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AYURVEDIC MANAGEMENT OF TAMAKA SHWASA AVEGAVASTHA WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA – A CASE STUDY

Ayurveda

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ABSTRACT

Bronchial Asthma [1] is a chronic airway disorder which can affect people of all age group. It is a chronic inflammatory disorder of airways which is associated with airway hyper-responsiveness. There are recurrent episodes of wheezing, breathlessness and coughing especially at night or early morning. It is characterized by airway obstruction which is reversible either spontaneously or with the treatment. In ayurveda, these symptoms can be correlated with Tamak Shwasa[2] lakshana like Shwasa kashtata, Sakapha Kasa and Ghurghuratva. Modern line of treatment includes regular use of steroid in oral as well as in inhaler form. Bronchodilator and cough expectorant are also given. But these medicines give only temporary relief with lots of future side effect. In present study, patient of Tamak Shwasa was treated with internal ayurvedic medicines with Anuloman and Bahya Snehan, Swedana along with Pranayama. Results obtained were very remarkable in severity of symptoms as well as frequency.

KEYWORDS

Bronchial Asthma, Tamak Shwasa, Shwasa Kashtata

INTRODUCTION

Bronchial Asthma is a chronic inflammatory disorder of airways characterized by breathlessness, coughing and wheezing. Asthma occurs more commonly in relatives of Atopic individuals and therefore Atopy has been recognized as an important risk factor for developing asthma. Etiological factors of asthma are divided into 2 groups, i.e., Inducing Factors and Trigger Factors. Inducing factors include genetic factor, obesity, viral infection and exposure to tobacco smoke. Trigger factors such as allegiance, vigorous exercise etc. can increase symptoms in subjects already having asthma.

In India, the prevalence of asthma has been found to be around 7%. It has been reported to vary from 2% to 17% in deferent study population [3]. The disease can start at any age but in majority it starts before 10yr of age. It is twice as common among boys than girls, where as in adults the male to female ratio is usually equal.

According to Ayurveda, Tamaka Shwas is mainly Pranavaha, Udakavaha, and Annavaha Strotasa Vyadhi involving Kupit Vata Kapha Dosha. Tamaka Shwasa is mainly induced by dust particles and pollen grains (Rajaso Dhoom Vatabhyam), staying cold environment and regular intake of chilled water (Sheeta Sthanambu Sewanaat), vigorous exercise (Ati Vyayamaat) etc. are the causative factors mentioned in Ayurveda[4]. Tamaka Shwasa is stated as Kritchhasadhya Vyadhi and as it is Vata Kapha Pradhan Vyadhi so, by giving Vata Kaphahar formulations patient got improved remarkably.

MATERIAL AND METHOD

Case Study

Past History

A 45 yr old male patient came to opd with complaints of,

1. Shwaskashtata (Breathlessness)
2. Sakapha Kasa (Cough with Expectoration)
3. Ghurghuratva (Crepitation)
4. Malavashtambha (Constipation on and off)

Patient was having all these symptoms since 2 yrs, but more since last 2-3 months.

Patient did not have any history of, hypertension/ diabetes mellitus/ epilepsy/ tuberculosis.

Known case of Bronchial Asthma since 2 yrs, on medication Forocort Inhaler twice daily.

No history of any surgical illness.

History of addiction – chronic smoker since last 10 yrs but not done smoking in last 2 yrs.

General Examination

The general condition of patient was fair and afebrile.
Pulse – 80/min
Blood Pressure – 130/80 mm of Hg
Respiratory Rate – 24/min
SPO_2 – 94%

Chest Xray does not show any findings of Tuberculosis and other respiratory disorder. Only shows haziness over both lungs.

RTPCR Test is negative.

Systemic Examination

In the systemic examination findings of respiratory system shows crepitations all over chest & cardiovascular system was within normal limits. Abdomen was distended, nontender & bowl sounds were present. All vitals were normal. Patient was conscious and well oriented and pupillary reaction was normal to light. Deep tendon reflexes and muscle power grade was normal.

MANAGEMENT

Internal Medication

1. Tab Shwaskuthar Ras[5] 2 tab thrice a day Anupan Koshna Jal
2. Sitopaladi Churna[6] 2gm +Abhrak Bhasma[7] 500mg + Rasasindur[8] 250mg: Muhurmuhur Anupana Madhu
3. Gandharv Haritaki Churna[9] 3gm at night before sleep Anuoana Koshna Jal

External Medication

Urapradeshi (Over Chest Area)

1. Bahya Snehan[10] with Koshna Til Tail mixed with Saindhava at Urapradesh twice a day
2. Bahya Swedan[10] with Nadi swedana twice a day

Duration:
All above medications were given for 15 days.

Follow Up:
Patient was assessed after 15 days of medication.

Pathya-Apathya:
Patient was advised with Koshna Ahara and Koshna Jal avoiding chilled, fried, sour, Ruksha ahar, fermented and oily food. He was advised to avoid contact with fumes, smoke and stress. He was recommended with regular Pranayam, Meditation and Yoga.

Criteria of Assessment:

Subjective Criteria:

1. Shwaskashtata (Breathlessness)

Grade 0: No Shwaskashtata
Grade 1: Mild Shwaskashtata after heavy work relived by rest
Grade 2: Shwaskashtata on slight exertion like walking
Grade 3: Shwaskashtata even at rest

2. Sakapha Kasa (Cough with Expectoration)
Grade 0: No Sakapha Kasa
Grade 1: Sakapha Kasa with easy expectoration
Grade 2: Sakapha Kasa with expectoration with slight difficulty
Grade 3: Sakapha Kasa with feeling of restlessness because of difficulty in expectoration
3. Ghurghuratva (Crepitations)
Grade 0: No Crepitations
Grade 1: Mild Crepitations involving only one lobe
Grade 2: Crepitations involving 2-3 lobes
Grade 3: Crepitations involving all lobes
4. Malavashtambha (Constipation on and off)
Grade 0: Regular bowel with soft stool
Grade 1: Regular bowel with hard stool
Grade 2: Irregular bowel with hard stool
Grade 3: Irregular bowel with very hard stool
Readings were taken before starting the treatment, after one week and on 15th day.

Objective Criteria
1. Respiratory Rate (RR)
2. SPO_2

Readings were taken for Respiratory Rate (RR) and SPO_2 before starting the treatment, after one week and on 15th day.

OBESERVATIONS AND RESULTS

Case Report

A) Subjective Criteria:

Sr No	Lakshana	Before Treatment	After 1 week	On 15th day
1	Shwaskashtata	2	1	0
2	Sakapha Kasa	2	1	0
3	Ghurghuratva	2	1	1
4	Malavashtambha	2	0	0

B) Objective Criteria:

Sr No	Parameter	Before Treatment	After 1 week	On 15th day
1	Respiratory Rate	24/ min	22/ min	20/ min
2	SPO2	94%	96%	97%

DISCUSSION

In this condition, Tamaka Shwasa has been aggravated by vitiated Kapha and Vata dosha which causing the symptoms like Shwasa kashtata, Sakapha Kasa and Ghurghuratva. Stagnant vitiated Kapha dosha causes Strotasavarodha of Pranavaha Strotas. Improper metabolism causing Agnimandya which is the causative factor of the disease progression which also leads to symptoms like Malavashtambha. The normal Gati of Vata is Anulomana i.e., towards downside but due to Malavashtambha the Gati of Vata gets redirected i.e., Pratiloma. This causing the dissuasive interaction between Prana and Udana Vata which leads to the Tamaka Shwasa. So, the aim of treatment is to remove stagnant Kaphadosha releasing Pranavaha Strotasavarodha and to normalize the Gati of Vatadosha. In this case we gave external Urapradeshi Bahya Snehan with Til Tail and Sindhava followed by Nadi Swedana as both are having Kaphavatahara properties. This relives Pranavahastrotas avarodha by Kapha Vilayana and Vata Anulomana. Internally we gave Shwaskuthar Ras, Rasanasindur Ras having Kaphashoshaka properties reliving Shwaskashtata and Sakaphakas. Sitopaladi Churna along with Abhraka Bhasma sooths the mucus membrane of respiratory system and does Rasayana Karma. Gandharvaharitaki Churna is given for Vatanulomana and to avoid Malavashtambha.

CONCLUSION

From the above case study, it is concluded that above internal and external medications is very beneficial in the management of Tamaka Shwasa Avegavastha with special reference to bronchial asthma.

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