

A Single Case Study on Ayurvedic Approach to Tamaka Shwasa (Bronchial Asthma)

Dr K Ravindra Bhat¹, Dr Waheeda Banu², Dr B Pooja Krishnan³

¹PG Scholar, Dept of PG studies in Kayachikitsa, Karnataka Ayurveda Medical College & Hospital, Mangalore, Karnataka, India

²Professor, Dept of PG studies in Kayachikitsa, Karnataka Ayurveda Medical College & Hospital, Mangalore, Karnataka, India

³HOD & Professor, Dept of PG studies in Kayachikitsa, Karnataka Ayurveda Medical College & Hospital, Mangalore, Karnataka, India

ABSTRACT

Ayurveda aims at “swasthasya swaasthya rakshaana and aturasya vikara prashamana” i.e, maintaining the health of the healthy individual and restore the health of the diseased through various Ayurvedic treatment and following wholesome diet and regimens. Difficulty in breathing or shortness of breath caused due to excessive intake of kapha aggravating food and regimen, kapha along with vata gets into pitta sthana which is termed as shwasa (Asthma). Tamaka Shwasa is a pranavaha sroto roga mentioned by Brihat trayies. Environmental factors like dust, smoke etc can cause and trigger breathing difficulty. So, avoiding the etiological factors is the prime importance in disease like Shwasa. The present article is about a case study of a 65year old male patient, presented with complaints of breathing difficulty associated with chest tightness, cough and running nose. The outcome was assessed based on improvement in symptoms.

Keywords: Ayurveda, Tamaka Shwasa, Srotas

INTRODUCTION

Tamaka swasam is a pranavaha srotoroga. The disease is called Tamaka as it appears especially on durdina and tama i.e, darkness. Etiology of Tamaka Shwasa includes aharaja, viharaja, vyadhinimitaja and agantuja factors⁶. Acharya Charaka and Vagbhata has mentioned Tamaka Shwasa is Kapha-vataja vikara and site of its origin is pittasthana and mentioned its two stages pratamaka Shwasa and santamaka Shwasa⁷. Acharya Vagbhata has mentioned uras as adhisthana of vyadhi and amashaya to be the origin⁸, according to Susruta Samhita, Madhvanidana and Yogarathnakara Tamaka Shwasa is a kapha predominant disease. Involvement of pitta sthana explains the role of agni and ama. While describing the management Acharya Charaka has clearly mentioned the importance of Nidana parivarjana along with Shodhana and Shamana chikitsa with special importance to vatahara, brmhana and shamana chikitsa. The lakshanas are Ghurghurakam (wheezing), Pinasa (coryza), Shirogourava (heaviness in head region), Aasine Labhate Soukhyam (relief in sitting posture) Shayanah Shwasa Peedita (symptoms get aggravate in supine position).⁹ Bronchial asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. The rapid rise in prevalence implies that environmental factors are critically important in the development and expression of the disease. It is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough, that vary over time and intensity, together with

variable expiratory airflow limitation often worse at night or in the early morning and triggered by viral infections, exercise, allergen exposure, changes in weather, physical exercise or irritants such as car exhaust fumes, smoke or strong smell.¹⁰

CASE REPORT

A 65year old male patient came with the presenting complaints of difficulty in breathing since a week associated with cough, chest tightness, running nose.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy 15 years back. The complaint of breathing difficulty started gradually associated with cough. The complaints aggravates on exposure to dust, cold climate, on using airconditioned rooms. All these complaints used to appear intermitently. On 27th March 2023 he visited Karnataka Ayurveda Medical College and Hospital, Manglore and took medication for the same complaints by which symptoms got temporary relived. But on stopping medicines and on exposure to triggers like dust and cold complaints reappeared so continued taking the medicines. Since a week breathing difficulty aggravated associated with intermittent dry cough, running nose and chest tightness. The patient came to Karnataka Ayurveda Medical College and Hospital OPD on 29th May 2023 for better treatment.

TREATMENT HISTORY

Patient was taking sitopaladi choorna for the past 2 months and swasakutara rasa for the past 10 days for the same complaints.

HISTORY OF PAST ILLNESS

Complaints of history of bronchial asthma since past 15 years. No history of diabetes , hypertension and hyperlipidemia.

PERSONAL HISTORY

There is no habit of smoking or alcohol consumption

FAMILY HISTORY

There is no history of bronchial asthma among family members.

GENERAL CONDITION OF THE PATIENT

Bowel- regular, no hard stools

Appetite- normal

Micturition- regular, no discolouration

Sleep- normal

Respiratory System

O/E: Inspection:

Inspection of the chest – bilaterally symmetrical.

Accessory muscle used for respiration i.e., sternocleidomastoid muscle.

Type of breathing – abdominal-thoracic

No chest deformities, No scars.

Respiratory rate: 18/min.

Palpation: Tenderness - absent, position of the trachea is centrally placed.

Transverse diameter - 33cm

movement of chest bilaterally symmetrical,

Inspiration - 89cms,

Expiration - 85cms.

vocal fremitus - bilaterally symmetrical.

Percussion: Resonant all over the lung field.

Hepatic and cardiac dullness noted.

Auscultation: Polyphonic wheeze was observed bilaterally (more in right lung compared to left). Vocal resonance is bilaterally symmetrical.

Dasavidha Pareeksha

Prakruti- Vata pitta

Vikruthi- Kapha vata

Sara -Mamsa

Samhanana -Madhyama

Pramana- Madhyama

Sathmya- Sarvarasa

Satwa- Madhyama

Ahara Sakthi- Pravara

Vyayama sakthi Madhyama

Vaya- Madhyama

Ashta Sthana Pareeksha

Nadi - Drutam

Mootra -Prabhoota, Anavila

Mala- Nirama

Jihwa- Nirlipta

Shabda- Madhyama

Sparsha -Anushna sheeta

Drik -Madhyama

Akruthi- Madhyama

DIAGNOSTICS FOCUS AND ASSESSMENT

In the view of signs and symptoms of the patient was diagnosed as Tamaka swasa, assessment was done by cardinal clinical features of Tamaka swasa with repeated evaluation of subjective and objective parameters on 0th day, 15th day, 30th day and 45th day before and after the treatment.

THERAPEUTIC FOCUS AND ASSESSMENT

Vasadrakshadi kashaya was given for 30 days. 18ml Kashaya with 30ml lukewarm water with honey and sugar 6grams each -2 times B/F (morning and evening). Patient was advised to continue sitopaladi churna

and shwasakutara rasa Signs and symptoms of the patient after shamana chikitsa showed satisfactory improvement.

FOLLOW- UP AND OUTCOME

Follow up was done on 15th day 30th day and 45 days after medication in the OPD. It was observed that there was a marked improvement in the signs and symptom

OBSERVATIONS

DAYS	SHWASAKRUCHARTA	PRATISHAYA	KASA	URAH PARSHWA PIDA
0	Present	Present	Present	Present
15	Present-moderate	Absent	Present-mild	Present-mild
30	Mildly present on exertion only	Absent	Absent	Improved
45	Improved	Absent	Absent	Improved

PROBABLE MODE OF ACTION OF THE DRU

Vasadrakshadi Kashaya mentioned in Sharangadara samhita Kashaya Kalpana have been chosen as a shamana Kashaya. Vasa, draksha and abhaya have action on pranavaha srotas and are swasa hara and kasahara. Vata shamana is achive by Madhura amla rasa of abhaya, Madhura rasa and snighda guru guna of draksha, ushna virya of abhaya and Madhura vipaka of draksha and abhaya. Kapha shaman achive by Tikta rasa of vasa, katu thikta kashaya rasa of abhaya, laghu guna of vasa, laghu ruksha guna of Abhaya, katu vipaka of vasa and ushna virya of Abhaya. Vasa is kapha hara and an expectorant, abhaya and madhu (additive) are tridosha shamaka. Vasa draksha abhaya and madhu improve voice, Vasa draksha and madhu eliminates thirst, Vasa madhu and sarkara are good for heart, Draksha prevents giddiness, Abhaya relives airway inflammations and strengthens respiratory sysytem, draksha helps reduce inflamation, Abhaya and draksha nourishes respiratory sytem. Due to tikta rasa of vasa and abhaya, dipana, pachana guna with ushna virya of abhaya improves metabolism. Abhaya makes the vata to move downward act as rasayana and with honey adds yogavahi effect to the Kashaya. Sharkara (sugar) and madhu (honey) are added as additive. Sharkara is indicated mainly in kapha aggravated swasa. Madhu being Sukshma marganusari, chedana and lekhana removes srothorodha ie obstruction inside the resperitaory tract by scraping of mucous secretions. The kashaya act by samudhaya prabhava of ingredients produces symptomatic relief anulomana and sroto shodana leading to samprapti vighatana.

DISCUSSION

Treatment protocol aims for vatakaphahara, vatanulomana and srotoshodhana. Tamaka swasa is pittastana samuthbhava so by correcting the jadaragni and equilibrium of dosha. Pathogenesis of Tamaka Swasa always involves vata kapha doshas. Involvement of pitta sthana explains the role of agni and ama. Nidana leads to pratiloma gati of vata which inturn vitiates kapha dosha cause peenasa. Vata moving through kapha avrutha pranavaha srotas leads to gurghurata, ati tivravega swasana and other lakshanas.

CONCLUSION

Tamaka Shwasa is a disease of pranavaha srotas which is clinically similar to bronchial asthma. The site of origin of the disease is pitta sthana which implies that agni and ama plays an important role in pathophysiology of the disease. Tamaka Shwasa can be cured at its early stages with appropriate treatment. Ayurvedic formulations in the form of Kashaya, churna, kalka, asava, arishta, lehya, tila, ghrita and shodhana chikitsa can be utilized for managing Tamaka Shwasa considering prakrithi, rogibala, state of agni. Vasadrakshadi Kashaya is having significant effect in Tamaka shwasa as patient got significant amount of relief in all the signs and symptoms

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