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Evaluation of *kulath yush* with *abhangya* and *swedan* in the management of bronchial asthama.

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ABSTRACT :

Ayurveda is indigenous science of life. Ayurveda gives us knowledge of health and the disease. Unlike many diseases, which can be attributed to the life style of modern man, asthma is an ancient illness. Bronchial Asthma has multifactor causation Geographical location, environmental, racial, as well as factors related to behaviors and life-styles are associated with the disease. Tamaka Shwasa is a disease described in Ayurvedic texts that shows close resemblance with bronchial asthma on the basis of clinical manifestations. Ayurvedic medicines can be a potential and effective alternative for the treatment against the bronchial asthma. Ayurvedic medicines are used for the treatment of diseases globally so that people all over the world can keep faith on it on the basis of scientific evidences.Pathyapathya is main part of treatment. The present study was a on the management of Tamaka-Shwasa (bronchial asthma) who were being managed through Ayurvedic approach that includes bhahya abhangya, swedan and regimen of kulath yush which is one of the important pathya kalpana of tamaka-shwas as indicated in samhitas. The present study was a on the management of Tamaka-Shwasa (bronchial asthma) who were being managed through Ayurvedic approach that includes bhahya abhangya, swedan and regimen of kulath yush as indicated in samhitas.

KEY WORDS:

Tamaka-Shwasa, Bronchial Asthma, Abhyangya, Swedan, Kulath Yush.

INTRODUCTION:

Asthma is the most common chronic lower respiratory disorder throughout the world and Ayurveda address it as “Shwasa.” There are five kinds of Shwasa- Kshudra, Tamaka, Chhinna, Maha and Urdhava. Tamaka Shwasa is a type of Shwasa Roga affecting the Pranavaha Srotas and characterised by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is

immensely injurious to life. Vata moving in the reverse order pervades the channels (of vital breath), afflicts the neck and head, and stimulates Kapha (phlegm) to cause Margavarodha (blockage of respiratory passage) by producing broncho constriction. Tamaka Shwasa classified as Vata-Kapha Pradhana. Signs and symptoms of Tamaka Shwasa are very much similar to that of bronchial asthma. The word 'asthma' is derived from the Greek meaning 'panting' or 'labored breathing'. Asthma is a condition characterized by a paroxysmal wheezing dysponea (difficulty in breathing), mainly expiratory.

Asthma is the disease of the respiratory system in which the airways constrict, become inflamed, and are lined with excessive amounts of mucus, often in response to one or more “triggers” such as exposure to an environmental stimulate (or allergen), cold air, exercise, or emotional stress. There is limited information on the various modalities of Ayurvedic management on Tamaka-Shwasa i. e. Bronchial Asthma especially. Kulath (Dolichos biflorus) is main ingredient of pathapathya prescribed in samhita of Shwas vyadhi. Kulath has kashay ras and ushan virya, laghu and ruksh, tikshn in gunas and It works and helps to break the samprapti of Tamak shwas by doing kapha kshay and vatanuloman. This leads to clear the air ways and improves the condition. This Yusha is prepared according to Yush siddhant of Bhaishaya kalpana.

Bahya abhyanga and swedan is also the main part of treatment. This treatment helps to expel the phlegum from that chest region and clears the pranwaha strotasa.

AIM AND OBJECTIVE:

1. To study the effect of kulath yush in the management ofTamak shwas (Bronchial Asthma).

MATERIAL AND METHOD-

For this case study 30 patient of both sexes in age group of 20 to 60 of tamakashwasa are selected. These patient are advised with

1. Sthanik Bahya abhangya of til tail for 15 min and swedan for 10min.

2. Kulath Yush- approx. 100 - 150 ml (1 bowl)

Inclusion Criteria –

1. Age 16 to 60 years.
2. Sex – Both male & female.
3. The patients having signs & symptoms of Tamak Shwas.

Exclusion Criteria

1. Age – below 16 & above 65 yrs.
2. Patients having with signs & symptoms of Cardiac & Renal Asthma.
3. Patients suffering from Neurological disorders like epilepsy, hemorrhagic stroke, Meningitis.
4. Patients having Psychological disorders.

5. Patients having Malignancies, Hypertension.
6. Pregnancy & Lactating mother.
7. Patient suffering structural lung disease like Tuberculosis, Carcinoma of respiratory tract.

OVERALL ASSESSMENT OF THERAPY:

On the basis of percentage relief in sign, symptoms and investigation reports further scores have been allotted.To establish the results statistically each sign & symptom may be given a specific score:

Subjective criteria:

Frequency of Shvasa Vega:

1. Shvasakrichhrata:
2. Asino labhate Saukhyam:
3. Kaasa:
4. Kapha Nistivanam:
5. Wheezing:

Objective Criteria-

1. Peak Flow Meter for lung capacity
2. Total leucocyte count
3. Respiration rate
4. Expansion of chest

Observation and Result:

Effect of therapy on Subjective Parameters by applying **WILCOXON'S SINGED RANK TEST-**

Frequency of Shvasa Vega:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	2.600	0.6215	0.1135	45.00	0.0034
AT	2.300	0.5350	0.09767		

On frequency of shwas Vega therapyis significant as the P value is 0.0034.

Shwaskricchata:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	2.100	0.8030	0.1466	91.00	0.0005
AT	1.633	0.6687	0.1221		

At the end of treatment its P value is 0.0005 which is statistically significant.

Asino labhate Saukhyam:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	1.800	0.6644	0.1213	91.00	0.0004
AT	1.367	0.7649	0.1396		

At the end of treatment therapy significant as the P value is 0.0004.

Kasa:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	1.700	0.7022	0.1282	36.00	0.0060
AT	1.433	0.8172	0.1492		

P value is 0.0060the treatment is significant.

Kapha Nistivanam:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	2.200	0.7611	0.1390	231.0	< 0.0001
AT	1.467	0.8193	0.1496		

At the end of treatment its P value is < 0.0001which is statistically significant.

Wheezing:

	Mean	SD	SE	Wilcoxon's Singed rank W	P value
BT	2.167	0.7466	0.1363	171.0	< 0.0001
AT	1.567	0.6789	0.1240		

At the end of treatment its P value is < 0.0001which is statistically significant.

Effect of therapy on Objective Parameters applying Paired 't' test/

1. Peak Flow Meter for lung capacity

	Mean	SD	SE	T Value	P value
BT	170.66	10.38	1.89	12.16	< 0.05
AT	192.66	11.02	2.18		

By applying paired t test at the end of clinical trial result issignificant as value of P is which is < 0.05 .

2. Total leucocyte count

	Mean	SD	SE	T Value	P value
BT	8974	1970	359.7	3.575	< 0.05
AT	8543	1597	291.6		

By applying paired t test at the end of clinical trial, significant result were obtained as value of P is 0.0013which is less than .

3. Respiration rate

	Mean	SD	SE	T Value	P value
BT	22.9	2.02	0.36	9.4	< 0.05
AT	19.43	1.89	0.28		

By applying paired t test at the end of clinical trial, significant result were obtained as value of P is 0.0067 which is less than 0.05.

4. Expansion of chest

	Mean	SD	SE	T Value	P value
BT	83.86	0.52	0.09	11.77	0.0010
AT	84.86	1.12	0.68		

By applying paired t test at the end of clinical trial value of P is 0.0010 which is less than 0.05 which is significant.

Discussion:-

The symptoms of shwaskrichata, frequency of vega, kapha nishtivan, kaas, wheezing is lowered because the action of therapy. It was observed that Respiratory Rate reduced significantly. Expansion of Chest Increased significantly. Mild changes were observed in total leucocytic count. No side effects were observed from the drug during the present study.

Conclusion-

On the basis of this study, it can be concluded that this therapy is effective in the management of asthama and Ayurveda pathyahar and panchkarma is the good solution as the management and prevention of disease.

References:

1. Agnivesha. Charak Samhita Sthan, chapter17, verse1, 21th edi, Varanasi: Hindi Commentary by Acharya Vidyadhar Shukla, Prof. Ravidutta Tripathi, Choukhamba Sanskrit Pratisthan ; 1995 : 416.

2. Principles of Internal Medicine Harrisons by J.L. Jamson, Chapter 254, 15th edi, Vol 2; 2005 : 1508.
3. API text book of Medicine by G. S. Sainani, Chapter 5, 9th edi, Respiratory Diseases section, 2003:291
4. Bhaishjya Ratnavali by Kaviraj Ambikadutta Shashtri, verse 20, 11th edi.
5. Dravyagun – vidnyan by aacharya Priywat sharma, Choukhamba Bharati Akadami ; 2006

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