



Case Study

AYURVEDIC MANAGEMENT OF TAMAKA SWASA W.S.R TO BRONCHIAL ASTHMA

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ABSTRACT

Bronchial asthma is one of the most distressing chronic illness in all socio- economic status people, affecting all age groups. Changing in lifestyle, demographic factors, urbanization, environmental changes are the triggering factors of bronchial asthma. *Tamaka swasa* is characterized by paroxysmal attacks of breathlessness, cough, coryza, due to chest tightness, rapid respiration, distress inability to expectorate and prolonged expiration. **Methods:** This is a single case study of a 34 year male patient, came with the complaints of difficulty in Breathing since 5 years. He also complaints of abdominal distension and decreased appetite. According to patient, he was apparently well before 5 years. Gradually he developed breathing difficulty because of his smoking habit. Patient also c/o abdominal distension and decreased appetite at that time. In the case study patient was given *Sadhyo vaman* first followed by *Snehapana* with *Brahmi ghrtam* was given along with Internal medications. **Result:** Patient showed remarkable improvement in severity of symptoms and as well as time period between 2 successive episodes of dyspnea is increased. During this course we observed that the patient had partial relief of symptoms. Lesser the chronicity greater the relief and improvement in chronic condition was observed. **Interpretations and Conclusion:** The patient was given *Sadhyovamana*, followed by *Snehapana* with *Brahmi ghrtam* for *Virechana*. The contents of *Brahmi ghrtham* are Ghee, *Brahmi*, *Shankapushpi*, *Trikatu*, *Shweta trivrt*, *Krishna Trivrt*, *Vidanga*, *Nipadruma*, *Saptala*, *Danti*, followed by *Virechana* with *Trivrt lehya*. *Tamake tu virechana* In this condition *Virechana* is advised as the best line of treatment, and in the above mentioned case after *Virechana* patient feels better and got much more relief from symptoms.

INTRODUCTION

*Tamaka swasa* is one of the five types of *Swasa*. It is a disease of *Pranavaha srotas*.<sup>[1]</sup> The signs and symptoms of *Tamaka swasa* is similar to bronchial asthma in modern science. Bronchial asthma is one of the most distressing diseases and it is quite common among all socio-economic status people, in all age groups.

Both Ayurveda and Modern medical science agree regarding the *Nidana* of the disease as host factors i.e., *Nija hetu*, *Ama*, and *Dosha dushti* and environmental factors i.e., *Raja*, *Duma* etc. It can be co-related with allergic conditions. *Nidana parivarjanam* plays a vital role in management strategy in both Ayurveda and modern science.<sup>[1]</sup> According to Ayurveda, faulty food habits leads to *Agni mandhya*, and responsible *Annanaha srotodushti*, which is the basic cause for initiation and progression in the pathogenesis of *Tamaka swasa*, as the *Moola sthana* is *Pitta sthana* (*Amashaya*). The disease originates from *Pitta sthana* which gets localised in *Kaphasthana* and it is characterised by dominance of *Kapha* and *Vata dosha*. *Kaphavatam kaveto pitta Sthana Samudhbhava*.<sup>[2]</sup> *Tamaka swasa* is generally described as *Yapya* i.e., palliable disease. However in individual with recent origin of disease (*Chira kala*), the person of *Pravara*

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Bala or both, said to *Sadhya*.<sup>[3]</sup> *Acharya charaka* clearly explains about the medicine and dietic regimen which controls *Kapha* and *Vata* due to their *Usha guna* and are *Vatanulomana* in action must be utilized for the treatment of *Swasa roga*.<sup>[4]</sup> *Brhmana* is the first and best level of treatment when compared to *Shamana* and *Karshana*<sup>[5]</sup> along with any remedies which pacifies *Kapha/Vata* or both *Kaphavata* are used in the management of *Tamaka swasa*. By taking modern medication for this condition it gives only symptomatic temporary relief but does not give long term relief to the patient. In current situation Ayurveda stands as way to effective and safe management of this condition without drug dependency where *Sodhana* treatments along with use of internal medication also not only detoxifies the body but also provides nutrition along with the immunity of patient thereby the increasing the elasticity of lung tissue.<sup>[6]</sup> Drugs having *Vata Kapha hara*, along *Medhya* property are selected, The contents of *Brahmi ghrtham* are Ghee, *Brahmi*, *Shankapushpi*, *Trikatu*, *Shweta trivrt*, *Krishna Trivrt*, *Vidanga*, *Nipadruma*, *Saptala*, *Danti*.

#### Patient Information

A 34-year male patient came to *Kayachikitsa* OPD of our Hospital, with the complaints of difficulty in Breathing since 5 years. He also complaints of abdominal distension and decreased appetite. According to patient, he was apparently well before 5 *Dasha Vidha Pareeksha*

years. Gradually he developed breathing difficulty because of his smoking habit. Patient also c/o abdominal distension and decreased appetite at that time. He also presented with aggressive behaviour for which he underwent allopathic medications i.e., sleep inducing medications along with he underwent counseling since 2010. He had married and met with some family issues, and starts smoking. Initially it was 2-3 beedi/day and then it increased to 24/day and now it is 72 beedi/day. Now he had severe breathing difficulty. There is no family history of any major systemic illness. According the patient, he is having to mixed diet, irregular bowels, poor appetite, disturbed sleep.

#### Clinical Findings

On physical examination, the patient was afebrile with 98.4 F with BP of 110/70 mmHg, PR- 75 bpm, RR-26/min. Clinical examination revealed presence of DNS (right side), right nasal polyp, nasal and oral congestion, rhonchi is present.

On respiratory system examination, there was shortness of breath, chest tightness seen. No abnormalities seen in CVS, CNS and GIT systems.

#### Nidana

**Dosha involved: Kapha & Vata Dushya: Vata**

**Sroto pareeksha: Vimarga gamana**

**Roga marga: Bahyam**

**Table 1: Dasavidha Pareeksha**

<i>Prakruti</i>	<i>Vata pitta</i>
<i>Vikruthi</i>	<i>Kapha vata</i>
<i>Sara</i>	<i>Mamsa</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Sathmya</i>	<i>Sarvarasa</i>
<i>Satwa</i>	<i>Madhyama</i>
<i>Ahara sakthi</i>	<i>Pravara</i>
<i>Vyayama sakthi</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>

#### Ashta sthnana pareeksha

**Table 2: Ashta Sthana Pareeksha**

<i>Nadi</i>	<i>Vata pitta</i>
<i>Mootra</i>	<i>Prabhoota</i>
<i>Mala</i>	<i>Nirama</i>
<i>Jihwa</i>	<i>Nirlipta</i>
<i>Shabda</i>	<i>Madhyama</i>
<i>Sparsha</i>	<i>Anushna sheeta</i>
<i>Drk</i>	<i>Madhyama</i>
<i>Akruthi</i>	<i>Madhyama</i>

**Diagnostic Focus and Assessment**

In this view of signs and symptoms of the present case, was diagnosed as *Tamaka Swasa*, assessment was done by cardinal clinical features of *Tamaka Swasa* such as

**Table 3: Symptoms Before Treatment**

Cough	Continuous cough during day and night
Shortness of breath	Present
Body position	Prefers sitting position
RR	26/min
Breath sound	Present
Quantity of sputum	>7ml/ day

**Internal Medications****Table 4: Internal Medications while Staying in Hospital**

Medicine	Dosage	Anupana	Duration
<i>Nayopayam Kashayam</i>	15 ml- 0- 15ml	45ml of warm water	Before food
<i>Dhanwantra gulika</i>	2-0-0	<i>Jeera</i> water	Early morning
<i>Brahmi ghrtam (Snehapana)</i>	Day 1 - 30 ml Day 2 - 60 ml		At 7'o clock
	Day 3 - 90 ml Day 4 - 120 ml Day 5 - 150 ml Day 6 - 200 ml Day 7 - 220 ml		

**Therapies****Table 5: External Treatments**

Day 1	<i>Sadhyo vamana</i> with <i>Yastimadhu kashayam</i> and <i>Saindhava jalam</i>
Day 2-4	<i>Udhwarthana</i> with <i>Udwarthanachurna Pratimarsha nasyam</i>
Day 5-11	<i>Snehapana</i> with <i>Brahmi ghrtam</i> <i>Nadi shuddhi pranayama</i> and breathing exercise
Day 11	Counselling done
Day 12 and 13	<i>Abhyangam</i> with <i>Ksheera bala tailam</i> <i>Nadi swedanam</i>
Day 14	<i>Virechana</i> with <i>Trivrt lehyam</i> (30 g) with <i>Triphala kashayam</i> No. of Vegas - 6
Day15-18	<i>Shirodhara</i> with <i>Brahmi tailam</i>

**Condition of Patient at the Time of Discharge**

Patient condition was improved and was discharged with stable vitals BP 120/80 mm Hg

PR -72/ min.

RR - 18/min SPO<sub>2</sub>- 98

Temperature - 96.8

**RESULT****Table 6: Symptoms before and after treatment**

Criteria	Before treatment	After treatment
Cough	Continuous cough during day and night	Cough reduced during night time
Shortness of breath	Present	Slightly present
Body position	Prefers sitting position	Prefers all position
RR	26/min	18/min
Breath sound (wheeze, rhonchi)	Present	Absent
Quantity of sputum	>7ml/ day	<2ml/day

## OBSERVATION

As *Tamaka swasa* is an episodic disease and acute dyspnoea attack may disturb the patient at any time duration and interval. We found the patient is having remarkable improvement and also the severity of symptoms and time period between 2 successive dyspnoea is increased. During this course we observed that the patient had partial relief of symptoms. Lesser the chronicity greater the relief and improvement in chronic condition was observed.

## DISCUSSION

During the time of admission, the patient was given *Sadhyo vama*, with *Yashtimadhu phanda* and *Saindhava lavana* because in that time all the *Doshas* are in *Utkleshaavastha*. In *Jwara chikitisa* it is explained that if the *Doshas* are in *Utkishtha avastha sodhana* can be done without doing any *Poorvakarma* procedures. The patient is obese, the *Doshas* are in *Utkeshita avastha*, and also before doing *Snehapana*, have to improve the *Rookshata* in the patient *Udwarthana* is given with *Udwartana churna*. The ingredients are *Brahmi*, *Devadharu*, *Kushta shata pushpa*, *Shunti*, *Rasna*, *Sarshapa*, *Methika*, *Shigru twak*, *Erandamoola*, *Nimba twak*, *Agaru*, *Arjuna twak*, *Kutaja twak*, *Mushta*, *Shati*. The features of *Rasa dushti* was seen in the patient such so *Brahmi ghrtam* was selected. It is having ingredients such as *Ghee*, *Brahmi*, *Shankapushpi*, *Trikatu*, *Shweta trivrt*, *Krishna Trivrt*, *Vidanga*, *Nipadruma*, *Saptala*, *Danti*, so *Brahmi ghrtam* is selected. After *Snehapana* for 7 days, the *Samyag snigdha lakshanas* are seen in the patient then is given *Virechana* is with *Trivrt lehyam* followed by *Triphala kashayam* as it is *Pitta kapha shamakam*. After *Urdhva* and *Adha sodhana*, *Nasa marga sodhana* should be done. At a time we cannot give 2 *Shodhanas*, so *Pratimarsha nasyam* is given with *Anu taila* because *Anu tailam is Sneha virechanam*. To reduce *Rasa dushti* and depression of the patient along with reduction of *Vata* and *Kapha*, *Shirodhara* with *Brahmi tailam* was given.

## CONCLUSION

Bronchial asthma is a condition in which air passage becomes inflamed narrow and swollen leads to

difficulty in breathing. In Ayurveda it is co related with *Tamaka swasa* and in this condition *Virechana* is advised as the best line of treatment, and in the above mentioned case after *Virechana* patient feels better and got much more relief from symptoms.

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