

# Role of Yashtimadhu Phant with Narayan Taila in TamakaShwasa

Dr. Sachinkumar S. Patil<sup>1</sup>, Dr. Pranjal D. Raorane<sup>2</sup>

<sup>1</sup>Ph. D. Kayachikitsa, M.D. Kayachikitsa, Associate Professor & Guide, Department of Kayachikitsa, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune

<sup>2</sup>P.G. Scholar, P.G. Department of Kayachikitsa, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune, India

**Abstract:** *Bronchial asthma is a reversible, chronic inflammatory disease of the airways. It leads to recurrent episodes of wheezing, breathlessness, tightness of chest and cough particularly at night or early morning. Asthma is a Greek word meaning 'noisy breathing that we first see.' In Ayurveda, bronchial asthma can be co-related with TamakaShwasa. It is a disease which is Kapha and Vata doshas predominant and disease of PranavahaStrotas. In this disease, Vata is obstructed in its movement by Kapha, spreading in all directions, vitiates the channels of Prana, producing Shwasa. Hence, an Ayurvedic formulation of YashtimadhuPhant with NarayanTaila is administered to the patient. A case study for the effectiveness of YashtimadhuPhant with NarayanTaila as an adjuvant therapy was conducted in our IPD. Clinically, there was significant reduction in the symptoms of the patient and improvement in the health after the treatment on VAS scale.*

**Keywords:** Bronchial asthma, TamakaShwasa, PranavahaStrotas, YashtimadhuPhant, NarayanTaila

## 1. Introduction

Bronchial asthma is a chronic inflammatory disease of the airways which can affect people of all age groups. It is associated with airway hyper-responsiveness. It leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or early morning. In asthmatic patients, airway inflammation usually persists even during asymptomatic periods. Though symptoms and bronchospasm are intermittent, airway inflammation is persistent. In India, the prevalence of asthma has been found to be around 7%. However, it has been reported to vary from 2% to 17% in different study populations.

Aetiologic factors of asthma are divided into two groups: inducing factors and trigger factors. Inducing factors induce asthma in susceptible persons and these include genetic factors, obesity, viral infections in early life and exposure to tobacco smoke. Trigger factors such as allergens, environment, vigorous exercise, viral infections, certain drugs, occupations and psychological factors like stress, can provoke symptoms in subjects already having asthma.

Airway hyper-activity - the tendency for airways to narrow excessively in response to triggers that have little or no effect in normal individuals - is integral and appears to be related to airway inflammation. Other factors likely to be important in the behaviour of airway smooth muscle include the degree of airway narrowing and neurogenic mechanisms. Typical symptoms include recurrent episodes of wheezing, chest tightness, breathlessness and cough. Asthma characteristically displays a diurnal pattern, with symptoms and lung function being worse during night and early morning.

The signs, symptoms and aetiopathogenesis of Bronchial Asthma explained in modern science have a lot of similarities with the disease TamakaShwasa mentioned in

Ayurvedic texts. TamakaShwasais one of the five types of Shwasa vyadhi. It comprises of two words i.e. Tamaka and Shwasa. The word 'Tamaka' is derived from the 'Tamoglanou' dhatu which means darkness. Whereas, the word 'Shwasa' is derived from the root word 'Shwas' dhatu by applying Ghanjpratyaya. It implies for both Vayu vyapara and Roga bheda. It represents both physiological as well as pathological respiration. The disease is called 'Tamaka' as attack of this disease precipitates mostly during night and during the state of attack dyspnoea becomes so severe that the patient feels entering into the darkness.

According to Ayurveda, the main trigger factors for TamakaShwasa are Dhooma(smoke), Dhula (dust), Ativyayama (excessive work or exercise), Sheeta sthan niwas(residing in areas with cold atmosphere), Guru bhojana (heavy diet) and Sheeta bhojan(cold food). These factors lead to vitiation of Vata dosha which in turn vitiates the Kapha dosha leading to vitiation of Rasa dhatu and obstructing the function of Prana vayu. According to Acharya Charak, Vata dosha is covered by the Avarana of Kapha in this disease. Therefore, he mentions Tamakashwasa as a Kapha-vataja Vikara.

### 1.1 Aim

To assess the efficacy of Yashtimadhu phant with Narayana taila as an adjuvant therapy in the management of TamakaShwasa.

### 1.2 Objectives

- 1) To study the aetiopathogenesis of Bronchial Asthma (TamakaShwasa) from available Ayurvedic and modern literatures.
- 2) To study the properties of Yashtimadhu phant and Narayana taila from available Ayurvedic literatures.

## 2. Materials and Methods

A case study of *TamakaShwasa* was managed with *Yashtimadhu phant* and *Narayana taila* as an adjuvant therapy to concomitant medications.

Case Report: -Patient's Name - A.B.C.

Age - 60 years / Male

C/o - 1. Cough with expectorant, 2. Chest pain, 3. Breathlessness, 4. Bipedal Oedema.

K/c/o - Bronchial Asthma since 1 year. On foracort inhaler.

Addiction history - Chronic bidi smoker since 25 years. 10 bidis per day.

*Ashtavidha Parikshan* -

1. *Nadi* - 116/min. 2. *Mala* - *Samyak*
3. *Mutra* - *Samyak*. 4. *Jivha* - *Nirama*.
5. *Shabda* - *Spashta*. 6. *Sparsha* - *Anushna*.
7. *Druk* - *Prakruta*. 8. *Akruti* - *Madhyam*.

Systemic examination -

RS - AEBE, bilateral wheezes.

CVS - S<sub>1</sub>S<sub>2</sub> tachy

CNS - conscious and oriented.

P/A - soft.

RR - 30/min

SPO<sub>2</sub> -91% @ Room Air (R.A.)

Management -

*Yashtimadhu phant* 40ml with *Narayana taila* 5ml is given in two divided doses for 8 days as an adjuvant therapy.

During IPD stay, patient was treated with -

1. Inj. Clavum 1.2gm I.V. TDS for 5 days.
2. Tab. Azee 500mg 1 OD for 3 days.
3. Syp. Deriphylline BM 2tsf TDS for 5 days.
4. Nebulization with Duoline 6hrly and Budecort 8hrly for 5 days.

On discharge - Patient was shifted on Foracort rotacaps 2 puff BD and also *Yashtimadhu phant* with *Narayana taila* for 3 days.

## 3. Observations and Results

**Table 1:** Assessment of the patient before treatment, mid treatment and after treatment. (by VAS Scale)

Symptoms	Before Treatment Day 0	Mid Treatment Day 5	After Treatment Day 8
<i>SakashtaShwasa</i>	8	6	4
<i>SakaphaKasa</i>	8	7	5
Chest pain	7	5	4
Wheezing	8	5	3
RR	30/min	28/min	24/min
SPO <sub>2</sub>	91% @ R.A.	93% @ R.A.	94% @ R.A.

Statistical analysis -

% of relief was calculated by applying VAS scale before and after treatment.

100 X IPO - IPL/IPL

Where, IPO - score on initial day of assessment (Day 0).

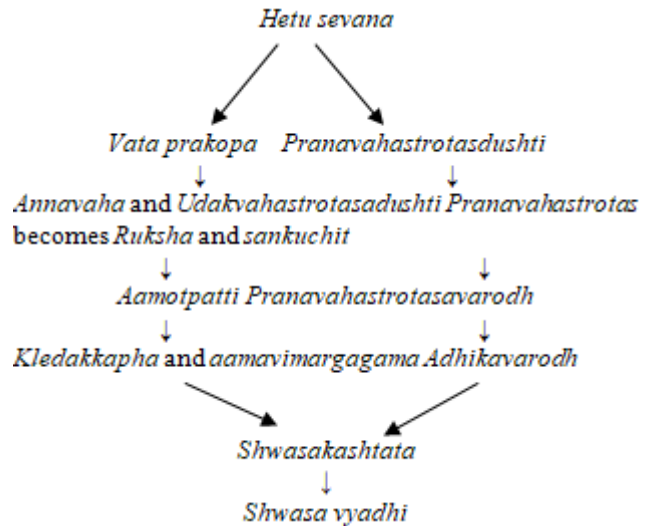
IPL - score on last day of assessment (Day 8).

**Table 2:** Percentage of relief from symptoms

Symptoms	% of relief
<i>SakashtaShwasa</i>	50
<i>Sakaphakasa</i>	37.5
Chest pain	43
Wheezing	62.5

## 4. Discussion

*Samprapti* of *Shwasa vyadhi* -



Probable mode of action of *Yashtimadhu phant* with *Narayana taila* in *TamakaShwasa* -

1. *Yashtimadhu* - Latin name: *Glycyrrhiza glabra*. Family: Leguminosae.

a) *Rasa* - *Madhura*, b) *Vipaka* - *Madhura*, c) *Veerya* - *Sheeta*, d) *Gunas* - *Guru* and *Snigdha*.

It acts as expectorant due to its *Madhura rasa* and *Snigdha guna*. It reduces the stickiness of *Kapha dosha* due to its *Snigdha guna*. It pacifies *Vata dosha* by its *Guru, Snigdha gunas* and *Madhura rasa*.

2. *Narayana Taila* -

Contents - *Shatavari, Ashwagandha, Bala, Dashmoola*, etc. This *taila* contains all *Vataghna* and *Kaphaghna* drugs. It is a best *Vataghna* oil. It is useful in external application as well as oral administrations. It can be used in any form treatment like *Nasya, Abhyanga, Basti* or *Paana*. This oil relieves aches and pains. It decreases the *rukshata* and *sankoch* of *Pranavahastrotas*. It also strengthens the sense organs.

The symptoms of *TamakaShwasa* like *Sakashtashwasa, Sakaphakasa*, Chest pain and wheezing were found to be significantly reduced by the use of *Yashtimadhu phant* with *Narayana taila*. *Sakashtashwasa* showed 50% relief, while *Sakaphakas* showed 37.5% relief. The chest pain symptom was relieved by 43% whereas the wheezing shows 62.5% relief. Also, there were improvements in factors of RR and SPO<sub>2</sub>. RR was reduced to 24/min from 30/min whereas, SPO<sub>2</sub> increased to 94% @ R.A. from 91% @ R.A.

## 5. Conclusion

Therefore, it can be concluded that *Yashtimadhu phant* 40ml with *Narayana taila* 5ml is effective in the management of *Tamakashwasa* as an adjuvant therapy. It has beneficial effects on *Sakashtashwasa*, *Sakaphakasa*, Chest pain, Wheezing RR and SPO<sub>2</sub>.

## 6. Further Scope of Study

The above findings were noted in a single case. But to prove its efficacy, further studies can be carried out on a larger scale, for a longer duration in patients with *TamakaShwasa*.

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