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A CLINICAL STUDY TO ESTABLISH THE IMPORTANCE OF SROTOMoola CHIKITSA W.S.R TO TAMAK SHWASA

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ABSTRACT:

The utility of the knowledge of sites of origin (Srotomoola) of channels (Srotasa) is not directly described in Samhitas. Tamak Shwasa or Bronchial Asthma is a public health problem worldwide. The overall burden of bronchial asthma in India is estimated at more than 15 million patients. It is the most common allergic disorder prevalent all over the world. Charak has mentioned Hridaya & Mahasrotas as the Moola (root) of Pranavaha Srotasa(channels of circulation) .These channels carry dhatu and their constituents to their destination. Tamak Shwasa is one of the diseases of Pranavaha Srotasa. The hypothesis of the study is if the Moola of a Srotasa of a particular Dhatu, is treated without giving medicines acting directly on the disease, even then the Dhatu Pradoshaja Vikara of that particular Srotasa will get cured. A total number of 30 patients were registered suffering from Tamak Shwasa. The patients were randomly allocated into 3 groups. Group A was given drug (Shwashara Yoga) which acted directly on the disease. Group B and Group C were given drugs which acted on Srotomoola. During the selection of drugs given in Group B and group C, care was taken that these drugs were not prescribed directly for the treatment of disease in Ayurvedic texts. Group B & Group C had statistically extremely significant relief on almost all symptoms of Tamak Shwasa as compared to Group A. Introspection of treating Srotomoola as a parameter can widen the prospects of Ayurvedic treatment in future.

Keywords: Srotasa, Srotomoola, Tamak Shwasa, Bronchial Asthma

INTRODUCTION

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Ayurveda is the most ancient science of life that explains the philosophy of life too. *Ayurveda* aims at maintenance of good health & prevention of diseases. It has established its position as a unique health care system with a holistic approach to many complex health hazards. The utility of the knowledge of sites of origin (*Srotomoola*) of channels (*Srotas*) is not directly described in *Samhitas*. As a tree is seriously affected by injury to its root, similarly, the channels of circulation in the human body are seriously affected when their *Srotomoola* is injured.¹ *Srotas* have been given a place of fundamental importance in *Ayurveda* both in health and disease.

According to *Charak Srotas* is defined as the channel or structure through which *Sraavanam karma* i.e flowing, moving, Oozing & permeation of different constituents & nutrients of the body takes place² *Srotas* have been stated by *Charak* to behave like *Ayana Mukhani* (external orifice) for the *Mala* as well as *Dhatu*, they

are responsible for supplying nourishment to each & every *Dhatu* in a appropriate quantities.³ *Acharya Sushruta* has described symptoms due to the injury at the sites of origin of these channels of circulation.⁴ But whether these origins are to be treated in vitiations of *Srotas*(functional) or these are only organic parts, this is not very much clear from the classical description.

Tamaka Shwasa vyadhi is related with the derangement of the *Pranavaha Srotas*. On the basis of the clinical features Bronchial Asthma can be correlated with *Tamaka Shwasa*. It is *Pittasthana Samudhabhava & Kaphavataja dosha Vyadhi*⁵ The hypothesis of the study is if the *Moola* of a *Srotasa* of a particular *Dhatu*, is treated without giving medicines acting directly on the disease, even then the *Dhatu Pradoshaja Vikara* of that particular *Srotasa* will get cured. So the objective of the study is to explore the scientific basis for *Ayurvedic* medicine on practical ground and create a better understanding of *Ayurvedic Principles* w.s.r. to *Srotasa and Srotomoola*.

Srotomoola Chikitsa is fading its importance now-a-days, because of lack of proper knowledge and confidence. According to *Acharyas*, during the treatment of any disease, we should pay attention to treatment of *Srotomoola*. The percentage of *Tamak Shwasa* is increasing

now a days. The overall burden of bronchial asthma in India is estimated at more than 15million patients.⁶ As it is a *Pranavaha pradoshaja Vikara* and if we treat its *Srotomool* i.e. *Hridya* & *Mahasrotas*, we can simply achieve cure of this dreadful disorder.

AIMS AND OBJECTIVES

- To established the role and function utility of *Srotomoola*,
- To assess the efficacy of *Shwashara Yoga, Hridya Yoga, and Dipaniya Yoga*.

MATERIALS AND METHODS

A randomized, single blind study of 30 subjects suffering from *Tamak Shwasa* were selected from O.P.D/I.P.D. of *Aarogyashala*, National Institute of Ayurveda, Jaipur. Simple random sampling technique using lottery method was used. Total three Groups were allocated by simple random allocation method (complete randomization)

CRITERIA FOR INCLUSION

Patients those having signs & symptoms of *Tamaka Shwasa* (Bronchial Asthma) mentioned in *Ayurvedic* texts like *Pranavaha Srotasa Priksha*, *Shwasakrichata*, *Kasa*, *Ghurghurk dhwani*, *Pinasa*, *Sleshman aamuchyamane bhrusham dukhitam*, *Pranapidaka tivra shwasa*, *Vishushkasya*, *Parsve avagruhyate*, *Paraoxym* of

dyspnoea due to *megha, ambu* etc *Anidra* were selected for the present clinical trial.

Criteria for Exclusion: Patients suffering from the following diseases were excluded from the present trial like Tuberculosis, Pleural effusion, Cardiac asthma, Emphysema, COPD (Chronic obstructive pulmonary disease), Bronchial Carcinoma, Age below 16 yrs & above 70 yrs, Status Asthmatics, Patients suffering from serious systemic disorders like renal failure.

Selection of Drug: Group A was taken under control group and given *Shwashara yoga*. The drug is mentioned in *Shwashhar Mahakashaya* as per classical text of *Charaka Samhita*⁷ Group B was given drug which acted on *Hridya (srotomoola)* The drug is mentioned in *Hridya Mahaksaya* as per classical text of *Charaka Samhita*⁸ and Group C was given drug that acted on *Mahasrotas (srotomoola)* The drug is mentioned in *Dipaniya Mahaksaya* as per classical text of *Charaka Samhita*.⁹ During the selection of drugs given in Group B and Group C, care was taken that these drugs were not prescribed directly for the treatment of *Shwasa* in *Ayurvedic* texts.

Group A: *Shwashhar Yoga, Pushkarmoola (Inula racemosa), Shati (Hedychium sativum), Tulasi (Ocimum sanctum)* 1.5g, six times a day, with warm water for 2 months.

Group B: Yoga acting on *Hridaya*, *Dadima* (*Punica granatum*), *Vrikshamla* (*Garcinia indica*), *Amrataka* (*Spondias pinnata*), 2g, six times a day, with warm water for 2 months.

Group C: Yoga acting on *Mahasrotas*, *Ajmoda* (*Carum roxburghianum*), *Pippalimool* (*Piperlongum*), *Shunthi* (*Zingiber officinale*), 2g, six times a day, with warm water for 2 months.

Assessment was done on following parameters

- a) Symptomatic Improvements
(*Shwasakrichhrata* (Dyspnea),
Peenasa, *Kasa* (cough), Wheezing,
Tightness in Chest, Restlessness,
dryness in mouth, fever
- b) Objective Parameters (Lab
investigations)

Following were the investigations that were carried out before and after the trial.

- 1) Spirometry - FEV (L) (Forced expiratory volume), FVC (L) (Forced vital capacity), PEF (L/SEC.) (Peak expiratory flow rate)
- 2) Blood Examination - Hb%(Hemoglobin), TLC(Total leucocyte count), DLC(Differential leucocyte count), ESR(Erythrocyte Sedimentation Rate), TEC(Total Eosinophil Count), Serum Creatinine, SGOT, SGPT, ECG, Chest X-Ray PA view

RESULTS

Subjective Improvement

Group A (*Shwashara Yoga*) :

The patients of Group A who were treated with *Shwashara Yoga* maximum percentage of improvement in symptoms of *Shwasakrichata* (75.00%), *Kasa* (63.64%), *Ghurghuraka dhwani* (65.00%), *Pinasa* (63.64%), *Shyanah Shwasa peeditah* (58.33%), *Sleshman aamuchyamane bhrusham dukhitam* (58.33%), *Prana pidaka tivra Shwasa* (75.00%), Restlessness (54.17%), *Vishushkasya* (44.00%) *Parsve avagruhyate* (77.27%), Paroxym of dyspnoea due to *megha, ambu* & cold weather (77.27%), Expectoration (84.21%), *Anidra* (62.50%), *Pranavaha Srotasa Priksha* (63.64%).

Group B (*Hridya Yoga*):

The patients of Group B treated with *Hridya Yoga* the maximum percentage of improvement was recorded in the symptoms like *Pranavaha Srotasa Priksha* (31.82%) *Shwasakrichata* (56.52%), *Kasa* (57.89%) *Ghurghurk dhwani* (27.78%), *Pinasa* (23.81%) *Shayanah Shwasa peeditah* (24.00%), *Sleshman aamuchyamane bhrusham dukhitam* (32.00%) *Pranapidaka tivra shwasa* (61.90%), Restlessness (63.64%) *Vishushkasya* (37.50%) *Parsve avagruhyate* (59.09%), Paroxym of dyspnoea due to *megha, ambu* etc (50.00%), Expectoration(40.00%), *Anidra*(50.00%).

Group C (Dipaniya Yoga) :-

In the patient of Group C treated with *Deepaniya Yoga* maximum improvement was recorded in the symptoms like *Pranavaha Srotasa Priksha* (45.83%), *Shwasakrichata* (27.27%), *Kasa* (9.52%), *Ghurghurk dhvani* (38.10%), *Pinasa* (28.57%) *Sleshman aamuchyamane bhrusham dukhitam* (4.55%) *Pranapidaka tivra shwasa* (12.50%), Restlessness (47.83%) *Vishushkasya* (58.33%) *Parsve avagruhyate* (14.29%), Paraoxym of dyspnoea due to *megha, ambu* etc (31.82%), Expectoration(30.43%), *Anidra*(45.83%).

a. Objective Parameters

Group A(*Shwashara Yoga*):- In Group A, maximum percentage of improvement in symptoms of Hb% (83.74%) , which is statistically highly significant, TLC (6.23%) which is statistically Very Significant. ESR (7.22%) which is statistically insignificant, TEC (6.90%) which is statistically Very Significant, FVC(24.15%) which is statistically Highly Significant, FEV (16.11%) which is statistically Very Significant, PEFR (16.32%) which is statistically Highly Significant.

Group-B (Hridya Yoga)

In Group B, maximum percentage of improvement in symptoms of Hb% (72.64%) relief, which is statistically

Highly Significant, TLC (58.09%) relief which is statistically Insignificant, ESR (102.88%) which is statistically Very significant, TEC (63.24%) which is statistically Very Significant, FVC (114.03%) which is statistically Significant, FEV (16.33%) which is statistically Very Significant, PEFR (21.73%) which is statistically Significant.

Group-C (Dipaniya Yoga)

In Group C, maximum percentage of improvement in symptoms of Hb% (2.62%) which is statistically Insignificant, TLC (0.37%) relief the results were statistically significant, ESR (0.37%) the results were statistically Very significant, TEC (4.94%) which is statistically significant, FVC (13.69%) which is statistically Insignificant, FEV (8.82%) the results were statistically Insignificant, PEFR (6.31%) which is statistically Insignificant

Overall Effect of Therapy

On Subjective Parameters

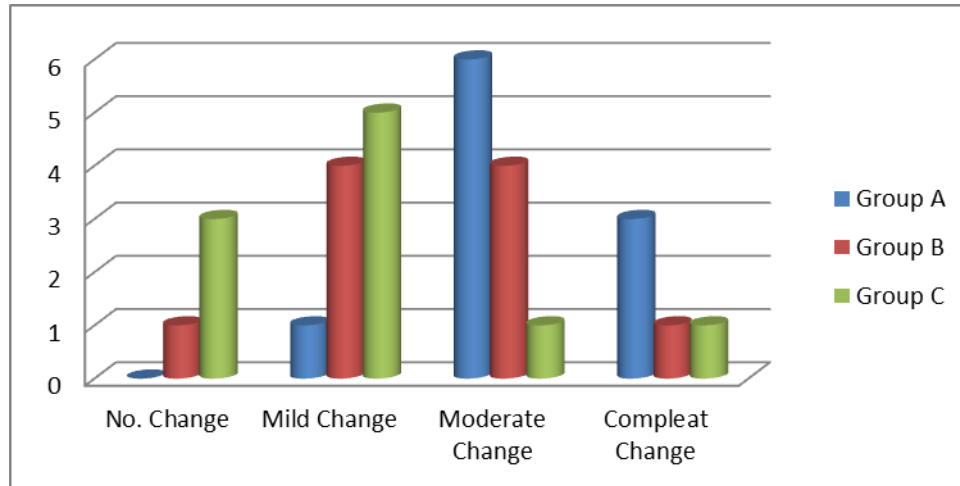
Each patient was assessed on the basis of signs & Symptoms of the disease on the basis of grading pattern as well as percentage relief.

The overall improvement of subjective parameters in the patients of Group A was found to be 77.27% which was mild improvement symptomatically but statistically it was highly significant, in the patients of Group B was found to be

63.64% which was moderate improvement symptomatically but statistically it was highly significant, in the patients of Group C was found to be 31.50% which was

marked improvement symptomatically & statistically it was highly significant.

Fig 1 Overall effect of Therapy on Subjective Parameters

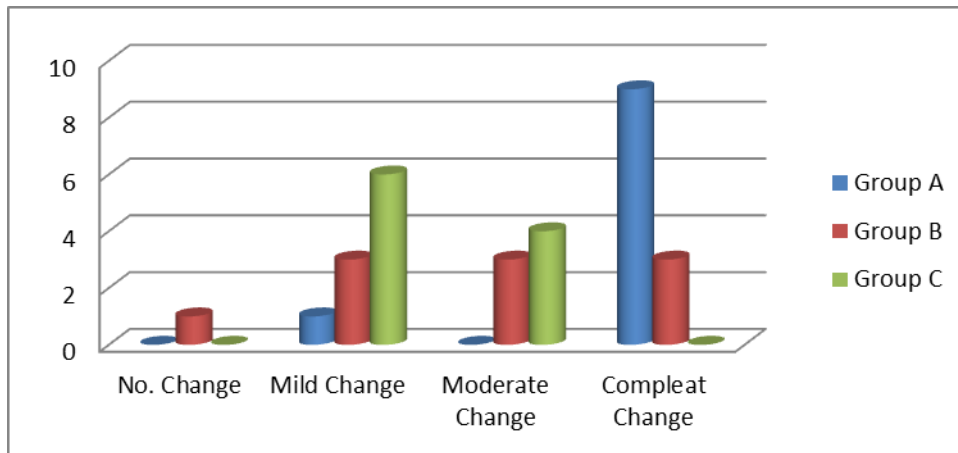


On Objective Parameters

The overall improvement in objective parameters in the patients of Group A was found to be up to 16% which was mild improvement symptomatically but statistically it was highly significant, in the patients of Group B was found to be

11-15% which was moderate improvement symptomatically but statistically it was highly significant, in the patients of Group C was found to be 6-10% which was marked improvement symptomatically & statistically it was highly significant.

Fig 2 Overall effect of Therapy on Objective Parameters



DISCUSSION

Srotasa which represent the internal transport system include a series of the channels through which *Rasa-Raktaadi Dhātu* is propelled to all parts of the body. *Srotasa* sub serve the needs of transportation. There is very small description of *Moola* found in *Viman Sthana* of *Charaka Samhita*. *Moola* of *Pranavaha Srotasa* are *Hridaya* and *Mahasrotas*.. *Srotodusti (Ati-pravritti)* play major role in production of this *Sroto-Vikara*. The drugs which have *Kaphavataghna*, *Ushna* and *Vatanulomana* properties are very beneficial to treat this disease. Hence, in the present study, drug contents of *Shwashara Yoga* were *Kapha-vata Shamaka*. *Shwashara Yoga* was taken which was directly described in the treatment of *Tamak Shwash*. *Hridaya Yoga* and *Dipaniya Yoga* were selected as the

drugs acting on *Moola of Pranavaha Srotas* i.e. *Hridaya and Mahasrotas*.

Probable Mode of Action

Shwashara Yoga: Due to *Katu Rasa Tikta Rsa & Ushna Virya* present in maximum drugs of *Shwashara Yoga*, it probably helped in *Deepana Karma* by increasing the digestive fire at all levels that is *Dhatvagni and Jatharagni*. With *Pachana Karma* it helped in digestion of *ama* which is main cause in the pathogenesis of the disease. Also *Katu Rasa* helped in Bronchodilation.

Hridaya Yoga: It had drugs having *Amla rasa* which acted on the channels (*srotas*) immediately and remove the obstruction by pacifying *Kapha Dosa*. *Ruksha Guna* helped in absorption of excessive secretion and thereby helped in removing obstruction caused by thick mucus plug. These drugs acted on *Pranavaha Srotas* thereby pacifying the *doshas* &

thereby relieving the symptoms in *Tamaka Shwasa*.

Dipaniya Yoga: Madhura Rasa & Vipaka may have helped in *Samprapti Vighatana* as they have *Vataghna, Vata Anulomana, Bringhana* properties. *Vata* is one of the important *Dosha* in the *Samprapti* of *Tamaka Shwasa* so with *Vataghna Karma* it may have helped in *Samprapti Vighatana*. *Madhura Viapaka* not only

pacified the *Vata Dosha* but also helped in the *Prakrita Gati* of *Vata Dosha* that is it lead to *Anulomana* of *Vata Dosha*. *Acharya Charaka* has stated that there should always be *Brinhana Chikitsa* in *Shwasa*, and as *Madhura Vipaka* is having the property of *Brinhana* it must have been helpful in breaking the pathogenesis of *Tamaka Shwasa*.

CONCLUSION

Srotasa perform their function by *Srotomoola*. The purpose of the present study was to understand the functional utility of *Srotomoola*. The drugs used in this trial, acted on *Srotomoola* as well as disease. Results were found significant in the group of patients who had taken medicine prescribed for treatment of *Srotomoola*. Most of the symptoms were also subsided in the same group. So on the basis of results found in the study; we can conclude that considering *Srotomoola* as one of the parameter in treatment of any *Dhatu Pradoshaja Vikara* shall imbibe

better results in purview of treatment. Keeping the above facts in view, we can conclude that *Acharya* mentioned the *Moolas* of *Srotas*, so that while treating the disease one can pay attention to the treatment of *Moola* also. It is a pivotal study in the field of *Srotomoola* to establish its functional utility in the treatment of diseases. Combined intervention of *Srotomoola Chikitsa* and *Vyadhi Pratyhanika Chikitsa* can surely enhance the treatment modalities based on Ayurvedic lines in coming years.

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