Evaluation of effect of Krishnadi choorna in management of Tamak shwas W.S.R. to bronchial asthma

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In the current study, 60 patients of Tamak Shwas have been selected randomly divided in two groups. The patients showing classical symptoms of Tamak Shwas such as Shwaskruchhrata (dyspnoea), Kasa (cough), Ghur-Ghurak Shabda (wheezing or rhonchi) during night, Kasten Shleshma Moksha (difficult in expectoration), Kasten Bhashya (difficult in expectoration), Anidra (insomnia) etc., were included in this study. For the present study we were given Krishnadi Choorna orally. It reduces respiratory rate effectively and increases expansion of chest, breath-holding time and peak expiratory flow rate and sustained maximal inspiration which was highly significant statistically as compared with tab. Deriphyllin. Out of 30 patients included in group A none patients showed total relief in symptoms, 7 patients was markedly improved (50 to 75%), 21 patients were improved (25 to 50%), 2 patients were unchanged (less than 25%). Out of 30 patients included in group B none patient showed total relief in symptom, 3 patients were markedly improved (50 to 75%), 26 patients were improved (25 to 50%), 1 patients were unchanged (less than 25%). At the end of the study, it was found that Krishnadi Choorna in group A is more effective than in group B.

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