

**AYURVEDIC MANAGEMENT OF BRONCHIAL ASTHMA – A CASE STUDY****Momin Jasmin Begam<sup>1</sup>, Kulkarni Prasad<sup>2</sup>, Gogate Vishwas<sup>3</sup>**<sup>1</sup>PG Scholar, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India<sup>2</sup>Assistant Professor, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India<sup>3</sup>Associate Professor, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India**Corresponding Author:** [jasminmomin791992@gmail.com](mailto:jasminmomin791992@gmail.com)<https://doi.org/10.46607/iamj5408102020>**(Published online: October 2020)****Open Access**

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**Article Received:** 06/09/2020 - **Peer Reviewed:** 25/09/2020 - **Accepted for Publication:** 03/10/2020**ABSTRACT**

Bronchial asthma is a heterogenous disease with reciprocity between genetic and environmental factors. The different triggering factors increase the frequency and severity of breathing difficulty attacks. The use of modern medicines is restricted due to its various local as well systemic side effects. The clinical picture of bronchial asthma can be correlated with *Tamakashwas* as explained in Ayurveda. In the present case study, a 24 years old female patient having signs and symptoms of *Tamakashwas* has been discussed. The treatment was administered in accordance with *Shodhana Chikitsa*, *Shamana Aushadhis* and *Sthanika Chikitsa*. *Nidana Parivarjana* is strictly instructed in order to avoid the stimulation to internal pathology of the disease. The classical management helps in relieving the symptoms as well as lowers the recurrence of the breathing difficulty attacks. Regular counselling and practice of *Parnayama* contributes in boosting and refreshing her mind. The assessment was done by using the gradation scale which was adopted from developing guidelines for clinical research methodology in Ayurveda. This Ayurvedic management helps in achieving the positive output with complete stoppage of use of inhaler over a period of 6 months.

**Keywords:** *Tamakashwas*, *Nitya Virechana*, *Tikshna Dhumapana*, *Nadiswedana*, Mouth inhaler.

## INTRODUCTION

Bronchial asthma is one of the most common chronic disease worldwide which is characterized by airflow obstruction with inflammation associated with airway hyper-responsiveness that led to excessive narrowing of airflow along with wheezing, chest tightness and episodic dyspnea.<sup>[1]</sup> It also has triggering factors like exposure to allergens like grass pollen, allergens derived from domestic pets, fungal spores, viral infections, exercise, food items like shellfish and nuts, increased levels of nitrogen dioxide, Sulphur dioxide in the air, etc.<sup>[2]</sup> The etiopathogenesis and clinical picture of bronchial asthma have much similarities with *Tamakashwas* in *Ayurveda*.<sup>[3]</sup> *Tamakashwas* comprises of two words that is 'Tamaka' and 'Shwas'. 'Tamaka' means 'darkness' while 'Shwas' means 'shortness of breath' and hence 'Tamakashwas' literally means 'burying into darkness due to shortness of breath'.<sup>[4]</sup> 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.<sup>[4]</sup> This increases the mucous secretions which later dries due to *Ruksha Guna* of *Vata* and get accumulated in the bronchial spaces leading to difficulty in breathing along with *Sakashta* and *Sashabda Shwas*.<sup>[4]</sup> *Ayurveda* explains this as a *Yapya Vyadhi*.<sup>[5]</sup> Modern science suggests the use of bronchodilators and inhaled corticosteroids which have side effects like hoarseness of voice, oral candidiasis, gastric ulceration, osteoporosis, etc.<sup>[6]</sup> A case of 24 years of female patient having complaints of *Tamakashwas* has been discussed here with classical approach of *Ayurveda* towards its management. This reduces the frequency of use of inhaler and also restricts the recurrence of breathing difficulty attacks. The results were significant in relieving the complaints of the patient and helps in improving the quality of life.

**Case Description** – A 24 years old female patient came to OPD (18/11/2019) of our institute (OPD NO 110557). She was having complaints of *Kasa* (cough mostly dry in nature but occasional with sputum), *Peenasa* (coryza), *Shvasakashtata* (breathlessness), *Kanthodhvansa* (throat irritation due to blockage of

respiratory track by sputum) and *Parshvashoola* (pain at thoracic region which is persistent in nature) as the main complaints. She was also having bodyache, headache, feeling of giddiness and mild fever along with generalized weakness. All the signs and symptoms have started insidiously, and they were gradually progressive in nature. She was suffering from these complaints over the period of 2 years.

For these complaints, patient was undergoing allopathic treatment where she was diagnosed as bronchial asthma. She was taking cough expectorant which was combination of Terbutaline, Ambroxol hydrochloride, Guaifenesin and Menthol. She was also taking Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) that is Paracetamol, Nimesulide, Cetirizine, Phenylephrine hydrochloride and caffeine internally along with the regular use of Beclomethasone dipropionate in the form of mouth inhaler. She was getting relief in the complaints of *Shvasakashtata* (breathlessness) after the use of mouth inhaler that led to the increase in the no. of frequency of inhaler used. Initially she was getting mild relief in the above complaints but afterwards she was not satisfied with the relief she was getting.

Patient was non-smoker, not having any history of work near any kind of smoke as well as she does not have positive family history of any respiratory disorders. she was doing only household work. Her symptoms get exaggerated after exposure to the *Dhuma* (smoke), *Raja* (dust) and *Sheeta* (cold), during winter and cloudy weather and after physical exertion. The symptoms get relieved after taking hot fomentation or steam or hot beverages. There was no awakening during night, but intensity of symptoms was more in the early morning hours. Menstrual history was regular with medium blood flow for 3-4 days. Obstetric history confirmed the single full-term normal delivery of a male child and she was not using any contraceptives. She was having irregular bowel habits with incomplete bowel evacuation while bladder evacuation was good and regular.

Patient has opted for Ayurvedic treatment and came to our care in search of better and sustained relief. At the time of chest examination, wheezing sounds were

heard over the middle and lower lobe of right lung and lower lobe of the left lung. She was having persistent cough with occasional expectoration of the sputum and she does not have relief after the expectoration. The sputum was thin and colorless without any smell. Air entry was slightly reduced over the right lower lobe of the lung. She was having difficulty during inspiration with fast but irregular breathing pattern. Continuous throat irritation was there with red and inflamed mucosa. Nasal congestion was also present leading to mouth breathing and dry mouth. There was no any tenderness present over the thoracic region. Patient was complaining of fever but on examination, temperature was within normal range. Skin was dry and rough in nature. No local temperature was present. Occasionally she was having difficulty in speech also because of nasal congestion. The blood pressure was 110/70 mm of Hg and pulse rate was 94/min that means tachycardia was present. Respiratory rate was high that is 26/min. Patient was very weak and complaining of giddiness and hence dyspnea assessment by walking of patient on the normal floor was not done. There was no cervical and axillary lymph node swelling found on palpation. While dealing with the patient, it was observed that patient is irritated with above stated symptoms as these

hampered her routine activities like cooking, intake of cold beverages, etc. The prolonged expensive treatment with unsatisfactory results had disturbed her quality of life. So, the mind of patient was quiet depressive and she was getting reluctant to live the life happily.

The 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 X-ray was showing changes of bronchitis. Sputum of the patient for acid fast bacilli was negative. Montoux test was done to rule out the pulmonary tuberculosis by intradermal injection of tuberculin and it was also negative.

The diagnosis of the patient was done as ‘*Tamakshwas*’ on the basis of symptoms of Shwas as *Sakapha Nishthivana* (cough with occasional sputum), *peenasa* (coryza), *Kanthodhvansa* (throat irritation), *Parshvashoola* (pain at thoracic region), *Pratamyati* (fainting leading to darkness in front of eyes), *Vishushkasya* (dryness of mouth), *Atitivravega Shwas* (fast breathing pattern), *Shwaskashtata* (breathlessness), *Ushnabhinandati* (desire for hot things or hot environment.<sup>[7]</sup> The exaggerating and relieving factors were also taken into consideration while diagnosing the disease.

**Table 1:** Showing investigations of the patient –

Date	Investigations	Findings
19/11/2019	Hemoglobin	13.4 gm %
	Total leucocyte count	9000/ cumm
	Red blood cells count	4.47 mil/cumm
	Platelet count	2,65000/ cumm
	Eosinophils	02%
	Neutrophils	64%
20/11/2019	Sputum examination for acid fast bacilli	Negative
20/11/2019	Montoux test	Negative
20/11/2019	Chest X-ray	Changes of bronchitis

### Treatment –

The treatment protocol comprises the following plan –

1. *Nidana Parivarjana*
2. *Shodhana Chikitsa*
3. *Shamana Aushadhis*
4. *Sthanika Chikitsa*
5. Counselling and physiotherapy

### 1. *Nidana Parivarjana* –

- In order to avoid the stimulation to the symptoms, all the exaggerating factors were strictly restricted. Patient was advised with *Panchakola yukta Laghu Aahara* and *Sunthi Siddha Jalapana*.

### 2. *Shodhana Chikitsa* –

- Patient was administered with *Nitya Virechana* in the form of *Triphala Kwatha* 30 ml and *Eranda Sneha* 20 ml.
  - For the *Shodhana* of *Kapha* of *Urdhvajatrugata Pradesha*, *Tikshna Dhumapana* was administered with the help of *Dhumavarti* made with *Kantakari*, *Jyotishmati* and *Vacha Churna* in a schedule of twice a day.
- 3. Shamana Aushadhis –**
- The patient was administered with mixed *Churna* of *Vasa*, *Yashti*, *Kantakari*, *Guduchi* and *Kiratatikta* in the dose of 5gm thrice a day with lukewarm water.
  - *Dashamulakatutrayadi Kashaya* was given in the dose of 15 ml twice a day with lukewarm water.
- 4. Sthanika Chikitsa –**
- *Abhyanga* with warm *Tila Taila* mixed with *Saindhava Lavana* was done locally over *Urapradesha* twice a day followed by *Nadiswedana* with *Dashamula Kwatha*.

- Steam inhalation twice a day.

**5. Counselling and physiotherapy -**

The counselling sessions were taken to free up the mind of patient in order to help her for positive lifestyle and rescue the depression. Simultaneously, chest physiotherapy, breathing exercises in the form of *Pranayama* were also conducted for the strengthening of respiratory muscles.

All the allopathic medicines were stopped by patient herself and she was using mouth inhaler daily as per requirement. But during her hospitalization at our institute, she was advised to avoid the use of inhaler as possible. During her stay, breathing difficulty attacks were occurred for three times for which *Sthanika Snehana* and *Nadiswedana* over *Urapradesha* and *Tikshna Dhumapana* was done. Patient was agreeable with this and allow us to carry out the *Ayurvedic* treatment smoothly. By this side, counselling of the patient was done in order to relieve her stress factor along with *Pranayama* for the strengthening of respiratory muscles.

**Assessment -**

Assessment of the signs and symptoms of the patient was done with the help of 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 foul smell	2
Hemoptysis	3
Thick green sputum with pus and 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 <i>Snehana</i> and <i>Swedana</i>	2
Very often without attack, not relieved by <i>Snehana</i> and <i>Swedana</i>	3
Persistent pain	4

## 6. Wheeze / Additional sound in breathing

Normal breathing sounds heard	0
Wheezing heard only on localized part of chest with stethoscope at the time of attacks	1
Wheezing heard only on localized part of chest with stethoscope without attacks	2
Wheezing heard on whole lungs with stethoscope	3
Wheezing heard even without 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 <i>Sheeta</i> / Can't go in <i>Raja</i> , <i>Dhuma</i> and <i>Pravata</i>	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 for reliving	2
Dyspnea needs mouth pump for reliving	3
Dyspnea needs injectable medication for reliving	4

## 10. Frequency of need of emergency medicines -

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

**Result** – The treatment was carried for the period of 10 days. There was considerable relief in the complaints of the patient which can be noticed from the table below.

**Table 2:** Showing relief in the complaints of the patients before and after treatment -

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

The patient was having excellent results in all the complaints as analyzed in the table no. 2. The treatment advocated helps her in achieving the relief in all the signs and symptoms satisfactorily. This also enables her in improving her quality of life and motivates her firm belief in *Ayurvedic Chikitsa*.

## DISCUSSION

Patient was irritated with the temporary relief of allopathic medicines which were costly also that disturbed her normal life. This made her turn to *Ayurveda* for the long lasting and positive outcomes. Patient was admitted to IPD of our institute and history was taken along with complete examination and necessary investigations. The diagnosis of the patient was done as '*Tama-kashwas*' on the basis of signs and symptoms which reflects the *Lakshanas* as stated by *Acharya Charaka*. The treatment was advocated in order to alleviate the vitiated *Vata* and *Kapha Dosha*. The treatment protocol was planned in terms of *Nidana Parivarjana*, *Shodhana Chikitsa*, *Shamana Aushadhis* and *Sthanika Chikitsa*.

*Nidana Parivarjana* was strictly advised in order to eliminate the exaggerating factors. Patient was co-operative and she followed all the instruction. This helps in achieving the results with maximum benefits.

By considering the pathogenesis of the disease, it was found that there is *Margavarodha* of *Vata Dosha* due

to accumulated *Kapha Dosha* which makes more and more *Udirana* (aggravation) of *Vata Dosha*. *Acharya Charaka* have advised *Nitya Vishodhana* by administration of both *Vamana* and *Virechana* to clean up the path of *Vata Dosha*.<sup>[8]</sup> *Charakacharya* also have mentioned that patient of *Hikka* and *Shwas* along with *Lakshanas* like *Kasa* (cough), *Chardi* (vomiting), *Swarabheda* (hoarseness of voice) should be administered with *Vata-Shleshmahara Virechana Yoga*.<sup>[9]</sup> Hence, by considering the *Lakshanas* along with *Alpa Bala* and *Alpa Satva* of the patient, it was decided to administer the patient with *Virechana Yoga* daily. For this, *Vataphahara Yoga* in the form of *Triphala Kwath* and *Eranda Sneha* was selected which led to 2-3 *mala vegas* regularly.

*Tikshna Dhumapana* was administered twice a day which helps to clear the congestion and soothe the delicate membranes of *Pranavaha Srotasa*.

For the elimination of vitiated *Doshas*, *Shamana Aushadhis* were selected which are primarily *Vata-Kaphahara*. For *Vasadi Churna* and *Dashamulakatutrayadi Kashaya*, *Koshna Jala* was advised as *Anupana* as it helps in easy metabolization of *Kapha Dosha* in order to remove its obstruction for the *Parkrita Gati* of *Vata Dosha*.

*Sthanika Snehana* with *Sukhoshna Tila Taila* mixed with *Saindhava Lavana* and *Nadiswedana* by *Dashamula Kwatha* was administered. Due to this, the *Kapha* accumulated in the channels get liquified as the



ice on the top of the mountain gets liquified by the rays of sun. This led to softening of the channels and *Vatanulomana* that is *Anulomana Gati* of *Vata* occurs. This helps exclusively in the *Sampraptibhanga* of the disease.<sup>[10]</sup>

The above stated treatment was advocated for the period of 10 days. The patient was having remarkable relief in the complaints. The assessment was done on the basis of gradation scale which was adopted from developing guidelines for clinical research methodology in Ayurveda.

During the course of treatment, all the allopathic medicines were stopped, and patient was advised to avoid the use of mouth inhaler as possible during the breathing difficulty attacks. For this continuous monitoring of the patient was done which drawn her habit of regular use of mouth inhaler. Patient was also co-operative and obeyed all the instructions. She had 3 breathing difficulty attacks during her stay at our institute for which we administered her *Sthanika Snehana* and *Nadiswedana* over thoracic region along with *Tikshna Dhuma*pana. There was no worsening of the symptoms and she was comfortable with that as these *Upakramas* helped out her in the elimination of vitiated *Doshas* which simultaneously reduces her symptoms. The frequency of breathing difficulty attacks was also reduced. Counselling of the patient was done which helps to free-up her mind and motivate her towards the positivity of life. She was practiced with breathing exercises in the terms of *Pranayama* for the strengthening of the respiratory muscles.

In order to give strength to *Pranavaha Srotasa* and for the long-lasting relief, patient was advised with *Vardhamana Pippali Churna* with *Koshna Jala* twice a day and *Talisadi Churna* in a dose of 5 gm thrice a day with *Madhu*. Along with this, she was advised with *Abhyanga* over *Urapradesha* with *Tila Taila* mixed with *Saindhava Lavana* and steam inhalation. She was also insisted for the *Nidana Parivarjana* as possible.

At the time of follow up, it was found that patient was not having even a single breathing difficulty attack during the period of 6 months. Patient was also satisfied with the *Ayurvedic* treatment and this increases her faith in the positive outcomes of *Ayurvedic* treatment.

This enables her a positive attitude towards life and also helps her in improving the quality of life.

## CONCLUSION

The diagnosis of the disease was done on the basis of symptoms 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. Patient was habitual towards the repeated use of mouth inhaler which is having more severe side effects. The *Ayurvedic Chikitsa* in terms of *Nidana Parivarjana*, *Shodhana Chikitsa Shamana Aushadhis* and *Sthanika Chikitsa* gave excellent results in relieving her symptoms. This withdraws her habit of using inhaler 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. This also her to decrease the recurrence of attacks, improves her immunity along with the clearance of the symptoms. Counselling sessions as well as *Pranayama* helps her to develop the positive approach towards life with calm and serenity. Thus, the classical approach of *Ayurveda* towards the treatment of *Tamakshwas* gave satisfactory results as well as increases the belief in the *Ayurveda*.

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