

IN AYURVEDA COMPOSITE TREATMENT MANAGEMENT OF BRONCHIAL ASTHMA: A CASE STUDY

Gulhane J. D.¹, Khobarkar P. N.*² and Nakanekar A. V.³

¹Associate. Professor, Dept. of Kayachikitsa, Govt. Ayurved College, Nagpur.

²MD Scholar Dept. of Kayachikitsa, Govt. Ayurved College, Nagpur.

³Assistant Professor, Dept. of Kayachikitsa, Govt. Ayurved College, Nagpur.

Article Received on
05 March 2020,

Revised on 26 March 2020,
Accepted on 16 April 2020,

DOI: 10.20959/wjpr20205-17198

*Corresponding Author

Khobarkar P. N.

MD Scholar Dept. of
Kayachikitsa, Govt. Ayurved
College, Nagpur.

ABSTRACT

Purpose: Asthma is chronic inflammatory disorder of airways that causes recurrent episodes of breathlessness, wheezing, chest tightness and coughing. The increasing global prevalence of asthma and high health care costs have led to extensive research into its mechanisms and treatment. Most drugs used for treating asthma seems to have adverse effects with only symptomatic relief. In Ayurveda Bronchial asthma is co-related with Tamaka Shvasa. Principle treatment management for *Tamakshwas* is *Shaman* and *shodhan chikitsa*. **Method:** A 60 year old female K/C/O systemic hypertension and newly detected type II diabetes mellitus having increase in symptoms

Shortness of breath, Expiratory wheezes, Chest pressure sensation, Cough came in OPD of *Kaychikitsa* Department, Government Ayurveda College, Nagpur. Patient had taken allopathic medicine for 1 month, she got symptomatic relief. Her doctor advised to use C-PAP MACHINE for 2years. after taking one month allopathic medicine she didn't got relief. So for treatment patient Came to OPD in Govnment. Ayurveda College Nagpur. *Shaman* and *Shodhan* as *Apunarbhav Chikitsa* is given. **Results:** Significant improvement observed in subjective and objective parameters i.e. PEFr, SMI, Pulmonary function test. **Conclusion:** *Ayurveda* approach in terms of composite management in bronchial asthma by *Shaman* and *Shodhan Chikitsa* gives innovative easy, better and cost effective treatment.

KEYWORDS: *Tamakshwas*, *Shaman* and *Shodhan Chikitsa*, Bronchial Asthma.

INTRODUCTION

Asthma is chronic inflammatory disorder of airways which is characterized by reversible airway obstruction, cellular infiltration and airways inflammation. There is recurrent episodes of breathlessness, wheezing, chest tightness and coughing. This disease affecting approximately 300 million people worldwide. The increasing global prevalence of asthma and high health care costs have led to extensive research into its mechanisms and treatment.

Despite of many avances in the medical field, currently there is no cure for asthma. Treatment options includes managing the symptoms of disease by corticosteroids which is most widely used. For treatment of bronchial asthma corticosteroids, with or without β 2-adrenergic receptor agonists used. Short acting β 2-adrenergic receptor agonists relieves bronchoconstriction while long acting β 2-adrenergic receptor agonists offers extended control of contractions. Though these drugs have anti inflammatory property, but these drugs does not prevent long term decline in function of the lungs. Most drugs used for treating asthma seems to have adverse effects with only symptomatic relief.^[1] Globally rise in asthma, better treatment option is needed.

In Ayurveda Bronchial asthma is co-related with *Tamaka Shvasa*. Here we managed a case of *Tamakshwas* by ayurvedic management. Patient had taken allopathic medicine for 1 month, she got symptomatic relief. Her doctor advised to use C-PAP MACHINE for 2years.after taking one month allopathic medicine she didn't get relief. So she looks towards *Ayurveda* for relief. Principle treatment management for *Tamakshwas* is *Shaman* and *Shodhan chikitsa*.

CASE REPORT

A 60 year old female K/C/O systemic hypertension came in OPD of *Kaychikitsa* Department, Government Ayurveda College, Nagpur with increase in symptoms Shortness of breath, Expiratory wheezes, Chest pressure sensation, Cough, snoring. During routine investigation she was diagnosed as Prediabetes. Patient was afebrile, pulse 80/minutes, blood pressure 110/80 mmhg.

Systemic examination

In systemic examination respiratory air entry Bilaterally decrease wheeze was present, cardiovascular system within normal limits. Patient was conscious and oriented. Bowel sounds were normal. Deep tendon reflexes and superficial reflexes were normal.

Ashtavidha Parikshan her Nadi(~pulse) was Pittavataj, Mala(~stool) was present, Mutra(~urination) passed 5-6 times in day, Jivha (~tongue)was Alpsama (~coated), Shabd(~speech) was Spshtha(~clear), Druk(~vision) was Spashta(~normal), Aakriti(~built) Madhyam, Sparsha(~temperature) was Samshitoshn.

Past History

Patient was having systemic Hypertension since 15 years. On medication TAB AMLODEP 5mg OD for 14 year which was stopped before 4 months and Tab. Telma 40mg OD was started. Also history of Hypothyroidism since 6 months on medication TAB Thyrox 50mg OD. History of Pulmonary Koch's in 1980.

Past medicinal history

Medicine	Content	Dose	Duration advised	
Digihaler FB 200	Budesonide+Formoterol(200mcg+6mcg)	BD	1 week	Not taken by patient
Tab lupisoz D	Esomeprazole+Domperidone(40mg+30mg)	BD	10 days	Continued
Syp. Goldiron	Sodium feredetate 231mg/5ml	5ml BD	20 days	Not taken by patient
Cap Ab-flo	Acebrophylline	BD	10 days	Not taken by patient
Torbulk powder	Isphagula husk+Lactitol monohydrate (3.5gm+10gm)	10gm	10days	Not taken by patient

Investigation history is as follows

	24/2/18	16/3/18
BSL FASTING	103 mg/dl	90 mg/dl
BSL POST MEAL	172 mg/dl	130 mg/dl
Hb1c		5.9
Serum hs-Traponin T	13.0ng/dl	
T3		133.9ng/dl
T4		4.9ug/dl
TSH		21.7uIU/ml
Serum insulin Fasting		19.36µU/ml
CBC (Complete Blood Count)	1Haemoglobin - 10.9 gm % TLC(Total leucocyte count) – 5800/ cumm DLC(Differential leucocyte count) – 61 % L(lymphocyte) – 29 % E+M (Eosinophil+Monocyte)– 10 % Platelet count – 2.4 lacs/cumm	
KFT(Kidney Function Test)	Blood Urea - 11.8 mg/dl Sr. creatinine – 0.99 mg/dl Uric acid - 3.4 mg/dl	
Urine Test	A/B – Nil Sugar – Nil ME – NAD	

2D-Echo(27/2/2018) shows Mild concentric LVH, Diastolic Dysfunction of LV, Mild MR, Trivial TR, Mild PH, LVEF 65%.

Sonography of Chest (20/3/2018) There is no evidence of pleural effusion seen. Liver spleen appears normal.

Xray Lumbar Spine shows Osteoporosis with lumbar spondylosis with disc lesion between L4-L5, L5-S1 Vertebrae.

Polysomnographic sleep study (28/2/2018) shows moderate obstructive sleep apnea.

Treatment plan

Date	Treatment plan	Content	Dose	Aushadhi Sevan Kal & Anupan
10/1/2018	1.Gokshuradi Guggul ^[2] 2.Madhupalini Vasant ^[3] 3.Shatavari Churna		2Tab 2Tab 5gm	Vyanodane with Koshnjai Vyanodane with Koshnjai Vyanodane with Koshnjai
20/1/2018	1Cap Lupisoz-D 2Tab Amree plus 3.Tab Telma	Esomeprazole+Domperidone (40mg+30mg) Telmesartan	1Tab 2Tab 40mg	OD Vyanodane with Koshnjai OD
19/3/2018	T. Thyrox	Thyroxine/Levothyroxine	50mg	OD
2/5/2018	1Haritaki churna Pippali Churna		3gm 1gm	Samane with Koshnjai
5/5/2018	1.Haritaki Churna 2.Sanjivani Vati 3.Hingwashtak Churna		5gm 1Tab 5gm	Nishakale with Koshnjai Vyanodane with Koshnjai Vyanodane with Koshnjai
18/7/2018	1Simhyadi Kwath 2.Daruharidradi ^[4] kwath		40ml 40ml	Vyanodane with Koshnjai Vyanodane with Koshnjai

DISCUSSION

Charaka advised *Sanshodhana Chikitsa* in *Tamakshwas* specifically *Virechan Karma* (~purgation therapy). Here Patient *Bal* was *Alpa* hence we 1st started *Shaman Chikitsa* followed by *Shodhan Chikitsa*. *Gokshuradi guggul* acts as *Prameghna*, and specifically increases *Bal* and *Mansa*. *Madhumalini vasant* act as *Balya*, *Rasayan*, *Rakt*, *Mansa*, *Asthi Balvardhak*. *Daruharidari kwath* has *Prameghna* action.

In *Charak Chikitsa Sthan* it is mention that *Shwasa* are originated from *Pitta Sthan* and cause by vitiation of *Vata* and *Kapha Dosha*.^[5] *Charaka* has advised *Samshodhana* in *Tamaka Shvasa* & has given more emphasis on *Virechana Karma*.^[6]

For correction of vitiated Dosha, drugs which alleviate Vata and Kapha, Ushna Virya, drugs which cause down word movement of Vata are used. In Shamana therepy, drug was planned, keeping the view in mind the properties, like Shvasahara, Antiallegic and Bronchochilator. All herbal drugs given to the patient are having antiinflammatory and immunemodulator properties. These properties of drugs help in inflammation in bronchial lumen, increase strength of respiratory system.

CONCLUSION

Ayurveda approach in terms of composite management in bronchial asthma by Shaman and *Shodhan Chikitsa* gives innovative easy, better and cost effective treatment. This case report gives effective and safe treatment for “*Tamaka Shvasa*” with the help of clinical principles of *Ayurveda*. *Virechana* Tharapy as *Apunarbhava Chikitsa* provided better result with greater palatability, which is need of modern era in the Management of *Tamaka Shvasa*. The most important thing that no adverse effect of the drug was observed during the course of treatment.

REFERENCE

1. Hall SC, Agrawal DK. Vitamin D and Bronchial Asthma: An Overview of Data From the Past 5 Years. *Clin Ther*, 2017; 39(5): 917–929. doi:10.1016/j.clinthera.2017.04.002
2. Rai R, editor, (1st edition.). *Vangasensamhita*, Prameharogadhikar: Varanasi: Prachya prakashan, 2010, 392.
3. Gune G, Aayurvediya Aushadhigundharmashastra(Marathi). 1st edition. Varanasi: Chaukhamba Surbharti Prakashan, 2017.
4. Tripathi B, editor(1st edition.). *Sharangdhara Samhita, Madhyam Khand; kwathadikalpana*: chapter 2, verse 109. Varanasi: Chaukhamba Sanskrit Series, 2013; 99.
5. Tripathi R.: 2012: *Charak Samhita Chikitsasthan*: 17/8: Chaukhmba Sanskrit Pratisthan: Delhi.
6. Chakrapani *Charaka Samhita of Charaka with Ayurveda Dipika* commentary *Chikitsasthana* 17/121. Delhi: Rastriya Sanskrit Sansthana, 2006; 538.