

Kaphaj Svarabheda And Its Management by Vasa Avaleha And Kantakari Avaleha W S R To Pulmonary Eosinophilia – A Clinical Comparative Study

Dr. Aniruddha Keshav Thombare,

PG Scholar, (M.S.) shalakyatantra, Dept of Shalakyatantra,

P M T Ayurved College, Shevgaon Dist Ahmednagar.

Author mail id: aniruddha.thombare1891@rediffmail.com

Abstract

Clinical trial was randomized, single blind and comparative. Group A was given the drug Vasa avaleha in a dose of 10 g twice a day after meals with Koshna jala and Group b was given the drug Kantakari avaleha in a dose of 10 g twice a day after meals with Koshna jala. Both the groups were evaluated on the basis of Clinical as well as Laboratorial parameters. Follow up was taken up to 7 days and then after statistical analysis was done. Statistical analysis reveals that sign and symptoms like Ura shoola, Kantha shoola, Shira shoola, Swarbheda, Swar ksheenata, Mukha shushkata, etc are relieved much better in both the groups. No Adverse Drug Reaction or Toxicity signs have been observed which indicates proper preparation of drugs. Significant decrease was observed in ESR, TLC and Eosinophil count after treatment. Rest laboratorial parameters remained same however Polymorph count is significantly increased after treatment due to significant decrease in Eosinophil count.

Vasa avaleha and Kantakari avaleha were prepared accordingly to the textual reference in Sharangdhar Samhita. The experiment clearly concludes that Vasa avaleha and Kantakari avaleha could be a remedy for Kaphaj svarabheda without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

Introduction

In Ayurved, for well being of the patients, several diseases have been described along with simple and various remedies. swarabhed somewhat troublesome, found in all the stages of life, which disturbs the patient physically, mentally and socially. Since ages Ayurveda is well known for its *maulik siddhantas* & the miraculous clinical efficacy enriched by specified procedures like *Panchakarmas*. The combination of *Bhaishaijya kalpanas* which are invented by acharyas and followers, with the ancient traditional healing system of Ayurveda was the golden opportunity for vaidyas and acharyas to treat the patients in the World. Use of dravyas like Avalehas, tailas, avalehas along with some herbs with proper *samskaras* with a least quantity for faster and accurate results is a specialty of *Ayurveda* since ages.

In Ayurvedic texts, several preparations are mentioned under the title of swarabheda. Since Samhita kala, Ayurved was enriched with the

herbomineral, especially Siddha avaleha preparations which were proved to be magnificent on various aspects like faster and better results, higher efficacy in user's friendly dosage forms, that leads to convenience in administration, and more shelf life. *swarabhedis* specified in 9 types & characterized by type of *voice*. There are many types of *kalpas* which act on *swarabheda*, described in different texts. *Vasa avaleha kantakari avaleha* are herbal preparations which may help to control Kaphaj svarabheda all over. Both drugs could be a suitable remedy for *Kaphaj svarabheda* due to their ability of *samprapti vighatana* of Kaphaj svarabheda.

To serve this purpose, the topic KAPHAJ SVARABHEDA AND ITS MANAGEMENT BY VASA AVALEHA AND KANTAKARI AVALEHA W S R TO PULMONARY EOSINOPHILIA – A CLINICAL COMPARATIVE STUDY was selected for research work.

Materials And Methods

While taking this unique topic in mind, following were the Aim and Objectives concerning it.

1. To compare the rate of response to Vasa avaleha with that of Kantakari avaleha when used as a treatment of ‘Kaphaj svarabheda’ with the help of Clinical and Investigatory parameters.
2. To characterize the safety and efficacy of vasa avaleha as well as kantakari avaleha when used for period up to three weeks (21 days).
3. Any complication of ‘Kaphaj svarabheda’.
4. Any Adverse reaction to the treatment.
5. Any other benefits of drug to the body.

30 Patients for each group were selected. Comparative Study was done between Vasa avaleha given as 10g. bhojan Pashchat with Koshna jala as an Anupana and Kantakari avaleha which was given as 10 g. bhojan Pashchat with Koshna jala as an Anupana. The severity of the signs and symptoms was recorded on the basis of Gradation. The patients were followed up on 2nd, 4th, and 7th day. The observations were recorded on the basis of gradation before and after treatment. The dropped out cases were not included in statistical analysis.

Blood sample of every subject was taken for following investigations: hB %, ESR, RBC, TLC, NEUTROPHILS, EOCINOPHILS, MONOCYTES, and BASOPHILS. The subjects were evaluated after treatment for the same. Observations were recorded on the basis of above said parameters before and after treatment. Drop out cases were not included in the statistical analysis.

Ura shool, shirashool, kanthashool, swarabhed, mukhashushkata, and relief by shtheevana were the parameters. They are divided and categorized according to mild, moderate and severe according to severity of symptoms and follow up was recorded. Ashtavidha, dashavidha and srotas parikshan along with vital parameters was done in each patient.

Observations and Discussion

Clinical Study

General Parameters-

The distribution of patients by age reveals the occurrence of the disease can take place at any age.

1. The sex did not reveal any specific relation with the disease occurrence.
2. The distribution of the patients by occupation revealed that patients which were in service

were likely to be more suffered from Kaphaj svarabheda.

3. Maximum affected number showed Vishamagni and Mandagni indicating that occurrence of the disease was more in patients having Vishamagni and Mandagni.
4. Aahar did not reveal any specific conclusion though incidence was more in Mishrahari people.
5. Kroor koshti people revealed more incidence might be due to tendency of Agnivaishmya.
6. patients having Madhyama and Avar Sattva affected more rather due to Manasabala.
7. Alpa Bala and Madhyamabala patients were affected mainly due to the lowered Vyadhipratyanikattva in those.
8. This is again not giving any specific result and relevance of disease in any particular Prakriti though incidence was more in kaphavtapradhan Prakriti.
9. Patients having snigdha, madhur, alpa aahar, kaphaj aahar sevan, were found more prone to Kaphaj svarabheda.

Signs and Symptoms –

1. **Ura shoola** was observed to reduce with markedly significant value after treatment in both the groups but was found to be more effective in Group-B rather than Group-A due to tendency of the drug by acting Katu Rasa and Ushna Guna which is more effective in Shoola prashamana.
2. **Shira Shoola** was again observed to reduce significantly after treatment in both the groups but was found to be more effective in Group-B rather than Group-A since Guduchi and Kantakari being Ushna Veerya act as Vatanulomaka and Shoola har.
3. **Kantha shoola** is again reduced with high significance but not relieved completely after treatment in Group-A. Group-B showed better improvement again because Guduchi and Kantakari have Deepana, Pachana, Laghu, Ushna, Sara properties.
4. **Swarbheda** is reduced significantly but not relieved completely in both the groups after treatment though Group-A showed better

relief than Group-B since Vasa has Swarya property which is specially mentioned in Bhavaprakash Nighantu.

5. **Mukha Snigdha** is reduced significantly in both the groups but not relieved completely after treatment. Snigdha Guna of Avaleha showed better result.

Laboratorical And Radiological Evaluation-

1. The Haemoglobin per cent did not alter significantly in both groups
2. The ESR is significantly reduced in both the groups due infection was recovered.
3. The RBC count did not alter with significance in both the cases but it could be improved if both drugs were given for long duration since they would act by Tikta, Laghu, Ushna Gunas.
4. TLC counts was significantly reduced after treatment since the infection was recovered.
5. Polymorphs were increased significantly after treatment in both groups as due to markedly decrease in Eosinophil count.
6. The Lymphocyte count was somewhat increased due to relative decrease in Eosinophil count
7. The Eosinophil count was magnificently decreased in both the groups since Tropical Eosinophilia can be considered under Kaphaj svarabheda.
8. Monocytes did not reveal significant change in counts before and after treatment.
9. Basophiles counts were not observed to change significantly again due to freshly diagnosed cases.

Outstanding Output -

1. The clinical study reveals some magnificent facts that Eosinophilia can be taken under Kaphaj svarabheda and both the drugs are also effective on eosinophilia. Also, can be used as an alternative in many resistant cases with minimal adverse drug reactions.
2. These drugs have given better efficacy in most other symptoms.
3. Both the drugs did not cause any ADRs in patients.

Presented work was carried out with institutional research criteria and was undertaken with some specified aspects only with many of the unavoidable limitations. This work could be studied with different aspects of various types swarabheda to get a definitive solution against much of these unanswered questions.

Also, research projects should be carried out with Ayurvedic Scholars taking these drugs as a future line of treatment in various Pranavaha Srotas Vyadhi and Respiratory Tract Infections in areas where the incidence of the disease is much more, and should come out with some useful outputs for the society.

Similarly, lots of preparations are mentioned in various Ayurvedic texts for swarabheda. Many of the formulations are in use. These formulations can be studied on above mentioned parameters rigorously and vigorously to take them globally

Results And Conclusion:

The experiment clearly concludes that Vasa avaleha and Kantakari avaleha could be a remedy for Kaphaj svarabheda as said in texts without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

It also indicates that both drugs could be remedy for pulmonary Eosinophilia as this can be considered under Kaphaj svarabheda.

Comparative study reveals that Kantakari avaleha gave comparatively better improvement than Vasa avaleha as considering percentage relief. Being herbal preparation with Avaleha, both these drugs can be used for long duration for the treatment of Chronic Respiratory Tract Infections since there was no Toxicity and Adverse Drug Reactions.

References:

1. Ashtanga Hridaya by Vagbhat with commentary Sarvanga Sundara by Arundatta and Ayurveda Rasayana by Hemadri, published by Panduranga Jawaji Nirnay Sagar Press – 1939.
2. Ashtanga Sangraha Vriddha Vagbhatta with commentary by Atrideva, Vidyalankar, Nirnay Sagar press Mumbai.
3. Ayurved Shabdakosha by Joshi Venimadhav and Narayana Hari 1968, Maharashtra Rajya Sahitya and Sanskrit Mandal Mumbai.

4. Atharva-veda Samhita (along with Sayana Bhashya) by Pandit Ramswarupa Sharma Edition reprint 2003, Published by Choukhambha Vaidhya Bhawan Chowk, Varanasi.
5. Ayurveda Materia Medica by H.V. Savnu, 1988, Published by Shri Sat guru Publisher, Delhi.
6. Ayurved Sar Sangraha 6th edition published by Shri Baidyanath Ayurved Bhawan, Nagpur.
7. A.P.I Text Book of Medicine, Edited by Gurumukh S. Sainani, 1997, Published by Association of Physician's of India Bombay.
8. Bhav Prakash by Bhavmishra Published by Choukhambha Sanskrita Samsthana 5th Edition.
9. Bhaishajya Ratnavali with Vidyotini Commentary, published by Choukhamba Sanskrita Samsthana Varanasi 16th edition.
10. Bhavaprakash Nighantu by Shrikrishna Chandra Chunekar, published by Choukhamba Bharti Academy.
11. Bhel Samhita published by Central Council of Indian Medicine.
12. Charak Samhita by Agnivesha with Ayurved Dipika commentary of Chakrapani Datta 1941 Nirnay Sagar press.
13. Chakra Datta by Jagdishwarprasad Tripathi, Choukhamba Sanskrit Samsthana Varanasi.
14. Chamberlains symptoms and signs in clinical Method 4th Edition.
15. Dravya Guna Vigyana by P.V. Sharma published by Choukhamba Sanskrit Series Varanasi.
16. Davidson's Principle of Medicine 1995.
17. Harit Samhita, Published by Prachya Prakashana Varanasi.
18. Harrison's Principle of Internal Medicine by Hunter John Published by Mc. Grawhill health Professions Division USA.
19. Indian Medicinal plants by Shri K.R. Kirtikar and B.D. Basu.
20. Indian Materia Medica by Dr. K.M. Nadkarni, 3rd Edition 1994, Published by Popular Book Depot. Mumbai.
21. Madhav Nidan by Madhavakara with Madhukosha commentary by Vijayarakshita, published by Motilala Banarasidasa, Delhi, 1st Edition.
22. Sharangdhar Samhita with Dipika and Gudhartha Dipika Comm. of Kashiram edited by Pt. Parshuram Shastri 1931, Nirnay Sagar press, Bombay.
23. Sushrut Samhita with Nibandhsangraha Commentry of Shri Dalhanacharya, Choukhamba Orientalia, 8th edition.
24. Siddhayoga Sangraha by Vd. Yadaviji Trivikrakamji, 4th edition, published by Shri Baidyanath Bhawan pvt. Ltd. Kolkata.
25. Taber's Cyclopedia Medical dictionary by Thomas C.L. 1993.
26. The Ayurvedic Pharmacopoeia of India Editor Govt. Of India, Ministry of health and Family Welfare. Dept. of Indian System of Medicine and homeopathy New Delhi (ISMH) Edition 2001, Published by the controller of publication civil lines Delhi.
27. Yog-ratnakara by Indradeva Tripathi and Daya Shankar Tripathi Choukhamba Sanskrit series Varanasi.