

**To evaluate the efficacy of *Bharangyadi Leha* in the management of  
*Tamak Shwas*  
w. s. r. to *Bronchial Asthma*- A Case Study.**

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**Abstract:-**

*Tamak Shwas* consists of two words viz *Tamak* and *Shwas*. The etymology of these two words is as follows.

- (a) Tamyati it Tama – feeling of darkness.
- (b) *Shwasa* – *Shwasiti* anen eti *Shwasa*- The process by which exanchange of air takes place.

*Shwas* disease mens difficulty in breathing process, in this condition Kapha, the predominant dosha causes obstruction in the *Pranavaha strotas*, there by disturbing the movement of Vata. Consequently Vata is aggravated and its pratilomagati takes place, which results in *Shwasakashtata*. Bronchial asthma mentioned in Modern Medicine closely resembles with *Tamak Shwas*.

As compare to modern drug Ayurvedic drugs are safe, can treat Asthma and reduce it's prevalence and complications and having good results. Acharyas told to use the drugs which are having *Tikta-katu Rasa*, *Katu Vipaka* and *Ushna Virya* & *Laghu Ruksha* property with Vata-Kaphahara and Vatanulomana action<sup>[1]</sup> Arunadutta has advised *Deepana*, *Pachana* drugs in the treatment of *Tamak Shwas*. Ayurvedic medicines should be

effective alternative for the treatment of *bronchial asthma*.

**Key Words:-** *Tamakshwas*, *Bronchial asthma*, *Bharangyadi Leha*.

**Aim & Objective:-**

1. To study the *aetiopathogenesis* & principles of management of *Tamak Shwas* according to *Ayurvedic Science* and modern science.
2. To evaluate the efficacy of *Bharangyadi Leha* in the management of *Tamak Shwas*.

**Introduction:-**

Life of human being starts with the first breath and ends with the last breath. Unfortunately some of us face the worst condition which may cause threat to life & the condition may arise due to defect in the process of breathing and due to this sometimes it results in death. Bronchial asthma mentioned in Modern Medicine closely resembles with *Tamak Shwas*. Asthma is defined as a chronic inflammatory disease of airways that is characterized by increased

responsiveness of the *tracheobronchial* tree to a multiplicity of stimuli. It is manifested physiologically by a widespread narrowing of the air passages, which may be relieved spontaneously or as result of therapy, and clinically by paroxysm of *dyspnea*, cough and wheezing.<sup>[2]</sup>

*Tamak Shwas* is such a disease which now going to be increased today due to heavy industrialization, increased pollution, altered food habits, stress, strain and changed life style. *Shwas* is considered *Krichha sadhya* or difficult to cure.

Asthma is one of the most common chronic disease globally and currently affects more than 300 millions peoples. In India, prevalence rate was vary from 2-7% but may be higher in certain regions. Asthma & COPD are the most common causes of death in Rural India. Mortality due to Asthma rose in last decade & has not changed in recent years.<sup>[3]</sup> In modern science, though there are many treatment modalities developed in this regard but they only treat Asthma symptoms & little pathology but they failed to treat root cause of disease & results in recurrent episodes of Asthma & no confirmatory medicinal management available in modern science to treat Bronchial Asthma. In modern medicine the treatment of Asthma such as *Bronchodilators*, Steroids and inhalers having side effect like *Immuno suppression*, Peptic ulcer, Steroid dependency etc. Hence it is a great chance to Ayurvedic research scholars to give their best to treat condition effectively in turn contributing service to mankind & making Ayurveda for global acceptance. There are many *kalpas* mentioned in *Ayurvedic samhitas*. So “To evaluate the efficacy of *Bharangyadi Leha* in the management of *Tamak Shwas*

w.s.r. bronchial asthma” i have chosen this topic.

### Materials and Methods:-

**Methods** - A case report A 36 years female patient came to OPD of Kayachikitsa department of L. K. Ayurved hospital, Yavatmal with chief Complaints-

- 1) *Shwaskrucchata*
- 2) *Kasa*
- 3) *Ghur-Ghurka dhwani*
- 4) *Kashten Shleshma Moksha*
- 5) *Anidra*
- 6) *Krucchen Bhashya kashtata*

- Patient having these above complaints since years 7 yrs.
- Education – 10 th
- Past history - No H/O DM/HTN/Any major illness.
- Family history – Father having *bronchial asthma*..
- *Sharira prakriti*- *Kaphapradhan pittanubandhi*
- Nature of work – Housewife, Moderate work.

### History of present illness -

Patient was normal before 7 years ago then she gradually developed symptoms like recurrent *kasa*, *Shwasakashtata*, *ghur-ghurakam*. Then she was diagnosed with bronchial asthma. patient was taking allopathic medicine (*deryphylline*) but does not got relief hence Patient came to L. K. Ayurved hospital for Ayurvedic management .

### *Rugna parikshan* -

1. *Nadi* : 80/ min
2. *Mala* : *Samyak*
3. *Mutra* : *Samyak*
4. *Jivha* : *Sama*
5. *Shabda* : *Krucchen Bhashya kashtata*
6. *Sparsha* : *Anushna*

7. *Druk : Prakrut*
8. *Akruti : Madhyam*
9. *Nidra : Khandit*
10. BP : 120/80 mmHg
11. SPO2 -96%
12. RR : 25/min
13. Temp : Afebrile
14. Weight : 56 kg
15. Diet: Veg *virudhhashana sevana.*
16. Addiction- Frequent consumption of tea.
17. Precipitating factors – *Varsha rutu*

#### Systemic examination:-

- 1) CVS – S1 S2 Normal
- 2) CNS – Conscious, Oriented
- 3) RS – Bilateral few scattered *Rhonchii* heard on normal deep breathing.

#### Methods :-

- 1) A case study

#### Ingrideants used :- [4][5]

- 2) Centre : P.G. Dept. of kayachikitsa L.K. Ayurved hospital, Yavatmal, affiliated to D. M. M. Ayurved college, Yavatmal.

#### 3) Criteria of assessment :

Classical symptomatology of the disease *Tamaka Shwasa* and cardinal symptoms of Bronchial asthma were taken as subjective criteria.

Laboratory investigations like CBC with Absolute Eosinophils Count (AEC), ESR, other objective criteria like SPO2, RR, PFER were taken for assessment.

#### Materials :-

*Bharangyadi Leha* -1.5 gm t.d.s for 1 month with *Ardrak swarasa*

#### Method of use:-

*Bharangadi Leha* 1.5 mg thrice a day after meal with *Anupana*

*Ardrak swaras* administered orally for 1 month.

<i>Dravya</i>	<i>Latin Name</i>	<i>Guna</i>	<i>Rasa</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Doshghnata</i>
<b>BHARANGI</b>	<i>Clerodendrum serratum</i>	Laghu, Ruksha	Tikta, Katu, Kashaya	Ushna	Katu	Vata Kapha shamaka
<b>SHUNTHI</b>	<i>Zingiber officinale</i>	Laghu, Shighdha	Katu	Ushna	Madhura	Vata Kaphashmaka

#### Preparation Of *Barangiyadi Leha*:-

This drug will be prepared as per standard operating procedure mentioned in *Yogratnakara Samhita*. The drug will be prepared in the *Ras-shala* of Our College Firstly *Vastragal churna* of *Shunthi* and *Bharangi* was done. Each *churna* was taken 2.25 gm each in glass bowl. The paste( *Kalka*) of *Ardrak* made in *Khala* and *swaras* (liquid part) was extracted. Appropriate *swaras* was poured in Bowl and properly mix with both *churna* to make the consistency as

like *Awaleha*. In this way *Bharangyadi Leha* was prepared. This whole procedure is easy, so it is properly explained to patient so that they can make *Bharangyadi Leha* properly in their home. Both *churna* with *Ardrak* was given to each patients.

**Pathya:-** Wheat, *Purana sastik*, , *Yava*, *Mudga*, *Parval*, *Jivanti*, *Ajadughdha*, *ghrita*, , *Kantakari*, *Jeevantisaka*, *Trikatu*, *Hingu*, *suksma ela*, *Draksa*, *Lausun*, *Gomutra*, hot water, honey, *Ushnajala snana*, *Avagaha* etc.

**Apathya:-** *Rukshanna, nishpava, Kapha-Vata vardhaka ahara, Banana, Dahi, Beans, unboiled milk, Anupa mamsa (fish), manda Saka (potato) Masha, Cold water, Tail, fried food , etc .*

**Vihara:-** Suppression of Mutravega, long journey, lifting heavy weight, Exposure to cold, dust and polluted environment, chinta etc .

#### **Discussion:-**

**Hetu:-** Vishamashana, Shita ambu, Vishtambhi bhojan, Adhyashana, Pinyaka, Nishpawa, masha, Dadhi, Tila taila, Abhishayandi anna, Vidahi, ushna, Katu, Lavana, Amla ahara<sup>[5]</sup>

#### **Samprapti Ghatak:-**<sup>[6]</sup>

- **Dosh** - Kapha, Vata
- **Dushy** - Rasa, Rakta
- **Stroto** - Pranavaha, Udakwaha, Annavaha
- **Type of Strotodushti** - Sanga, Vimargagaman
- **Udhbhavsthana** - Pittasthana (Cha), Amashaya (A.H.)
- **Sthana- sanshraya** - Urapradesh
- **Rogamarga** - Abhyantara
- **Agni** - Mandagni

#### **Mode Of Action Of Drug:-**

In Ayurveda, drug has been given great importance. In *Trisutra Ayurveda*, 'Aushadhi' is one of the three sutras. Even in Chikitsa chatushpada, Dravya has been given second position. Dravya is stated as Karana of Chikitsa. Disease *Tamak Shwas* is having Kapha, Vata predominance. The treatment of *Tamak Shwas* include *Sama dosha, Pachan, Kapha & Vata Shaman, Vatanuloman*, to reduce *Rukshata, Kathinya & Sankocha* at *Pranavaha strotas*. While mentioning management Acharya Charak has clearly described that those Diet & Drugs having **of Bharangyadi Leha on patients on Objective and Haematological Values:-**

*Kapha-Vataghna, Ushna & Vatanulomana* properties are useful in *Tamak Shwas*. Arundatta mentioned the *Deepan, Pachan* drugs in the management of *Tamak Shwas*. Dravya contains different entities like *Rasa, Vipak, Guna* etc. On the basis of these properties drugs works. So considering above point, the *Bharangyadi Leha* which contents *Shunthi, Bharangi, & Adrak* which are predominantly Kapha & Vata shamak. *Bharangi* due to *Tikta, Katu, Kashay rasa and ushna Virya, Ruksha guna* dissolves the obstructed *Kapha and Vatanuloman* occurs. Due to *ushna guna* *Deepan* and *Aampachan* occurs at *Aamashaya*. *Shunthi* by *Katu Rasa, Ushna Virya* reduces *Kapha*. *Shunthi* by *Ushna Virya* exert *Sama dosha Pachan* inducing *Amapachan & Vatanuloman* of *vayu* so *vayu* get it's normal *anulom gati* and controls the *Tamak Shwas*. *Adrak* exerts *Balya* effects on *Pranavaha Srotas* by *Snigdha Guna and Madhura Vipaka* it increases the *Bala* in the *Pranavaha srotas* and due to *madhur vipak* exert *Vatagna* action. In this way all ingredient of *Bharangyadi Leha* are very beneficial for alleviation of *Vata & Kapha* and in the management of *Tamak Shwas*. The significant reduction in the *E.S.R., T.L.C.* and *Eosinophils* shows *Anti-Allergic, Anti Inflammatory* and *Anti biotic* activity of both of *Shunthi* and *Bharangi* as described in Database on medicinal plants in Ayurveda. On the basis of these guidelines present compound had been formulated and used. Hence It is proved as highly effective in controlling Subjective and Objective Parameter as mentioned in study.

#### **Effect**

Parameter	Before Treatment(Day 0)	After Treatment (Day 30)
ESR	29	18
RR	25/min	16/min
SPO2	96%	99%
PEFR	260 lit/min	320 lit/min

There is also marked relief in symptoms( subjective Criteria) found in patient at day 30 (after treatment)

- 1) Frequency of *Shwaskrucchata* reduce significantly.
- 2) *kasa* reduced without pain.
- 3) *Kashten Shleshma Moksha* reduce to only once in day.
- 4) There is no *Ghur-Ghurk shabda* (wheezing) found in patient after treatment.
- 5) Bhashya kashtata relives & patient have proper sleep.

#### Conclusion:-

1. It is found that the drug is highly effective in reliving *Shwaskrucchata*, *Ghur-Ghurk dhwani*, *Kasa*, *Kashten Shleshma Moksha*, *Krucchen Bhashya kashtata* and *Anidra*.
2. The drug *Bharangyadi Leha* reduces respiratory rate effectively and increases peak expiratory flow rate and sustained maximal inspiration.
3. The drug *Bharangyadi Leha* also may act on *Mulasthanas* of *Pranvaha Strotas* i.e. *Aamashaya*, *exert Deepan*, *Pachan* and

*Watanuloman* action and thus bring *Kapha* and *Vata Dosha* in *Samyastha* and effective in controlling *Tamak Shwas*.

#### References:-

- 1) Charakacharya: Charak samhita vol 2 with Charak Chandrika, edited by Bhramhananda Tripathi, Chaukhamba Sanskrit Sansthan, Chikitsa Sthan Chapter no 17, page no 147.
- 2) Harrison's Medicine 2 nd volume 16 th edi, chap 236, page 1508.
- 3) Dravyagun Vidnyan-By Pra. Gogte Page 549.
- 4) Database on medicinal plant in ayurveda vol 1, page 73.
- 5) Charakacharya: Charak samhita vol 2 with Charak Chandrika, edited by Bhramhananda Tripathi, Chaukhamba Sanskrit Sansthan, Chikitsa Sthan Chapter no 17, shlok no 55-62.
- 6) Charakacharya: Charak samhita vol 2 with Charak Chandrika, edited by Bhramhananda Tripathi, Chaukhamba Sanskrit Sansthan, Chikitsa Sthan Chapter no 17, shlok no 45.

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