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A CASE STUDY OF AYURVEDIC MANAGEMENT OF *TAMAK SHWASA* (BRONCHIAL ASTHMA)

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ABSTRACT

Tamakashwas is a disease of the respiratory tract which mainly affects the air passages and is characterized by inflammation and narrowing of the airways. In modern medicine, it shows a close resemblance with bronchial asthma based on clinical manifestations. The word 'asthma' is derived from the Greek meaning 'panting' or 'labored breathing.' Asthma is a condition characterized by paroxysmal wheezing dyspnea (difficulty in breathing), mainly expiratory. In the present case study, a 28-year-old female patient having signs and symptoms of *Tamakashwas* has been discussed. The treatment was administered in accordance with *Shamana Aushadhis* and *Sthanika Chikitsa. Nidana Parivarjana* is strictly instructed in order to avoid the stimulation of the internal pathology of the disease. Classical management helps in relieving the symptoms as well as lowering the recurrence of breathing difficulty attacks. Regular counselling and practice of Pranayama help to energise and renew her intellect. The assessment was made on spirometry results. Ayurvedic management helps in achieving positive output with normal spirometry results over a period of 8 months.

Keywords: *Tamakashwas*, Ayurvedic Management, Bronchial Asthma, *Shamanachikista,* Mouth inhaler.

INTRODUCTION

One of the most prevalent chronic diseases in the world, bronchial asthma, is defined by airflow obstruction brought on by inflammation and airway hyperresponsiveness that results in severe airflow narrowing as well as wheezing, chest tightness, and episodic dyspnea[1]. The etiopathogenesis and clinical picture of bronchial asthma have many similarities with *Tamakashwas* in Ayurveda[2]. *'Tamakashwas'* literally means 'burying in darkness due to shortness of breath'[3]. According to Ayurveda, prolonged exposure to *Hetu* hampers the functions of *Prana Vayu* that initially causes structural damage to the lungs, which simultaneously converts the normal elasticity and smoothness of lungs into hardness and roughness[3]. This increases the mucous secretions, which later dries due to *Ruksha Guna* of *Vata* and get accumulate in the bronchial spaces leading to difficulty in breathing along with *Sakashta* and *Sashabda Shwas*[3]. Ayurveda explains this as Yapya *Vyadhi*[4]. Modern science suggested the use of bronchodilators and inhaled corticosteroids which have side effects like hoarseness of voice, oral candidiasis, gastric ulceration, osteoporosis, etc[5]. According to WHO, Asthma triggering factors are indoor allergens (for example, house dust mites in bedding, carpets, and stuffed furniture, pollution, and pet dander), outdoor allergens (such as pollens and moulds), tobacco smoke, and chemical irritants in the workplace.[6]

AIMS AND OBJECTIVE: A case study of Ayurvedic management of Tamakswasa (Bronchial Asthma)

MATERIALS AND METHOD

Basic information about the patient

1. Personal Data:

- Age - 28
- Sex - Female
- Address – Muzaffarpur, Bihar, India

2. Presenting Complaints:

- A patient 0f, 27yrs old female, presented in the OPD on 06/04/2022. The patient has been a known case of Bronchial Asthma since childhood.
- She was having complaints of cough, mostly dry in nature but occasional with sputum, throat irritation due to blockage of the respiratory truck by sputum, and pain at the thoracic region, which is persistent in nature as the main complaints. She also complained of occasional constipation.
- All the signs and symptoms started insidiously, and they were gradually progressive in nature. She was suffering from these complaints over the period of 8years.
- For these complaints, the patient was undergoing allopathic treatment. She was taking cough expectorant; she was also taking NonSteroidal Anti-Inflammatory Drugs (NSAIDs) internally, along with the regular use of a mouth inhaler. She was getting relief in the complaints of *Shvasakashtata* (breathlessness) after the use of a mouth inhaler that led to the increase in the number of frequencies of inhaler used; she was not satisfied with the relief she was getting.

3. Personal habit- non-smoker, mixed diet,
4. Past medical and Surgical History: not significant.
5. Family History- Not Significant
6. General Examination.

- G.C. – Average
- Build & Nutrition: Adequate
- Weight- 57kgs
- Height – 160cm

7. Vital Sign

- Temperature: 97.7 F
- Anemia: Not present
- Neck: Trachea centrally placed, not any asymmetry.
- H.R.: 76/ min
- Cyanosis: Not present, Nails: Thin, Uniform, Pale Yellow.
- R.R.: 22/min
- Lymph node: Not Enlarged
- B.P.: 110/70 mmHg

- Mouth & Throat: Continuous throat irritation was there with red and inflamed mucosa. Nasal congestion was also present, leading to mouth breathing and dry mouth.

8. Systemic Examination/Respiratory system

- Inspection: Normal thoraco-abdominal movement, chest wall & overlying skin is normal, B/L symmetrical, no scar found.
- Palpation: not any tenderness present. Trachea is centrally placed.
- Percussion: resonant sound present.
- Auscultation: wheezing sounds were heard over the middle and lower lobe of the right lung and lower lobe of the B/L lung. She was having a persistent cough with occasional expectoration of the sputum, and she does not have relief after the expectoration.

9. Investigations: were done to rule out the exact cause of the disease.

- Complete blood count showed normal hemoglobin level with slightly increased neutrophils. Other blood cells were within normal range.
- Chest Xray showed changes in bronchitis.
- The Sputum of the patient for acid-fast bacilli was negative.
- Spirometry shows mild obstructive ventillatory defect with adequate bronchiodilator reversibility.
- Monteux test was done to rule out pulmonary tuberculosis by intradermal injection of tuberculin, and it was also negative.

10. Diagnosis: The diagnosis of the patient was done as *'Tamakshwas'* on the basis of symptoms of *Shwas* as:-

- *Sakapha Nishthivana* (cough with occasional sputum)[7]
- *Kanthodhvansa* (throat irritation)[7]
- *Parshvashoola* (pain at thoracic region)[7]
- *Vishushkasya*(dryness of mouth)[7]
- *Atitivravega Shwas* (fast breathing pattern)[7]
- *Ushnabhinandati* (desire for hot things or hot environment[7].

The exaggerating and relieving factors were also taken into consideration while diagnosing the disease.

11. Treatment – The treatment protocol comprises the following plan –

- *Nidana Parivarjana*
- *Shamana Aushadhis*
- *Sthanika Chikitsa*
- *Pranayam*

Nidana Parivarjana – In order to avoid the stimulation of the symptoms, all the exaggerating factors were strictly restricted.

Shamana Aushadhis – The patient was administered mixed with *Swasari kwath*(Proprietary for formulation by divya pharmacy)and *Dashmool kwath*- 100ml Twice daily on Empty Stomach.

Triyodashang guggulu 2 tablets twice daily, Curcumin gold one tablet twice daily, and Bronchom 1 tablet thrice daily

Mixed formulation of *panchkol churna, sitopladi churna, abhrak bhasma, swasari ras, and giloy sat*- 1 teaspoon with lukewarm water twice daily before meals.

Sthanika Chikitsa-

Saindhavadi taila and *Mahanarayan taila* local application on the chest region

Pranayam

breathing exercises in the form of Pranayama, i.e, Bhastrika, Kapalbhati, Anulom-vilom, Udgith, Ujjai, and Bahya Brahmari, were also conducted for the strengthening of respiratory muscles.

OBSERVATION

Assessment of pre and post of treatment on the basis of signs and symtpoms and spirometry results, with the help of the following gradation scale, which was adopted from developing guidelines for clinical research methodology in Ayurveda by Prof. Baghel.

1. Kasa (Cough)

No cough	0
Coughing	1
Persistent cough with expectoration, relieving with expectoration	2
Persistent cough with occasional repetition with sputum expectoration	3
Persistent cough with fainting	4

2. Nishthivana (Sputum) –

No sputum	0
Thin, colorless sputum without any smell	1
Thick yellowish sputum with a foul smell	2
Hemoptysis	3
Thick green sputum with pus and a foul smell	4

3. Peenasa (Coryza) -

Absent	0
Present	1

4. Kanthodhvansanam (Throat irritation) -

Absent	0
Present	1

5. Parshvashoola (Pain in thoracic region) –

No pain	0
Pain during cough	1
Very often without attack, relieved by Snehana and Swedana	2
Very often without attack, not relieved by Snehana and Swedana	3
Persistent pain	4

6. Wheeze / Additional sound in breathing

Normal breathing sounds heard	0
Wheezing was heard only on a localized part of the chest with a stethoscope at the time of the attack	1
Wheezing was heard only on localized parts of the chest with a stethoscope without an attack	2
Wheezing was heard on whole lungs with a stethoscope	3
Wheezing was heard even without a stethoscope	4

7. Frequency of breathing difficulty attacks –

No attack	0
2-3 times in 3 weeks	1
2-3 times in 2 weeks	2
2-3 times in 1 week	3
Persistent	4

8. Breathing difficulty attacks affecting the life quality

Normal life and can enjoy everything	0
Dyspnea after exertion only / Can't enjoy Sheeta / Can't go in Raja, Dhuma, and Pravata	1
Dyspnea without exertion but can-do routine work	2
Needs rest or medication for routine work due to dyspnea	3
Needs complete rest and can't do routine work due to dyspnea	4

9. Breathing difficulty attacks relieving factor

Dyspnea relives automatically	0
Dyspnea relives with rest	1
Dyspnea needs oral medication to relive	2
Dyspnea needs a mouth pump to relive	3
Dyspnea needs injectable medication to relive	4

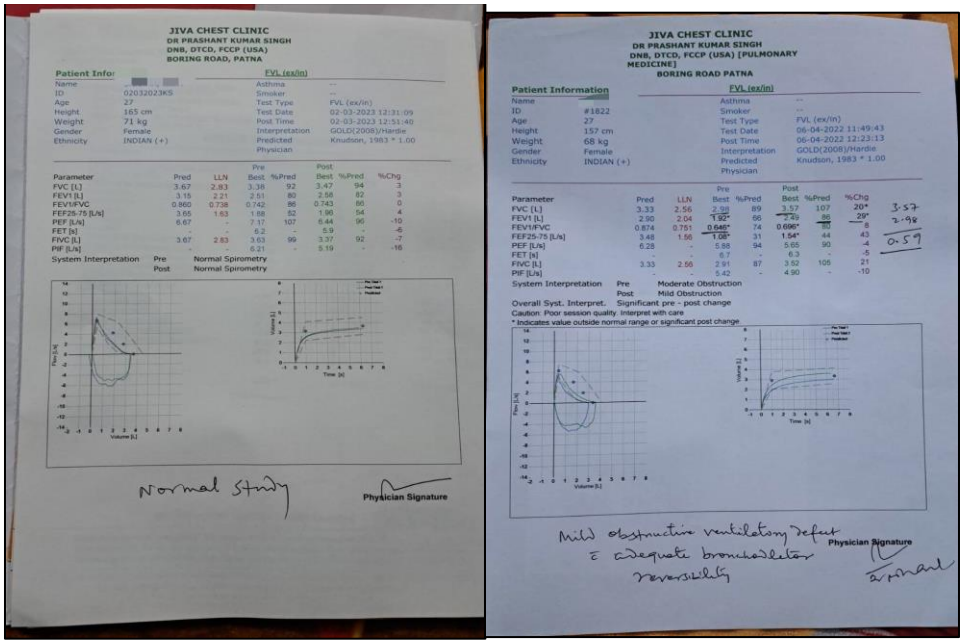
10. Frequency of need for emergency medicines -

No need	0
2-3 doses occasionally in a week	1
2-3 doses occasionally on alternate days	2
2-3 doses regularly	3
More than three doses daily	4

12. Showing relief in the complaints of the patients before and after treatment -

Sr. No.	Lakshana	Before Treatment	After Treatment
1.	Kasa (cough)	3	1
2.	Nishthivana (sputum)	1	0
3.	Kanthodhvanasanam (throat irritation)	1	0
4.	Parshashoola (pain in thoracic region)	2	0
5.	Wheeze / additional sound in breathing	2	1
6.	Frequency of breathing difficulty attacks	4	2
7.	Breathing difficulty attacks affect the life quality	3	1
8.	Breathing difficulty attacks relieving factor	3	0
9.	Frequency of need for emergency medicines	2	0

Pre-treatment spirometry results



Post-treatment spirometry results

DISCUSSION

The patient was irritated with the temporary relief of allopathic medicines, which were costly that disturbed her normal life. This made her turn to Ayurveda for a long-lasting and positive outcome. The above-stated treatment was advocated for a period of 8 months. The patient had remarkable relief in the complaints. The assessment was done on the basis of the patient's signs and symptoms as well as on the basis of Spirometry results.

CONCLUSION

The diagnosis of the disease was done on the basis of symptoms the patient was complaining which reflects the *Lakshanas*, as stated by *Acharya Charaka*. The treatment was administered in order to break the pathogenesis of the disease or, moreover, to stop it. The patient was habitual towards the repeated use of a mouth inhaler, which has more severe side effects. The *Ayurvedic Chikitsa*, in terms of *Nidana Parivarjana, Shamana Aushadhis, and Sthanika Chikitsa*, gave excellent results in relieving her symptoms. This withdraws her habit of using inhalers without exacerbating the symptoms. Rather this helps her in treating the symptoms with more generosity. The frequency of breathing difficulty attacks was also reduced. So, this can be concluded that wise use of *Ayurvedic* preparations helps in increasing the duration between two attacks as well as helps to stop the attacks. This helps her to continue her routine activities. *Pranayama* helps her to develop a positive approach toward life with calm and serenity. Thus, the classical approach of Ayurveda towards the treatment of *Tamakashwas* gave satisfactory results as well as increased the belief in Ayurveda.

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