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“A Clinical Study On The Efficacy Of Drakshadi Yog In Management Of Tamaka Shwasa W.S.R.To Asthma In Child Hood”

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GUIDE

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Introduction

Ayurveda is primarily the science of positive health and secondary is the science for the cure of disease. Thus Ayurveda consists of the science of long and happy life.

Shwasa is one of the most distressing diseases and is quite common in all the socioeconomic strata in all the age groups and almost all over the world.

It is mentioned that child suffering from disease Shwasa exhales warm air¹. The word Tamaka Shwasa is found in Khilsthana 10th chapter while mentioning management².

Charkacharya has described various diseases which are fatal but while describing Shwasa and Hikka, these referred as Sadya Pranahara or Aashukari Pranahara Vyadhi. These diseases are considered to be Asadhya when there is intervention of Shwasa Vyadhi as Upadrava.

Shwasa can manifest itself as an individual disease, Purvaroop, Upadrava or as a Nidanarthakar Vyadhi. Any presentation of Shwasa Vyadhi is subjected to complication. It may hamper the qualitative social appearance of individual for a lifetime. So our Acharyas had specifically mentioned to treat Shwasakricchrata as early as possible.³

According to Charkacharya there are five types of Shwasa; Maha-shwasa, Urdhwa-shwasa, Chhinna-shwasa, Tamaka-shwasa, Kshudra-shwasa.⁴

The allopathic systems of medicine started classifying this disease only in the middle of 19th century. So many claims have been made by the different quarters in different schools of medicine about the treatment of this ailment but no successful treatment have so far been authentically brought out by any of them. Because of the faulty methods of living, scarcity of balanced diet and various other reasons the incidence of this disease is increasing day by day. There is no satisfactory treatment available for Tamaka Shwasa in allopathic medicine.

Objectives

1)To study etiopathogenesis of Tamaka Shwasa and Childhood Asthma in Ayurved and modern aspect in detail.

2)To assess the efficacy of Drakshadi Yog with Vasavleha in the management of Tamaka Shwasa.

Materials And Methods

Material- 60 diagnosed cases of randomly selected from OPD and IPD of Kaumarbhritya dept.and divided in to 2 groups of 30 each

Group A: Trial Group-30 patient

Group B: Control Group-30patient DRUG

GROUP A- TRIAL DRUG- DRAKSHADI YOG

GROUP B – CONTROL DRUG- VASAVALEH

Drug Review

GROUP A

Name	Haritaki ⁸	Pippali ⁸ (shushk)	Draksha ⁸ (dry)	Karkatshrungi ⁸	Duralabha ⁸
Latin name	<i>Terminalia chebula</i>	<i>Piper longum</i>	<i>Vitis vinifera</i>	<i>Pistacia integerrima</i>	<i>Fagonia Critica</i>
Ras	Kashaypradhan, lawan varjit pancharasa	Katu	Madhur	Kashay Tikt	Kashay, Tikt, Katu, Madhur
Veerya	Ushna	Anushn-sheet	Sheet	Ushna	Ushna
Vipak	Madhur	Madhur	Madhur	Katu	Madhur
Dosh	Tridosahar, visheshtah Vata shamak	Kaphahar, Vatahar	Vata-Pittahar	Kaphhar, Vatahar	Vatshamak, pittashamak
Guna	Laghu, Ruksh	Snigd, Laghu, Tikshna	Snigd, Mrudu.	Laghu, Ruksh	Laghu, Snigd
Karma	Kantha srotorodh-nashak, Anuloman.	Kaphakledan, vilayan.	Kapha-nissark,balya for lungs	Kaph-vata Shamak	Kapha Nissaraka

GROUP B:

Name	Vasa	Pippali
Latin name	<i>Adhatoda vasaka</i>	<i>Piper longum</i>
Rasa	Tikta, Kashay	Katu
Virya	Sheet	Anushna-sheet
Vipak	Katu	Madhur
Guna	Laghu, Ruksha	Snigdha, Laghu, Tikshna
Karma	Kapha-Pitta shamak	Kapha-Vata shamak

Methodology-

Preparation Of Drug:

For Group A: Drakshadi Yog

It will be prepared in pharmacy of Ayurved college by standard procedure as quoted in Sharangdhar Samhita for Churna.

For Group B : Vasavleha

Standardized drug will be purchased from market.

Place of Study :At OPD of Kaumarbhritya of our Hospital

Drug Regimen

Group	Trial Group(A)	Control Group(B)
DRUG NAME	Drakshadi Yog	Vasavaleh
DOSE	According to Sharangdhar Samhita as per age	According to Sharangdhar Samhita as per age
DURATION	30 days	30days
ANUPAN	Madhu-ghrut (Asaman matra 3:1)	Koshna jal
KAL	Pragbhakt 3times a day	Pragbhakt 3times a day
FOLLOW UP	1 st day, 7 th day, 15 th day, 30 th day	1 st day, 7 th day,15 th day,30 th day
ROUTE OF ADMINISTRATION	Orally	Orally

Criteria For Selection Of Patients :-

Selection Criteria:

Criteria for Inclusion:

- Age group between 5 yrs and 11 yrs.
- Patients irrespective of their sex, religion and socio-economical status.
- Patients with symptoms or having history of Tamaka Shwasa.
- Patients agreed for treatment & with informed consent.

Exclusion criteria

- Patient with associated symptoms of cardiac asthma, chronic bronchitis with acute exacerbation, acute bronchitis and status asthmatics, moderate persistent asthma, severe persistent asthma, acute severe exacerbation asthma cases, pulmonary TB.
- Patient who developed any complication during course of treatment will be drop out.
- Patients with any other systemic disorders.
- Patients with any congenital anomaly.
- Shwasa other than tamak shwasa according to ayurved

Subjective Criteria:-

Criteria for assessment:	Criteria	Grade
Frequency of Shwasa Vega	- No attack during 1 month - Frequency of attack once in a month - Frequency of attacks once in two weeks - Frequency of attacks once in a week	0 1 2 3
Kasa (3) (Cough)	-No cough -Cough present at night -Intermittent coughing day and night but not disturbing routine activity -Cough disturb routine activity	0 1 2 3
Shwasakrichhrata (3) (shortness of breath)	-No sign of shwaskrichhrta - Slight shwaskrichhrta after playing relived by rest -Shwas krichhrta on slight exertion like walking -Shwas krichhrta even at rest.	0 1 2 3
Kanthodwansam (3) (Irritation in throat)	- No kanthodwansam - Occasionakanthodwansam - Very often kanthodwansam - Always kanthodwansam	0 1 2 3
Asino labhyate Saukhym (3)	- Relief on lying position -Temporarily feels better in sitting posture -Sitting posture gives relief. -Spontaneous sitting posture can't sleep.	0 1 2 3

Objective Criteria:-

Observation	Criteria	Grade
Wheezing-	-No wheezing -Wheezing present on auscultation limited to single lobe -wheezing present on auscultation all over the lung -wheezing present without auscultation	0 1 2 3
Peak Expiratory flow Rate (4):	-Normal (> 80 %) -Mild <80% -Moderate<80%->60% -Severe <60%	0 1 2 3

Investigation-

- CBC,ESR
- Chest x-ray chest(if necessary)

Ise Distribution Observations Age W Ise Distribution

AGE	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen Tage
5TO 8	25	83.33%	23	76.6%	48	80.00%
8TO11	5	16.67%	7	23.33%	12	20.00%
Total	30	100 %	30	100%	60	100 %

Table no. 3 - Hygiene wise distribution

Hygien e	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen Tage
Good	2	6.67%	4	13.33%	6	10.00%
Moder ate	23	76.67%	17	56.67%	40	66.67%
Poor	5	16.67%	9	30.00%	14	23.33%
Total	30	100 %	30	100%	60	100 %

Table no. 4 – Socio-Economical status wise distribution

Socio- Econom ical class	Group (A)		Group (B)		Total	
	No. of patients	Percen Tage	No. of patients	Percen tage	No.of patients	Percen Tage
Good	2	6.67%	1	3.33%	3	5.00%
Moder ate	19	63.33%	19	63.33%	38	63.33%
Poor	9	30.00%	10	33.33%	19	31.67%
Total	30	100 %	30	100%	60	100%

Table no. 5 – OVERALL EFFECT OF THERAPY on 60 patients of PITTAJA MOOTRAKRICHCHHRA

Result	Group A		Group B	
	Number of patients	%	Number of patients	%
Excellent (76 to 100 %)	11	36.6%	7	23.33%
Good (51 – 75 %)	16	53.33%	19	63.33%
Fair (26 – 50 %)	3	10%	4	13.33%
Poor (below 25 %)	0	0.00%	0	0.00%

Results and conclusion

The effect of DRAKSHADI YOG (Group A) is significant than VASAVLEHA (Group B) for subjective criteria such as Frequency of Shwasa Vega, Shwasakrucchrata (shortness of Breath), Asino Labhyate Saukhym, Ghurghurtvam (Wheezing) and objective criteria – TLC, Eosinophils, and Peak Expiratory Flow Rate of TAMAKA SHWASA. The effect of DRAKSHADI YOG (Group A) is not significant than VASAVLEHA (Group B) for subjective criteria – Kasa (Cough) and Kanthodwansam (irritation in throat).

- 1) On the basis of results of therapy, it can be concluded that the Drakshadi Yog (Group A) provided relief in the chief complaints and associated sign and symptoms of Tamka shwasa in children.
- 2) The present study provides the Drakshadi (Group A) as shamana yoga in the treatment of Tamka shwasa in children.
- 3) Tamak Shwasa is produced by vitiated Kapha and Vata dosha so the Kapha and Vata dosha is predominant and initiating factor in the pathogenesis of Tamak Shwasa.
- 4) Comparatively Drakshadi Yog (Group A) is more significant than Vasavleha (Group B) for relieving Frequency of Shwasa vega, Shwasakrucchrata (shortness of Breath), Asino Labhyate Saukhym, and Ghurghurtvam (Wheezing) of Tamaka Shwasa in children.

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