



MANAGEMENT OF BRONCHIAL ASTHMA THROUGH AYURVEDA: A CRITICAL REVIEW

Pawle Tribhuwan Singh¹,

Shukla H. M.²,

Chhajed A.³

¹Assistant Professor, Department of Panchakarma, Shri N.P.A. Government Ayurveda College Raipur, Chhattisgarh, INDIA.

²Reader, Department of Panchakarma, Shri N.P.A. Government Ayurveda College Raipur, Chhattisgarh, INDIA.

³Assistant Professor, Chhattisgarh Ayurvedic Medical College and Hospital Manki, Rajnandgaw, Chhattisgarh, INDIA.

ABSTRACT

Difficulty in breathing may be simply termed as *Swasa* (Asthma). It is *Aamashaya Samudbhawa* disease and when the vitiated *Pranvayu* combines with deranged *Kapha Dosha* in the lungs causing obstruction in the *Pranavaha Srotasa* (Respiratory passage). Bronchial asthma is a disease involving the diffuse inflammation of the airways presented with the complaints of breathlessness, cough, tightness in chest and wheezing particularly at night or early morning. Bronchial asthma as per the fundamentals of *Ayurveda*, based on the clinical features of the disease, this is usually correlated with *Tamaka Swasa*. *Swasa* is mainly caused by the *Vata* and the *Kapha Doshas*. *Swasa* is broadly classified into five types in *Mahaswasa* (Dyspnoea major), *Urdhawaswasa* (Expiratory Dyspnoea), *Chhinna Swasa* (Chynestroke respiration), *Kshudra Swasa* (Dyspnoea minor), *Tamaka Swasa* (Bronchial Asthma). The present paper will review the detail concept of *Ayurveda* in the management of Bronchial asthma.

Keywords: *Bronchial asthma, Tamaka Swasa, Ayurveda.*

INTRODUCTION

Bronchial asthma is a disease. Characterized by variable air flow obstruction, air way inflammation and bronchial hyper responsiveness, the disease manifests wide variations on air way obstruction over a short period of time until recently, bronchospasm was considered cardinal feature of asthma but now in addition to bronchospasm, air way inflammation is recognized as an essential component of the disease¹. Among all respiratory tract disease, Asthma is serious global health problem. It is one of the burning problems of our society which is seen in all age group. Globally 100-150 million people suffer from asthma and this number is rising. World-wide, deaths from this condition have reached over 180,000

annually. India has an estimated 15-20 million asthmatics. In India, rough estimates indicate a prevalence of between 10% and 15% in 5-11 year old children².

The incidence of *Swasa* as a disease is an increased at the present time due to various reasons like, environmental pollutions, altered food habits; changed life style, stress and strain, etc are discussed in detail at the literary review. Controlling these factors can make a prophylaxis for the disease, but it is necessary to offer natural effective non chemo-therapeutic management modalities for the ailed. Economic burden for India for treating this disease 2294.73 crore/year in acute asthma and 388.94 crore/year in chronic asthma³. Asthma is considered to increase direct and indirect medical expenditures.

Ayurveda is the base of all medical sciences. History of medicines reveals the fact that *Ayurveda* has made enormous contribution to the mankind. Respiration is the process from the first breath of new born till the last breath is sign of life. Any disturbance in this process leads to *Swasa Roga*. *Tamaka Swasa* is one of important disease of such disturbance of *Pranavaha Srotasa*. Its similarities with the bronchial asthma according to the contemporary sciences are well known.

The prevalence of respiratory disorders like *Tamaka Swasa* is increasing due to excessive pollution, overcrowding and poor hygiene. *Tamaka Swasa* is a variety of *Swasa Roga* associated with difficulty in breathing as a result of which the patient sits in bed to get relief from his discomfort. Movement of air through the *Pranavaha Srotasa* is hampered in this disease resulting in the cry of the organ heading towards complete failure for want of air. *Tamaka Swasa* is well known for its episodic and chronic course which comes under the life threatening disease which afflicts the human race.

Tamaka Swasa is a disease, characterized by *Swasakricchata*, *Ghurghurakatwa*, *Kasa*, *Peenasa* etc., with patient feels as if entering darkness. During the paroxysm which is due to where on holy association of *Vata* with *Kapha* obstructing the passages of *Prana Vata* leads to excitement of *Vata* to produce upward movement or abnormal expiratory dyspnoea. Which vary in severity and frequency from person to person is in an individual, they may occur from hour to hour and day to day.

The main objective of this study is to describe the detail concept of the management of Bronchial asthma through *Ayurveda*.

MATERIAL AND METHOD

This concept is based on a review of Ayurvedic and modern medical text. Materials related to Bronchial Asthma, *Tamaka Swasa* and other related topics have been collected and compiled from various *Ayurvedic* classical texts. The references were compiled, analyzed and discussed. The *Samhitas* used in the present study were *Charaka Samhita*, *Shushruta Samhita*, *Astanga Hridaya*, *Yogaratanakar* with commentaries on them.

Nidana of Tamaka Swasa:

Chakrapani commenting⁴ on the *Nidanas* of the *Tamaka Swasa* classified them into two heading like— **Vata Prokopaka**

Nidana: The *Nidanas* which vitiates *Vata* are grouped here. e.g.: *Sheetapana* and *Ashana*, *Ruksha Bhojana*, *Sheetavata Sevana*, *Raja Sevana*, *Vyayama* and *Vegadharana* etc. **Kapha Prakopaka**

Nidana: The *Nidanas* which vitiates *kapha* are grouped here. e.g. *Gurubhojana*, *Adhyashana*, *Shleshmala Ahara*, *Sheetapana* etc. **Amotpadaka Nidana and**

Agni Mandyakara: The causative factors by their virtue suppress the *Agni* there by resulting in the *Amotpadana*. As all the diseases are produced by *Ama*, *Tamaka Swasa* is not exception to this e.g. *Abhishyandi Bhojana*, *Adyashana*, *Amaksheera*, *Dadhi* etc. **Khavaigunyotpadaka Nidana:**

Some causative factors apart from their action on the *Dosha*, cause damage to the *Srotas* resulting in susceptibility of that *Srotas*. In *Tamaka Swasa* the *Pranavaha Srotas* particularly cause the airways damage by the causative factors resulting in hyper-responsiveness of the airways. e.g.: *Raja*, *Dhooma* etc.

Signs and symptoms:

Breathlessness along with forcible expiration, Cough, Wheezing, Tightness of

chest, Thick mucus sputum, Aggravation of above symptoms during night and early morning, Fainting during the bout of cough, Sleeplessness, discomfort increases when lied down on bed, Gets comfort in sitting posture, Sweating on the forehead. The symptom specific *Tamaka Swasa* is considered as *Vishistha/Pratyatma Lakshana* of *Tamaka Swasa*. Those *Lakshana* are *Swasakricchata, Kasa,* and *Ghurgurakam* etc.

Tamaka Swasa is of two types namely *Pratamaka Swasa* associated with fever, fainting, distention of abdomen and indigestion. *Santamaka Swasa* is pacified by taking of cold regimen.

1. *Pratamaka Swasa:* When a patient of *Tamaka Swasa* suffers with fever and fainting, then the condition is called as *Pratamaka Swasa*. *Tamaka Swasa* is a *Kaphapradana Vyadhi* but whenever which is suggestive of involvement of *Pittadosha* in it. *Pratamaka Swasa* can be considered as the condition of superimposed infection in bronchial asthma.

2. *Santamaka Swasa:* When the patient of *Tamaka Swasa* feels submerged in darkness, the condition is called as *Santamaka Swasa*. This can be taken as the severe stage of *Pratamaka*. These both conditions are aggravated by *Udavarta*, dust, indigestion, humidity in body and suppression of natural urges⁵. Though cooling regimen is one of the causative factor of *Tamaka Swasa* but in *Pratamaka* and *Santamaka Swasa*, the patient gets relief by administering cooling agents due to *Pitta Dosha* involvement.

Diagnostic tests:

1. Pulmonary function tests include Spirometry and peak flow which estimate the narrowing of the bronchial

tubes and how fast an individual can breathe.

2. Chest X-ray is useful in differentiating the asthma from other lung diseases.
3. Allergy tests helpful in finding the allergen causing the asthma.
4. Methacoline challenge test and Nitric oxide tests are confirmatory tests in Bronchial asthma.

Management of Bronchial Asthma

The effective treatment of *Tamaka Swasa* cannot be unified, as the pathology involves multiple varying factors. Vitiating *Vata* and *Kapha Dosha* stemming out from the *Pitta Sthana*, afflicting the *Rasa Dhatu* in the *Pranavaha Srotas* produces the illness. Therefore, the procedures aimed at the rectification of the imbalances of *Vata Dosha*, as well as *Kapha Dosha* forms the sheet anchor of treatment of *Tamaka Swasa*, which is individually quite opposite. Thus, the unique pathogenesis poses complexity in planning the treatment. The final treatment planned should pacify the *Vata* as well as *Kapha Dosha* effectively, simultaneously not causing any further addition to the imbalance of *Vata* and *Kapha Dosha*. With the due consideration of this, following principles of treatment are advocated in the *Ayurvedic* classics.

1. *Abhyanga* and *Swedana*: Application of the oil over the chest followed by sudation.
2. *Vamana*: Therapeutic emesis.
3. *Nitya Shodhana*: Daily clanging the *Dosha* by *Anulomana*.
4. *Virechana Karma*: Therapeutic purgation.
5. *Pratisyaya Chikitsa*: Treatment of rhinitis.
6. *Kasaroga Chikitsa*: Treatment of *Kasaroga*.

7. *Dhoomapana*: Therapeutic inhalation of the smoke from the burning herbs.
8. *Kaphahara Chikitsa*: Pacification of vitiated *Kapha Dosh*.
9. *Vatahara Chikitsa*: Elimination of vitiated *Vata Dosh*.
10. *Kapha Vilayana Chikitsa*: Liquefaction of the sputum.
11. *Srotomardavakara Chikitsa*: Softening of the channels of respiration.
12. *Kaphanissaraka Chikitsa*: Expectoration of sputum.
13. *Manasa Dosh Chikitsa*: Correction of emotional disturbances.
14. *Rasayana Chikitsa*: Rejuvenating the Pranavaha Srotas and body.

For the prevention and cure of any disease so many remedies are mentioned in Ayurvedic classics according to the *Vyadhi*, *Vyadhibala*, *Rogibala*, *Doshavastha*, *Doshanubandhata* etc. The proper management of *Tamaka Swasa* seems to be difficult by observing these points.

For the proper management of this disease exclusively *Charaka* has explained so many different management and treatment principles.

***Nidana Parivarjana*:**

The disease *Tamaka Swasa* has wide range of etiologic factors, it becomes difficult to identify the specific cause and avoid it. More ever it is a typical disease where in the initial sensitizations by specific factor, sets a platform for the onset of acute episodes, with exposure to even smallest or mildest stimuli. Hence it is difficult to manage the condition only by *Nidana Parivarjana*.

One has to be very precise regarding the precipitating or triggering factors. Avoid exposing to that particular factor, which mostly helps to prevent the onset of acute episodes or acute attacks. *Acharyas* have

clearly explained *Nidanas* of the *Swasa Roga* are to be avoiding as a *Nidana Parivarjana*⁶.

Management of Swasa Rogi:

It depends on:

1. *BalaBala* (*Balawan* or *Durbala*).
2. *Doshadhikya* (*Kaphadhikya* or *Vatadhikya*).

If the patient is *Kaphadhikya* and *Balawan Rogi* - *Doshas* are to be expelled by *Vamana* and *Virechana*. After *Pathya Ahara*, *Vihara* and later followed by *Swasa Nashaka Dhuma*, *Avaleha* etc are to be administered.

If the patient is *Vatadhikya* and *Durbala*, *Baala*, *Vridha Rogi*- *Vata* has to be alleviated by *Vatanashaka Dravyas*, *Tarpana*, *Sneha*, *Yusha*, *Mamsarasa* etc are to be administered.

If the *Samshodhana Karma* is performed in condition *Anutklistha Kapha Dosh*, *Durbala* and those who have not undergone *Swedana*, *Vata* gets grossly provoked; becomes fatal with causing *Marma Samshoshana*.

In case of *Balawan*, *Kaphabahula Rogi*- Before performing the *Vamana Karma Anoop*a and *Jalaja Mamsa Rasa* and *Swedana* are to be given. Contradictory to it, in *Durbala*, *Alpa Kaphavastha*, he has to be treated with *Brimhana Chikitsa*. *Swasa Rogi* having *Ruksha Shareera*, suffering from *Shushkatva* in *Uras*, *Kantha* and *Talu* has to be treated by *Ghrita*.

***Doshanubandhi Swasa Chikitsa*:**

In case of *Vatanubandhi Swasa*, the *Ghrita* prepared by *Mamsa* of *Shasha*, *Shallaka* etc or *ghrita* prepared by *Pippali*, *Mamsa* and *Shonita* has to be administered.

In case of *Vatapittanubandha Swasa Shali Odana* prepared with *Suvarchala Swarasa*, *Dugdha*, *Ghrita* and *Trikatu* has to be administered.

Gangadhara commenting on this *Suvarchala Swarasa*, *Dugdha*, *Ghritha* can be administered separately with *Trikatu Churna* after food⁷.

In case of *Pittanubandhata Utkarika Gritha* are to be administered⁸.

In case of *Kaphapittanubandha Swasa Shirisha Pushpa Swarasa* or *Saptaparna Swarasa*, mixed with *Pippali Choorna* and *Madhu* has to be administered.

According to Doshas Swasa Chikitsa:

Acharya Charaka explained a special line of treatment in managing the *Swasa Rogi*, with respect to *Doshas*.

1. *Vatakriddha Kaphahar*.

The *Upakramas* those aggravate *Vata* and mitigate *Kapha*.

2. *Kaphakriddha Anilapham*.

The *Upakramas* those aggravate *Kapha* and mitigate *Vata*.

Both the principles can be used differently according to the condition, but treatment aiming towards single *Dosha* must not be performed i.e. *Vata Karaka*, *Kapha Karaka*, *Vata Shamaka* or *Kapha Shamaka*, in indispensable condition to implement one amongst the above four. It is superior to go for *Vatashamaka Upakramas*.

Snehana and Swedana:

Acharyas have considered *Bahya Snehana* on *Uras* by *Tila Taila* with *Lavana* as an initial treatment and it is followed by *Swedana* either of *Nadi*, *Prastara* or *Sankara*, with the help of *Snigdha Dravyas*. This helps for liquefaction of the *Grathita Kapha* i.e. facilitating easy expelling of vitiated *Kapha*. It also helps for *Vata Anulomana* and leads for smoothness of *Srotas*.

Swedana Karma is contraindicated for the *Swasa Rogi* in case of *Pittaja Prakrati*, *Pitta Dosha Pradhanayata* and persons suffering from *Daha*, *Raktapitta*,

Atisweda, *Dhatu Ksheenata*, *Bala Ksheenata*, *Garbhini* or the persons with *Ruksha Prakrati*.

If the *Swedana* is necessary in above said persons *Mridu Swedana* has to be performed for a short period i.e. *Pariseka* by *Ushna Snehas*; *Sharkara Yukta Ushna Utkarika* or *Upanaha*. *Swasa Rogis* suffering with associated *Swaraksheena*, *Atisara*, *Raktapitta* and *Daha*; they are to be treated with *Madhura*, *Snigdha*, *Sheetal Dravyas*.

Swasa Rogis suffering with *Navajwara* or *Amadosha*, they have to be treated with *Ruksha Sweda*, *Langhana* or *Vamana* has to be performed by administering *Ushnajala* and *Saindhava Lavana*. After *Samyak Swedana*, *Snigdha Odana*, *Matsya / Shukara Mamsarasa* or *Dadhi Manda* has to be administered, which help for *Sleshma Vardhana*.

Kosta Shodhana with Vamana and Virechana:

After *Snigdhadi Bhojana*, when *Kapha* gets increased sufficiently, then *Vamaka Yogas* such as *Pippali Choorna*, *Saindhava Lavana* and *Madhu* have to be administered. Thus the vitiated *Kapha* is expelled. Also obstruction to *Vata* is relieved facilitating its normal movements and *Srotas* becomes clear. The *Vamaka Dravyas* should not be *Vata Virodhi*. *Chakrapani* commenting on *Vata Avirodhi* word, he says not to use *Ruksha* and *Teekshna Vamaka Yogas*. That indicates to use *Mridu Vamaka Dravyas*.

For the proper management of *Swasa* some more clues are given by the *Acharyas* as, to expel vitiated *Doshas* by *Vamana*, if patient is suffering from *Swasa* along with *Kasa*, *Swarabheda* and for *Tamaka Swasa Kapha-Vatahara Dravyas* are to be used for *Virechana*. *Gangadhara* comments as - in *Swarabheda Yukta*

Swasa and *Tamaka Swasa Virechana* and *Swatantra Kasa*, *Swarabheda Vamana* has to be administered.

If *Vata* gets aggravated due to *Atiyoga* of *Vamana*, patient has to be treated by *Vatashamaka Upakramas*. Patient has to be provided food along with *Mamsa Rasa*, *Abhyanga* with *Vata Nashaka Dravyas* which are neither too hot nor too cold.

If *Swasa Rogi* is suffering from *Udavarta* and *Adhmana Vatanulomana* has to be performed with *Matulunga*, *Amlavetasa*, *Hingu*, *Pilu* and *Bida Lavana*.

Abnormal response of patients for simple factors like dust is said to be due to *Khavaigunya* of the *Pranavaha Srotas*. In the modern counterpart, this is described as hypersensitivity or allergy of the respiratory system. This may be said as *Khavaigunya*, or else called as *Asatmya* or even may be named as faulty *Vyadhikshamatva*. And the fact is that, the patient unfavorably responds to simple factors like dust, atmospheric change, or food. The friendly environment in which the patient has to live becomes hostile to him and is like the enemy of the patient. The interaction in such a situation between the patient and the environment is just like the two mirrors facing each other. The mirrors facing each other produce infinite number of images and quite similar to this, the patient suffers from innumerable attacks of *Tamaka Swasa*.

Charaka pronounced this as “*Tamake Tu Virechanam*”. The *Virechana* procedure may not be much use during the attack of *Tamaka Swasa*. But when employed in between the attack, prevents the attacks of *Swasa*, reduces its severity, and minimizes the duration of illness.

After *Virechana*, *Samasarjana Karma* is advised for about 3 to 5 days. This procedure eliminates *Doshas* in *Tamaka*

Swasa as is told in the classics; *Doshas* stemming out from *Pitta Sthana* is best eliminated by *Virechana* procedure. It is worth mentioning here that; *Vata Dosha* is the predominant *Dosha* involved in the *Samprapti* of *Tamaka Swasa*. *Virechana* normalizes the course of *Vata Dosha* and thus helps in the reversal of the *Vilomagati* of *Pranavata*. Distension of the abdomen, constipation and such other symptoms may be associated in some patients and these symptoms are best treated by this procedure.

Rasayana Chikitsa in Tamaka Swasa:

The one more answer for such a nature of illness is *Rasayana Chikitsa*. Even in some patients, *Virechana* in combination with *Rasayana Chikitsa* brings about complete cure.

Dhumapana: After completion of *Vamana Karma* smaller quantity of vitiated *Dosha* will remain in the *Srotas*. To expel such *Leena Doshas*, *Dhumapana* has been explained. For the purpose of *Dhumapana*; *Haridradi Dhuma Varti* is generally indicated in classics.

Nasya: Different *Yogas*; such as *Rasona*, *Palandu*, *Grinjanaka Swarasa*, *Madhura Varga Dravyas Siddha Ghrita* are indicated for *Nasya Karma* for *Hikka* in the context of *Hikka* and *Swasa Chikitsa*, but it is not directly indicated in *Swasa*; *Vagbhata* also supports the same; where as *Arunadatta* commenting on the same indicates *Nasya Prayoga* in *Swasa* also. *Susruta* explains the utility of *Bhringraja Siddha Taila* as *Nasya*, *Abhyanga* and *Acchapana* in *Swasa* and *Hikka*⁹.

Kshara Prayoga: If *Kapha* obstructs the path of *Pranavata*; *Kshara* has to be administered, in order to relieve the obstruction of *Pranavata*. It makes the *Kapha Vilayana* and *Vata Anulomana*¹⁰.

Brimhana and Shamana Chikitsa:

If *Swasa Rogi* are treated with *Brimhana*; the complication that take place due to treatment are milder in nature and can be easily managed as *Brimhana* leads to increase in *Bala* and *Kapha*. If the same has been treated with *Shamana Chikitsa*, there is a least possibility of complication due to *Chikitsa* as it pacifies both *Kapha* and *Vata*; on contrary *Karshana* will lead to decrease the *Bala* of *Rogi*, also aggravates the *Vata* and the complications due to treatment are difficult to manage.

Apart from all *Chikitsa* modalities *Charaka* says even though the *Swasa Rogi* is *Shodhita* or *Ashodhita*, he has to be treated with *Shamana* and *Brimhana Chikitsa*.

Sushruta says *Nidigdihikadi yoga* as *Swasa*, *Kasahara Siddhatama Yoga*, containing *Kantakari Kalka* of *Amalaka Pramana*; half the quantity *Hingu* has to be administered for three days along with *Madhu*, which will positively relieve the patient from the *Swasa Roga*¹¹.

Vagbhata has explained the use of *Pippalyadi Takra* in treating *Swasa* and *Hikka*¹².

With all the above principles of management of *Tamaka Swasa*, there are still many number of *Swasahara Yogas* explained in the context of *Swasa Chikitsa* by the various authors.

Pathya-Ahara-Vihara¹³⁻¹⁶:

Pathya-Ahara- *Purana Shali, Tandula, Shashtika, Yava, Godhuma, Mudga, Kulatha, Guduchi, Patola, Rasona, Bimbi, Shigru, Kasamarda, Jambira, Draksha, Mathulunga, Amalaka, Bilwa, Madhu, Gomutra, Aja Kshira, Purana Sarpi, Yusha, Yavagu, Peya, Sattu, Varuni.etc.*

Pathya-Vihara- *Virechana, Swedana, Dhoomapana, Prachardana, Swapanam Diva.etc.*

CONCLUSION:

Bronchial asthma is an episodic illness of respiratory system manifests in any age group in both genders. The individuals suffering from bronchial asthma are presented with airway hyper responsiveness, cough, breathlessness and wheezing. By observing the above clinical features, we can infer the involvement of *Vata* and *Kapha Dosha* in the pathogenesis of the disease in the *Pranavaha* (channel involved in respiration) and *Rasavaha Srotas* (channel responsible for circulation) with the involvement of *Rasa Dhatu* (plasma tissue). *Ayurvedic* lexicons have defined *Tamaka Swasa* under *Kapha-Vata Pradhana* and *Pitta Sthana Samudbhavah Vyadhi*. *Tamaka Swasa* is one of the most distressing diseases and is quite common among in all age groups. Instead of *Vamana Karma*, it is very effective in *Tamaka Swasa* in *Durbala Rogi* and who are contraindicated for *Vamana Karma*. *Tamaka Swasa* is treated with “*Tamaketu Virechanam*” otherwise understood, as *Nitya Shodhana* administration. The ingredient of *Virechana* (*Nitya Shodhana*) *Churna* acts as *Deepana, Pachana, Sukha Virechana* and *Vatanulomana*. *Muhur Muhur Aushadhi Sevana* in *Tamaka Swasa* can be tried. Research can do on the combination of *Ayurvedic* therapy and *Yoga* for better treatment of *Tamaka Swasa*.

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Corresponding Author:

Dr. Tribhuwan Singh Pawle

Assistant Professor, Department of Panchakarma, Government Ayurveda College Raipur, Chhattisgarh, INDIA.,

Email: dr.tribhulsingh@gmail.com

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