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Case Study

REVITALIZING BREATH: AYURVEDIC INSIGHTS INTO BRONCHIAL ASTHMA MANAGEMENT VIA *VAMANA KARMA*

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ABSTRACT

Bronchial Asthma is a disease characterized by episodic airway obstruction and hyper responsiveness, accompanied by airway inflammation. Bronchial Asthma is compared with *Tamaka Shwasa* that affects the *Pranavaha Srotas* and characterized by *Deergha shwasa*, *Ghurgurka*, *Shwasa krichhrata*, which is *Pranaprapeedaka* in nature. It is a *Kaphavataja Vyadhi* for which *Vamana Karma is* said to be the best line of treatment, specifically in *Vega kaala*. **Material and methods-** In this case, a 33-year-old female patient who is not a known case of diabetes mellitus or hypertension, but a known case of bronchial asthma, complained of wheezing, chest tightness, and breathing difficulty for past one year, *Vamana Karma* was administered to the patient with *Madanaphala pippali yoga*. Assessment was done on symptoms of *Tamaka Shwasa* and Bronchial Asthma along with serum IgE levels before and after the treatment. **Results**- Significant reduction in clinical symptoms like wheezing, chest tightness and breathing difficulty along with serum IgE levels were noted after *Vamana Karma.* **Conclusion**- *Panchakarma* offers a comprehensive approach to detoxification, particularly for complex and chronic condition like *Tamaka Shwasa. Vamana Karma* is essential for addressing the underlying pathology, by effectively eliminating the vitiated doshas from the body and subsequently incorporating the *Shamanoushadhi* can enhance their recovery and significantly reduce the likelihood of relapse.

INTRODUCTION

Bronchial asthma is a chronic respiratory disorder marked by intermittent airway obstruction, inflammation and hyperresponsiveness[1]. This condition significantly impacts quality of life and can lead to severe health complications. Globally, asthma affects approximately 200 million people and accounts for around 0.2 million deaths annually, with more than 15 million individuals impacted in India alone[2]. Patients with asthma typically experience recurrent symptoms such as wheezing, breathlessness, chest tightness, and cough particularly during night time or early morning. These symptoms can be aggravated by various triggers including allergens, respiratory infections and environmental irritants[3]. The pathophysiology of asthma involves a complex immune response. Upon exposure to allergens, there is an activation of inflammatory cells such as mast cells, eosinophils, and T lymphocytes. A critical aspect of this process is the elevation of immunoglobulin E (IgE) levels in the body, which play a pivotal role in sensitizing these cells to allergens. The elevated IgE levels suggest an allergic component, where immune-mediated inflammation plays a crucial role. The subsequent degranulation of mast cells and basophils releases inflammatory mediators including histamines, leukotrienes and prostaglandins. These substances contribute to bronchoconstriction, airway inflammation and excessive mucus production[4]. These inflammatory mediators have role in both the immediate and late-phase allergic responses. The immediate response to allergen exposure results in acute bronchospasm, while the late-phase response involves the recruitment of additional inflammatory

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cells, leading to prolonged airway inflammation and potential remodeling. Such structural changes can cause permanent alterations in airway function, exacerbating the severity of asthma and increasing the frequency of exacerbations. Understanding these mechanisms is vital for developing effective targeted therapies and improving asthma management.

Tamaka Shwasa is a condition that closely parallels bronchial asthma in modern medicine, attributed to imbalance of *Kapha* and *Vata dosha* leading to the obstruction of *Pranavayu* in the *Pranavaha srotas*. When vitiated *Vata* gets *Pratiloma gati,* along with *Prakupita kapha* produces excess bronchial secretion which interfaces with flow of air giving rise to symptoms like wheezing sound, breathlessness and cough[5]. In Ayurveda literature, symptoms of *Tamaka shwasa* are *Gurghurakam* (wheezing sound), *Pinasa* (coryza), *Kasa* (cough) etc[6]. It is said as *Yapya* disease, however in individual with recent origin and *Pravara Bala* said to be *Sadhya*. While describing the management, *Shodhana* and *Shamana* treatments are mentioned. In this case, all symptoms showed *Kapha* predominance. As *Vamana Karma* is one such modality by which vitiated *Kapha* is eliminated from the body through oral route, the same was employed in the following case.

Case Report

Chief complaints

Female patient aged 33 years complained of wheezing, chest tightness and breathing difficulty since 1 year. Sour belching and burning sensation in chest since 2 years

History of present illness

A 33-year-old female patient who is not a known case of diabetes mellitus or hypertension, but a known case of bronchial asthma, complained of wheezing, chest tightness, and breathing difficulty for past one year. Her symptoms worsened during the rainy and winter seasons, at night and after consuming certain foods (peanut, pickle, cheese, ice-cream, citrous fruits and juice) but were relieved by medication (Seroflo inhaler occasionally). She also reported sour belching and burning sensation in the chest, on consuming spicy and non-vegetarian food for the past 2 years. For further management of above said complaints, she visited the OPD of Panchakarma at the Government Ayurveda Medical College, Bengaluru and was admitted.

Past History

K/C/O Bronchial asthma since 18 years

H/O-Covid -19 in the year of 2020

Drug history

Not on regular medication, Seroflo inhaler occasionally

Family history

Nothing specific

Menstrual history

MC: Regular

3-4 days/26-28 days

$P_2L_2A_0D_0$

Personal history: Shown in table no.1

Table 1: Personal history

Diet	Mixed
Bowel	Regular
Appetite	Good
Habits	None
Height	149cm
Weight	54kg

Table 2: *Ashta sthana pareeksha*

Nadi	*Prakruta,* 78bpm
Mutra	*Prakruta* 4-5 times/day 1-2 times/night
Mala	*Prakruta* 1 time/day
Jihwa	*Alipta*
Shabda	*Prakruta*
Sparsha	*Prakruta*
Drik	*Prakruta*
Akriti	*Madhyama*

Table 3: *Dashavidha pareeksha*

Prakriti: Vata pitta	*Satva: Madhyama*
Vikriti: Kapha pitta	*Satmya: Sarva rasa*
Sara: Madhyama	*Ahara shakti: Madhyama*
Samhanana: Madhyama	*Vyayama shakti: Madhyama*
Pramana: Ht- 149cm Wt- 54kg	*Vaya: Madhyama* (33 years)

Systemic Examination

Central nervous system: Higher mental functions intact, no abnormality detected

Cardiovascular system: S1 S2 heard, no abnormality detected

Gastrointestinal system: P/A- soft, non-tender

Table 4: Respiratory findings

Inspection	Chest bilaterally symmetrical Type of breathing – thoraco-abdominal, no chest deformities.
Palpation	Position of trachea is central, tenderness-absent, vocal fremitus- bilaterally symmetrical
Percussion	Resonant all over the lung field, hepatic and cardiac dullness noted.
Auscultation	Rhonchi present (more on right lung compared to left), vocal resonance- bilaterally symmetrical

Table 5: Showing *Nidana panchaka*

Nidana	*Vishamashana, dadhi sevana*
Purvaroopa	*Bhaktadvesha, Vidagdhaajeerna*
Roopa	Wheeze, chest tightness and breathing difficulty
Upashaya	*Ushna ahara – Vihara* and medicine
Aupashaya	*Sheeta ahara* and *Vihara*

Table 6: Showing *Samprapti ghataka*

Dosha: Vata kapha	*Udbhavasthana: Adhoamashaya*
Dushya: Rasa, Rakta	*Sancharasthana: Urdhwa shareera*
Agni: Jatharagni	*Vyaktasthana:Pranavaha srotas*
Agnidushti: Mandagni	*Adhistana: Uras*
Srotas: Pranavaha	*Rogamarga: Abhyantara*
Srotodushti: Sanga and *Vimargagamana*	*Sadhyasadhyata: Yapya*

Table 7: Treatment protocol adopted

Day 1 – Day 3	*Deepana pachana*- with *Hingwashtaka churna* 3gm TID for 3 days	*Nirama koshta* and *Deeptagni lakshana* were noted
Day 4 – day 8	*Shodhananga snehapana* with *Kanthakari ghrita* 1st day – 30ml 2nd day – 50ml 3rd day – 70ml 4th day – 100ml	On 4th day *Snigdha varchas* and *Adhastat sneha darshana* were seen in the patient.
Day 9	*Vishrama kala*	*Kaphotkleshakara Ahara* *Sarvanga Abhyanga* with *Brihat Saindhavadi Taila* followed by *Bashpa Sweda*
Day 10	*Vamana karma* with *Madanaphala pippali+Yashtimadu+Vacha+Saindhava+ Madhu*	*Akantha pana* – milk 1.6 litre *Vamanopaga – Yashtimadhu phanta* 3.47 liters *Saindhava jala* – 970 ml

Table 8: Showing *Shuddhi lakshana*

Vegiki	No. of *Vega*	7
	No. of *Upavega*	5
Maniki	Input	6.04 L
	Output	5.6 L
Antiki	*Pittanta*	Seen
Laigiki	*Kale pravrutti*	Seen
	Kramat kapha pitta	Seen

Paschat karma – *Dhoomapana* with *Haridra varti* and *Samsarjana krama* was advised for 5 days.

Shamanoushadhi -After completion of *Samsarjana krama:*

- *Vyaghri haritaki* 5gm BD before food
- *Shwasakuthara rasa* BD after food advised

RESULT

Table 9: Showing assessment before and after treatment

Assessment		Before treatment	After treatment
Clinical symptoms	1) Wheezing	2	0
	2) Chest tightness	2	0
	3) Breathing difficulty	2	0
Serum IgE		310 IU/mL	122 IU/mL

Table no.10: Showing the subjective parameters

Parameter		Observation	Grade
Wheezing	Normal	No wheeze	0
	Mild	Wheezing only on exposure to allergens	1
	Moderate	Wheeze at night irrespective of allergen exposure	2
	Severe	Wheeze day and night irrespective of allergen exposure throughout the week	3
Chest tightness	Normal	No chest tightness	0
	Mild	Occasional sensation of chest tightness but not constant	1
	Moderate	Persistent chest tightness makes difficulty while breathing	2
	Severe	Intense and constant, causing difficulty in breathing and impairing the ability to perform daily activities	3
Breathing difficulty	Normal	No breathing difficulty	0
	Mild	Breathlessness only on exposure to allergens	1
	Moderate	Breathlessness at night, irrespective of allergen exposure	2
	Severe	Breathlessness day & night, irrespective of allergen exposure, disturbs daily activities	3

DISCUSSION

In the above case study patient complained of wheezing, chest tightness and breathing difficulty along with *Amlapitta lakshanas* like *Amlodgara, Hritdaha* which is compared with gastroesophageal reflux disease (GERD). GERD is common in asthma patient affecting up to 80%[7].

Association of Bronchial Asthma and Gastroesophageal Reflux Disease: These two are distinct clinical conditions but are often interconnected, particularly in terms of respiratory symptoms. Both conditions share overlapping symptoms such as cough, dyspnea, and chest tightness which may confuse diagnosis. Patients diagnosed with both conditions may find it hard to distinguish whether their symptoms are caused by asthma or GERD or combination of both.

Pathophysiological link: The lungs and esophagus have a common embryonic origin, so complex interactions are possible. GERD can worsen asthma symptoms through several mechanisms including,

- **Increased bronchial activity:** Acid reflux in the esophagus may trigger airway hyper responsiveness causing bronchospasm.
- **Micro aspiration:** Acid from the stomach may be aspirated into the lungs, directly irritating the bronchial tree causing bronchoconstriction.
- Intraesophageal acid perfusion stimulates the release of tachykinins into the airway, leading to cough or bronchospasm.
- **Vagal response:** Acid in the esophagus can trigger the vagus nerve, which controls both esophagus and airway causing worsening asthma symptoms.

Bidirectional relationship: GERD can worsen asthma by increasing airway hyper responsiveness and bronchospasm. Conversely, poorly controlled asthma

can increase intrathoracic pressure leading to reflux and worsening GERD symptoms, thus creating a vicious cycle. Breaking the cycle by aggressively treating both conditions is the key to mitigating the symptoms[8].

Tamaka shwasa is predominantly *Kapha-Vataja vyadhi* originating from *Pittasthana* i.e., *Amashaya* and manifested through *Pranavaha srotas*. When *Vikruta Kapha* obstructs the *Pranavaha srotas* and *Vata* attains *Pratiloma gati* causes *Gurgurakam*, *Shwasakrichrata, Kasa* etc. At earlier stage it is *Sadhya* but in chronic condition it becomes *Yapya*[9].

Amlapitta is very common disease caused due to *Agnimandhya* (digestive impairment) by increased *Amla guna* of *Vidaghda pachaka pitta* affecting *Annavaha srotas*[10]. *Achyarya Kashyapa* has explained that, this *vyadhi* is originating from *Amashaya* which shelters *kapha-pitta dosha* and no treatment surpasses the efficacy of *Vamana karma*. Just as *Moolachedana* (cutting root) of the tree eliminates the diseases of its stem and branches, *Vamana* karma addresses the root cause of the disease[11].

Probable Mode of Action

***Deepana Pachana*:** Corrects *Jataragni* and facilitates proper digestion and metabolic balance by preventing *Ama* formation which is a pre-requisite for *Shodhananga Snehapana.*

Snehapana: Provides mobility to the *Dosha* by dislodging the cellular impurities, enabling their movements within the body. *Snehana* by virtue of its *Vishyandana*, *Vriddhi* properties helps in detaching *Doshas* from *Srotas* allowing them to reach the *Koshta*. This can be inferred as, *Snehapana* prevents IgE fixation to granulocyte membranes, thus freeing IgE into bloodstream.

Abhyanga* and *Sweda* during *Vishrama kala: *Abhyanga* (*Bahya snehana*) and *swedana* also eases the *doshas* which are separated from the *dushyas* to move to the *koshta*. This can be understood as migration of IgE, eosinophils & other granulocytes towards respiratory mucosa.

Vamana karma: Increases mucosal cell permeability of in respiratory tract due to the *Ushna, Teekshna, Vyavayi* and *Vikasi guna* of the *Vamana dravya*. Assist in expelling Eosinophils & IgE along mucus, clearing respiratory obstruction enabling easy flow of breath and thus allergic reactions gets reduced.

As these two diseases i.e., *Tamaka shwasa* and *Amlapitta* have the same root of origin (*Amashaya*) which houses *Vikruta kapha* and *Pitta dosha* and contemporary science recognizes a bidirectional link between bronchial asthma and GERD, *Vamana karma* can effectively address both conditions simultaneously. Role of *Vamana* in the correction of bronchial asthma and GERD: In *Tamaka shwasa*, *Vamana Karma* is known to be beneficial in eliminating excess *Kapha* and correcting the function of *Vata*, thus reducing the frequency and intensity of asthmatic attacks. As observed in the study, there was a significant reduction in clinical symptoms such as wheezing, chest tightness and breathing difficulty, along with a marked decrease in IgE levels.

CONCLUSION

Vamana karma holds vital place in treating *Tamaka shwasa*, not only providing symptomatic relief but also targeting the root cause of the disease. *Panchakarma* focusing on body purification, plays a major role in managing these kinds of chronic conditions, forming a cornerstone of Ayurvedic care. *Shodhana chikitsa*, by removing the accumulated *Doshas* will treat the disease at its core and adopting *Shamanaushadhi* helps in minimizing the chances of recurrence, making it preventive as well as a therapeutic approach.

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