



CASE STUDY OF TAMAK SHWAS W.S.R. TO CHILDHOOD ASTHMA

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ABSTRACT

Tamak Shwas is described in *Ayurveda* has its own importance. It is also seen in children and its signs and symptoms can be correlated with childhood Asthma described in modern pediatric. *Tamak Shwas* is extensively described in *Ayurvedic* texts, its signs, symptoms, prevention and management. The present study is that of childhood Asthma treated with *Ayurvedic* formulations.

KEYWORD: *Tamak Shwas* *Ayurvedic* formulations.

INTRODUCTION

Shwasa roga is extensively described in *Ayurveda*. It has sub types of which *tamak shwasa* can be compared to childhood Asthma in modern pediatrics. It is increasing in terms of prevalence, severity or acuteness and mortality. It is the most common chronic condition of childhood. Despite continued research and development of new pharmacological agents it is one of the leading cause for emergency care requirements, one of the major cause for missed school and a cause of considerable morbidity, disability and sometimes mortality.

Childhood Asthma is a well known disease characterized by ventilatory insufficiency. It is the most common chronic disorder of modern society. Bronchial hypersensitivity is found in patients suffering from childhood Asthma. Minimal exposure to triggers causes exacerbation of the disease.

The present case study is more ever *Ayurvedic* clinical approach which seems to be more contributory.

Signs and symptoms of childhood asthma include

Non productive or productive cough, dyspnea, wheezing on expiration, restlessness, tachycardia, anxiety, moist skin, fatigue, use of accessory muscles for respiration, chest tightness, prolonged expiration, etc. among others.

Ayurvedic* concept of *Shwas roga

Ayurveda describes etiological aspects as well as preventive and curative aspects of *shwas roga* in great detail. *Tamak shwasa* is almost comparable to childhood Asthma.

Pathogenesis of *shwas roga*

When the aggravated *vayu* along with *kapha* obstructs the channels of circulation and moves in different directions in the body, then the process of breathing gets obstructed, as a result of which *shwasa* is manifested (C.C.45). This obstruction when combined with unbalanced *vata* and *kapha* leads to acute symptoms of the disease.

CASE STUDY

The present case study is a successful management of childhood asthma with *ayurvedic* formulations.

A female patient of age 7 years attended the OPD department of Shet Tarachand ramnath hospital, pune with the following complaints.

Recurrent on and off difficulty in breathing on unaccustomed work, increased intensity of dyspnea at night, relief when in propped up position, since one and half year. Along with dyspnea she also complained of Chest tightness, Cough, restlessness and fatigue.

Brief history– The patient had above complaints since one and a half year and the exacerbation of signs and symptoms occurred even with slight change in weather, mainly in rainy season. Dyspnea and cough increased in lying down position and during night. Physical activity also caused shortness of breath and other complaints mentioned above.

Patient had taken allopathic medications and nebulization but relief was only for a short period, symptoms continued to occur; frequency of the appearance of signs and symptoms was also increased. A slight change of weather or diet triggered acute

exacerbations of the disease. Presently patient is on inhaled bronchodilators and anti-inflammatory drugs. Willing for *Ayurvedic* treatment.

Clinical examination revealed

Respiratory System: Bilateral wheezing at end of inspiration on auscultation of lungs, prolonged expiration, mild tachypnea, respiratory rate 26/min.

Peak expiratory flow rate-

CVS: S1 & S2 heard normal, left radial pulse rate 94/min regular, good volume, no any other abnormal findings were found.

CNS: conscious, oriented, restless, anxiety, reflexes are normal.

Per abdomen: soft non tender, no organomegaly.

General examination: afebrile, active, mild bilateral cervical lymph nodes are palpable, lymph nodes are < 1cm in size, no tenderness, no redness, and no fluctuation was seen.

Family history: no family history of asthma or any other allergic condition.

INVESTIGATIONS

Complete blood count (only mild eosinophilia), absolute eosinophilic count was normal, urine routine and stool examination were within normal limits.

Pulmonary tuberculosis was ruled out.

X-ray chest- Bilateral air trapping and prominent bronchovascular markings.

Diagnosis: *Tamak Shwas*. (Moderate persistent Childhood Asthma)

Causes: A detailed history revealed the cause of acute exacerbations as seasonal variations, exposure to dust smoke etc. and physical activity.

Treatment given

During the first year of treatment:

A combination of –
Sitopladi churna 1.2 gms,
Abhrak bhasma 0.6 mg,
Shwaskuthar ras 300mg,

Laxmivilas ras 170mg, in two divided doses a day with honey orally for three months during the 1st year of the treatment.

Agasti rasayana 5gm two times per day for six months in the 1st year of treatment.

Vardhaman pippali rasayana increasing dose from 1 to 12 *pippali*, and decreasing dose from 12 to 1 *pippali*.

Chest massage with lukewarm *til tail* and *saindhav*, after massage *swedan* was advised.

As per requirement only Inhaled bronchodilators are advised.

Advice regarding *aahar* (diet) and *vihar* was explained to patient and parents.

During the Second year of treatment

The above combination of *sitopladi churna*, *abhrak bhasma*, *shwaskuthar ras*, *laxmivilas rasa* twice a day with honey orally for one month during early month of *varsha rutu*.

Agasti rasayana for three months started 15 days before *varsha rutu*.

Vardhamana pippali rasayana in the above mentioned manner.

Chest massage with lukewarm *til tail* and *saindhav*, after massage *swedan* was advised.

Advice regarding *aahar* (diet) and *vihar* was explained to patient and parents.

As per requirement only Inhaled bronchodilators are advised.

During the third year of treatment

Same treatment that was given in the 2nd year was continued in the third year also before *varsha rutu*.

DISCUSSION

As per *Ayurvedic Samhitas shwas roga* is originated from *aamashaya*. Etiological factors cause the vitiation of *kapha* and leads to *aam utpatti* in *aamashaya*. This vitiated *kapha* and *aam* causes obstruction in the normal path of *vata*. *Vata* is responsible for all catabolism. Unbalanced *vata* leads to disturbance in the respiratory tract. Also the blockages of channels cause impaired nutrition of the respiratory system leading to narrowing or alteration of the bronchioles.

When in such patients those have hyperresponsive bronchioles, due to vitiated *kapha* and *vata* an acute exacerbation occurs due to damage to the respiratory epithelium. This leads to mucous production by the damaged epithelium. Thus drugs acting on strengthening the respiratory system as well as those which relieve spasm, balance the vitiated *kapha* and *vata* are needed for the treatment of *shwas roga*.

Probable mode of action

Sitopladi churna is *dipan pachan* and it works on the gastro intestinal tract (GIT) where the first pathogenesis of the disease (*udbhav stana*) takes place.

Abhrak bhasma

Abhrak bhasma is said to be *yogavahi*, *shukshma* and works on *vatvahinis* i.e. the respiratory channels. It provides strength to the respiratory system and decreases inflammation i.e. narrowing of bronchioles. Owing to the *shukshma guna* it reaches the terminal ends of the respiratory system. This results in providing strength to the hyperresponsive bronchioles and the damaged epithelium.

Lakshmvilas rasa

It helps in expectoration of the mucous produced by the damaged epithelium as it contains drugs like *dhatrabeej* and *bhanga beej* which aid this action. It provides strength to the respiratory system (*pranvaha strotas*) owing to drugs like *bala*, *atibala*, *nagbala* and *vidari* etc. which becomes weak in chronic asthma.

Shwaskuthar rasa

It contains drugs that are mucolytic and spasm relievers. Thus results in relieving the spasm of the bronchioles.

Agasthi rasayana

Agasthi rasayana contains *haritaki* which is spasmolytic, it eases breathing. *Yastimadhu*, *kantakari*, *haritaki* helps to expel mucous out of the respiratory tract. *Haritaki* also regulates the *vitated vata* by its *anuloman* action.

Pipali rasayana

Piper longum is a powerful stimulant of the digestive as well as the respiratory system and shows a rejuvenating effect on lungs. It enhances metabolism and increase the bioavailability of other drugs.

Chest snehan and sevadan

it relives the mucoid *kapha* from *pranvaha strotas* and expels out it from *srotas*.

OBSERVATIONS

After the completion of this treatment plan the patient showed no signs of distress, wheezing had disappeared, anxiety and other symptoms were not found. Physical activities were taken up by the patient and they did not aggravate or produce acute exacerbations of the disease. Patients school performs is increased, she is taking active participation in outdoor games. Now she is free from asthmatic attacks since last four years.

CONCLUSION

Ayurvedic management is helpful in treating *shwasa roga*. It helps in restoring back the routine of an asthmatic patient.

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