Research Article

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ROLE OF SHODHANOTTARA GUDA TAILA PRAYOGA IN THE MANAGEMENT OF TAMAKA SHWASA

Ganashree S ^{1*}, Fareeda Begum Shaikh ², Madhav Diggavi ³

¹ PG Scholar, Department of PG Studies in Kayachikitsa, Taranath Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

² Professor, Department of PG Studies in Kayachikitsa, Taranath Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

³ Professor and HOD, Department of PG Studies in Kayachikitsa, Taranath Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

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*Corresponding author

E-mail: charaka07@gmail.com

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ABSTRACT

Tamaka Shwasa is tridoshaja vatakapaha pradhana avaranajanya Yapya vyadhi and requires Samhita based evidence-based scientific approach with current standards. Tamaka Shwasa is nearer to bronchial asthma identified with airway obstruction, inflammation, producing extra mucus making it difficult in breathing with a prevalence rate of 2.05% of 18 million asthmatics in the nation leading to reduced quality of life along with socioeconomic burden. The contemporary steroidal research has not yielded satisfactory outcomes and is a threat to safety. A case of Tamaka Shwasa from the OPD of TGAMC&H, c/o Shwasa Krichrata, Kasa etc. with PEF-250 Lt/min, AEC-970cells/cumm. has been taken for the present case study. After the diagnosis of Tamaka shwasa by Pratyatma lakshanas and relevant investigations, managed with Sadhyovamana, virechana and shaman aushadhi like guda taila yoga. Improvements were noticed in Kasa Shwasa Krichrata, Gurgurata, asino labhate sukham, parshwashula. Also, improvements were observed in Spirometry taken before and after treatment. The combined effect of shodhana followed by shaman acts as deepana, pachana, Srotoshodhaka, kaphahara, vatanulomana, Rasayana, brahmana, shwasahara. Shodhanottara guda taila prayoga showed significant improvements in both subjective and objective parameters taken in the study.

Keywords: Sadhyovamana, Spirometry, guda taila, Rhonchi

INTRODUCTION

According to Sharangadhara, Pranapavana situated at nabhi leaves the hritkamala through kantha gets mixed with vishnupadamruta i.e., oxygen. ambarapiyusha (atmospheric oxygen) enters the lungs. In this way, it gives preenana to the body¹. This explains the normal physiological respiration process and transport of gases across tissues and cells.

According to Sushruta the normal prana vayu which gets obstructed by kapha gets vitiated. Vayu Vilomatva leads to Shwasa Krichrata and thus results in Shwasa roga². The causative factors for Shwasa roga are raja dhuma pragvata vyayama etc.³ Excessive Intake of black gram, beans, sesame, the meat of aquatic animals., Intake of cold water and exposure to cold climate, exposure to dust, smoke and wind, Excessive exercise, overindulge in sexual activity, Trauma to throat, chest, and vital organs., Suppression of natural urges. It is observed that difficulty in breathing occurs or is triggered on exposure to dust, smoke, wind, after intake of cold water or other items and after doing exercise. Ama Pradosha is also one of the causative factors for Shwasa roga.

Tamaka Shwasa is a type of Shwasa roga characterized by difficulty in breathing or laboured breathing. Tamaka Shwasa is tridoshaja vatakapaha pradhana avaranajanya Yapya vyadhi and requires a Samhita based evidence-based scientific approach with current standards. Tamaka Shwasa is nearer to bronchial asthma

identified with airway obstruction, inflammation, producing extra mucus making it difficult to breathing.

MATERIALS AND METHODS

History

A 47-year-old male patient visited Kayachikitsa OPD, Pandith Taranath Ayurveda medical college and hospital Bellary on 08/12/2020 with complaints of Kasa, Shwasa Krichrata, Gurgurata and Parshwashula for 6 months. Kasa along with whitish expectoration throughout the day with severe discomfort was present. Shwasa Krichrata and mild Parshwashula improved in sitting posture.

- History - He was under allopathic medicines and inhalers for many years which was found no improvement in his symptoms. He is allergic to dust.
- Family history – No history of Asthma/COPD/Tuberculosis
- Personal history - No history of smoking or alcoholism.
- Occupational history - labour.

Diagnosis

He was diagnosed as a patient of Tamaka Shwasa based on clinical symptoms and investigations like AEC, PEF, chest X-RAY and Spirometry. Chest X-Ray- aortic knuckle and hila region were prominent.

Before starting the treatment patient's and Patient's attender informed consent was taken as per ICH-GCP and institutional ethical clearance was obtained.

Treatment

- Deepana pachana-with Trikatu Choorna for 3 days
- Sthanika abhyanga and Mridu Nadi Sweda

Sadhyo Vamana

Total no. of Vegas - 14 (Pravara Shodhana)

Samsarjana kala – 1 day

Snehapana - Madhyama snehana with Guduchyadi ghrita 30 ml, 50 ml, 75 ml, 100 ml.

Vishrama kala - Sarvanga abhyanga and Bashpa Sweda for 3 days

Virechana –Vishala Pippali yoga 1 Pala with madhu on 25/12/2020.

No of Vegas - 09

Samsarjana kala - 2 days

Shaman - Guda taila Rasayana 1 Pala twice a day with Sukhoshna jala as anupana was given for 30 days.

RESULTS AND DISCUSSION

Figure 1: Sadhyovamana-Saindhava Lavana with Ushnodaka was given up to 23 glasses

Table 1: Assessment criteria before and after treatment-subjective

Symptoms	Range of score	BT	AT
Kasa	No signs of kasa – CD0 Bouts of kasa Once or twice a day with minimum discomfort - CD1 Bouts of kasa Three to four times a day - CD2 Bouts of kasa Throughout the day, with Moderate discomfort, unable to do his Daily work - CD3 Kasa both day and night with restlessness, severe discomfort - CD4	4	0
Shwasa Krichrata	No sign of Shwasa Krichrata - CD0 Mild Shwasa Krichrata after heavy work Relieved by rest - CD1 Mild Shwasa Krichrata while walking - CD2 Moderate Shwasa Krichrata even at rest - CD3 Shwasa Krichrata needs emergency Oxygen - CD4	2	0
Gurgurata	No wheeze - CD0 Occasional mild wheeze heard in auscultation, no difficulty in daily routine - CD1 Wheezing can be heard/felt from the patient himself, needs medical intervention - CD2 Wheezing heard from a person next to the patient, patient confined to bed - CD3	2	0
Asino Labhate Sukham	Relief only in lying position - CD0 Temporarily feels better in sitting Posture - CD1 Sitting posture gives mild relief - CD2 Sitting posture gives moderate relief - CD3 Spontaneous Sitting posture Cannot sleep - CD4	2	0
Parshwashula	No Parshwashula at all - CD0 Mild Shula, not disturbing the routine - CD1 moderate, occasional Shula relieved with rest and diet moderate-severe – CD2 frequent disturbing the resume needs intervention persistent, confined to, bed, always - CD3 Shula no relief with intervention - CD4	1	0

BT: Before treatment; AT: After treatment

Table 2: Objective Parameters

Assessment criteria	BT	AT
PEF Peak expiratory flow meter rate more than 300 Lit/m - 0 (Normal) Peak expiratory flow meter rate 200–300 Lit/m - 1 (Mild) Peak expiratory flow meter rate 80—200 Lit/m - 2 (Moderate) Peak expiratory flow meter rate less than 80 Lit/m - 3 (Severe)	02	0
RHONCHI Absent - 0 Occasional 1-2 rhonchi present on auscultation - 1 3-4 rhonchi present on auscultation - 2 Rhonchi present on Palpation – 3	02	0
PO2 Ranging Between 92-97 - 0 Ranging Between 85-92 - 1 Ranging Between 75-85 - 2 Ranging Below 75% - 3	0	0

BT: Before treatment; AT: After treatment

Table 3: Blood investigations before and after treatment

Haematological	BT	AT
HB%	13.6 gm	13.2 gm
TC	6000 cells	11,800 cells
ESR	18 mm/Hour	15 mm/ Hour
RBS	145 mg/dl	140 mg/dl
AEC	970 cells/Cu mm	600 cells/Cu mm

BT: Before treatment; AT: After treatment

Figure 2: Before and after treatment spirometry and FVC reports

Sadhyovamana

Vamana Karma or Sadhyovamana can be the choice treatment or procedure in Tamaka Shwasa. In Tamaka Shwasa doshas are in the exciting stage means ready to expel out from the body due to the production of excess mucous secretions. So Abhyanga and Swedana followed by Vamana Karma are useful for Vilayana of this Grathitha Kapha, thereby removing the Sanga (Obstruction of the airway). According to Charaka, Abhyanga with Lavana taila followed by Nadi Sweda or Prastara or Sankara Sweda³ is advised in Tamaka Shwasa and there is no reference of Snehapana as Purva karma. The only reference about kapha utkleshaka ahara has been mentioned before Vamana karma.

Once the Kapha is removed from the airways, it goes back to its base in Amashaya from where it is expelled out by Vamana. Sushruta also explained the Chikitsa of Shwasa is Urdhva Shodhana in Balvan patient that is Mrudu Vamana after Abhyanga and Swedana⁴. Whereas Vagbhata explains that Utpattisthana or the place of origin of this Vyadhi is Amashaya, srotas involved here are Prana, Anna and Udakavaha and the Vyaktasthana being Ura which happens because of obstruction of normal movements of Vata by Kapha.

Snehapana

Acharya Charaka explains that drug which has the properties of Kapha-Vatahara, Vatanulomana and Ushna Veerya must be used for the treatment of Tamaka Shwasa. As Guduchyadi ghrita contains ingredients such as Guduchi, Pippali, Murva, Vacha, Kantakari, Patha, Chitraka etc. having properties like Tridosha shamaka, kapha vata hara, ushna virya mentioned in kasa roga dhikara by Charaka acharya is taken for the study⁵.

Guduchi clears the mucous membrane of the respiratory system making it easy to breathe. Due to its anti-allergic and broncho dilator property reduces broncho spasms during asthma attacks. Pippali fruit has anti-allergic properties. Piperine decreases the rate and amplitude of respiration. *P. longum* fruit has the property to inhibit the release of Th2 mediated cytokines, eosinophil's infiltration and airway hyperresponsiveness in asthmatics. It has a decongestant, a bronchodilator, and expectorant activities. Pippali also gives rejuvenating effect on the lungs due to its Rasayana (rejuvenating) nature.

Kantakari one of the ingredients of Guduchyadi ghrita, is its Plant powder is antitussive and its effect on patients with bronchial asthma and nonspecific cough has been explained as due to depletion of histamine from lung and its expectorant action as due to inorganic nitrogen content. The root is an expectorant. It is prescribed in cough, asthma, pain in the chest, used in the form of electuary.

Virechana

Acharya Charaka has mentioned the indication of Virechana Karma in Tamaka Shwasa. And he further emphasizes that the Vatanulomana & regular cleaning of the Srotas of the Vayu should be done. In classical Ayurveda texts, Shwasa Roga is said to be originated from the Pitta Sthana and the site of its expression is Ura Pradesh. The main Dosha involvement here is of Kapha & Vata, and the Gati of Vata is Pratiloma. The Pratiloma Gati of Vayu must be brought to Anulomana. The Pitta Sthana disturbance leads to indigestion & production of Ama Dosha which is the cause of the production of Vikruta Kapha Dosha. So, it is important is to treat the root cause of Shwasa Roga i.e., Pitta Sthana. So, this pathogenesis is broken by Kapha Vataghna and Ushna guna Aushadha, drinks & diet. And to achieve this,

Virechana Karma is the process that does the Vata Anulomana and is Kapha-Vataghna. Secondly, Dusti of Pitta Sthana is the root cause of this disease and for removal of this Dushta Pitta Virechana Karma is the best procedure.

Several drugs are described for Virechana Karma in classical texts. Out of these, for the present study Vishala Pippali yoga mentioned in kasa roga dhikara by Charaka acharya was selected. Vishala Pippali is a combination of 4 drugs Vishala, Pippali, Musta and Trivrut in equal quantity.

Vishala is a Tikshna Virechaka having properties like tikta rasa, laghu, ruksha tikshna guna, ushna virya. It is included under the group of Virechaka dravyas by Charaka balances kapha and pitta also indicated in Shwasa. Ethanol extracts of *Citrullus colocynthis* fruit possess antihistaminic activity which may be due to H1-receptor blocking or anti-allergic activity⁶.

Trivrut is considered as Shreshtha Virechaka Dravya and it acts on Tridosha⁷. It is having the properties of Laghu, Ruksha and Teekshna. Because of these properties, it removes the impurities from Sukshma Srotas. It is again mentioned as Sukha Virechaka.

Pippali and Musta due to their deepana pachana properties help in the ama pachana and agni deepana effect and act as Virechaka because of laghu, ushna and tikshna gunas.

Guda taila rasayana

Purana guda

6 months (acc. to Chakradatta) old jaggery has been taken for study. It has properties like madhura rasa laghu, Abhishyandi guna and pittahara, brahmana, vrishya, rakta doshahara.

Katu taila

It has properties like katu rasa laghu guna, ushna virya rakta pitta pradushana, kapha shukra anilahara, Krimighna, kapha medo hara, lekha, deepanam. Due to hot potency, pungent and bitter taste, pungent vipaka, Mustard is anti-Kapha and helps to cut excessive Kapha dosha. Due to its hot potency and oily nature, it is anti-Vata. Due to its pungent taste and vipaka, hot potency and sharp nature it aggravates Pitta. It improves digestion, has a scraping effect (Lekhana) and is useful in managing diseases caused by Kapha, build-up of fat and derangement of Vata. According to Ayurveda, respiratory problems like cold, cough, sinusitis, bronchitis, and asthma are caused by an imbalance or increased Kapha dosha, which accounts for fluid retention, congestion, phlegm, and mucous deposits. Mustard oil due to its pungent taste and hot potency is known to pacify and reduce Kapha. It acts as mucolytic, breaking up of mucous deposits and due to its antimicrobial property acts in Tamaka Shwasa etc. guda and katu taila in equal quantity compromise each other properties and together act on Tamaka Shwasa roga due to its Nitya virechana action in Mandagni patients and In Agnimandhya, mainly there is vitiation of kapha dosha & its shaman occurs with the help of Gudakatu taila yoga. Guda taila is found significantly effective in presenting symptoms of Shwasa viz. Mandagni, Aruchi, Anaha, Admana and does vatanulomana This yoga may prove as home-based, cost-effective & easy for preparation.⁸

CONCLUSION

It was concluded that both Sadhyovamana and virechana were effective in Tamaka Shwasa. Guda taila yoga is a combination of purana guda with Sarshapa taila in equal quantity as mentioned in Chakradatta, Shwasa roga adhyaya having vatanulomana, kapha

hara, deepana, mridu nitya virechana property is taken. Shodhana followed by guda taila rasayana showed remarkable improvement in symptoms and FVC reports. Hence the present case study contributed the theme Shodhana followed by rasayana in clinical practice for the effective treatment of Tamaka Shwasa.

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