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

Sachinkumar Sahebrao Patil*, Vijayalaxmi Sujay Patil and Arjun Anasaheb Sable

Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune – 411028, Maharashtra State, India.

World Journal of Advanced Research and Reviews, 2022, 14(02), 333–338

Abstract

Introduction: According to Ayurveda, Shwasa Vyadhi is a 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 Pranavaha Srotas. 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 Sakashta Shwasa (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 Shwasyadhi as an adjuvant treatment along with concomitant medications.

Keywords: Bibhitaki; Shunthi; Pippali; Shwaskuthar Rasa; Bronchial Asthma; Tamakshwasa
1. Introduction

Acharya Charak has classified Shwas Vyadhi in five different types \cite{1}. Pranavaha Srotas Dushti is one of the major factors for Shwas Vyadhi\cite{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\cite{3} of Shwasa Vyadhi observed in Vegavastha\cite{4}. Mild chest pain, cough with expectoration, dyspnoea on exertion\cite{5} are the symptoms of Shwasa Vyadhi in Avegvastha. 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 Shwas 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 Avegvastha 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.

Asthavidha Pariksha

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

Systemic examination

RS - Bilateral wheezing, AE BE

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
- Duoln 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)

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>Before Treatment</th>
<th>Day 8</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sakashthashwas</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Swedapravrtti</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hrutpeeda</td>
<td>7</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Sakaphakasa</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Wheezing</td>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>RR</td>
<td>42/min.</td>
<td>28/min.</td>
<td>18/min.</td>
</tr>
<tr>
<td>SPO2</td>
<td>88@RA(roomair)</td>
<td>92@RA(roomair)</td>
<td>94@RA(roomair)</td>
</tr>
</tbody>
</table>

3. Discussion

![Samprapti of Shwasa Vyadhi](image)

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](image)

**Table 2** Drug content and mode of action

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

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 Shwas Vyadhi in three divided doses as an adjuvant. It has beneficial effect in reducing symptoms like Sakashtashwasa, 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

Acknowledgments

We express our gratitude to the Department of Kayachikitsa and Hospital Authority for giving us this opportunity to study this particular case: Ayurvedic management of Tamakshwasa with special reference to Bronchial Asthma: A case study. Special thanks to Secretary of Maharashtra Arogya Mandal's Secretary, Hon'ble Mr. Anil Gujar, Hon'ble Principal Dr. Nilesh Phule and Faculty members for co-operating, also thanks to the teachers Dr. Ritesh Damle, Dr. Kiran Ubhe, for guiding throughout to provide better management of the patient. Many thanks to my colleagues, as we got to learn many new things while studying the case and our knowledge regarding the subject has been increased.

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.

References

Author's short Biography

**Dr. Sachinkumar Sahebrao Patil** M.D. (Kayachikitsa) Medicine, Ph.D. (Kayachikitsa) Medicine, M.B.A. (H.R.), P.G.D.E.M.S., D.Y.A. Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa, M.A.M.’s Sumatibhai Shah Ayurved Mahavidyala, Malwadi, Hadapasar, Pune - 411028, Maharashtra State, India. He is working as Ayurved Physician, Panchakarma Specialist since last 17 Years. He is a Board of Studies Member for Paraclinical Ayurved Board of Maharashatra University of Health Sciences Nashik. He is a Faculty member for Post Graduate Paraclinical Ayurved Board of Maharashatra University of Health Sciences, Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics of Maharashatra University of Health Sciences, Nashik. He is a Ph.D. supervisor for five Ph.D. Kayachikitsa (Medicine) students and M.D. GUIDE for 27 M.D. Kayachikitsa (Medicine) students out of which 18 M.D. Kayachikitsa (Medicine) students. His research experience is 14 Years. His research interest in Anxiety Disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia etc.