MATERIAL & METHODS
CHAPTER - II

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SELECTION OF PATIENTS: The patients coming to Ayurvedic hospital with the complaints of Paroxysmal dyspnoea having prolonged expiration, rhonchi and rales were selected for investigation. Majority of the cases of the cases were hospitalised in Ayurvedic ward Govt. Ayurvedic College and Hospital. Some of the patients do not want to admit in hospital, were investigated in O.P.D. Total number of cases selected for the trial was sixty (60).

DIAGNOSIS AND INVESTIGATION:

To arrive at the diagnosis, at the outset a clinical proforma was filled up in every case, recording the chief complaints, history of present illness, history of Past illness, Family history personal history, general examination, systemic examination, X-Ray findings of the chest and other Laboratory investigations -

1. **Blood**: Total Leucocyte count differential Leucocyte count haemoglobin percentage and Erythrocyte sedimentation rate.

2. **Stool**: Routine microscopic examination.

3. **Urine**: Routine Physical, chemical and microscopic examination was done on morning samples of urine.

4. **Sputum**: To find out the presence of Acid fast bacilli, if any in order to exclude pulmonary tuberculosis.

5. **Radiological Examination**: X-Ray plate, or screening of chest was done according to the facility available in each case, to clinch the
radiological diagnosis of the chest disease and to find out the shape and size of the heart.

6. **Pulmonary function test:**

   1. Force vital capacity
   2. Forced expiratory volume in 1 second.

**METHOD:** The patient is asked to take in as deep breath as possible and then expel it as hard and as fast as possible. If the forced expiration is made into a recording spirometer of the low resistance and low inertia, the force expiratory volume in the standard time of 1 second (Fev) can be measured if the forced expiration is continued till no more gas can be expelled the forced vital capacity (FVC) is measured.

**PREPARATION AND ADMINISTRATION OF DRUG:**

The Bark of Albizzia lebbeck was procured after identification and it make powder. Boiled with 8 parts of water in an open utensil with mild heat till 7 parts of water evaporated. Then it was filtered through a fine cloth and was served to the patients as decoction (Shireesa Ksaya).

The patient were advised to take 25 ml of this decoction four times in a day for one month. The total daily dose approximately represent 100 gm of crude drugs.

1. **Diet:** No particular diet restriction was imposed on the patients. Admitted patients were put on routine hospital diet containing Rice vegetable pulses and milk with sugar.

2. **Adjuvant Treatment:** Very acute cases required oxygen in
the initial stage to recover. In the initial stage a few acute patient required Intravenous administration of aminophylline to overcome the Paroxysmal attacks of course it was only necessary for a day or two in acute cases.

PARAMETERS FOR ASSESSMENT:

1. Along with the record of subjective improvement, regarding cough, paroxysmal dyspnoea, general feeling of well being and improvement in spasm and rhonchi in chest, a few objective parameters were also adopted to objectify the improvement e.g. respiratory rate, breathe holding time, ventilatory functions (FVC) and FEV1). The objective tests were repeated at the interval of 2 weeks.

Other investigations:

- Total leucocyte count
- Eosinophil percentage - Before and after
- Erythrocyte Sedimentation rate - treatment.

CERTERIA OF RESULT:

1. Relieved: Those in whom all the clinical features of the disease disappeared, and the readings of the investigations done for assessment, came within normal range, were declared relieved.

2. Unchanged: Those in whom, there was no improvement in signs and symptoms as well as in investigations done after treatment, or on the other hand condition became worse, were grouped as unchanged.