EFFECT OF AN AYURVEDA FORMULATION ON SYMPTOMS OF TAMAKA SHWASA

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ABSTRACT
Asthma is one of the serious health problems affecting large number of population of developing countries. Ayurveda correlates this condition with Tamaka shwasa. Environmental exposure, smoke, dust & wind, etc. are the major causative factors. Vatha & kapha dohas are mainly involved in prana vaha srothas vyadhis like; Tamaka shwasa. The disease involves obstruction of prana vayu with vitiated kapha, this prana vayu moves upwards because of the airway obstruction the air fails to reach the lungs which resulted difficulty in breathing. Samsodhana, samshamana and nidhana parivarjanam are various approaches for the management of Tamaka shwasa. The samshamana is very useful for children suffered with Thamaka shwasa, considering this fact present article reported efficacy of same line of treatment in Tamaka shwasa. Medication is given to the patient in the form of kashaya named Respirata-S for 6 weeks. The effect of the therapy was assessed on 30 patients between age group 3-16 years with the classical symptoms of Tamaka shwasa by considering inclusion and exclusive criteria. The administered dosage was in accordance with the severity of the symptoms and also the age difference. All the patients were examined weekly up to the duration of 6 weeks. In the study, highest number of patient 56.66% got moderate improvement and 16.66% was observed with marked improved and 13.33% of patients were observed with mild and complete remission.

KEYWORD: Samsodhana, samshamana and nidhana parivarjanam.

INTRODUCTION
The incidences of respiratory tract allergic diseases such as; rhinitis, bronchitis and asthma increases day by day. The diseases are responsible for deteriorating large number of world population. The children are more susceptible for such types of allergic conditions. The environmental pollution, autoimmunity disturbances, hereditary and presence of other diseases, etc. are major causes of disease. Acute allergic bronchitis is one of them which produced by inflammation of the trachea, bronchi and bronchioles. This termed as asthmatic condition where the bronchi and the lower airway of the respiratory system are inflamed by irritants and allergens. Allergic bronchitis is triggered by an overly active immune system that attacks harmless foreign substances that enters the body. By analyzing the current scenario of asthma there is a need to study and develop an effective therapy from the alternative system of medicine. Ayurveda advised various treatment approaches for the management of Thamaka shwasa. Present study described efficacy of Respirata-S in disease Thamaka shwasa. The selected formulation consisted of drugs which are indicated in shwasa. The selected formulation offers various effects such as; vata anulomana, amapachana & vata kapha samaka.

SELECTION OF PATIENTS
The patients of age group 3-16 years with the classical symptoms of Tamaka shwasa matching with the mild to moderate symptoms of bronchial asthma as defined by World Asthma Council and Global Initiative in Asthma attended the IPD and OPD of Shri Venkateshwara Ayurved medical college Tirupati were taken as the study population.

Inclusion Criteria
1. Classical symptoms of Tamaka Shwasa with emphasis to symptoms of Childhood Bronchial

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Asthma like wheezing, shortness of breath, tightness in the chest and cough.

2. Age group between 3 yrs and 16 years.

Exclusion Criteria

1. Severe cases of Asthma with complications like suspected infection, large airway lesions, heart disease etc.
2. Cardiac Complaints, other chronic debilitating diseases like TB, AIDS etc or other systemic and endocrine complaints associated with any degree of Asthma.

Clinical evaluation

Total Leukocyte Count (TLC), Differential Leukocyte Count (DC), Absolute Eosinophils count (AEC), Hemoglobin percentage (% Hb) & Erythrocyte Sedimentation Rate (ESR).

MATERIAL AND METHODS

Materials used for preparation of Respirata-s

*Pushkara moola*  
*Ativisha.*

*Karkatashringi*  
*Vasa.*

*Kantakari*  
*Pippali.*

*Shathi*  
*Draksha.*

The administered dosage was in accordance with the severity of the symptoms and also the age difference. Accordingly, it was decided to give 3ml t.i.d. for children less than 5 years of age with moderate symptoms and 3ml q.i.d. in same age group with severe symptoms. A dosage of 5ml t.i.d. was given to the kids over 5 till 10 years of age in moderate symptoms and 5ml q.i.d. in same age group with severe symptoms. 7 ml t.i.d. was given to children above 10 years.

**DURATION:** 6 weeks.

**CRITERIA OF ASSESSMENT**

All the patients were examined weekly and following points were taken as assessment criteria:

1) Clinical features of *Tamaka Shwasa* were assessed during examination up to the end of treatment.
2) Improvement in frequency, intensity and duration of symptoms was taken into consideration.
3) Following laboratory investigations were carried out before and after treatment:
   - Hematological investigation.
   - Absolute Eosinophil Count.
4) Improvement in *Rogabala* along with *Deha, Agni* and *Chesta bala* was considered for assessment.

Following parameters were taken into consideration as parts of *Roga Bala*:

- Frequency of *Shwasa Vega*.
- Intensity of Attack.
- Chest tightness.
- Wheezing.
- *Asino labhate Saukhyam*.
- *Peenasa*.
- *Trit*.

Based on the above pattern, symptoms and signs were objectively evaluated and scores given. Scoring was done every 3 weeks for observing the changes if any in relevant signs and symptoms.

**OVERALL ASSESSMENT SCORE OF THERAPY**

Table 1: Clinical observations of *Roga bala* was scored as follows on the basis of improvement.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Assessment result/Clinical observation</th>
<th>Score assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No improvement</td>
<td>0-25</td>
</tr>
<tr>
<td>2</td>
<td>Mild improvement</td>
<td>26-50</td>
</tr>
<tr>
<td>3</td>
<td>Moderate improvement</td>
<td>51-75</td>
</tr>
<tr>
<td>4</td>
<td>Markedly improvement/ Complete remission</td>
<td>76-100</td>
</tr>
</tbody>
</table>

**OBSERVATIONS AND RESULTS**

Documentation is a very crucial factor in any kind of research. The tables from 13-77 shows the data on general observations including personal details and examination findings.

A total 42 patients were registered. Only 30 completed the treatment and others patients left in between.

**Table 2: Distribution of 42 Patients of Tamaka Shwasa.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Registered</th>
<th>Completed</th>
<th>LAMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respirata-s</td>
<td>42</td>
<td>30</td>
<td>12</td>
</tr>
</tbody>
</table>

**Age Wise Distribution**

In the present study maximum number of patients (60%) was in the age group of 6-10 years followed by 23.33% in 11-16 years age group, and remaining 16.66% patients were belonging to age group 3-5 years.
Sex Wise Distribution

Maximum number of patients (73.33%) were male whereas only 26.66% of patients were female.

Distribution of according to Deha Prakriti

Prakriti was assessed on the basis of current behaviour, physical features and other physical characters. Prakriti wise analysis of the patients in the study shows a predominance of Vata pitta Prakriti scoring up to 36.3%. Pitta Kapha 13.33 and Kapha Vata Prakriti 50%.

Diet habit wise distribution

Most of the patients were having affinity to some specific food article or a specific taste and quantity of food intake in children generally depends on their likes and dislikes. The Observation in the present study reveals that 73.33% of the patients were of Vishamashana habit, with good variation depending on the liking of food and variation in appetite. Samashana was reported in 20% of patients and 6.66% of patients reported Anashana with a total loss of appetite and refusal to eat even on force.

Aharaja Nidana in patients

Nidana is highly important in Shwasa roga. Primary prevention strategy in Asthma focuses on avoidance of etiological factors. Among the classical nidanas listed and also on the basis of attributes of commonly used food articles a list of aharara dravas was considered in the present study for evaluation. A large majority of patients in the present study 93.33%; were consuming refrigerated food which is Sheeta regularly. Equal figure was seen in patients who were using Shleshmala ahara. Rookshana was consumed regularly by 70% of patients. Chocolates were consumed by 66.66% on regular basis.

Viharaja nidana in patients

Among most commonly seen viharaja nidanas, Sheeta vata leads in majority, 83.33%. Exposure to dust was seen in 80% patients very regularly and 76.66% were exposed to Dhuma. Divaswapna was regularly seen in 46.66% of patients. 62.96% had exacerbation on Atyiyayama and emotional stress was a cause of exacerbations in 36.66%. Sheeta sthana caused Shwasa Vega in 76.66% patients.
Clinical observations in Darshana Pareeksha of patients

The following clinical data was seen on chest examination and systemic examination of Respiratory system.

1. Type of respiration: Majority of the patients had Thoraco abdominal type of breathing figuring 50%. Thoracic and Abdomino thoracic types of respiration were noticed in 13.33% of patients.36.66% only had a normal thoracic type of breathing.

2. DNS: In the present study, a deviated Nasal septum was seen in 73.33% of patients and only 16.66% had a normal straight Nasal Septum. No nasal mucosal atrophy was seen in any patient.

3. Shape of Chest: Normal chest shape was seen in 80%. Both Barrel and pigeon chest was noted in 20% of patients each.

4. Size of chest: Increased size of chest was seen in 63.33% of patients and rest 33.66% had a normal chest size.

5. Localized tenderness: Only a minority of 16.66% had local tenderness in the thoracic region.

Table 2: Clinical observations in Darshana Pareeksha of patients.

<table>
<thead>
<tr>
<th>Observations</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic</td>
<td>11</td>
<td>36.66%</td>
</tr>
<tr>
<td>Th-Abdominal</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Ab-Thoracic</td>
<td>4</td>
<td>13.33%</td>
</tr>
<tr>
<td>Nasal septum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>22</td>
<td>73.33%</td>
</tr>
<tr>
<td>Deviated</td>
<td>8</td>
<td>16.66%</td>
</tr>
<tr>
<td>Shape of chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>24</td>
<td>80%</td>
</tr>
<tr>
<td>Barrel</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Size of chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>21</td>
<td>36.66%</td>
</tr>
<tr>
<td>Increased</td>
<td>9</td>
<td>63.33%</td>
</tr>
<tr>
<td>Localized Tenderness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>5</td>
<td>16.66%</td>
</tr>
<tr>
<td>Absent</td>
<td>25</td>
<td>83.33%</td>
</tr>
</tbody>
</table>

EFFECTS OF RESPIRAT-S THERAPY ON VARIOUS PARAMETERS OF DISEASE

Total 42 patients were registered for treatment, among them 30 were completed the course of whole treatment. Whereas 12 patients were either discontinued the treatment or didn’t come for follow up. So 12 patients were considered as LAMA and effect of therapy was assessed in total 30 patients.

The Effect of the therapy was assessed with common parameters and after a same interval of time. The following results were obtained after the completion of the therapy:

Table 3: Effect of Respirata-S Therapy on Frequency of Shwasa Vega.

<table>
<thead>
<tr>
<th>Day</th>
<th>n</th>
<th>Mean</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>‘t’ Value</th>
<th>‘p’ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 weeks</td>
<td>30</td>
<td>2.1</td>
<td>44.44</td>
<td>0.0813</td>
<td>0.148</td>
<td>10.77</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>0-6 weeks</td>
<td>30</td>
<td>1.6</td>
<td>57.40</td>
<td>0.868</td>
<td>0.158</td>
<td>13.03</td>
<td>-</td>
</tr>
</tbody>
</table>

Frequency of Shwasa Vega was relief by 57.40% was statistically highly significant.

Table 4: Response of Respirata-S Therapy on Frequency of Shwasa Vega.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency of Shwasa Vega</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Patients</td>
</tr>
<tr>
<td>Unchanged</td>
<td>2</td>
</tr>
<tr>
<td>Mild</td>
<td>4</td>
</tr>
<tr>
<td>Moderate</td>
<td>14</td>
</tr>
<tr>
<td>Marked</td>
<td>10</td>
</tr>
</tbody>
</table>

46.66% patients have shown moderate improvement, 33.33% patients shown marked improvement, 13.33% patients shown mild improvement and 6.66% patients shown unchanged.

Table 5: Effect of Respirat-S Therapy on Intensity of shwasa Vega.

<table>
<thead>
<tr>
<th>Day</th>
<th>N</th>
<th>Mean</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>‘t’ Value</th>
<th>‘p’ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3weeks</td>
<td>30</td>
<td>1.56</td>
<td>41.25</td>
<td>0.547</td>
<td>0.11</td>
<td>11</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>0-6weeks</td>
<td>30</td>
<td>0.96</td>
<td>54.32</td>
<td>0.836</td>
<td>0.152</td>
<td>11.12</td>
<td>-</td>
</tr>
</tbody>
</table>
The mean score of intensity of \textit{shwasa vega} was reduced from 1.033 to 0.27 with mean improvement of 54.32\% which was statistically significant (P < 0.001).

\begin{table}[h]
\centering
\caption{Response of Respirata-S Therapy on Intensity of Shwasa Vega.}
\begin{tabular}{|c|c|c|}
\hline
Response & Intensity of Shwasa Vega & \\
\hline
No of Patients & % & \\
\hline
Unchanged & 2 & 6.66 \\
Mild & 10 & 33.33 \\
Moderate & 13 & 43.33 \\
Marked & 5 & 16.66 \\
\hline
\end{tabular}
\end{table}

In which 43.33\% patients shown moderate improvement, 33.33 \% patients shown mild improvement, 16.66\% patients shown unchanged in intensity of \textit{shwasa vega}.

\begin{table}[h]
\centering
\caption{Effect of Respirata-S Therapy on chest tightness.}
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline
Day & N & Mean & SD & SE & ‘t’ Value & ‘p’ Value \\
\hline
0-3weeks & 30 & 1.06 & 0.48 & 0.08 & 9.04 & < 0.001 \\
0-6weeks & 30 & 0.4 & 0.860 & 0.157 & 9.33 & - \\
\hline
\end{tabular}
\end{table}

The mean score of chest tightness was reduced from 1.86 to 0.4 with mean improvement of 78.57\% which was statistically significant (P < 0.001).

\begin{table}[h]
\centering
\caption{Response of Respirata-S therapy on chest tightness.}
\begin{tabular}{|c|c|c|c|}
\hline
Response & Chest tightness & \\
\hline
No of Patients & % & \\
\hline
Unchanged & 4 & 13.33 \\
Mild & 11 & 36.66 \\
Moderate & 14 & 40 \\
Marked & 2 & 10 \\
\hline
\end{tabular}
\end{table}

In which 40\% patients had shown moderate improvement, 36.66\% patients shown mild improvement and10 \% patients marked improvement 13.33\% patients shown unchanged in chest tightness.

\begin{table}[h]
\centering
\caption{Effect of Respirata-S Therapy on Asino Labhate Saukhyam.}
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline
Day & N & Mean & SD & SE & ‘t’ Value & ‘p’ Value \\
\hline
0-3 weeks & 30 & 2 & 1.26 & 0.73 & 0.135 & 5.43 & < 0.001 \\
0-6 weeks & 30 & 0.53 & 0.81 & 0.149 & 9.80 & - \\
\hline
\end{tabular}
\end{table}

The mean score of \textit{Asino Labhate Saukhyam} was reduced from 2 to 0.53 with mean improvement of 73.33 \% which was statistically significant (P < 0.001)

\begin{table}[h]
\centering
\caption{Response of Respirata Therapy on Asino Labhate Saukhyam}
\begin{tabular}{|c|c|c|}
\hline
Response & Asino Labhate Saukhyam & \\
\hline
No of Patients & % & \\
\hline
Unchanged & 4 & 13.33 \\
Mild & 10 & 33.33 \\
Moderate & 14 & 46.66 \\
Marked & 2 & 6.66 \\
\hline
\end{tabular}
\end{table}

In which 46.66\% patients showed moderate improvement, 33.33 \% patients shown mild improvement and 13.33\% patients shown unchanged and 6.66\% patients shown marked improvement in \textit{Asino Labhate Saukhyam}.

\begin{table}[h]
\centering
\caption{Effect of Respirata-S Therapy on Wheezing.}
\begin{tabular}{|c|c|c|c|c|c|c|}
\hline
Day & N & Mean & SD & SE & ‘t’ Value & ‘p’ Value \\
\hline
0-3 weeks & 30 & 2 & 1.2 & 0.819 & 0.149 & 5.79 & < 0.001 \\
0-6 weeks & 30 & 0.7 & 1.028 & 0.187 & 7.10 & - \\
\hline
\end{tabular}
\end{table}
The mean score of wheezing was reduced from 2 to 0.7 with mean improvement of 65.57% which was statistically significant (P < 0.001).

Table 12: Response of Respirata-S Therapy on Wheezing.

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of Patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unchanged</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Mild</td>
<td>5</td>
<td>16.66</td>
</tr>
<tr>
<td>Moderate</td>
<td>13</td>
<td>43.33</td>
</tr>
<tr>
<td>Marked</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

In which 43.33% patients showed moderate improvement, 16.66% patients shown mild improvement 10% patients shown marked improvement and 30% patients shown unchanged in wheezing.

Table 13: Effect of Respirata-S Therapy on Peenasa.

<table>
<thead>
<tr>
<th>Day</th>
<th>n</th>
<th>MEAN</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>t' Value</th>
<th>'p' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3weeks</td>
<td>30</td>
<td>2.13</td>
<td>1.3</td>
<td>0.74</td>
<td>0.136</td>
<td>6.11</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>0-6 weeks</td>
<td>30</td>
<td>0.76</td>
<td>0.76</td>
<td>1.03</td>
<td>0.188</td>
<td>7.24</td>
<td>-</td>
</tr>
</tbody>
</table>

The mean score of peenasa was reduced from 2.13 to 0.76 with mean improvement of 64.06% which was statistically significant (P < 0.001).

Table 14: Response of Respirata-S Therapy on Peenasa.

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of Patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unchanged</td>
<td>7</td>
<td>23.33</td>
</tr>
<tr>
<td>Mild</td>
<td>10</td>
<td>33.33</td>
</tr>
<tr>
<td>Moderate</td>
<td>8</td>
<td>26.66</td>
</tr>
<tr>
<td>Marked</td>
<td>5</td>
<td>16.66</td>
</tr>
</tbody>
</table>

In which 26.66% patients showed moderate improvement, 33.33% patients shown mild improvement and 23.33% patients shown unchanged and 16.66% patients shown marked improvement in peenasa.

Table 15: Effect of Respirata-S therapy on trit/vishushkasyata.

<table>
<thead>
<tr>
<th>Day</th>
<th>MEAN</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>t' Value</th>
<th>'p' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3weeks</td>
<td>1.1</td>
<td>0.76</td>
<td>0.546</td>
<td>0.099</td>
<td>3.33</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>0-6weeks</td>
<td>0.2</td>
<td>81.81</td>
<td>0.88</td>
<td>0.161</td>
<td>5.57</td>
<td></td>
</tr>
</tbody>
</table>

The mean score of trit/vishushkasyata was reduced from 1.1 to 0.2 with mean improvement of 81.81% which was statistically significant (P < 0.001).

Table 16: Response of Respirata-S therapy on trit/vishushkasyata.

<table>
<thead>
<tr>
<th>Response</th>
<th>No. of Patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unchanged</td>
<td>11</td>
<td>36.66</td>
</tr>
<tr>
<td>Mild</td>
<td>11</td>
<td>36.66</td>
</tr>
<tr>
<td>Moderate</td>
<td>7</td>
<td>23.33</td>
</tr>
<tr>
<td>Marked</td>
<td>1</td>
<td>3.33</td>
</tr>
</tbody>
</table>

23.33% patients showed moderate improvement, 3.33% patients shown marked improvement and 36.66% patients shown unchanged and mild improvement in trit/vishushkasyata.

DISCUSSION

Drugs having Vata Kaphahara, Ushna and Vatanulomana properties are prescribed. Hence, drugs which are widely used by ancient scholars were selected for present study as Respirata-S combination of drugs.

The drugs in the formulation have Dipana and pachana properties which control the initial Ama formation which is very important in preventing the disease. The samata of vata will be neutralized by these actions. Once this is
done, the \textit{vata kapha hara} action of the drug will pacify both the causative \textit{doshas} relieving the symptoms.

The only samanya guna in \textit{vata} and \textit{kapha} is their sheeta guna. All the drugs are of \textit{Ushna veerya} in the formulation, which will correct the doshik pathology of both. From this action, it can be postulated that the drug is \textit{veerya Pradhan} in action. The \textit{Vata-Kaphahara} actions of the drug pacify both the causative \textit{Dosas} relieving the symptoms.

**DISCUSSION ON OVERALL EFFECT OF THERAPY**

In Respirata-S highest number of patient 56.66% got moderate improvement and 16.66% was observed with marked improvement and 13.33% of patients were observed with mild and complete remission.

**DISCUSSION ON PROBABLE MODE OF ACTION**

The main force of action of any drug is its \textit{veerya}. The drug consists of \textit{Ushna veerya dravyas}. The basic principle of Ayurvedic pharmacology is “\textit{uradhthi samanou sarvesamviparethyiviparya}”. \textit{Ushna veerya} can balance both \textit{vata} and \textit{kapha}, which are the main \textit{doshas} in the pathogenesis. The main factor in this disease as in many other diseases is \textit{Ama} and the \textit{Dipana-pachana} properties of the drug will destroy the \textit{Ama} by kindling the \textit{Agni}. The effect of drug on \textit{Jara} and \textit{Shakti} confirms this hypothesis. Further the sothaharita-vata-anti-inflammatory action will neutralize the \textit{srotodhara} in prana vaaha srotas due to sotha.

The content of formulation possess following action in \textit{Asthma} as follows:

- The \textit{Dosha-Prashamana} effect (shati, kantakari, pushkaramula, Pippali, karkataakshrmgi, pushkaramula) acts on the main \textit{Doshas} which contribute to the \textit{Samprapti viz. Vata and Kapha}.
- \textit{Deepana-Pachana} Karma (Pippali, athivisha, karkataakshrmgi, pushkaramula) digest \textit{Ama}.
- \textit{Vatamulomana} property (Pippali, karkataakshrmgi) maintains the normal flow of \textit{Vata}.
- Anti allergic – Vasa, pushkaramula, pippali.
- Anti inflammatory– Vasa Pippali, karkataakshrmgi, kantakari, pushkaramula, athivisha, shati.
- Antispasmodic – Vasa, karkataakshrmgi, pippali, pushkaramula.
- Anti oxidant-pippali, drksha.
- Anti tussive - Vasa, kantakari.
- Anti asthmatic- vasa.
- Bronchodilator – Vasa, Pippali, pushkaramula.

**CONCLUSION**

Ayurveda is the base of all medical sciences. History of medicines reveals the fact that Ayurveda has made enormous contributions to the mankind. This study has been held as an attempt to find out the effective and harmless remedy for Tamaka Shwasha.

The etiological factors mentioned in the GINA guidelines are also similar to the Ayurveda \textit{Nidana} concepts. The host factors mentioned is nothing but the \textit{dosa-dushya sammyerghana} in Ayurveda concepts and the environmental factors are the \textit{Aharaja- viharaja nidanas} in classics. Maximum patients were of \textit{Vata Kapha Prakriti} indicating more susceptibility for this disease. The test drug Respirata-S is \textit{anubutha yoga} the contents of the drug are Pushkaramula,Kantakari,Vasa Athivisha, Karktakashrungi, Pippali, Draksha, and Shati all in equal proportion. The drug is predominantly of \textit{katu-madhura rasa}, \textit{laqha- snigdha guna, ushna veerya}, and has a balanced \textit{madhura-katu vipaka}.\textit{Dosha karma} is \textit{vata kapha shamaka} and the drug is said to have \textit{Shwasa, kasa} and \textit{kapha hara} actions on \textit{Shwasana samsthana}. The therapy (Respirata-S) helps to improve symptoms such as; \textit{kruchrata, kasa, pinasa, ghurghuraka, Asinolabhate Soukhyaam, Sleshna vimokshante mahrutam Srikham and Anidra}.

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