AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF *VASADRAKSHADI KASHAYA* AND *NAYOPAYAM KASHAYA* IN *TAMAKA SHWASA* W.S.R TO BRONCHIAL ASTHMA

B Pooja Krishnan[1]*, K Ravindra Bhat[2], Waheeda Banu[3]

*[1]PG Scholar, [2]Professor, [3]HOD & Professor, Dept of PG studies in Kayachikitsa, Karnataka Ayurveda Medical College & Hospital, Mangalore, Karnataka, India.

Article info

Article History:
Received: 29-01-2025
Accepted: 16-02-2025
Published: 20-03-2025

KEYWORDS:
Tamka Shwasa, Vasadrakshadi Kashaya, Nayopayam kashaya.

ABSTRACT

Tamaka Shwasa is a *Pranavaha srotoroga*. Any deviation from the normal physiology of respiration can be considered as *Shwasaroga*. The word *Tamaka* denotes darkness. The disease is termed *Tamka Shwasa* since it aggravates during *Durdina*/cloudy days and on adopting *Kapha* and *Vata* aggravating food and regimens. Various etiological factors including diet, regimens, certain external factors and some diseases when aggravates finally leads to *Shwasaroga*. All these etiological factors aggravate *Vata* and *Kapha dosha*. Aggravated *Kapha dosa* accumulates in *Pranavahasrotas* obstruction normal flow of *Prana vayu*, when *Prana vayu* tries to overcome this obstruction, it takes a *Villoma gati* and moves upward resulting in *Shwasa* which is manifested as symptoms like breathing difficulty. Acharya Charaka has clearly mentioned the importance of *Nidana parivarjana* along with *Shodhana* and *Shamana chikitsa* with special importance to *Vatahara, Brmhana* and *Shamana chikitsa*. The present comparative study was done to evaluate the efficacy of *Vasadrakshadi Kashaya* and *Nayopayam Kashaya* in managing *Tamaka Shwasa*. It was observed that *Vasadrakshadi Kashaya* proved more effective in reducing *Kasa* in *Tamak Shwasa* patients, both *Kashyas* are effective but *Nayopayam Kashya* is more effective than *Vasadrakshadi kashaya* in managing *Tamaka Shwasa*.

INTRODUCTION

Tamaka Shwasa is explained by *Brihattrayes*, *Madhavanidan*[1], *Yogarathnakar*[2] and *Bhava-praksha*[3]. The disease is called *Tamaka* as it appears especially on *Durdina* and *Tama* i.e., darkness. *Nidana*[4] of *Tamaka Shwasa* includes *Aharaja, Viharaja*, *Vyadhinimitaja andagantuja* factors, *Tamaka Shwasa* is *Kapha-vatajavikara* and site of its origin is *Pittasthana*[5]. Acharya Vaghbhata has mentioned *Uras* as *Adhisthana* of *Vyadhi* and *Amashaya* to be the origin. Involvement of *Pitta sthana* explains the role of *Agni* and *Ama*. *Nidana* leads to *Pratilomagati* of *Vata* which in turn vitiates *Kapha dosha* cause *Peenasa*. *Vata* moving through *Kapha avruthapranavahasrotas* leads to *Gurghurata*, *Atitivravegashwasana* and other *Lakshanas*.[6] Acharya Charaka has mentioned two stages of *Tamaka Shwasa- Pratamaka Shwasa* and *Santamaka shwasa*[7]. Acharyas Sushruta and Vagbhata have mentioned only *Pratamaka*. While describing the management Acharya Charaka has clearly mentioned the importance of *Nidana parivarjana* along with *Shodhana* and *Shamana chikitsa* with special importance to *Vatahara, Brmhana* and *Shamana chikitsa*.[8]

Tamaka Shwasa is manifested as *Gurghuraka* (wheezing), *Swasakrucharata*, (difficulty in breathing) *Kasa* (cough) as *Pradhana lakshana*[9] and *Hridyapidana* (chest tightness), *Parshvashula* (pain in sides of chest), *Anaha* (obstructed feces), *Pranavilomatha, Bhakthadwesa* (food aversion), *Aruchi* (tastelessness), as *Purvarupa*[10] which aggravates during '*Meghaambhushitapragvata*' (cloudy days) *Shleshmalaahara* and *Vihara* and during *Shayanam* (sleeping). There are several diseases that are *Pranahara*, *Shwasaroga* can kill a patient instantaneously i.e., '*Pranaanashunikruntatas*'.[11]

Access this article online

Quick Response Code

https://doi.org/10.47070/ayushdhara.v12i1.1878

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

Tamaka Shwasa is considered *Yapya* but *Sadhya* in its primary stage (*Avyakthalakshanas*), person of *Pravarabala* or both[12]. Since it need immediate care need to prevent *Tamaka Shwasa* into a stage where it becomes *Yapya* is to be considered. The management involves alleviation of *Shwasavega* or episodes and prevention of the disease and to improve the lung functions.

Vasadrakshadi Kashaya is a *Shamanakashaya* mentioned in *Sharangadara Samhita Kashaya Kalpana*.[13] All the ingredients' *Vasa*[14], *Draksha*[15] and *Abhaya*[16] have action on *Pranavahasrotas*, are mainly *Shwasakasahara*. In *Vasadrakshadi Kashaya madhu* and *Sharakara* are mentioned as *Anupana dravyas*. Acharya Sharangadhara has clearly mentioned the dose of *Anupana* for *Kashaya* based on *Dosha* predominance. *Tamaka Shwasa* being a *Kapha pradhanavyadhi* amount of *Madhu* to be added as *Anupana* is 1/14th and *Sharkara* is 1/16th.

Nayopayam Kashaya was first described in Ayurvedic textbook *Vaidya Manorama*[17] in the *Kasa Chikitsa* and also in *Arogyaraksha Kalpadruma*[18] in *Shwasahikka Roga Chiktsa*. The formulation *Nayopayam Kashaya* consists of *Bala*[19], *Jeeraka*[20] and *Nagara*[21] in ratio 3:2:1 as per *Vaidya Manorama* and 10:1:1 as per *Arogyaraksha Kalpadruma*.

MATERIALS AND METHODS

Source of Data

Literally Source

All Ayurvedic and modern literature, compiled text, journals, websites pertaining to disease and drugs in the indented study were referred.

Drug Source

The drugs required for preparation of *Kashaya* were collected and *Kashaya* was prepared from Rasashastra and Bishajayakalapana lab of Karnataka Ayurveda Medical College.

Table 1: *Vasdarakshadi Kashaya* and *Nayopayamkashaya*

S.No	Drug	Botanical Name	Proportion
Vasadrakshadi Kashaya			
1	*Vasa*	*Adathodavasica*	1 Part
2	*Draksha*	*Vitis vinifera*	1 Part
3	*Abhaya*	*Terminalia chebula*	1 Part
Nayopayam Kashaya			
1	*Bala*	*Sida cordifolia*	10 Parts
2	*Jeeraka*	*Cuminum cyminum*	1 Part
3	*Shunti*	*Zingiber officinale*	1 Part

Method of Collection of Data

Sample Source

Clinically diagnosed 60 patients of *Tamaka Swasa* were selected randomly.

Patients suffering from *Tamaka swasa* fulfilling the diagnostic criteria, inclusion and exclusion criteria were selected randomly from the outpatient and inpatient department of Karnataka Ayurveda Medical College and Hospital Mangalore, medical camps and referrals.

Inclusion and Exclusion Criteria

Eligible patients will be selected for study after signing detailed informed consent and then registered for this clinical trial. The registered participants will be treated with the medication as per the plan of intervention. The outcome will assess at baseline by comparing the efficacy of *Vasadrakshadi Kashaya* and *Nayopayam Kashaya* in *Tamaka Shwasa.*

Inclusion Criteria

- Age 32 -16 to 70 years of either sex.
- Patients having *Lakshanas* of *Tamaka Shwasa (Avegavastha)* vis-a-vis bronchial asthma of mild to moderate nature.
- Patients not taking any other medications for *Tamaka Shwasa*.
- Patients on other drug therapy will be included only after completion of the prescribed period.

Exclusion Criteria

- Patients showing *Asadhyalakshnas* of *Tamaka Shwasa*.
- Exacerbation of asthma.
- Upper and lower respiratory tract infections within 3 weeks.
- History of any other systemic disorders interfering with the course of treatment like uncontrolled diabetes mellitus, uncontrolled hypertension, cardiovascular disease.

- Evidences of active concomitants pulmonary disorders other than bronchial asthma.
- Comorbidities like gastroesophageal reflex disease, chronic rhinosinusitis, nasal polyp, food allergy, obesity, anxiety and depression.
- Pregnant and lactating women

Study Design

Total of 60 patients will be selected randomly and assigned into 2 groups A and B, each group containing 30 patients.

Intervention

Table 2: Intervention in Group A

Sample size	30 patients
Drug	*Vasadrakshadi Kashaya* (interventional)
Dose	18ml *Kashaya* with 30ml lukewarm water
Additives	*Madhu* and *Sharkara*, 6gm each
Time	Twice daily, morning and evening, before food
Duration	30 days

Sample size	30 patients
Drug	*Nayopayam Kashaya* (comparator)
Dose	18ml *Kashaya* with 30ml lukewarm water
Time	Twice daily, morning and evening, before food
Duration	30 days

Assessment Criteria

Subjective Parameters

- Improvement in signs and symptom of *Tamaka Shwasa* vis-a-vis bronchial asthma.
- Scoring of breathlessness based on MRC dyspnoea scale.
- Improvement in frequency and severity of day time and overnight time symptoms.
- Global Initiative for Asthma (GINA) asthma control assessment, Numerical asthma control tools - Asthma Control Questionnaires (ACQ) and Asthma Control Test (ACT).

Objective parameters

- Reduction in eosinophil count.
- Improvement in peak expiratory flow rate.

Clinical Evaluation of the Symptoms of *Thamaka Shwasa*

Subjective and objective parameters, has been graded/scored as following:

S.No	Assessment criteria	0 (Normal)	1 (Mild)	2 (Moderate)	3 (Severe)
1	*Swasakrucharata* (Shortness of breath)	No dyspnoea	Occasional or during morning. Do not disturb activity	Continuous during morning. Disturbs activity	Continuous throughout day and night. Disturbs activity
2	*Gurghuraka* (Wheeze)	No wheeze	Wheezing at end of respiration	Loud wheezing throughout expiration.	Loud inspiration and expiration wheeze
3	*Kasa* (Cough)	No cough	Occasional	Continuous during morning.	Continuous throughout day and night.
4	*Ura parshvapida* (Chest tightness)	No chest tightness	Occasional	Continuous during morning at time of dyspnoea.	Continuous throughout day and night during dyspnoea.

5	*Na chapinidramlabhate* (Night symptoms)	Sound sleep	Occasionally dyspnoea during sleep.3	Dyspnoea during day time sleep. Disturbs activity	Dyspnoea throughout day and night sleep. Disturbs activity
6	AEC	<500 cells/ mm^3	500-1500 cells/ mm^3	1500-5000 cells/ mm^3	>5000cells/mm^3
7	PEFR	>80 percent of predicted value	70-80 percent of predicted value	60-70 percent of the predicted value	<60 percent of the predicted value

Asthma Symptom Control	**Yes/No**	**Well controlled**	**Partly controlled**	**Uncontrolled**
Day time asthma symptoms more than twice/week? Any night waking due to asthma? Reliever for symptom more than twice/week? Any activity limitation due to asthma?		None of these	1-2 of these	3-4 of these

Grade: Well controlled-0, Partly controlled-1, Uncontrolled-2

Scoring of breathlessness based on MRC dyspnoea scale

S.No	**MRC Dyspnoea scale**	**Grading**
1	No breathless, except with strenuous exercise (D0)	0
2	Breathlessness when hurrying on level ground or walking up a slight hill (D1)	1
3	On level ground, walk slower than people of same age because of breathlessness, or have to stop for breath when walking at own pace on the level (D2)	2
4	Stop for breath after walking about 100m or after a few minutes on level ground (D3)	3
5	Too breathless to leave the house or breathless when dressing/undressing (D4)	4

Follow Up

Follow up will be done 15 days after completion of trial. Details will be collected from patient on 0^{th} day, 15^{th} day, 30^{th} day and 45^{th} day

Statistical Analysis

Data was analysed using the statistical package SPSS 26.0 (SPSS Inc., Chicago, IL) and level of significance was set at $P<0.05$. Descriptive statistics was performed to assess the mean and standard deviation of the respective groups. Normality of the data was assessed using Shapiro Wilk test. Inferential statistics to find out the difference within the group was done using Friedman Test followed by Post hoc test. Mann Whitney U test was used for between group comparisons.

OBSERVATIONS

After completing the study, the data recorded during the study period were statistically analysed for demographic observation.

Age

The observation shows distribution of cases among all the age groups. Maximum number of patients were from age group of 23-65 years in group A and 24-62 in group B. It is clear that, the active age group people are more prevalent because of the increased exposure to dust and smoke.

Sex

Both males and females were selected for the study. In group A there was 16 males and 14 females and group B there was 17 males and 13 females. Thus, more incidence is for males than females for the present study. This may be due to more exposure to environmental dust, dust at work site, construction sites etc, while females are exposed to household dust only.

Religion

In the present study religion has no significance, majority of the patients belonged to Hindu religion, may be due to more proportion of Hindus in the population considered for the present study.

Education

The cases were distributed among all educational qualifications in both the groups. In the present study the correlation between the incidence of the disease and educational status of the patients is difficult to be established.

Marital Status

The cases were distributed in both married and unmarried volunteers in both the groups. The higher incidence of the disease was seen among married patients. According to Reckmann F.M. (1958) has reported that anxiety panic, anger, jealous, sexual excitement may trigger bronchial asthma.

Socio Economic Status

In this present study population were more from middle class followed by upper class and lower class in both groups. In group A there were more cases from middle class followed by upper class and least cases in lower class. In group B also more cases from middle class followed by upper class and least among lower class.

Occupation

Patients were selected irrespective of their occupations in both groups The higher incidence in IT staffs may be due to constant exposure to air-conditioned rooms, dust, pollution in city. Use of cold drinks and stress at work may trigger asthma. Asthma in housewives probably may be due to constant exposure to allergens like house dust etc. It can be said that, irrespective of the occupation, one can develop *Tamaka Shwasa* as long as they are exposed to dust, smoke, excess humidity, cold in their work place. In group A and group B most of the patients were doing moderate and sedentary nature of work which may lead to obesity. Obesity acts as a trigger for asthma. Nature of work can cause or act as trigger for asthma.

Diet Habit

Diet habits of majority of patients were mixed type in both the groups. It was observed that most of the patients had habit of taking cold drinks which may trigger asthma. Cold drinks may vitiate *Doshas* involved in *Shwasaroga* and worsen the condition. But it cannot be stated that vegetarian diet doesn't cause or trigger asthma.

Habit

Some of the habits like smoking may cause destruction of cilia and indirectly reduces mucociliary defense mechanism and increased probability for infections and exacerbations of asthma. Drinking cold drinks may vitiate *Dosas* involved in *Shwasaroga*.

Sleep

In both the groups sleep was disturbed in majority of patients. *Tamaka Shwasa* precipitate during night while lying down, more dyspnea because the sides of chest in lying position get afflicted by *Vata* resulting in frequent paroxysms of dysponea.

Pet Attending

In both groups majority of patients were attending their pets. Asthma may be triggered by animal dander that may come off with fur or feather. Allergic asthmas are triggered by its exposure.

Table 4: Symptomatic observations after treatment of Group A and Group B based on subjective and objective parameters

	Normal		Mild		Moderate		Severe	
	Group A	**Group B**	**Group A**	**Group B**	**Group A**	**Group B**	**Group A**	**Group B**
Swasakrucharata	7	18	22	12	1	0	0	0
Gurguraka	15	25	15	5	0	0	0	0
Kasa	16	18	14	12	0	0	0	0
Uraha Parshva Pida	19	27	11	3	0	0	0	0
Na Nidra Labhata	24	27	6	3	0	0	0	0
PEFR	18	27	12	3	0	0	0	0
AEC	13	26	17	4	0	0	0	0
ACQ	3	29	27	1	0	0	0	0
MRC Dyspnoea Scale	28	29	2	1	0	0	0	0

RESULT

Table 5: Within group Comparison of *Swasakrucharta*

		Group A	Group B
Before Treatment		1.83±0.53	1.63±0.55
During Treatment		1.47±0.50	1.20±0.40
After treatment		0.80±0.48	0.40±0.49
After follow up		0.70±0.46	0.23±0.43
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.02*	0.003*
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0001*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.86	0.50
Mean Difference		1.13	1.4
Overall percentage		61.74%	85.88%

Table 6: Within Comparison of *Gurgurakha*

		Group A	Group B
Before Treatment		1.40±0.56	1.03±0.66
During Treatment		1.13±0.68	0.80±0.55
After treatment		0.50±0.50	0.17±0.37
After follow up		0.37±0.49	0.13±0.34
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.25	0.28
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0002*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.80	0.98
Mean Difference		1.03	0.9
Overall percentage		73.57%	87.37%

Table 7: Within group Comparison of *Kasa*

		Group A	Group B
Before Treatment		1.67±0.47	1.70±0.46
During Treatment		0.93±0.64	1.00±0.37
After treatment		0.47±0.50	0.40±0.49
After follow up		0.17±0.37	0.30±0.46
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.0001*	0.0001*
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*

	DT vs AT	0.003*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.10	0.82
Mean Difference		1.5	1.4
Overall percentage		89.82%	82.35%

Table 8: Within group Comparison of *Uraha Parshva Pida*

		Group A	Group B
Before Treatment		1.40±0.56	1.37±0.49
During Treatment		1.03±0.55	0.83±0.46
After treatment		0.37±0.49	0.10±0.30
After follow up		0.20±0.40	0.10±0.30
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.02*	0.0001*
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0001*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.56	0.99
Mean Difference		1.2	1.27
Overall percentage		85.71%	92.70%

Table 9: Within group Comparison of *Na Nidra Lebhata*

		Group A	Group B
Before Treatment		0.73±0.82	0.73±0.58
During Treatment		0.50±0.63	0.47±0.57
After treatment		0.20±0.40	0.10±0.30
After follow up		0.10±0.30	0.03±0.18
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.41	0.10
	BT vs AT	0.002*	0.0001*
	BT vs AF	0.0003*	0.0001*
	DT vs AT	0.18	0.008*
	DT vs AF	0.03*	0.001*
	AT vs AF	0.90	0.92
Mean Difference		0.63	0.7
Overall percentage		86.30%	95.89%

Table 10: Within group Comparison of AEC

	Group A	Group B
Before Treatment	1.23±0.43	1.00±0.26
During Treatment	1.17±0.46	0.93±0.37
After treatment	0.57±0.50	0.13±0.34
After follow up	0.20±0.40	0.03±0.18

P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.95	0.79
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0001*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.009*	0.56
Mean Difference		1.03	0.97
Overall percentage		83.73%	97%

Table 11: Within group Comparison of PEFR

		Group A	Group B
Before Treatment		1.33±0.47	1.07±0.25
During Treatment		1.10±0.54	0.97±0.32
After treatment		0.40±0.49	0.10±0.30
After follow up		0.07±0.25	0.03±0.18
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) Posthoc Test)	BT vs DT	0.20	0.47
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0001*	0.0001*
	DT vs AF	0.0001*	0.0001*
	AT vs AF	0.02*	0.74
Mean Difference		1.26	1.04
Overall percentage		94.73%	97.19%

Table 12: Within group Comparison of ACQ

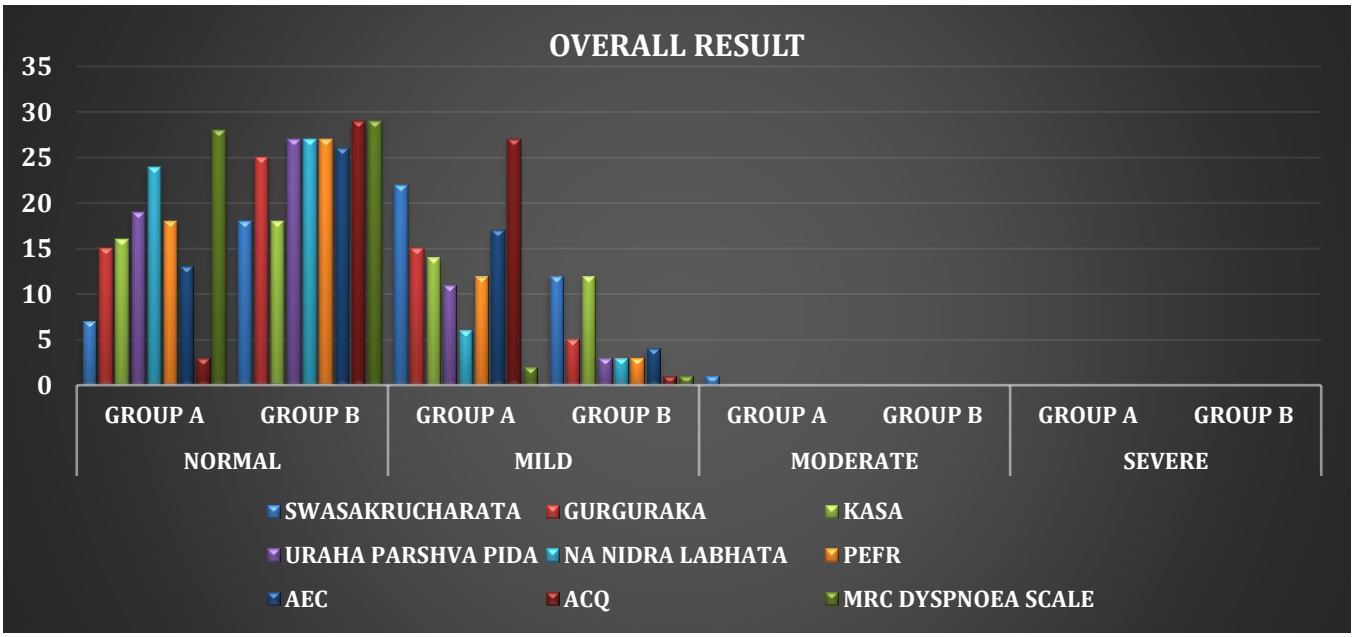
		Group A	Group B
Before Treatment		1.47±0.50	1.40±0.49
During Treatment		1.23±0.43	1.10±0.30
After treatment		0.90±0.30	0.63±0.49
After follow up		0.77±0.43	0.43±0.50
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) (Posthoc Test)	BT vs DT	0.12	0.05*
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.01*	0.0006*
	DT vs AF	0.0003*	0.0001*
	AT vs AF	0.63	0.32
Mean Difference		0.7	0.97
Overall percentage		47.61%	69.28%

Table 13: Within group Comparison of MRC Dyspnoea Scale

		Group A	Group B
Before Treatment		0.83±0.53	0.63±0.55
During Treatment		0.50±0.50	0.20±0.40
After treatment		0.07±0.25	0.00±0.00
After follow up		0.00±0.00	0.00±0.00
P Value (Friedman Test)		0.0001*	0.0001*
P Value (Bonferroni) (Posthoc Test)	BT vs DT	0.006*	0.0001*
	BT vs AT	0.0001*	0.0001*
	BT vs AF	0.0001*	0.0001*
	DT vs AT	0.0002*	0.10
	DT vs AF	0.0001*	0.10
	AT vs AF	0.89	0.99
Mean Difference		0.83	0.63
Overall percentage		100%	100%

Table 14: Comparative result of Group A and Group B based on subjective and objective parameters

	Group A	Group B	Difference	T value	P Value
Swasakrucharta	0.80±0.48	0.40±0.49	0.40	3.16	0.003*
Gurgurakha	0.50±0.50	0.17±0.37	0.33	2.87	0.006*
Kasa	0.47±0.50	0.40±0.49	0.07	0.51	0.61
Uraha Parshva Pida'	0.37±0.49	0.10±0.30	0.27	2.53	0.014*
Na Nidra Lebhata	0.20±0.40	0.10±0.30	0.10	1.07	0.28
AEC	0.57±0.50	0.13±0.34	0.44	3.89	0.0001*
PEFR	0.40±0.49	0.10±0.30	0.30	2.81	0.007*
ACQ	0.90±0.30	0.63±0.49	0.27	2.53	0.014*
MRC Dyspnoea	0.07±0.25	0.00±0.00	0.07	0.58	0.56



DISCUSSION

Probable Mode of Action of *Vasadrakshadi Kashaya*

- *Madhura amla rasa* of *Abhaya, Madhura rasa* and *Snighda guru guna* of *Draksha, Ushnavirya* of *Abhaya* and *Madhura vipaka* of *Draksha* and *Abhaya* pacify *Vata dosha. Ttikta rasa* of *Vasa*, *Katuthiktakashaya rasa* of *Abhayalaghuguna* of *Vasa, Laghurukshaguna* of *Abhaya, Katuvipaka* of *Vasa* and *Ushnavirya* of *Abhaya* pacify *Kapha dohsa*. *Vasa* is *Kaphahara* act as expectorant, *Abhaya* and *Madhu* (additive) are *Tridoshashamaka*. *Vasa drakshaabhaya* and *Madhu* are *Svaryam*, *Vasa draksha* and *Madhu* are *Trishnanighraha*, *Vasa madhu* and *Sarkara* are *Hridyam*, *Draksha* prevents *Moha, Abhaya* is *Shothaghna* and *Balyam*, *Draksha* being *Srishta mutra-vit* and *Sara guna* helps reduce inflammation, *Abhaya* and *Draksha* are *Brmhana*. Due to *Tikta rasa* of *Vasa* and *Abhaya*, *Dipana*, *Pachanaguna* with *Ushnavirya* of *Abhaya* produces *Agnidipti* and prevents formation of *Ama* and favours *Agnibalam*. *Abhaya* produces *Anulomana*, *Rasayana* and with *Madhu* adds *Yogavahi* effect to the *Kashaya*.
- *Sharkara* (sugar) and *Madhu* (honey) are added as additive. *Sharkara* is indicated mainly in *Kapha* aggravated *Shwasa*. *Madhu* being *Sukshma marganusari* (penetrates through minute channels), *Chedana* (excise) and *Leghana* (scrapes) properties so removes obstruction in channels.
- The chemical constituent activity present in leaves of *Vasa* -Vasicine and vasicinone have broncho dilatory activity. Vasicine also act as a strong respiratory stimulant, at lower concentration it has been proved to induce bronchodilation and relaxation of tracheal muscles. Anti-tussive action cures cough induced by irritants; gallic acid contained in the dried fruits *V. vinifera* acts as an anti-asthma drug.
- The extract of *Terminalia chebula* possesses anti-tussive activity. It is mainly antioxidant, spasmolytic, antibacterial, and antiphlegmatic. These pharmacological properties of extract of *Terminalia chebula* may validate the popular use of this herb in cough related to numerous respiratory diseases.
- The use of honey in treating chronic bronchitis and bronchial asthma has been already proved by animal modelling and reduces asthma related histopathological changes in the airways and also inhibit induction of asthma.

Probable Mode of Action of *Nayopayam Kashaya*

- Among the ingredients, *Jeeraka* and *Nagara* are having the dominance of *Katu Rasa, Laghu, Guna*, *Ushna virya, Dipana* and *Vatakaphaharaguna*. *Bala* and *Nagara* having *Madhuravipaka*. *Bala* is *Madhura rasa, Snigdhaguna, Shitavirya* and *Tridoshahara*. Even though all are with *Grahi karma*, they do *Soshana* of *Kapha*. *Srotomardava*, *Kapha vilayana, Kapahanissarna, Gunas* of the *Kashaya* clears the *Pranavahasrotas. Shunti* helps in *Kapha vilayana, Kaphanisrana, Kasaghna Bala* and *Jeeraka* brings back normal *Gati* of *Vata dosha*. *Bala* being *Brmhana* and *Rasyana* improves overall health and improves *Pranvahasroto karma*.
- It has been established in early studies that the hot water extract of *Shunti* may decrease the formation of prostaglandins and leukotrienes which are believed to be the initiators of pathogenesis of bronchial asthma. Gingerol possess anti-tussive action.

Here both *Vasadrakshadikashya* and *Nayopayam Kashaya* act by *Samudhayaprabhava* of ingredients produces symptomatic relief and by removing obstruction made by *Kapha* in *Pranavahasrotas* (by *Anulomana* and *Srotoshodana*) leading to *Samprapti vighatana*. The airway resistance caused due to inflammatory process, bronchial spasm and excessive mucous production can be controlled by *Nayopayam Kashaya*.

The present study was a comparative study between *Vasadrakshadi Kashaya* and *Nayopayam Kashaya* in *Tamaka Shwasa* patients. An attempt was made to know the effect of *Shamana chikitsa* in *Tamka Shwasa*. *Tamaka Shwasa* is a *Vata-kaphajavyadhi* originating in *Pitta sthana* and is associated with *Pranavaha srotodushti*. The etiology of the disease can be considered as multifactorial. Most of the *Nidanas* mentioned in classics were found in all the cases for both the groups. Family history of *Tamaka Shwasa* was found in some of the cases, but this disease can occur without family history also. The symptoms mentioned in the classical text were practically observed in all cases for both groups. In the present context *Tamaka Shwasa* symptoms, PEFR, absolute eosinophil count, asthma control questionnaire, MRC dyspnoea scales were considered essential to mark the relief, and statistical significance is observed. The present study reveals that *Shamana chikitsa* is effective in managing *Tamaka Shwasa* profound increase in the relief of the clinical parameters such as *Shwasa-krucharata* (GA–61.74%, GB–85.88%), *Gurguraka* (GA–73.57%, GB–87.37%), *Kasa* (GA89.92%, GB–82.35%), chest tightness (GA-85.71%, GB-92.70%), *Nidra nalabhate*/ worsening at night (GA-86.30%, GB–95.89%), AEC (GA–83.73%, GB-97%), PEFR (GA- 94.73%, GB–97.19%), ACQ (GA- 47.61%, GB- 69.28%) MRC Dyspnoea scale (GA-100%, GB-100%) are found in group B. In case of clinical parameters like *Kasa* /cough percentage of relief is more in Group A than Group B

Kasa (GA-89.92%, GB–82.35%). The overall relief in group B is better when compared to group A.

CONCLUSION

As an overall line of treatment of *Tamaka shwasa* can be cured and controlled by avoiding the causative factors, usage of anti-allergic, mucolytic, expectorant, anti-inflammatory, broncho dilator and immunomodulators. Both *Vasadrakshadi* and *Nayopayam Kashaya* are effective in managing *Tamaka Shwasa*. *Nayopayam Kashaya* is more effective than *Vasadrakshadi Kashaya* in managing *Tamka Shawsa*. *Vasadrakshadi Kashaya* proved more effective in reducing *Kasa* in *Tamaka Shwasa* patients may be due to the presence of *Vasa* and *Abhaya* as ingredients, *Madhu* is used as additive. No adverse effects have been reported throughout the study.

REFERENCES

1. Dr.P.Himasagara Chandra Murthy Madhava nidanam of Sri Madhavakara Sanskrit Text and Madhukosha commentary with English translation purvarddha, part 1, Chowkhamba Sanskrit series office Varanasi Page No. 170-179
2. Dr. (Mrs.) Asha Kumari M.A., Ph.D. & Dr. (Km.) Premvati Tewari A.M.B.S., PhD., A complete Treatise on Ayurveda Yogaratnakara (part1) Chowkamba Vishwabharatha Varanasi, Page No 482-486
3. Ayurvedacharya Shri Hariprasad Pandayan, Bhavaprakash of Shrimad bhishak Vibhushan Bhavamisra, Madhyakhanda Uttararthadivitiya-bhaga, Chaukhambha Samskrita Samsthan, Varanasi, Page No: 159, 163
4. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office Varanasi Page No: 119
5. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office Varanasi Page No: 118
6. Prof.KR. Srikantha Murthy Vagbhata's Ashtanga Hridayam text English translation notes appendix and indices translated volume II Nidana Cikitsita Sthana Chowkhamba Krishnadas Academy Varanasi, Page 37
7. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office Varanasi Page No: 131
8. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office, Varanasi, Page No: 133
9. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika, Vol IV. Chowkhamba Sanskrit series office, Varanasi, Page No: 153
10. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika, Vol IV, Chowkhamba Sanskrit series office, Varanasi, Page No: 131
11. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office, Varanasi, Page No: 121
12. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office, Varanasi, Page No: 131
13. RK Sharma Bhagwan Dash, Charaka Samhita text of English translation & critical exposition based on Cakrapanidatta's Ayurveda Dipika Vol IV. Chowkhamba Sanskrit series office, Varanasi, Page No: 117
14. Prof. K.R. Srikantha Murthy, Susruta Samhita text of English transilation, Notes, Appendices and Index Volume 3 Uttara Sthana, Chaukhambha Orientalia, Varanasi Page No 336.
15. Dr. P. Himasagara Chandra Murthy MD (Ayurveda) Sharangadhara Samhita of Sharangadharacharya (Text, English Translation, Notes, Appendix etc) Chowkamba Sanskrit series office, Varanasi, Page No124
16. Prof.D Shanthkumar Lucas Dravyaguna vijnana Vol II study by Dravya-Materia Medica by Chaukhambha Visvabharati Varanasi, Page No: 325
17. Prof.D. Shanthkumar Lucas Dravyaguna vijnana Vol II study by Dravya-Materia Medica by Chaukhambha Visvabharatı Varanasi, Page No: 512
18. Prof.D. Shanthkumar Lucas Dravyaguna vijnana Vol II study by Dravya-Materia Medica by Chaukhambha Visvabharati Varanasi, Page No: 150
19. NS Mooss Vayaskara Vaidyamanorama Kayachikitsa 3rd edition Kottyam Vaidya saradhi press 197, Page No: 81
20. Dr. Lala Krishnan Arogya Raksha Kalpadrumah Kerala's tradition of Ayurvedic Paediatric care

(text with English translation) Chowkhamba Sanskrit series office, Varanasi, Page No 40

21. Prof. D. Shanthkumar Lucas Dravyaguna vijnana Vol II study by Dravya -Materia Medica by Chaukhambha Visvabharati Varanasi, Page No. 44-47
22. Prof. D Shanthkumar Lucas Dravyaguna vijnana Vol II study by Dravya -Materia Medica by Chaukhambha Visvabharati Varanasi, Page No. 214-216
23. Dr. K.C. Chunekar commentary, Dr. G.S Pandey edited, Bhavaprakasha Nighantu of Sri Bhava Mizra, Hantakyadivarga Page No: 12-13

Cite this article as:
B Pooja Krishnan, K Ravindra Bhat, Waheeda Banu. A Comparative Clinical Study to Evaluate the Efficacy of Vasadrakshadi Kashaya and Nayopayam Kashaya in Tamaka Shwasa w.s.r to Bronchial Asthma. AYUSHDHARA, 2025;12(1):41-52.
https://doi.org/10.47070/ayushdhara.v12i1.1878
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. B Pooja Krishnan
PG Scholar,
Dept. of PG studies in Kayachikitsa, Karnataka Ayurveda Medical College & Hospital, Mangalore, Karnataka, India.
Email:
dr.poojakrishnanrrr@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.