

## CLINICAL EVALUATION OF HARITAKI PHALA CHURNA IN THE MANAGEMENT OF TAMAKA SHWASA

<sup>1</sup>Dr.Kuber Sankh

<sup>2</sup> Dr. Nataraj H R

<sup>1</sup>Professor & HOD, Department of Agada Tantra, <sup>2</sup>Assistant professor, Department of PG studies in Dravyaguna Vignana, JSS Ayurveda Medical College, Mysore-Karnataka

### ABSTRACT

*Tamaka shwasa* vis-a- vis Bronchial Asthma is one of the most distressing disease and is quite common in all the socio-economic strata in all the age groups and almost all over the world. The ancient sages knew the entity of this disease from very beginning and treatment for the same has been explained in detail in scriptures of Ayurveda. With the background of the same, in this Prospective Clinical study in 30 patients suffering with *Tamaka shwasa* was administered with Haritaki Phala Churna for the duration of 60 days at the dose of 3 gms in divided doses with Ushna Jala as Anupana. Results were assessed by using paired t-test for subjective and objective parameters. Study revealed that there was complete remission of Teevra vega Shwasa and Ghurgurutwam which is pratyatma niyata lakshana(cardinal clinical feature) of *Tamaka shwasa*. Statistically all subjective and objective parameters had showed highly significance results.

**Keywords:** Haritaki, *Tamaka shwasa*, Asthma, Shwasa Roga, PEFR, BHT, AEC.

### INTRODUCTION

Breathing is one of the normal physiological functions of body starts with birth and ends with death. As per Ayurveda *Pranavata* and *Apanavata* are responsible for the breathing in and breathing out. <sup>1</sup> and to and fro air flow through the *Pranavaha Srotas* is the vital sign of Prana.<sup>2</sup>

Normalcy of breathing in and breathing out suggests health and abnormality indicates diseases and its complete cessation indicates death,<sup>3</sup> this is the unique sign of life, which is affected in the diseases like *Tamaka shwasa*.<sup>4</sup> The disease *Tamaka shwasa* has been mentioned in the Ayurvedic texts. Its similarities with the bronchial asthma of contemporary science are well accepted among Ayurveda community.

*Tamaka shwasa* is one of the most distressing diseases and is quite common in all the socio-economic strata in all the age groups and almost all over the world. 5-10% of the world population at some stage during life suffers from asthma.<sup>5</sup> Because of the faulty methods of living, scarcity of balanced diet, increased air pollution and various other reasons the incidence of *Tamaka shwasa* is increasing day by day. *Tamaka shwasa* sometimes severe and fatal also. The disease can occur nearly at any age and affects 5% of adults and 7-10% children commonly.<sup>6</sup>

*Tamaka shwasa* is also generally comes in proximal attacks and one has to manage the attack immediately.<sup>8</sup> As per Ayurveda texts *Tamaka shwasa* if not treated properly it

will kill the patient like the fire burns the dried bush even, though it is a *Yapya Vyadhi*, it becomes *Sadhya* if it is *Navothitha* (of recent origin).<sup>9</sup>

Haritaki is said to be a Tridosha Shamaka and according to Ashtanga Hridaya Uttarantra in Agrya Dravyas Haritaki is a best medicine for Vata Kapha disorders. Hence Protocol of this study designed to relieve *avarodha* of Vata by Kapha, Vata Kapha Shamaka or Tridosha Shamaka Dravya acts on Tamaka shwasa.

## MATERIALS AND METHODS

### Method of collection of data

**Patients:** Patients suffering from *Tamaka shwasa* were selected from OPD of D G M Ayurvedic Medical College, Gadag-Karnataka.

**Study design:** Prospective clinical trial

**Sample size:** 30 patients

#### Exclusion Criteria:

1. Patients suffering from any systemic or congenital diseases
2. Asthmatic patients with a history of above 10 years of period
3. Patient below 18 years and above 60 years
4. Status asthmatics
5. Pregnant and lactating women

#### Inclusion Criteria:

1. Patients having lakshana as per Ayurvedic texts
2. Patients between 18 to 60 years irrespective of sex
3. History below 10 years

**Diagnostic Criteria:** The sign and symptoms of *Tamaka shwasa* mentioned in

the Ayurvedic texts and objective investigations mentioned in contemporary texts were used as criteria for the diagnosis.

**Posology:** Haritaki Phala Churna –3gms/ per day in divided dose with Sukoshna jala as Anupana

**Study Duration:** 45 Days.

**Follow up:** Every 15 Days.

**Subjective Assessment parameters:** As explained in Ayurvedic texts and modern system of medicine the subjective Parameters are noted here under

1. Teevra vega Shwasa – Shwasa Krichrata (Dyspnoea).
2. Kasa (Cough).
3. Dukhena Kapha nissaranam (Expectoration).
4. Ghurghuratwam (Wheezing).
5. Peenasa (Coryza).
6. Kruchrena bhasate (Difficulty in speech).
7. Kantodhwamsham (Hoarseness of voice).
8. Greevashirasangraha (headache & Stiffness).
9. Urah Peeda (Chest pain).
10. Shayane Shwasa peedita (Discomfort at supine).

**Objective assessment parameters:** As explained in different texts the objective parameters are noted hereunder, are vividly discussed in the context of examination of patient in the same chapter

1. Peak expiratory flow rate.
2. Breath holding time.
3. Absolute Eosinophil counts.
4. Erythrocyte sedimentation rate.
5. Chest X-Ray.

**RESULTS:**

**Table 1-Subjective parameters assessment**

Subjective parameter	Patients Before	%	Patients After	%	Patients Relived	%
Teevra vega Shwasa (Dyspnoea)	30	100	22	73.33	8	26.67
Kasa (Cough)	27	90	20	66.67	7	23.33
Dukhena Kapha nissaranam (Expectoration)	27	90	22	73.33	5	16.67
Ghurghuratwam (Wheezing)	30	100	22	73.33	8	26.67
Peenasa (Coryza)	25	83.33	17	56.67	8	26.67
Kruchrena bhasate (Difficulty in speech)	18	60	9	30	9	30
Kantodhwamsham (Hoarseness of voice)	9	30	5	16.67	4	13.33
Greevashirasangraha (Headache and Stiffness)	17	56.67	13	43.33	4	13.33
Uraha peeda (Chest pain)	23	76.67	15	50	8	26.67
Shayane Shwasa peedita (Discomfort at supine)	24	80	16	53.33	8	26.67

**Table -2 Statistical Assessment of Subjective Parameters**

Subjective Parameters	Mean	SD	SE	t Value	P value	Remarks
Teevra vega Shwasa (Dyspnoea)	1.033	0.182	0.332	3.11	<0.005	HS
Kasa (Cough)	0.866	0.434	0.079	10.96	<0.001	HS
Dukhena Kapha nissaranam (Expectoration)	0.633	0.556	0.1015	6.236	<0.001	HS
Ghurghuratwam (Wheezing)	1.096	0.597	0.108	10.148	<0.001	HS
Peenasa (Coryza)	0.6	0.498	0.0909	6.6	<0.001	HS
Kruchrena bhasate (Difficulty in speech)	0.433	0.495	0.0909	4.76	<0.001	HS
Kantodhwamsham (Hoarseness of voice)	0.266	0.492	0.0806	3.3	<0.005	HS
Greevashirasangraha (Headache and Stiffness)	0.4	0.498	0.0909	4.4	<0.001	HS
Uraha peeda (Chest pain)	0.566	0.504	0.092	6.152	<0.001	HS
Shayane Shwasa peedita (Discomfort at supine)	0.566	0.504	0.092	6.152	<0.001	HS

**Table 3- Statistical Assessment of Objective Parameters**

Subjective Parameters	Mean	SD	SE	t Value	P value	Remarks
PEFR	111.67	39.22	7.166	15.58	<0.001	HS
BHT	9.2	2.998	0.545	16.88	<0.001	HS
AEC	83.33	37.9	6.919	12.04	<0.001	HS
ESR	1.833	1.053	0.192	9.546	<0.001	HS

**Table-4 Overall assessment and Result of the Haritaki Phala Churna in Tamaka shwasa**

Category	Patient	Percentage
Well Responded	4	13.33
Moderate Responded	9	30
Poor Responded	12	40
Not Responded	5	16.67
Total	30	100

## DISCUSSION

### Statistical Analysis

Among the Objective Parameter all the parameter showed highly significant (as  $p < 0.001$ ). But there is mostly highly significant in the parameter BHT and PEF, where all AEC and ESR showed less significant. The parameter PEF having more net mean effect with more variation, whereas the parameter ESR having less net mean effect with less variance (By comparing t-value-value).

Among the subjective parameters all the parameter showed highly significant, there is more highly significant in the parameter Kasa and Ghurghuratwam (by comparing p-value and t-value). The parameter Uraha peeda and Shayane Shwasa peedita having equal significant. The parameter Ghurghuratwam showed high net mean effect with more variance whereas the parameter Kantodhwamsam is having less net mean effect with less variance (by comparing p-value, t-value, mean and variance).

There is specific Nidana for Tamaka shwasa is not mentioned in classics as it is a sub type of Shwasa roga same nidana are applicable to Tamaka shwasa also. One cannot find a clear view regarding the pathophysiological changes occurring due to

specific type of Tamaka shwasa Nidana. Chakrapani commenting on the Nidana verses, he explains about vata prakopaka gana and Kapha prakopaka gana, which are responsible for the development of Tamaka shwasa. Nidana parivarjana i.e. prevention of etiological factors as a part of supportive therapeutic measures of the treatment is idol any time.

**Prana vilomata:** it is observed in 59.9% of subjects it is suggest that the symptom is related to Prana, Pranavaha srotas because of obstruction.

**Bhakta dwesha:** it is observed in 52.3% patients having symptom Bhakta dwesha it is suggest that the disease is Amashaya samutha, producing Ahara dwesha.

**Arati and Parshwa shoola:** these are observed as 43.3%

**Shankha Bheda:** It is a pain condition occurred because of Prana Urdhwa gati and thereby observed as 40%.

**Vibandha:** it is observed as 36.6% is because of the Prana Vata Urdhwa gati in Tamaka shwasa.

**Lakshana in Tamaka shwasa:** Teevra Vega Shwasa and Ghurgurukatwam is pratyatma niyata lakshana of Tamaka shwasa same is observed in all patients. Kasa and dukhene Kapha nissarnam observed almost in 90% of patients. Peenasa is a relevant disease associated and also a symptom, observed in

83.3% of subjects. *Shayane Shwasa peeditam*, which is causing inconvenience to the patient of *Tamaka shwasa*, is seen 80%, suggests the blockage to bronchial tree due to *Kapha* while sleeping. *Uraha peeda* i.e. chest pain is observed as 76.6% as the chest is the seat of disease.

**Udakavaha Srotas:** In this category pipasa is 53.3%. The other symptoms are Jihwa shosha and Oshtasosha are 20%. The air ventilation is naturally through nasal cavity but when it is not possible gives rise to oral breathing, which causes the Jihwa shosha, which is an Udakavaha Srotas symptom.

**Onset of disease:** The onset is observed, as gradual in many patients is 76.6%. It suggests that the disease in chirakari and takes the long time to manifest its symptoms.

**Frequency of attack:** it is observed that acute onset in 63.6% of patients.

**Mode of progress:** The disease development is long term progress as observed 43.3% in patients.

**Periodicity:** An irregular periodicity is observed in the study with 60%.

**Preceding factors:** these are sneezing, nasal Irritation and cough. Out of incapability of these three symptoms cough was observed in 53.3% of patient.

**Aggravating factors:** Dust and Smoke are observed as the aggravating factors 63.3% of patient.

**Comfort posture:** the Comfort posture recorded for the patients are sitting is 46.6%.

**Age:** More prevalence i.e. 56.6% is observed in the category of 50-60 age groups. As observations are noticed it is clearly evidential that the higher age group people are prone to get this disease because

of the decreased lung capacity in terms of Vata Dosha predominance.

**Gender:** The male female ratio of the study is 2:1. It is because of male dominant society observing and moving or exposing to the etiology much more than that of Females who are staying at home. Out of which no much gender specifications were observed as per results are concerned.

**Economical status:** Middle class people are always recorded much in any study because of incapability of getting corporate treatment. Here in this study it is 60%.

**Dietetic Habits:** It is observed that mixed diets practitioners are 66.67%. Mixed diet practice impacts the result and creates ama in the body and aggravates the kapha.

#### **Probable mode of action of Haritaki Phala Churna in Tamaka shwasa**

In the present study was intended to assess the drug *Terminalia Chebula* (Haritaki) in *Tamaka shwasa*. In *Tamaka shwasa* initially vitiation of jatharagni occurs, leading to amarasotpatti causing kapha provocation, obstructing natural function of vata resulting in disease *Tamaka shwasa*. Acharya Charaka has clearly stated describing chikitsa of *Tamaka shwasa* – Whatever drug, food or drink is alleviative of kapha and vata, and have ushna property and regulative of the movements of vata, is beneficial for patients afflicted with shwasa. (Cha.Chi.17/142).Haritaki is having ushna veerya and capable of curing shwasa, aruchi etc. diseases. Charaka also explained that vipaka is potent than rasa, but veerya is even potent than vipaka (Cha.Su 26/72).

So keeping in view above explanation, it is presumed that by virtue of ushna veerya of the test drug Haritaki, it alleviates kapha and

vata both, thereby helping in samprapti vighatana process of Tamaka shwasa. The drug is also efficient in curing aruchi that means, it also improves the state of jatharagni, the root cause of the disease. In this way the probable mode of action of Haritaki can be explained.

As per charaka chikitsa 1/33. Haritaki having the Kapha prasekam property and also Haritaki contains Tannins. Tannic acid is used as an astringent for mucous membrane of mouth and throat, and employed for sore throat and receding gums. These properties are much beneficial in treating the *Tamaka shwasa*. Haritaki having the Anulomana property also, in *Tamaka shwasa*, Kapha is Avarana to Vata and Viloma gati of Pranavata is takes place. Haritaki does the Anulomana of Vata and helps to treat *Tamaka shwasa*.

### CONCLUSION

Haritaki Phala Churna is a good choice of palliative medicament in *Tamaka shwasa*. Statistically all subjective and objective parameters showed highly significance. With the above observations it is clear that the Haritaki is effective in the management of Tamaka shwasa.

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### CORRESPONDING AUTHOR

Dr Nataraj H R  
Assistant professor,  
Department of PG studies in Dravyaguna  
Vignana, JSS Ayurveda Medical College,  
Mysore-Karnataka

Email: doc.nattu@gmail.com

Source of support: Nil,

Conflict of interest: None Declared

### Cite this article as

Nataraj H R: Clinical Evaluation of Haritaki Phala Churna in the Management of *Tamaka Shwasa*  
ayurpub 2016;I(1): 4-9