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# Effect of Shrishadyavaleh with Virechana for Tamakaswasa W.S.R. Bronchial Ashtma relating to Children and Adult Health

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## Abstract

Bronchial asthma is commonly called as asthma, is a chronic disease of respiratory tract which is associated with inflammation of the airways of the lungs that causes coughing, wheezing, shortness of breath, and chest tightness.

Since, asthma is caused by inflamed airways. Swelling and muscle tightness can cause the airways to become narrow, thus limiting the supply of air to the lungs. This makes it hard for the person to breathe which eventually leads to an asthma attack.

Patients were selected based on presence of classical symptoms these divided into two group gives them Shrishadyavaleh with Virechana at dose dependent manner.

As, this is concluded that the effect of Shrishadyavaleh With Virechana on asthma is useful to cure in elevation manner.

**Keywords:** Bronchial asthma; Chronic disease; Respiratory tract; Lungs; Virechana

allergy and inflammation [4]. According to the World Health Organization, there are around 15-20 million bronchial asthma patients in India [5].

Tamaka Swasa is mentioned as one of the variety among five types of Swasa. Tamaka Swasa is a Swatantra Vyadhi having its own etiology, pathology and Management. It is mentioned as Yaapya Vyadhi. Bronchial asthma mentioned in Modern Medicine closely resembles with Tamaka Swasa [6].

Bronchial Asthma is a major chronic airway disorder. It is a serious public health problem in countries throughout the world. Asthma affects peoples of all age and can be severe, sometimes fatal over two million people worldwide are suffering from Asthma, the prevalence is also increasing among children very fast [7].

As with all chronic diseases, rising prevalence is only part of the concern related to children. Mortality due to asthma one in last decade and has not changed in recent years. Morbidity due to exacerbations and persistent symptoms present as a huge burden to individuals the community for e.g. in the United States, over two million school days were lost in one year by children asthma. The consequent lost productivity of their parents was almost 1 billion, many chronic diseases asthma often appears early in childhood [8]. The life-long consequences inadequately treated asthma can be substantial. A major burden of asthma falls on the developing world especially in terms disability adjusted life years. The extent of Burden of asthma is related to it. Although patients with severe asthma are in number than those with milder asthma with inadequately controlled severe asthma expenditure in health care cost especially hospitalization.

Asthma may be defined based on pathology of functional consequences as Asthma, is a health inflammatory disorder of the airways in cells plays a role mast T-lymphocytes [9]. In susceptible his inflammation causes recurrent episodes of wheezing, breathlessness, chest tightness and cough particularly at night, or in the early morning. These symptoms are usually associated with wide spread but variable air flow limitation that is at least party reversible either spontaneously

## Introduction

Asthma is related with mast cells, eosinophils, and T lymphocytes [1]. The most important, Mast cells (allergy-causing cells that release chemicals like histamine). But, Histamine nothing but substance that causes nasal stuffiness and dripping in a cold or hay fever, constriction of airways in asthma, and itchy areas in a skin allergy [2]. Eosinophils (type of white blood cell), which is associated with allergic disease [3]. T lymphocytes (white blood cells), which is associated with

or with treatment. The inflammation also causes associated increase airway responsiveness to a variety of stimuli [10].

So, its emerging need of innovative way to treat Asthma because of increasing incidence.

## Materials and Methods

### Place of study: Multicentric

Patients were selected based on presence of classical symptoms of Tamaka Swasa Patients were than subjected to the detailed clinical history and physical, examination based on specially prepared Research Proforma (Questioner). Total 30 patients were registered for this study. All the patients were randomly divided into two groups as follows. We took writer consent form from each patient. Those who are not ready to give consent form, that patient excluded from the study.

### Virechana-Avaleha group (A)

In this group, 12 patients were given Shirishadyavaleha in dose of 10 g bid for duration of 1 month after performing Virechana Karma. Out off these 10 have completed the course.

### Avaleha group (B)

In this group 18 patient were given Shirishadyavaleha in dose of 10 g bid for 1 month out of these 13 have completed the course. The tone of this study is both conceptual and clinical. Clinical study includes observations and results obtained in present study followed by discussion and conclusion which was observed in present study.

### Clinical contrive

To assess the efficacy of remedy Shrishadyavaleha, scientific clinical study has been designed. This clinical trial carefully and ethically designed experiment with an aim to answer precisely framed questions. It is a mean to evaluate the efficacy and tolerability of a treatment Human beings. Details of clinical study are as follows.

### Constituents of drugs

The drug clinical trial was Shirishadyavaleha. Shirisha, Vasa, Bharangi, Kantakari, Pippali, Hritaki in equal parts. Arka Pushpa and Trijata was used as Prakshepa dravya (1/20<sup>th</sup> part) Avaleha preparation in the form of Gudavaleha was prepared with Purana Guda.

### Criteria of assessment

Improvement in Rogabala along with Deha, Agni and Chetasa bala was considered for assessment in this study an effort has been made to follow the guidelines laid down by

Acharya Charka for assessment of Results. Total 100 score has been divided in following. Rogabala, Dehabala, Agnibala and Satvabala.

### Roga-Balal (60 score)

Roga Bala has been given 60 score out of 100 for of degree of disease activity and symptoms. This score has been further subdivided as following.

**Swasa Kashtata (25 score):** It has been further divided as Dyspnoea: 5 score, Duration: 4 score, Intensity: 4 score, Presence of pranavaha Sroto Dusti Lakshana: 4 score, Frequency: 4 score, Asino Labhate Saukhyam: 4 score.

**KAASA (10 score):** It has been further divided as Kaasa: 4 score, Kaasatah Sanniruddhyate: 2 score, Kaphanishtivanama: 2 score, Shleshma Vimokshante Saukhyama: 2 score.

**Associated symptoms (25 score):** It has been further divided as Peenasa: 2 score, Parshvashula: 2 score, Kanthodhvansana: 2 score, Ushnabhinandati: 2 score. Trita/Vishushkasyata: 2 score, Wheeze: 5 score, A.E.C.: 5 score, Peer: 5 score.

### Agnibala (20 score)

It has been further divided as Jaranashakti: 6 score, Abhyavaharanashakti: 6 score, Ruchi Hi Aaharakale: 4 score, Vata Mutra Purisha Retasam Mukti: 4 score.

### Dehabala (10 score)

It has been further divided as Balavridhhi: 4 score, Swara V ama Yoga: 4 score, Sharira Upachaya: 2 score.

### Satvabala (10 score)

It has been further divided as Nidra Labhoyathakalam: 4 score, Sukhena cha pratibodhanam: 2 score, Vaikarikanam Cha Swapnam Adarshanam: 2 score, Mano Buddhi Indriya Avyappatti: 2 score.

## Results

### Effect of therapy

For the assessment of results, an effort has been made to use the classical tools of assessment as described by Charka. As classical references, for the assessment of results, four criteria's i.e. Roga Bala, Deha bala, Agni Bala, Chetasa Bala were adopted.

For Statistical analysis, to make these criteria more objective an effort has been made to give scores to all subjective criteria. Effect of therapies on Roga Bala shown in **Table 1** and as well as Effect of therapies on Angi Bala shown in **Table 2**.

Effect of therapy on Deha Bala shown in **Table 3**. Effect of therapy on Chetsa Bala shown in **Table 4**.

**Table 1** Effect of therapies on Roga Bala.

Variables	Virechana-Avalera			Avaleha		
	N	% relief	Significance	n	% relief	Significance
Frequency	10	52.77	P<0.01	13	36.36	P<0.01
Duration	10	52	P<0.01	13	38	P<0.01
Intensity	10	4.8	P<0.01	13	37.65	P<0.01
Dyspnoea	10	61.11	P<0.001	13	42.71	P<0.001
Pranavaha Srotodushti Lakshana	10	43.47	P<0.01	13	39	P<0.01
Asinoa Labhate Saukhyam	10	61.90	P<0.001	13	32.80	P<0.05
Kaasa	9	54.90	P<0.01	13	51.51	P<0.001
kaphanishtivanama	8	49.77	P<0.001	12	33.14	P<0.05
Shleshma Vimokshante Saukhyam	6	50	P<0.05	10	18.18	P<0.05
Kasatah Sannirddhyate	5	71.42	P>0.05	10	7.14	P>0.05
Wheeze	10	66.66	P<0.001	13	45.67	P<0.001
Ronchi Crypts	10	67.18	P<0.01	13	33.22	P<0.001
Peenasa	9	63.40	P<0.01	13	42.71	P<0.01
Urah/Parshvashula	8	61.53	P<0.05	10	21.42	P<0.05
Kanthodhasasana	8	68.92	P<0.05	9	36	P<0.05
Trit/Vishushkasyata	8	43.50	P<0.05	9	24.81	P<0.05
Ushnabhinanada	8	46.40	P<0.05	12	20	P<0.05
Absolute Eosinophil Count	10	24.79	P<0.05	13	25.57	P<0.5
PEFR	10	21.32	P<0.001	13	6.30	P<0.5

**Table 2** Effect of therapies on Angi Bala.

Variables	Virechana-Avalera			Avaleha		
	N	% relief	Significance	n	% relief	Significance
Jaranashakit	10	60.68	P<0.01	13	39	P<0.001
Abhyavaharnashakti	10	50	P<0.01	13	34.21	P<0.01
Aruchi	10	42.10	P<0.05	13	36.23	P<0.01
Vata Mutra Purisha Retasa Mukti	10	66.66	P<0.001	13	46.12	P<0.001

## Discussion

### Effect of therapy in Virechana Avaleha group (VA group)

To patients who have completed treatment in this group have showed 49.89% relief in Roga Bala, 59.80% on Deha Bala, 53.88 on Agni Bala and 52.45% on Chetasa Bala. Average percentage improvement obtained in this group was 51.93%. Thus in V.A. group good improvement was seen on all these parameters i.e. Roga Bala, Deha bala, Agni Bala, Chetasa Bala.

All sign and symptoms show, significant improvement in Roga Bala except Sheleshma Vimokshanate Saukhyam, Katah Sanniruddhyate. Trit and Ushnabhinanadati. Objective parameters of Roga Bala i.e. P.E.F.R. was increased by 21.32% where as A.E.C. reduced by 24.79%.

Improvement in Agni Bala and Deha Bala was also significant on all the symptoms of Deha and Agni Bala except on Sharira Upachaya i.e. weight gain. But no weight again was observed in single patient which indicates involvement of Rasadi Dhātu in pathogenesis.

Improvement in Chetasa Bala was also significant except on Vaikarika Swapna, that improvement in Chetasa Bala is due to relief in Roga Bala obtained after treatment due to relief in Swasakashtaka, Kaasa, Peenasa etc. The patients can perform all his routine activities and feels better. Thus, improvement in Sharira Bala plays a major role in improvement of Chetasa Bala. It shows interdependence between Sharira and Mana in every disease process. On Haeamatocrit Value, Eosinophil Count was reduced by 26.76% also decline in all Haeamatocrit values was observed but all these are statistically insignificant.

### Effect of therapy in Avaleha group (A)

In this group 13 Patients have completed course of treatment. Out of these 43.33% showed improvement in Roga Bala. 50.81% improvement was seen in Agni Bala, 56.19% improvement was observed in Deha Bala where as 63.20% improvement was noticed in Chetasa Bala. Thus, total improvement in A valeha group recorded was 32.46%.

All sign and symptoms included in Roga Bala shows significant improvement except shleshma Vimokshante Saukhyam. Kasatah Sanniruddhyate, Parsva Shula, Trit and Ushnabhinanadati. Objective parameter of Roga Bala i.e. P.E.F.R. was just increased by 6.30% where as A.E.C. was reduced by 25.27%. This change in A.E.C. was slightly greater than that obtained in Virechana-A veleha group.

All signs and symptoms included- in Deha Bala, Agni Bala and Chetasa Bala showed significant improvement in this group. In this group also so improvement was observed on Sharira Upachaya i.e. weight gain. Following results were obtained on Haecamatorit vlues, Eosinophil count was reduced by 41.95% which is almost double than that of virechana group. Neutrophil and T.L.C. was increased significantly whereas Haemoglobin was reduced.

**Table 3** Effect of therapy on Deha Bala.

Variables	Virechana-Avalera			Avaleha		
	N	% relief	Significance	n	% relief	Significance
Balavridhi	10	45	P<0.05	13	42	P<0.001
Swara Varna Yoga	10	66.66	P<0.001	13	53.07	P<0.01

**Table 4** Effect of therapy on Chetsa Bala.

Variables	Virechana-Avalera			Avaleha		
	N	% relief	Significance	n	% relief	Significance
Nidra	10	5.50	P<0.001	13	68.66	P<0.001
Sukhena-Cha-Pratibodhanam	10	58.82	P<0.01	13	47.47	P<0.001
Mano-Buddhi Indriya ayappatti	10	50	P<0.01	13	56.52	P<0.001
Vaikarika Swapna	6	71.82	P<0.05	13	57.39	P<0.01
HB	10	71.82	P<0.05	13	2.38	P<0.05
ESR	10	0.2	P<0.05	13	11.78	P<0.05
N	10	5.48	P<0.05	13	4.91	P<0.05
L	10	7.3	P<0.05	13	5.02	P<0.05
E	10	26.76	P<0.05	13	41.95	P<0.05
TLC	10	3.33	P<0.01	13	26.72	P<0.05

## Conclusion

Average percentage improvement observed in total score was 51.93% in Virechana Avaleha group where as 37.46% improvement was reported in Avaleha group 20% of patients had got complete remission in Virechana Avaleha group whereas no complete remission was seen in A veleha group. 40% of patient attained markedly improvement in V.A. group where as it is only 23.07% in Avaleha group 69.23% patient

had improved in Avaleha group where ~sit is only 20% V.A, group no patient remains unchanged in both these groups. In nut shell Virechana with Shirishadyavaleha have more creditability in bringing out stable and maximum improvement in Tamaka Shavsas. Hence it can be said that Virechana may form important part of Asthma management.

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