

## AN EVALUATION OF DHUMAPANA THERAPY IN ANURJATAJANYA TAMAKA SHVASA

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### ABSTRACT

Changing life style of 21<sup>st</sup> century has endangered quality life of mankind and brought into existence the kind of diseases never heard or remotely heard diseases earlier in *Samhita*. This stressful life style has brought degeneration in *Bala* and resulted in the immune system related diseases like *Anurjata*. There are many allergic diseases mounting in incidence every day, one of them is allergic asthma. The World Health Organization (WHO) estimates 300 million individuals have asthma worldwide, a figure that could increase to 400 million by 2025 if trends continue. In *Ayurveda*, there is not any direct reference regarding *Anurjata* (allergy) but various *Hetus* like *raja Dhuma* and

*vata* etc. indicate the genesis of *Shvasa* by allergens also. These allergens directly penetrate into the *Pranavaha Srotas* and produce *Achaya-Koptaya* attack of *Shvasa Roga*. *Shvasa* is a *Tridoshaja Vyadhi* and so in *Anurjata*. This *Dhumapana* therapy seems to be directly effective on *Pranavaha Srotas* and can bring soothing results in the patients of allergic asthma. For this objective *Manashiladi Dhuma* has been selected for the study. This can prove more beneficial than inhalers and nebulizers and can be established as standard therapeutic measure to control the *Shvasa Roga*.

**KEYWORDS:** *Anurjata, Bala, Dhuma, Tamaka Shvasa.*

### INTRODUCTION

In *Ayurveda Shodhana, Shamana* and *Rasayana* therapies are described in different types of diseases. *Dhumapana* is the type of *Antahparimarjan Aushadh*. There are different routes of drug administration as *Antahparimarjan*. Oral route is the commonest route in *Ayurveda* that

includes the intake of drugs in *Panchavidha Kashaya Kalpana* and their modifications. The inhalation route has been used in *Ayurveda* since centuries back in certain diseases of *Pranavaha Srotas* and incorporates the direct administration of drug on the affected site i.e. *Pranavaha Srotas* in the form of smoke, the minutest form of substance that is gaseous state and results into immediate consequences like non-irritability of mucous membrane, antihistaminic properties, blockade of secretions, anti-inflammatory and broncho-dilatation without any hazardous effect. This is termed as *Dhumapana* and is well prescribed in all the *Ayurveda Samhita* and it is used in preventive as well as curative medicine. *Dhumapana* literally means smoking medicinal drugs. It is an *Ayurvedic* therapeutic procedure which includes burning of the part of medicinal plant in the form of *Dhumavarti* and inhalation of smoke. This powerful mixture of hot medicated smoke gets absorbed into lungs by bronchi and brings relief in episodes & intensity of *Shvasa*. In modern medicine application of inhalers is frequently used therapy but the basic difference is that in inhalers, medicine is used in suspension form and medicine supplied is mostly steroids with dreadful systemic effects. Recent researches have shown that frequent use of inhalers by children results in stunted growth. On the other hand *Dhumapana* is defined and prescribed centuries back in *Ayurveda* is completely safe therapy. Over all it is equally good for healthy and diseased *Pranavaha Srotas*. But its popularity in clinical practice has been diminished during last few decades.

The stressful life style has brought degeneration in *Bala* and resulted in the immune system related diseases like *Anurjata*. In *Ayurveda*, there is not any direct reference regarding *Anurjata* (allergy) but various *Hetus* like *raja Dhuma* and *Vata* etc. indicate the genesis of *Shvasa* by allergens also. These allergens directly penetrate into the *Pranavaha Srota* and produce *Achaya-Koptaya* attack of *Shvasa Roga*. *Shvasa* is a *Tridoshaja Vyadhi* and so in *Anurjata*. This *Dhumapana* therapy seems to be directly effective on *Pranavaha Srotas* and can bring soothing results in the patients of allergic asthma. For this objective *manashiladi Dhuma* has been selected for the study.

#### AIMS AND OBJECTIVES

The present research work has been started with following objectives,

1. To establish the *Dhumapana* therapy as a standard therapeutic measure in *Anurjatajanya Tamaka Shvasa*.
2. To assess the efficacy of *Dhumapana* in the patients of *Anurjatajanya Tamaka Shvasa*.

## MATERIALS AND METHODS

**Literary perspective:** References had been collected from classical *Ayurvediya* texts as well from previous research works/thesis, research articles from internet and modern science texts to understand the fundamental theories of allergy.

## METHODS

The patient had been diagnosed with the help of various subjective and objective parameters as per *Ayurveda* as well as modern science.

### Inclusion criteria

- ✓ Diagnosed and confirmed cases of *Anurjatajanya Tamaka Shvasa* (allergic asthma), on the basis of the clinical signs & symptoms mentioned in *Ayurveda* texts and laboratory investigations.
- ✓ Patients between the age group of 16-60 years.
- ✓ Patients suffering with mild to moderate *Anurjatajanya Tamaka Shvasa* (Allergic asthma).

### Exclusion criteria

- Patient having age below 16 and above 60 years.
- Patient having any Cardiac complaint as - cardiac asthma.
- Patient having any other chronic and complicated respiratory disease as – COPD.
- Patient having allergic asthma with any other serious systemic disease.

**Criteria for diagnosis:** Patients having signs and symptoms of *Anurjatajanya Tamaka Shvasa* as mentioned in the modern medicine and relevant classical references were selected for present study. The patients suffering with chiefly triad of cardinals dyspnoea, Cough and Wheezes along with other associated symptoms were selected for the study mentioned as below:

- ❖ Ghurghurukam (Wheezing).
- ❖ Ativatiravega Shvasa (Dyspnea of deep velocity).
- ❖ Kasa (Cough).
- ❖ Pratamyatyati (Fainting).
- ❖ Trt (Thirst).
- ❖ Sannirudhyate (Breathlessness).
- ❖ Uddhvamsatekanthah (Chocked throat).

- ❖ Krcchracchaknotibhasitum (Difficulty in speech).
- ❖ Ucchritaksha (Projected eyeballs).
- ❖ Lalatenasvidyata (Profuse sweating of fore head).
- ❖ Vishushkasyam (Dryness of mouth).

### Laboratory Investigations

- IgE estimation
- Other Laboratory investigations- T.E.C., E.S.R.
- Spirometry
- Peak Expiratory flow

### CLINICAL STUDY

#### Administration of Drug

15 Patients had been administered for “*Manashiladi Dhuma*” Twice a day.

### RESULTS

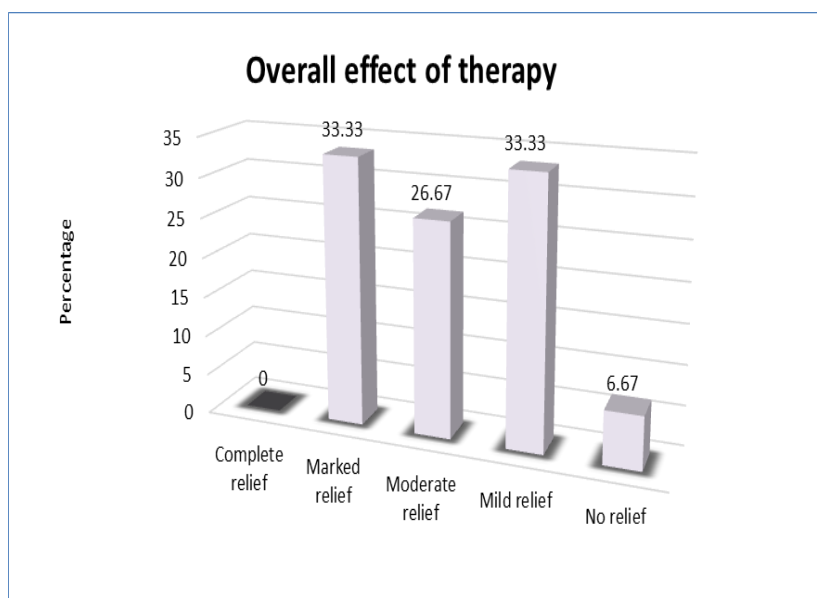
**Table No. 1: Showing the percentage of improvement in subjective parameters.**

S. No.	Subjective Parameter	% changes
1.	<i>Ghurghurukam</i> (Wheezing)	70.37%
2.	<i>Ativativravega Shvasa</i> (Dyspnea of deep velocity)	50.00%
3.	<i>Kasa</i> (Cough)	71.42%
4.	<i>Pratamyatyati</i> (Fainting)	66.67%
5.	<i>Trt</i> ( Thirst )	78.57%
6.	<i>Sannirudhyate</i> (Breathlessness )	46.67%
7.	<i>Uddhvamsatekanthah</i> (Chocked throat)	66.67%
8.	<i>Krcchracchaknotibhasitum</i> (Difficulty in speech)	87.50%
9.	<i>Ucchritaksha</i> (Projected eyeballs)	66.67%
10.	<i>Lalatenasvidyata</i> (Profuse sweating of fore head)	71.42%
11.	<i>Vishushkasyam</i> (Dryness of mouth)	42.85%

**Table No. 2: Showing the percentage of improvement of objective parameters.**

S. No.	Objective Parameter	% changes
1.	Serum IgE	20.04%
2.	ESR	55.11%
3.	TEC	39.51%
4.	FVC (%)	44.50 %
5.	FEV1 (%)	72.00%
6.	FEV1 /FVC (%)	22.43 %
7.	PEFR (%)	68.00%
8.	Peak Expiratory Flow (L/m)	13.94%

Table no. 3: Overall effect of therapy.



## DISCUSSION

For a drug to act as anti-allergic it must carry the properties of *Kapha-Vatahara*, *Dipana-Pachana*, *Rasayana*, *Sroto-Shodhaka*, *Shvasahara*, and *kasahara*.

Their mechanism of action in *Anurjata* is as following:

**Maximum local effect (Respiratory tract)-** *Manashildi Dhuma* the medicated smoke enter in *Pranavaha Srotas* and pervades the whole respiratory passage and ensheath the mucus membrane of *Pranavaha Srotas*. The *Dhuma* particles make a covering and prohibiting the irritation of the cells and pacifying *Vata Prakopa*. *Katu*, *Tikta*, and *kashaya Rasa* and *Usna Virya* properties of *Dhuma* diminished *Kapha*, *Margana Vivrunoti* (bronchodilation), *Sroto-Shodhna*, and alleviation of bronchial obstruction and *Anulomana* of *Vayu* and in Relief in wheeze, cough & dyspnoea.

**Minimum systemic effect (GIT)-**Most of the drug in *Manashiladi Dhuma* is *Katu*, *Tikta Rasa* and *Usna Virya*. All these properties make them *Agni Dipaka*, *Ama Pachana*, *Sroto-Shodhna* and *Kapha-Vatahara*.

## CONCLUSION

The conclusions drawn from the clinical study was as follows:

*Anurjata janya tamaka Shvasa* (allergic asthma) is one of the most prevalent life style disorder diseases in the current era of modernization and urbanization.

It's not mention in *Ayurveda* classics by any specific name but parallel description of relevant disorders indicate about none or very remote occurrences of this disorder because of exogenous factors.

Unlike allergy in modern literature *Anurjata janya Shvasa* is not entirely allergen based disorder, but malpractices in dietary intake predispose a person to susceptibility of *Anurjata* by increase in *Ama Dosa* due to *Agnimandya* conditions in *Jathara* as well as *Dhatu*.

*Anurjatajanya tamaka Shvasa* is a *vatolvaṇa sannipataja* disease.

*Anurjata janya Tamaka Shvasa* may be a hereditary (*Sahaja*) disease or can develop later in life because of other factors.

The highly significant results of trial drug in present study clearly indicate that *Ayurveda* is well efficient for the management of all kinds of asthma by its multi-dimensional approach.

The patients of *Anurjata janya Shvasa* (allergic asthma) need continuous and long duration treatment. As the treatment is withdrawn the symptoms may show recurrence.

*Manashiladi Dhuma* is efficacious in alleviating and reducing the morbidity of *Anurjata*. *Manashiladi Dhuma*, drug of *Kapha-Vatahara* effect is clinically established as an anti-allergic and a safe alternative medicine.

No adverse effect was observed during the study period of trial drug.

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