



A Comparative Clinical Study Of Brihat Katphaladi Yoga And Simhyadi Kwatha In The Management Of Tamakashwasa

Dr Chavan Rushikesh Eknath ¹, Dr Shivakumar C. Sarvi ²,

1. MD Scholar, Department of Kayachikitsa, Rajiv Gandhi Education Society's Ayurvedic Medical College and Hospital, Ron
2. Professor, Department of Kayachikitsa, Rajiv Gandhi Education Society's Ayurvedic Medical College and Hospital, Ron

ABSTRACT

Tamaka Swasa, commonly identified with bronchial asthma in modern medicine, represents a significant respiratory disorder affecting individuals globally. With an increasing prevalence due to environmental pollution, lifestyle changes, and stress, it has become imperative to explore effective therapeutic options. Ayurveda, with its holistic approach, offers promising remedies for managing such chronic ailments. This study evaluates the comparative clinical efficacy of two Ayurvedic formulations: Brihat Katphaladi Yoga and Simhyadi Kwatha in the management of Tamaka Swasa. A total of 40 patients diagnosed with Tamaka Swasa were recruited and divided into two groups: Group A received Brihat Katphaladi Yoga (3 grams daily), and Group B received Simhyadi Kwatha (25 ml twice daily). Both treatments were administered for one month, followed by a one-month follow-up period. The primary outcome measures included subjective parameters like dyspnea, wheeze, cough, severity, and tightness of the chest, alongside objective metrics such as Peak Expiratory Flow Rate (PEFR), Breath-Holding Time (BHT), and respiratory rate. Results were statistically analyzed using paired and unpaired t-tests. The findings demonstrated significant improvements across all parameters in both groups, with Brihat Katphaladi Yoga showing slightly better results in parameters such as dyspnea (56.89% improvement in Group A vs. 53.8% in Group B) and chest tightness (61.9% in Group A vs. 57.69% in Group B). Both interventions were equally effective in reducing wheeze and cough. Statistically significant differences between the groups were observed in parameters such as

severity and respiratory rate, favoring Group A. The study concludes that both Brihat Katphaladi Yoga and Simhyadi Kwatha are effective in managing Tamaka Swasa. However, Brihat Katphaladi Yoga demonstrated slightly superior outcomes, making it a preferable choice. This research highlights the potential of Ayurvedic formulations as viable, non-chemotherapeutic alternatives for chronic respiratory disorders.

Key words: Brihat Katphaladi Yoga, Simhyadi Kwatha, Tamaka Swasa

INTRODUCTION

Tamaka Swasa vis-à-vis Bronchial asthma is one of the important diseases pertaining to the respiratory disorder. It affects the people of all age groups ¹. Sometimes it is severe and fatal also. It is the serious public health problem in the countries throughout the world. Nearly 5 to 10% of the world population at some stage during life suffers from asthma ². The disease can occur at any age and affects 5% of adults and 7-10% children commonly ³.

Between 100 and 150 million people around the globe, suffer from asthma and this number is rising. Worldwide, deaths from this condition have reached over 180,000 yearly ⁴. Tamaka Swasa is also generally comes in proximal attacks and one has to manage the attack immediately ⁵. Tamaka Swasa if not treated properly it will kill the patients like the fire burns the dried bush even though it is a Yapya Vyadhi, it become Sadya if it is Navothitha ⁶.

Normalcy of breathing in and breathing out suggests health and abnormality indicates diseases and its cessation indicates death ⁷. This is the unique sign of life, is affected in the disease Tamaka Swasa ⁸. The disease Tamaka Swasa has been mentioned in the classics. Its similarities with the bronchial asthma according to the contemporary sciences are well known.

Heat and dust are the factors developed by urbanization and industrialization made the human life hazardous. Apart from so many allergic factors, which are present in the atmosphere, are spreading incidences of Tamakaswasa throughout the globe. Controlling these factors can make a prophylaxis for the disease, but it is necessary to offer natural effective non chemo-therapeutic management modalities for the ailed.

Thus the present study was designed on the bases of “tamaketu virechanam”, Purgation, as a Shodhana therapy to relieve the doshas. The effect of Shodhana is compared with Brihat Katphaladi yoga palliative management i.e. Pitta sthana samudbhava Dosha elimination with pacification of disease.

OBJECTIVES

1. To reevaluate the effect of Brihat kataphaladi Yoga & Simhydi kwatha in the management of Tamakaswasa.
2. Comparing the effect of Brihat Kataphaladi Yoga& Simhydi kwatha in the management of Tamakaswasa.

MATERIALS AND METHODS

Source of Data

Minimum 40 patients of Tamakaswasa were selected randomly from the OPD, IPD and by conducting the special camps in Department of Kayachikitsa, Rajiv Gandhi Education Society's Ayurvedic Medical College and Hospital, Ron.

Study Design:

A comparative clinical study with pre-test and post- test design.

All the formulations were prepared in the pharmacy attached to the college.

Methods of Collection of Data

Patients of either sex were selected randomly based on the symptoms of *Tamakaswasa*, the screened patients were randomly divided into two groups group A and group B with 20 patients in each group.

Group A- 20 patients were applied with Brihat Katphaladi Yoga for 30 days

Group B-20 patients were applied with Simhyadi Kwatha for 30 days

Inclusion Criteria

- Mild intermittent, mild persistent, moderate persistent asthma subject fitting in to GINA guidelines.
- PEF 50-80% (Moderate exacerbation)
- Age-16-60 years
- Minimum duration of 6 months
- Oxygen saturation more than 90% in the pulse oxymetry.

Exclusion Criteria

- PEFR less than 50% (Severe Exacerbation)
- The patient with history of COPD, T.B., Emphysema and Chronic air way limitation.
- Known Ischemic Heart Disease, Renal failure, Liver failure
- Endocrine disorders like Cushing Syndrome, acromegaly and diabetes mellitus.
- H/O immunosuppressant disorder like AIDS.
- Asadhya Lakshana of Tamakaswasa.

Diagnostic Criteria

Diagnosis was established by clinical examination of signs and Symptoms of Tamakashwasa.

- Swasa Krichhatha
- Gurguratwa
- Kaphashteevana
- Kasa

INTERVENTION

Consent was taken from the patient.

Group A: 3 grams per day in divided dose of Brihat Katphaladi Yoga was administered for 1 month.

Group B: 25ml twice a day in divided dose of Simhyadi Kwatha was administered for 1 month.

DURATION – One Month

FOLLOW UP- Follow up for a period of 1 month

Data Collection:

Patients were thoroughly examined both subjectively and objectively. Detailed history pertaining to the mode of onset, previous ailment, previous treatment history, family history, habits, Routine investigations were also investigated to exclude other pathologies wherever necessary.

Assessment Criteria

The subjective and objective parameters of base line data to post medication were compared for assessment of the results. All the result was analysed statistically for 'p' value using paired - t test and Anova

PARAMETERS OF THE STUDY:

Subjective Parameters:

- **Dyspnea**

Grading	Observation
0	Can walk indefinitely
1	Short breath by serious
2	Short breath by moderate breath
3	Short breath by minimum work
4	Shortness of breath at rest

- **Wheeze**

Grading	Observation
0	No discomfort
1	Once a while in a day
2	Twice a day
3	Three to four times a day
4	More than five times a day

- **Cough**

Grading	Observation
0	No cough
1	Occasional cough but do not disturb work
2	Cough troublesome during attacks
3	Cough very trouble some and frequent

- **Severity**

Grading	Observation
0	Nil
1	Mild intermittent
2	Mild persistent
3	Moderate persistent

- **Tightness of chest**

Grading	Observation
0	Normal - no chest tightness
1	Mild - able to tolerate the tight or pain
2	Moderate - Persists during cough + mild differs
3	Severe - feels difficulty to tolerate pain and tightness

Objective parameters

- **Grading of *PEFR***

Grade 0	350 and above
Grade 1	350 to 250
Grade 2	250 to 150
Grade 3	150 and below

- **Grading of *BHT***

BHT Grades are declared for the sake of final assessment is as follows.

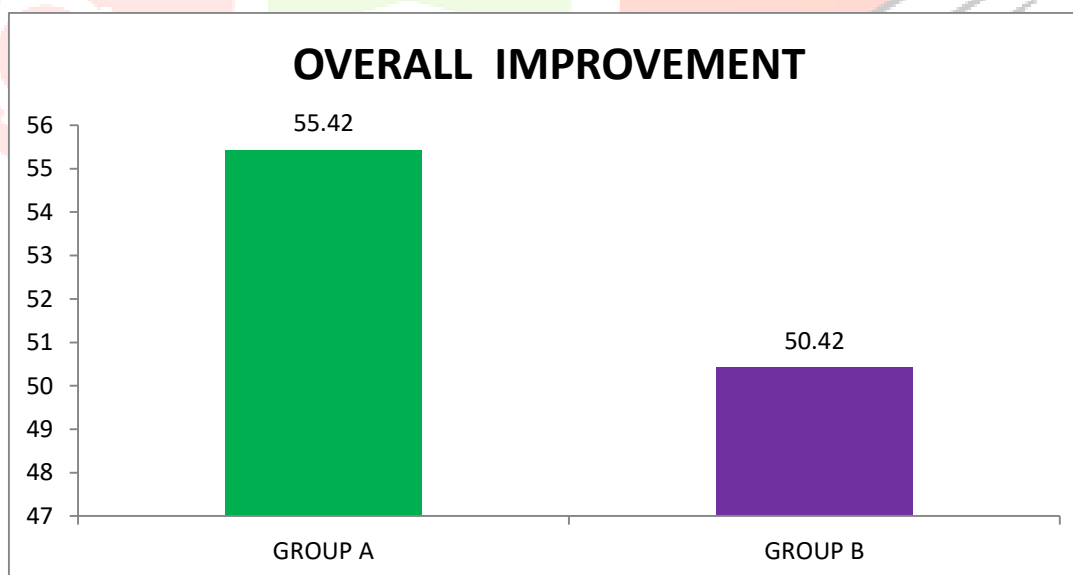
Grade 0	30 and above
Grade 1	30 to 20
Grade 2	20 to 10
Grade 3	10 and below

- **Grading for Respiratory Rate**

Grade 0	14 to 18 per minute
Grade 1	19 to 25 per minute
Grade 2	26 to 30 per minute
Grade 3	more than per minute

RESULTS**Table Showing Effect of therapy on Subjective & Objective Parameter**

PARAMETER	GROUP	Mean	% of Improv.	T-Value	P-Value	Remarks
DYSPNEA	A	1.65	56.89	1.56	>0.05	NS
	B	1.4	53.8			
WHEEZE	A	0.4	53.33	0.36	>0.05	NS
	B	0.35	50			
COUGH	A	0.25	41.66	0	>0.05	NS
	B	0.25	45.45			
SEVERITY	A	2	52.42	3.19	<0.05	S
	B	1.3	57.77			
TIGHTNESS OF CHEST	A	1.3	61.9	1.7	<0.05	S
	B	1.5	57.69			
PEFR	A	0.95	52.77	0.29	>0.05	NS
	B	0.9	47.36			
BHT	A	1.05	65.62	1.7	>0.05	NS
	B	0.65	43.33			
RESPIRATORY RATE	A	1	58.82	2.99	<0.05	S
	B	0.6	48			

Graph-Overall effect of the Therapies

For comparison between Group A and Group B, Un paired t test is used. From above table we can observe that P-Values for parameters Pandutva, Severity, Tightness of chest and Respiratory Rate are less than 0.05 indicate that there is significant difference between Group A and Group B in the management of Tamaka shwasa.

Where as in other parameters P values are more than 0.05 which indicate that there is no significant difference in the mean effect of both groups in the management of Tamaka shwasa.

Further we can observe that Average percentage of improvement of Group A is 55.42 % which is lesser than Average percentage of improvement of Group B- 50.42%. Hence we conclude that effect observed in Group A is more than Group B in the management of Tamaka shwasa..

DISCUSSION

MODE OF ACTION

1. Brihat Katphaladi yoga (Group-A) in Tamaka Swasa

- All the ingredients of the Brihat Katphaladi yoga are of Kapha Vata hara action and these are of Katu, Tikta and Kashaya rasa in general. There fore all these acts as Kapha hara. Thus the Brihat Katphaladi yoga is good choice in Tamaka Swasa.
- Agni deepana is a prime treatment as “Kayasya antaragni Chikitsa” is Kayachikitsa. In this concern Katu and Tikta rasa along with Ushna veerya does the Deepti of Agni. In further it takes care of non-formation of Ama, which helps the prevention of disease progression. Thus the Brihat Katphaladi yoga is good choice in Tamaka Swasa.
- All the dravya in Brihat Katphaladi yoga are of Ushna veerya except Musta, by which acts as Pitta kara and Kapha Vata shamaka. Laghu, Teekshna, Snigdha and Rooksha guna does act as Kapha Vata shamaka.
- Vata and Kapha are of Sheeta guna nature. The veerya of the selected Brihat Katphaladi yoga are of Ushna. Thus the Ushna veerya evaporates the Kapha and pacifies the Vata even though it increases the Pitta.
- Laghu guna is said as Kapha hara and Snigdha guna is Vata hara. Teekshna guna is Kapha Vata hara. This combination of Brihat Katphaladi yoga by it Guna helps in keeping the Dosha in equilibrated state.
- Shunti specifically by its pharmacological action it is Kanta vishodhana i.e. relieves the obstruction at the neck which is plugged by the vitiated Kapha.
- Karkata Srungi is Kapha Nissaraka, which means evaporation, or drying of Kapha is undertaken.
- Maricha, which is Ushna veerya but helps in elimination of Kapha by its Rechaka action.

2. Simhyadi Kwatha (Group-B) in Tamaka Swasa

Simhyadi Kwath is described by *Acharya Yogaratnakar* in *purvardha*. *Simhyadi Kwatha* have 9 ingredients i.e. *Kantakari, Haridra, Vasa, Guduchi, Shunthi, Pippali, Bharangi, Nagarmotha and Maricha* in equal parts. It is described as a potent formulation for *Hikka* and *Shwasa roga*. Each drug of *Simhyadi kwath* has variable mode of action. They predominately have *Kapha shamaka, Kapha chedana, Vatanulomana, Ushna virya, Agni-deepana, Krimighna, Kasagna* and *Pachana property*. *Acharya* said that this *kwath* destroy *shwas roga* like clouds destroy the fire.

CONCLUSION

The following conclusions are drawn after logical interpretation of the results obtained in this clinical study, which are listed below:

- Both treatments were effective in improving symptoms, but Brihat Katphaladi Yoga demonstrated slightly better overall results, especially in improving lung function and respiratory parameters.
- Group A (Brihat Katphaladi Yoga) showed significant improvement in lung capacity (65.62%), tightness of the chest (61.9%), and respiratory rate (58.82%).
- Group B (Simhyadi Kwatha) showed slightly better results in reducing the severity of asthma attacks (57.77%) compared to Group A (52.42%).
- The overall average improvement was 55.42% for Group A and 50.42% for Group B.

REFERENCES

1. Petersdorf R.G editor, Harison principles of internal medicine, Vol-2, 252 ch. 14th ed. India: Mcgraw Hill, New York, 1998.p 1419
2. Kumar Cotran & Anirban Maitra, Robbins Basic Pathology, 7th ed, 2003, 13th chapter, Harcourt (India) Pvt. Ltd., India, pp 455
3. G.S.Sainani ed, API Textbook of Medicine, 6th ed, 1999, sec 6-ch 7, The Association of physicians of India, Mumbai, pp 226
4. <http://www.who.int/respiratory/asthma/burden/en/print.html>
5. Antony Seaton, et.al, Crofton and Dougla's Respiratory diseases, chapter 26, edited by Neil O. Brein, published by Oxford University press, New Delhi, 4th edition, 1989, pp 665
6. Yadavji Trikamji Acharya edited, Charaka Samhita Chikitsa, 17/9, Chakrapani Ayurveda deepika, Chaukhambha Ayurvijnana Grandhamala - 34, reprint 1992, Chaukhambha Surabharathi Prakashan, Varanasi, pp 533

7. K.R. Srikantha Murthy edited, Astanga Hrudaya Sutra 12/4-5, 3rd ed, 1996, Krishnadas academy, Varanasi, pp 167
8. K.R. Srikantha Murthy edited, Astanga Hrudaya Chikitsa, 17/5, 3rd ed, 1996, Krishnadas academy, Varanasi, pp 533

