

A COMARATIVE CLINICAL STUDY ON THE EFFECT OF SHATYADYA CHOORNA AND KRISHNADYA CHOORNA IN THE MANAGEMENT OF TAMAKASHWASA WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA

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ABSTRACT

Shwasaroga is the respiratory system disorder where prana vayu is vitiated. This is disrupting the quality of life in worldwide people. As vayu, is vitiated in shwasaroga, this disease is sadyopranahara or chirakari. Tamakashwasa is the manageable type of shwasa and is one of the reasons for the patient to visit the physician repeatedly. The causative factors, symptoms, pathophysiology and triggering factors of Bronchial asthma are comparable to Tamakashwasa. As per WHO, India has 15-20million asthmatics, about 2.5% of adults have asthma. Worldwide death due to asthma reached to 1, 80,000 annually. In this study an attempt made to provide a treatment which is more lenient to preventive, therapeutic, cost effective, easily available, and accurate with minimal side effects. So in this regard the comparative effect of Shatyadya choorna and Krishnadya choorna in 20 patients each (total 40 patients) has taken and the study showed better effect of Shatyadya choorna in Tamakashwasa when compared to Krishnadya choorna.

KEYWORDS: Bronchial asthma, Shatyadya choorna, Krishnadya choorna.

INTRODUCTION

Ayurveda is said to be a science of life which aims at protecting the health of a healthy person, relieving the disease of the diseased person. That's why in Ayurveda Samhitha we get information regarding daily-seasonal regimen, controlled and uncontrolled urges etc. thus helping in protecting the health of a healthy individual then explain regarding diseases its treatment causes etc. which help in relieving the sufferings of a diseased individual. It is also a common reason for the patient to visit the physician. Shwasa is considered as one of the shighra pranahari¹ disease and in this condition, Shighram bhisag upacharet means quick management should be done by the physician and if treatment delayed then patient will die within minute like a dry wood immediately becomes ash by the contact of agni². Tamakashwasa is one among the five

types of shwasa where in shwasa krichrata, ghurghuraka, etc. are cardinal features. In 5 types of shwasa, Tamakashwasa is one among the manageable disease but there are some exceptions like In newly onset disease or in balavan purusha, tamakashwasa is curable³. In durbala purusha tamakashwasa is untreatable⁴. Tamakashwasa is considered as Kapha vataja vyadhi with the involvement of rasadhatu, vata dosha will move in vimargagamana causing the sanga of kapha in pranavaha srotas⁵ resulting the vitiation of pranavaha, udakavaha and annavaha rasavaha srotas⁶ resulting in shwasakrichrata, ghurghuraka, kasa, kanthodhwamsa etc, symptoms⁷. This disease specifically originates from Amashaya⁸. The vata vardhaka ahara vihara sevana leads to vatavruddhi resulting in vata pradhanaja lakshana similarly pitta and kapha pradhana

lakshana. The prodromal symptoms are mentioned in the classics. After the pariksha of tamakashwasa patient and deciding its sadhyasadyata the specific treatment modalities has to be followed in which first priority is nidana parvarjana by avoiding the exposure of causative factors and second is samprapti vighatanameva chikitsa i.e. treatment approach that reduces kapha vata vrudhhi but does not causing the imbalance in the kapha vata dosha. If a patient is balavan with bahudoshavastha patient can undergo shodhana and in durbala or krusha tamakashwasa patient can undergo palliative line of treatment⁹. Tamakashwasa is one of the kashta sadhya vyadhi so if it is neglected the result or complication will be shortness of the life span of the person or patient may lose his life. There are many numbers of treatment modalities and formulations mentioned in Samhitha for Tamakashwasa management. An elaborated description regarding pathya ahara vihara and apathya ahara vihara in Tamakashwasa are available in Samhitha The clinical features of Tamakashwasa can be correlated to Bronchial asthma. Bronchial asthma is chronic inflammation of airways resulting in difficulty to breathe, shortness of breath, rhonchi and chest pain. In overall mortality rate, cardiac and respiratory illnesses stand first in causing more prevalence in day to day life like exposure to pollution, smog, dust, chemicals etc, from urbanization, busy stressful life, unwholesome incompatible food habits with sedentary life style resulting in the hyper response from the bronchioles thus narrowing of bronchioles which if treated appropriately then it can be reversible but if not treated accordingly the it become irreversible damage to bronchioles resulting in COPD. It is most commonly seen in developing countries. Throughout the world, asthmatics fall in the ranges of 100-150 million people. Worldwide death due to this condition reached 180000 annually. The asthmatics started to increase in India from 1950. As per

WHO, India has 15-20 million asthmatics, about 2.5% of adults have a clinical diagnosis of Asthma¹⁰. In modern science a new branch has been established namely Pulmonology which showed enormous effects in respiratory health. This branch treat Bronchial asthma with bronchodilators, corticosteroids with long acting β agonists which in long run causes the adverse reactions or complications like arrhythmia, tremors, cardiac problems etc. So this is the time for the Ayurveda system of medicine people to use its holistic approach from the sea like information which should be more lenient to preventive, therapeutic, cost effective and easily available and with no side effects. These formulations should act more keenly on relieving the symptoms, addressing the root cause, long term usage without any complications in chronic conditions, relieving the associated complications of asthma. To fulfill the above need A Comparative clinical study on management of Tamakashwasa done to cure and prevent Tamakashwasa using Shatyadya choorna¹¹ and Krishnadya Choorna¹².

AIMS AND OBJECTIVES

1. To evaluate clinically the efficacy of Shatyadya Churna in Tamakashwasa.
2. To evaluate clinically the efficacy of Krishnadya Churna in Tamakashwasa.
3. To compare clinically the efficacy of Shatyadya Churna and Krishnadya Churna in Tamakashwasa

METHODOLOGY

Selection of patients

Total 40 patients of Tamaka shwasa were selected from the OPD on the basis of inclusion and exclusion criteria, depening on the detailed clinical history, physical examination and irespective of their gender, cast or creed.

The study is Randomised controlled Study in which 40 patients of diagnosed cases of Tamakashwasa(Bronchial asthma) were selected from the OPD of Kayachikitsa, Ramakrishna Ayurvedic Medical College,

Hospital and Research Centre and referred cases from other department physicians.

INCLUSION CRITERIA

1. Patients age between 16-70 years.
2. Patient has recurrent symptoms < 10 years.
3. Patient with classical symptoms of Tamakashwasa
4. Peak Expiratory Flow Meter Rate > 80 lit/min & < 300 lit/min.

EXCLUSION CRITERIA

1. Patient age < 16 years and > 70 years.
2. Patient with > 10 years of history.
3. Patient with history of pulmonary tuberculosis, Effusion, Cardiac asthma, Status asthmaticus, ARDS etc serious illness. Pregnant women with asthma.
4. Emergency condition of the patient where oxygen inhalation is necessary.

DIAGNOSTIC CRITERIA

An elaborated proforma was compiled on the basis of classical signs and symptoms of the Tamakashwasa as per the ayurveda. A detailed clinical history and respiratory examination was done and the data was collected of each patient compiled and filled in the proforma. All vital signs like BP, Pulse rate and respiratory rate were noted along with PEFr, AEC.

Treatment Groups

After the confirmed diagnosis of Tamakashwasa (Bronchial asthma),

20patients were randomly categorized into the following two groups

Group A – SHATYADYA CHOORNA

Drug – Shatyadya choorna

Dose – 12grams/day in 3 divided dose of 4g

Anupana – Ushnodaka

Time – After food

Duration – 30 days

Follow up - Once in 15 days for 1 month

Group B – KRISHNADYA CHOORNA

Drug – Krishnadya choorna

Dose – 12grams/day in 3 divided dose of 4g

Anupana – Ardraka Swarasa (This is the anupana specifically mentioned for

krishnadya Choorna medicine intake in Bhaishajya Ratnavali then only the result can be obtained is mentioned in the shloka.

About Ushnodaka as anupana in Shatyadya choorna is as anupana anukta Madhu or udaka can be taken as anupana but already Sharkara taken in 8 parts considered udaka as anupana specifically ushnodaka.

Time – After food

Duration – 30 days

Follow up - Once in 15 days for 1 month

PREPARATION OF THE DRUG

SHATYADYA CHOORNA:

Drugs: Shati, Choraka, Ela, Twak, Jivanti, Musta, Surasa, Pippali, Agar, Nagara, Tamalaki, Pushkaramula, Sugandhabala and Sharkara.

Sl.No.	Ingredients	Scientific Name	Part used	Quantity
1	Shati	Hedychium spicatum	Kanda	1 part
2	Choraka	Angelica glauca	Moola	1 part
3	Ela	Elettaria cardamomum	Phala beeja	1 part
4	Twak	Cinnamomum zeylanicum	Kandatwak	1 part
5	Jivanti	Leptadenia reticulata	Moola	1 part
6	Musta	Cyperus rotundus	Kandaa	1 part
7	Surasa	Ocimum sanctum	Panchanga	1 part
8	Pippali	Piper longum	Phala	1 part
9	Agar	Aqualaria agollacha	Kanda	1 part
10	Nagara	Zinziber officinale	Kanda	1 part
11	Tamalaki	Phyllanthus niruri	Panchanga	1 part

12	Pushkaramoola	Inula racemosa	Moola	1 part
13	Sugandhabala	Pavonia odorata	Moola	1 part
14	Sharakara			8 part

All the ingredients were made to fine powder and taken in equal quantity. Sharkara is taken in eight parts and then made to fine powder and all the powder were mixed together.

KRISHNADYA CHOORNA:

Drugs: Krishna, Saindhava lavana, Both are made to fine powder and taken in equal quantity then mixed together.

Sl.No.	Ingredients	Scientific Name	Part used	Quantity
1	Pippali	Piper longum	Phala	1 part
2	Saindhava lavana	Rock salt		1 part

CRITERIA FOR ASSESSMENT

The assessment was done on the basis of following parameters,

SUBJECTIVE PARAMETERS:

The subjective assessment was done on the basis of improvement in Shwasa krichrata, Ghurghuraka, Kasa, Pinasa, Ushnam abhinandati, Urashula/Parshwashula, Asino labhate soukhyam, Shayane shwasapidana and Meghambushita pragvata shleshmalai abhivardhate before and after treatment.

OBJECTIVE PARAMETERS:

The objective assessment was done on the laboratory findings before and after the treatment

AEC, Peak expiratory flow meter rate.

OBSRVATIONS

Age - The incidence of tamakashwasa was found to be higher in the age group between 41-50 years which was 40% and minimum was in the age group of >50 years which was 12.5%. 41-50 years of age is peak their adulthood and is productive time of one's life.

Gender: In this study, the incidence of Tamakashwasa was found to be equally distributed in females and males with 50% each.

Religion : In this study , Hindu patients are seem to be involved in maximum number where as involvement of Christian and Muslim are in equal proportion with 10% each.

Occupation: In this study, the symptom of Tamakashwasa is seen more in people who are doing service with 35% and least involvement

seen in business people with 7.5% involvement.

Socio-economical status: In this study, Tamakashwasa symptoms are seen more in Upper middle class people with 30% involvement and equally seen in poor and middle class people with 27.5% each.

Food habits: In this study, Tamakashwasa symptoms are seen more in Mixed food habit people with 55% involvement whereas 45% Vegetarian suffered with Tamakashwasa.

Mode of onset: In this study, Tamakashwasa incidences are higher in gradual mode of onset with 82.5% and sudden with 17.5%.

Koshta: In this study, Tamakashwasa incidences are higher in Mrudu Koshta with 37.5% and least in Krura koshta with 30%.

Prakruti: In this study, Tamakashwasa incidences are higher in Kapha Vata pitta prakruti and 13% each in Pitta Kapha Vata and Vata Pitta Kapha prakruti.

Agni: In this study, Tamakashwasa incidences are higher in vishamagni patient with 40% as the dosha predominant vishamagni is Kapha and Vata which is also the dosha vitiated in Tamakashwasa.

Frequency of attack: In this study, Tamakashwasa incidences are higher in people with frequency of attack in few days with 55% and least in few hours with 10%.

Duration of attack: In this study, Tamakashwasa incidences are equally distributed in continuous duration of attack and episodic duration of attack with 50% each.

Mode of Progress: In this study, Tamakashwasa incidences are higher in

typical mode of progress with 45% and least in Rapid mode of progress with 15%.

Periodicity: In this study, Tamakashwasa incidences are higher in people of Irregular periodicity with 45% and least with permanent periodicity with 15%.

Preceding factors: In this study, Tamakashwasa incidences are higher in people with sneezing as prodromal symptoms with 40% and this shows the large number of

people with allergic factors are involved in this study.

Aggravating factors: In this study, Tamakashwasa symptoms are aggravated by exposure to dust and smoke with 37.5%. This shows both dust and smoke are aggravating the tamakashwasa in large number of people

Comfort posture: In this study, Tamakashwasa patient obtain comfort posture highly in sitting posture with 65%.

Table 1: Observations on Demographic data

Observations	No. of patients		Total / %	Maximum %
	Group A	Group B		
Age				40-50yrs – 16 – 40%
<30 /	2/	4/	6/15%	
30-40 /	6/	7/	13 /32.5%	
40-50 /	11/	5/	16 /40%	
>50	1	4	5/12.5%	
Gender	10 / 10	10 / 10	20 / 20	Both are same
Female / Male			50% / 50%	
Religion	15 / 3 / 2	17 / 1 / 2	32 / 4 / 4	Hindu – 32 – 80%
Hindu/Muslim/Christian			80% / 10% / 10%	
Occupation				Service – 14 – 35%
Service /	4 /	9 /	14 / 35%	
Labour /	7 /	5 /	12 / 30%	
House wife /	5 /	3 /	8 / 20%	
Engineer /	2 /	2 /	4 / 10%	
Business	2	1	3 /5%	
Economical status				Upper Middle Class – 12 – 30%
Middle class /	6 /	7 /	11 / 27.5%	
Poor /	7 /	4 /	11 / 27.5%	
Upper middle class	7	5	12/ 30%	
Food habit				Mixed – 22 – 55%
Mixed /Veg	10 / 10	12 / 8	22 / 18 55% / 45%	
Mode of onset				Gradual – 33 – 82.5%
Gradual / Sudden	15 / 5	18 / 2	33 / 7 82.5% / 17.5%	
Koshta				Mridu – 15 – 37.5%
Krura /	5 /	7 /	12 / 30%	
Madhyama /	6 /	3 /	13 /32.5%	
Mridu	9	6	15 / 37.5%	
Prakruti				Kapha Vata Pitta – 14 – 35%
Kapha Vata Pitta	9 /	5 /	14 / 13 / 13	
Pitta Kapha Vata	5 /	8 /	35% / 32.5% / 32.5%	
Vata Pitta Kapha	6	7		
Agni	5 / 8 / 7	6 / 5 / 9	11 / 13 / 16	Vishama – 16 – 40%

Manda / Sama / Vishama			27.5% / 32.5% / 40%	
Mode of progress Long term / Rapid / Typical	10 / 2 / 8	6 / 4 / 10	16 / 6 / 18 40% / 15% / 45%	Typical – 18 – 45%
Aggravating factors Dust / Smoke / Both	4 / 6 / 10	10 / 5 / 5	14 / 11 / 15 35% / 27.5% / 37.5%	Both – 15 – 37.5%
Comfort posture Lying / Sitting / Sitting with forward bending	4 / 13 / 3	4 / 13 / 3	8 / 26 / 6 20% / 65% / 6%	Sitting – 26 – 65%

Table 2 : Effect of treatment on Subjective Parameters

SUBJECTIVE PARAMETERS	SHATYADYA CHOORNA			KRISHNADYA CHOORNA		
	B.T (n)	A.T (n)	RESULT (%)	B.T (n)	A.T (n)	RESULT (%)
Shwasa Krichrata	20	4	80%	20	2	90%
Ghurghuraka	20	4	80%	20	2	90%
Kasa	15	3	60%	13	1	60%
Pinasa	13	3	50%	18	1	85%
Ushnamna abhinandati	15	3	60%	14	2	60%
Urashula/Parshwashula	14	3	55%	14	1	65%
Asino na labhate soukhyam	11	3	40%	12	2	50%
Shayane shwasapidana	9	2	35%	12	0	60%
Meghambushita pragvata shleshmalai abhivardhate	17	4	65%	14	1	65%

Table 3 : Effect of treatment on Objective Parameters

OBJECTIVE PARAMETERS	SHATYADYA CHOORNA			KRISHNADYA CHOORNA		
	B.T.	A.T.	DIFFERENCE	B.T.	A.T.	DIFFERENCE
AEC	266.65±98.91	183.3±79.56	83.35	229.1±80.13	158.8±57.46	70.30
PEFR	164.20±60.15	246.50±111.67	82.30	188.88±67.55	238.40±81.03	49.60

Effect of Treatment on Chief complaints or on subjective parameters

1. Effect of Shatyadya choorna on Shwasa Krichrata: In group A at 1st day 100% patient had shwasa krichrata. At 30th day only 65% patient had shwasa krichrata, on 45th day 35%

patient had difficulty to breath and on 60th day 20% patient left with shwasakrichrata from 100%

2. Effect of Krishnadya choorna on shwasa krichrata: In group B at 1st day 100% patient had shwasa krichrata. At 30th day only 60%

patient had shwas krichrata, on 45th day 25% patient had difficulty to breathe and on 60th day 10% patient left with shwasakrichrata from 100%

3. Effect of Shatyadya choorna on Ghurghuraka: In group A at 1st day 100% patient had Ghurghuraka. At 30th day only 45% patient had Ghurghuraka, on 45th day 30% patient had rhonchi and on 60th day 20% patient left with Ghurghuraka from 100%

4. Effect of Krishnadya choorna on Ghurghuraka: In group B at 1st day 100% patient had Ghurghuraka. At 30th day 75% patients had Ghurghuraka, on 45th day 45% patient had rhonchi and on 60th day 10% patient left with Ghurghuraka from 100%

5. Effect of Shatyadya choorna on Kasa: In group A at 1st day 75% patient had cough. At 30th day 30% patient, on 45th day 20% patient had kasa and on 60th day 15% patient left with kasa from 75%

6. Effect of Krishnadya choorna on Kasa: In group B at 1st day 65% patient had kasa. At 30th day 50% patient had kasa, on 45th day 30% patient had cough and on 60th day 5% patient left with cough from 65%

7. Effect of Shatyadya choorna on Pinasa: In group A at 1st day 65% patient had pinasa. At 30th day 35% patient, on 45th day 20% patient had running nose and on 60th day 15% patient left with pinasa from 65%

8. Effect of Krishnadya choorna on Pinasa: In group B at 1st day 90% patient had pinasa. At 30th day 75% patient had pinasa, on 45th day 40% patient had pinasa and on 60th day 5% patient left with pinasa

9. Effect of Shatyadya choorna on ushnam na abhinandate: In group A at 1st day 75% patient were present with ushnam na abhinandate. At 30th day 45% patient, on 45th day 30% patient and on 60th day 15% patient left with ushnam na abhinandate from 75%

10. Effect of Krishnadya choorna on ushnam na abhinandate: In group B at 1st day 70% patient had ushnam na abhinandate. At 30th day 65% patient, on 45th day 45% patient and on 60th day 10% patient left with ushnam na abhinandate

11. Effect of Shatyadya choorna on Urashoola / Parshwa shoal: In group A at 1st day 70% patient were present with shoala. At 30th day 35% patient, on 45th day 20% patient and on 60th day 15% patient left with shoala from 70%.

12. Effect of Krishnadya choorna on Urashoola / Parshwa shoal: In group B at 1st day 70% patient had Urashoola / Parshwa shoala. At 30th day 60% patient, on 45th day 30% patient and on 60th day 5% patient left with Urashoola / Parshwa shoal

13. Effect of Shatyadya choorna on Asino na labhate soukhyam: In group A at 1st day 55% patient were present with no sukha on asina. At 30th day 30% patient, on 45th day 20% patient and on 60th day 15% patient left with asino na labhate soukhyam from 55%

14. Effect of Krishnadya choorna on Asino na labhate soukhyam: In group B at 1st day 60% patient had Asino na labhate soukhyam. At 30th day no improvement so 60% patient, on 45th day 20% patient and on 60th day 10% patient left with na Asino labhate soukhyam

15. Effect of Shatyadya choorna on Shayane shwasa pidana: In group A at 1st day 45% patient were present with Shayane shwasa pidana. At 30th day 30% patient, on 45th day 15% patient and on 60th day 10% patient left with Shayane shwasa pidana from 45%

16. Effect of Krishnadya choorna on Shayane shwasa pidana: In group B at 1st day 60% patient had Shayane shwasa pidana. At 30th day 60% patient, on 45th day 20% patient and on 60th day 0% patient left with Shayane shwasa pidana

17. Effect of Shatyadya choorna on Meghambushita pravgata shleshmalai abhivardhate: In group A at 1st day 85% patient were present with this symptom. At 30th day 50% patient, on 45th day 30% patient and on 60th day 20% patient left with this symptom from 85%

18. Effect of Krishnadya choorna on Meghambushita pravgata shleshmalai abhivardhate: In group B at 1st day 70% patient were present with this symptom. At 30th day 60% patient, on 45th day 20%

patient and on 60th day 5% patient left this symptom from 85%

19. Effect of Shatyadya choorna on AEC: In group A before treatment AEC was 266.65±98.91 which reduced to 183.3±79.56 with much benefit in the patient.

20. Effect of Krishnadya choorna on AEC: In group B before treatment AEC was 229.1±80.13 which significantly reduced to 171.05±69.61

21. Effect of Shatyadya choorna on PEFr: In group A before treatment PEFr was 164.20±60.15 which increased to 246.50±111.67 with significant benefit in the patient

22. Effect of Krishnadya choorna on PEFr: In group B before treatment PEFr was 188.88±67.55 which significantly reduced to 238.40±81.03

DISCUSSION

Shwasakrichrata: Statistically the treatment shows significant improvement in shwasakrichrata in both groups A and Group B. Percentage wise relief of symptoms in group A is 80% where as in group B is 90%. This shows Group A and Group b shows on and average significant improvement.

The drugs involved in the medicines have qualities which clear the passage of shwasavaha srotas, kapha and vatahara properties thus resulting in relieving the shwasana krichrata.

Ghurghuraka: The percentage wise relief in Group A and Group B are 80% and 90% respectively. This show almost equal improvement in both group A and B.

The drugs have kapha vilayana properties and bronchodilator thus resulting in the clear passage for respiration resulting in reducing the ghurghuraka.

Kasa: Statistically equal improvement is seen in both group A and group B with 60% difference in each seen in percentage wise relief. The bronchodilator, antihistamine and expectorant qualities of both medicines help in dilating the bronchus, reducing the allergic

process there by expectorating the phlegm and thus resulting in relieving cough.

Pinasa: The result of pinasa in group B is showing statistically significant effect of 85% which indicates group B has better effect than Group A 50%

The antihistamine properties quickly act on the allergens thus reducing the rhinitis.

Ushnam na Abhnandate: The result of ushnam na abhinandate is statistically significantly effective in both group A and Group B

Percentage wise effective is equally seen in both group A and Group B with 50% each

The medicines used in the treatment increases the ushna qualities of body and rejuvenate the respiratory system thus boosting the withstanding capacities of the body

Urashoola / Parshwashoola: The statistical study of Urashoola / Parshwashoola shows significant improvement after the treatment in both group A and B

The percentage wise relief seen in group A with 55% and group b with 65% thus showing almost similar improvement

The medicines used have vatahara and vasodilation properties thus resulting in relieving the pain

Asino na Labhate Soukhyam: The statistical analysis shows significant result in asino na labhate soukhyam in noth group A and B

The percentage wise relief shows 40% and 50% in group A and group B respectively. When the patient sits down the air passage is easier than lying down posture. As the medicines have kapha vilayana and srotoshodhana properties, these facilitate the proper air passage in respiratory system thus resulting in improving overall body condition.

Shayane Shwaspidana: The statistical analysis shows significant improvement in both Group A and Group B. Group B shows maximum effect with 60% and Group B shows 35% improvement thus resulting in better results in group B when compared to Group A

Meghambu shita pragvata shleshmalai abhivardhate:

The statistical analysis shows good results in both group A and group B. The percentage of improvement in both group A and B are similar with 65%. The megha, ambu, shita vata, pragwata, shleshma vardhaka ahara and vihara all these cause kapha vrudhhi and inflammation in the body. The medicines used have kaphahara and anti-inflammatory action thus resulting in boosting the immunity of respiratory system.

AEC: The statistical study shows both group A and B shows significant improvement in AEC.

The group 'A' shows better result with 83.35 when compared to group B 70.03.

The antihistaminic properties of the drugs reduce the AEC values thus improving the health of people.

PEFR: Both group A and B shows significant result in statistical study. Group 'A' shows better results than group B with the difference of 82.30 to 49.60 respectively. The qualities of drugs significantly increased the PEFR values thus increasing the lung volume and respiration.

CONCLUSION

The palliative line of treatment considered as a good modality of treatment in present busy life style. So in this context a comparative study is done in 40 patients with shaman chikitsa by administering Shatyadya choorna and Krishnadya choorna in 20 patients each.

The both medicine has the drugs with predominance of kapha vilayana, vata shaman, srotoshodhaka, shwasahara, kasahara, rasayana, bronchodilator, antihistaminic, expectorant and thus specifically indicated in Tamakashwasa.

The study is intended to compare the efficacy of shatyadya choorna and Krishnadya choorna in the management of Tamakashwasa.

From the results which are obtained, following conclusion can be drawn.

The study showed significant results for both medicines during and after the treatment.

The features like shwasakrichrata and ghurghuraka seen in all the patients with 100% showing significant results with 80% and 90% in Group A and Group B respectively in each symptoms.

The study is done to provide significant result in people there by completely reducing the symptoms. Good response in 5 patients with 25%, Fair response in 4 patients with 20%, Moderate response in 7 patients with 35%, Poor response in 2 patient with 10% and no reponse in 2 patients with 10% seen when statistical analysis done in Group A.

Good response in 2 patients with 10%, Fair response in 9 patients with 45%, Moderate response in 7 patients with 35%, Poor response in 1 patient with 5% and no reponse in 1 patient with 5% seen when statistical analysis done in Group B.

When the comparison between two groups were done to see whether Shatyadya choorna or Krishnadya choorna is having better effect, Krishnadya choorna not showed much difference in subjective parameters with Shatyadya choorna but showed less effect on objective parameters when compared to Shatyadya choorna.

Eventhough both the medicines were studied considering a common disease, duration of days and procedures avoiding the variables to the maximum possible extend, the results obtaine for Shatyadya choorna was encouraging when compared to Krishnadya choorna but on applying the test of significance no difference could be made out between two medicines.

Shamana chikitsa is found to be effective in Tamakashwasa.

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