EFFECT OF SVASA KUTHARARASA AND SIRISHADI KASHAYA ON PATIENTS OF TAMAKA SVASA

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ABSTRACT: The article highlights their therapeutic role of svasa kuthara rasa and sirishadi kashaya in the management of bronchial asthma.

Introduction:

Tamaka svasa (Bronchial asthma) is prevalent in most parts of India. With the increasing population and mental stress the disease is imposing burden on the community of developing countries like India. It has been observed that immunological structural functional microbiological changes occurring in human body can be closely related with the epidemiological environmental occupational personal or social factors which makes a man prone to develop this disease.

Modern medicine is much advanced in treating the infectious diseases but has limitations in treating diseases like asthma, diabetes mellitus etc., and provides only palliative treatment. In treatment of bronchial asthma extensive use of bronchodilators, antibiotics steroids and other measures are helpful to some extent but to eradicate it and to give permanent cure of this disease is still beyond their capacity. Prolonged use of steroid therapy may cause suppression of immune response, hypertension diabetes mellitus etc. On the other hand in Ayurveda the proper implementation of ancient, approach is advantageous.

Svasakutharasa is widely prescribed by Ayurvedic physicians since long till today. As Ayurvedic texts shows that this formulation is indicated for svasa, Kasa and other diseases like vishama jwara, pratishyaya, rajayakshma etc.

Shirishadi Kashaya is an important formulation of Ayurveda and is found anti-allergic by so many workers. Its positive effects in Tamaka shvasa are believed by ayurvedic scientists.

Keeping this idea in mind a comparative study has been done to assess the effect of svasa kuthara rasa and shirishadi kashaya in the patients of Tamaka svasa.

Material and Methods:

Selection of the patients:

30 patients attending to Kaya chikitsa OPD of, S.S Hospital BHU, with the chief complains of paroxysmal attacks of breathlessness, having prolonged expiration time, rhonchi and rales with or without history of allergy were selected for clinical trial. Out of them those having complications like emphysema,
corpulmonale and absolute eosinophil count more than 2000/cu.mm, having positive ECG findings and radiographic evidences of Koch’s have been excluded from the trial.

Selection of the Drugs:

Svasa Kuthararasa is a classical herbomineral preparation. It contains purified rasa (Mercury), purified Gandhaka (Sulphur) purified tankana (Borax) purified manahshila (Realgar) purified vatsanabha (Aconite) along with trikatu. Its methods of preparation and indications are clearly mentioned in bhaishajya ratnawali (Hikka-Svasa Chikitsa 16/46-50) and yoga Ratnakar.

Shirishadi Kashaya, an excellent herbal preparation was formulated by Late Prof. S.N Tripathi from his experience of treatment, the constituents of the said kashaya are shirisha (Albizzia lebbeck), Vasa (Adhatoda vasica), Kantakari (Solanum xanthocarpum) and Yashtimadhu (Glycyrrhiza glabra). These four drugs have been established as the effective drug of choice in svasa, Kasa and other allergic disorders.

Administration of Drugs:

The 30 patients selected for trial were randomly put into 2 groups
A-Svasa Kuthararasa group
B-Shirishadi kashaya group
In both groups 15-15 patients were selected. In group A-Svasakuthara rasa was administered in the dose of 250mg (1cup) two times a day with boiled and cooled water, for a period of 45 days and response was assessed at the interval of 15 days up to 3 subsequent visits.

In group B- Shirishadi Kashaya was given in the dose of 25ml two times a day for a period of 45 days.

Diet:

All the patients were kept on normal diet with the avoidance of cold substances specially curd, cold drinks etc. A part from diet they were also advised not to expose to cold climate smoke an dusty environment. All the patients were followed up at the interval of 15 days.

Parameters for assessment of the response of trial drugs:

To evaluate the therapeutic response of drugs the following parameters have been adopted

a) Subjective
b) Objective

a) Subjective Parameters: Under this criteria dyspnoea, cough, days of asthma per week, frequency of asthmatic attacks were noted before and after treatment. The dyspnoea and cough has been recorded in grades on the basis of tolerance of work and exercise and frequency in 24 hours respectively. Likewise dyspnoea and cough the days of asthmatic attacks per week frequency of asthmatic attacks were recorded and numerical scoring was done according to good et al (1971).

b) Objective Parameters: Under this criteria only vital capacity has been measured in all patients before treatment and the interval of 15 days for up to 3 subsequent visits.
1. Effect of treatment of dyspnoea (Table No 1)
Group – A-Svasa Kuthararasa group (N=15)

|       | BT     | AT₁ (15 days) | d₁  | AT₂ (30 days) | d₂  | AT₃ (45 days) | d₃  |
|-------|--------|---------------|-----|---------------|-----|---------------|-----|
| MGS   | 2.33   | 2.0           | 0.33| 2.007         | 0.267| 2.13          | 0.2 |
| SD(±) | 1.175  | 1.195         | 0.723| 1.162        | 0.798| 0.99          | 0.774|
| SE t  | 0.303  | 0.308         | 0.186| 0.300        | 0.206| 0.255         | 0.200|
| t p   |        |               | 1.792| >0.05       | 1.31 | >0.05         | 1.0  |

As evident from table no.1 although the relief in dyspnoea was observed in all the patients of svasa kuthara rasa group on statical analysis it was not significant at all levels (P>0.05). While in group B the patients were treated with shrishadi kashaya alone. The relief in dyspnoea was significant on 15th day (P<0.05) and highly significant on 30 and 45 days of treatment (P<0.01 and <0.001).

On comparison the effect of Shirishati kashaya on dyspnoea was found to be better than that svasa kuthara rasa alone.

2. Effect of treatment of dyspnoea (Table No 2)
Group – B-Shirishadi Kashaya group (N=15)

|       | BT     | AT₁ (15 days) | d₁  | AT₂ (30 days) | d₂  | AT₃ (45 days) | d₃  |
|-------|--------|---------------|-----|---------------|-----|---------------|-----|
| MGS   | 2.20   | 1.86          | 0.34| 1.73          | 0.470| 1.34          | 0.86 |
| SD(±) | 1.207  | 1.060         | 0.487| 1.032        | 0.515| 0.816         | 0.639|
| SE t  | 0.311  | 0.273         | 0.126| 0.266        | 0.133| 0.210         | 0.165|
| p     |        |               | 2.698| <0.05       | 3.508| 5.252         | 5.252|

|       | BT     | AT₁ (15 days) | d₁  | AT₂ (30 days) | d₂  | AT₃ (45 days) | d₃  |
|-------|--------|---------------|-----|---------------|-----|---------------|-----|
| MGS   | 2.13   | 1.86          | 0.27| 1.8           | 0.33 | 1.73          | 0.4  |
| SD(±) | 0.833  | 1.125         | 0.703| 1.207        | 0.816| 0.798         | 0.632|
| SE t  | 0.215  | 0.290         | 0.181| 0.311        | 0.210| 0.206         | 0.163|
| p     |        |               | 1.492| >0.05       | 1.587| 2.452         | 2.452|

>0.05
Table No.2 reveals that in group A the improvement in cough by Shavasa Kuthararasa was statistically significant only on 45th days of treatment while in group B the improvement in cough was highly significant at all levels (P<0.01 and <.001).

3. Effect of treatment on days of asthma per week (Table No 3)
Group –A-Svasa Kuthararasa group (N=15)

On statistical analysis the mean difference was not significant on all levels (P>0.05) in group A. In group B the reduction in the mean score was highly significant on 30th and 45th days of treatment (P<0.05).

4. Effect of treatment on frequency of asthmatic attacks per week (Table No 4)
Group –A-Svasa Kuthararasa group (N=15)
As evident from table no 4 the reduction in means score of frequency of asthmatic attacks per week was statistically not significant in group A (P>0.05). On the other hand in group B treated with shirishadi kashaya the reduction in frequency of asthmatic attacks per week was much better and significant (P<0.05 and <0.01).

5. Effect of treatment on vital capacity (Table No 5)

Group –A-Svasa Kuthararasa group (N=15)

In group A the slight improvement in vital capacity was observed but on statistical analysis it was not significant (p>0.05). On the other hand in group B the improvement in vital capacity was significant (P<0.1 and <0.001).
Discussion and conclusion:

Tamaka Svasa like any other psychosomatic ailment is a disease of multiple aetiology in such type of diseases the problem is complex and is likely to disease the problem is complex and is likely to deviate from place to place and society to society. There are several factors namely allergy, infection endocrine, psychic and hereditary, which play pivotal role in the causation of this disease. There may be cases having more than one factor in operation simultaneously or one may follow the other, considering all these factors no two cases of Tamaka svasa can identical in all aspects.

In addition the evaluation of response of a drug becomes further difficult due to self limiting nature of the disease. Under these circumstances an individuals can make only a humble attempt of clinical trial giving some valuable information of primary nature.

Hence it is concluded that shirishadi Kashaya has significant effect on dyspnoea and cough (P<0.01), significant reduction in mean days of asthma per week (P<0.05). There was highly significant rise in vital capacity observed (P<0.001).

Regarding the effect of svasa kuthara rasa, similar to shirishadi kashaya its effect on dyspnoea cough, days of asthma per week frequency of asthmatic attacks per week and vital capacity were also observed but it was found not to be so effective as shirishadi kashaya in the treatment of Tamaka svasa.

Since it was a time bound programme to evaluate the effect of said drugs, it requires further double blind trial to confirm the observations and results reported herewith, it is hoped that the work presented there will be beneficial to other research workers willing to take up the work in this field.

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Abbreviations used:

BT – Before treatment
AT₁ - First follow up after 15 days of treatment.
AT₂ - Second follow up after 30 days of treatment.
AT₃ - Third follow up after 45 days of treatment.
d₁ - Mean difference between BT- AT₁
d₂ - Mean difference between BT- AT₂
d₃ - Mean difference between BT- AT₃
MGS - Mean Grade Score.
SE - Standard Error.

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