AYURVEDIC MANAGEMENT OF TAMAKA SVASA (BRONCHIAL ASTHAMA): A CASE REPORT

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ABSTRACT

Introduction: A 27 years old female patient of Tamaka Svasa came to the O.P.D. of P.D.Patel Ayurved Hospital, Nadiad having complaints of Svasakasta and Kasa. She was admitted in I.P.D. of Panchakarma department and treated with Sarvanga Snehana and Svedana followed by Yamana karma. After completion of Yamana Karma, Dhuma yoga (prepared from Haridra and Arka Pushapa Churna) 9 puffs / day and Talisadi Churna – 4gms three times a day with honey on empty stomach was administered for next 21 days. Total duration of the treatment was 26days. Results: Svasakashta and Kasa were relieved completely after treatment. PEFR increased from 71 litters / min before treatment up to 216 litters / min after treatment where as FEV1 was increased from 0.64 litters to 1.86 litters.

Conclusion: This treatment combination relives signs and symptoms of Tamaka Svasa.

Key words: Tamaka Svasa, Bronchial asthma, Yamana Karma, Dhumpana Karma, Talisadi churna

INTRODUCTION: In present era, lifestyle diseases are the burning issues due to urbanization & sedentary life style. The main factors contributing to lifestyle diseases include bad food habits, physical inactivity and disturbed biological clock. Among them Tamaka Svasa is a disease, characterized mainly by Svasa kashtata and Kasa. The main pathology of Tamaka Svasa is obstruction of the normal passage of Vata by aggravated Kapha in Pranavaha Srotas. By getting obstruction Vata also aggravates and produce the symptoms of Tamaka Svasa which is considered Yapya but if it is having recent origin, than it can be Sadhya. The signs and symptoms of the disease bronchial asthma are similar to those of Tamaka Svasa. Bronchial asthma is produced by hyper-responsiveness of the bronchi by various stimuli which causes narrowing of the bronchi and produces symptoms like breathlessness and coughing. According to Ayurveda, constriction of the bronchi is function of vitiated Vata.

As per WHO fact sheet, India had an estimated 15-20 million of asthmatics in 2011. India is developing country and this kind of sickness in population causes harmful effect on economical power as well as manpower of the country. Patients suffering from bronchial asthma have to take long term treatment including beta agonists and corticosteroids. These medicaments have several adverse effects. Long-term use of inhaled corticosteroids at conventional doses carries risk of development of cataracts and other complications of corticosteroids. Medicine and management used for treatment

Case Presentation: - Basic information of the Patient
Age – 27 years
Sex – Female
Religion – Hindu
Socio-economic status – Middle class
Chief complaints:-
- Svasa Kashtata especially in the evening time – last 3 months
- Kasa (coughing with yellow expectoration)
- Shiraha shula (headache)

History of present illness: A 27 years old female Hindu patient having symptoms like frequent Svasa Kashtata especially in the evening time, Kasa, Shiraha shula since 3 months attended Panchkarma OPD of P. D. Patel Ayurved hospital, Nadiad on 26th June 2017. She was diagnosed to have Tamaka Svasa. She did not have any other associated illness. She was not taking any treatment for Tamaka Svasa. She was admitted to the hospital for indoor treatment.

Examination:
Vitals:
Temperature: 98.6°F
Pulse: 96/min
Blood pressure: 118/78 mm of hg
Respiration rate: 22/min
Tongue: reddish
Stool: once/day
Urine: 5-6times/day
CVS: S1 S2 - normal
RS:
Inspection: normal chest shape
Percussion: hyper resonant all over the lung field
Auscultation: rhonchi all over the lung field
CNS: Fully conscious and well oriented. Higher mental functions normal, motor and sensory function normal.
P/A: Soft, no tenderness, no any scar.

Investigation: Peak Expiratory Flow Rate (PEFR %) and Forced Expiratory Volume in one second (FEV1%) were also recorded before and after treatment.

Criteria for assessment:

The improvement in the patients was assessed on the basis of relief in Svasa Kashtata, Kasa, rhonchi sound as well as increase in PEFR and FEV1.

Following scores were given to Svasa Kashtata, Kasa and rhonchi to assess the effect of the treatment

Svasa Kashtata

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Svasa Kashtata</td>
</tr>
<tr>
<td>1</td>
<td>Svasa Kashtata only after exertion and subside without rest</td>
</tr>
<tr>
<td>2</td>
<td>Svasa Kashtata without exertion but only at night</td>
</tr>
<tr>
<td>3</td>
<td>Svasa Kashtata without exertion, whole day, need some medicaments</td>
</tr>
</tbody>
</table>

Kasa

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Kasa</td>
</tr>
<tr>
<td>1</td>
<td>Mild Kasa not causing distress / seldom</td>
</tr>
<tr>
<td>2</td>
<td>Kasa associated with slight distress / more often</td>
</tr>
<tr>
<td>3</td>
<td>Severe Kasa causing chest pain and more often</td>
</tr>
<tr>
<td>4</td>
<td>Kasa during whole day and night with difficulty in speech</td>
</tr>
</tbody>
</table>

Rhonchi

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No rhonchi</td>
</tr>
<tr>
<td>1</td>
<td>Audible carefully on few parts of the chest</td>
</tr>
<tr>
<td>2</td>
<td>Easily audible on certain parts of the chest</td>
</tr>
<tr>
<td>3</td>
<td>Easily audible all over the chest</td>
</tr>
</tbody>
</table>

Treatment:
She was treated with following treatment-
- On 1st day, Sarvanga Abhyana with Tila Tail mixed with Saindhava and Sarvanga Svedana with Nirgundi patra was performed.5
- On 2nd day morning Peya was given to her and then Sarvanga Abhyana and Sarvanga Svedana was done as
previous day followed by Vamana Karma\(^7\) with Madanphala Churna (3gms).

- After completion of Vamana Karma including Samsarjana Krama, she was treated with Dhuma yoga\(^8\) (prepared from Haridra and Arka Pushapa Churnanubhuta\(^9\)) 9 puffs / day and Talisadi Churna\(^10\) – 4gms three a day with honey on empty stomach for next 21 days.

**Diet:** Patients were advised to avoid cause and aggravating factors such as yogurt, cold drinks, tobacco chewing and smoking, alcohol, excessive physical work and exposure to dust, smoke, pets, and pollens. Patients were advised to use lukewarm water.

**OBSERVATION AND RESULTS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Signs &amp; symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Svasa Kashtata (breathlessness)</td>
<td>03</td>
<td>00</td>
</tr>
<tr>
<td>2.</td>
<td>Kasa (frequent bouts of coughing)</td>
<td>04</td>
<td>00</td>
</tr>
<tr>
<td>3.</td>
<td>Rhonchi</td>
<td>03</td>
<td>01</td>
</tr>
</tbody>
</table>

*Svasa kashtata* and *Kasa* were totally relieved after treatment.

<table>
<thead>
<tr>
<th>No.</th>
<th>Clinical tests</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>P.E.F.R.</td>
<td>71 litter / min.</td>
<td>216 litter / min.</td>
</tr>
<tr>
<td>2.</td>
<td>FEV1</td>
<td>0.64 litter</td>
<td>1.86 litter</td>
</tr>
<tr>
<td>3.</td>
<td>FEV1%</td>
<td>20.18 %</td>
<td>58.67 %</td>
</tr>
</tbody>
</table>

Parameters mentioned in table-2 show that pulmonary function of the patient was improved after treatment.

**DISCUSSION:** Obstruction of passage of *Vata* by vitiated *Kapha* in *Pranavaha Srotas* is the main pathology in this disease condition. Hence, the measures which reduce *Kapha* and pacify *Vata* are useful in the treatment. Vamana eradicates vitiated *Kapha* out of the body and removes the obstruction of the passage of *Vata*. Abhyanga and Svedana pacify vitiated *Vata* and relieve narrowing of the bronchi. *Talisadi Churna* has *Kapha* and *Vata* reducing properties\(^11\) which helps to pacify vitiated *Kapha* and *Vata*.

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3 The global strategy for asthma management and prevention (updated 2011) available on the GINA website www.ginasthma.org
4 http://www.ncbi.nlm.nih.gov/pubmed/22786484 assessed on 02/10/2017 (8:30Am)

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