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Ayurvedic management of Tamak shwas (bronchial asthma) in Kaumarbhrutya a case report

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Abstract

Asthma is one of the most common chronic diseases. An estimated 300 million people worldwide suffer from asthma, with 250,000 annual deaths attributed to the disease. Bronchial asthma is one of the chronic inflammatory disorders of the respiratory tract causing a huge number of deaths annually. Increased industrialization and pollution are the exacerbating factors for this situation. Tamaka Shwasa is a broad term, which includes many diseases where dyspnoea is a characteristic symptom. There are five classes of shwasa: Kshudra, Tamak, Chhinna, Maha and Urdhava shwasa. Tamak shwasa is Kapha and Vata dominant. Tamak shwasa is main disease of pranavaha strotas. In Ayurveda, this miserable condition is comparable with Tamaka Shwasa, in this case report 12 yr female patient diagnosed with Tamaka Shwas treated with Ayurvedic management successfully.

Keywords: Bronchial asthma, tamaka shwasa

Introduction

The symptoms of Tamaka Shwasa are Asinolabhate Soukhyam (comfortable in sitting posture), Pratamyati Vegataha (tachypnea), Kasa (cough), Kanthodhwansa (hoarseness of voice), Parshwa Graham (stiffness in flanks), etc., and are similar to the symptoms of bronchial asthma. Tamaka Shwasa is predominantly caused by Pranavaha Shroto Dusthi and it produced when Kapha obstructs the path of Vata. So, the vitiated vata move in the upward direction. Tamak Shwasa is having Kapha, Vata predominance. Tamaka Shwasa^[1] is a disease in which patient experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. The name of Tamaka Shwasa is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (Tama Pravesh). Both the Vata and Kapha^[2] Tamaka shwasa consists of two words viz. Tamaka and shwasa. 'Tama' means dark-ness or to choke^[3]. There is no separate description for prodromal features of Tamaka Shwasa but distinguished pathogenesis has been described. Aggravated vata due to exposure to causative factors leads to its Pratiloma gati or reverse movement.

Bronchial asthma Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbor a special type of inflammation in the airways that makes them more responsive than non-asthmatics to a wide range of triggers, leading to excessive narrowing with consequent reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patients with chronic asthma there may be an element of irreversible airflow obstruction^[4].

Samprapti Ghatak^[5] Dosha- kapha, vata

Dushya: Pranavayu, Ras

Adhithana: Amashaya, pranavasrotas

Srotas: Pranavaha

Srotodushti: Sang, Vimarggaman

Swabhava: Chirakari

Agnidushti: Agnimandh

Sadhyaasadhya: Krachadhya

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Case

Report 12 years old female patient come at OPD of Kaumarbhritya department of our Ayurvedic Hospital, on 14/12/2021 with chief complaint of difficulty in breathing, cough with sputum, restlessness, sneezing and common cold. Routine Investigation was being done and she diagnosed with Tamaka Shwasa (Bronchial Asthma).

Personal History-Name- xyz, Age/sex- 12y/f, Marital status-unmarried, Occupation- student, Bala-madhyama, Sleep- less, Addiction- none, Appetite- less, Dietary habits- curd, milk, cold drinks, sometimes taking fast food.

Past History- she was suffering from Bronchial Asthma last 4 years. But in 1 month the symptoms got aggravated.

Family History- Maternal history- No history of Bronchial Asthma.

Paternal history- Father has Bronchial Asthma.

History of Present Illness- According to the patient she was suffering from shortness of breath in the last 4 years which is mild in nature and aggravated in rainy and cold weather, after some time patient felt chest tightness, trouble in sleeping (orthopnea), cough with thick sputum, and recurrent attack of sneezing occurs specially in the morning. For above complaints she took Allopathic medicine in the last 4 years but not get relief in symptoms and recurrence the attack of Asthma is persist. For the better management she came to our Ayurveda Hospital

On General Examination-

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymph node: Absent

Oedema: Absent

B.P: 110/70

Pulse: 76/min

R.R: 24/min

Temp: 98.6 F

Systemic Examination-CVS: S1, S2 heard, no abnormality detected. Liver, Kidney, Spleen- Not palpable Digestive System- Appetite- poor, Bowel- clear

Respiratory System

O/E: Inspection: Inspection of the chest – bilateral symmetrical. Accessory muscle used for respiration is present i.e. sternocleidomastoid muscle. Type of breathing - abdomino thoracic, No any chest deformities, No any scars. Respiratory rate: 18/min.

Palpation: Tenderness - absent, position of the trachea is centrally placed. Transverse diameter-33cm. movement of chest bilaterally symmetrical, Inspiration-89cms, expiration-85cms.vocal fremitus - bilaterally symmetrical.

Percussion: Resonant all over the lung field. Hepatic and cardiac dullness noted.

Auscultation: Polyphonic wheeze was observed bilaterally (more in right lung compared to left). Vocal resonance is bilaterally symmetrical. CVS nothing abnormality is detected.

Laboratory Investigations: Complete blood count, Erythrocyte Sedimentation Rate, Absolute Eosinophile, Count, X-Ray chest PA view

Treatment Given

1. Vasa Avheha 15 ml BD
2. Goghrita + Pippali churna - QID
3. Kanakasav 10ml with equal quantity of water, twice in a day after food.

Observation and result

Table 1: Effect of Treatment on Subjective Parameters

Sign and Symptoms	BT	AT
Shortness of breath	+++	+
Cough with sputum	++	+
Restlessness & Sleeplessness	++	-
Cold & Sneezing	++	-
Wheezing	+++	+

Diet and Restrictions

Patients were advised to avoid cause and aggravating factors such as curd, cold drinks, fish and meat, excessive physical work, day sleep, and exposure to dust, smoke, pets, and pollens. Patients were advised to use lukewarm water after meal and at bed time. They were also advised for light diet, breathing exercises such as Pranayama, use of mask while working, to avoid exposure to dust.etc

Discussions

Vasa Avaleha (VA) is herbal formulation used commonly in the treatment of various diseases of respiratory system [6]. Vasa Avleha, an herbal formulation indicated in respiratory diseases, acts on the disease by Vata-Kaphaghna property. Sukshma and Tikshna Guna of Vasa (Adhatoda vasica Nees.), Pippali (*Piper longum* Linn.), Madhu (honey) help in Kaphanihsarana and remove Upalepa of Kapha in Kantha (throat) and Ura (chest).

Vatahara drugs such as Sita, Go-Ghrita (cow ghee), Pippali cause Vatanulomana and passify Vimarga Kupita Vata caused due to Vimargagami Prana and Apana Vayu. Go-Ghrita, Pippali also act on Pitta Sthana improving the function of Agni thus normalizing Vatakarma. Pippali enhances bioavailability, [7] which helps in maintaining the major therapeutic principles in the systemic circulation for longer duration that is responsible for the anti-asthmatic activity of the formulation.

Kankasava [8] has been demonstrated to be quite effective in treating mild to severe bronchial asthma. It effectively manages the severity of symptoms while reducing the likelihood of acute exacerbations. It normalizes asthma because of its bronchodilatation property, and helps to excrete mucus because of the expectorant function. It also helps to avoid the repercussions of sickness. It not only relieves symptoms, but it also contributes in the avoidance of health issues and the loss of life. It acts as a life-giving elixir in asthmatic patients with no side effects. It also strengthens the body and strengthens the immune system without having any bad side effects.

Conclusion

After observation of all data we conclude that the holistic approach of Ayurveda best acts on case study of Tamaka Shwasa (Bronchial asthma) and gives better relief to the patient. There were no adverse effects found during the Ayurvedic medication. Further study will be needed for many patient

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