A CASE STUDY: AYURVEDIC MANAGEMENT OF TAMAKSHWAS
W. S. R. BRONCHIAL ASTHMA

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ABSTRACT
Introduction - According to Ayurveda, Shwas Vyadhi is group of symptoms like Sakashta Shwasa (breathlessness), Ati Swedapravartana (excessive sweating), Hrutpeeda (mild chest pain). Tamak Shwasa can be correlated with Bronchial Asthma due to its signs and symptoms.

Objectives: To study the effect of Bibhitaki Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa with Madhu for Lehana in Vegavastha and Avegavastha of Shwasa Vyadhi. Material and Methods: A 65 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 5 days. He was treated with Bibhitak Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa Lehana during his 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. (1) Inj. Augmentin 1.2 gm IV tds x 5 days. (2) Syp. Ascoril 2 tsf tds x 5 days. (3) Budecort nebulisation 8 hourly and Duolin nebulisation 6 hourly x 5 days. On discharge he was shifted on Foracort 200 rotacaps 2 puffs bd dose. Since 4 years patient was taking treatment for Bronchial Asthma. Addition of Bibhitaki Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa Lehana showed promising results as it acts on Pranavaha Srotas. It helped to reduce the symptoms of Shwas Vyadhi like breathlessness,
excessive sweating, and mild chest pain. **Observations:** There was significant reduction symptoms such as Sakashta Shwasa (breathlessness), Ati Swedapravartana (excessive sweating), Hrutpeeda (mild chest pain). Clinically, there was significant reduction in wheezing also. Visual Analogue Scale (VAS) was applied for evaluation of all above symptoms. It was observed that Visual Analogue Scale (VAS) score also improved after the treatment. **Conclusion:** Bibhitaki Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa is effective in Vegavastha and Avevagavsta of Shwas Vyadhi as an adjuvant treatment along with concomitant medications.

**KEYWORDS:** Bibhitaki Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa, Bronchial Asthma, Tamak Shwasa.

**INTRODUCTION**
Acharya Charak has classified Shwas Vyadhi in 5 different types. Pranavaha Srotas Dushti is one of the major factors for Shwas Vyadhi. Vata Prakopa and Mithyaaharvihara are the factors responsible for Pranavaha Srotas Dushti. Acute onset of Breathlessness, Sweating, difficulty in breathing, increased Respiratory Rate are the most prominent symptoms of Shwas Vyadhi (Bronchial Asthma) observed in Vegavastha. Mild chest pain, cough with expectoration, dyspnoea on exertion are the symptoms of Shwas Vyadhi in Avevagavstha. All the above mentioned symptoms of Shwasa Vyadhi are due to Pranavaha Srotas Dushti, Stiffness and inflammation of Pranavaha Srotas. Sthanashrita Kapha Dosha leads to these symptoms. Sameerpanag Rasa is effective drug in Shwas Vyadhi because of its Ushna Veerya and Sukhma Guna which acts on Pranavaha srotas. Madhu as Anupana plays key role in action of Sameerpanag Rasa. This case of shwas Vyadhi Vegavastha and Avevagavstha was managed with Sameerpanag Rasa as an adjuvant therapy to concomitant medications.

**Aim**
To study Ayurvedic management of Tamakshwas i.e. Bronchial Asthma.

**Objectives**
To study the effect of Bibhitaki Choorna , Shunthi Choorna, Pippali Choorna ,Sameerpannag Rasa with Madhu for Lehana in Vegavastha and Avevagavstha of Shwasa Vyadhi.
Case report
Patient name A.B.C. 65 years / Male
C/O - 1. Breathlessness
2. Excessive sweating
3. Cough with expectoration
4. Mild chest pain since 1 day

Asthavidha pariksha
1. Nadi- 110/min.
2. Mala- Samyak
3. Mootra- Samyak
4. Jivha- Nirama
5. Shabda- Spashta
6. Sparsha - Anushna
7. Druk - Prakrut
8. Akruti - Madhyam

Systemic examination
RS - Bil.wheezing, AEBE
CVS - S1S2 Tachy.
CNS - Conscious, oriented
P/A - Soft.
R.R.- 46/min
SPO2 - 90% in room air
K/C/O – Bronchial Asthma since 4yr.

On Treatment
1. Nebulisation with Duolin at home SOS
2. Tablet Doxibid 400mg - 1/2 bd

Management
Bibhitaki Choorna (1gm), Pippali Choorna (500mg), Shunthi Choorna (500mg),
Sameerpannag Rasa (125mg) Madhu for Lehana Thrice a day.
During IPD stay patient was treated with
1) Inj. Augmentin 1.2 gm IV tds x 5 days
2) Syp. Ascoril 2tsf tds x 5 days
3) Duolin nebulisation 6 hrly and budecort nebulisation 8 hrly x 5 days

On discharge
He was shifted on Foracort (200) rotacaps 2 puffs bd and Bibhitaki Choorna, Shunthi Choorna, Pippali Choorna, Sameerpanag Rasa with Madhu for Lehana For 15dyas

Table no. 1: Assessment of the patient before treatment, mid treatment and after treatment by Visual Analogue Scale (VAS).

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before treatment 0th day</th>
<th>5th day</th>
<th>After treatment 15th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sakashtha Shwas</td>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Sweda pravrtti</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hrutpeeda</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Sakapha Kasa</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Wheezing</td>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>RR</td>
<td>46/min.</td>
<td>30/min.</td>
<td>16/min.</td>
</tr>
<tr>
<td>SPO2</td>
<td>88 at RA (room air)</td>
<td>90 at RA (room air)</td>
<td>94 at RA (room air)</td>
</tr>
</tbody>
</table>

**DISCUSSION**

**Pathogenesis**

**Samprapti of Shwasa Vyadhi**

*Hetu Sêvana (Sheeta Vata Sêvana, Rejo Vata Sêvana)*

![Pathway Diagram]

**DISCUSSION**
2. Probable mode of action of Sameerpanag Rasa\[8\] Lehana in Shwasa Vyadhi

Probable mode of action.

\[
\begin{array}{c|c|c|c|c|}
\text{Drug Name} & \text{Bibhitaki} & \text{Pimpali} & \text{Shunthi} \\
\hline
\text{Latin Name} & \text{Terminalia Belerica} & \text{Pipper Longum} & \text{Zinger Officinale} \\
\text{Family} & \text{Combretaceae} & \text{Piperaceae} & \text{Zingiberaeceae} \\
\text{Upayuktanaga} & \text{Phala} & \text{Phala} & \text{Mula} \\
\text{Rasa} & \text{Kashaya} & \text{Katu} & \text{Katu} \\
\text{Vipak} & \text{Madhur} & \text{Katu} & \text{Katu} \\
\text{Veerya} & \text{Ushna} & \text{Ushna} & \text{Ushna} \\
\text{Guna} & \text{Laghu, Teekshnakapha Pittanashak} & \text{Laghu, Ruksha, Teekshna and Kaphanashak} & \text{Laghu, Ruksha, Teekshna} \\
\text{Uses} & \text{Anti-inflammatory.} & \text{Expectorant and it purifies all Dhatus, it strengthens the lungs.} & \text{Anti-inflammatory} \\
\end{array}
\]

Due to microcellular penetration of Parada (Mercury) and kinetic effect of Parada (Mercury) the Drug can reach microcellular structure and can open the channels thus reducing blockage and inflammation.\[9\]

Drug will reach Sukshma srotas, due to its Yogavahi Guna (kinetic energy) also the channel get open due to its Kashya-Tikta rasa and Ushna Veerya.

Gandhak (Sulphur) 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.\[10\]

Parada (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 Haratala[12] 250 mg/ml concentration of Hartala 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 Hartala Bhasma showed 75% inhibition result on Streptococcus pneumonia, 50% on Staphylococcus aureus, 250% on Klebsiella pneumonia but no any antimicrobial effect seen on Pseudomonas aeruginosa. So Hartala Bhasma has antibacterial property on Gram positive > Gram negative. In 150 mg/ml concentration. of Hartala Bhasma no any antimicrobial effect was seen on gram positive and gram negative bacteria.

Mansheela is anti-inflammatory thus reducing inflammation in airways. Ushna Veerya and it acts on Pranavaha Srotasa.[13] 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.

CONCLUSION
Bibhitaki Choorna (1gm), Pippali Choorna (500mg), Shunthi Choorna (500mg), Sameerpannag Rasa(125mg) is effective in Vegavastha and Avegavastha of Shwas Vyadhi in 3 divided doses as an adjuvant therapy. It has beneficial effect in reducing symptoms like Sakashtashwas (Breathlessness), Swedpravrutti (Diaphoresis), and Hrutpeeda (Chest pain), Sakapha Kasa(Cough with Expectoration), 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 (Bronchial Asthma).

REFERENCES
2. Edited by- Nicki R. Colledge, Brian R. Walker, Stuart H. Ralston, Publication Churchill
Livingstone Elsevier, Davidson’s Principles & Practice of Medicine, 22: 668.
Acharya- Chaukhambha Orientalia; Charak Samhita Chikitsasthan Adhyay, by Varanasi,
533: 17-18.
Acharya- Chaukhambha Orientalia; Charak Samhita Chikitsasthan Adhyay, 533: 17-17.
5. Vd. Sidhinandan Mishra, Hindi Vyakhyakar- Vd. Harishchandra Singh Kushavaha by
Acharya- Chaukhambha Orientalia; Charak Samhita Chikitsasthan Adhyay- by Varanasi,
534; 17-61.
6. Vd, Kaviraj Dr. Ambika Datta Shastri Sushrut Samhita Chikitsasthan Adhyay- by;
Chaukhambha Sanskrit Sansthan, Varanasi, 475; 51-6.
Acharya- Chaukhambha Orientalia; Charak Samhita Chikitsasthan Adhyay- by Varanasi,
9. www.tuv.com/material _test/chemical
10. www.ncbi.nlm.nih.gov,quality control parameters for tamra Bhasma, paradha, swarna,
gandhaka. By C.Y. Jagtap, 2012; 87: 173- 83,
11. www.ncbi.nlm.nih.gov,quality control parameters for tamra Bhasma, paradha, swarna,
12. Garg Lokesh Kumar, et.al. Pharmacutico analytical study and comparative antimicrobial
effect of hartala bhasma and harta lagodanti bhasma. Int. J. Ayur. Pharma Research,