranavaha Srotasa Priksha* (45.83%), *Shwasakrichata* (27.27%), *Kasa* (9.52%), *Ghurgurak Dhvani* (38.10%), *Pinasa* (28.57%), *Sleshman Aamuchyamane Bhurusham Dukhitam* (4.55%), *Pranapidaka Tivra Shwasa* (12.50%), Restlessness (47.83%), *Vishushkasya* (58.33%), *Parsve Avagruhyate* (14.29%), Paroxysm of dyspnoea due to *Megha, Ambu* etc (31.82%), Expectorations (30.43%), *Anidra* (45.83%).

The overall improvement in the patient of group III was found to be 31.50% which was a marked improvement symptomatically & statistically it was highly significant.

Effect of therapy in **OBJECTIVE PARAMETERS** of 30 patients of *Tamaka Shwasa*. Or- Changes in Laboratory Parameters in the patients of all the three Groups: -

The Hemoglobin gram percentage, Total leucocyte count, Differential leucocyte count, ESR, Respiratory rate, FVC, FEV 1, PEFr were carried out for evaluation of patients based on laboratory parameters whereas Chest X-Ray & ECG.

GROUP –I (Shwasha Yoga)

In group I Hb% (83.74%) relief the results were statistically highly Significant. In group, I TLC (6.23%) relief the results were statistically Very Significant. In group, I ESR (-7.22%) the results were statistically insignificant. In group I TEC (-6.90%) the results were statistically Very Significant. In group I FVC (-24.15%) the results were statistically Highly Significant. In group, I FEV (-16.11%) the results were statistically Very Significant. in group I PEFr (-16.32%) the results were statistically Highly Significant

GROUP-II (Hridya Yoga)

In group II Hb% (72.64%) relief the results were statistically Highly Significant. In group II TLC (58.09%) relief the results were statistically insignificant. In group II ESR (102.88%) the results were statistically Very significant. In group II TEC (63.24%) the results were statistically Very Significant. In group II FVC (114.03%) the results were statistically significant. In group II FEV (16.33%) the results were statistically Very Significant. In group II PEFr (21.73%) the results were statistically significant.

GROUP-III (Deepaniya Yoga)

In group III Hb% (2.62%) relief the results were statistically insignificant. In group III TLC (0.37%) relief the results were statistically significant. In group III ESR (0.37%) the results were statistically Very significant. In group III TEC (-4.94%) the results were statistically significant. In group III FVC (-13.69%) the results were statistically insignificant. In group III FEV (-8.82%) the results were statistically Insignificant. in group III PEFr (-6.31%) the results were statistically insignificant.

DISCUSSION

Srotas which represent the internal transport system includes a series of channels through which Rasa-Raktaadi Dhatu is propelled to all parts of the body. Srotasa subserves the needs of transportation. The importance of the knowledge of the Srotomoola (sites of origin) of Srotas (channels) is not directly described in Samhitas. There is a very small description of Moola is found in Viman Sthana of Charaka Sam-

hita. Moola of Pranavaha Srotas which carries blood & vata is Hridaya & Mhasratas. Taking this aspect in the mind, the clinical study was planned to establishment of the functional utility of Srotomoola in the management of the disease (Tamaka Shwasa). Tamaka Shwasa is a chronic disease of Pranavaha Srotas. It is among the five varieties of Shwasa. Out of which it is having "Swatantra" nature & having its aetiology, pathology & management remaining all are Partantra.

Charaka can be seen as is a typical case of Asthma. The airway pathology in Asthma in modern parlance corresponds literally with the Sanga Purvaka Vimar-ga Gamana resulting in Atipravritti of Shwasa. These are striking similarities in the description of the mechanism of Asthma & its pathogenesis between modern & ayurvedic concepts. Asthma is described as a disorder of airways characterized by airway inflammation due to hyperresponsiveness of the airway. There is constriction of bronchial muscles causing bronchoconstriction & mucous plug formation causing airway obstruction leading to airflow limitation & presentation of Asthma occurs. Ayurveda explains this as Pratiloma Gati of Vayu in Vata Pradhana Samprapti mainly due to Sankochana Karma (bronchoconstriction) of vitiated Vata & Subsequently obstruction of Pranavaha Srotasa by Udirita Kapha which loses its natural attributes & becomes condensed in the Srotas in Kapha Pradhana Samprapti mainly due to Srotorodha Karma (obstruction) of vitiated Kapha.

The concept of Pranavaha Srotodusti & its explanation matches almost entirely with the pathogenesis mechanism symptoms of Asthma. In the Samprapti of Tamaka Shwasa, the involvement of Pranavaha, Udakavaha & Annavaha has been mentioned by Vagbhatt & Chakrapani. Practically the sign & symptoms (Rupa & Purvarupa) seen in Asthma indicate the dusti lakshanas of Prana (Shwasakrichata), Udaka (Pipasa or Mukhasosha) & Annavaha Srotas (Aruchi & Anaha)

The present clinical study was conducted to evaluate the role of Pranavaha Srotas in Tamaka Shwasa manifestation & efficacy of Shwasha Yoga, Hridya

Yoga, & Deepaniya Yoga in the management of Tamaka Shwasa. Overall, 30 patients were registered

for the present Clinical Trial which was randomly divided into three groups.

Probable mode of action of the drug:

Table 1: PHARMACODYNAMICS OF SHWASHAR YOGA

Drug	Rasa	Guna	Virya	Vipaka	Doshaghnata
1. Pushkarmoola (<i>Inula racemosa</i>)	Tikta, Katu	Laghu, Tikshna	Ushna	Katu	Kaphavatashamaka
2. Shati (<i>Hedychium spicatum</i>)	Katu, Tikta, Kashaya	Laghu, Tikshna	Ushna	Katu	Kaphavatashamaka
3. Tulsi (<i>Ocimum sanctum</i>)	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Kaphavatashamaka

Hence in Shwashar Yoga the Dominance of Katu, Tikta Rasa, Laghu, Tikshna Guna, Ushna Virya, Katu Vipaka & Kapha Vatashamaka Karma are present in Maximum Dravyas. These drugs act on Pranavaha Srotas thereby pacifying the Doshas & thereby relieving the symptoms in Tamaka Shwasa.

Katu Rasa acts with the following properties: - Deepana, Pachana, Ruchikara, Shodhana, Srotansi Vivru-noti (Prasaryati Srotansi –Arundatta), Kaphaghna. Katu Rasa is present in 3 Dravya of Shwashar Yoga, so it probably helped as-With Deepana Karma it helped in Jatharagni Deepana and also Dhatvagni Deepana. With Pachana Karma it helped in Ama Pachana which is the main cause in the Samprapti hence with Deepana and Pachana Karma it helped in Samprapti Vighatana. Prasaryati Srotansi means Katu Rasa helps in Bronchodilation.

Also, it is Kaphaghna, Kapha is one of the main Dosha in the Samprapti of Tamaka Shwasa, So with Kaphaghna property it again helped in Samprapti Vighatana of Tamaka Shwasa.

Tikta Rasa acts with the following properties: - Deepana, Aruchihara, Krimihara, Trishnahara, Vishaghna, Kaphapittaghna, Shoshana, Kantha Vishodhana, Laghu etc. Tikta Rasa is present in 3 Dravya of Shwashar Yoga, so it probably helped as-With Deepana Karma helped in Jatharagni Deepana and also Dhatvagni Deepana, that is having effect at the base of Samprapti, so leads to Samprapti Vighatana. Also, it is Kaphaghna, Kapha is one of the main Dosha in the Samprapti of Tamaka Shwasa, so with Kaphaghna property it again helped in Samprapti Vighatana of Tamaka Shwasa.

Acharya Arundatta explained the meaning of Kantha Vishodhana as Kantha Rodhahara, which means it helps to remove the obstruction in Kantha Pradesha hence Tikta Rasa may have helped in Wheezing, Kanthe Ghur- Ghur Shabda, Kanthodhwamsa, Kricchacchknoti Bhashitum, Kasa etc. With Shoshana property, it may have helped to reduce the quantity of expectoration, which may further lead to help in chest tightness. Trishnahara property helps to reduce Trishna, Vishuskasyata.

Ushna Virya may act with the following properties: - Deepana, Pachana, Vatakaphaghna, Anulomana, Kapha Shoshana. In Shwashar Yoga 3 drugs were having Ushna Virya. Upadhyaya et. Al in 1979 at BHU, Varanasi has proved that the substance having Ushna Virya is accountable for increasing the BMR, O2 consumption & accelerating the breakdown of fat. Vipaka may act with the following properties: -In Shwashar Yoga all 3 drugs are having Katu Vipaka. The Samprapti Vighatana by Katu Vipaka is described same as that of Katu Rasa. Vata is one of the important Dosha in the Samprapti of Tamaka Shwasa so with Vataghna Karma it may have helped in Samprapti Vighatana. Madhura Viapaka not only pacifies the Vata Dosha but also helps in the Prakriti Gati of Vata Dosha that is it leads to Anulomana of Vata Dosha.

Guna may act with the following properties: -In Shwashar Yoga most of the Dravya are having a predominance of Laghu, Ruksha and Tikshna Guna. All these Guna helps in increasing Dhatwagni, by enhancing the basal metabolic rate. These also help in the digestion of undigested matter and its removal. Tikshna Guna due to the predominance of Agni Ma-

habhuta acts on the channels immediately and remove the obstruction by pacifying the *Kapha*. *Ruksha Guna* helps in the absorption of excessive secretion

and thereby helps in removing obstruction caused by the thick mucus plug. *Laghu* and *Ruksha Guna* are mainly *Kaphahara*.

Table 2: PHARMACODYNAMICS OF HRIDYA YOGA

Drug	Rasa	Guna	Virya	Vipaka	Doshagnata
1. Dadima (<i>Punica granatum</i>)	Madhur, Amla, Kashaya	Laghu, Snigdha	Ushna	Madhura	Tridosahara
2. Vrikshamla (<i>Garcinia Indica</i>)	Madhura, Amla	Laghu, Ruksha	Ushna	Amla	Kaphavatashamaka
3. Amrataka (<i>Spondias pinnata</i>)	Amla, Kasaya	Guru, Sara	Ushna	Amla	Vatashamaka

Hence in *Hridya Yoga* *Amla* rasa has *Usna* and *Laghu Guna*. *Ushna Guna* due to the predominance of *Agni Mahabhuta* acts on the channels immediately and remove the obstruction by pacifying the *Kapha*. *Ruksha Guna* helps in the absorption of excessive secretion and thereby helps in removing obstruction caused by the thick mucus plug. These drugs act on *Pranavaha Srotas* thereby pacifying the *Doshas* & thereby relieving the symptoms in *Tamaka Shwasa*. *Madhur Rasa* acts with the following properties: *Madhura Rasa* & *Vipaka* may have helped in *Samprapti Vighatana* as- *Vataghna*, *Vata Anulomana*. *Vata* is one of the important *Dosha* in the *Samprapti* of *Tamaka Shwasa* so with *Vataghna Karma* it may have helped in *Samprapti Vighatana*. *Madhura Viapaka* not only pacifies the *Vata Dosha* but also helps in the *Prakriti Gati* of *Vata Dosha* that is it leads to *Anulomana* of *Vata Dosha*. *Acharya Charaka* has stated that there should always be *Brinhana Chikitsa* in *Shwasa*, and as *Madhura Vipaka* is hav-

ing the Property of *Brinhana* it must be helpful in *Tamaka Shwasa*.

Ushna Virya may act with the following properties: - *Deepana*, *Pachana*, *Vatakaphaghna*, *Anulomana*, *Kapha Shoshana*. In *Hridya Yoga* 3 drugs were having *Ushna Virya*. Upadhyaya et. Al in 1979 at BHU, Varanasi has proved that the substance having *Ushna Virya* is accountable for increasing the BMR, O₂ consumption & accelerating the breakdown of fat.

Guna may act with the following properties: -In *Hridya Yoga Dravya* are having a predominance of *Laghu* and *Ruksha* these *Guna* helps in increasing *Dhatwagni*, by enhancing the basal metabolic rate. These also help in the digestion of undigested matter and its removal. *Tikshna Guna* due to the predominance of *Agni Mahabhuta* acts on the channels immediately and remove the obstruction by pacifying the *Kapha*. *Ruksha Guna* helps in the absorption of excessive secretion and thereby helps in removing obstruction caused by the thick mucus plug. *Laghu* and *Ruksha Guna* are mainly *Kaphahara*.

Table 3: PHARMACODYNAMICS OF DEEPANIYA YOGA

Drug	Rasa	Guna	Virya	Vipaka	Doshagnata
1. Ajmoda (<i>Carum Roxburghianum</i>)	Madhur, Tikta, Kashaya	Guru, Snigdha	Sheeta	Madhura	Vata-Pittashamaka
2. Pippalimool (<i>Piper Longum</i>)	Madhur, Tikta, Kashaya	Guru, Snigdha	Sheeta	Madhura	Vata-Pittashamaka
3. Shunthi (<i>Zingiber Officinale</i>)	Katu	Laghu, Snigdha	Ushna	Madhura	Kapha-vata Shamaka

From the above table, it is clear that: -*Vata* is one of the important *Dosha* in the *Samprapti* of *Tamaka Shwasa* so with *Vataghna Karma* it may have helped in *Samprapti Vighatana*. *Madhura Viapaka* not only

pacifies the *Vata Dosha* but also helps in the *Prakriti Gati* of *Vata Dosha* that is it leads to *Anulomana* of *Vata Dosha*. *Amla* rasa having *Usna* and *Laghu Guna*. *Ushna Guna* due to the predominance of *Agni*

Mahabhuta acts on the channels immediately and remove the obstruction by pacifying the *Kapha*. *Ruksha Guna* helps in the absorption of excessive secretion and thereby helps in removing obstruction caused by the thick mucus plug.

CONCLUSION

1. The *Pranavaha Srotas* is of immense importance hence it is selected for the present clinical study. Any derangement in the normal pathophysiological of the *Pranavaha Srotas* may lead to several respiratory disorders like *Shwasa* (Bronchial Asthma, COPD, etc.), 2. *Tamaka Shwasa Vyadhi* is related to the derangement of the *Pranavaha Srotas*. *Tamaka Shwasa* is *Pittasthana samudhabhava & Kaphavataja Dosha Vyadhi*, 3. Based on their clinical manifestation the disease 'Bronchial Asthma' can be compared with 'Tamaka Shwasa', but the term '*Tamaka Shwasa*' should not be wrapped up to only 'Bronchial Asthma', 4. In the pathogenesis of *Tamaka Shwasa*, *Agni* remains *Manda*. The *Ama Dosha* is formed during the stage of *Mandagni* (at *Kostha* and *Dhatu* level), which is the basic cause of precipitation of *Tamaka Shwasa*. *Ama Dosha* has a definite role in producing *Tamaka Shwasa* (Bronchial Asthma), 5. Whenever there is obstruction of *Pranavayu* by *Kapha Dosha*, the vitiated *Vayu* gets *Pratiloma* to produce *Shwasa Roga*, 6. *Shamana Chikitsa* in the form of *Shayadi Churna* along with *Purva karma* as *Snehana & Swedana* played an important role in the management of *Tamaka Shwasa*, 7. The patients with Bronchial Asthma (*Tamaka Shwasa*) need continuous treatment. As the treatment is withdrawn the symptoms may show recurrence., 8. It was observed that the majority of drug ingredients in *Shwashar Yoga*, *Hridya Yoga*, *Deepaniya Yoga* have *Laghu*, *Ruksha*, *Tikshna Guna*, *Tikta*, *Katu Rasa*, *Katu & Madhura Vipaka & Kapha Vatashamaka Prabhava*. Considering these factors, the selected drugs as well comprises *Kapha Vatashamaka* action, moreover, should contain a strong affinity to perform on *Pranavaha Srotas*. It shows signs of *Srotoshodhaka* properties which may assist to eliminate sluggish *Dosha* in the *Srotas*, 9. An appropriate *Anupana* can enhance the property of

the drug. Hence *Ushnodaka* is used to enhance the action of the drug., 10. Thus the fastest & maximum improvement was found in Group I *Shwashar Yoga*, 11. Therapy was well tolerated by all the patients and no unwanted effects were seen in any patient., 12. The result produced in the patients of Group A (*Shwashar Yoga*) showed a slightly better result than Group B & C.

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