



## The Role Of *Yashtimadhu Phant* With *Nirgundi Taila* In *Tamaka Shwasa*- A Case Study

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### Abstract-

Bronchial asthma is a chronic, reversible inflammatory illness of the airways. It causes frequent episodes of coughing, tightness in the chest, breathlessness, and wheezing, especially in the early morning or night. The Greek term for Asthma means "noisy breathing that we first see." According to *Ayurveda*, bronchial asthma and *Tamaka Shwasa* may be related. It is an illness caused by the *Kapha* and *Vatadoshas* predominant and a *Pranavaha Srotas* disease. In this illness, *Kapha* obstructs *Vata's* movement, causing it to spread in all directions, vitiate *Prana's* channels, and result in *Shwasa*. Nowadays number of patients increases due to their improper lifestyle, post covid health status, addiction, climate change due to globe warming and pollution. so we need to focus this disease management thoroughly. In our IPD, a case study was carried out to determine the efficacy of *Yashtimadhu Phant* with *Nirgundi Taila* as an adjuvant therapy. Clinically, there was significant improvement in patient symptoms and health after treatment. There is significant improved respiratory rate, PFER, number of episodes.

**Keywords-** Bronchial Asthma, *Tamak shwasa*, *Yashtimadhu Phant*, *Nirgundi Taila*, *Pranavaha Srotas*

### Introduction-

People of all ages can suffer from bronchial asthma, a chronic inflammatory disease of the airways. It is linked to hyper-responsiveness of the airways. It causes frequent episodes of coughing, dyspnoea, chest tightness, and wheezing, especially in the early morning or evening. When a patient has asthma, airway inflammation typically lasts during times when they don't have any symptoms. While bronchospasm and symptoms fluctuate, airway inflammation lasts a lifetime. About 7% of people in India have been reported to have asthma. Nonetheless, reports have indicated that it varies between 2% and 17% across various research populations.

The two categories of asthma etiologic factors are causing factors and trigger factors. In those who are vulnerable, triggering factors for asthma include genetics, obesity, early-life viral infections, and

tobacco smoke exposure. When someone already has asthma, trigger factors like certain drugs, occupations, environments, intense exercise, viral infections, allergies, and psychological factors like stress can exacerbate symptoms.

The tendency for airways to narrow excessively in response to triggers that have little to no effect on healthy individuals is known as airway hyper-activity, and it seems that this condition is connected to airway inflammation. Other variables that could have an impact on how airway smooth muscle behaves are neurogenic mechanisms and the extent of airway narrowing. Common signs and symptoms include coughing, dyspnea, chest tightness, and recurrent wheezing fits. The typical pattern of asthma is diurnal, with symptoms and lung function being worse at night and in the early morning.

There are many similarities between the disease *Tamaka Shwasa* mentioned in *Ayurvedic* texts and the signs, symptoms, and aetiopathogenesis of Bronchial Asthma as explained in modern science. One of the five varieties of *Shwasa vyadhi* is *Tamaka Shwasa*. It is made up of the two words *Tamaka* and *Shwasa*. Darkness is represented by the *Tamoglanou Dhatu*, from which the word "*Tamaka*" is derived. On the other hand, the word "*Shwasa*" is derived using *Ghanjpratyaya* from the root word "*Shwas*" *Dhatu*. It suggests *Roga bheda* as well as *Vayu Vyapara*. It is a representation of both healthy and unhealthy respiration. The illness is known as "*Tamaka*" because attacks typically occur at night, and when they do, the patient experiences severe dyspnoea that makes them feel as though they are going into the dark.

*Tamaka Shwasa* is primarily caused by *Dhooma* (smoke), *Dhula* (dust), *Ativyayama* (excessive work or exercise), *Sheeta Sthan Niwas* (living in cold climates), *Guru Bhojana* (heavy diet), and *Sheeta Bhojan* (cold food), according to *Ayurveda*. These elements aggravate the *Vata Dosha*, which aggravates the *Kapha Dosha*, aggravates the *Rasa dhatu*, and impedes the operation of *Prana Vayu*. *Acharya Charak* claims that in this illness, the *Avarana* of *Kapha* covers the *Vata Dosha*. He thus refers to *Tamakashwasa* as a *Kapha- Vataja Vikara*.

**Aim-** To assess the efficacy of *Yashtimadhu phant* with *Nirgundi taila* as an adjuvant therapy in the management of *Tamaka Shwasa*.

### Objectives-

- 1) To study the aetiopathogenesis of Bronchial Asthma (*Tamaka Shwasa*) from available *Ayurvedic* and modern literatures.
- 2) To study the properties of *Yashtimadhu Phant* and *Nirgundi Taila* from available *Ayurvedic* literatures.

### Materials and Methods-

A case study of *Tamaka Shwasa* was managed with *Yashtimadhu Phant* and *Nirgundi Taila* as an adjuvant therapy to standard modern medicine.

Case Report: -

Age - 55 years / Male

C/o - 1. Cough with expectorant, 2. Chest pain on coughing , 3. Breathlessness (more at night and early morning ), 4.Headache .

K/c/o - Bronchial Asthma since 1 year. On foracort inhaler (SOS) Tab.Doxobid 200mg BD.

Addiction history - Chronic bidi smoker since 25 years. Occupation

-Teacher (Chalk dust contact)

**Ashtavidha Parikshan -**

1. Nadi - 110/min.
2. Mala - Samyak
3. Mutra - Samyak.
4. Jivha - Nirama.
5. Shabda - Spashta.
6. Sparsha - Anushna.
7. Druk - Prakruta.
8. Akruti - Madhyam.

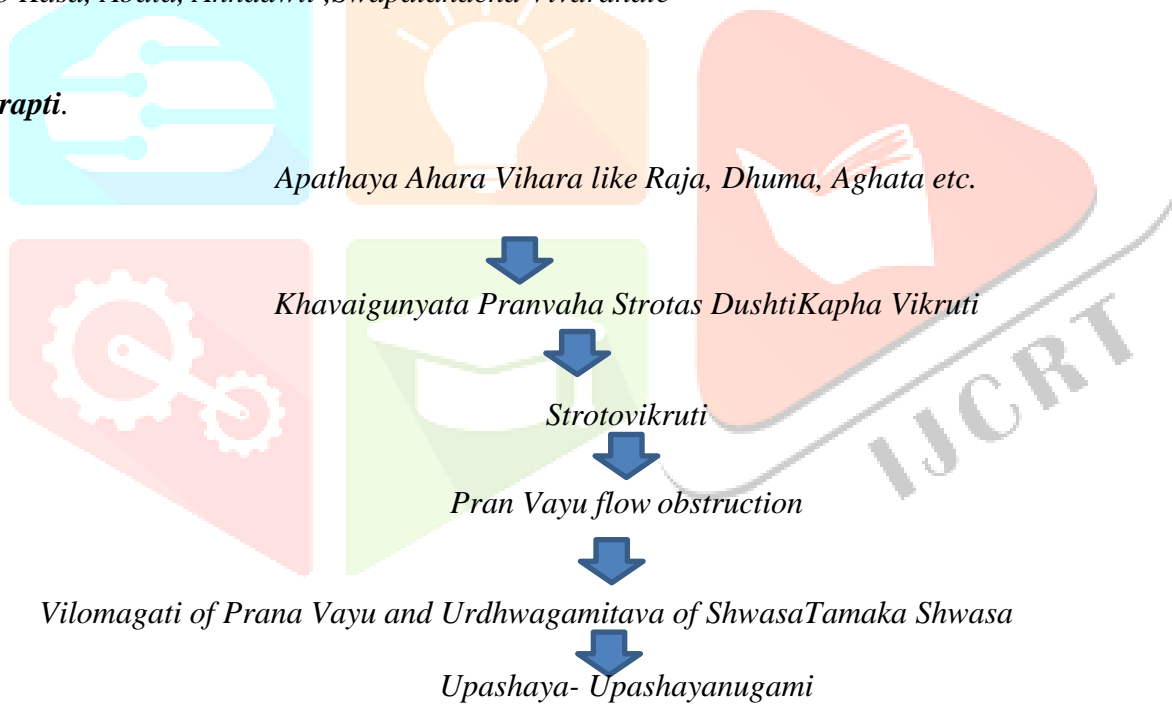
**Systemic examination -**

RS - AEBE, bilateral wheezes. CVS - S1S2  
tachycardia  
CNS - conscious and oriented.P/A - soft.  
RR - 30/min  
SPO2 -91% @ Room Air (R.A.)  
PEFR- 300L/min

**Nidan Panchak –**

Hetu- Dhumrapan, Dhulikan Samparka (chalk dust), Rutu- Varsha

Purvaroop- Mandjwarprachiti, Anah , Parshvashool, Hritpida, Bhaktadvesa, Arti. Roop- Pinasam, Ati tivravega, Ativegat Kasate, Krichhrat Bhashitum, Na Nidra Labhate, Asino Labhate Saukhyam , Ushnam Abhinandati , Bhrushum Aratiman, Vishushka Aasyo, Muhu Shwaso, Lalaten Swidhyam , Muhu avadhmayte , Trut, Kanth Ghurghurakan, Durdine Tamyet Uchhwasa, Ghoshen Mahata, Sakafo Kasa, Abala, Annadwit , Swapatahacha Vivardhate

**Samprapti.****Investigations –**

Hgm-12g/dl  
WBC- 4000/ccmm RBC-4.25  
mil/ccmm Platelets – 2lakh /ccmm  
Neutrophils- 57%  
Lymphocytes -30%  
Eosinophil – 9%  
Monocytes -6%  
Basophils – 1%

Absolute Eosinophil count – 600 LFTs-  
NORMAL  
RFT- NORMAL  
2decho- EF- 60 %NO RWMA

NO PAH

Chest cxr PA view



### Management -

*Yashtimadhu phant* 30 ml with *Nirgundi Taila* 5ml is given in two divided doses for 15 days as an adjuvant therapy.

During IPD stay, patient was treated with –

1. *Lakshmvilas Rasa* 2 tds for 5 days
2. Tab. Azee 500mg 1 OD for 3 days.
3. Tab. doxobid 200mg BD for 15 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 *Yashtimadhu phant* with *Nirgundi Taila* for 7 days.

### Observations and Results

Table 1: Assessment of the patient before treatment, mid treatment and after treatment. (byVAS Scale)

Symptoms	Before treatment Day 0	Mid treatment Day 7	After treatment Day 14
<i>Sakashta Shwash</i>	7	5	4
<i>Sakapakasa</i>	7	6	4
Chest pain	6	4	4
Wheezes	7	4	3
Respiratory rate	32/min	28/min	22/min
SPO2	92% @R.A.	93% @R.A.	95% @R.A.
PFER	300L/min	310L/min	320L/min

### Statistical analysis -

% of relief was calculated by applying VAS scale before and after treatment.

$$= \frac{IPL - IPO}{IPL} \times 100$$

Where, IPO - score on initial day of assessment (Day 0). IPL - score on last day of assessment (Day 15).

Table 2: Percentage of relief from symptoms

Symptoms	% of relief
<i>Sakashta Shwasa</i>	75

Sakaphakasa	75
Chest pain	50
Wheezing	57.14

### Discussion-

One of the basic Ayurvedic principle of treatment is *Sampraptibhang* .

Probable mode of action of *Yashtimadhu phant* with *Nirgundi taila* in *TamakaShwasa* –

1. *Yashtimadhu* - Latin name: *Glycyrrhiza glabra*. Family: Leguminosae.

- a) Rasa - Madhura,
- b) Vipaka - Madhura,
- c) Veerya -Sheeta,
- d) Gunas - Guru and Snigdha.

It acts as expectorant due to its *Madhura Rasa and Snigdha Guna*. It reduces the stickiness of *Kapha Dosh*a due to its *Snigdha Guna*. It pacifies *Vata Dosh*a by its *Guru, Snigdha Gunas and Madhura Rasa*.

2. *Nirgundi taila* -

*Nirgundi taila* is made of *Nirgundi Panchang* , *Bringaraj Panchang* ,*Tila taila*.

Latin name- *Vitex nigundo Linn.*

Family – Verbenaceae Rasa- Tikta, Kashaya, Katu Vipak- Katu.

Virya- Ushana

Guna- Laghu Rukhsha

*Nirgundi* helps decongest the respiratory tract by removing phlegm from it. This helps open passages for air to pass improving the ventilation and normalises the breathing.it is *Shothahar, Vedanasthapak, Kasahar, Rasayan, Kaphaghna*.

### *Bhringraj*-

Latin name-*Eclipta Alba Linn.*

Family – Compositae Rasa- katu, tikta Vipaka- katu

Virya- ushna

Guna- ruksha tikshna

It is *Kaphavatashamak* by *Rukhsha Laghu Tikta* and *Ushna Guna*.It is an excellent appetizer,digestant .It is *Amapachak* . Being an expectorant and *Raktagami* ,it is used in cough and Asthama.

*Til taila* –

Rasa – Madhur, Kashaya, Tikta, Katu Vipak – Madhur,

Virya – Ushna,

Guna - Suksma, Guru, Sara, Dipan, Lekhana, Balya

Action on dosha - Alleviates *Tridosha*.

*Pancamahabhoutik* composition - prominently *Pruthvi and Apa*

It is bitter (*Rasa: tikta*), heavy, oily, easily penetrable (*Guna: Guru, Snigdha, Sookshma*) hot (*Virya: Ushna*), digestive. It gives strength, nutrition, digestive power and has antioxidant properties. It is one of the best oil that can be applied on *Vata Vyadhi*. It is one of the best base oil used in ayurvedic drug formulations.

The use of *Yashtimadhu Phant* with *Nirgundi Taila* was found to significantly reduce the symptoms of *Tamaka Shwasa*, such as *Sakashtashwasa*, *Sakphakasa*, chest pain, and wheezing.75% of *Sakashtashwasa* relief was shown, as well as 75% relief by *Sakphakasa* showed. While wheezing shows 57.14% relief, the chest pain symptom was relieved by 50%. Additionally, there were improvements in the RR and SPO2 factors. In contrast, SPO2 increased to 95% @ R.A. from 92% @ R.A. and RR was lowered from 32/min to 22/min And PEFr from 300L/min to 320L/min.

## Conclusion

It can be concluded that, *Yashtimadhu Phant* 40 ml with *Nirgundi Taila* 5ml is effective in the management of *Tamakashwasa* as an adjuvant therapy. It has beneficial effects on *Sakashtashwasa*, *Sakaphakasa*, chest pain, wheezing respiratory rate and SPO<sub>2</sub>, PEF<sub>R</sub>.

## 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 *Tamaka Shwasa* also with other drugcombination.

## References-

- [1] Edited by - Fauci, Kasper, Longo, Jameson, Loscalzo, HARRISON'S Principles of Internal Medicine, 19<sup>th</sup> Edition, Volume 2, Page no. 1669-1676.
- [2] Edited by - Nicki R. Colledge, Brian R. Walker, Stuart H. Ralston, Publication Churchill Livingstone Elsevier, Davidson's Principles and Practice of Medicine, 22<sup>nd</sup> Edition, Page no. 668.
- [3] Edited by - Editor in chief - Y. P. Munjal, Executive Editor - S. K. Sharma, Editors - A. K. Agarwal, P. Gupta, S. A. Kamath, M. Y. Nadkar, R. K. Singal, S. Sundar, S. Verma, Associate Editors - G. S. Pangtey, A. Prakash, Emeritus Editors - S. N. Shah; Publication – Jaypee Brothers Medical Publishers (P) Ltd., API Textbook of Medicine, 9th Edition, Page no. 1704-1710.
- [4] Acharya Priyavat Sharma, Hindi Vyakhyakar – Acharya Vidyadhar Shukla and Prof. Ravidutt Tripathi, Chaukhambha Sanskrit Pratishthan, Varanasi, Charak Samhita, part 2, Chikitsasthan, Adhyay -17.
- [5] Prof. Dr. A. P. Deshpande, Prof. Dr. R. R. Jawalgekar and Prof. Dr. Subhash Ranade, Proficient Publishing House, Pune, Dravyaguna Vidnyana, Part 2, Reprint Edition - May 2011, Page no. 513-518.
- [6] Vd. Ramdayal Joshi Ramnarayan, Shri Baidyanath Ayurveda Bhavan Pvt. Ltd., Kolkata, Kadambari Printers, Nagpur, Ayurved Sara Sangraha, Reprint Edition - January 2004, Page no. 686-687.
- [7] Prof. Vd. Y. G. Joshi, Pune Sahitya Vitaran, Kayachikitsa, Reprint Edition - April 2010, Page no. 302-314
- [8]. Vd. Shri nagindas chaganlal shah rasvaidyen sangruhit, Bharat Bhaishyajya ratnakar, trutiya bhaga, pakaradi kashay prakaran, shloka number 30730 ,page no 263
- [9] KD Tripathi, essentials of medical pharmacology , edition 6 ,chapter 16, page no.221
- [10]. KD Tripathi, essentials of medical pharmacology , edition 6 ,chapter 20, page no.221-222
- [11] Fauci, Braunwald, Harrison's principles of internal medicine , edition 17 , vol. II, Part 10 , disorder of respiratory system , page no. 160