

Efficacy of *Citraka Hareetaki Avaleha* in the management of *Tamaka Swasa* – A Case Study

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ABSTRACT:

Tamaka Swasa is one among the *Swasaroga* which is predominantly a *Vatakaphaja Vyadhi* affecting *Pranavaha Srotas* and characterized by *Pratiloma Gati* of *Vayu*. This disease disturbs the daily activities by producing *Swasakrichrata*, *Ghurghuraka* and *Kasa* and those symptoms are almost similar with that of Bronchial Asthma which includes recurrent episodes of breathlessness, chest tightness, wheezing and cough. A 41 year old female patient reported in the *Kayachikitsa* outpatient department with complaints of breathing difficulty, wheezing and chest tightness since 1 week associated with expectoration of sputum (white colour), running nose, throat irritation and loss of appetite. Patient was advised to take *Citraka Hareetaki Avaleha* 15 gms twice daily after food with warm water as *Anupana* for 2 months and 1 month follow up after the completion of treatment. *Citraka Hareetaki Avaleha* is a formulation mentioned in *Bhaishajyaratnavali Nasaroga Chikitsa Prakarana* having *Deepana*, *Pachana*, *Vata- Kaphahara* and *Anulomana* properties. After 2 months of medication, marked improvements were noted on the assessment parameters and after 1 month follow up, no episodes of above complaints were reported, which showed the effectiveness of *Citraka Hareetaki Avaleha* in the management of *Tamaka Swasa*.

KEYWORDS: Bronchial Asthama, *Citraka Hareetraki Avaleha*, *Tamaka Swasa*.

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INTRODUCTION:

Tamaka Swasa which is one among the 5 types of *Swasa Roga* is a *Pranavaha Srotovikara* caused due to the predominance of *Vata* and *Kapha Dosh*a affecting the *Rasa Dhatu*. The causative factor of *Swasa Roga* in general are considered as the etiological factors for *Tamaka Swasa* which includes *Dhuma*, *Raja*, *Anila*, *Ativyayama*, *Sheetha Sthan*anivasa, *Sheethambu Sevana*,

Rukshanna Sevana which causes the vitiation of both *Vata* and *Kapha* and shows the *Lakshana* like *Swasakrichrata*, *Ghurghuraka*, *Kasa*. The signs, symptoms and pathogenesis of bronchial asthma in modern science have some similarities with *Tamaka Swasa* like breathlessness, chest tightness, wheezing, cough. It is a serious public health problem in almost all developing countries. It is reported that, about 17 – 30 million people

had affected with Asthma in 2019 in India. [1] The prevalence of this disease is increasing day by day due to genetic susceptibility, pollution, seasonal changes, environmental factors, smoking, change in diet and lifestyle and various other stimuli like dust, smoke, cold air and house dust mites[2].

Tamaka Swasa is a *Vata Kaphaja Vyadhi* originating from *Pitta Sthana*[3]. Here *Vata* gets obstructed by *Dushita Kapha* which leads to *Pratiloma Gati*, thus drugs having *Vata Kaphahara*, *Usna* and *Vatanulomana* properties are to be prescribed. Presently in modern, bronchial asthma or *Tamaka Swasa* is managed with bronchodilators and corticosteroids which are having adverse effects on long term use such as skin rashes, throat irritation, tremors, insomnia. Thus a better formulation with no or least side effects should be advised. Even though many formulations are explained in classics for treating *Tamaka Swasa*, only few of them are being used in present scenario. *Citraka Hareetaki Avaleha* mentioned in *Bhaisajya Ratnavali Nasaroga Chikitsa Prakarana*[4] is one such formulation which is having *Vata-Kaphahara*, *Deepana*, *Pachana*, *Vatanulomana* properties. This formulation is having the drugs like *Citraka*, *Hareetaki*, *Guduchi*, *Amalaki*, *Dasamula*, *Trikatu*, *Trijata* and *Yavakshara*[5]. Most of the drugs are having proven broncholytic, antihistaminic, anti-inflammatory and immunomodulatory properties which can help in the alleviation of asthma attack, prevention of new attacks and to improve the lung function. So in the present case, *Citraka Hareetaki Avaleha* was given for managing *Tamaka Swasa*.

CASE REPORT:

A 41 year old female patient reported in the *Kayachikitsa* outpatient department complaining breathing difficulty, wheezing and chest tightness since 1 week associated with expectoration of sputum (white colour), running nose, throat irritation and

loss of appetite. The patient was apparently healthy before 5 years. One day while burning waste she got breathing difficulty and for which she consulted a modern physician and took an injection with oral medications. Subsequently the symptoms got reduced temporarily. After 3 months, she experienced same while cleaning the house dusts, for which she took nebulization and got relief. However she used to suffer with the same complaints on and off. Before one year a modern physician advised her to use inhaler regularly. But the condition got worsened by cold and cloudy weather even on inhaler, which made her difficult to do job as well as the household works. In August 2021 she again got breathing difficulty, chest tightness and expectoration of sputum (white colour) associated with running nose, throat irritation and loss of appetite. Thus for better treatment she consulted Pankajakasthuri Ayurveda Medical College and PG Center.

No specific past illness were noted in the patient. Her mother had the same complaint of breathing difficulty and all other family members are known healthy. By occupation patient works as a security guard in a college. In personal history, diet was mixed, appetite was poor, bowel habits was regular, physical exercise was moderate, sleep was sound, she had dust allergy and emotional stress was moderate.

On respiratory system examination: Inspection of the chest - bilaterally symmetrical, accessory muscle used for respiration - absent, type of breathing - thoraco abdominal, no chest deformities, scars and dilated vessels were absent and respiratory rate was 17/min. On palpation, position of trachea was centrally placed, tenderness over the lower intercostal spaces was absent, movement of chest were bilaterally symmetrical and tactile vocal fremitus was normal bilaterally symmetrical. On percussion, resonant heard

over all the lung fields, hepatic and cardiac dullness were noted. On auscultation, wheeze heard bilaterally (more on right) and vocal resonance was normal. On *Ashtasthana Pariksha*, *Nadi - Samagati*, *Mutram - Sukhapravriti*, *Malam-Sukhapravriti*, *Jihwa - Na Upalepa*, *Shabdha - Spashtam*, *Sparsham - Anusna Seetha*, *Drik - Vyaktam*, *Akriti - Sthula* and on *Dasavidha Pariksha*, *Prakriti - Kapha Vata*, *Vikriti - Vata Kapha*, *Sara - Mamsa Sara*, *Samhanana- Avara*, *Pramana - Samam*, *Satwa - Madhyama*, *Satmya - Madhyama*, *Aharasakti - Madhyama*, *Vyayamasakti - Madhyama*, *Vaya- Madhyama*. Blood investigations was done before the treatment and the results are: Hb - 12.8 g/dL, TC - 6,900 Cells/Cmm, Neutrophil - 56%, Lymphocytes - 36%, Eosinophils - 5%, Monocytes - 3%, ESR - 13 mm/hr and AEC - 345 cells/mcL

Materials and methods:

Source of Data: Patient with symptoms of *Tamaka Swasa* was selected from O.P.D of Pankajakasthuri Ayurveda Medical College and PG Centre, Kattakada. O.P.D No: 21/107049.

Methodology:

Assessment criteria:

Subjective parameters - a) *Swasakrichrata*, b) *Ghurguraka*, c) *Kasa*, d) *Kapha Nishteevana*, e) *Peenasa*, f) *Aruchi*, g) *Kantodhvamsa*, h) *Shayanasya Swasa Peedita*, i) *Asino Labhatae Saukhyam*, j) *Uraha Peeda*.

Objective parameters - a) Peak flow meter reading, b) Absolute Oesinophil Count (AEC).

THERAPEUTIC INTERVENTION:

Day 1, the patient was given *Trivrit Curna* (15 gms according to *Koshta*) with warm water in the morning for *Anulomana*. On 3rd day after attaining *Koshtashuddhi*, *Citraka Hareetaki Avaleha* 15 gms was administered twice daily after food with warm water as *Anupana* for 60 days. Patient's follow up was done 1 month after the completion of the treatment.

OBSERVATION AND RESULTS:

Marked improvement were noticed in the *Lakshana* of *Tamaka Swasa* as placed at Table 4. Results were assessed from subjective parameters and objective parameters before treatment (0th day), after treatment (61st day) and after follow up (91st day).

Table 1: Grading criteria for subjective parameters

Assessment parameter	Grade 0	Grade 1	Grade 2	Grade 3
<i>Swasakrichrata</i>	Absence of <i>Swasa Krichrata</i>	Able to do housework	Confined to chair/bed (but able to get up with moderate difficulty)	Totally confined to chair or bed
<i>Ghurgurakam</i>	No wheezing	Wheezing only during attack	Very often wheezing sound	Wheezing throughout the day
<i>Kasa</i>	None	Occasional coughing	Frequent coughing but no disturbance in sleeping	Continuous coughing causing disturbance in sleeping

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<i>Kapha nisteevanam</i>	None	At the end of the Asthma attack	About 2 oz/day	More than 2 oz/day
<i>Peenasa</i>	No common cold & cough	Initially present or occasionally	Continuous day with cough	Continuous day and night
<i>Aruchi</i>	Equal willing to all kinds of foods	Willing to some specific foods	Willing to only one <i>Rasa</i>	Willing to only most liking foods
<i>Kantodhvamsa</i>	No irritation in throat	Occasional	Very often	Always
<i>Shyanasya Swasa Peedita</i>	No discomfort	<1 or 2 times per month	2 times per week	>3 or frequently
<i>Asino Labhate Saukhyam</i>	Relief on lying position	Temporarily feels better in sitting position	Sitting posture gives relief	Spontaneous sitting posture can't sleep
<i>Uraha peeda</i>	No chest tightness	Able to tolerate the tight or pain	Persists during cough(tightness)	Feels difficulty to tolerate pain and tightness

Table 2: Grading criteria for peak flow meter reading

Assessment parameter	Grade 0	Grade 1	Grade 2	Grade 3
Peak flow meter reading	>400 L/min	200 – 400 L/min	100 – 200 L/min	< 100 L/min

Table 3: Showing the normal value of AEC

Assessment parameter	Normal range
Absolute Oesinophil Count (AEC)	30 – 350 cells/mcL

Table 4 : Showing the effect of *Citraka Hareetaki Avaleha* on subjective and objective parameters:

Assessment parameters	Before Treatment (0 th day)	After Treatment (61 st day)	After Follow up (91 st day)
<i>Swasakrichrata</i>	Grade 2	Grade 0	Grade 0
<i>Ghurghuraka</i>	Grade 1	Grade 0	Grade 0
<i>Kasa</i>	Grade 1	Grade 0	Grade 0
<i>Kapha Nishteavana</i>	Grade 2	Grade 1	Grade 1
<i>Peenasa</i>	Grade 3	Grade 0	Grade 0
<i>Aruchi</i>	Grade 1	Grade 0	Grade 0
<i>Kantodhwamsa</i>	Grade 1	Grade 0	Grade 0
<i>Asinolabhate Saukhyam</i>	Grade 2	Grade 0	Grade 0
<i>Shyanasya Swasa Peedita</i>	Grade 1	Grade 0	Grade 0
<i>Uraha Peeda</i>	Grade 1	Grade 0	Grade 0
Peak flow meter reading	Grade 1	Grade 1	Grade 1
AEC	345 cells/mcL	340 cells/mcL	296 cells/mcL

DISCUSSION:

Tamaka Swasa is an episodic disease in which, in *Avegavastha* the patient will be asymptomatic and *Samprapti Ghatakas* will be in a dormant state. So due consideration should be given to avoid pathogenesis which further leads to *Vegavastha*. The predominant pathological factors involved here are *Vata- Kapha Dosha Dushti*, *Agnidusti*, *Ama*, *Pranavahasrotodusti* and *Rasadhatu Dushti* that leads to *Pratiloma Gati of Vayu* resulting in *Lakshana*. As the disease is having *Kapha-Vata* predominance and due to the *Pratiloma Gamana* of *Vata*, *Samana* diet and drugs which aims at *Kapha-Vatahara* and *Vatanulomana* with *Usna Virya* should be selected. Drugs having *Pachana*, *Deepana* properties should also be considered since the condition is *Amashayasamudbhava*.

Citraka Hareetaki Avaleha is having a combination of drugs that satisfies the above properties. It consists of 23 drugs where *Kashaya* of *Citraka*, *Dasamula*, *Guduchi* and *Amalaki* is prepared and in that *Guda* and *Madhu* were added. *Hareetaki*, *Trikatu*, *Trijataka*, *Yavakshara* were added as *Prakshepa Dravya*. When pharmacological properties analysed this *Avaleha* was having *Katu-Tikta Rasa*, *Laghu- Ruksha-Tiksna Guna*, *Usna Virya* and *Katu Vipaka* with *Kapha - Vatahara Karma*. *Acharyas* have mentioned that in *Tamaka Swasa* the properties of diet and drugs should be *Kaphavatagna*, *Usna* and *Vatanulomana* in nature.

Main pathology in this disease is *Dushita Kapha* that obstructs the normal flow of *Prana Vata* in *Uras*. *Usna Virya* of this *Avaleha* causes *Kapha Vilayana* in *Srotas* and also the *Usna Virya* acts on both *Vata* and *Kapha* as they are *Seeta* in nature. *Katu Rasa* clears the obstruction in the *Srotas* that normalizes the flow and thereby the

function of *Prana Vata* and *Ruksha Guna* helps in the alleviation of *Kapha*.

Agnidushti was also a pathology here due to *Vishamashana*, *Guru Ahara*, *Vishtambi Ahara* that leads to *Agnimandya* and *Ama*. *Tikta Rasa*, *Laghu-Ruksha Guna* and *Usna Virya* of this *Avaleha* does *Pachana* of *Sama Rasa*, hence *Aharapaka* will be proper and *Sarabhaga* of *Rasa Dhatu* is formed properly, thus reduce the accumulation of *Malarupa Kapha* or *Kledamsa*. Formation of excellent *Rasa Dhatu* leads to *Uttarottara Dhatuparinama* that bring *Vyadhikshamatwa*. *Usna*, *Tiksna Guna* does *Agnideepana* that makes sure that *Ahara Parinama* is proper. Thus by clearing the already existing *Kapha* and preventing the further accumulation of *Malarupa Kapha*, it is evident that *Citraka Hareetaki Avaleha* is having both curative and preventive action in *Tamaka Swasa*. *Laghu*, *Pathya*, *Hridya* properties of *Guda* helps to overcome the *Rukshata* of all the drugs. *Madhu* used here have *Kaphahara* and *Yogavahi* property. All these aids in the management of *Tamaka Swasa*.

Here warm water was administered as *Anupana*. It has *Deepana*, *Pachana*, *Kantya* properties and counteracts the *Seeta Guna* of both *Kapha* and *Vata*. It helps in the liquefaction of *Kapha* to some extent and thereby reducing the viscosity. These properties of *Anupana* will enhance the properties of *Citraka Hareetaki Avaleha* and provide fast absorption in the body. Modern pharmacological studies of the ingredients of *Citraka Hareetaki Avaleha* reveals that most of the drugs are having proven anti-inflammatory, anti-allergic, broncholytic, antihistaminic and immunomodulatory actions. In a study, anti-inflammatory activity of hydroalcoholic extract of root bark of *Plumbago zeylanica* L. through invitro human red blood cell membrane protective activity and in-vivo through carrageenan

induced rat paw edema and and complete freund's adjuvant induced chronic inflammatory model in rat were investigated. In both model of inflammation, hydroalcoholic extract of root bark showed moderate anti-inflammatory response at a dosage of 250mg/kg comparable with standard indomethacin. Study indicated, the mechanism of anti-inflammatory activity might be due to prostaglandins inhibition^[6]. A study conducted in *Tinospora cordifolia* to check its potential to use as an immunomodulator for activation of macrophages. The result of the study show experimental basis of immunomodulation by biological response modifier(BRM)^[7]. The fruits extracts of *Emblica officinalis* has been reported to have strong anti-oxidant and immunomodulatory properties in immune-comprised states, with the emphasis on lymphocytes^[8]. Among the ingredients of the formulation, *Citraka*, *Amalaki*, *Syonaka*, *Agnimantha*, *Gokshura*, *Gambhari*, *Prsniparni*, *Nagara*, *Pippali*, *Marica*, *Patra* and *Tvak* are having proven anti-inflammatory properties. *Citraka*, *Hareetaki*, *Amalaki*, *Guduchi*, *Syonaka*, *Agnimantha*, *Gokshura*, *Gambhari*, *Prsniparni*, *Maricha*, *Nagara*, *Pippali* and *Patra* are having proven immunomodulatory actions, *Citraka* is having anti-allergic property, *Syonaka* and *Ela* are having proven broncholytic activity. So it could be because of these pharmacological properties, *Citraka Hareetaki Avaleha* is effective in the management of *Tamaka Swasa*.

CONCLUSION:

After data analysis it was concluded that *Citraka Hareetaki Avaleha* is effective in the management of *Tamaka Swasa*, a marked improvement was found in the parameters of *Tamaka Swasa*.

LIMITATION OF STUDY:

Time period of the study was short to observe to its proper efficacy and also it is a single case study, so more subjects with long duration study period with the above intervention can be done for obtaining solid conclusion.

PATIENT CONSENT:

Patient consent was obtained for intervention as well as for publication without disclosing the identity of patient.

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