Original Research Paper



Ayurveda

MANAGEMENT OF CHRONIC ASTHMA(TAMAKA SHAWASA) WITH THE HELP OF INDIGENOUS HERBAL COMPOUND DRUGS AND LIFESTYLE MODIFICATIONS :A CASE STUDY

Dr. Mohammad Aamir*	2 nd year MD scholar, Department of kayachikitsa, Govt Ayurved College, Patna *Corresponding Author	
Dr Amber	2 nd year MD Scholar, Department of kayachikitsa, Govt Ayurved College, Patna	
Dr Vivek Raghuwanshi	2 nd year MD Scholar, Department of kayachikitsa, Govt Ayurved College, Patna	
Dr Sujeet Kumar	Assistant Professor, Department of Kayachikitsa, Govt Ayurved College, Patna	

ABSTRACT

Due to the devastating and terrible era of air pollution ,respiratory diseases started appearing quite commonly. The diseases of respiratory system is fatal. Asthma is one of the chronic inflammatory respiratory illnesses throughout the world and is characterised by breathlessness, chest tightness, wheeze and cough. It occurs as a result of hypersensitivity reaction mainly due to allergens. Asthma is the most commonly encountered disease among respiratory problems in recent years. In allopathic science , various treatment modalities are already there. With the advancement in diagnostic technologies, drug sector , treatment methodologies , it can't control the mortality & morbidity related to the chronic forms of diseases. So in order to delay its progression , Ayurvedic drugs can be the potential and effective alternative for the treatment against the bronchial asthma. The present case study is about 38 yr female patient having complain of intermittent chest pain , coughing with purulent sputum for 3 months. She has also repeated attacks of breathlessness for 3 years. She was assessed under subjective and objective parameters setup by considering the symptoms of patient. Its management was opted through Ayurvedic approach which includes Shodhan chikitsa ,shaman chikitsa and life style modifications with Yogic practice. Good symptomatic relief have been drawn by following the Treatment protocol in this case study.

KEYWORDS: Tamaka shwasa, Bronchial Asthma, Virechana, Som Churna, Shwaskasachintamani Rasa

Introduction

Deadly gases from industries, toxic fumes from rising vehicles and uncontrolled pollution have raised the prevalence of respiratory illness .In Respiratory diseases Asthma is the most encountered diseases in health centres in recent decades. Globally asthma is ranked 16th among the leading causes of years lived with disability and 28th among the leading causes of burden of disease1. The recent global burden of disease (1990-2019)estimated the total burden of asthma in India as 34.3 million, accounting for 13.09% of the global burden². Asthma is a disease of airway inflammation and variable airflow obstruction characterised by intermittent symptoms including wheezing, chest tightness, shortness of breath (dyspnea), and cough, together with demonstrable bronchial hyper responsiveness³. It is of two types ; first one is atopic and another is non atopic. There is a wide range of inter individual variations in triggers . These can be irritating gases, cold air, various allergens , various drugs etc. In Ayurveda ,bronchial Asthma is well correlated as Tamaka Shwasa on the basis of symptoms.It comes under the pranavaha srotas vyadhi .Respiratory diseases occurs due to increase in kasa4 (coughing) .The Samprapti (pathogensis) of Tamaka Shwasa involves the abnormal interactions of vata and kapha. The movement of vata is disturbed by the abnormally by kapha, vata begins to move in all directions. This disturbs the Srotas (Channels) of prana (Respiration), Anna (food) and udaka(water)located in the chest and produces Shwasa .According to Acharya Charak ,it is Yapya vyadhi .According to modern ,many treatment modalities and pharmacological strategies are there to for symptomatic relief but it can't checks the mortality and morbidly related to chronic forms of chronic Asthma. Ayurvedic treatment principles can be used as a potential and effective alternative with least or nil side effects.

Case Report

A 36 years female patient named Sanju Devi with Regn no 2884 and Cr.No.A13482 came to OPD of *kayachikitsa department, Govt Ayurved College, Patna* with chief complaint of intermittent chest pain and cough with purulent sputum through out the day for past 3 months .she has also repeated attacks of difficulty in breathing for 3 years .She took primary treatment from local health centres and got symptomatically relief but after few days ,the symptoms got relapsed.she has no history of any tuberculosis, DM2 ,Thyroid,HTN .she has no family history regarding respiratory illness.On auscultation of lungs; B/I wheezing were there through out the lung.

General examination Table no :-01

Entities	Findings	
Appetite	Low	
Bowel	Not clear	
Blood pressure	110/80 mmHg	
Respiratory rate	22/min	
Temperature	98	
Pallor	Mild	
Icterus	Absent	
Lymphadenopathy	Not palpable	

Dashvidha pareeksha

Table no :-02

Prakriti	Vatapittaja
Vikruti	Vatakaphaja
Saar	Twaka Saar
Samhanan	Pravar
Pramana	Madhyam
Satamya	Madhyam
Satva	Madhyam
Aahar pareeksha	Madhyam
Vyayam pareeksha	Madhyam
Vyay pareeksha	Madhyam

Systemic Examination

Table no :-03

Cardiovascular	Respiratory	Gastrointestinal	Nervous
system	system	system	system
NAD	B/l wheezing	On P/A	NAD
	through out the	abdomen soft	
	lung	and non tender.	

Materials and Methods

Sources of data :- Patient having symptoms of Tamaka Shwasa is selected from the OPD of kayachikitsa department, Govt Ayurved College, Patna with OPD registration no 2884.

Study design:-Single case study.

Consent was obtained from patient prior to the treatment patient was assessed on subjective and objective parameters before treatment and on every follow up.

Treatment protocol: According the symptoms, The patient was diagnosed as Tamaka Shwasa (Bronchial Asthma). So the line of treatment for Tamaka Shwasa was applied according to Charaka Samhita.

Treatment procedure

- "Snigdheraadau sawederupachret | Aakt lavan tailen nadiparastarshankarai" (Ch.Chi.17/71)
- 1. Local Snehan Karma with til tail and saindhava lavan in chest region for 14 days.
- 2..Virechana karma :- "vatasleshmhareryuktam tamke tu Virechanam."(Ch.Chi.17/121)

Eranda taila for Virechana for 3 days at bed time and was advised to follow Samsarjana karma for next 4 days. After that from next weeks onwards internal medications (Samshamana aushadhis) were started . Follow up was done every 14th day for a period of 3 month.

3..shamana chikitsa

Internal medication started on 8th day (after virechan karma).

1. Sitopladi churn	3gm
Soma churn.	1gm
Vruhat haridra khand	2gm
Amrita Satva	500mg

2. shwaskaschintamani rasa 250 mg Tab Bresol. 250 mg

-2 times BD with Luke warm water

- 3. Dashamoola kashayam 20 ml + 20 ml water
- 4. Kantkari decoction vapour in morning and evening time
- 5. Cap stresscom. 2caps with milk at. Bed time
- 6.vyagrahi hareetki 5gm tds

Life style modifications & yoga

- · Pathyaapthya Palan
- Use of mask in area of pollution, dust, allergens etc.
- · Proper diet with practice of luke warm water
- No use of cold water or cold environment
- · Anulom vilom regularly
- · Pranayama regularly

Criteria for assessment of results

Results were assessed from subjective parameters of the base line data of before and after treatment.

Subjective parameters are (1)Ghurghukurum (wheezing). (2)shwasakrichhata (Breathlessness)(3)Anidra (Sleeplessness) (4) Ura parshwapeeda(Chest tightness) (5) Nishtyutante kshanam sukham(Relief after expectoration)(6) Aseeno labhate saukhyam(7)Aruchi(8)kasa(coughing)

Table no :-04

1	Ghurghurakum	0	Not at all	
	(wheezing)		Hardly audible with stethoscope	
		2	Audible with stethoscope	
		3	Audible without stethoscope	
2	Shwasakrchrata	0	Breathlessness only on sternous	
	(Breathlessness)		exercise	
		1	Breathlessness when hurrying on the level or walking up a slight hill	
	3		Walks slower than other people of same age on the level due to SOB or need to stop for breath when walking at own pace.	
			SOB after walking few minutes on the level or about 100 yards (90m)	
3	Anidra	0	Never	
	(Night awakening)	1	Sometimes	
		2	Manytimes	
			Unable to sleep	
4	Ura parshwapeeda	0	No	
	(Chest tightness)	1	Without difficulty in breathing	
		2	Hindering normal respiration	
		3	With moderate dyspnoea	

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	5	Nishtyutante kshanam	0	Easily without effort
		sukham (Relief after expectoration)	1	With mild effort
			2	With moderate effort
			3	With severe effort
	6	Aseeno labhate	0	Comfortable in lying posture
		saukhyam	1	No aggravation ,feels better in
		(comfortable in sitting posture)		sitting posture
			2	Relief in sitting posture
			3	Unable to sleep in lying
				posture ,prefers sitting
	7	Aruchi	0	No Anorexia
		(Loss of appetite)	1	Eat food only two times
				without any snacks in between
			2	Eat only once
			3	Have no feeling of Appetite
	8		0	No cough
		Kasa (Coughing)	1	Mild single cough
			2	>1 cough lasting less than 5 sec
			3	>1Cough sustain lasting more than 5 second

Results Table no :-05

S.No	GRADING	BT	After 3 months
1	Ghurghurakum (Wheezing)	3 grade	0 grade
2	Shwasakrchrata (Breathlessness)	3 grade	0grade
3	Anidra (Sleeplessness)	2 grade	0 grade
4	Ura parshwapeeda (Chest tightness)	3 grade	1 grade
5	Nishtyutante kshanam sukham (Relief after expectoration)	3 grade	0 grade
6	Aseeno labhate saukhyam (comfortable in sitting posture)	3grade	0 grade
7	Aruchi (loss of appetite)	2 grade	1grade
8	Kasa (coughing)	3 grade	1 grade

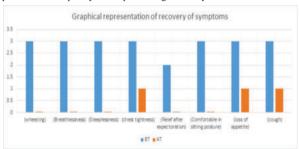
Table no:-06. Objective parameter

	_	=	
	Parameter	Before Treatment	After 3 months Treatment
1	Hemoglobin	11gm	13gm
2	AEC	672 cells/ μL	320cells/ μL
3	ESR	120	40
4	PEFR	150L/min	200L/min

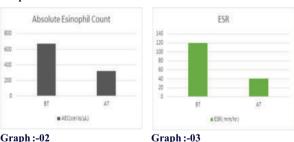
DISCUSSION

According to Ayurveda Respiratory disorders are mentioned under Pranavaha srotas vyadhi .. Tamaka shwas is vatakaphaja vikara of pranavaha srotas .In this particular case study ,excellent results were obtained by following the protocol .Initially Bahiya Snehan with sukhoshna til tail with saindhava lavan was administered. Due to this ,the kapha accumulated in the channels gets liquified. Then For virechana karma ,Erand tail was selected .Erand tail act as a purgative .Sitopladi churna has antihistaminic properties and anti inflammatory properties'. Having these properties it checks the progression of allergic mediators and also inflammatory mediators. In classical texts it is mentioned under Rajyakshma for cough. Som churna (Ephedra gerardiana)contains alkaloids of ephedrine(E) type which acts as sympathomimetics. Ephedrine stimulates the HR ,BP, promotes bronchodilation and exhibits pronounced effects on CNS6. Vruhat haridra khand is an antioxidant, diuretic, expectorant and having antiallergic properties '; thus having beneficial effects on the diseases of pranvaha srotas ,it has been used. Amrita Satva or Giloy Satva(Tinospora cordifolia) mentioned as Rasayana'is extensively used in various herbal preparations for the treatment of different

ailments for its general tonic, anti periodic, antispasmodic, antiinflammatory, antiarthritic, antiallergic and anti diabetic properties. It is extensively used in Ayurveda due to its potential in improving the immune system and the body resistance against infections. *,Shwas kasa Chintamani Ras9 balances vata and kapha ;indicated in the diseases of pranavaha srotas. Tab Bresol is an ayurvedic poly herbal drug which contains Tulsi (Holy Basil),posses antihistaminic properties, which protects against pollen induced bronchospasms. Vasa(Malabar nut) is widely used as mucolytic ,dilutes mucus sputum and alleviates cough. Turmeric (Haridra) contains curcumin a chemical constituent which blocks NF kappa, a protein that is linked to allergy and asthma¹⁰ .Dashamool kashayam¹¹ pacifies mainly vata dosha and also normalises kapha dosha functions. Cap stresscom contains Ashwagandha as a main ingredient which enhances the body's resilience to stress. Ashwagandha improves the body's defence against disease by improving the cell mediated Immunity¹². It also possess potent antioxidant properties hence protects the cellular damage by free radicals. Vyagrahi haritki 13, Shwas kuthar rasa ¹⁴,Kankasava ¹⁵ are taken from Bhaisajya Ratnavali .Kantkari decoction; Kantkari (Solanum xanthocarpum) contains glucoalkaloids, solanocarpine, solanine-s, solasodine, solasonine solamargine and sterols and is reported to have significant late suppression of induced immunological oedema, indicating suppression of cell mediated immunity ¹⁶. It act as bronchodilator thus relives in SOB. Abide to internal medications making some changes in life style like early rising ,some yogic practices like pranayam ,Anulom -vilom , ushnaambu pan ,laghu Annasevan, Avoiding Divaswaap and Ratrijagrana , miraculously has played an important role in reducing the symptoms. Yoga is said to reduce the stress level and improve efficiency of lungs by strengthening it. Overall the patients health quality has improved significantly.



Graph:-01

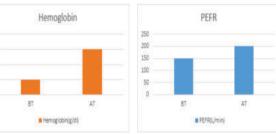


Graph:-02

13

12

11



Graph:-04

Graph:-05

CONCLUSIONS

The diagnosis of disease was done on the basis of symptoms patient was complaining which reflects the Lakshanas as stated by Acharya Charak, mentions tamke tu Virechanam as the line of treatment in Tamaka Shwasa 14 . In this case study ,Virechana along with samshaman aushadhis with some life style modifications gives a significant result in Tamaka shwasa .Thus ,the classical approach of Ayurveda in the treatment of Tamaka Shwasa gave impressive results.

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Conflicts of interest

There are no conflicts of interest

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