

**A COMPARATIVE STUDY OF CHARKOKTA SHWASAHAR MAHAKASHAYA AND
SUSRUTOKTA SURSADI GANA IN THE MANAGEMENT OF TAMAK SHWASA
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ABSTRACT

To evaluate comparative efficacy of Charakokta Shwasahar Mahakashaya and Susrutokta Sursadi Gana in the management of Tamak Shwasa (Bronchial Asthma) planned sample size was 60 patients but due to Outbreak of COVID-19 pandemic there was lockdown in the city, therefore only 20 patients fulfilling the criteria of Tamak Shwasa were selected and treated in two groups group A and group B having 11 patients in group A and 9 patients in group B. Patients of Group A were treated with Shwasahar mahakashaya ghanvati mentioned in Charaka Samhita Sutrasthan 4th chapter and In Group B patients were treated with Sursadi gana ghanvati mentioned in Susruta Samhita Sutrasthan Mishrak gana chapter. On comparing the efficacy of both the group it was observed that group B provided moderate relief in 33.33% of patients whereas group A provided moderate improvement in 18.18% of patients. Thus on the basis of observation and result Group B has shown slightly more efficacious results in management of Tamak Shwasa.

KEYWORDS: Shwasahar mahakashaya ghanvati, Sursadi gana ghanvati, Tamak Shwasa.**INTRODUCTION**

Ayurveda has described five types of Shwasa Roga and Tamaka Shwasa is one amongst them. Tamaka Shwasa is a "Swatantra" Vyadhi i.e. independent disease entity and having its own etiology, patho-physiology and management. Shwasa Roga has been considered as a deadly and ashukari disease by almost all Acharyas. It is considered as a Yappa Vyadhi. It is well co-related with bronchial asthma which results due to derangement of Pranvah Srotasa in which Prana Vayu is vitiated that is unable to perform its normal physiologic function and becomes Vaigunya due to obstruction through cough and moves in upward direction. (Pratilom gati).

Bronchial Asthma is characterized by difficulty in breathing, cough, wheezing and chest tightness. Paroxysm attack can last for days to months which results in sleepless night, thus disturbing the normal life style of the person. It is common and worldwide, equally affecting both sexes in adult but in children male female ratio is 2:1.

Varieties of indigenous and exogenous factors are responsible for the incidence of this disease. Out of this

genetic susceptibility, environmental factors, drugs, infection, smoking, anxiety & psychological factors are major cause of concern. In Indian context asthma is now a serious public health problem and it is seen as one of the leading cause of morbidity and mortality in India.

Although the prevalence of asthma in India is seen to be somewhat similar to other Asian countries, the incidence in the country has increased significantly. There has been an increase in the prevalence and similar trend is observed in India. Asthma prevalence rates in Karnataka, Gujarat, Haryana, Uttar Pradesh, and Madhya Pradesh are above the national level. This disease is more predominant in children and aged population. At the age of six to seven years, the prevalence ranges from 4-32%.

Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism. As stated by W.H.O, 100-150 million of global populations are suffering from Bronchial Asthma; out of which 1/10th are Indians and the prevalence of asthma is increasing everywhere.

Lots of advances have been achieved through modern medicine in combating this disease i.e. advanced Antibiotics, corticosteroids, bronchodilator, etc. All these fight the disease and offer relief but patient with weak immune status due to recurrent infection, malnutrition, drug toxicity, disease chronicity, stress disorder, etc. become prone to further infection and exacerbations of disease- hampering their life quality. This highlights the need for researches to evaluate the safety and efficacy in treatment of asthma although environmental control measures are important to avoid or eliminate factors that induce or trigger asthma flare-ups.

In Ayurvedic text Brunhana, Shamana and Karshan regimen have been advocated for tamak shwasa by almost all Acharya. Although Shodhana therapy has been considered to provide better result than Shamana therapy but it is not possible and feasible under all condition and in all subjects.

The treatment should be aimed to remove the obstruction made by Kapha and normalize the function of Vayu. The selected drug combinations are having properties to remove the obstruction in the Pranavaha Srotas by Kapha Dosha and normalize the functioning of Vayu alongwith Brunhaniya Karma. Scholars of various disciplines are working on the problem and various modern means and measures have been discovered; even then an effective drug without any or minimal side effects has yet not been identified.

In the present study, planned sample size was 60 patients but due to Outbreak of COVID-19 pandemic there was lockdown in the city, therefore only 20 patients fulfilling the criteria of Tamak Shwasa were selected and treated in two groups group A and group B having 11 patients in group A and 9 patients in group B.

Disease review

The Shwasa in which attacks of breathlessness get worsened at Tamakala i.e. night and patient feels darkness in front of eyes during attack. Tamaka Shwasa may be defined as a disease in which the respiration is disturbed with feeling of oppression of chest, choking of neck or feeling of merging in darkness owing derangement of prana vayu along with obstruction of kapha.

Acharya Charaka has mentioned two-allied stages of Tamaka Shwasa known as two types or further complication of disease proper i.e. Pratamaka and Santamaka. Acharya Sushruta and Acharya Vagbhata have only mentioned the name as Pratamaka, which includes clinical manifestation of Santamaka.

Development of every symptom depends upon the involvement of Dosha- Dhatu, Sthana and Srotovagunyata. Vata as well as Kapha Dosha, Rasa Dhatu and Pranavaha Srotas are the primary factors concerned in the pathogenesis of Tamaka Shwasa.

Forceful respiration with audibility is the cardinal symptom of the disease. Paroxysmal productive cough is the associated frequent manifestation. Mode of onset, course, aggravating factors, relieving factors that are varying concerning breathlessness and cough are very typical and are diagnostic of Tamaka Shwasa.

The word ASTHMA is derived from Greek, meaning breathless or to breathe with open mouth. Asthma is one of the most common chronic inflammatory disorders. It affects patients of all ages and is a serious challenge to public health and has large effect on work performance of patients. Asthma is characterized by chronic airway inflammation and increased airway hyper-responsiveness leading to wheeze, cough, chest tightness and dyspnoea.

Drug Review

Shwashahar mahakashaya contains Shathi, Pushkaramoola, Amlavetasa, Ela, Hingu, Agaru, Surasa, Tamalaki, Jivanti and Chanda. Out of these 10 drugs 9 drugs was available at our Pharmacy. In Sursadi gana group out of 22 drugs only 14 drugs can be availed in the Dept of Ras shastra and Bhaishjya Kalpana Pt K. L. S. Bhopal. Kuchala was prepared separately as standard classical method and coarse powder of rest drugs was taken in equal ratio.

Shodhan of Hingu and Kuchala:- Hingu was fried with Ghrit for 15–20 minutes until it turned light brown. Fine powder made after the drug has completely dried. The Kuchala was immersed in gomutra for 7 days. Then the Kuchala peel and poisonous part were removed. Swedan of Kuchala with Milk in Dolla Yantra had been done and dried in the sunlight. Kuchala was fried in ghee and finally a fine powder had been made.

Preparation of Kwatha and Ghana:- All the authenticated drugs were taken in equal proportions where crushed to a coarse powder separately and mixed thoroughly with 16 parts of water in a stainless steel container and then continuous mild heat was applied until it was reduced to 1/4th of the initial quantity. During the heating process slowly continuous steering was done to facilitate the evaporation and avoid any deterioration due to burning of material. After a desirable reduction in the volume was achieved, the Kwatha was filtered through a single folded cotton cloth and collected in a separate vessel.

Subsequently, the Kwatha was boiled again over slow flame on a gas stove till a Ghana of semi-solid consistency was obtained. Fine powder of Hingu and Kuchala mixed in Ghana of respective group. Finally each Vati of 250mg was prepared.

MATERIAL AND METHODS

This study was designed as a Randomized controlled clinical trial and the samples were selected using purposive sampling technique. Patients fulfilling the criteria of diagnosis and criteria for inclusion for the present study were randomly selected from OPD and

IPD of Pt. Khushilal Sharma Govt. Ayurveda Hospital Bhopal. Two groups were allotted and having 11 patients in Group A and 9 patients in Group B. A properly informed consent was filled by each patient. The drugs required for clinical study were procured and prepared in the department of Ras-Shastra and Bhaishajya kalpana of Pt. Khushilal Sharma Govt. (Auto) Ayurveda College and Institute, Bhopal.

Grouping: Patients of Group A were treated with Charakokta Shwasahar Mahakashaya Ghanvati (250mg each tab) 2tab, after meal at morning and evening for 30days. Patients of Group B were treated with Susrutokta Sursadi Gana Ghanvati (250mg each tab) 2tab, after meal at morning and evening for 30days.

Aim and Objectives

1. To evaluate the efficacy of Charakokta Shwasahar Mahakashaya in the management of Tamak Shwasa (Bronchial Asthma).
2. To evaluate the efficacy of Susrutokta Sursadi Gana in the management of Tamak Shwasa (Bronchial Asthma).
3. Comparison of efficacy of Shwasahar Mahakashaya and Sursadi Gana in the management of Tamak Shwasa (Bronchial Asthma).

Criteria for selection of the patients: As per Inclusion, exclusion and diagnostic criteria, patients were selected in the study.

1. Inclusion Criteria: Subjects satisfying the following inclusion criteria were included in the study.

1. Age between 18-60 years.
2. Patient having sign and symptoms of Tamaka Shwasa as in Ayurvedic Classics.

3. Patients having cardinal sign and symptoms as in contemporary medicine.
4. Night symptoms more than twice per month but less than once a week.
5. Patients who meet reversibility criteria.
6. FEV1>80% of the predicted value.
7. Diagnosed mild and moderate cases of asthma (GINA) without any co-morbidity.

2. Exclusion Criteria

1. FEV1< 80%.
2. Patients having other associated diseases like LVF, URTI, Bronchiectasis, cases of tuberculosis, ILD, OLD.
3. Those who are on regular bronchodilators.
4. Patients having Renal or Hepatic disease.
5. Patients having major systemic illness.
6. Patients with HIV Positive.
7. Pregnant and lactating mothers.
8. Patients without written consent form.

3. Diagnostic criteria

1. Proforma incorporating sign and symptoms of Tamak Shwasa (Bronchial Asthma) as described in Ayurvedic text and contemporary medicine.
2. Guidelines provided by GINA (wheeze, cough, dyspnoea, chest tightness).
3. Pulmonary Function Test (PFT).
4. MRC dyspnoea Scale.

4. Criteria for Assessment

1. Pulmonary Function Test (PFT).
2. Gradation / Scoring Pattern- Assessment will be done on the basis of relief found on the cardinal sign and symptoms before and after treatment.

Subjective Criteria	Objective Criteria
Shwaskashtata (Dyspnoea)	FVC
Kasa (Cough)	FEV1
Urahshula (Chest tightness)	
Peenas (coryza)	
Kaphashthivan (Expectoration)	
Ghurghurak (Wheezing)	
Bhrama (Giddiness)	
Anidra (Sleeplessness)	
Periodicity (In a week)	

Scoring Pattern

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
Shwaskashtata	no shwaskashtata	after heavy work, relieved by rest	on slight exertion	even on rest
Kasa	no kasa	sometimes but does not troublesome	Troublesome kasa but do not disturbing the sleep.	very troublesome, unable to sleep.
Urahshula	no urahshula	along with the attack	very often even without attack	always
Peenas	no peenas	along with the attack	very often even without attack	always
Kaphashthivan	no kaphashthivan	occasional	very often	always
Ghurghurak	no ghurghurak	during attack	very often	always

Bhrama	no bhrama	occasional	very often	always
Anidra	no awakening at night	occasional	very often	always
Periodicity (in a week)	no episodes	1-2 episodes	3-5 episodes	6 and more episodes

Hypothesis

Null hypothesis (H₀): Group A (Shwasahar Mahakashaya) and Group B (Sursadi Gana) are equally effective in the management of Tamak Shwasa (Bronchial Asthma).

Alternative hypothesis (H_a)

(I) Group A is more effective than Group B in the management of Tamak Shwasa (Bronchial Asthma).

(II) Group B is more effective than Group A in the management of Tamak Shwasa (Bronchial Asthma).

Ethical Consideration: The synopsis was presented in front of the institutional Ethical Committee and ethical clearance was obtained in its meeting dated 12th May 2018.

OBSERVATION AND RESULT

S. N.	Demographic Parameter	Percentage of patients (%)
1.	Age (18-30)yrs	45
2.	Sex (Male)	65
3.	Sneezing (Present)	50
4.	Running Nose (Present)	45
5.	Blocked nose (Present)	55
6.	Treatment history (Inhaler)	70
7.	Past history (Present)	15
8.	Family history (Present)	30
9.	Diet (Veg)	60
10.	Aggravating food (Absent)	90
11.	Sleep (Satisfactory)	70
12.	Constipation	50
13.	Tobacco chewing	10
14.	History of alcohol	5
15.	Smoking	5
16.	Prakriti (VP)	50
17.	Nadi (PK)	50
18.	Mala (Niram)	50
19.	Mutra (samanya)	55
20.	Jihwa (Saam)	45
21.	Shabda (Spashta)	80
22.	Sparsh (Prakrit)	50
23.	Drika (Samanya)	100
24.	Akriti (Samanya)	100

Results: The results were analyzed statistically with the help of instat3 (Graphpad) application. Wilcoxon test and Man Whitney tests were applied for nonparametric

values and Student-t-test was applied for parametric values.

Group A

S.n	Symptoms	Mean			% Relief	SD	SE	p-value	Result
		BT	AT	Diff.					
1	Shwaskashtata	1.818	1.455	0.3636	20	0.6742	0.2033	P=0.1563,	N.S.
2	Kasa	1.273	0.5455	0.7273	57.13	0.6467	0.195	P=0.0156	S
3	Urahshula	1.273	1	0.2727	21.42	0.4671	0.1408	P=0.500	NS
4	Peenas	1.364	0.4545	0.9091	66.64	0.8312	0.2506	P=0.0156	S
5	Kaphashthivan	1.273	0.7273	0.5455	42.85	0.6876	0.2073	P=0.0625	N.Q.S
6	Ghurghurak	0.8182	0.6364	0.1818	22.21	0.4045	0.122	P=0.50	NS
7	Bhrama	0.5455	0.3636	0.1818	33.32	0.4045	0.122	P=0.50	NS
8	Anidra	1.455	0.8182	0.6364	43.73	0.5045	0.1521	P=0.0156	S
9	Periodicity (in a week)	1.545	1.091	0.4545	29.41	0.6876	0.2073	P=0.125	NS

S.n	Symptoms	Mean			SD	SE	p-value	Result
		BT	AT	Diff.				
1	FVC	1.991	2.322	-0.373	1.236	0.39907	P=0.3647 t=0.9546	NS
2	FEV1	1.011	1.338	-0.3273	0.4265	0.1286	P=0.0291 t=2.545	S

This group was treated with Shwasahar Mahakashaya ghan vati shows statistically Significant improvement in Kasa (p=0.0156), Peenus (p=0.0156) and Anidra (p=0.0156). Statistically Not Quite Significant improvement was found in Kaphashthivan (p=0.0625). Statistically Not Significant improvement was found in

Shawaskashtata (p=0.1563), Urahshoola (p=0.500), Ghurghurak (p=0.50), Bhrama (p=0.50), and Periodicity (p= 0.125). FEV1 was statistically Significant (p=0.0291) and Not Significant improvement was found in FVC (p=0.3647).

Group B

S.n	Symptoms	Mean			% Relief	SD	SE	p-value	Result
		BT	AT	Diff.					
1	Shwaskashtata	1.667	1.111	0.5556	33.32	0.7265	0.2422	P=0.125	N.S.
2	Kasa	1.556	0.7778	0.7778	49.98	0.6667	0.2222	P=0.0313	S
3	Urahshula	1	0.7778	0.2222	22.22	0.441	0.147	P=0.500	NS
4	Peenas	1.333	0.7778	0.5556	41.68	0.527	0.1757	P=0.0625	N.Q.S.
5	Kaphashthivan	1.333	0.6667	0.6667	50.01	0.866	0.2887	P=0.125	NS
6	Ghurghurak	0.6667	0.5556	0.1111	16.66	0.3333	0.1111	P=0.9999	NS
7	Bhrama	0.4444	0.2222	0.2222	50.00	0.441	0.147	P=0.50	NS
8	Anidra	1.333	0.5556	0.7778	58.34	0.441	0.147	P=0.0156	S
9	Periodicity (in a week)	1.222	0.8889	0.3333	27.27	0.50	0.1667	P=0.25	NS

S.n	Symptoms	Mean			SD	SE	p-value	Result
		BT	AT	Diff.				
1	FVC	3.092	3.288	-0.1956	0.6101	0.2034	P=0.3644 t=0.3644	NS
2	FEV1	2.078	2.284	-0.2067	0.4148	0.1383	P=0.1733 t=1.495	NS

This group was treated with Sursadi gana ghan vati shows statistically Significant improvement in Kasa (p=0.0313) and Anidra (p=0.0156). Statistically Not Quite Significant improvement was found in Peenus (p=0.0625). Statistically Not Significant improvement

was found in Shawaskashtata (p=0.125), Urahshoola (p=0.500), Kaphashthivan (p=0.125), Ghurghurak (p=0.9999), Bhrama (p=0.50), and Periodicity (p= 0.25). FVC was statistically Not Significant (p=0.3644) and No Significant improvement was found in FEV1 (p=0.1733).

Intergroup Comparison

S.n	Symptoms	Mean diff. Group A	Mean diff. Group B	p-value	Result
1	Shwaskashtata	0.3636	0.5556	p>0.9999	NS
2	Kasa	0.7273	0.7778	P=0.4206	NS
3	Urahshula	0.2727	0.2222	P=0.9167	NS
4	Peenas	0.9091	0.5556	P=0.6905	NS
5	Kaphashthivan	0.5455	0.6667	P=0.8413	NS
6	Ghurghurak	0.1818	0.1111	P=0.5476	NS
7	Bhrama	0.1818	0.2222	p>0.9999	NS
8	Anidra	0.6364	0.7778	p>0.6905	NS
9	Periodicity (in a week)	0.4545	0.3333	P=0.6905	NS

S.n	Symptoms	Mean diff. Group A	Mean diff. Group B	p-value	Result
1	FVC	-0.373	-0.1956	p>0.7585	NS
2	FEV1	-0.3273	-0.2067	p>0.4954	NS

By observing and analyzing the data statistically, it was found that both the groups were statistically equally effective in all parameters (subjective & objective).

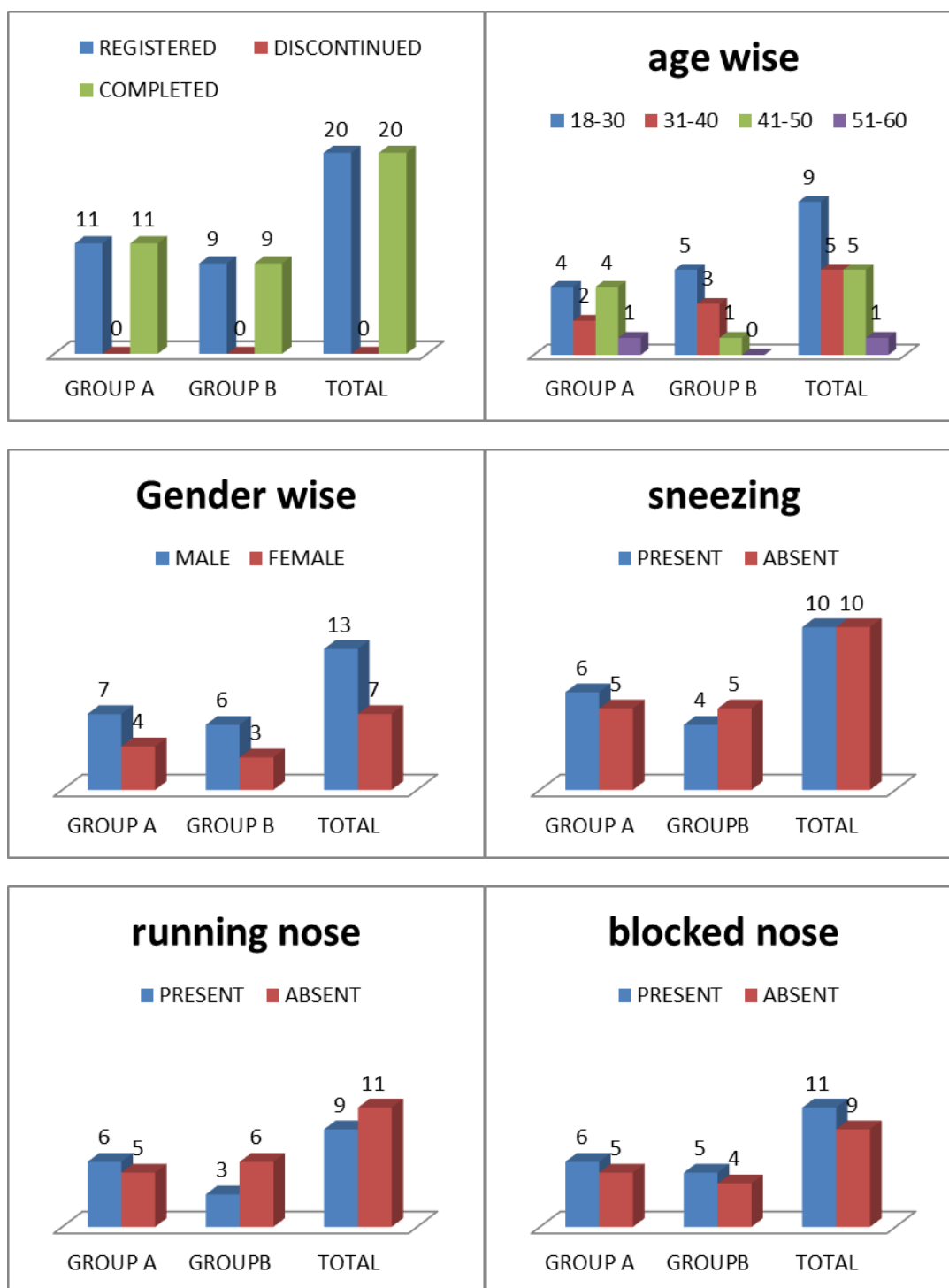
Overall Assessment

ASSESSMENT	GroupA (Shwasahar mahakashaya)		Group B (Sursadi Gana)	
	No of pts. 11	%	No of pts. 9	%
Complete remission	0	0	0	0

Marked improvement	0	0	0	0
Moderate improvement	2	18.18	3	33.33
Mild improvement	8	72.72	6	66.66
No relief	1	9.09	0	0

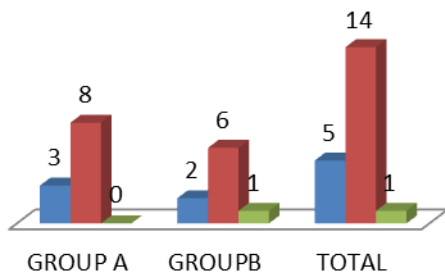
During this clinical trial maximum number of patient's got mild improvement in the symptoms of Tamaka Shwasa, that is 72.72% in Group A and 66.66% in Group B. In addition 18.18% and 33.33% patients showed moderate improvement in the symptoms of Tamaka

Shwasa. Above findings inferred that Sursadi gana group is marginally more effective in treating the condition of Tamaka Shwasa than Shwasahara mahakashaya group, even though the superiority was statistically insignificant (>0.05).

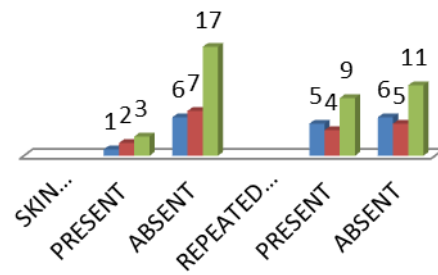


treatment wise

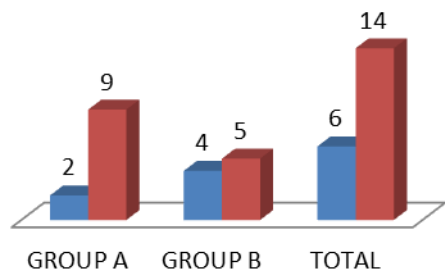
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**past history wise**

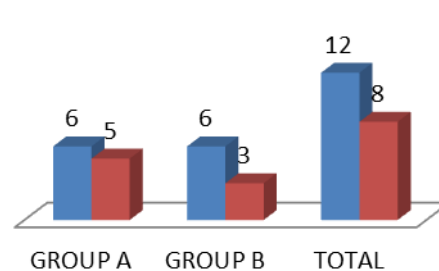
■ GROUP A ■ GROUP B ■ TOTAL

**family history wise**

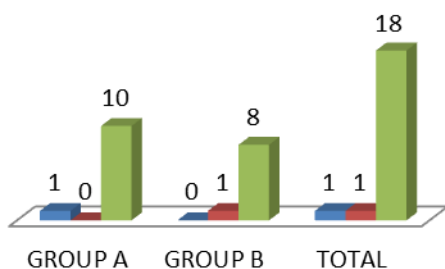
■ PRESENT ■ ABSENT

**diet wise**

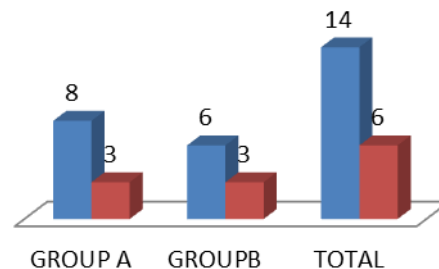
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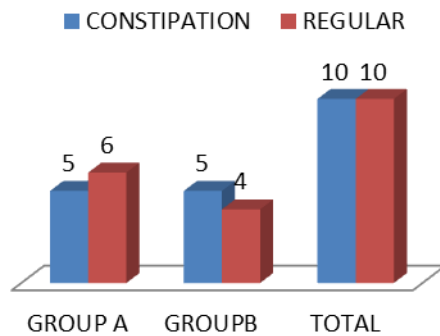
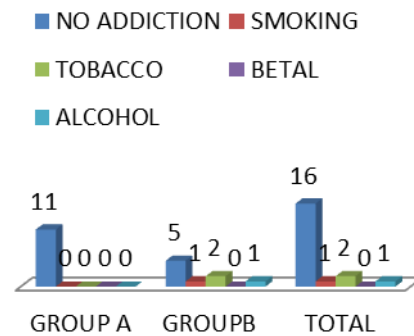
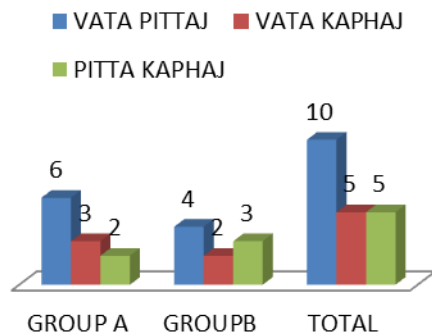
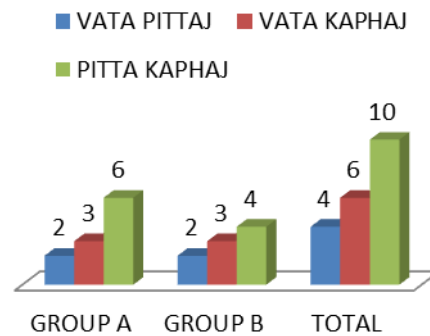
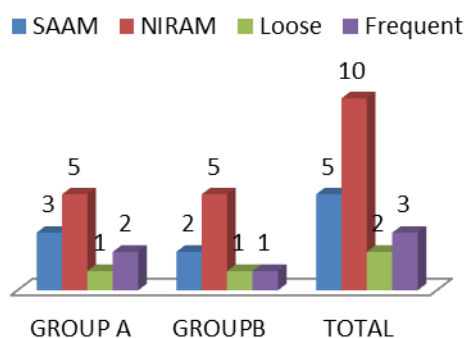
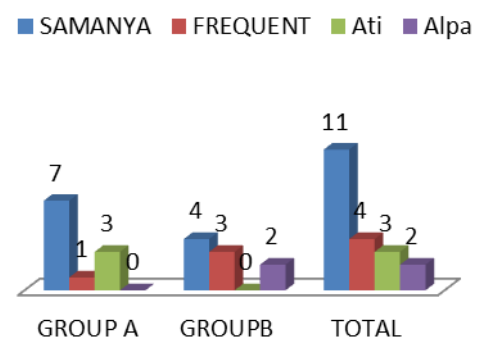
**aggravating food**

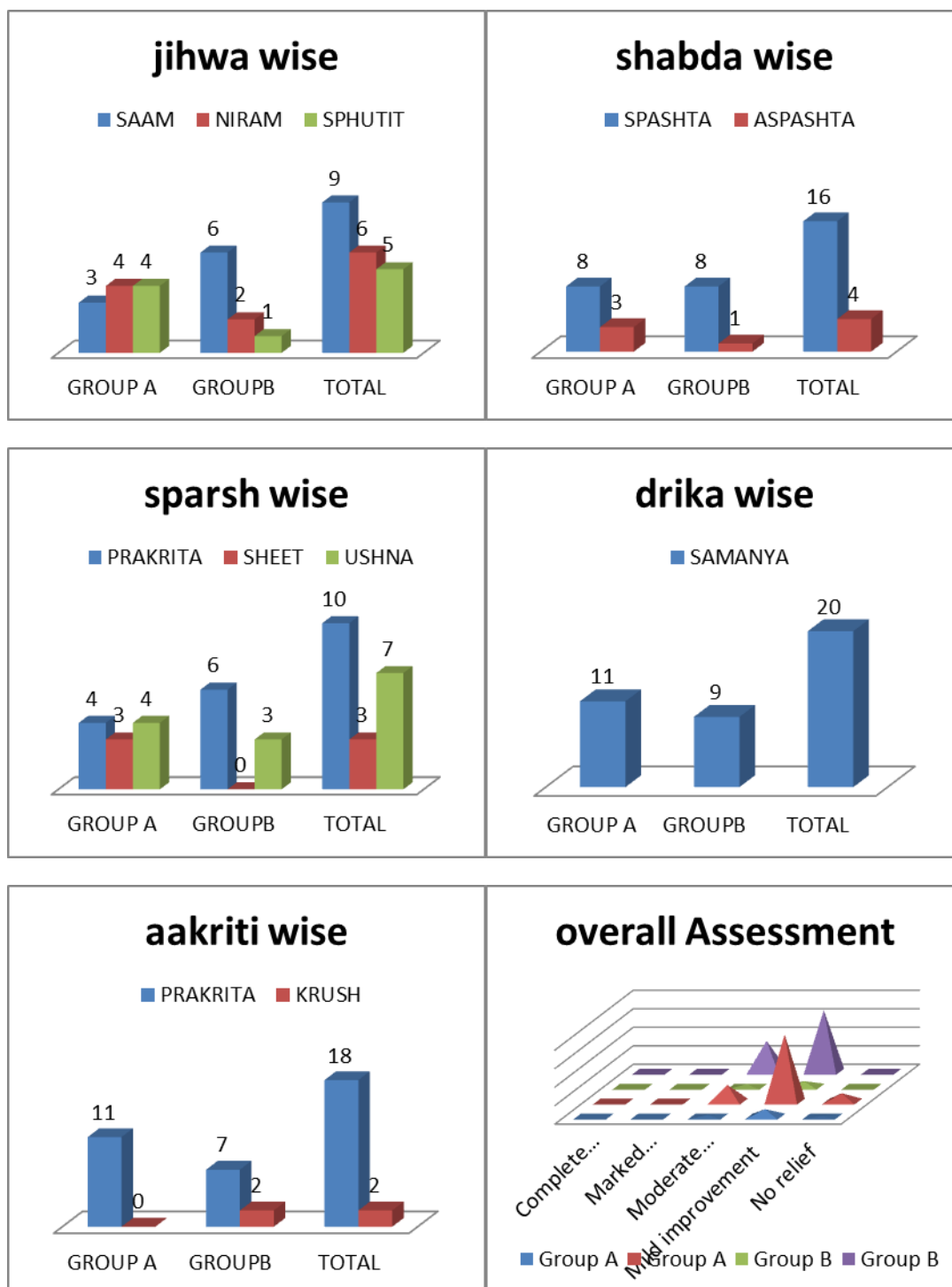
■ CURD ■ COLD WATER ■ ABSENT

**sleep wise**

■ SAISFACTORY ■ UNSATISFACTORY



bowel habbit wise**addiction wise****prakriti wise****nadi wise****mala pravritti****mootra pravritti**



DISCUSSION

The probable mode of action of any drug formulation depends on Rasa Panchaka of the formulation. Both the formulations predominantly have Kapha-Vata shamaka action and Vatanulomana property besides having Ushna Virya which served the purpose.

Both the formulations are having the dominance of Katu, Tikta and Kashaya Rasa, Laghu, Ruksha and Tikshna Gunas, Ushna Virya, Katu Vipaka and are Tridosahara predominantly Vatakaphahara properties. Thus the

formulations acts by removing the obstruction made by Kapha in the Pranavaha Srotas (Anulomana and Srotoshodhana) due to dominance of Katu Rasa, Laghu Guna, Ushna Virya and Katu Vipaka properties and thus leading to the Sampraapti Vighatana. These combinations also bring the normalcy of all Doshas especially Vata and Kapha.

Few of the ingredients also posses qualities of Madhura Rasa, Shita Virya and Madhura Vipaka, which in turn increases the Bala (strength) which is usually decreased

in this condition, thus improving the quality of life. These drugs also act as Rasayana to Pranavaha Srotas which may prevent further deterioration of the Pranavaha Srotasa.

Also some of the drugs in combinations having qualities like Amla and Katu Rasa, Ushna Virya and Amla and Katu Vipaka, which improves the Agni, and indirectly helps in absorption and metabolism of active principles.

SUMMARY AND CONCLUSION

Shwasahar mahakashaya is described in Sutrasthan chapter 4 in Charaka Samhita. This formulation may helps in shaman of the Kapha by Laghu, Ruksha, Tikshna Guna, Katu, Tikta Rasa, Katu Vipaka and shaman of the Vata by Madhur Rasa, Ushna Virya, and Madhur Vipaka Thus it is helpful in management of Tamak Shwasa (Bronchial Asthma).

Sursadi gana is described in Mishrakgana chapter in Sutrasthan of Susruta samhita. This formulation may helps in Shaman of Kapha by Katu Tikta Kashaya Rasa, Laghu Ruksha Tikshna Guna, Ushna Virya. Katu Vipaka and Shaman of Vata by Madhur Rasa and Ushna Virya. Thus it helps in management of Tamak Shwasa (Bronchial Asthma).

The observations and results were analyzed statistically by applying Wilcoxon's test. Statistically significant improvement was found on symptoms on Kasa (57.13%), Peenus (66.64%), Anidra (43.73%) in group A. Similarly in Group B statistically significant improvement was found as in Kasa (49.98%), Anidra (58.34%).

Statistically No significant improvement were shown in Pulmonary function tests in both the group when analyzed by applying "Student t test". However in Group A mean difference of FVC was increased up to 0.373 and FEV1 up to 0.3237. Whereas in Group B mean difference of FVC was increased upto 0.1956 and FEV1 up to 0.067.

In Group A total 11 patients completed the study out of those 18.18% of patients got moderate relief in all symptoms and 72.72% of patients got mild relief in all the symptoms. In Group B total 9 patients completed the study out of those 33.33% of patients got moderate relief in all symptoms and 66.66% of patients got mild relief in all symptoms.

The signs and symptoms of Tamak Shwasa are similar to that of Bronchial Asthma, motioned in the modern Medical Science. Asthma is an episodic disease and recurrence is very much possible due to deranged diet and daily routine. Increasing amount of exposure to pollution and stress are some of main reason for increasing prevalence of disease.

Tamak Shwasa having Kapha Vata predominance, is difficult to cure because Kapha and Vata dosha are opposite in Gunas thus while treating Kapha one must insure that Vata doesn't get vitiated.

Sursadi gana group was found to be more effective in pacifying all the symptoms and in improving pulmonary functions than Shwasahar Mahakashaya group.

On comparing the efficacy of both the group it was observed that group B provided moderate relief in 33.33% of patients whereas group A provided moderate improvement in 18.18% of patients. Thus on the basis of observation and result Group B has shown slightly more efficacious results in management of Tamak Shwasa.