



Case Study

AYURVEDIC MANAGEMENT OF TAMAK SHWASA (BRONCHIAL ASTHMA) IN CHILD

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ABSTRACT

Tamak Shwasa is a term that encompasses many illnesses together with shortness of breath as the main symptom. However we can also companion bronchial asthma with *Tamak Shwasa* due to the last four, 3 of them are incurable and the fourth is *Kshudra Shwasa*, which is resulting from overwork and overeating, it may be cured in a simple manner. Early onset is easy to treat, however the chronic condition is hard to deal with. In Ayurveda, the word *Shwasa* defines as a disease in itself as well as symptoms and issues of different diseases. Acharya Charaka describes *Tamak Shwasa* as a *Yappya* sort of contamination where in the patient has to depend on remedy for alleviation. Acharya Charak teaches different accurate thoughts approximately *Tamak Shwasa*. In this text a single case study of 10 years boy identified with *Tamaka shwasa* treated with Ayurvedic control like *Shamana* and *Mrudu Shodhana* given in details.

INTRODUCTION

Tamaka Shwasa is a kind of *Shwasa Roga* (respiration ailment) affecting the *Pranavaha Srotas* and characterized via *Pratiloma Vayu* (prolonged expiration), *Ghurghuraka* (wheeze), *Ativa Tivra Vegam Shwasam Pranaprapidakam* (dyspnea of surprisingly deep speed, which turned into immensely injurious to existence) and so on. [1,2] The disease called Tama as attack of the disease precipitates during the state of attack dyspnea become so severe that patient feels entering into the darkness. *Tamak shwasa* is chronic in nature and difficult to cure though it is a disorder of *Pranavaha srotas* [respiratory system], other *Srotas* also involved.[3] Bronchial asthma is a chronic inflammatory disease of the lung airway characterized by bronchial hypersensitivity and a variable degree of airway obstruction[4]. Interaction between environmental and genetic factors results in airway inflammation, which limits airflow and leads to functional and structural changes in the airways like bronchoconstriction, increased secretion of mucus,

mucosal edema, cellular infiltration, desquamation of inflammatory and epithelial cells.

There are two main types of childhood asthma:

1] Recurrent wheezing: It occurs in early childhood, primarily triggered by viral infections, usually resolves during the preschool /lower school years.

2] Chronic asthma: It is associated with allergy that persists into later childhood and often adulthood. Intermittent dry cough and expiratory wheeze are the most common chronic symptoms. Other clinical features include cough [non-productive and non-paroxysmal, increases in night and with exercise shortness of breath chest tightness], poor feeding, non-focal chest pain, respiratory rate is often increased Decreased breath sounds, use of accessory muscles of respiration, Suprasternal/ subcostal/ intercostal retractions[5]. *Tamaka Shwasa*, in Ayurvedic classics appears to be equal with the outline of bronchial allergies in present day medicinal drug. Bronchial allergies is a chief worldwide health hassle, that could have an effect on the populace regardless of age, sex, comparatively cheap status, and so on. At present, allergies is suggested in 1.2–6.3% adults in most nations.[6] Approximately 300 million humans global laid low with allergies and the quantity has risen via around 50% in the closing decade.[7] There are only some research from India on epidemiology of bronchial asthma. Overall burden of allergies in India is expected to be extra than 15 million patients. 5 percent of kids

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beneath eleven years have asthma in India.^[8] Bronchial asthma changed into identified in 2.28, 1.69, 2.05 and 3.47% respondents, respectively, at Chandigarh, Delhi, Kanpur and Bangalore with an normal incidence of 2.38%.^[9] Some of capsules are available in current device of medication to counter this situation, however are recognized to expand various unfavorable drug reactions. Considering those reactions, the suffering population is looking certain conventional treatments for higher comfort that are relatively safe in nature.

AIMS AND OBJECTIVE: To evaluate the role of Ayurvedic management in *Tamaka shwasa*.

MATERIALS AND METHODS

Study Design: Present study is a single case study conducted in the department of Kaumarbhritya OPD of our hospital.

A 10 year old male child with the complaints of intermittent difficulty in breathing (increased during cold season) since 1 year. He also complaints of cough, weakness, decreased appetite. According to patient, he was apparently well before 1 year. Gradually he developed breathing difficulty. Patient also c/o abdominal distension and decreased appetite at that time. Now he had breathing difficulty that he can't even climb 20 steps, cough present at night or early in morning (increased in winter, rainy season) and weakness that affecting his daily activities. There is no family history of any major systemic illness. According the patient, he is having to mixed diet, irregular bowels, poor appetite. So they approached to our hospital for further management.

Birth History: FTND/ CIAB/ No NICU Stay/ No history of birth asphyxia

Developmental History: Developed as per age

Family History: Non-consanguineous marriage. Younger sister has no any health issues.

Clinical Findings

Table 1. General Examination

General appearance	Fair
Temperature	98.4
Pulse	90/min
RR	26/min
Height	150 cm
Weight	40 kg
Blood pressure	108/68 mm hg

OBSERVATION

S. No	Signs and symptoms	BT (before treatment)	AF (after treatment)	Result in%
1	Night awakening	3	1	60%
2	Morning worsening of asthma symptoms	2	0	70%
3	Limitation of activity	2	1	60%

Table 2: Physical Examination (Astha Vidha Parishan)

Nadi	Kapha-pittaja
Mala	1times/day
Mutra	3-4 times/day
Jivha	Niram
Shabda	Spashta
Sparsha	Ushna
Druk	Prakrut
Aakruti	Madhyam

Clinical Examination - Revealed

Presence of DNS (right side)

Nasal and oral congestion

Systemic Examination

CVS- S1S2 N

CNS- Conscious, oriented

RS- On respiratory system examination, there was shortness of breath, wheezing, chest tightness seen.

Investigations

1. CBC
2. ESR
3. Chest X-Ray

Treatment Given

1. *Mrudu virechana* with *Aragvadha kashaya* total procedure completed in 7 days then after *Sansarjan kram* followed for 4-6 days (prior *Snehapana* was done with *Vasa ghrita* according to *Agnibala*).
2. *Abhyanga* with *Brihat Saindavadi Tailam* (chest and back) once in a day, *Shawas kasa chintamani rasa* with garlic, ginger and honey as *Anupan* (adjuvant) 125mg OD for 3 weeks.

Do's (Pathya): *Godhuma* (wheat), old rice, *Mudga* (green gram), *Kulattha* (horse gram), *Yava* (barley), *Patola* (snake gourd), use of garlic, turmeric, ginger, black pepper, lukewarm water, goat milk, honey, respiratory exercise, *Pranayama*, Yoga.

Don'ts (Apathya): Heavy, cold diet, *Masha* (black gram), deep fried items, mustard leaves, fish exposure to cold and humid atmosphere, sweets, chilled water, Stored food items, curd, suppression of natural urges, excessive physical exertion, exposure to smoke, dust and fumes, pollutants and pollens.

4	Shortness of breath	2	0	70%
5	Wheezing	3	1	60%
6	Use of bronchodilator (nebulization) each day	1	0	80%

The cough, wheeze, breathlessness, decreased air entry in both lungs and frothy and mucoid sputum at the time of registration was the most common presenting features of disease and this symptom decreased in children.

X ray chest was found better than previous X ray, ESR dropped.

RESULT & DISCUSSION

Charaka has counseled *Sanshodhana* in *Tamaka Shwasa* and has given more emphasis on *Virechana Karma*^[10] to accurate the de-organized *Doshas* (*Vata* and *Kapha*). Further, elements that alleviate *Vata* and *Kapha* (*Kapha-Vataghnam*), *Ushna Virya* (hot in potency) and which purpose a downward motion of *Vata* (*Vatanulomanam*) are useful as drug treatments (*Bhesaja*), *Pana* (liquids), and *Anna* (meals) for a affected person tormented by asthma.^[11] A number of pills are defined for *Virechana Karma* in classical texts. Out of those, for the present study *Aragvadha* (*Cassia fistula* Linn) became decided on. Charaka has taken into consideration it as the exceptional *Mrudu Virechana Dravya*^[12] and *Badara* (*Zizyphus jujuba* Lam) is taken into consideration as useful in *Shwasa* with the aid of *Sushruta*^[13] *Govinda Das*^[14], *Aragvadha*^[15] is *Madhura*, *Tikta Rasa*; *Guru*, *Mridu*, *Snigdha Guna*; *Shita Virya* and *Madhura Vipaka*. Therefore, the drug is beneficial as *Vata-Pitta Shamaka*. Due to *Madhura*, *Snigdha Guna* it enables in *Vatashamana* in addition to *Kaphanihsarana* and due to *Sransana*^[16,17] assets it excretes *Kosthagata Kapha* and *Pitta*. In *Ashtanga Hridaya*, *Aragvadha* is defined inside the *Kaphaghna Gana*^[18] and in *Sushruta Samhita*, *Aragvadha* has been described as the *Adhobhagadosahara Dravya*.^[19] As in step with *Charaka Samhita*, *Aragvadha* is the great *Mruduvirechana* drug. Therefore, it allows in *Kapha Nirharana* together with *Vatanulomana*. As a result, the drug facilitates in *Dosha-Dushya Vighatana* within the sickness *Tamaka Shwasa*.

Shwasa kasa chintamani carries an inorganic mercurial instruction i.e., mercurous sulphide alongside other herbomineral drugs which isn't taken into consideration poisonous in contrast to different research performed on various mercurial salts. Findings advocate that the drug is greater effective on this case who aren't receiving corticosteroid with bronchodilator in comparison to the sufferers receiving corticosteroids with or without bronchodilator.^[20-25]

CONCLUSION

On the premise of the findings it is able to be concluded that *Virechana Karma*, a purification remedy is the capacity method for the treatment of *Tamaka*

Shwasa. *Shwasa kasa chintamani rasa* is determined to be an powerful drug for *Tamaka Shwasa*.

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