International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

ISSN:2347-6567

IJAMSCR |Volume 5 | Issue 2 | Apr - Jun - 2017
www.ijamscr.com

Research article *Medical research*

Clinical evaluation of the virechana therapy along with an indigenous compound in the management of tamak shwasa (bronchial asthma)

Dr. Poonam Sharma*[1] and Prof. (Dr.) O. P. Gupta[2]

[1]*Ph. D. Scholar, Srimanta Sankaradeva University of Health Sciences, Guwahati, Assam-781032(India)*

[2]*Ph. D. Supervisor, Srimanta Sankaradeva University of Health Sciences, Guwahati, Assam-781032(India)*

Ex-Head, Department of Kaya Chikitsa, Govt. Ayurvedic College & Hospital, Guwahati – 781014 (India)

***Corresponding Author: Dr. Poonam Sharma**

Email id: poonam.sharmadr@gmail.com

ABSTRACT

Tamak Shwas is a disease of respiratory system where the patient feels difficulty in breathing and it can be correlated to Bronchial Asthma in modern parlance. The disease Shwas as described in Ayurveda is of 5 varieties out of which 3 types of Shwas are stated to be incurable, while one of them doesn't need any treatment only rest is sufficient, whereas the "Tamak Shwas" has an important place in relation to chikitsa i.e. treatment and management as it is termed as Yapya, i.e. palliative. Tamak Shwas i.e. Bronchial Asthma can be managed with proper therapy. In this context Virechana plays an important role in its management as it is stated "Tamaketu Virechanam" in context to the treatment of Tamak Shwasa. A Study has been carried out to evaluate the effect of Virechana Therapy along with an Indigenous preparation in the management of Tamak Shwasa (Bronchial Asthma). For this an indigenous Compound drug (Shirish, Guduchi and Vasaka) was prepared in the form of Ghan Vati and Virechana Dravya consisting of Guduchi Satva, Triphala Churna and Eranda Taila was advocated in two different groups each consisting of 20 patients. Group A was given only trial drug in a dose of 1gm (two tablets) thrice daily with warm water while patients in Group B were advised to take Virechana Therapy for 7 days prior to trial drug therapy. The effect was compared and found to be encouraging with fewer side effects.

Keywords: *Tamak Shwasa, Virechana, Bronchial Asthma, Shirish, Guduchi*

INTRODUCTION

Ayurveda, the Science of life has an enormous stock of knowledge regarding health and longevity. When we go into the details of the disease given by the ancient preceptors of Ayurveda, it is found that complete and full description of the disease and the treatment are available despite of the fact that most of the Ayurvedic literature were destroyed by the foreign invaders. Tamak Shwasa as a disease entity with its sign & Symptoms along with clinical

features, prognosis and treatment are correlated to Bronchial Asthma in modern parlance. Bronchial Asthma as defined by W.H.O. "a respiratory disorder characterized by recurrent attack of breathlessness and wheezing usually of allergic origin, which varies in severity from person to person. Asthma attack manifests with airway constriction, periodic episodes of gasping wheezing, chest lightness and coughing." [1]

Regarding the treatment of Bronchial Asthma several bronchiodilators, corticosteroids, anti-cholinergics and several other drugs are available but their use is restricted due to long term side effects and dose dependency. This shows that need of search of some alternative medicine is highly desirable [2].

In Ayurveda Sanshaman and Samsodhana Therapy are advised for the proper treatment of the disease. Virechana therapy is emphasized along with other medications for proper and effective management, as it is stated that "Tamketu Virechanam." In Charak Samhita (Chi/17/121) it is clearly mentioned that in case of Tamak Shwasa virechana therapy is advised with Sleshmahar Drugs and it is stated to be the best treatment for Pitta and Pittasthan. Since Tamak Shwasa is a pittasthan Samudbhava Vyadhi it justifies the use of Virechana Therapy for its treatment [3].

So keeping in view of the above facts, the following clinical trial was carried out to evaluate the effect of Virechana therapy in the management of Tamak Shwasa (Bronchial Asthma) with following aims and objects [4,5]:

AIMS & OBJECTIVES

1. To evaluate the clinical efficacy of Virechana Therapy in the proper management of Bronchial Asthma
2. To study any untoward effect of the indigenous compound drug and the Virechana therapy.

DRUG PREPARATION

Indigenous trial drug was prepared consisting of Shirish (Albizzia lebbeck Benth.), Guduchi (Tinospora cordifolia (Wild) Meirs.) and Vasaka (Justicia adhatoda Linn.) in the form of Ghana Vati (Tablets) of 500 mg each. The herbs are well known for their anti-allergic, immune-modulatory, expectorant and broncho-dilatory properties [7].

For Virechana therapy Guduchi Satva, Triphala Churna and Eranda Taila were selected in definite proportions. These are well known mild purgative, kapha-pitta alleviating properties and vatanulomak action.

CLINICAL TRIAL

Trial methodology

An open Clinical Trial was conducted on 40 patients.

Selection of patients

Patients having Sign and symptoms of Bronchial Asthma like recurrent Dyspnoea, Cough and Wheezing were selected for the study.

Allocation

Selected patients were divided into two groups with twenty patients in each group. Group A patients were treated with Trial Drug only. And Group B patients were treated with Virechana prior to Trial Drug Therapy.

Inclusion criteria

Patients of age group 10 to 70 years with cardinal sign and symptoms were selected for the study.

Exclusion criteria

Patients with age below 10 years and 70 years having other allied complications like pneumonia. COPD, Pulmonary TB etc. were excluded from the study.

Dose

Group A – all the patients in group A were given two tablets (500 mg each) thrice daily with lukewarm water.

Group B – Patients were given Virechana therapy for one week consisting of Giloy satva 2 gms, Triphala Churna 5 gms and Eranda Taila 5 ml in a single dose at bed time with lukewarm water before starting the trial drug therapy.

Duration of treatment

Total Duration of Treatments was of 45 days. All the cases of both the groups went methodical investigations before and after the treatment [6, 8].

Criteria for assessment of treatment

Data for Demographic and clinical profile were collected and arranged by statistical methods. The study was done by adopting proper Subjective (Dyspnoea, Cough and Wheezing) and Objective (viz. Respiratory Rate, Breath Holding Time, Peak Expiratory Flow Rate and Absolute Eosinophil Count) criteria [9].

Data analysis

The data thus obtained were then organized and summarized using the method of frequency distribution and z-test was applied to compare the results of the two groups [10].

RESULTS

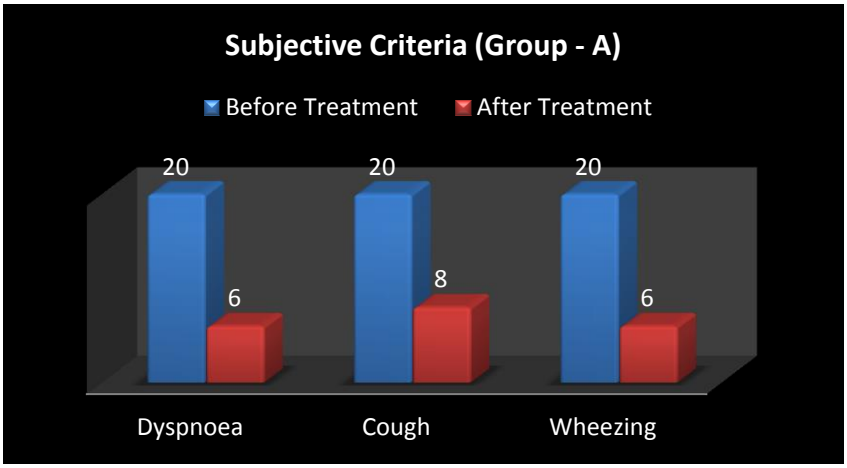

Figure 1: Effect on Dyspnoea Cough & Wheezing in Group – A

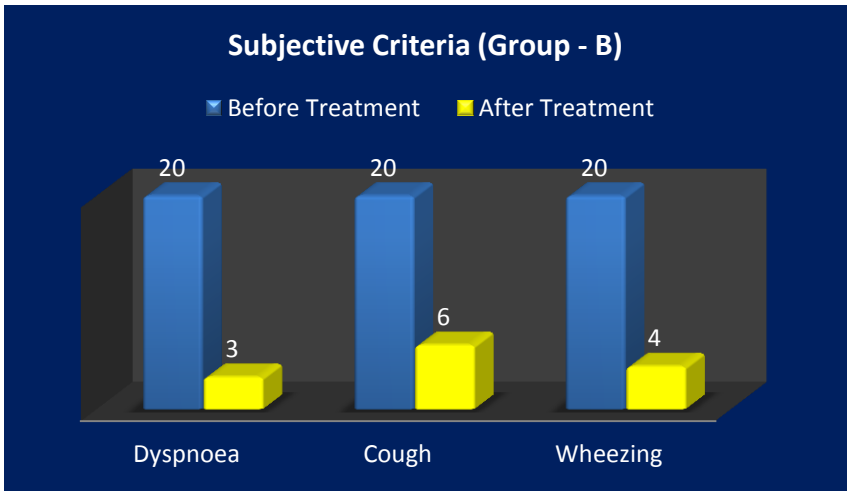

Figure 2: Effect on Dyspnoea Cough & Wheezing in Group – B

The Figure-1 & Figure-2 shows that symptoms of Dyspnoea, Cough and Wheezing were relieved both in Group A & B after treatment. But the results were more pronounced in Group B than Group A.

The symptoms were reduced to 30%, 40% and 30% respectively for Dyspnoea, Cough and Wheezing in Group-A while in Group B it was reduced to 15%, 30% and 20% respectively.

Table 1: Post Trial comparison of results in Group–A & Group-B

Criteria	Group - A M.D. (BT – AT)	Group – B M.D. (BT –AT)	S. D.	S. E.	Z-test	p-value
R. R.	5.15	3.68	± 1.7205	0.1787	11.8632	<0.001
B. H. T.	- 3.05	- 4.98	± 1.1392	0.1206	- 10.1756	<0.001
PEFR	- 35.10	- 48.09	± 15.8663	2.9831	- 5.8926	< 0.01
AEC	5.98	8.63	± 2.1520	0.2531	11.7381	<0.001

*R.R.-Respiratory Rate; B.H.T.-Breath Holding Time; PEFR-Peak Expiratory Flow Rate; AEC – Absolute Eosinophil Count

The Table-1 shows the comparison of the values between two groups before and after the treatment and z-test of significance was highly significant. Which shows that the Group-B, Virechana Therapy prior to drug treatment got significant relief in comparison to Group-A with a p-value <0.001 in case of Respiratory Rate, Breath Holding Time, AEC and significant with a p-value of <0.01 in case of PEFR.

CONCLUSION

Thus the conclusion of the study can be made in the following way – All total 40 patients were selected for the clinical trial. Out of them maximum number of patients were from age group of 20 – 40 years, of male gender, hindu religion. Maximum patients were students from middle socio-economic status and from urban area. Majority of them were atopic and addictive to smoking. Most of the cases were Non-Vegetarian.

Patients in both the Groups got significant changes but comparison score of both the groups was also highly significant (p value <0.001) which shows that therapy given to Group B (Trial Drug with Virechana) was more effective in the management of Tamak Shwas i.e. Bronchial Asthma.

REFERENCES

[1]. B. Tripathi, Astanga Hridayam of Vagbhatta's, Published by Choukhamba Surbharati Prakashan, Varanasi, 2003.
[2]. Satyanaryan Shastri, Charak Samhita, Published by Choukhamba Prakashan Varanasi, I, II, 1998;
[3]. Dr. P. V. Sharma, Dravya Guna Vigyan, Choukhamba Bharati Academy, Varanasi, I, II, 2005.
[4]. A Shastri, Shushruta Samhita With Dalhana's Commentary, Choukhamba Sanskrit Samsthan, Varanasi, 2002,
[5]. K. D. Tripathi, Essentials of Medical Pharmacology, JP Brothers Medical Book Publications, New Delhi, 2008.
[6]. Lawrence M. Tierney, Current Medical Diagnosis and Treatment, Mc Graw Hill Education, USA, 2007.
[7]. Christopher Haslett, et al, Davidson's Principles & Practice of Medicine, Churchill Livingstone, UK, 2002,
[8]. P. C. Das, Textbook of Medicine, Current Books International, Calcutta, 1998.
[9]. S. K. Choudhuri, Concise Medical Physiology, Published by New Central Book Agencies, Calcutta, 1998.
[10]. Harshamohan, Textbook of Pathology by JP Brothers Medical Book Publications, 2000.

How to cite this article: Dr. Poonam Sharma and Prof. (Dr.) O. P. Gupta. Clinical evaluation of the virechana therapy along with an indigenous compound in the management of tamak shwasa (bronchial asthma). Int J of Allied Med Sci and Clin Res 2017; 5(2): 616-619.
Source of Support: Nil. **Conflict of Interest:** None declared.