

A Clinical Study to Evaluate the Efficacy of Sadyo Vamana with Dhamargava Kalpa in Tamaka Shwasa with Special Reference to Bronchial Asthma

Dr. Seema Holeppagol¹, Dr. Rajesh Sugur², Dr. Shilpa Sree. K³

¹Post Graduate Scholar, Department of PG Studies in Panchakarma,

²Professor, Department of PG Studies in Panchakarma,

³Assistant Professor, Department of PG Studies in Panchakarma,

^{1,2,3}Taranath Government Ayurveda Medical College and Hospital, Ballari, Karnataka, India

ABSTRACT

Among many diseases which hamper the pranavaha srotas, Tamaka shwasa stands first. It is predominantly kaphavataja vyadhi originating from pittasthana. Aggravated Vata leads to pratiloma gati, enters the pranavaha srotas, afflicts the Kapha and produces symptoms like peenasa, ghurghuraka, shwasa, kasa, pramoha, parshvagraha, lalata sweda, vishushkasyata. In modern science same thing is understood as Bronchial asthma. It affects an estimated 300 million individuals worldwide. Among India's 1.31 billion people, about 6% of children and 2% of adults have asthma. This condition requires atyayika chikitsa in its acute onset which gives quick and instant relief of complaints. Sadyo vamana karma is one such procedure which can be adopted when the vitiated kapha dosha is in Utklishta or Uthsanna avastha in its swasthana. In Modern science the usage of corticosteroids for longer time produces adverse effects. Hence there is need to find out a treatment which are safer, nontoxic and cost effective. By considering all above factors, in present clinical study 30 subjects diagnosed as tamaka shwasa were subjected to Sthanika abhyanga with Murchita tila taila, Nadi sweda with brihat panchamula kwatha and sadyovamana with Dhamargava kalpa. Statistically significant results were seen in all the subjective and most of objective parameters.

KEYWORDS: Tamaka shwasa, Utklishta dosha, Abhyanga, Nadi sweda, Sadyovamana, Bronchial asthma.

INTRODUCTION

Many chronic recurrent airway diseases are increasingly seen all over the world due to atmospheric pollution, rapid environmental change, diet and lifestyle change. Among them Bronchial asthma is one of the main disorder. Asthma affects an estimated 300 million individuals worldwide¹. Among India's 1.31 billion people, about 6% of children and 2% of adults have asthma². It can be correlated with Tamakashwasa in Ayurveda.

Tamaka Shwasa is one among the five types of Shwasa roga. In Ayurveda Shwasa roga explained under Pranavaha srotogata vikaras³. Among many diseases which hamper the pranavaha srotas, Tamaka shwasa stands first. It is predominantly kaphavataja vyadhi originating from pittasthana⁴. Aggravated Vata

leads to pratiloma gati, enters the pranavaha srotas, afflicts the Kapha and produces symptoms like peenasa, ghurghuraka, shwasa, kasa, pramoha, parshvagraha, lalata sweda, vishushkasyata⁵. In other Samhitas like Sushruta, Madhava Nidana, Yogaratanakara mentioned as Kaphaja Vikara.

The signs, symptoms and etiopathogenesis of Tamaka shwasa similar as Bronchial Asthma, in this condition persons air way becomes inflamed, narrow, swollen and produces extra mucus which makes it difficult to breath⁶. In modern science have a lot of similarities with the disease entity Tamaka Shwasa. The main features of Bronchial Asthma are breathlessness, chest tightness, wheezing and cough.

How to cite this paper: Dr. Seema Holeppagol | Dr. Rajesh Sugur | Dr. Shilpa Sree. K "A Clinical Study to Evaluate the Efficacy of Sadyo Vamana with Dhamargava Kalpa in Tamaka Shwasa with Special Reference to Bronchial Asthma" Published in International

Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-1, February 2024, pp.489-496,

URL:

www.ijtsrd.com/papers/ijtsrd63425.pdf

Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



IJTSRD63425



In modern science bronchial asthma managed by bronchio dilators and corticosteroids with long acting beta agonist, which are having adverse effects on long term use. In present scenario Ayurveda is the best way to effectively & safely manage the condition without inducing any drug dependency, decreases episodic recurrence of the disease and also provides long term relief to the patient.

Vamana karma is the best line of treatment for Dushita kapha & pitta which will be expelled out through Urdwamarga⁷. Tamaka shwasa which is a Kaphavataja vikara & Pitta sthana samudbhavita is one of the indication for Vamana karma. In addition to Kapha in the pathogenesis of Shwasa, aggravated Vayu also play an important role. So mrudu vamana should be given.

In vega kalina Avastha of tamaka shwasa there will be presence of *Utklishta kapha Dosha in swasthana i.e urdhwa amashaya*. So immediate elimination of kapha dosha should be done for relief of symptoms. Foundation of the concept of *Sadyovamana* emerges here, which helps in elimination utklishta kaphadosha situated in swasthana immediately through oral route and restores the normal gati of vata.

Ancient Ayurvedic *Samhitas* also mentioned the conditions where *Sadyovamana* has been instructed to be done. *Sadyovamana* can be used only in *Utklishta Dosha Avastha* otherwise it may cause harm to the patient⁸. Tamaka shwasa is one among them where utklishta doshas should be removed immediately by administering snehana, swedana followed by vamana.

Sadyovamana helps here for immediate and quick elimination of vitiated *doshas* and leads to alleviation of the symptoms. An attempt has been made through the classical concept of *Sadyovamana with Dhamargava Vamana kalpa* which is indicated in Shwasa, Kasa, Shleshmashayasthita vata, kanta vaktrastha kapha sanchaya and jvara⁹. It is also having properties like pakwamashaya shodhana, kaphanissarana and kapha pittashamaka. As Tamaka shwasa is Vatakapha Pradhana, Pittasthana samudhbhava vyadhi. In this present study Dhamargava is selected as Vamana yoga. As drug having properties of Tikta rasa, ushna veerya, Katu vipaka, Laghu, Ruksha gunas does the Kaphashamana karma. It is having teekshna guna which helps to do kaphanissarana very quickly. So it had great impact on Samprapti vighatana of Tamaka shwasa.

This can be used as an emergency tool for the instant and speedy management of Tamaka shwasa in *Kaphapradhana utklishta doshas*.

AIMS

To evaluate the efficacy of Sadyovamana with Dhamargava kalpa in Tamaka Shwasa w.s.r Bronchial asthma.

OBJECTIVES

- To evaluate the therapeutic efficacy of sadyo vamana in Tamaka shwasa w.s.r to Bronchial asthma.
- To evaluate the therapeutic efficacy of sadyo vamana with Dhamargava kalpa in Tamaka shwasa w.s.r to Bronchial asthma.

METHODOLOGY

MATERIALS AND METHODS:

Source of Data:

Subjects attending the OPD and IPD Department of Panchakarma, Taranath government Ayurveda medical college and hospital Bellary, were taken randomly for study.

Method of collection of data:

30 patients who fulfilled the inclusive criteria were selected randomly irrespective of sex, religion, occupation and economic status. Observational clinical trial was conducted. Subjects were thoroughly examined both subjectively and objectively. Detailed history pertaining to previous ailment, previous treatment history, Family history, Habits, Ashtavidha pareeksha and Dashavidha pareeksha, Physical examination were noted. Hematological investigations, PEFr, ESR, AEC, Chest X ray was done. Subjects were registered for the present study with the help of proforma prepared for the study.

DIAGNOSTIC CRITERIA:

1. Patients will be selected as per the lakshanas of Tamaka Shwasa like Peenasa, Shwasa, Ghurghuraka, kasa, pramoha, kantodhwamsha, dukkhena kaphanissaranam, krichra bhashana, shayane shwasa peedana, Asino labhate saukhyam, parshwagraha, lalata sweda, vishushkasyata.
2. Patients presenting with cardinal features of bronchial asthma like breathlessness, recurrent cough, wheezing and chest tightness.

INCLUSION CRITERIA:

1. Patients presenting with lakshanas of Tamaka shwasa.
2. Patients presenting with signs and symptoms of Bronchial asthma.
3. Age between 16 to 50 years of either sex.
4. Patient fit for Vamana Karma.

EXCLUSION CRITERIA:

1. Patients with Tuberculosis, Lung cancer, Pulmonary embolism, Emphysema, Fibrosis of

lungs, Traumatic history, Cardiac asthma, Pregnant and lactating women.

2. Patients with other systemic diseases like DM, HTN, IHD which interferes with the course of treatment.
3. Patients with active Covid 19 infection and pneumonia due to covid infection.
4. Patients with severe asthma exacerbations.

PLAN OF TREATMENT

VAMANA KARMA

1. Preparation of the subject – Common for all.

Abhyanga and Swedana:

Sthanika abhyanga with sukoshna murchita tila taila mixed with saindhava lavana to Urah, parshwa, prushta was done for 15 minutes, followed by sthanika nadi sweda was done with brihat panchamula siddha kwatha till samyak swedana lakshanas were observed. This procedure was done till utklishta lakshanas were observed(1-5 days, varied from patient to patients)

ASSESSMENT OF DOSHA UTKLESHA LAKSHANAS: -

- Hrullasa
- Lala praseka
- Shareera Gourava
- Shiro gourava
- Kapha shtivana
- Bhakta dwesha
- Tandra

Sarvanga abhyanga and nadisweda was also done just prior to pradhana karma on the day of Vamana.

Utkleshakara ahara:

On the day before vamana, individual was instructed to have curd vada, curd rice, banana, dosa, milk & rice, sweet preparation made out of milk.

Counselling:

On the previous day of procedure, subjects were explained about the procedure in detail and were given the required instructions.

Preparation of medicine

On the day before vamana karma:

Preparation of yashtimadhu kashaya- 1 kudava(192gms) of yashtimadhu was taken and added with 1 Adhaka(3 liters) of water later reduced to 1/4th i.e 750ml.

Dhamargava vamana yoga-The dry and clean fruit of dhamargava was taken and emptied by removing seeds, then it was filled with decoction of yashti madhu(750ml) mixed with jaggery and kept

overnight. Then next day morning decoction was used for vamana as vamana yoga.

On the day of Vamana:

Related to the vamana dravya-Preparation of Yastimadhu phanta, Ksheera, Saindhava jala.

Related to the subject –

On the day of Vamana, patients were instructed to get up early in the morning around 5am, advised to pass natural urges. Sarvanga Abyanga and Baspa sweda followed by hot water bath was advised. Subject was made to sit in a comfortable position in the Vamana peeta comfortably covered with a white cloth.

Pradhan karma-

Svasthivachana was done. Pulse, Blood Pressure, Heart rate and Respiratory rate Were recorded. Subject was made to take Akantha Pana of ksheera (upto ltrs.). Vitals were recorded. Dhamargava vamana kalpa was administered. Signs of Sweda pradurbava, Romaharsha, Kukshi adhmama, Hrillasa, Praseka if appeared were noted. One Muhurtha was the time the Nireekshana kala for the initiation of Vegas. Procedure was continued till the appearance of Pittanta lakshanas like appearance of Pitta, Katu-Tikta Asyata, Kantadaha. Luke warm Saindhava jala and plain water was administered at the end. Assessment of type of Shuddhi was done. At the end of the procedure vitals were recorded.

Paschat Karma

Patient was made to wash face with cold water, hands and legs with hot water, Kavala were advised with Luke warm water and to sit down comfortably. After 45minutes of rest, Dhumapana was given with Haridradhooma varti. Patient was instructed to avoid Asta mahavarjyakara bhavas. The individual was instructed not to have any food till the appearance of hunger & till that time, if needed one may use lukewarm water to drink.

ASSESSMENT CRITERIA:

Patients were assessed before and after the completion of treatment. The following parameters were considered. They were graded and scores were given as follows:

A. SUBJECTIVE PARAMETERS:

- Shwasakruhrata
- Kasa
- Ghurghuraka
- Dukkhenakaphanissaranam
- Peenasa
- Kantodhwamsham
- Shayaneswasapeedita

Table no.56 showing grading for subjective criteria

Subjective Criteria	Normal (0 grade)	Mild (1 grade)	Moderate (2 grade)	Severe (3grade)
Shwasa Krichrata	No symptoms	Breathless with activity, frequency 1 to 2 times/week.	Breathless with talking, frequency 2 to 4 times/week.	Breathless at rest, frequency 4 to 6 times/week, with limited activity.
Kasa	No cough	Morning bouts or after exercise- it won't disturb work	Continuous cough during day and morning, it disturbs work	Continuous and night cough, here it disturbs activities.
Ghurghuraka	No wheezing	Moderate wheezing at mid to end respiration, not more than 1 to 2 times/ week	Loud wheeze throughout expiration, not more than 2 to 4 times/week	Loud inspiration and expiration wheeze, more than 4 to 6 times/week
Dukhena Kapha nissaranam	No phlegm	Approximate 2.5ml/day without pain	In between 2.5ml to 15ml/day with mild pain	From 15ml to 25ml/day with pain
Peenasa	No common cold and cough	Initially present or occasionally	Continuous throughout a day with cough	Continuous throughout a day and night
Kantodwamsha	No hoarseness of voice	0 or 1times hoarseness of voice while speaking sentence	1 or 2 times hoarseness of voice while speaking phrase	Hoarseness of voice associated with words and phrase
Shayane Shwaspeedita	No discomfort	< 1or 2time/month	2 time/week	>3 times/day or frequently

B. OBJECTIVE PARAMETERS:

- PEFR
- ESR
- RONCHI
- AEC

INVESTIGATION:

Blood investigation: 1. Hb%, TC, DC 2. ESR 3. RBS 4. AEC

Radiological investigation: X-ray of chest (if necessary)

Other: Peak expiratory flow rate.

OBSERVATIONS**Distribution of subjects according to age group :-**

In this Study, 7(23.33%) patients belonged to age group 16-30yrs, 14(46.66%) patients belonged to age group of 31-40yrs, 09(30%) patients belonged to age group of 41-50yrs.

Distribution of subjects according to gender-

In this group, 10(33.33%) patients were male and 20(66.66%) were female.

Table No.66 showing incidence of pradhana vedana

Pradhana Vedana	No of Patients	Percentage
Greevashirasangraha	15	50%
Peenasa	27	90%
Ghurghuraka Shabdha	29	96.66%
Shwasa Kruchrata	30	100%
Kasa	28	93.33%
Dukhena Kapha Nissaranam	30	100%
Kantodhwamsha	16	53.33%
Kruchrabhashita	3	10%
Anidra	29	96.66%

Shyayane Shwasa Peedita	30	100%
Asinolabhate Soukhyam	28	93.33%
Ushnabhinandana	16	60%
Swinnata Of Lalata	16	53.33%
Vishushkasya	22	73.33%

RESULTS

OVERALL ASSESSMENT:

The some points of all the parameters of assessment before and after follow up were taken into consideration to assess the total effect of the treatment as follows.

Sl. No	Assessment Criteria	BT Mean	AF Mean	Percentage	P value	Remarks
1	Shwasakruchrata	1.37	0.20	85.40%	<0.001	HS
2	Kasa	1.27	0.066	94.80%	<0.001	HS
3	Ghurghuraka	1.83	0.20	89.07%	<0.001	HS
4	Dukhena kaphanissaranam	1.90	0.07	96.31%	<0.001	HS
5	Peenasa	1.30	0.43	66.92%	<0.001	HS
6	Kantodhwamsha	1.03	0.40	61.16%	<0.001	HS
7	Shyayane shwasa peedita	1.60	0.20	87.5%	<0.001	HS
8	PEFR	240.33	318.66	32.59%	<0.001	HS
9	ESR	34.17	20.87	38.92%	<0.003	HS
10	Ronchi	0.97	0.11	88.65%	<0.001	HS
11	AEC	383.90	389.07	-1.34%	0.648,>0.01	NS

DISCUSSION ON RESULTS:

All the subjective and objective parameters showed highly significant results except AEC.

SUBJECTIVE PARAMETERS:

1. SHWASA KRICHRATA:

Mean with percentage of Shwasakrichrata BT-1.37, AT-0.43(68.61%), AF-0.20(85.40%) reduction of Shwasakrichrata. The effect of therapy on Shwasakrichrata shown highly significant from BT-AF with p-value<0.001.

In Asthma resistance to airflow become especially great during expiration due to occlusion of bronchioles. During an exacerbated condition there will further occlusion resulting from the external pressure which creates severe obstruction during expiration, therefore there is great difficulty in expiring air. When Vamana Karma is administered at this stage it eliminates the accumulated *Kapha* immediately from lungs and clears the bronchial tree from excess mucous secretions and reduces the resistive load, by removing the the *kapha avarana anuloma gati* of Vata takes place and relieves Dyspnoea.

2. KASA:

Mean with Percentage of Kasa BT-1.27, AT-0.43(66.14%), AF-0.066(94.80%), reduction of Kasa symptom. The effect of therapy on Kasa was shown highly significant from BT-AF with p value<0.001. As procedure vamana expels the *kapha* by clearing the air spaces the reduction of symptom *kasa* was observed in greater percentage.

3. PEENASA:

Mean with percentage of Peenasa BT-1.30, AT-0.57(56.15%), AF-0.43 (66.92%) reduction of Peenasa. The effect of therapy on Peenasa was highly significant statistically from BT-AF with p-value<0.001.

4. KANTODWAMSHA:

Mean with percentage of Kantodwamsha BT-1.03, AT-0.53(48.54%), AF-0.40(61.16%) reduction of Kantodwamsha. The effect of therapy on Kantodwamsha was shown highly significant from BT-AF (p- value<0.001)

5. GHURGHURAKATA:

Mean with percentage of Ghurghurakata BT-1.83, AT-0.50(72.67%), AF-0.20(89.07%) reduction of Ghurghurakata. The effect of therapy was shown highly significant from BT-AF with p-value<0.001

The Ghurghuruka is due to Pranavaha Sroto Avarodha by vitiated *Kapha*. Excess *Kapha Udirana* takes place resulting in Sroto avarodha which obstructs normal flow of Vayu and Ghurghuruka is produced during breathing. Vamana karma eliminates the accumulated *Kapha* from Uras and clears the bronchial tree, thus relieving Ghurghuruka in a better way. Also, as the pathogenesis factors like Agnimandya and Ama, in turn does Rasa Dushti, finally results in *Kapha Vriddhi* in Pranavaha Srotas. Proper samsarjana krama followed after Vamana was an added effect helped in normalizing the function of Agni.

6. SHAYANE SHWASA PEEDITA:

Mean with percentage of Shayane shwasa peedita BT-1.60, AT-0.57(64.37%), AF-0.20(87.5%) reduction of Shayane shwasa peedita. The effect of therapy on Shayane shwasa peedita was shown highly significant from BT-AF with p-value<0.001.

Patient feels breathlessness while lying down, there is an airways inflammation, increased mucous secretion and blockage of airways. Due to this patient's complaints of nocturnal wheezing, troublesome breathing. In night shift patient usually experiencing the breathing attack during day sleep. In sitting position diaphragm is lowered and secretion of airways will not obstruct the airways completely. There will be more space for gases exchange. While sleeping increased airways resistance, decreases lung volume. so patient experience more breathing difficulty while sleeping. By doing abhyanga, nadi sweda followed by Vamana with Dhamargava yoga, helps to expel out the accumulated Kapha from Sukshma srotas through its properties like Tikta, Katu rasa and From Katu vipaka. So, by this patient got relief from discomfort while sleeping.

7. DUKHENA KAPHANISSARANAM:

Mean with percentage of Dukhena kapha nissaranam BT-1.90, AT-0.87(54.21%), AF-0.07(96.31%) reduction of Dukhena kapha nissarana. The effect of therapy on Dukhena kapha nissarana was shown highly significant from BT-AF with p-value <0.001.

The mucus secreted in the respiratory tract is tenacious and sticky, so if expectoration could not clear the airways and secretion obstructs the air passage. To expel this viscid secretion constant coughing will be there and the patient gets exhausted due to cough. Vamana with dhamargava yoga having Tikshna, Sukshma guna and Katu vipaka, by these properties eliminates the Grathita Kapha from Sukshma srotas. After Vamana there is no Kapha in srotas and if remnant Kapha is there also, it comes very easily.

OBJECTIVE PARAMETERS:**1. PEFR:**

Mean with percentage of PEFR BT-228.67, AT-279.67(22.30%), AF-318.67(39.35%) shows the Improvement in PEF level which is statistically highly significant with p value of <0.001. PEFR Improvement may be because of occluded Kapha is expelled by Vamana with dhamargava yoga having the property of Tikta rasa, Katu vipaka, ushna veerya, so that clears the airway obstruction.

In asthma resistance to airflow become especially more during expiration due to occlusion of bronchioles in asthmatic lungs, because Bronchioles of asthmatic lung is already partially occluded and

further occlusion resulting from the external pressure creates especially severe obstruction during expiration, therefore there is a great difficulty in expiring air.

2. ESR:

Mean with percentage of ESR BT-34.17, AT-23.80(30.34%), AF-20.87(38.92%) reduction of ESR value. The effect of therapy was highly significant from BT-AF with p-value<0.001

3. RONCHI:

Mean with percentage of RONCHI BT-0.97, AT-0.27(72.16%), AF-0.11(88.65%) reduction of ronchi . The effect of therapy was highly significant from BT-AF with p-value<0.001

4. AEC:

Mean with percentage of AEC BT-383.90, AT-383.23(0.17%), AF-389.07(-1.34%) reduction in AEC value. The effect of therapy was not significant from BT-AT with p-valu>0.01.

Systemic inflammation measured by ESR and AEC. There will be raise of AEC and ESR in Bronchial asthma. During usage of inhaled steroids plus inhaled beta-2 agonist significantly reduced systemic inflammation of asthmatic patients and reduced the AEC and ESR level. But in my study, there is raise of AEC after treatment may be because of restricted to use of inhaled steroids and beta-2 agonist during my treatment as well as may be because of chronicity of disease.

Overall subjective result:

Mean with percentage of overall subjective parameters, BT- 10.3 AT-3.9(62.13%), AF-1.56(84.85%). Improvement is seen from BT to AF. This Shows symptoms of Kasa, Shwasakrichrta, Gurghuraka, Asinolabate sukham, Dukhen kaphanissaranam, Peenasa and Kantodwamsha was statistically highly significant with p value<0.001. This clearly indicates that Tamaka shwasa being a Kaphavataja vyadhi can be well managed by Vamana with Dhamargava yoga which has Sroto shodhana action. By this expels the accumulated Kapha and result in normal breathing.

Overall objective result:

In this study Mean with percentage of PEFR B T - 240.33, AF-318.66(32.59%), ESR BT 34.17, AF-20.87(38.92%) And RONCHI BT-0.97, AF-0.11(88.65%) showed highly significance, but AEC B T - 383.90, AF-389.07(-1.34%) was increased after treatment.

DISCUSSION:

As almost all patient exhibit Vatakapha Pradhana Samprapti. Kapha which obstructs the movement of

Vata in Pranavaha srotas that further vitiates the Vata which moves in Pratiloma ghati and manifests the disease. So aim of the treatment is to remove the obstruction caused by kaphadosha and to restore normal gati of vata. Here in present study Patient in vegavastha are given sthanika abhyanga with murchita tila taila with lavana and then subjected to Swedana by Nadi Sweda with brihat panchamula kwatha. This is a specific condition where Sneha with Lavana is indicated. Sa lavana Sneha abhyanga supervenes within short period of time because both sneha and lavana have Sukshma property and hence greater penetrating power. It is also having Doshasanghata Vichedakara property and Ushna guna of taila helps to alleviate vata, and does not increase Kapha and so this is appropriate for Abhyanga. In Tamaka Shwasa grathita kapha will be present and hence to break this Vikriti Doshasanghata, Sa lavana Sneha is useful. Also pressure given by Abhyanga in direction of Lymph drainage will increase the flow of lymph and does Dosha utkleshana from tissue spaces. By doing Swedana heat is transformed inside the body which liquefies the Dosha and increases the blood flow and leads to increased osmotic pressure. Ushna Guna of Swedana helps to Liquify the Kapha further. So After snehana and swedana, leena dosha which is situated in Sukshma srotas come to Kostha by Anupravana Bhava.

- As vata is a dominant dosha, Srotosankocha is considered during pathogenesis and Snehana & Swedana is useful to relieve Srotorodha. this procedure is continued till utklishta lakshanas like Hrullasa, Lala praseka, Shareera Gourava, Shiro gourava, Kapha shtivana, Bhakta dwesha, Tandra were observed, which ultimately helped to assess the presence of utklishta doshas in amashaya and after that vamaana is administered.
- Acharyas have mentioned that vamaana does the urdhvabhaga shodhana by expelling apakwa kapha and pitta. Thus removing the margavarodha produced by kapha dosha and helps in easy movement of vatadosha. As acharya charaka alone mentioned the 355 different Vamaana yoga. Among those very few in our day today practice. So, it's need of the our to revalidate the efficacy of those formulations.
- As a vamaana Dravya Dhamargava is selected, In Dhanwantari nighantu and Kaiyadeva Nighantu, dhamargava is mentioned as vamaana dravya for shwasaroga. Acharya Charaka indicated Dhamargava as Vamaana dravya in Kasa, Shleshma ashayasthita vata, kanta vaktrastha kapha sanchaya and jvara. It is also having properties like pakwamashaya shodhana,

kaphanissarana and kapha pittashamaka.

- In addition to Kapha in the pathogenesis of Shwasa, aggravated Vayu also plays an important role. It should be ensured that this Vayu is not further aggravated, for that, Ruksha Aahara and Tikshna Vamaana Dravya should be avoided hence in this study Dhamargava kalpa is selected as it is a Mrudu Vamaana.
- Present study showed Highly significant results in reduction of Pratyatma (Subjective parameters) lakshanas like Kasa, Shwasakrichrata, Gurghuraka, Dukhena kaphanissarana, Asinolabate sukham, Peenasa and Kantodwamsha of Tamaka shwasa.
- Whereas in objective parameters like PEFr, ESR, RONCHI shows highly significant, but AEC results are statistically not significant.

CONCLUSION

Tamaka shwasa is one among the life style disorder having kaphavata predominance and can be correlated to bronchial asthma due to similarities in signs and symptoms. Vamaana is specific treatment for kapha and kapha samsargaja vyadhis, Sadyovamaana karma acts as best line of treatment for Tamaka shwasa where the Kapha Dosha is in Utklishta or Uthsanna Avastha and it is adopted in emergencies as atyayika chikitsa in Atyayika Avastha.

Result of the present study showed the importance of sadyovamaana karma in tamaka shwasa. In future, studies may be conducted on the same procedure with large sample size & by increasing the follow up period. Thus It can be concluded, the efficacy of Sadyovamaana Karma With Dhamargava kalpa in Tamaka Shwasa provides better results with greater acceptance.

REFERENCES

- [1] <https://www.medscape.com/answers/296301-7945/what-is-the-worldwide-prevalence-of-asthma>
- [2] https://www.google.com/url?sa=t&source=web&rct=j&url=http://globalasthmareport.org/management/india.php&ved=2ahUKewjg3vjap8vxAhUSxTgGHSEEDtYQFjAOegQIExAC&usq=AOvVaw3_DhKbNGjMjzjuIl56nkK&csid=1625467066840
- [3] Acharya Agnivesha, Caraka Samhita, annotated by Caraka and redacted by Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by vaidyayadavajitrikamji Acharya, varanashi Chowkhamba krishnadas academy prakashana 2016 Nidanasthana 6th chapter, Verse no-4, Pp-219.

- [4] Acharya Agnivesha, Caraka Samhita, annotated by Caraka and redacted by Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by vaidyayadavajitrikamji Acharya, varanashi Chowkhamba krishnadas academy prakashana 2016 Chikisthana,chapter 17, Verse-8, Pp-533.
- [5] Acharya Agnivesha, Caraka Samhita, annotated by Caraka and redacted by Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by vaidyayadavajitrikamji Acharya, varanashi Chowkhamba krishnadas academy prakashana 2016 Chikisthana, Chapter 17, Verse 55-62, Pp-535.
- [6] Davidson principles and practice of medicine, edited by Christopher haslett, 18thed.london Churchill Livingstone's.
- [7] Sharangadharacharya, Sharangadhara Samhita, Translated by Dr. P. Himasagara Chandra murthy, Chowkambha Sanskrit series office, Varanasi, Reprint 2018,Purvakanda ,Chapter 4,Verse 7,Pp-34.
- [8] Acharya Agnivesha, Caraka Samhita, annotated by Caraka and redacted by Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by vaidyayadavajitrikamji Acharya, varanashi Chowkhamba krishnadas academy prakashana 2016 Chikisthana, chapter 03, Verse-147-148, Pp-410.
- [9] Acharya Agnivesha, Caraka Samhita, annotated by Caraka and redacted by Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by vaidya yadavajitrikamji Acharya, varanashi Chowkhamba krishnadas academy prakashana 2016 kalpasthana Chapter 4, Verse 4, Pp-659.

