



Case Study

MANAGEMENT OF BRONCHIAL ASTHMA THROUGH HERBO-MINERAL DRUGS

Rohit Kumar Ray^{1*}, Rashmishnata Dash¹, Sujeet Kumar²

*1PG Scholar, ²Assistant Professor & Guide, Department of Kayachikitsa Govt. Ayurvedic College, Patna, Bihar, India.

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ABSTRACT

Ayurveda is ancient system of medicine and a holistic approach to prevent and treat illness by maintaining balance in body and mind to improve your health and vitality. Ayurveda is one of alternative way of treating illness, prevention and management of respiratory disorders. Nowadays respiratory disorders are the major health issue resulting primary cause of death and disability in the world. Asthma is a common respiratory problem increasing globally and affecting approximately 339 million people worldwide and 17.23 million people with an overall prevalence of 2.05% in India. Bronchial asthma is a heterogeneous disease, usually characterized by chronic inflammatory disease of the airway. It is defined by chronic respiratory problem characterized by hyper-responsiveness, inflammation and narrowing of airway resulting in cardinal symptoms cough, chest tightness, dyspnea and wheeze. *Tamak swasa* closely resembles to bronchial asthma. *Swasa roga* is major health problem affecting the *Pranavaha srotas*. According to *Acharya Charak tamak swasa* is *Vata-Kaphaja Vyadhi* which is originated from *Pithasthan (Amashaya)*. The treatment of this disease is still unsatisfactory in modern medicine as the use of corticosteroids have many side effects and may lead to medicine dependency. Ayurveda is proven to be a boon for management of asthmatic patients (*Tamak swasa*). Our Ayurveda classics have explained a lot about signs and symptoms of asthma that has a direct correlation with *Tamak swasa*. So this is the need of the time that a direct, safe and holistic approach should be established to treat the disease with specific herbomineral formulations as mentioned in our Ayurveda classics.

INTRODUCTION

Asthma is one of the most common respiratory problem in all age group of people causing serious impairment in their quality of life and symptoms get aggravated with atmospheric pollution and sedentary lifestyle. Its prevalence is increasing rapidly day by day in terms of both severity and incidence. According to WHO, it is one of the major non communicable disease.^[1]

Asthma

Asthma is a chronic inflammatory conditions of airway in which hyper-responsiveness of airway resulting in characteristic features of recurrent

episodes of cough, breathlessness, chest tightness and wheeze particularly at night and early morning.^[2]

There are two types of asthma:


1. Atopic
2. Non Atopic asthma

Atopic asthma is aggravated by allergens like pollens, house dusts, mites, smoking etc also known as extrinsic asthma. There is not direct correlation of allergens in non Atopic asthma but occurs due to cold exposure, exercise induced, drug induced etc. Also known as intrinsic asthma.

There are triad of issues in asthmatic patients:

1. Airway obstruction
2. Smooth muscle hyperplasia, hyperactivity (brochospasm)
3. Inflammation.

When foreign allergens enter in airway B cell in lamina propria of airway stimulated by chemical mediators of TH₂ cell and make antibody IgE. During

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further exposure of same allergens, mast cell recognize and get stimulated through already made antibody and release pro inflammatory cells (leukotriene) which is responsible for smooth muscle contraction, mucous secretions, etc leads to symptoms of asthma.

Tamak swasa

Asthma closely resembles to *Tamaka swasa*. *Tamak swasa* is disease of *Pranvaha srotas*. There are five types of *Swasa rogas*, *Tamak swasa* is one among them. According to *Acharya Charak*, *Tamak swasa* is *Vata-Kaphaja Vyadhi* and originated from *Pittasthan (Amashaya)*. In *Tamaka swasa*, *Vata dosa* is vitiated and travels in opposite direction (*Pratilom gati*) due to obstruction of *Kapha dosa* resulting symptoms *Peenas*, *Ghuram ghuram*, *Swachchhata*, *Nishtyuntante kshanam Sukham*, *Anidra*, *Aseeno labhate sukham*^[3]. According to *Charak*, *Tamak Swasa* is *Paramdurjar* (treated with difficulty), if it is not treated and etiology factors not getting avoided then it becomes *Aashivish* (reason of death)^[4]. In modern, treatment of asthma is long term medications having many side effects and may leads to medicine dependency. In Ayurveda special line of treatment for *Tamak swasa* is chest massage with *Tila taila* and *Saindhav lavanam* and oral intake of Ayurvedic formulations like *Shringyadi churna*, *Swasa kuthar ras* with *Adrak swaras*, *Balajirakadi Kashayam*, tab *Bresol*, *Vasavaleha*, syp. *Brochorid*.

Case-Proforma

Case History

A 58 year old female patient with cr no A23009 came to Government Ayurvedic College & Hospital, Patna, Bihar, in Kayachikitsa OPD with chief complaints of breathlessness, cough, chest pain, irregular bowel evacuation, dryness of mouth, woke up during sleep due to dyspnoea, symptoms exaggerated during night and early morning and also exposure to

cold and dust. Patient felt lethargy all the time leads to decrease in work performance. She was previously diagnosed as bronchial asthma during treatment at modern medicine center.

Examination

On physical examination it is clearly seen that patients feels difficulty in breathing, cough, dryness of mouth.

On chest examination, wheezing sound present in B/L lower zone of lungs. Blood Pressure was 110/60 mm of Hg, pulse rate was 82/minute and respiratory rate is 24/minute.

Diagnosis

According to Ayurveda diagnosis of *Tamaka shwasa* was done clinically on the basis of classical symptoms of *Tamak shwasa* like *Peenas*, *Ghurghurakam*, *Swaskrichhata*, *Kasa*, relief after expectoration, *Vishushkasyo*, symptoms exaggerated with cold exposure and *Anidra* etc as it is said earlier that at modern medicine center it was diagnosed as bronchial asthma due to presence of breathlessness, cough, chest pain, wheezing sound etc like cardinal symptoms.

Treatment Plan

The treatment of *Tamaka shwasa* prescribed by *Acharya Charak* is chest massage with *Tila taila* and *Saindhava lavana*.^[5]

After 7 days of chest massage Internal oral formulations prescribed.

Internal Medications

Predominant *Dosas* in *Tamaka shwasa* is *Vata* and *Kapha* so medicine prescribed should be having *Vata-kapha shamak* property.

Formulations	Treatment administered days	Total duration of treatment
<i>Shringyadi Churna</i> ^[6] -3gm <i>Malla Sindur</i> - 65mg <i>Abhrak bhasma</i> -250mg With <i>Guduchyadi Kwath</i> ^[7] = 15ml BD	20 days	20 days
<i>Shwas Kuthar Rasa</i> ^[8] = 125mg With <i>Adraka swarasa</i> BD. Tab. <i>Bresol</i> ^[9] = 2 tab BD	20 days	20 days
<i>Balajeerakadi kashaya</i> ^[10] =15ml BD	20 days	20 days
<i>Vasa awaleha</i> ^[11] = 1 tsf BD	20 days	20 days
<i>Vara churna</i> ^[12] = 5gm at bed time in night with luke warm water.	14 days	14 days

Table 2: Assessment of symptoms Before and after treatment

Parameters	Before Treatment	After Treatment
Breathlessness	3	0
Cough	3	1

Wheezing	3	1
Chest pain	2	0
Dryness of mouth	3	0

DISCUSSION

Management of bronchial asthma is very difficult even in Ayurveda it has been said as *Yapya Vyadhi*. Till date in modern system of medicine there is no permanent cure for bronchial asthma and may lead to medicine dependency. As it was mentioned in Ayurvedic literature that to alleviate *Dosa of Tamak swasa*, a good physician should use drugs which can pacify *Vata-kapha* and *Usna* in nature, it must have *Vatanuloman* property. In present study we have selected some herbomineral drugs to see the effect on Patients of bronchial asthma on the basis of above Principles.

Shringyadi Churna having ingredients of *Kakadashringi*, *Trikatu*, *Triphala*, *Kantakari*, *Pushkarmul* and *Panchalavan* leads to *Vata kapha shamak*, *Kaphanisarak*, *Vatanuloman*, *Agnivardhak* and expectoration property. *Guduchyadi Kwath* balances *Vata* and *Kapha dosa* and absorption of the *Kwatha* due to its *Vikasi* and *Vyavayi guna* also contribute to the quick implementation of its action. *Swasa Kuthar Ras* having Ingredients *Shuddha gandhak*, *Shuddha Vatsanabha*, *Tankan*, *Manahshila* and *Pippali* improves functioning of respiratory system. *Malasindur* have expectoration property. Ingredients of Tab. Bresol are *Haridra*, *Tulasi*, *Vasaka*, *Triphala*, *Trikatu* having anti-inflammatory, mucolytic, bronchodilator, antimicrobial property. *Balajeerakadi kashaya* containing ingredients of *Bala*, *Jiraka*, *Vilwa*, *Adraka*, *Devdaru*, *Vasa* corresponds to anti-inflammatory action and also improves respiratory system. *Vasaawaleha* ingredients *Vasaka*, *Pippali* having expectoration, anti-inflammatory and *Vata kapha* balancing property and also can manage complicated respiratory disorders. *Vara churna* used for *Virechana* as per mentioned by *Acharya Charak* "*Tamake tu Virechanam*".

So these prescribed formulations gave significant results in management of *Tamak shwasa*.

CONCLUSION

The diagnosed case of the bronchial Asthma came to Kayachikitsa OPD of G.A.C.H, Patna, with classical symptoms of *Tamaka shwasa* for further evaluation and management. In this case study The treatment plan was made according to classics of Ayurvedic literature with some lifestyle modification along with chest massage with *Tila taila* and *Saindhav lavanam* for 7 days and then oral mineralo-herbal formulations according to conditions of patient and disease, gave impressive results in the management of *Tamaka Swasa*. Further large scale study is needed to proof the facts.

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*Address for correspondence

Dr. Rohit Kumar Ray

PG Scholar,

Department of Kayachikitsa,

Govt. Ayurvedic College, Patna.

Email:

rayrohit10081996@gmail.com

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