



Understanding the pharmacokinetics of Pramathi karma

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ABSTRACT: Bronchial asthma, one of the most common clinical condition, is always compared with Kaphapradhan Shwas. Modern science explains it as nothing but an allergic hyper responsiveness of bronchial tree to different external stimuli. In Ayurveda, Shwas is described as originated from the aamashaya and comes under the control of Kapha and Vata doshas. Precisely saying, the Kaphapradhan shwas is very common in India. In majority of the cases, Kapha dosha, elevated by Guru, Snigdha, Styana, Pichchilalike attributes, causes blockage mainly in the path of normal Vata dosha. Unless and until this obstruction caused by the deranged Kapha, is not cleared from the srotasa, patient is not relieved from the dyspnoea. In Ayurveda, various herbal and herbo-mineral combinations are prescribed according to different subtle variations in the attributes of Kapha and Vata. Pramathi is such regime, in which deranged Kapha is liquefied and removed forcefully from the respiratory tract, making clear the passage of Vata dosha. In this clinical trial one such Pramathi combination of Shwaskuthar and Vacha has been tried in 64 patients, which were having cardinal symptoms of Shwas. We conclude that this Pramathi combination was found effective significantly in relieving symptoms of cough and dyspnoea.

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Keywords: Shwas, Pramathi, Shwaskuthar, Vacha

1. Introduction

One of the very common and most challenging disease coming across the general practitioner is 'Shwas'. Generally, most of the doctors use modern treatment to control the attack. Many think that there is no single Ayurvedic drug which can be useful to control bronchial asthma. But this is not true. There are many herbal and mineral compounds which have a good potency to control shwas vyadhi. Though Vaman karma is useful in 'Shwas', it is a bit complicated process, hence does not allow the doctor to use it in his outdoor dispensary. So Vamankarma has its own limitations.

Pramathi dravyas are well known for their action to liquefy and clear accumulated kapha from srotasa. These drugs are in practice for control of shwas vyadhi since ages. Therefore, in the present work, an attempt has been made to study in detail one such combination of Pramathi dravya along with well-known shwasaghna kalpa, for its shwasaghna property.

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2. Aims and Objects

To evaluate the role of Shwaskuthar Vacha mixture in the management of Shwas vyadhi. This problem has been selected from the point of view to find out if Shwaskuthar Vacha mixture can replace modern medicines and if it can be easily used in daily practice by Ayurvedic physicians.

Materials and methods

In this trial total 64 adult patients having classical signs and symptoms of bronchial asthma were selected and treated with 'Shwaskuthar Vacha mixture'. Children were omitted from the trial. Patients were selected from outdoor patient department, on the basis of their prakruti. Only kaphavataj and vat-kaphaj prakrutis were selected. Keeping in mind the tikshna, Ushna veerya of the above mixture, Pittaja and Pittapradhan patients were omitted from the clinical trial. Each patient was advised to take combination of Shwaskuthar rasa 250 mg + Vacha choorna 250 mg four times a day with honey with minimum interval of 6 hours. This combination was prescribed for consecutive 5 days and results were observed on these 5 days. Special case papers were prepared to keep record of the included patients in trial. Physical examination, treatment, periodical assessment and recovery of the patients was mentioned. Pathological investigations, CBC was done for the included patients before and after completion of treatment.

Observations

Table 1 - Table showing age and sex wise distribution of the 64 patients included in the study:

Age group	Female	Male	Total
Below 35 years	6	4	10
36 to 45 years	14	12	26
46 to 55 years	10	8	18
Above 56 years	4	6	10
	34	30	64

Table 2 - Table showing prakruti wise distribution of the patients:

Type of prakruti	Female	Male	Total
Vataj	3	4	7
Kaphaj	6	7	13
Vata-kaphaj	11	8	19
Kapha-vataj	14	11	25

Table 3 - Table showing number of patients and their symptoms present before and after treatment.

Symptoms	Before treatment	After treatment (in hours)				
		24	48	72	96	120
Shwas teevra wega	64	43	24	17	13	10
Shwas sashabda	64	43	24	17	13	10
Kaasa	64	43	20	14	08	--
Uro Vedana	64	52	34	21	08	--
Aasino labhate soukhyam	64	64	64	40	36	20
Nidraalpata	64	64	64	40	36	20

Lalaate sweda	52	32	18	04	--	--
Vishushkaasyata	46	34	14	10	--	--
UshnNabbhinandanam	50	35	21	14	09	06
Shleshmamoksha sukham	44	32	18	06	--	--
Jwara	28	16	09	03	--	--
Moha	12	04	--	--	--	--

Table 4 Table showing number of patients having relief after treatment:

Symptoms	Relief after treatment (in hours)				
	24	48	72	96	120
Shwas teevra wega	21	40	47	51	54
Shwas sashabda	21	40	47	51	54
Kaasa	21	44	50	56	64
Uro Vedana	12	30	43	56	64
Aasino labhate soukhyam	-	-	24	28	44
Nidraalpata	--	--	24	28	44
Lalaate sweda	20	34	48	52	52
Vishushkaasyata	12	22	36	46	46
UshnNabbhinandanam	15	29	36	41	46
Shleshmamoksha sukham	12	26	38	44	44
Jwara	12	19	25	28	28
Moha	08	12	12	12	12

Table 5 - Investigations before and after treatment

Name of investigation	Before treatment Avg+/- S.D	After treatment Avg+/- S.D
Hb (gms)	11.30 +/- 1.10	12. +/- 0.76
E.S.R.	42.5 +/- 7.04	38.4 +/- 4.030
Total W.B.C	8700 +/- 630	8640 +/- 485
Polymorphs	40.40 +/- 5.200	43.75 +/- 4.700
Lymphocytes	54.20 +/- 5.045	52.00 +/- 4.080
Eosinophils	8.45 +/- 2.300	6.15 +/- 2.45

Discussion

In day to day practice treating the patient of shwas vyadhi means a challenge for the ayurvedic physician. Some doctors think that there is no treatment for shwas vyadhi in Ayurveda. Though Shwas is described as Yaapya vyadhi, a specific treatment according to Anshansha kalpana of vikruti or minute varieties of deranged doshas, can easily and securely break the 'Dosha Dushya Sammurchhana' and relieve the patient from discomfort.

In modern medicine, the aim of treatment in bronchial asthma is to keep the flow of adequate air constantly by means of by dilating or relaxing the bronchial muscles, controlling the bronchial spasm and removing the inflammatory exudates from the airways. By this treatment the patient gets immediate relief from dyspnoea, but this type of treatment has its own drawbacks. The relief is very temporary due to short acting period of bronchodilating drugs. As the bronchodilator action depends on presence of drug in the body, the patient tends to take the drug

repeatedly and becomes dependent on the drug. An Ayurvedic point of view in treating Shwas vyadhi is quite different. It not only relieves the attacks but also helps to widen the gap between the two successive attacks. It has specific action on pulmonary tree as well as it helps to remove the mucus plug which causes additional obstruction in the airways. To reduce the tendency of attacks by minor changes in diet and lifestyle, is another part of treatment. All this can be managed by improving quality of Agni and by re-establishing state of pulmonary passages.

Shwaskuthar is a well-known and celebrated rasoushadhi used in all types of Shwasvyadhi, mainly kapha and kaphavatpradhan shwasvyadhi. It is also recommended in kaphapradhanKaasa, agnimandya, and other vyadhi where Pramathi function is expected for their treatment.

This is a compound drug prepared from vata kaphaghna minerals and herbs. Maricha or *Piper longum* is the main constituent (8 parts) along with rasa, gandhaka, manashila, aconite, tankan, and trikatu (one part each). (1)

Rasa and gandhaka help to increase the potency of combination by means of their Yogavahi property. Visha or Aconite is well known vatashamak dravya and removes the bronchial spasm. Manashila is specific arsenic compound which acts on pranawaha srotasa and due to its Ushna veerya it helps to cure deranged vata and kapha dosha. The main ingredient is Maricha, it is well recognized by its Pramathi property. Pramathi means that property of the drug by which the drug forcefully eliminates the accumulated doshas or malas in srotasa by disturbing the bonds in between them. (2)

Shwaskutharis responsible for kaphavilayan and kapha nishkasana and srotovikasan by its Pramathi action. Vacha or *Acorus calamus* is also renowned Pramathi dravya.

In this clinical trial we used combination of Shwaskuthar and Vachato control kapha vatpradhanshwas. The mode of action of Shwaskuthar and Vacha mixture can be described in three ways.

- 1.) It helps to improve the state of agni and helps to eliminate or digest Aamvisha. By this action the process of aam utpati and rasa dushti is broken down. When there is no fresh supply of vikruta rasa and kapha from aamashaya, the Samprapti in pranawaha srotasa becomes weak. This situation is helpful to control the attack and also prevents further attacks.
- 2.) Secondly, by its Ushna veerya 'Shwaskuthar and Vacha' mixture liquefies the accumulated shleshma in pranawahasrotasa. For this purpose, Maricha in Shwaskuthar and Vacha are helpful by their Pramathi property. Maricha and Vacha together become strong Pramathi drug and they liquefy shleshma and remove it from srotasa. At this stage, the thick shleshma, which was obstructing the air passages, becomes liquid and gets easily removed from the bronchi. As the obstruction due to shleshma becomes minimum the shwaskruchchata diminishes.
- 3.) Third way of action of 'Shwaskuthar and Vacha' mixture is less important as compared with the above discussed action. Aconite or Visha and manashila act on structure of pulmonary tree. They are responsible for dilatation of bronchi. As this action is temporary, it is of less value. But for time being to keep the flow of air adequate and constant, this action also relieves the shwaskruchchata.

All the patients of all age groups and of both the sexes were having their normal food. They were only advised to drink hot water and keep their body warm all the time with woolen clothes.

In male patients, maximum cases were in the age group of 36 to 45 years (12) and 46 to 55 years (8). In female patients, maximum cases were in the age group of 36 to 45 years (14) and 46 to 55 years (10). Most of the patients had teevra sashabda Shwas, Kaasa, UroVedana, Nidraalpata as chief accompanying complaints.

Table no 3 and 4 shows the changes in symptoms or restoration to normal physiological state. The recovery was uneventful with the exception that some of the patients complained of steaming and heatinsensation in the nasal cavities. Tabular presentation of different complaints like teevra sashabda Shwas, Kaasa, UroVedana, Nidraalpata,

Lalaate sweda, Vishushkaasyata, UshnNabbhinandanam, shleshma moksha sukham, all show a dramatic relief at the end of 72 hours. By the end of 5th day these complaints were absent in almost all cases except few patients. Pathological investigations after 5th day have not shown any significant changes.

Conclusion

From the clinical trial we have come to the conclusion that, Shwaskuthar Vacha mixture has got a definite role to play in the management of kaphawaatpradhan and Vata kapha Pradhan Shwasvyadhi. This mixture is very useful to reduce intensity of shwas in 24 to 72 hours. It also helps to clear up the bronchial tree of the thick viscid shleshma by liquefying and removing it out of the body.

From this study it can be concluded that, Shwaskuthar Vacha mixture by its Pramathi action relieves patients from shwas Vegaawastha, and it can be a good substitute for modern hazardous anti asthmatic drugs.

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