



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 *Vamana karma*. After completion of *Vamana 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, *Vamana Karma*, *Dhumpana Karma*, *Talisadi churna*

**INTRODUCTION:** In present era, life style 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*.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

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 Kashtatata* 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 Kashtatata* especially in the evening time, *Kasa*, *Shiraha shula* since 3 months attended *Panchkarma* OPD of P. D. Patel Ayurved hospital, Nadiad on 26<sup>th</sup> 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:**<sup>5</sup>

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 FEV<sub>1</sub>.

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

***Svasa Kashtatata***

	Score
No <i>Svasa Kashtata</i>	0
<i>Svasa Kashtata</i> only after exertion and subside without rest	1
<i>Svasa Kashtata</i> without exertion but only at night	2
<i>Svasa Kashtata</i> without exertion, whole day, need some medicaments	3

***Kasa***

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

**Rhonchi**

	Score
No rhonchi	0
Audible carefully on few parts of the chest	1
Easily audible on certain parts of the chest	2
Easily audible all over the chest	3

**Treatment:**

She was treated with following treatment-

- On 1<sup>st</sup> day, *Sarvanga Abhyana* with *Tila Tail* mixed with *Saindhava* and *Sarvanga Svedana* with *Nirgundi patra* was performed.<sup>6</sup>

- On 2<sup>nd</sup> day morning *Peya* was given to her and then *Sarvanga Abhyana* and *Sarvanga Svedana* was done as

previous day followed by *Vamana Karma*<sup>7</sup> with *Madanphala Churna* (3gms).

- After completion of *Vamana Karma* including *Samsarjana Krama*, she was treated with *Dhuma yoga*<sup>8</sup> (prepared from *Haridra* and *Arka Pushapa Churna-anubhuta*<sup>9</sup>) 9 puffs / day and *Talisadi Churna*<sup>10</sup> – 4gms three times 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 – 1. Changes in signs and symptoms**

No.	Signs & symptoms	Before treatment	After treatment
1.	<i>Svasa Kashtata</i> (breathlessness)	03	00
2.	<i>Kasa</i> (frequent bouts of coughing)	04	00
3.	Rhonchi	03	01

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

**Table –2. Changes in pulmonary function tests**

No.	Clinical tests	Before treatment	After treatment
1.	P.E.F.R.	71 litter / min.	216 litter / min.
2.	FEV1	0.64 litter	1.86 litter
3.	FEV1%	20.18 %	58.67 %

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<sup>11</sup> which helps to pacify vitiated *Kapha* and *Vata*.

### REFERENCES:

- 1 Agnivesa, Caraka, Drdhabala: Carak Samhitā chikitsa sasthan 17/54-61 by ShastriGirijaSankar Maya Sankar 5<sup>th</sup> ed. Sastu sahitya prakashan Ahmedabad 2015; p-754.
- 2 Davidson’s Principle and Practice of Medicine 22<sup>nd</sup> Edition, p- 666.
- 3 The global strategy for asthma management and prevention (updated 2011) avaiabe on the GINA website www.ginasthma.org
- 4 <http://www.ncbi.nlm.nih.gov/pubmed/22786484> assessed on 02/10/2017 (8:30Am)

*Dhumapan* also has *Kapha -Vata* reducing properties as well as it removes accumulated *Kapha* from the *Pranavaha Srotas* up to some extent and helps to remove obstruction. Hence this treatment combination relives signs and symptoms of *Tamaka Svasa*.

**CONCLUSION:** *Vamana Karma* followed by administration of *Talisadi Churna* and *Dhuma yoga* (prepared from *Haridra* and *Arka Pushapa Churna*) relieved the symptoms of *Tamaka Svasa*. No adverse event was found during the treatment. To reach any conclusion; further study in large number of patients is required.

5 Nilesh B. Italiya, Thesis , (GAU) ,A Clinical study of Talisadi churna and Dhuma yoga in Tamaka svasa (Bronchial Asthma), J. S. Ayurvedic college, Nadiad, Gujarat,2016.

6 Agnivesa, Caraka, Drdhabala: Carak Samhitā chikitsa sasthan 17/71-75 by ShastriGirijaSankar Maya Sankar 5<sup>th</sup> ed. Sastu sahitya prakashan Ahmedabad 2015; p-760.

7 Kalapi Patel, Namrata Shah, S. N. Gupta, 'Role of Vamana in the treatment of Bronchial Asthma' - published in 'Shodha Samagya' quarterly magazine by Ayurvedic research committee, government of Chattisaghada , april 07.

8 Agnivesa, Caraka, Drdhabala: Carak Samhitā chikitsa sasthan 17/76-77 by ShastriGirijaSankar Maya Sankar 5<sup>th</sup> ed. Sastu sahitya prakashan Ahmedabad 2015; p-761.

9 Nilesh B. Italiya, Thesis ,A Clinical study of Talisadi churna and Dhuma yoga in Tamaka svasa (Bronchial Asthma), J. S. Ayurvedic college, Nadiad, Gujarat,2016.

10 Agnivesa, Caraka, Drdhabala: Carak Samhitā chikitsa sasthan 8/145-147 by ShastriGirijaSankar Maya Sankar 5<sup>th</sup> ed. Sastu sahitya prakashan Ahmedabad 2015; p-389.

11 Agnivesa, Caraka, Drdhabala: Carak Samhitā chikitsa sasthan 8/144-146 by ShastriGirijaSankar Maya Sankar 5<sup>th</sup> ed. Sastu sahitya prakashan Ahmedabad 2015; p-389.

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