Role of Yashtimadhu Phant with Narayan Taila in TamakaShwasa

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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. TamakaShwasa is 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 vypapara 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), Atityayama (excessive work or exercise), Sheeta shhan 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 aetio-pathogenesis of Bronchial Asthma (TamakaShwasa) from available Ayurvedic and modern literatures.
2) To study the properties of Yashtimadhu phant with Narayana taila from available Ayurvedic literatures.
2. Materials and Methods

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

Case Report: -Patient’s Name - A.B.C.
Age - 60 years / Male
K/c/o - Bronchial Asthma since 1 year. On foracort inhaler. Addiction history - Chronic bidi smoker since 25 years. 10 bids per day.

Ashtavidha Parikshan -
1. Nadi - 116/min. 2. Mala - Samyak

Systemic examination -
RS - AEBE, bilateral wheezes.
CVS - S₁ S₂ tachy
CNS - conscious and oriented.
P/A - soft.
RR - 30/min
SPO₂ -91% @ Room Air (R.A.)

Management -
Yashimadhu phant40ml with Narayana taila5ml 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 Yashimadhu 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)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before Treatment Day 0</th>
<th>Mid Treatment Day 5</th>
<th>After Treatment Day 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>SakashtaShwasa</td>
<td>8</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Sakapkhaka</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Chest pain</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Wheezing</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>RR</td>
<td>30/min</td>
<td>28/min</td>
<td>24/min</td>
</tr>
<tr>
<td>SPO₂</td>
<td>91% @ R.A.</td>
<td>93% @ R.A.</td>
<td>94% @ R.A.</td>
</tr>
</tbody>
</table>

Statistical analysis -
% of relief was calculated by applying VAS scale before and after treatment.
100 X IP0 - IPL/IPL
Where, IP0 - score on initial day of assessment (Day 0).
IPL - score on last day of assessment (Day 8).

4. Discussion

Samprapti of Shwasa vyadhi -

Yashtimadhu phant with Narayana taila in TamakaShwasa -
a) Rasa - Madhura, b) Vipaka - Madhura, c) Veerya - Sheeta, d) Guna - 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, Dashmoolaa, etc. This taila contains all Vataoghna and Kaphaghna drugs. It is a best Vataghnaoil. 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 rukshataand sankochhof Pranavahastrotas. It also strengthens the sense organs.

The symptoms of TamakaShwasa like Sakashtashwasa, Sakapkhaka, Chest pain and wheezingwere found to be significantly reduced by the use of Yashimadhu phant with Narayana taila. Sakashtashwasa showed 50% relief, while Sakapakhasashowed 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 SPO₂. RR was reduced to 24/min from 30/min whereas, SPO₂ 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 SPO₂.

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*.

References


