



TITLE :-“A CLINICAL STUDY OF AMRITADI KVATH IN TAMAK SHVASA WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA .

FIRST AUTHOR –Dr Vinayak Bhanudas Pache ,Assistant professor , Kayachikitsa department ,Government ayurved college, Dharashiv Maharashtra

2 –Dr Aarti sharma ,PG Scholar ,Rachana Sharir Department , Government ayurved college, Dharashiv, Maharashtra.

3.-Dr Vilas Borse , Assistant professor , kayachikitsa department ,Government Ayurved college ,Dharashiv, Maharashtra

4.Dr Govind Pakale ,Professor, Shalakya tantra department, Dr.K.D.Shendge ayurved Medical College,Omerga ,District Dharashiv,Maharashtra.

5.Dr Mahendra sarpate,Taulka Health Officer, Buldhana, Maharashtra.

ABSTRACT

According to Ayurveda, Shvasa roga is one of the main diseases of Pranvaha srotasa. Shvasa is described as disease as well as symptoms of some other diseases. In Samhita, Shvasa is classified into five types, Tamakshvasa is one of them. Acharya Charak described Tamak shvasa is *a yapy* type of disease. Tamakshvasa patients always suffer on & off attack repeatedly. So that patient has to depend upon medicine for relief. Acharya charak has stated shodhan & shaman chikitsa for tamakshvasa⁽¹⁾. Shodhan chikitsa in the form of vaman & virechana. Shodhan indicated for great degree of vitiation of doshas & in physically strong patient. Shodhan treatment is not suitable for each & every patient . So Charak indicated shaman chikitsa to durabala & heen satva patients of

Tamakashvasa. In Modern, Bronchial asthma has now become one of the commonest chronic diseases. In the world about 300 million people were suffered from bronchial asthma according to Harrison internal medicine (2021), prevalence of this disease 10 to 12 % in adult is increasing throughout the world. In modern science, the treatment of bronchial asthma is removal of causative factor like allergens & medicinal line of treatment. In medicinal treatment drugs such as bronchodilators, glucocorticoids, expectorants & inhalers are used. Obviously modern medicine used in status bronchial asthma is life-saving but these medicines are also used for longer duration in chronic bronchial asthma. When these drugs are used for longer duration they produce many side effects like immunosuppression, obesity, peptic ulcer & oral candidiasis. Some expectorants & Bronchodilator's cause tremors. Patients develop unwanted effects later. Ayurveda management provides preventive as well as curative treatment for Tamak Shwas like Amritadi kwath which relieves symptoms of disease.

KEY WORDS- TAMAK SHWAS, BRONCHIAL ASTHMA, AMRITADI KVATH

INTRODUCTION

The main aim and goal of Ayurveda is to maintain the health of healthy individuals and to cure the diseases. In the literature of Ayurveda, there are various chapters which deal with behavioral and dietary changes according to diurnal changes. This suggests that if one follows these rules can lead to healthy life for longer period. Today there is tremendous change in life style due to globalization. People forgot the thought given by ancient Acharya . The urbanization, industrialization, over-crowding, smoking, pollution, lack of exercise, tendency to take junk food & cold drinks is increasing at rapid pace. Changes of this life style ultimately reflect into respiratory diseases like rhinitis, pharyngitis, allergic bronchitis, & bronchial asthma. According to modern medical science

Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to labored breathing. The main cause of inflammation is chronic irritation due to hyper-reactivity of lung immune system induced by different kinds of external and internal allergens. Acharya Charka has explained Tamak shwasa as:-

प्रतिलोमं यदा वायुः स्रोतांसि प्रतिपद्यते। ग्रीवां शिरः च संगृह्य श्लेष्माणं समुदीर्य च ॥ करोति पीनसं तेन रुद्धो घुघुरूकं तथा । अतीव तीव्रतेगं च श्वास प्राणप्रपीडकम् । प्रताम्यति अतिवेगात् च कासते सन्निरुध्यते ॥ प्रमोहं कासमानः च स गच्छति मुहुः मुहुः ॥ Ch .Chi.18/44-45

Tamak Shwasa is a type of Shwasa in which patient feels excessive difficulty and drowning in dark is known as Tamak Shwasa. Tamak Shwasa is a disease in which patient experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. The name of Tamaka Shwasa is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (Tama Pravesh). Both the Vata and Kapha have been considered to be the chief doshas involved in the pathogenesis of Tamaka Shwasa. Among the five types of Sharira Vayu - prana Vayu get vitiated during this disease. When Vata is obstructed by vitiated Kapha, it get reverses and affect the Prana vaha Srotas and producing dyspnea associated with wheezing sound, Cough, labored breathing etc. Due to constant coughing patient become unconscious, greatly distressed and feels comfort for a while when the sputum being expectorated. Throat of the patient is severely affected, and speaks hardly. He feels discomfort in lying down position, so unable to get a sleep. He feels comfort in sitting or in propped up posture. He likes to take hot things only. His eyes are protruded, forehead is covered with sweat and he feels a great distress all the times. His mouth becomes dry. These symptoms are intensified by cloudy, humid and cold weather, easterly winds, foul smelling and

by taking Kapha increasing things. The Tamaka Shwasa(Bronchial Asthma) is Yapy. It is curable if it is of recent origin. Here Amritadi kvath content guduchi, shunthi, bharangi, kantakari & Tulsi which predominantly having ushana veerya acts as kapha & vata shamak. These drugs work as amapachan & vatanuloman and allivate Tamak Shwas.

AIMS & OBJECTIVES

- 1) To study Nidanpanchak & principal of management of Tamak Shvasa in Ayurvedic aspect.
- 2) To review & study modern literature available on Bronchial asthma
- 3) To propose a possible etiopathogenesis of Tamak shvasa in Ayurvedic aspects.
- 4) To evaluate the effect of Amritdai kvath in Tamakshvasa vyktaawastha (Vegaawastha) with special reference to bronchial asthma.
- 5) To review literature available on Amritadi kvath & its contents.

To propose a possible mode of action of Amritadi kvath in Tamakshvasa vyktawastha (Vegaawastha)

MATERIAL AND METHODS

Subject recruitment:

30 Patients with Tamak Shvas (Bronchial Asthma) was selected from OPD & IPD of study center R,A, Podar Medical College (Ayu.) Worli ,Mumbai -18 with respective of Inclusion criteria .

The Patients Presenting with signs and Symptoms of Tamak shwas roga has been selected from the OPD and IPD Department of Kayachikitsa .

Study type:- Prospective open randomized study

Ethical clearance:-Clearance form institutional ethical committee was taken.

Consent:-An informed written consent of patient included in the study was taken as the language best understood by them. Their disease and line of treatment was explained to them.

Drug Name : Amrita kvath⁶⁹

Dose : The dose of Amritadi kvath is 40 ml in morning, afternoon & evening

Bheshaj Sevankala:-The above mentioned Amritadi kvath was prescribed to take orally before morning breakfast, before lunch and dinner.

Anupan:-The medicine substance is mixed in the liquid parts called as anupan or the liquid taken after medicine or diet caused as anupan. The role of anupan is Tarpayati, preenayati.

Duration of Treatment:-The amrutadi kvath was given 28 days thrice in a day before breakfast, before lunch and before dinner

Diet regimen:-Kaphavataghna, ushna, vatanulomana concept of pathya apathy with respect to tamak shvasa was considered, light diet was advised.

In breakfast :-vegetable poha or vegetable upma, coffee.

- In lunch :-2 chapati or 1 bhakri, 1 katori rice, 1 Katori dal.

-In tea time :- coffee, vegetable upma or vegetable poha.

- In dinner :- 2 chapati / 1 bhakari /2-3 phulka, 1 Katori rise or pulaw ,1 katori, Aloo palak.

-Cold drinks & heavy diet were restricted.

Regimen for personal Habits:-The personal habits of smoking tobacco chewing ,Ghutkha chewing & excessive alcohol consumption were asked to avoid.

Criteria for the Selection of the Patients:-

Inclusion Criteria:-Patient having sign and symptoms of Tamak Shvasa in vyakta awastha(vegaawastha).

- 1) Age should be between 16 to 60 years.
- 2) Sex – Both male & female included.

Exclusion Criteria:-

- 1) Patient suffering structural lung diseases like Tuberculosis, carcinoma of respiratory tract.
- 2) Patient having cardiac asthma
- 3) Patient having HIV infection / AIDS
- 4) Patient suffering from other systemic disorder like Diabetes mellitus and malignancy
- 5) Patients having acute attack in status asthmatic stage
- 6) Pregnancy and lactating mother

CRITERIA OF DIAGNOSIS:

- 1) The main symptoms of Tamak shvasa such as shvasaskrichhatha, Ghurghurakmshabda, Kasa, Kastenshlesmamoksha, was kept in mind.
- 2) Physical examination of all strotas was done.
- 3) Some modern method of diagnosis of bronchial asthma were adopted i.e. respiration rate, rhonchi, Reduced lung function were tested with the help of peak expiratory flow rate, sustained maximal inspiration, Breath holding time, expansion of chest. Laboratory investigation was done to rule out other Pathology
- 4) X-ray was done to rule out other lung pathology, ECG reading was noted to exclude cardiac involvement,
- 5) Hematological investigation hemoglobin in gm%, total leucocytes count, differential leucocyte count erythrocyte sedimentation rate, was done.
6. Sputum examination was done to exclude mycobacterium tuberculosis.

Discontinuation Criteria:-

-Failure to Turn up for follow up

-Those not Following advise

-If the condition of person on trial deteriorated during trial he/she shall be excluded from study.

SELECTION OF DRUG :- In shaman chikitsa of shvasa, drugs having kapha – vataghna, ushna & vatanulomana properties are indicated. Taking above said principle of management of tamakshvasa into consideration Amritadikvath described by Chakrapani in Chakradatta is selected for shaman chikitsa in Tamakshvasa

Amritadi kvath comprises of Amrita (Guduchi),Nagar (Shunthi),Phajji (Bharangi),Vyaghri (kantakari),Parna (Tulsi),Pippali.Pippali should be taken along with kvath as anupana.The properties and effect of drugs are described in Table no 01

TABLE NO 1

Dravya	Rasa	Guna	Veerya	Vipaka	Doshaprabhav			Dhatuprabhav
					Vata	Pitta	Kapha	
Guduchi	Katu Tikta Kashaya	Laghu Singdha	Ushna	Madhura	☐	☐	☐	Rasayana
Shunthi	Katu	Laghu Singdha	Ushna	Madhura	☐	☐	☐	Raktrashodhak
Fangi	Katu Kashya Tikta Rasa	Ruksha Laghu	Ushna	Katu	☐	☐	☐	Raktrashodhak
Kantakari	Tiktakatu	Laghuruksha	Ushna	Katu	☐	☐	☐	Medahara

Tulsi	Katu Tikta	Laghuruksh a	Ushna	Katu	□	□	□	Raktrashodh ak
Pippali	Katu	Singdha,lag hu	Anushn a, Sheeta	Madhur	□	□	□	Rasayana

PREPARATION OF AMRITADI KVATH:

Each dravya was taken in coarse form in 8 gram quantity, thus total 40 gram dravya was taken and 16 times water (640 ml) was added, then boiled on slow flame, reduced to 1/8 (80 ml), properly filtered.

STANDARDISATION OF DRUG:- Identification & authentication of all drugs were done in recognized Pharamaceutical company.

SCHEDULE FOR TREATMENT:- The amrutadi kvath was given 28 days thrice in a day before breakfast, before lunch and before dinner

CRITERIA OF ASSESSMENT:- The criteria of assessment to evaluate effect of Amrutadikvath are divided into three parameters.

A) Clinical Parameter

B) Physical parameter

C) Investigational Parameter

A) CLINICAL PARAMETER:-

Symptoms & signs of Tamak Shvasa were taken into consideration.

General symptoms score system.

To evaluate effect of drug on dosh dusthi effort was made to evaluate its effect on kapha vridhhi and vata vridhhi for that following method was used.

1) *Shvasa – Krichhata*

TABLE NO 2

Grade	Score	signs / Symptoms
0	0	Absent R.R. Normal 16-18/min ie No limitation of Physical activity does not cause undue dyspnoea
+	1	Shvasa vega only by exertion ie slight limitation of physical activity such patient are comfortable at rest ordinary physical activity result in dyspnea
++	2	Moderate shvasa without exertion marked limitation of physical activity, less than ordinary activity will cause dyspnea
+++	3	Severe shvasa vega without exertion means inability to carry on any physical activity without discomfort.

2) *Ghur – Ghurak shabda (Rhonchi score)*

TABLE NO 3

Grade	Score	Signs / Symptoms
0	0	Absent chest cleared on forced expiration
+	1	Rhonchi found on forced expiration but not heard on deep breathing occasionally present.
++	2	Scattered rhonchi on normal deep hreathing present over less than 50% of chest area.
+++	3	Innumerable low pitched rhonchi present 75% of chest area.

3) Kasa (cough)**TABLE NO 4**

Grade	Score	signs / Symptoms
0	0	Absent
+	1	1 to 5 episode in every three hours
++	2	5 to 10 episode in every three hours.
+++	3	Excessive coughing ie more than 10 episode in every three hours.

4) Kastenashlesma Moksha :- (Difficult expectoration)(TABLE NO 5)

Grade	Score	signs / Symptoms
0	0	Absent
+	1	Scanty expectoration after 1 to 5 bouts.
++	2	Scanty expectoration after 5 to 10 bouts.
+++	3	Scanty expectoration after more than 10 bouts

5) Asinolabhate saunkhyam (Relief in sitting posture)(TABLE N0 06)

Grade	Score	Signs / Symptoms
0	0	Absent
+	1	Daily disturbance in sleep due to shvasakasthata.
++	2	Intermittent sleep disturbance every night due to shvasa kasthata
+++	3	Can not lie down due to shvaskasthata to & has to sleep always in propped up position

6) Andira (Insomina) (TABLE NO 07)

Grade	Score	Signs / Symptoms
0	0	Sleep for 6-8 hours in night
+	1	Sleep for 4-6 hours in night
++	2	Sleep for 2-4 hours in night
+++	3	No Sleep during night

7) Krcchrenbhashya kashtata(TABLE NO 8)

Grade	Score	Signs / Symptoms
0	0	No difficulty in speaking
+	1	mild difficulty in speaking
++	2	patient has to pause between sentences due to shvasakastha
+++	3	Can not speak small single sentences at breath.

8) Svedpravriti (TABLE NO 09)

e	Score	Signs / Symptoms
0	0	No Sweating
+	1	Mild sweating only after continuous shvasa
++	2	Moderate sweating in between 2 & 3
+++	3	Profuse sweating during shvasa kastha

9) Parshvashool (TABLE NO 10)

Grade	Score	Signs / Symptoms
0	0	No pain
+	1	Mild pain in flanks
++	2	moderate pain in between 1 & 3
+++	3	Severe pain in parshva during the time of respiration

10) Pinas (TABLE NO 11)

Grade	Score	Signs / Symptoms
0	0	Absent
+	1	Lasting upto one week peak at morning hours only
++	2	Lasting for more than one week through the day without chocking sensation of nose without bad smell.
+++	3	Continuous rhinorrhoea present through out the day with chocking sensation of nose with bad smell.

B) PHYSICAL PARAMETER**1) Respiratory rate**

2) Expansion of chest: The diameter of chest was noted maximal inspiration in cm at the level of the nipple. Three consecutive reading was noted then the mean of expansion of chest was evaluated.

3) Breath holding time (BHT): -Patient was asked to take full maximal inspiration at that time watch started, the time taken to hold the breath was recorded in seconds. The same process was repeated 3 times. The mean of these reading were calculated in second

4) Sustained maximal inspiration :- To calculate inspired volume, multiply your inspiratory time in second by the inspiratory flow setting i.e. 200 cc / per second three reading was taken & to calculate the mean of that three reading. The SMI reading were taken at 1st, 7th, 15th, 21st & 28th days.

5) Peak flow meter: -Firstly patient asked to take a deep breath to draw air into lungs. Hold the peakflow in a horizontal position place patients lips tightly on the mouth piece and blow as fast as. Patient exhaled breath move the indicator up the scale. Reading was noted repeat the same process twice and write down the maximum reading peak flow meter reading was taken at 1st, 7th, 14th, 21st, 28th days.

C) INVESTIGATIONAL PARAMETER

Following tests was carried out

- 1) Complete blood count & ESR at start & end of the study
- 2) BSL fasting and post prandial.
- 3) Urine routine and microscopic
- 4) HIV, VDRL
- 5) Sputum for AFB
- 6) Chest X-ray, P.A.view in full inspiration
- 7) ECG

Above 2 to 7 No. test was done in starting to exclude other pathology

STATISTICAL ANALYSIS:

To reach the final result & conclusion the data that has generated during the study was subjected to statistical analysis. **Wilcoxon signed rank** sum test was applied for evaluation of subjective data and **Paired t test** was applied for evaluation of objective data. Significance of the results were studied at 5% level of significance.

TOTAL EFFECT OF THERAPY -:

Percentage of relief in symptoms & signs with respect to each of the patient was as follows and classified as per the definition of cured, markedly improved, improved and unchanged.

1.Cured -:

Total reliefs in cardinal symptoms such as Shvasakrichhata and disappearance of rhonchi from all over the lung field was considered in this category. Along with these facts, no recurrence of episode of Shvasakrichhata for about six month's duration was considered as "Cured".

2.Markedly Improved -:50% or more average improvement in signs and symptoms was termed as "Markedly Improved".

3.Improved -:Improvement ranging in between 25 to 50% responded by the patients in signs and symptoms was taken for "Improved".

4.Unchanged -:Those patients presenting less than 25% improvement in their sign & symptoms were categorized as "Unchanged".

5.LAMA:Those patients who left the treatment before advised duration or who did not followed the instruction about Ahara-Vihara were considered as left against medical

Observation :- The data collected from clinical study was analyzed under two headings.

A) Demographic Analysis.

B) Clinical efficacy of the therapy under study.

A) DEMOGRAPHIC ANALYSIS

1) AGE WISE DISTRIBUTION:-The overall assessment of age suggests that prevalence of tamak shvasa is more in about age group between 31 to 50.

2) SEX WISE DISTRIBUTION:-Among 30 patient 19 were male & 11 were female. The percentage of male was 63.33 and female was 36.66

- 3) RELIGION WISE DISTRIBUTION** -Out of 30 patients 26 were from Hindu Community, 02 were from Muslim & Buddhist community
- 4) EDUCATIONAL STATUS WISE DISTRIBUTION :-**Out of 30 patient 25 were educated & 05 were uneducated
- 5)ECONOMICAL STATUS WISE DISTRIBUTION:-**Out of 30 patient 09 were from poor status 18 patients were from middle class family & 03 patients were from rich group.
- 6) OCCUPATION WISE DISTRIBUTION:-**Most of the patient 10 were doing labour type work. 6 patient were doing service, 3 patients were student, 6 patient were doing housewife work, 5 patient were not done any work.
- 7) MARITAL STATUS WISE DISTRIBUTION :-**In this study 24 patient were found married, while 5 patient were unmarried. 1 patient was found widower
- 8)DIET WISE DISTRIBUTION :-**Out of 30 patient 19 patient were taking mixed diet & 11 patients were taking vegetarian diet.
- 9) VYASANA WISE DISTRIBUTION:-**Out of 30 patient 14 patient were addicted, while 16 patients were not indulging in any type of vyasana, 4 patients were addicted to smoking, 3 patients were taking alcohol, 3 patients were given history of Tobacco chewing and lastly 4 patients were included in alcohol consumption with smoking.
- 10) CHRONICITY WISE DISTRIBUTION:-**Out of 30 patient 14 patients were sufferings from tamak shvasa. Since more than 5 years. 8 patients were suffering from 4 to 5 years. 2 patients were suffering from 3-4 years. 5 patients were suffering from 2-3 years. 1 patient was suffering from 1-2 year
- 11) PRAKRITI WISE DISTRIBUTION:-**Out of 30 patient 17 patients were having vatakapha prakriti, 09 patients were having vatapitta prakriti and 04 patients were having Pitta – Kapha prakriti. But tridoshaj prakriti was not recorded
- 12) SARA WISE DISTRIBUTION:-**Pravara type of Sara were found in 10 patients madhyam Sara were found in 16 patients while 04 patient were having avar sara
- 13) AGNI WISE DISTRIBUTION: -**Out of 30 Patients 20 were having mandaagni, 07 patients were having visham Agni, 03 patient were having Teekshna Agni
- 14) KOSTHA WISE DISTRIBUTION:-**07 patients were mrudu kostha, 10 patients were Madhya kostha & 13 patients were krur kostha.

Table NO 12 showing effect of therapy on general symptoms score of 30 patient of Tamak shvasa

Sr. No.	Symptoms	BT	AT	Difference	Percentage of Relief
1	Shvasa Kricchata	50	25	25	50.00%
2	Ghur-Ghurk Shabda	59	25	34	57.62%
3	Kasa	67	23	44	65.67%
4	Kastenshelshma mokshan	58	23	35	60.34%
5	Asniolabhate Saukham	28	15	13	46.42%
6	Anidra	30	15	15	50.00%
7	Krccheen bhashya kashthata	24	13	11	45.83%
8	Swedpravriti	26	13	13	50.00%
9	Parshvashool	14	8	6	42.85%
10	Pinas	58	16	42	72.41%
Average percentage of relief					54.11%

RESULT

Amritadi kvath was found statistically highly significant in ($P < 0.0001$) in relieving shavaskricchata, ghurghurak shabda, kasa, kastenashlesma moksha, Andria, svedpravriti which were shown by percentage relief in symptoms & by statistical analysis which was highly significant. The drug Amritadi kvath reduces respiratory rate effectively & increases expansion of chest, Breath holding time, peak expiratory flow rate & sustained maximal inspiration which was highly significant statistically. There was significant improvement in hemoglobin level & RBC count. Lymphocyte, Neutrophil, ESR count was reduced significantly. No significant changes observed in WBC count & Eosinophil count. Out of 30 patient included in the study none patient showed total relief in symptom, 7 patients were markedly improved (50 to 75%), 21 patients were improved (25 to 50%), 2 patients were unchanged (less than 25%)

This it seems that the significant effect of this drug is a sum of the total action of its ingredient. During this study none of the patient worsened clinically.

There is still wide scope for tamakshvasa studies.

- 1) Doing comparative study in two groups can do controlled evaluation of Amritadi kvath.
- 2) One can study the effect of drug in different etiologies of Tamakshvasa ie Bronchial asthma.

TOTAL EFFECT OF THERAPY: (Table 13)

In present study it was observed that no one patient can completely cured, 07 patients were markedly improved, 21 patients were improved & 02 patients were unchanged

Table no 13 Total Effect of Therapy on 30 Patients of Tamaka Shvasa

Total Effect	No. of Patient	Percentage
Cured	0	0
Markedly Improved	07	23.33
Improved	21	70
Unchanged	02	6.66
Lama	04	0

DISCUSSION

Tamak Shwas can be clinically correlated with Bronchial Asthma .As in both Tamak shwas and bronchial Asthma there are similar sign and symptoms such as Shvasa Kricchata(Shortness of breath),kasa (frequent Cough), Ghur-Ghurk Shabda(Throat irritation),labored breathing.

Present research work based on facts, observations and result of drug and clinical studies,34 patients were enrolled out of them 30 patients were selected, 4 patient did not give regular follow up hence were omitted from the study.

Bronchial Asthma is condition that interfere with daily activities and it may lead to a life threatening attack. In Bronchial asthma Person's airways become inflamed, narrow and swell and produce extra mucous which makes difficult to breathe.30 patients were suffering for tamak shvasa in vyaktaawastha selected randomly irrespective of age sex, religion, & socioeconomic status. All patients were examined on the basis of special proforma designed on ayurvedic concept & some specific investigation such as CBC with ESR, BSL, X-ray etc. were performed to exlude

other pathology as well as to confirm the diagnosis. After diagnosis patients were treated with Amritadi kvath for Twenty eight days in a dose of 40 ml thrice in a day with Pippali churna taken as anupan in a dose of 500 mg. After completion of treatment all the value of parameter noted.

MODE OF ACTION DRUG : The treatment of tamak shvasa include Sama dosha pachan, Kapha & vata shaman, to maintain anuloma gati of vayu, to reduce rukshata, kathinya & sankocha at pranvaha srotas.

Acharya Charak has clearly described chikitsa of tamakshvasa is whatever drug, food is alleviative of vata & kapha, having ushna property & maintain normal vayugati ie vatanulomana. Dravya contains different entities like rasa, vipak, guna etc. Among all these, veerya is prominent because it brings about the action of a dravya. Also it supersedes the action of rasas by its presence. So veerya is prominent among rasa, vipak, veerya & guna.

So considering above point the amritadi kvath content guduchi, shunthi, bharangi, kantakari & Tulsi which predominantly kapha & vata shamak. The amritadi kvath having ushna veerya which alleviative of vata & kapha. Shunthi like drugs work amapachan & vatanuloman of vayu so vayu gets its normal anulom gati. There by helping in Samprapti vighatana process of tamak shvasa.

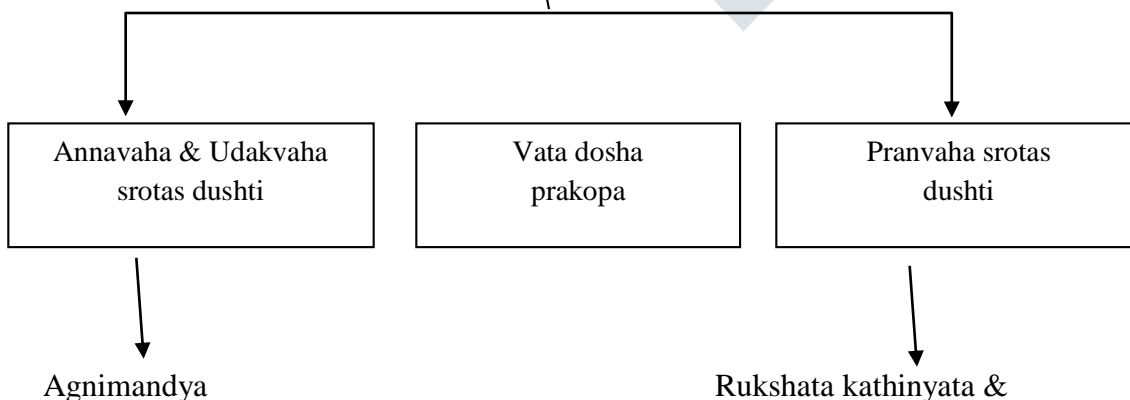
SAMPRAPTI :

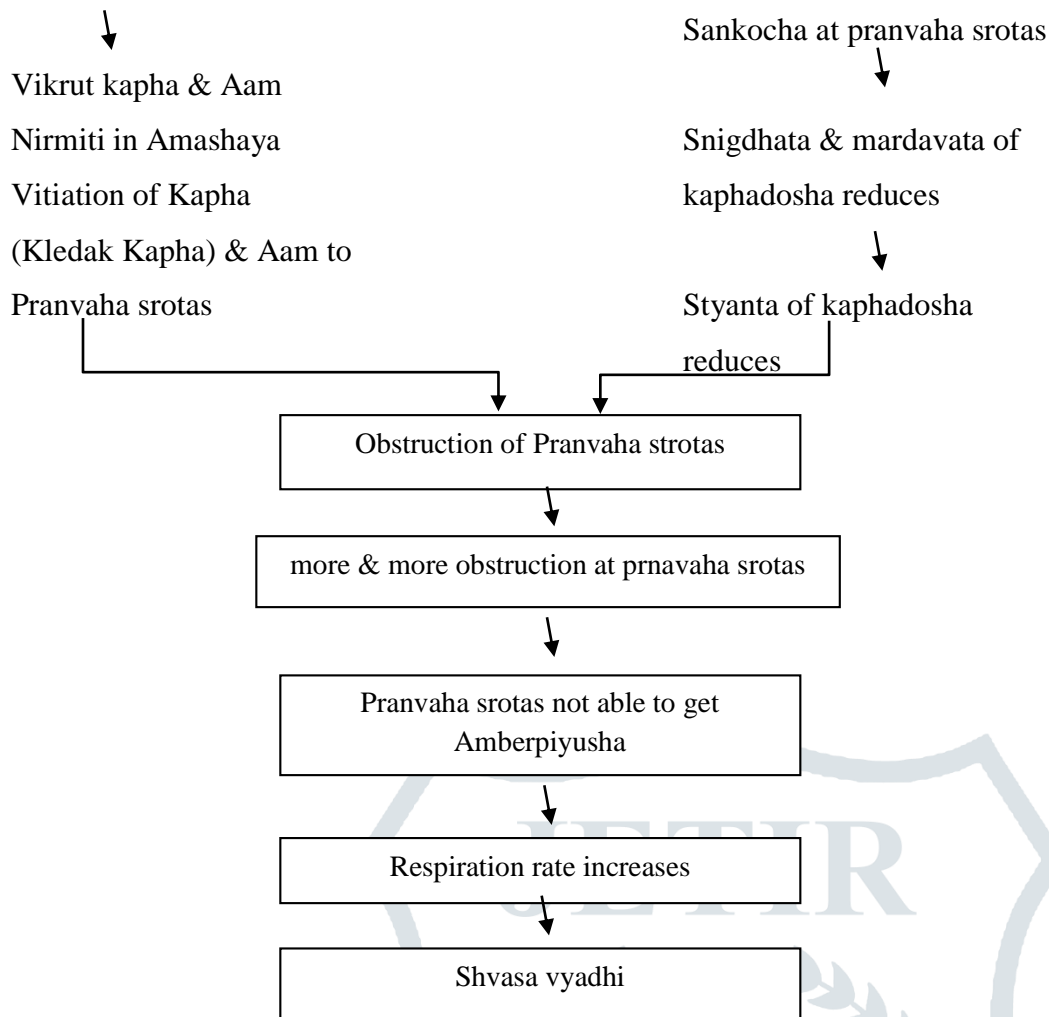
Samprapti means the knowledge of the way in which a certain disease develops by knowing the samprapti almost all the circumstances related to the development of a disease whether arising from intrinsic or incidental causes can be estimated.

SHVASA SAMPRAPTI

Hetu Sevan

(Methya Ahar, Vihar, etc)





Conclusion

Aamritadi Kashaya has been subjected to a clinical study on patients suffering from Bronchial Asthma. Amritadi kvath content guduchi, shunthi, bharangi, kantakari & Tulsi which predominantly kapha & vata shamak. The amritadi kvath having ushna veerya which alleviative of vata & kapha. Shunthi like drugs work amapachan & vatanuloman of vayu so vayu get's it normal anulogati. There by helping in Samprapti vighatana process of tamak shvasa. **“KINCHIT RASEN KURUTE KARMA”**. Amrutadi Kvath is predominantly katutikta rasa pradhan kalpa having following action. Dosha: Kaphapitta shaman, Dhatu: Rasaprasadan, Strotovishodhan.

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