

Efficacy of vasadi kawath in Tamak shwas.

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Abstract :-

Now a day shwas (Asthma) is one of the major disease that causes more medical emergencies. There are many risk factor which triggers this disease. In this clinical study the efficacy of vasadi kawath in tamak shwas .we have studied patients of different age group from 16-65 years of age and both sex i.e. male and female. Also we have studied socio economical status of the patient and it is observed this disease is present in all economical groups. It is found in more patients who are working in highly polluted areas and living in wet and cool areas. The patients of this disease are found in both married and unmarried peoples. Family history is also one of the important factors. This disease is found in patients having both type of diet. We have studied this disease with various sign and symptoms with vasadi kawath and conducted open non comparative study and result are satisfactory. Many symptoms are mark ably reduced and it is found that the drug vasadi kawath is effective in tamak shwasa.

INTRODUCTION :-

Life of human beings is mainly runs on three” B’s”. One brain, second beat, and third last but not least BREATH i. e. shwasan. In a day one man breaths 21600 times unknowingly. Acharya Sharandhara has explained process of shwasan, that body takes AMBAR PIYUSHA i.e. oxygen inside which helps to held DEHA and JATHAR AGNI. This shows us SHWASAN is the one of the most important wheel of life. AYURVEDA is science of life which described favorable and unfavorable to life. If people doesn't follow the rules described in Ayurveda it leads to several pathogenesis which ultimately produces different disorders which caused by asatmya sevan. Asthma is one of the most common chronic diseases globally. This disease can occur at any stage of life right from pediatric group to geriatric group. WHO estimate that 235 million people currently suffering from bronchial asthma. In India prevalence of asthma has been found to be 15-20 million people. Prevalence of asthma is more in urban area than rural area due to smoke pollution and environmental factor.

A wide description about shwasa vyadhi is obtained in bruhatraye.(charak samhita, shushrut samhita,vagghat samhita.) charakacharya while mentioning chikitsa of tamakshwas has pulled on attention all over vadhis by quoting that among all the disease how shwas vyadhis can prove to be fatal, if not treated in appropriate time. The fatality of shwas has been explained by comparing its severity with snake venom. Among thousands of disease mention in Ayurvedic literature shwas ,hikka are the fatal one and are explained to sadya pranhar.

Though lot of research work has been done in Ayurveda and other pathy, still there is not satisfactory result in current science for tamak shwas. Hence many patients of Tamak Shwas are reported in day to day practice. So emphasis will be made to find out easy method to cure the disease tamak shwas by using easily available drug such as vasadi kawath.

REVIEW OF LITERATURE: - Relevant literature will be reviewed in Ayurvedic samhitas, modern text, journals and research papers and scientific networks.

AIMS AND OBJECTIVES:-

- 1) To study the efficacy of vasadi kawath in Tamak shwas.
- 2) To study the probable mode of action of vasadi kawath.
- 3) To study the relevant literature in Ayurvedic classics on vasadi kawath and Tamak shwas.

MATERIALS AND METHOD:-

Source of Data:-

30 patients diagnosed as Tamak shwas (Br. Asthma) were selected from outpatient department of Y.M.T. Ayurvedic Medical College, kharghar, Navi –Mumbai.

Study Duration - 1 month

Follow up – every 7 days.

Type of Study – Open non comparative clinical study

Methods of Collection of Data:-

A) Diagnostic criteria.

- Repeated episode of breathlessness.
- “Kapot kujanvat dhvani “on auscultation.(expiratory wheezing).
- Chest tightness during the episode.

B) Inclusion criteria.

- 30 patients of either sex.
- Age 16 to 65 yrs.
- Known case of Br. Asthma and having classical signs and symptoms according to Ayurvedic classics.

C) Exclusion Criteria.

- Status asthmaticus and chronic obstructive pulmonary disorders.

- K/C/O –Infective pulmonary pathology.
- Patients having any systemic disorders i. e. K/C/O renal and cardiac disorders.
- Patients with urdhva, maha ,china kshudra shwas.
- K/C/O immunocompromis disease and malignancy.
- Patients having hypoxic encephalopathy.

ASSESSMENT CRITERIA

A) Objective Criteria.

- Hematological test – CBC, ESR.
- PEFR
- X-Ray Chest PA View (If necessary).

B) Subjective Criateria.

Sr. NO.	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1	<i>Shwas Krucchata</i> (Breathlessness)	No breathlessness	Breathlessness when walking on the level	Breathlessness after walking 100m on the level	Breathlessness at rest or orthopnoea
2	<i>Shwas vega</i> (Episodes of dyspnoea)	No episode	1-2 episode/wk	3-5 episode/wk	More than 5 episode
3	<i>Peenas</i> (Rhinorrhoea)	No running nose	Initially present	Continuous but not disturbing	Continuous and disturbing
4	<i>Urah pida</i>	No chest tightness	Chest tightness only while coughing	Persistent during cough	Persistent and intolerable pain
5	<i>Ghurghuratwam</i> (wheezing)	No wheezing	Can be audible on auscultation	Can be audible without auscultation	High pitch sound audible without auscultation
6	<i>Sakapha kasa</i>	No cough with expectoration	Cough with scanty expectoration	Cough with moderate expectoration	Cough with profuse expectoration

Content of Drug

<i>Drug Name</i>	<i>Latin Name</i>	<i>Rasa</i>	<i>Vipak</i>	<i>Virya</i>	<i>Doshgnata</i>
<i>Vasa</i>	<i>Adhatoda vasica</i>	<i>Tikta Kashaya</i>	<i>Katu</i>	<i>Sheet</i>	<i>Khaphagna Pittaghna</i>
<i>Haridra</i>	<i>Curcuma longa</i>	<i>Katu Tikta</i>	<i>katu</i>	<i>ushna</i>	<i>Vataghna pittaghna</i>
<i>Dhaniya</i>	<i>Coriandrum Sativum</i>	<i>Madhur Katu Tikta kashay</i>	<i>Madhur</i>	<i>ushna</i>	<i>Tridoshghna</i>
<i>Guduchi</i>	<i>Tinospora Cordifoliya</i>	<i>Tikta kashya</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Tridoshaghna</i>
<i>Bharangi</i>	<i>Clerodendrum Serratum</i>	<i>Katu Tikta Kashaya</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphaghna Vataghna</i>
<i>Pimpali</i>	<i>Piper Longum</i>	<i>Katu</i>	<i>Madhur</i>	<i>Anshna</i>	<i>Kaphghna Vataghna</i>
<i>Sunthi</i>	<i>Zizimbar Officinale</i>	<i>Katu</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Kaphaghna Vataghna</i>
<i>Kantakari</i>	<i>Solanum Xanthocarpum</i>	<i>Tikta Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphaghna Vataghna</i>
<i>Marich (Prashep Dravya)</i>	<i>Piper Nigrum</i>	<i>Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Vataghna Kaphagna</i>

Preparation of Drug:-

Vasadi kashaya will be prepared according to sharangdhar kashaya kalpna.

Doses of Drug:-

40ml twice a daily.

Diet: - Laghu supachya aahar.

DISCUSSION:-

Because of excessive pollution, stress, wet and cool environment, numbers of patients of this disease are increasing. In this clinical study the efficacy of Vasadi kawath in tamak shwas we have given this drug to the patients for four weeks and we have taken follow up after every week and detailed data was collected from patients .Folliowing signs and symptoms were studied in details i.

e. ghurghuratwam(wheeze) ,Peenas, urah pida , shwas vega ,sakaph kasa. It is found that after taking vasadi kawath for one week marked decrease is found in symptoms ghurghuratwam (wheez) i.e. 67%. After two weeks Sakaph kasa was reduced in 78% patients. Uraha shula was reduced after successive treatment of two weeks in about 80% of patients. Shwas krucchata and other symptoms were relived 78% after treatment of three weeks. It was observed that the Vega (respiratory rate) and frequency of attack was also reduced mark able after treatment for four weeks.

OBSERVATION:-

AGE: - Maximum no. of patients was between age group of 40-60 years i.e. 45% -25% patients were between age group of 20 to 40 years. 30% patients were between age group of 16 - 20years. Probable cause for age group between 40-60 may be changing external environment, pollution and mental stress.

SEX: - It was observed that 56.66% patients were male and 43.33% patients were female. In this fast life style, male and female both are suffered from mental stress, changing diet habitats and pollution.

SOCIO ECONOMIC STATUS: - Maximum no. of patients i.e. 81.33% were from low and middle economical class while reaming were from upper middle and higher economical class.

OCCUPATION: - Maximum no. of patients were working in air condition rooms and traveling in polluted area i.e. 61.66%. 35% were females and working as housewives having hereditary history.

MARRITAL STATUS: - Maximum no. of patients was married i.e.93.44%. Females' patients were involved under stress. And some patients having hypertension history.

FAMILY HISTORY: - Maximum no. of patients 68.33% was having history of the disease.

DIET PATTERN: - Maximum no. of patients i.e. 83.14% was having mixed diet and irregular food intake.

SLEEP: - 58.33% patients were having history of irregular sleep while 41.66% were having regular sleep.

CONCLUSION:-

It is observed that no. of Tamakshwas vyadhi patients was is increasing day by day. Improper diet pattern, increasing stress and pollution are the causative factors for Tamakshwas. In this study both male and female patients were studied .It is found that drug vasadi kawath is better acting drug in tamak shawas. It relived major symptoms of disease without any side effect. In my study 67.14% relief was found in patients of Tamakshwas.

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