AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

AYURVEDIC APPROACH IN THE MANAGEMENT OF PNEUMOTHORAX W.S.R. TO *SAHASJANYA SHOSHA ROG*

Pooja Maida[1]*, Rajesh Meshram[2], Shraddha Sharma[3], Swati Nagpal[3]
*[1]PG Scholar, [2]Professor, [3]Associate Professor, Department of Kayachikitsa, Pt. Khushilal Sharma Govt. Ayurvedic College, Bhopal, (M.P.) India.

Article info
Article History:
Received: 11-08-2026
Accepted: 15-09-2026
Published: 02-11-2026
KEYWORDS:
Ayurveda, *Shosha Rog,* Pneumothorax, *Pranavaha Srotas, Shamana Chikitsa.*

ABSTRACT

Pneumothorax is a clinical condition caused by air in the pleural cavity that results in either partial or complete lung collapse. Dyspnoea and chest pain are common symptoms. According to Ayurveda, illnesses that resemble pneumothorax can be associated with *Shosha* rog, specifically with *Pranavaha Srotas* dominated by aggravated *Vata Dosha.* Conventional therapy frequently results in recurrence, which highlights the need for safe and effective alternative treatment approaches. **Case Presentation** - A 24-year-old male presented to the Outpatient Department of Pt. Khushilal Sharma Government Ayurvedic Hospital, Bhopal, with complaints of rt. side chest pain, dyspnea on exertion and weakness for one month. Based on clinical features and Ayurvedic assessment, the condition was diagnosed as *Sahasjanya Shosha Rog.* **Intervention-** The patient was treated with *Shaman Aushadh Yog* for two months *Agastya Haritaki Avaleha*, *Shwaskuthar ras*, and *Avipattikara Churna* twice in a day. **Results–** Significant improvement in symptoms as well as laboratory findings, x-ray, and other investigation, which is quite encouraging. No adverse effects or recurrence were observed during the treatment period. **Conclusion-** This case demonstrates that *Shaman* therapy, an integrated Ayurvedic treatment protocol may be effective in the management of *Sahasjanya Shosha Rog*. Further clinical studies with larger sample sizes are required to validate these findings.

INTRODUCTION

Pneumothorax is characterized by the presence of air in the pleural cavity, which causes the lung to collapse partially or completely as a result of the loss of negative intrapleural pressure. It is a potentially fatal illness that needs to be diagnosed quickly and treated appropriately. Pneumothorax can be broadly categorized into three types: iatrogenic, traumatic, and spontaneous (primary and secondary). Primary spontaneous pneumothorax typically occurs in young, otherwise healthy individuals, often of a tall and thin build, and is classically precipitated by rupture of sub-pleural blebs or bullae following a sudden rise in intrathoracic pressure, such as during strenuous physical exertion or heavy weight lifting.

Sudden onset chest discomfort, dyspnea, tachypnea, reduced breath sounds on the affected side, hyper-resonant percussion noted and in extreme situations, respiratory distress and hemodynamic instability are among the clinical signs. Chest radiography or computed tomography of the thorax remains the gold standard confirmatory investigation, but in resource-limited settings, or where the patient declines conventional imaging, the diagnosis may rest largely on a careful history and systemic clinical examination. To avoid complications such as tension pneumothorax and to enhance patient outcomes, early diagnosis through clinical examination and, where available, radiological tests is crucial. [1]

Conventional management of pneumothorax ranges from simple observation and supplemental oxygen therapy in small, asymptomatic cases, to needle aspiration, intercostal tube drainage, and, in recurrent or persistent cases, surgical pleurodesis. However,

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i5.2858
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

patients frequently present with residual weakness, exertional breathlessness, and reduced exercise tolerance even after successful re-expansion of the lung, reflecting the systemic depletion that accompanies the acute event. This convalescent phase, characterized by generalized debility and slow return of respiratory capacity, corresponds closely with the state of *Dhatu Kshaya* described in Ayurvedic texts, and represents a stage at which *Rasayana* and *Brimhana* therapies are traditionally considered most beneficial.

Pneumothorax is not specifically mentioned as an independent clinical entity in classical Ayurvedic literature. However, *Acharya Charaka* has described *Shosha Roga* in the *Nidana Sthana* and *Chikitsa Sthana* of the *Charaka Samhita*. Because *Shosha* is a severe, progressively wasting condition involving all the *Dhatus* (bodily tissues) and predominantly affecting *Pranavaha Srotas* with vitiation of *Vata Dosha*, a collapsing lung with progressive breathlessness and generalized weakness is reasonably correlated with *Shosha Roga* in the present article.

On the basis of the *Nidana* (causative factors) involved, *Shosha* has been classified by classical authors into four varieties: *Sahasajanya Shosha* (caused by excessive or untimely physical exertion), *Vegasandharanajanya Shosha* (caused by suppression of natural urges), *Vishamashanajanya Shosha* (caused by irregular or improper dietary habits), and *Kshayajanya Shosha* (caused by *Dhatu Kshaya*, or progressive depletion of *Rasadi Dhatus*). Among these, *Sahasajanya Shosha* is described as arising specifically from *Atiyoga* (excessive or inappropriate use) of physical strength, as occurs during heavy exercise, weight-lifting, or sudden strenuous exertion a precipitating history that closely mirrors the exertional onset typically seen in primary spontaneous pneumothorax. [2]

The *Samprapti* (pathogenesis) of *Sahasajanya Shosha* is understood to begin with *Sahasa* (excessive physical strain), which vitiates *Vata Dosha*, particularly *Prana Vayu* and *Udana Vayu*, located in the thoracic region. Aggravated *Vata* then draws upon and depletes *Rasa* and *Rakta Dhatu*, producing *Dhatu Kshaya*. The resultant *Kshaya* of *Rasadi Dhatu* manifests clinically as weakness, breathlessness, cough, and chest pain are the features seen in the index case. Through appropriate *Shamana* (palliative), *Panchakarma* (bio-cleansing) where indicated, dietary regulation (*Pathya-Apathya*), and supportive therapies, Ayurvedic management seeks to restore *Agni* (digestive-metabolic fire), replenish depleted *Dhatus* through *Brimhana* (nourishing) and *Rasayana* (rejuvenative) measures, pacify vitiated *Vata*, and thereby improve the patient's respiratory function and overall quality of life.

Case Presentation

A 24-year-old male presented to the Outpatient Department of Pt. Khushilal Sharma Government Ayurvedic Hospital, Bhopal, with complaints of right-sided chest pain, dyspnea on exertion, and generalized weakness of one month's duration. The pain and dyspnea were aggravated after weight-lifting and physical exertion, and the patient reported experiencing this constellation of symptoms specifically following episodes of heavy weight-lifting, corroborating a *Sahasa* (exertional) precipitating factor. There was no associated fever, hemoptysis, or significant weight loss. There was no history of diabetes mellitus, immunosuppression, tuberculosis, or similar respiratory illness among family members, and no prior history of chest trauma or thoracic intervention.

General Examination

- Temperature: 98.4°F (Afebrile)
- Pulse: 84/min, regular
- Blood Pressure: 110/70 mmHg
- Respiratory rate: 26/min
- No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema

Systemic Examination

Respiratory System - Inspection: Mild asymmetry of chest movement, reduced expansion on the right side. Palpation: Reduced chest expansion on the affected (right) side, trachea central. Percussion: Hyper-resonant note noted over the right hemithorax. Auscultation: Diminished breath sounds on the right side compared with the left.

Cardiovascular System: S1 and S2 normal, no added sounds, apex beat not displaced.

Central Nervous System: Conscious, well-oriented to time, place and person, no focal deficit.

In addition to conventional systemic examination, an Ayurvedic assessment based on the *Ashtavidha Pariksha* (eightfold examination comprising *Nadi, Mutra, Mala, Jihva, Shabda, Sparsha, Druk* and *Akriti*) was performed. *Nadi Pariksha* revealed a *Vata-Pradhana* pulse quality; *Jihva Pariksha* showed mild coating suggestive of *Ama*; and *Sparsha Pariksha* revealed reduced skin unctuousness consistent with *Dhatu Kshaya*. *Agni Pariksha* indicated a state of *Vishamagni* (irregular digestive fire), correlating with the reported anorexia. Based on the correlation of the exertional history, the clinical features, and the Ayurvedic examination findings, a diagnosis of *Sahasajanya Shosha Roga* (correlating clinically with spontaneous pneumothorax) was established.

The patient's *Prakriti* (constitutional body type) was assessed as *Vata-Pittaja*, and his *Sara*, *Samhanana*, and *Satmya* were judged to be average, consistent with the moderate build typically associated with predisposition to exertion-related *Vata* vitiation. *Bala Pariksha* (assessment of physical strength) revealed *Avara Bala* (diminished strength), corroborating the patient's own report of generalized weakness, while assessment of *Satva* (mental resilience) was found to be adequate, which was considered favorable for compliance with the prescribed *Shamana* regimen and dietary restrictions over the two-month treatment period.

MATERIALS AND METHODS: The patient was managed exclusively on an outpatient basis with *Shamana Chikitsa* (palliative pharmacological management) for a total duration of two months. The treatment protocol, comprising four formulations administered twice daily (*BD*) along with their respective *Anupana* (vehicle/adjuvant), is summarized in Table 1. The patient was advised *Pathya* (wholesome regimen) in the form of easily digestible, warm, freshly prepared food, adequate rest, and strict avoidance of heavy physical exertion, weight-lifting, and forceful respiratory maneuvers (*Apathya*) for the duration of therapy. The patient was reviewed clinically at baseline, at 15 days, and at completion of two months of treatment, with severity of each symptom graded semi-quantitatively as absent (–), mild (+), moderate (++), or severe (+++).

Table 1: *Shamana Chikitsa*

S.No.	Treatment	Dose	*Anupan*
1.	Composition of *Ashwagandha* *Shatawari* *Yashtimadhu* *Shuddha shilajita* *Vang Bhasam* *Loh bhasam*	 50mg 50mg 30mg 20mg 6mg 4mg BD	Water
2.	Composition of *Shwaskuthar ras* *Talishadi churna*	 250mg 3 gm BD	Honey
3.	*Agastya haritaki avaleha*	10gm.BD	Milk
4.	*Avipattikar Churna*	3gm.BD	Lukewarm water

RESULTS

Following two months of treatment, significant clinical improvement was observed in both subjective and objective parameters. *Shwasakruchhata* (breathlessness), which was severe (+++) at baseline, showed reduction to moderate (++) by 15 days and complete resolution (–) by the end of treatment. Similarly, *Daurbalaya* (weakness), initially severe (+++), improved progressively to mild (+) and thereafter resolved completely. *Parswashoola* (right-sided chest pain), *Shushka Kasa* (dry cough), and *Kshudhanash* (anorexia) likewise showed a consistent, graded improvement across the three assessment points, with complete resolution of all five parameters by the end of the two-month treatment period, as detailed in Table 2. The patient tolerated all formulations well, and no adverse effects or drug intolerance were reported during the course of therapy.

Following two months of treatment, significant clinical improvement was observed in both subjective and objective parameters.

Table 2: Clinical Parameters before and after treatment

S.No.	Parameter	Before Treatment	After15 days	After Treatment
1.	*Shushka Kasa* (dry coughing)	+	+	-
2.	*Shwasakruchhata* (breathlessness)	+++	++	-
3.	*Parswashoola* (right lateral side chest pain)	++	+	-
4.	*Daurbalaya* (weakness)	+++	++	-
5.	*Kshudhanash* (anorexia)	++	+	-

Before Treatment- Moderate right pneumothorax seen in MRI of chest.

After Treatment- No evidence of pneumothorax seen in USG chest and x-ray chest.

DISCUSSION

Sahasajanya Shosha Roga is primarily a *Vata*-predominant disorder with secondary involvement of *Rasadi Dhatu*. Therefore, the treatment strategy in this case was directed towards correcting *Dosha* imbalance while simultaneously improving digestion and metabolism (*Agni*), nourishing the depleted tissues (*Dhatu Poshana*), enhancing immunity (*Ojas*), and relieving the presenting symptoms a multi-pronged approach consistent with classical principles of *Shosha Chikitsa*.

The first formulation Composition of drugs- *Ashwagandha, Shatawari, Yashtimadhu, Shuddha shilajita, Vang Bhasam* and *Loh* acts as a potent *Rasayana* (rejuvenative), *Brimhana* (tissue-building), *Jeevaniya* (life-promoting), *Yogavahi* (synergistic carrier that potentiates the action of co-administered drugs), and *Balya* (strength-promoting) combination. *Ashwagandha* is well documented for its adaptogenic and *Balya* properties, helping counter physical and mental fatigue, while *Shatawari* contributes *Brimhana* and immunomodulatory action. *Yashtimadhu* possesses *Rasayana* and *Shwasahara* (anti-dyspneic) properties beneficial for respiratory recovery, while *Shuddha Shilajita* acts as a *Rasayana* and *Balya* agent that supports tissue regeneration. The *Bhasmas* (*Vanga* and *Loha*) in micro-fine, detoxified form act as potent *Rasayana* and *Balya* adjuvants, improving *Agni*, enhancing nutrient assimilation, promoting *Dhatu Poshana* (tissue nourishment), increasing energy and physical strength, boosting immunity, and delaying the tissue degeneration associated with chronic *Kshaya.* The second combination consisted of *Shwaskuthar Rasa* and *Talishadi Churna*.

Shwaskuthar Rasa possesses *Kaphahara* (anti-*Kapha*), *Vatahara* (anti-*Vata*), *Deepana* (appetizing), *Pachana* (digestive) and *Shwasahara* (anti-dyspneic) properties. Its constituent *Trikatu* (*Shunthi*, *Maricha*, and *Pippali*) stimulates *Jatharagni* and improves digestion, thereby reducing *Ama* (metabolic toxins/ undigested residue), which is considered an important contributory factor in the pathogenesis of *Shosha Roga*. [3]

Talishadi Churna acts as a *Deepana*, *Pachana*, *Kaphahara* and *Kasahara* (anti-tussive) formulation. It facilitates expectoration of sputum, relieves cough, reduces throat irritation, and supports overall respiratory health. The improved digestion and enhanced tissue nutrition brought about by this combination help to counteract the progressive *Dhatu Kshaya* observed in *Shosha Roga*, complementing the *Rasayana* action of the first formulation.[4]

Agastya Haritaki Avaleha acts in *Shosha Roga* through *Deepana*, *Pachana*, *Vata-Kapha Shamana*, *Rasayana*, *Brimhana*, *Kasa-Shwasahara*, *Anulomana* (carminative/downward-regulating action on *Vata*), and *Srotoshodhana* (channel-clearing) properties, thereby improving *Agni*, nourishing depleted *Dhatus*, enhancing *Ojas*, relieving respiratory symptoms, and restoring overall strength. Being formulated as an *Avaleha* (semi-solid confection) administered with milk, it also provides sustained *Brimhana* support suited to a wasting condition such as *Shosha*. [5]

Avipattikar Churna was included for its *Deepana*, *Pachana*, *Mridu Virechana* (mild laxative), *Anulomana*, and *Pitta Shamana* properties. By improving *Agni* and nutrient absorption and by ensuring regular bowel clearance, it helps prevent further *Dhatu Kshaya* secondary to poor assimilation, and supports the overall digestive foundation upon which the *Rasayana* and *Brimhana* therapies could act effectively. [6]

Taken together, the four-formulation protocol addressed the *Samprapti* of *Sahasajanya Shosha Roga* at multiple levels correcting *Agni* and clearing *Ama*, pacifying vitiated *Vata* (and secondarily *Kapha* and *Pitta* where relevant), replenishing depleted *Rasadi Dhatus* through *Brimhana* and *Rasayana* measures, and directly relieving the cardinal symptoms of cough, breathlessness, chest pain, weakness and anorexia. The graded, progressive improvement observed at 15 days and at completion of two months is consistent with the expected time-course of *Dhatu Poshana* and *Bala Vardhana* (strength restoration) described for such *Rasayana*-based protocols in classical texts, and supports the plausibility of this correlation between *Sahasajanya Shosha Roga* and spontaneous pneumothorax in the present case.

Furthermore, no untoward effects on *Agni*, bowel habit, sleep, or appetite were reported through the course of therapy, suggesting a favorable safety profile for this combination over the two-month treatment window. The gradual, stepwise resolution of symptoms, rather than an abrupt disappearance is itself informative, and mirrors the expected pace of *Dhatu Nirmana* (tissue formation) described in classical Ayurveda, wherein nourishment of one *Dhatu* precedes and supports nourishment of the next in sequence. This lends biological plausibility to the observed pattern of recovery in the present case, and is consistent with the broader Ayurvedic understanding that restoration of severely depleted

tissues is a time-bound, sequential process rather than an instantaneous one.

CONCLUSION

The present case demonstrates that *Sahasajanya Shosha Roga* (correlated with pneumothorax) showed significant clinical improvement with an integrated Ayurvedic treatment strategy comprising a *Rasayana-Balya* combination, *Shwaskuthar Rasa*, *Talishadi Churna*, *Agastya Haritaki Avaleha*, and *Avipattikar Churna*. In addition to supporting strength restoration and boosting immunity, this *Shamana Chikitsa* approach successfully decreased weakness, dyspnea, chest pain, cough, and anorexia, and reduced the overall severity of the illness over a two-month period. Larger, controlled clinical studies with objective radiological confirmation are required to establish the effectiveness, safety, and reproducibility of this treatment protocol, even though the present results are encouraging. This report is based on the observation of a single case, and the findings should therefore be interpreted with appropriate caution and viewed as hypothesis-generating rather than confirmatory.

REFERENCES

1. Ismail K, Goldberg HJ, Baron RM. Disorders of the Pleura. In: Loscalzo J, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL, editors. Harrison's Principles of Internal Medicine. 22nd ed. New York: McGraw Hill; 2022. p. 2267.
2. Agnivesha Charak Samhita Vidyotini hindi commentary by Pandit Kashinath Pandey & Dr. Gorakhnath Chaturvedi published by Chaukhambha Bharti Academy, Charak Samhita Nidanasthana chapter 6, page no.648.
3. Shastri AD, editor. Bhaishajya Ratnavali (Vidyotini Hindi Commentary). 19th ed. Varanasi: Chaukhambha Surbharati Prakashan; 2005. Hikka-Shwasa Chikitsa, Chapter 16, Verse 44–45, p. 466.
4. Shastri K, Chaturvedi GN, editors. Charaka Samhita of Agnivesha, Vol. II. Reprint ed. Varanasi: Chaukhambha Bharati Academy; 2017. Chikitsa Sthana, Kasa Chikitsa Adhyaya (Chapter 18), p. 540.
5. Paradkar HS, editor. Ashtanga Hridaya of Vagbhata (Sarvangasundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri). Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2019. Chikitsa Sthana, Chapter 3, Verses 125–130, pp.638–640.
6. Tripathi I. Vaidya Rahasyam. Varanasi: Krishnadas Academy; Agnimandya Chikitsa. p. 90.

Cite this article as:
Pooja Maida, Rajesh Meshram, Shraddha Sharma, Swati Nagpal. Ayurvedic Approach in the Management of Pneumothorax w.s.r. to Sahasjanya Shosha Rog. AYUSHDHARA, 2026;13(5):112-116.
https://doi.org/10.47070/ayushdhara.v13i5.2858
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Pooja Maida
PG Scholar,
Department of Kayachikitsa,
Pt. Khushilal Sharma Govt.
Ayurvedic College, Bhopal (M.P.),
Email: pooja.maida7807@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.