



## Role of *Amritadi Kwath* in *Tamaka Shwasa* (Bronchial Asthma)

Dr. Harsha Radhakrishnan<sup>1</sup>, Dr. Jaya Saklani Kala<sup>2</sup>, Dr. Sanjay Kumar Tripathi<sup>3</sup>

<sup>1</sup>MD final year, Dept. of Kaya Chikitsa, Rishikul Campus, UAU Haridwar.

<sup>2</sup>Associate Professor, Dept. of Kaya Chikitsa, UAU Campus, Harrawala.

<sup>3</sup>Professor, Dept. of Kaya Chikitsa, Rishikul Campus, UAU Haridwar.

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Corresponding Author:  
**Dr. Harsha  
Radhakrishnan**

### ABSTRACT

*Tamaka Shwasa* is one of the chronic disorders of *Pranavaha srotos* which occurs by *Pratiloma gati* of *Vata* due to obstructed *Kapha*. *Tamaka Shwasa* is often correlated with Bronchial Asthma in modern medicine. Asthma is a disease of airways that is characterised by increased responsiveness of the tracheobronchial tree to a variety of stimuli. Keeping these points in view, the clinical study entitled as “Role of *Amritadi Kwath* in *Tamaka Shwasa* (Bronchial Asthma)” was been selected. For this 27 patients of *Tamaka Shwasa* were randomly selected on the basis of inclusion and exclusion criteria from Kayachikitsa O.P.D of Rishikul Campus, UAU, Haridwar. The drug chosen was *Amritadi Kwath* (with *Pippali churna* as *Anupan*) from *Chakradatta* which was given in a dose of 40 ml twice daily for 45 days. Assessment was done at the interval of 7 days during this period, along with a follow up of 15 days after the completion of trial on the basis of subjective and objective parameters. Appropriate statistical tests were used for obtaining the results. The effect of trial was considered on the basis of percentage relief in the above parameters. Maximum improvement were noted in *Sleshma vimokshante labhate sukham* (92.31%), *Kapha nishtivana* (88.46%) and *Ushnabhinanditi* (84.91%). In overall response, marked improvement was found in 56% patients, moderate improvement in 28% patients, mild improvement in 8% patients and no change in 8% patients. As per the data collected, *Amritadi Kwath* when given in *Tamaka Shwasa* was effective in relieving the symptoms in the patients.

**KEYWORDS:** *Tamaka Shwasa*, Bronchial Asthma, *Amritadi Kwath*

### INTRODUCTION

*Tamaka Shwasa* is a disease which is originated from *Pitta Sthana* and manifested through *Pranavaha Srotas*. *Vata* gets obstructed by *Kapha* and travels in *Pratiloma gati*, thus causing *Tamaka Shwasa*<sup>1</sup>. *Aharaja* and *Viharaja Nidanas* as well as climatic variations are triggering factors of the disease. *Prana*, *Anna* and *Udakavaha Srotases* are involved here. *Tamaka Shwasa* can be correlated with Bronchial Asthma in allied sciences. Asthma is a chronic inflammatory disorder associated with airway hyper responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or in the early morning. This is the definition of asthma given by Global Initiative for Asthma guidelines.

Bronchial asthma is prevalent worldwide and it is a major non communicable disease (NCD) affecting both children and adults. It is around 0.5% to 2% of the population<sup>2</sup>. The number of asthmatic patients is increasing rapidly due to genetic susceptibility, seasonal variations, environmental factors, pollution, drugs, smoking, changes in diet and

lifestyle. Asthma is included in the WHO Global Action Plan for the Prevention and Control of NCDs and the United Nations 2030 Agenda for Sustainable Development<sup>3</sup>.

Present hectic lifestyle demands a personalised approach regarding the treatment of *Tamaka Shwasa* since the *nidanas* varies from patient to patient. *Tamaka Shwasa* is considered as a *Yapya Vyadhi*<sup>4</sup> but it becomes *Sadhya*, if it is of recent onset and when the *Rogi Bala* is good. Timely diagnosis and treatment are essential to curtail further progression.

Ayurveda suggests the usage of *KaphaVatahara*, *Ushna* and *Vatanulomana* drugs in the management of *Tamaka Shwasa*<sup>5</sup>. Considering all these aspects, the present study has been designed to evaluate the efficacy of ayurvedic formulation- *Amritadi Kwath*<sup>6</sup> mentioned as *Shwasahara* in *Chakradatta*. In this clinical study, 27 patients of *Tamaka Shwasa* were randomly selected on the basis of inclusion and exclusion criteria from the *Kayachikitsa* O.P.D of Rishikul Campus. In addition to the subjective and objective parameters, some relevant laboratory parameters were also taken into consideration during this study.

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Here the drugs of *Amritadi Kwath* are *VataKaphagna*, *Deepan*, *Pachan* and *Vatanuloman* which were helpful in *Samprapti vighatana* of *Tamaka Shwasa*. The pharmacological actions of drugs of *Amritadi Kwath* like anti-asthmatic, anti-inflammatory, anti-histaminic, antiallergic, mast cell stabilization, bronchodilator, expectorant actions etc., shows the efficacy of the drug. So, *Amritadi Kwath* met almost all the qualities needed for a *Shwasahar yoga*. After the evaluation of the trial, it has been proved that *Amritadi Kwath* was effective in relieving the symptoms of *Tamaka Shwasa*.

### MATERIALS AND METHODS

#### Aims and Objectives:

The aims and objectives of the study are:

- 1) To study the aetiopathogenesis of *Tamaka Shwasa*.
- 2) To evaluate the efficacy of *Amritadi Kwath* in *Tamaka Shwasa*.
- 3) To provide a safe, reliable and cost effective *Ayurvedic* treatment for *Tamaka Shwasa*.

#### Selection of Patients:

27 patients with classical features of *Tamaka Shwasa* and willing to provide written informed consent attending the O.P.D. of *Kayachikitsa*, Acharya Pandit Mukundilal Dwivedi *Ayurvedic Chikitsalaya*, Rishikul Campus, UAU, Haridwar were selected randomly for this clinical study. A detailed

Proforma was prepared on the basis of the *Ayurvedic* text and allied sciences. The patients were registered using this Proforma. The study was conducted on the basis of inclusion and exclusion criteria depending on classical features, PEFr, % of Oxygen saturation, Chest expansion, detailed clinical history, physical examination and other necessary investigations.

**TYPE OF STUDY:** Single arm open trial

**DURATION OF TREATMENT:** 45 days

#### METHOD OF TREATMENT:

- i. **Selected Drug:** *Amritadi Kwath* was selected for the study.
- ii. **Form of Medicine:** *Kwath*
- iii. **Composition of medicine:** The constituents of *Amritadi Kwath* are *Amrita*, *Sunti*, *Bharngi*, *Kantkari* and *Tulsi*
- iv. **Dose of Medicine:** 40 ml twice a day
- v. **Route of Administration:** Oral
- vi. **Procedure:** Dried and cleaned parts of *Amrita*, *Sunti*, *Bharngi*, *Kantkari* and *Tulsi* were taken. After making their *Yavkut Churna* and kept this in an airtight packing. Made pack of 450 grams each for 45 days for use of patients.

**Table 1: Ingredients of Amritadi Kwath**

Name of Drug	Botanical name	Family	Parts	Part used
<i>Amrita</i>	<i>Tinospora cordifolia</i>	Menispermaceae	1 part	Stem
<i>Sunti</i>	<i>Zingiber officinale</i>	Zingiberaceae	1 part	Rhizome
<i>Bharngi</i>	<i>Clerodendrum serratum</i>	Verbenaceae	1 part	Root
<i>Kantkari</i>	<i>Solanum xanthocarpum</i>	Solanaceae	1 part	Whole plant
<i>Tulsi</i>	<i>Ocimum sanctum</i>	Labiatae	1 part	Leaves

**ASSESSMENT:** was done at the interval of 7 days.

**FOLLOW UP:** The follow up of the patients were done 15 days after completion of the trial.

#### • Inclusion Criteria:

Patients presenting with signs and symptoms of *Tamaka Shwasa* for equal to and more than one year as described in *Ayurvedic* texts.

- Patients presenting with 3 or more of the following associated symptoms:-

**Table 2: Associated symptoms in inclusion criteria**

1. <i>Pinasa</i>	2. <i>Ghurghurakam</i>	3. <i>Aasya Udhvansanam</i>
4. <i>Kantodhvansanam</i>	5. <i>Vak kricchrata</i>	6. <i>Lalata Sweda</i>
7. <i>Parshvagraha</i>	8. <i>Ushnabhiprayata</i>	9. <i>Aasya Shushkata</i>
10. <i>Vepathu</i>	11. <i>Aruchi</i>	12. <i>Annadvesh</i>

- Mild intermittent, mild persistent, moderate persistent Asthma according to Global Initiative for Asthma (GINA)<sup>7</sup> guidelines.

- Blood Oxygen saturation (SpO<sub>2</sub>) > 90%.
- PEFr > 100 litre/min.
- Age 20-60 years.

#### Exclusion criteria:

- Severe persistent Asthma according to Global Initiative for Asthma (GINA) guidelines.

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- H/O Tuberculosis, COPD, Emphysema, Other complicated respiratory diseases.
- Known case of Hypertension and Cardiac involvement.
- PEF < 100 litre/min.
- Blood Oxygen saturation (SpO<sub>2</sub> < 90%)
- H/O Endocrine disorders like Diabetes Mellitus.
- Patients with frequent H/O hospitalization due to Status Asthmaticus.

**ASSESSMENT CRITERIA:**

Assessment was made on subjective and objective parameters. Relevant laboratory parameters were also assessed. Scoring was done before and after the completion of the trial.

- **Subjective:** The subjective assessment was done on the basis of improvement in signs and symptoms of *Tamaka Shwasa* described in classics before and after the completion of the trial.

**Table 3: Grading of Subjective parameters**

Subjective parameters	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
<b>I. SHWASAKASHTATHA (<i>Vegavastha</i>)</b>					
Frequency of <i>Shwasa Vega</i>	No attack during 15 days	1 - 5 attacks during 15 days	6 - 10 attacks during 15 days	11 - 15 attacks during 15 days	> 15 attacks during 15 days
Intensity and Duration of Attack	No attack	Attack lasting 10 mins, resolution without medication	Attack lasting 10-30 mins, resolution without medication	Attack lasting 10-30 mins, resolution with <i>Ushnopchara</i>	Attack lasting more than 30 mins resolution only after medication
Need of Emergency medicine if required	None	Occasionally during attack	Frequently during attack	Regular Oral / Inhaler	Regular Oral + Inhaler / Occasional injectables
<b>II. CARDINAL SYMPTOMS (<i>Avegavastha</i>)</b>					
<i>Shwasakrichhrata</i>	No sign of <i>Shwasakrichhrata</i>	Slight <i>Shwasakrichhrata</i> after heavy work	<i>Shwasakrichhrata</i> on slight exertion like walking	<i>Shwasakrichhrata</i> even at rest	Very severe <i>Shwasakrichhrata</i> and require medication / hospitalization
<i>Kasa</i>	No <i>Kasa</i>	<i>Kasavega</i> sometimes but is not troublesome	Troublesome <i>Kasa</i> , but do not disturb the sleep	Very troublesome <i>Kasa</i> , does not even allow to sleep	
<i>Ghurchurakam</i> (Wheezing)	No Wheezing	Wheezing only at night	Wheezing at night and occasionally during day time	Wheezing throughout the day	
<i>Pinasa</i>	No <i>Pinasa</i>	<i>Pinasa</i> along with attack	<i>Pinasa</i> very often even without attack	<i>Pinasa</i> always persisting	

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<i>Parshva shula</i>	No <i>Parshva shula</i>	<i>Parshva shula</i> along with the attack	Very often <i>Parshva shula</i> even without attack	Always <i>Parshva shula</i>	
<i>Kapha nishthivan</i>	No <i>Kapha nishthivan</i>	Occasional <i>Kapha nishthivan</i>	Very often <i>Kapha nishthivan</i>	Always <i>Kapha nishthivan</i>	
Crepitation	Absence of crepitation on normal breathing & deep breathing	Absent on normal breathing but few crepts on forced breathing	A few scattered bilateral crepts on normal / deep breathing	Innumerable high pitched bilateral crepts on normal / deep breathing	
<b>III. ASSOCIATED SYMPTOMS</b>					
<i>Asino labhate saukhyam</i>	No aggravation of symptoms on lying position	Temporarily feels better in sitting posture	Sitting posture gives relief	Spontaneous sitting posture, can't sleep	
<i>Kantodhvasan</i>	No <i>Kantodhvasan</i>	Occasional <i>Kantodhvasan</i>	Very often <i>Kantodhvasan</i>	Always <i>Kantodhvasan</i>	
<i>Shleshma vimokshante labhate sukham</i>	<i>Shleshma vimokshante labhate sukham</i> easily without any effort	<i>Shleshma vimokshante labhate sukham</i> with mild effort	<i>Shleshma vimokshante labhate sukham</i> with moderate effort	<i>Shleshma vimokshante labhate sukham</i> with severe effort	
<i>Anidra</i>	Sound sleep	Sometimes disturbed sleep	Often disturbed sleep in late night and early morning	No sleep	
<i>Ushnabhinanditi</i>	No particular	Likes if available	Always prefer	Can't take cold things	
<i>Visushkasyata</i>	No <i>vishushkasyata</i>	Occasional <i>vishushkasyata</i>	Very often <i>vishushkasyata</i>	Always <i>vishushkasyata</i>	

**Objective:** The objective assessment was done on the basis of changes in clinical findings and relevant laboratory parameters before and after the trial.

**OBJECTIVE PARAMETERS**

1. PEFR
2. % of Oxygen Saturation
3. Chest Expansion

**INVESTIGATIONS:**

These investigations will be carried out before and after the trial.

1. Blood for Hb%, TLC, DLC, AEC, ESR
2. Blood Sugar-fasting and PP
3. LFT – SGOT, SGPT
4. Serum creatinine
5. Chest X-ray (P.A view) (If required)
6. ECG (If required)
7. Sputum Analysis (If required)

**STATISTICAL ANALYSIS**

All the informations on various parameters were gathered and statistical study was carried out in terms of median (X), standard deviation (S.D), standard error (S.E). Wilcoxon's signed rank test was applied within group for subjective parameters. For objective criteria before and after treatment Paired-t-test was applied to the statistical data for evaluating the effect of therapy and finally result was incorporated in terms of probability(P) as:  
 P>0.05 - Not significant  
 P<0.01 and <0.05 - Significant  
 P<0.001 - Highly significant

**ASSESSMENT OF OVERALL EFFECT OF THE THERAPY**

Percentage of improvement of individual patient was calculated as shown below:

- All the BT score of the above mentioned subjective & objective parameters of the patients were added.
- All the AT score of the above mentioned subjective & objective parameters of the patients were added.

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Overall percentage improvement of individual patient was calculated by the following formula

$$\frac{\text{Total BT} - \text{Total AT}}{\text{BT}} \times 100$$

The result thus obtained from individual patient was categorised according to the following grades:

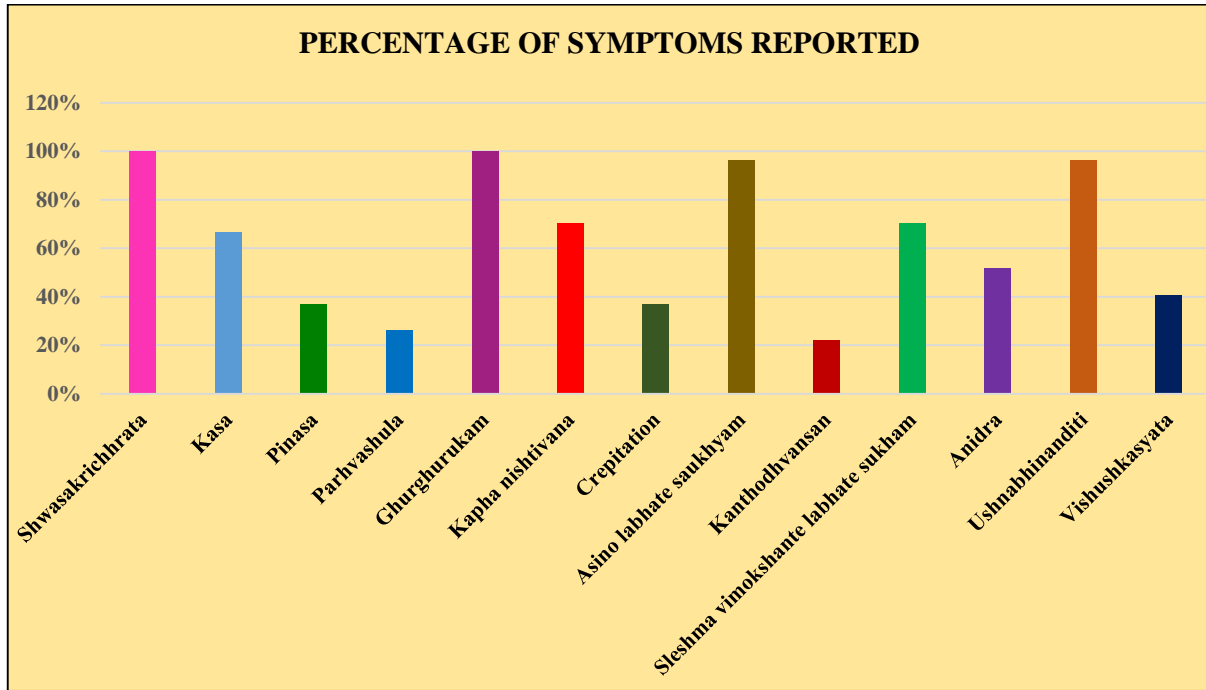
- No improvement – < 25% improvement
- Mild improvement – >25% to 50% to 75% improvement
- Marked improvement – >75% improvement

Complete improvement – 100% improvement (cured)

**OBSERVATIONS AND RESULTS**

In this study, 27 patients of *Tamaka Shwasa* were participated, in which maximum number of patients i.e., 44.44% belonged to the age group of 50-60 years. Maximum number of patients i.e., 51.85% were males followed by 48.15% of females. In religion wise distribution, most of the patients i.e., 92.59% were from Hindu community. Maximum number of patients i.e., 81.48% were married.

**Graph 1: Symptoms reported in 27 patients of Tamaka Shwasa**



**Table 4: Effect of Amritadi Kwath on Subjective Parameters of Tamaka Shwasa**

Parameter	Mean		Meadian		SD		Wilcox on W	P- Value	% Effect	Result
	BT	AT	BT	AT	BT	AT				
Frequency of Shwasavega	2.56	0.48	2	1	0.77	0.70	-4.378 <sup>a</sup>	<0.001	81.25	HS
Intensity and duration attacks	2.8	1.32	3	1	1.08	0.63	-4.083 <sup>a</sup>	<0.05	52.8571	Sig
Need of emergency medicine	1.36	0.56	0	0	1.50	0.87	-3.127 <sup>a</sup>	<0.05	58.8235	Sig
Shwasakrichhrata	2.28	0.4	2	1	0.46	0.61	-4.522 <sup>a</sup>	<0.001	82.4561	HS
Kasa	1.12	0.36	1	0	1.09	0.54	-3.153 <sup>a</sup>	<0.05	67.8571	Sig
Pinasa	0.8	0.32	0	0	1.08	0.33	-2.585 <sup>a</sup>	<0.05	60	Sig
Parhvashula	0.32	0.12	0	0	0.48	0.33	-2.236 <sup>a</sup>	<0.05	62.5	Sig
Ghurghurukam	2	0.32	2	1	0.65	0.57	-4.456 <sup>a</sup>	<0.001	84	HS
Kapha Nishtivana	1.04	0.12	1	0	0.89	0.44	-3.630 <sup>a</sup>	<0.001	88.46	HS
Crepitation	1.04	0.12	1	0	0.89	0.44	-3.630 <sup>a</sup>	<0.001	88.4615	HS
Aasino Labhate saukhyam	0.36	0.08	0	0	0.57	0.20	-2.333 <sup>a</sup>	<0.001	77.7778	HS
Kantodhvansan	0.4	0.12	0	0	0.82	0.33	-2.333 <sup>a</sup>	<0.05	70.00	Sig

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<i>Sleshma vimokshante labhate sukham</i>	1.04	0.08	1	0	0.84	0.28	-3.739 <sup>a</sup>	<0.001	92.31	HS
<i>Anidra</i>	0.96	0.32	0	0	1.02	0.60	-2.889 <sup>a</sup>	<0.05	66.67	Sig
<i>Ushnabinanditi</i>	2.12	0.32	2	1	0.60	0.35	-4.383 <sup>a</sup>	<0.001	84.91	HS
<i>Vishushkasyata</i>	0.6	.24	0	0	0.76	0.52	-3.000 <sup>a</sup>	<0.05	60.00	Sig

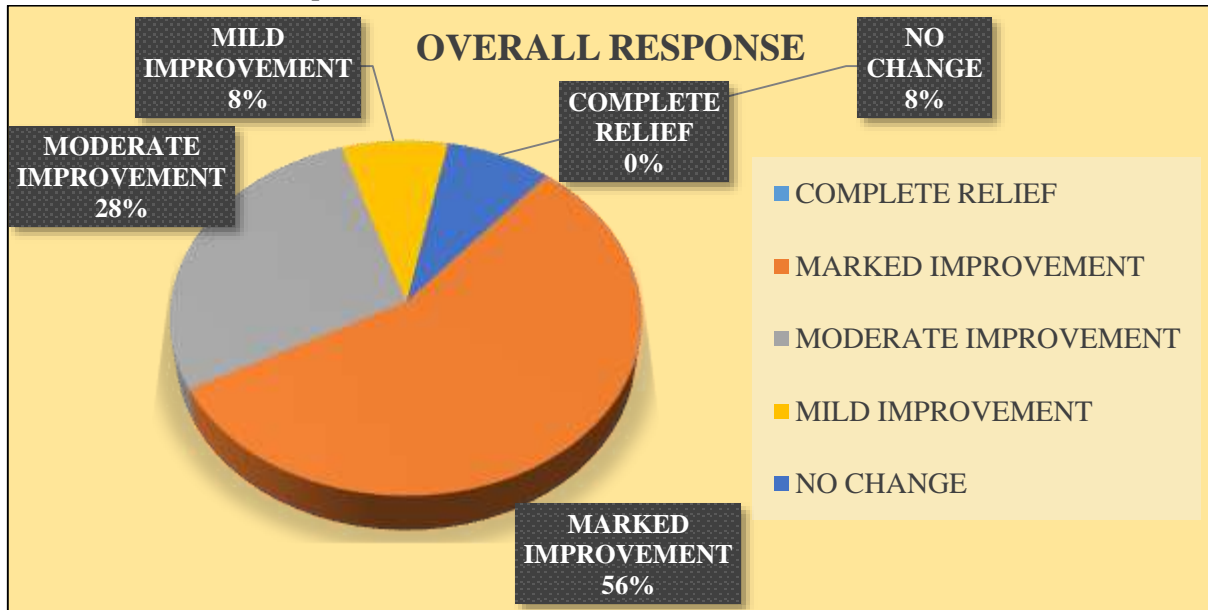
**Table 5: Effect of *Amritadi Kwath* on Objective Parameters of *Tamaka Shwasa***

Objective Parameters		Mean	N	SD	SE	% Change	t-Value	P-Value	Result
PEFR	BT	271.20	25	76.82	15.36	38.05	-7.204	0.00000	HS
	AT	374.40	25	105.79	21.16				
% O <sub>2</sub> Saturation	BT	96.96	25	1.40	0.28	0.95	-2.772	0.00786	Sig
	AT	97.88	25	1.39	0.28				
Chest Expansion	BT	1.09	25	0.35	0.07	21.10	-3.143	0.00284	Sig
	AT	1.32	25	0.41	0.08				

**Table 6: Effect of *Amritadi Kwath* on laboratory parameters of *Tamaka Shwasa***

Laboratory Parameters		Mean	N	SD	SE	% Change	t-Value	P-Value	Result
Hb%	BT	12.31	25	1.71	0.34	5.75	-1.829	0.07343	NS
	AT	13.02	25	1.13	0.23				
TLC	BT	8244.00	25	2792.56	558.51	1.60	-0.425	0.67296	NS
	AT	8112.00	25	1551.43	310.29				
Neutrophil	BT	62.16	25	8.47	1.69	1.34	-0.712	0.47968	NS
	AT	63.00	25	5.07	1.01				
Lymphocyte	BT	33.36	25	8.09	1.62	3.48	-0.998	0.32314	NS
	AT	34.52	25	5.01	1.00				
Eosinophil	BT	3.28	25	0.98	0.20	36.51	-5.900	0.00000	HS
	AT	2.08	25	1.12	0.22				
Monocyte	BT	1.18	25	1.34	0.27	59.32	-1.706	0.09436	NS
	AT	0.48	25	0.51	0.10				
Basophil	BT	0.02	25	0.08	0.02	0.00	-1.209	0.23256	NS
	AT	0.00	25	0.00	0.00				
ESR	BT	25.04	25	9.31	1.86	27.80	-2.821	0.00689	Sig
	AT	18.08	25	5.92	1.18				
AEC	BT	296.16	25	83.98	16.80	15.21	-3.848	0.00035	HS
	AT	251.12	25	84.63	16.93				

Graph 2: Estimation of Overall response



## DISCUSSION

In the present study 27 patients of *Tamaka Shwasa* were registered and treated with *Amritadi Kwath*. Out of them 2 patients left the treatment at different stages of the study.

The following results were found during the assessment of the parameters in this study:-

- Statistically highly significant results were found in 8 subjective parameters like Frequency of *Shwasavega*, *Shwaskricchrata*, *Ghurghurukam*, *Kapha nishtivana*, *Crepitation*, *Asino labhate saukhyam*, *Sleshma vimokshante labhate sukham* and *Ushnabhinanditi* as the value of  $P < 0.001$ . Statistically significant results were found in 8 subjective parameters like Intensity and Duration of attack, Need of Emergency medicine, *Kasa*, *Pinasa*, *Parsvashula*, *Kanthodvansan*, *Anidra* and *Visushkasyata* as the value of  $P < 0.05$ .
- Statistically highly significant result was found in 1 objective parameter i.e., PEFR as the value of  $P < 0.001$ .
- Statistically significant result was found in 2 objective parameters like % of Oxygen saturation and Chest expansion as the value of  $P < 0.05$ .
- P-Values for Eosinophil and AEC are less than 0.001. Hence we conclude that, effects observed in these parameters are highly significant. P-Value of ESR is less than 0.05. Hence we conclude that, effect observed in this parameter is significant. While, P-Value for Hb%, TLC, Neutrophil, Lymphocyte, Monocyte and Basophil is greater than 0.05. Hence these parameters are not significant.

## PROBABLE MODE OF ACTION OF AMRITADI KWATH

*Amritadi Kwath* along with *Pippali Churna* as *Anupan* was the selected drug in the study which is mentioned in *Chakradatta*. The properties of ingredients which were helpful in *Samprativighatana* of *Tamaka Shwasa* are discussed further.

- All drugs except *Sunti*, were having *Tikta rasa*<sup>8</sup> which is *Kaphashamana* and *Kledahara* in property. Thus help in relieving *Kledaka kapha vridhi* in *Tamaka Shwasa*.
- Most of the drugs had *Katu rasa*<sup>9</sup>, *Ushna virya* and *Katu vipaka* like *Bharngi*, *Kantkari* and *Tulsi*. *Sunti* had *Katurasa* and *Ushna virya*. These properties help in reducing excess *Kapha* and *Kleda* and moreover providing *Srothosodhana*. The accumulated secretions in the respiratory pathway was cleared and *Srotosuddhi* was attained easily. *Ushna virya* also helps in bronchodilation which causes the enhancement of air circulation in the respiratory pathways. It also strengthens the *Agni* which is inevitable for the normal functioning of the body.
- All the contents of *Amritadi Kwath* were mainly *Vata Kaphahara*, thus pacifying the predominant *doshas* in *Tamaka Shwasa*.
- All the drugs of *Amritadi Kwath* were having *Deepan*, *Pachan* properties. These drugs help in reducing *Ama* which contributes a major role in *Samprapti* of the disease.
- *Vatanuloman* property of the drugs like *Amrita*, *Sunti*, *Bharngi* and *Tulsi* was very effective in reducing the *Pratilomagati* of *Vata* in *Tamaka Shwasa*.
- *Sothahar* drugs (*Sunti*, *Bharngi*, *Kantkari*, *Tulsi*) in this formulation clear the passages and makes the breathing effortless.
- The ingredient drugs were having *Shwasahar* (*Sunti*, *Bharngi*, *Kantkari*, *Tulsi*) and *Kasahar* (*Bharngi*, *Kantkari*, *Tulsi*) properties which relieve the main symptoms of the disease.

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On analysing the above facts, it can be said that *Amritadi Kwath* was an excellent choice in treating Bronchial Asthma. Further, the pharmacological actions of drugs in *Amritadi Kwath* which were significant in treatment of *Tamaka Shwasa* were: -

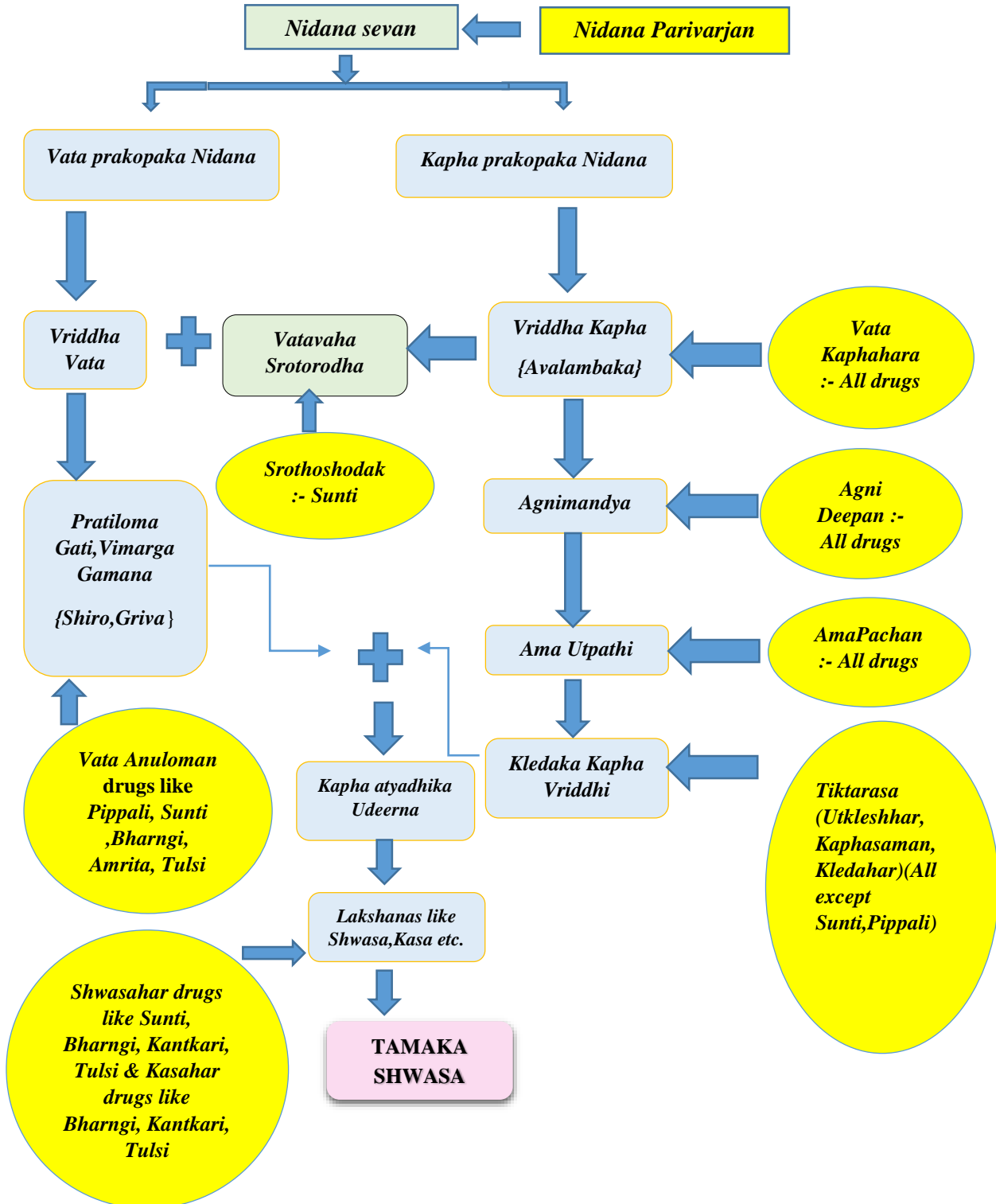
- Antispasmodic - *Tulsi*<sup>10</sup>, *Pippali*.
- Expectorant - *Kantkari*<sup>11</sup>.
- Antioxidant - *Amrita*, *Sunti*, *Bharngi*, *Tulsi*.
- Anti-inflammatory - *Amrita*, *Sunti*, *Bharngi*,

*Kantkari*, *Tulsi*, *Pippali*.

- Anti-asthmatic - *Sunti*<sup>12</sup>, *Bharngi*, *Kantkari*.
- Bronchodilator - *Sunti*, *Kantkari*<sup>13</sup>.
- Antitussive - *Sunti*, *Kantkari*.
- Antiallergic - *Amrita*, *Bharngi*, *Kantkari*, *Tulsi*.
- Immunomodulatory - *Amrita*<sup>14</sup>, *Sunti*, *Tulsi*.
- Mast cell stabilization - *Bharngi*<sup>15</sup>, *Kantkari*.

So, it is clear that *Amritadi Kwath* had great efficacy when administered in *Tamaka Shwasa patients*

**SAMPRAPTI VIGHATANA:**





## CONCLUSION

The etiological factors of *Tamaka Shwasa* are familial disposition, modern dietary habits and pollution as evident from the study. *Nidanas* like *Dadhi*, *Sleshmalahara*, *Rajodhooma*, *Diwaswapna* etc., which increase the main *Doshas* of the disease were found in majority of patients. Maintenance of *Pathya - Apathya* has a great role in disease prevention and breaking its progression. Foods and drinks that help in restoring normal functions of respiratory system are useful in treating asthma. Light food should be taken by the patient. Heavy and rich foods, which are difficult to digest and foods that are dry like bread, dry fish, oatmeal, pasta etc. should be avoided. The optimum results have been seen by the usage of drugs which improve the consistency of *Srotas* and *Agni*. *Amritadi Kwath* is such a drug here. Moreover *Amritadi Kwath* have anti-asthmatic, anti-inflammatory, anti-histaminic, anti-allergic, bronchodilator, expectorant actions etc. Marked Improvement was found in 56% of patients, Moderate Improvement in 28% and Mild Improvement in 8% of patients. No adverse effect of the therapy was noted during the trial.

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