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A CLINICAL EVALUATION OF *ANULOM –VILOMPRANAYAM* AND *YOGAMUDRASANA* ALONG WITH *VASAVALEHA* IN THE MANAGEMENT OF *TAMAK SWASA*

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ABSTRACT:

Background: *Tamak Swasa* is a chronic respiratory condition characterized by recurring episodes of breathlessness, coughing and wheezing. *Anulomvilom* aims to harmonize the flow of vital energy within body and promote physical and mental well-being. It is found to alleviate symptoms such as *dyspnoea*, coughing and wheezing. *Vasa Aavleha* helps in reducing airway inflammation, improving lung function and alleviating *Tamak Swasa*. Despite advancements in medical science, the prevalence of *Tamak Sawas* continues to rise globally, necessitating the exploration of complementary and alternative treatment modalities. Objectives: To assess the efficacy of Anulom *–VilomPranayam* and *Yogamudrasana* along with *Vasavaleha* in the management of *TamakSwasa.* **Material & Method:** A clinical study was undertaken for duration of 30 days involving 15 patients.The drug *Vasa Avaleha* was given orally along with *AnulomVilom* and *Yogamudrasana*. All the patients were kept under strict dietary control during the treatment. **Results:** The observation on effect of therapy was encouraging and showed less *Gurkuraka* 32.43%, *Kasa* 45.7%, *TeevravegaSwasa* 32.43 %, *Peenasa* 32.43%, and *Shushkasaya* 46.67% was observed. Out of these *Kasa* and *Shushkasaya* were statistically highly significant. **Conclusion:** *Anulom –VilomPranayam* and *Yogamudrasana* along with *Vasavaleha* can be used in the management of *TamakSwasa* and has less side effects.

Keywords: *TamakSawasa, Vasavaleha, Yogamudrasana, Anulom-vilom*

INTRODUCTION

Tamak Swasa[1], a term used in *Ayurveda* to describe a type of bronchial asthma, can significantly impact an individual's quality of life. This chronic respiratory condition is characterized by wheezing, breathlessness, and airway constriction, making it challenging for affected individuals to breathe freely. While medical interventions and medications are commonly used to manage *Tamak Swasa*, complementary therapies like yoga have gained recognition for their potential role in alleviating symptoms and improving overall well-being.

Yoga, an ancient practice originating from India, encompasses a wide range of physical postures, breathing exercises, relaxation techniques, and meditation. It emphasizes the integration of body, mind, and breath to promote physical, mental, and emotional balance. *Yogasana* and *Pranayama* are claimed to have beneficial effects on the body such as improving the functions of different systems of the body including the performance of the central nervous system (CNS [2]). The studies have shown that regular practice of yoga leads to improvement in physiological functions and human performance. Benefits have been reported in both peripheral nerve function as well as central neuronal processing [3]. In recent years, numerous studies have explored the role of yoga in managing various health conditions, including *Tamak Swasa. Anulom-Vilom* ensures that the whole body is nourished by an extra supply of oxygen. Carbon dioxide is efficiently expelled and the blood is purified of toxins. The brains centres are stimulated to work nearer to their optimum capacity. *Yogamudrasana* increases the energy level of practitioner and has calming and soothing effects on the mind. It exercises the cage therefore preventing lung problems such as *Tamakswasa*.

Vasavaleha is a well-known herbal formulation in the form of *Avleha*. The different phytoconstituents present in *Vasa* also have cough suppressing properties and act on the brain, specifically the medulla [4]. It is primarily used in treating respiratory disorders. *Vasavaleha* contains herbs like *Vasa* and *Pippali. Vasa* is a very fruitful herb which is loaded with properties like bronchodilator, anti- asthmatic, expectorant, anti-ulcerative, anti-allergy, anti-tubercular and anti-microbial [5] etc. These properties are provided via phyto-chemicals present in the herb- alkaloids, maiontone, vasicinolone and vasicinol etc. The other herb long pepper is known to consist alkaloids, liganins, saponins, carbohydrates, piperine, piplatin and long chain hydrocarbons etc. *Pippali* in *Vasavaleha* increases

bioavailability, which aids in the formulation's anti-asthmatic effectiveness by allowing it to stay in the bloodstream for a more extended period [6]. These herbs combine to formulate a fruitful formulation that is known to cure certain problems of bronchitis, expectorant properties known to clear the air passages and asthmatic and anti- allergic manage asthma problem, anti-tubercular properties control the TB condition, immunomodulatory known to enhance immunity in the body, antimicrobial activities control the microbial infections in the body.

A number of drugs are available in modern system of medicine to counter this condition but are known to develop various adverse drug reactions; the suffering population is searching certain traditional remedies for better relief that is comparatively safe in nature. In this article, we will explore the role of yoga along with *Vasavleha* in the management of *Tamak Swasa* and how specific yoga practices can benefit individuals with this respiratory condition. We will delve into various *Pranayama* techniques, *Yoga Asanas*, relaxation practices, and meditation that can be incorporated into a holistic approach to managing *Tamak Swasa*.

Objectives:

To evaluate the effect of *Vasavaleha i*n the management of *Tamak Swasa*.

To evaluate the effect of *Vasavaleha* along with Yoga modalities (*Anulom-vilom and Yogamudrasana*) in the management of *Tamak Swasa*.

Preparation of Medicine:

Vasavaleha was prepared in dept. of *Rasashastra* and *Bhaishajya Kalpana* V.Y.D.S Ayurved Mahavidyalaya and Hospital, Khurja.

Table 1: Composition of *Vasavaleha* [7]

Drugs	***Botanical name***	**Quantity**
Vasa juice	*Adhatoda vasica*	768 gm
Sugar	*Sacharum*	384 gm
Ghee		96 gm
Long Pepper Powder	*Piper Longum*	96 gm
Honey		364 gm

MATERIAL & METHODS:

Study Design: Randomized prospective open level parallel clinical trial

Study Population: Patients from peripheral area of Khurja.

Study sample: Patients attending the OPD of V.Y.D.S Ayurved Mahavidyalaya and Hospital, Khurja

Sample Size: 15 patients

Study duration: 30 days

Inclusion criteria:

a. Patients having symptoms of *Tamak Swasa* as per classics.

b. Conscious and well oriented.

c. Age 16 – 60years

d. Either gender, religion, caste or creed.

e. Duration not more than 5 years of chronicity.

Exclusion criteria:

1. Patients are excluded below and above60.
2. *Asadhya Lakshanas* of *Tamak Swasa.*
3. The patient with history of Tuberculosis, Emphysema, Chronic airway limitation
4. History of metabolic disorders.
5. Other complicated respiratory diseases, having any organic lesion such as Tumor or any anatomical defect in airway.
6. Cyanosis

Diagnostic criteria:

Criteria for diagnosis were done on the basis of signs and symptoms available in the Ayurveda and Modern Texts as well as with the help of following parameters.

Table No 2: SUBJECTIVE PARAMETERS

Score	**Grade 0**	**Grade 1**	**Grade 2**	**Grade 3**
Gurkuraka	Absent	Mild	Moderate	Severe
Swasa	Absent	Mild	Moderate	Severe
TeevravegaSwasa	Absent	Mild	Moderate	Severe
Peenasa	Absent	Mild	Moderate	Severe
Shushk asaya (dry mouth)	Absent	Mild	Moderate	Severe

Table No 3 OBJECTIVE PARAMETERS: (a) Spirometry

Score	**Grade**	**Criteria for Grading**
0	Absent	80% and more
1	Mild	50-79%
2	Moderate	30-49%
3	Severe	Less than 30%

Table No 3 (b): Peak Expiratory flow test

Score	Grade	Criteria for Grading
0	Absent	80-100%
1	Mild	50-79%
2	Moderate	30-49%
3	Severe	Less than 30%

Posology:

1. *Vasavaleha* {5 grams four times a day before and after food with milk}
2. *Anulom-Vilom and Yogamudrasana*

Investigation – Following investigations were carried out during the trial:

a. Complete blood count.
b. Spirometry
c. Peak expiratory flow test.

Assessment of results:

The data generated in the clinical study was expressed in terms of mean standard deviation Appropriate 't' test was applied to test the significance of comparative mean values of before and after treatment by using statistical software – SPSS 20.0 the significance was assessed at 0.05, 0.01 and 0.001 levels.

Table No 5 Interpretation of Results –

Result	Criteria for assessment
Cured	100% relief in signs and symptoms
Marked Relief	More than 75 to less than 100% relief in signs & symptoms
Moderate Relief	More than 50% and less than 75% in signs and symptoms
Mild Relief	More than 25% and less than 50% in signs and symptoms
No Relief	Less than 25% in signs and symptoms

STATISTICAL ANALYSIS: The information gathered on the basis of observation made about various parameters were subjected to statistical analysis in terms of Mean, Standard Deviation and Standard error (SE). Paired 't' test was carried out at $p<0.05$, $p<0.01$, $p<0.001$.

The obtained results were interpreted as:

- Insignificant P >0.05
- Significant P <0.05
- Highly Significant P < 0.01 &P<0.001

OBSERVATION AND RESULTS:

Table No 6: EFFECT OF THERAPY ON PATIENTS

Symptoms	Mean		Mean	%	S.D.	S.E.	't'	P
	B.T.	A.T.						
Gurkuraka	0.80	0.41	0.39	32.43	0.71	0.13	3.21	<0.01
Kasa	0.96	0.52	0.44	45.7	0.50	0.08	4.43	<0.001
TeevravegaSwasa	0.80	0.41	0.39	32.43	0.71	0.13	3.21	<0.01
Peenasa	0.80	0.41	0.39	32.43	0.71	0.13	3.21	<0.01
Shushkasaya	0.91	0.46	0.45	46.67	0.70	0.10	4.43	<0.001

The above table showed relief in *Gurkuraka* 32.43%, *Kasa* 45.7%, *TeevravegaSwasa* 32.43 %, *Peenasa* 32.43%, and *Shushkasaya* 46.67% was observed. Out of these *Kasa* and *Shushkasaya* were statistically highly significant.

Table No 7: EFFECT OF THERAPY ON HEMATOLOGICAL PARAMETERS OF GROUP-B PATIENTS

Hematology	Mean		Mean	%	S.D.	S.E.	't'	P
	AT	BT						
Hb	12.15	12.0	0.13	1.04	1.25	0.29	0.44	>0.05
TLC	7856.6	7836.8	300	3.88	1516.57	347.93	0.86	>0.05
N	54.79	54.84	3.05	5.37	6.08	1.39	2.19	<0.05
L	34.63	32.15	2.53	6.89	5.95	1.37	1.85	>0.05
E	5.63	4.26	0.37	10.14	1.01	0.23	1.59	>0.05
M	1.95	1.10	0.16	5.36	0.96	0.22	0.72	>0.05

In this group, the mean initial Hb gm%was12.15gm%whichwasreducedto12.00g m %showinganindecreaseof0.15gm%. However, the result is statistically insignificant.

Initial T.L.C. was 7856.6 cu. mm. which decreased to7836.3 cu.mm. While the Lymphocytes showed a decrease of 2.89%. However, the results are statistically insignificant. Neutrophils showed an increase of 0.37%. That is statistically significant (<0.05).

Table No 8: OBJECTIVE PARAMETERS:

Symptoms	Mean		Mean	%	S.D.	S.E.	't'	P
	B.T.	A.T.						
Spirometry	0.80	0.41	0.39	32.43	0.71	0.13	3.21	<0.01
Peak expiratory flow test	0.80	0.41	0.39	32.43	0.71	0.13	3.21	<0.01

The above table showed relief in Spirometry 32.43% and Peak Expiratory Flow Test 32.43 %, were statistically highly significant.

Table No 9: OVERALL EFFECT OF THERAPY

Assessment	No. of Patients	% of patients
Cured	0	0
Markedly Improved	2	13
Moderate Improved	7	47
Mild Improved	5	33
Unchanged	1	7

DISCUSSION:

The *Samana Yoga* in *Swasa* is expected to provide *Kasahara, Kantya* and *Swasahara* activity as well as *Balya* effects on *Pranavahasrotas. Vasaka* has *Tikta, Kashya Rasa* with *KatuVipaka*. It is *Laghu, Ruksha* and *Sheeta*in *Guna with Kaphapittashamaka* action. *Pippali* also has *Katu Rasa*, is *Snigdha, Laghu, Tikshna* in *Guna* with *Anushnasheet Virya* attaining *Madhura Vipaka*. It has *Kaphavatashamak*a action thereby has a synergistic effect along with *Vasaka* in the treatment of *Swasa. Vasavaleha* also increases the *Bala* in the *Pranavahasrotas*. The significant reduction in the E.S.R. and Eosinophils shows its anti- allergic activity. *Madhu* and *Ghrita* used in this compound is augmenting the activity of *Vasa* and *Pippali* to strengthen the *Pranavahasrotas*. The result signifies its activity in reducing *Kasa, Shushkasya, Teevravega Swasa Gurghuraka and Peenasa* which are caused by

Vata*vaigunya.* The *Khanda sita* in this compound through *Brimhana, Balya* and *Vata Kaphahara* property bring the normality of *Pranavahasrotas.*

CONCLUSION:

The combination of *Yoga and Vasavleha* offers promising benefits in the management of *Tamak Swasa.* Their complementary effects on respiratory function, inflammation reduction and overall well-being make them valuable additions to a comprehensive treatment approach.

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