

Ayurvedic management of *Tamakshwasa* with special reference to *Bronchial Asthma*: A case study

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Abstract

Introduction: According to *Ayurveda*, *Shwasa Vyadhi* is group of symptoms like *Sakashta Shwasa* (breathlessness), *Atiswedapravartana* (excessive sweating), *Hrutpeeda* (mild chest pain). *Tamakshwasa* can be correlated with Bronchial Asthma due to its signs and symptoms.

Objectives: To study the effect of *Bibhitaki*, *Shunthi*, *Pippali*, *Shwaskuthar Rasa* with *Madhu* for *Lehana* in *Vegavastha* and *Avegavastha* of *Shwasa Vyadhi*.

Material and Methods: A 55 yrs/Male patient who was a K/C/O Bronchial Asthma since 4 years came to OPD with the above mentioned symptoms. He was admitted in ward for 4 days. He was treated with *Bibhitaki* (1gm), *Shunthi* (500mg), *Pippali* (500mg), *Shwaskuthar Rasa* (125mg) *Lehana* during hospital stay as well as on OPD basis over the period of 15 days as an adjuvant treatment. During treatment at outpatient department, periodic follow ups were taken for assessment. Concomitant treatment included.

Since 3 years patient was taking treatment for Bronchial Asthma. Addition of *Bibhitaki* (1gm), *Shunthi* (500mg), *Pippali* (500mg), and *Shwaskuthar Rasa* (125mg) *Lehana* showed promising

Results as it acts on *PranavahaSrotas*. It helped to reduce the symptoms of *Shwasa Vyadhi* like breathlessness, excessive sweating, and mild chest pain.

Observations: There was significant reduction in symptoms such as *SakashtaShwasa* (breathlessness), *Atiswedapravartana* (excessive sweating), *Hrutpeeda* (mild chest pain). Clinically, there was significant reduction in wheezing also. Visual Analogue Scale (VAS scale) was applied for evaluation of all above symptoms. It was observed that Visual Analogue Scale (VAS scale) score also improved after the treatment.

Conclusion: *Bibhitaki* (1 gm), *Shunthi* (500 mg), *Pippali* (500 mg), *Shwaskuthar Rasa* (125 mg) are effective in *Vegavastha* and *Avegavastha* of *Shwas Vyadhi* as an adjuvant treatment along with concomitant medications.

Keywords: *Bibhitaki*; *Shunthi*; *Pippali*; *Shwaskuthar Rasa*; Bronchial Asthma; *Tamakshwasa*

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1. Introduction

Acharya Charak has classified *Shwas Vyadhi* in five different types^[1]. *Pranavaha Srotas Dushti* is one of the major factors for *Shwas Vyadhi*^[2]. *Vata Prakopa* and *Mithyavihara* are the factors responsible for *Pranavaha Srotas Dushti*. Acute onset of Breathlessness, Sweating, difficulty in breathing increased Respiratory Rate are the most prominent symptoms^[3] of *Shwasa Vyadhi* observed in *Vegavastha*^[4]. Mild chest pain, cough with expectoration, dyspnoea on exertion^[5] are the symptoms of *Shwasa Vyadhi* in *Avegavastha*. All the above mentioned symptoms of *Shwasa Vyadhi* are due to *Pranavaha Srotas Dushti*, Stiffness and inflammation of *Pranavaha Srotas*.

Sthanashrita Kaphadosha leads to these symptoms. *Shwaskuthar Rasa* is effective drug in *Shwasa Vyadhi* because of its *Ushna Veerya* and *Sukshma Guna* which acts on *Pranavaha Srotas*. *Madhu* as *Anupana* plays key role in action of *Shwaskuthar Rasa*. This case of *ShwasVyadhi Vegavastha* and *Avegavastha* was managed with *Shwaskuthar Rasa* as an adjuvant to concomitant medications.

2. Case Report

Patient name A.B.C. 55 years/male

C/o-

- Breathlessness
- Excessive sweating
- Cough with expectoration
- Mild chest pain - all symptoms are seen since 1-2days.

Astha Vidha Pariksha

- *Nadi- 112/min.*
- *Mala-Samakya*
- *Mootra- Samakya*
- *Jivha- Nirama*
- *Shabd-Ksheen*
- *Sparsha-anushna*
- *Druk-prakrut*
- *Akruti-madhyam*

Systemic examination

RS - Bilateral wheezing, AEBE

CVS- S1S2 Tachy

CNS- Conscious, oriented

P/A- Soft.

R.R.-42/min

SPO2-91% in room air

K/c/o – Bronchial Asthma since 3 years.

On regular treatment

- Nebulisation with Duolin at home SOS
- Tablet Deriphylline 150mg 1BD
- Management

Bibhitaki (1gm), *Shunthi* (500mg), *Pippali* (500mg), *Shwaskuthar Rasa* is given 1 *Gunja* (125 mg) in 3 divided doses with *Madhu as Anupana* for 15 Days.

During IPD stay patient was treated with

- Injection Augmentin 1.2 gm IV TDS x 4 days
- Syrup Ascoril 2 tsf TDS x 4 days
- Duolin nebulisation 6 hourly and Budecort nebulisation 8 hourly x 4 days

On discharge

He was shifted on Foracort (200) Rota caps 2 puffs BID and *Bibhitaki* (1gm), *Shunthi* (500mg) *Pippali* (500mg), *Shwaskuthar Rasa* (125mg) with *Madhu* for *lehana* for 15 days.

Table 1 Assessment of the patient before treatment, mid treatment and after treatment. (By VAS SCALE) Mild (1-3), Moderate (4-6), Severe (6-9)

SYMPTOMS	Before Treatmentday0	Day 8	AfterTreatmentday15
<i>Sakashthaswas</i>	9	6	3
<i>Swedapravrutti</i>	7	3	3
<i>Hrutpeeda</i>	7	5	3
<i>Sakaphakasa</i>	8	8	7
Wheezing	9	7	3
RR	42/min.	28/min.	18/min.
SPO2	88@RA(roomair)	92@RA(roomair)	94@RA(roomair)

3. Discussion

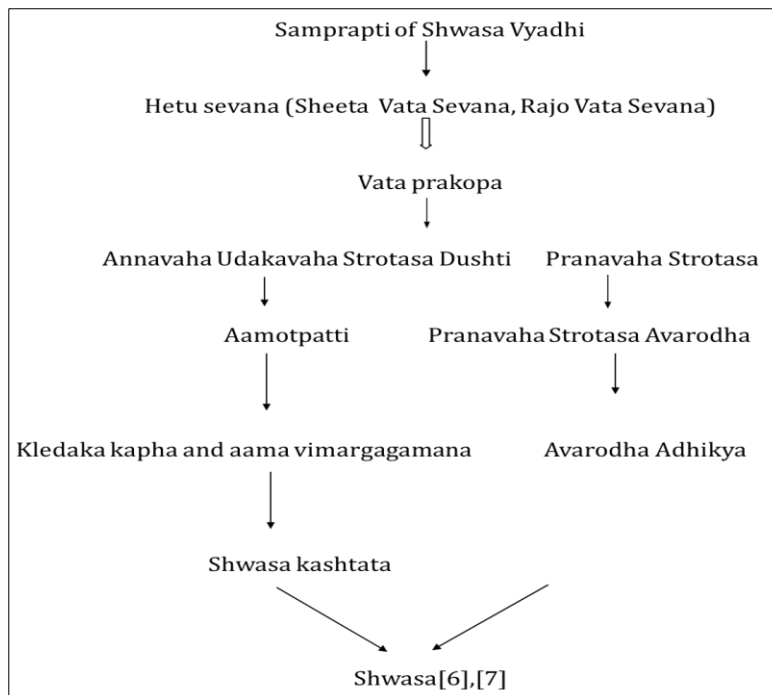


Figure 1 Samprapti of Shwasa Vyadhi

Probable mode of action of *Shwaskuthar Rasa* ^[8] *Lehana* in *Shwasa Vyadhi*

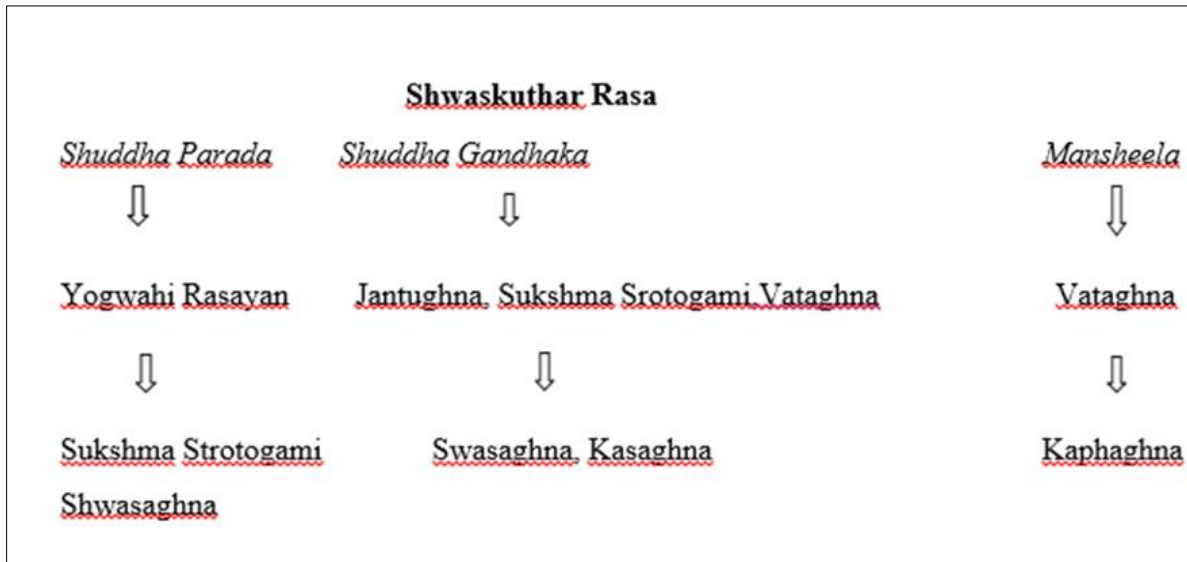


Figure 2 Mode of action of *Shwaskuthar Rasa*

Table 2 Drug content and mode of action

Drug Name	<i>Bibhitaki</i>	<i>Pippali</i>	<i>Shunthi</i>
Latin Name	<i>Terminalia Belerica</i> (Roxb.)	<i>Piper Longum</i> (Linn.)	<i>Zinger Officinale</i> (Roxb)
Family	Combretaceae	Piperaceae	Zingiberaceae
Upayuktanga	<i>Phala</i> (Fruits)	<i>Phala</i> (Fruits)	<i>Mula</i> (Roots)
Rasa	<i>Kashaya</i>	<i>Katu</i>	<i>Katu</i>
Vipak	<i>Madhur</i>	<i>Katu</i>	<i>Katu</i>
Veerya	<i>Ushna</i>	<i>Ushna</i>	<i>Ushna</i>
Guna	<i>Laghu, Teekshna, Kapha Pittanashak</i>	<i>Laghu, Rukshna, Teekshna, Vata and Kaphanashak</i>	<i>Laghu, Ruksha, Tikshna.</i>
Uses	Anti-inflammatory	Expectorant and it purifies all Dhatus, it strengthens the lungs.	Anti-inflammatory

4. Mode of Action

- Due to microcellular penetration of *Paradha* (Mercury) and kinetic effect of *Paradha* the Drug can reach microcellular structure and can open the channels thus reducing blockage and inflammation.^[9] Drug will reach *Sukshmasrotas* due to its *Yogavahi Guna* (kinetic energy) also the channel get open due to its *Kashya-Tikta Rasa* and *Ushnaveerya*.
- *Gandhak* is anti-inflammatory and antihistaminic in nature. It will cause reduction in secretion of IgE which is responsible for immune responses thus by reducing IgE it will help for normal passage of air.^[10]
- *Paradha* (Mercury) having higher molecular weight but due to its micro cellular penetration it can penetrate up to microcells and hence will produce the effect.^[11]
- Antimicrobial activity of *Mansheela* ^[12] 250 mg/ml concentration of *Mansheela bhasma* showed 100% inhibition result on *Streptococcus pneumonia* and *Staphylococcus aureus* but 75% on *Klebsiella pneumonia* and 50% on *Pseudomonas aeruginosa*. In 200 mg/ml conc. of *Mansheela Bhasma* showed 75% inhibition result on *Streptococcus pneumonia*, 50% on *Staphylococcus aureus*, and 250% on *Klebsiella pneumonia* but no any antimicrobial effect seen on *Pseudomonas aeruginosa*. So *Mansheela Bhasma* has antibacterial property on

Gram +ve> Gram -ve. In 150mg/ml concentration of *Hartala Bhasma* no any antimicrobial effect was seen on Gram +ve and Gram -ve bacteria.

- *Mansheela* is anti-inflammatory thus reducing inflammation in airways. *Ushna Veerya* and it acts on *Pranavaha Strotasa*. It also acts on *Kapha Dosha* by *Kaphavilayana* action. It will also open the channels to create good air entry.

The promising results in signs and symptoms are observed. Here the medication was administered in acute exacerbation stage. Its administration in *Avegavastha* (non exacerbation stage) on regular basis may play a key role in reducing the frequency of acute exacerbation attacks, requirement of hospitalization. It may also produce betterment in pulmonary functions by maintaining optimum oxygen saturation for longer duration, keep the patient in mobile, self-dependent stage and thereby improve quality of life of patient.

5. Conclusion

Bibhitaki (1gm), *Pippali* (500mg), *Shunthi* (500mg), *Shwaskuthar Rasa* (125mg) is effective in *Vegavastha* and *Avegavastha* of *Shwasa Vyadhi* in three divided doses as an adjuvant. It has beneficial effect in reducing symptoms like *Sakashthashwasa*, *Swedpravrutti*, and *Hrutpeeda*, *SakaphaKasa*, reducing signs like increase in Respiratory Rate and wheezing also.

Further scope

These findings were noted in a single case. But to prove its efficacy further studies can be carried out on large sample size, for longer duration in *Vegavastha* as well as *Avegavastha* of *Shwasa Vyadhi*.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from the individual participant included in the study.

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