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Ayurvedic Management of Childhood Asthama: A Case Report

***Dr Akshay Gurav, **Sandeep C**

*Assistant Professor, **3rd Year UG Student

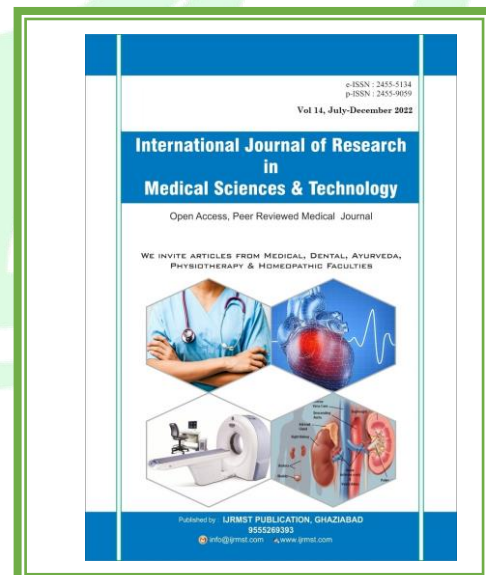
Government Ayurveda Medical College & Teaching Hospital, Shivamogga,
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ABSTRACT

Bronchial Asthma is a chronic inflammatory disease caused due to the inflammation of the mucous membrane lining the airway and spasm of the smooth muscles of the bronchi. It is characterized by recurrent wheezing, breathlessness, cough, and rapid breathing episodes. Unlike adults, in children, severity is associated with the duration of wheezing, lung functioning, and the risk of allergens, as children are more sensitive to allergens. As per Ayurveda, *Shwasa Roga* is mainly caused by the *Vata* and *Kapha doshas*. The signs and symptoms of Bronchial Asthma can be nearly correlated with *Tamaka Shwasa*. *Tamaka Shwasa* is a commonly found variety of *Shwasa* in children. Such a case of *Tamaka Shwasa*, i.e., childhood Asthma had approached our clinic. It was managed by the Ayurvedic line of treatment with *Shamanaushadi* and classical *Virechana*, and the patient got a satisfactory result.

KEYWORDS: Bronchial Asthma, *Tamaka Shwasa*, *Virechana*, Ayurveda, Childhood Asthma.

INTRODUCTION:

Bronchial Asthma is a primary non-communicable disease (NCD) affecting children and adults and is the most common chronic disease among children¹. It is caused due to the inflammation and narrowing of the small airways in the lungs and is characterized by a combination of cough, wheeze, shortness of breath, and chest tightness². It has been estimated that the prevalence of Asthma in India is about 6% of children and 2% of adults³. Viral infections, Excessive exercise, sudden changes in the weather, Exposure to specific allergens, Emotional stress, and certain endocrine

changes provoke Asthma in individuals with hyper-reactive airways⁴.

There is a broad explanation of Dyspnoea in Ayurveda under the term called *Shwasa*. *Tamaka Shwasa* is one among the *Pranavaha Srotho Vikara*. It is a *Swatantra Vyadhi* (independent disease) with its etiological factors, pathophysiology, and management⁵. According to Acharya Charaka, *Tamaka Shwasa* is a condition characterized by secretion of mucous and rhinitis, producing obstruction to breathing and wheezing sounds. In chronic diseases, there are severe attacks of dyspnoea endangering life⁶. The condition gets provoked during cloudy days, cold seasons, rain, and mucous provoking

agents. In Ayurveda, we have a lot of references in the management of Tamaka Shwasa, so in the present case, we applied the Ayurvedic treatment in the management of Tamaka Shwasa.

CASE STUDY:

An 11 years male child approached **AkSHAY- Ayurvedic Woman & Child Health Care, Shivamogga, Karnataka,** presenting the complaint of recurrent cold and cough along with nasal congestion since birth. Later, it gradually developed into wheezing, breathing difficulty and shortness of breath, for which the patient has been advised inhalers from the age of 5 years. Due to this problem, the child was unable to play any sports, challenged to climb stairs and not even able to walk a short distance. The symptoms were so severe that the child used to take an inhaler after every defecation. For all these complaints, the child had undergone multiple treatments with multiple systems of medicine and finally approached our clinic to manage the same, with the wish to stop the inhalers and get rid of the disease.

BIRTH HISTORY: Full-term L.S.C.S. delivery with a birth weight of 2.6 kg, Meconium stained liquor, and RDS.

FAMILY HISTORY: No, any H/O Asthama in the family

PERSONAL HISTORY:

Diet – Mixed
Appetite – Reduced
Bowel – hard, constipated (once daily)
Urine – Regular (5-6 times)
Sleep – Disturbed due to the respiratory problem

GENERAL EXAMINATION: -

The patient was well nourished, alert, and active, with high-pitched whistling sounds made while breathing.
The patient is Non-pallor with no signs of icterus, cyanosis, or clubbing. No lymphadenopathy or edema is seen.

VITALS SIGNS

Temperature: Afebrile
Heart Rate – 96bpm
Respiratory Rate – 28 rpm

ANTHROPOMETRY

WEIGHT – 34.3 kg HEIGHT - 135cm

SYSTEMIC EXAMINATION:

CVS: S1S2 Present, No Murmur
CNS: Normal

ABDOMINAL EXAMINATION: Soft, No Tenderness, no organomegaly seen.

RESPIRATORY SYSTEM

EXAMINATION:

Inspection:

- Nasal passages swollen
- No scar on the chest wall and no dilated veins.
- Suprasternal and subcostal recession.
- Chest movement symmetrically with respiration.

Palpation:

- Trachea centrally located

- Chest expansion was symmetrical bilaterally.

Percussion: Resonance bilaterally

Auscultation

- Normal air entry bilaterally
- Vesicular breath sound with prolonged expiratory
- Ronchi presents bilaterally.

DIAGNOSIS: TAMAKA SHWASA with signs and symptoms similar to that of Bronchial Asthma

TREATMENT PLAN

Table no. 1

VEGAKALINA CHIKITSA

DATE	TREATMENT SHAMANA AUSHADHI ADMINISTERED	RESULTS (During follow-up visits)
31/01/2022 TO 09/02/2022	<ul style="list-style-type: none"> • Cap Grab (1-0-1) for five days • Draksharishta (10ml-10ml-10ml) with water for 10days • Halin inhalation (√-----√-----√) 	Mild decrease in Cough, cold, nasal congestion, and throat irritation
10/02/2022 TO 20/02/2022	<ul style="list-style-type: none"> • Syrup Someswari (10ml-0-10ml) • Haridra Khanda (0-0-1tsf) with milk 	Decreased cough and mild decrease in wheezing
21/02/2022 TO 25/02/2022	<ul style="list-style-type: none"> • Kumarabharana rasa (1-0-0) with honey • Syrup Someswari (10ml-10ml-10ml) • Haridra Khanda (0-0-1tsf) with milk 	Decrease in wheezing
26/02/2022 TO 10/03/2022	<ul style="list-style-type: none"> • Syrup Someswari (10ml-10ml-10ml) • Tab Septilin (1-0-1) • Halin inhalation (√-----0-----√) 	No fresh complaints decreased wheezing and exertion.
11/03/2022 TO 05/04/2022	<ul style="list-style-type: none"> • Syrup Someswari (10ml- 0 -10ml) • Tab Septilin (1-0-1) • Halin inhalation (√-----0-----√) sos • Haridra Khanda (0-0-1) with milk 	No wheezing and fatigue

Table no. 2

VEGANTARAKALINA CHIKITSA

DATE	TREATMENT					RESULTS
	PLANNED FOR VIRECHANA					
26/04/2022 to 28/05/2022	<ul style="list-style-type: none"> ➤ Agnitundi vati (1-1-1) before food ➤ Chitrakadi Vati (1-1-1) after food 					No other fresh complaints
29/04/2022	SNEHAPANA WITH INDUKANTHA GHRITHA IN AAROHANA KRAMA					
	DATE	PR	Wt (in kg)	Dosage of Sneha	REMARKS	
	29/04/2022	68bpm	34	30ml	Moderate wheeze	
	30/04/2022	70bpm	33.7	50ml	B/L wheeze	
	01/05/2022	84bpm	33.2	80ml	Decreased Wheeze	
	02/05/2022	72bpm	33	110ml	Decreased Wheeze	
	03/05/2022	76bpm	32.3	130ml	Mild wheeze	
	04/05/2022	76bpm	32.5	150ml	Mild wheeze	
5/05/2022 to 7/05/2022	<ul style="list-style-type: none"> ➤ Sarvanga Abhyanga with Brihat Saindhava Taila ➤ Bhaspa Sweda 					
08/05/2022	<ul style="list-style-type: none"> ➤ Sarvanga Abhyanga with Brihat Saindhava Taila ➤ Bhaspa Sweda ❖ VIRECHANA WITH TRIVIT LEHYA (20gm) 					8 VEGAS observed
9/05/2022 to 13/05/2022	❖ Samsarjana Krama advised for 5 days.					No, fresh complaints.
18/05/2022	➤ Chitraka Haritaki with milk (½--- 0--- ½ tsf) for two months					The patient is stable without an inhaler.

ASSESSMENTS:

Complaint	Before Treatment	During Shamanaushadi Treatment	After Shodhana Treatment
Ghurghuraka (Wheezing)	++++	+++	-
Muhumuhushwasa	+++	++	-
Pinasa	-	-	-
Shwasa Kruchrata (Dyspnoea)	++	+	-
Vishushka Asya	++	+	-
Anidratha (Sleeplessness)	++	+	-
Nasal Congestion	++	+	-
Usage of inhaler	++++	++	-

DISCUSSION:

According to Charaka, "*Tamaketu Virechanam*" has been the main principal line of treatment in the management of Tamaka Shwasa. The site of origin of *Shwasa Roga* is "*Pitta stana samudbhava*", and Pitta Stana is described by Chakrapani as Adho Amashaya, which is situated in between the *Hridaya* and *Nabhi*, where *Pitta* is predominant. So, the pathology of *Shwasa Roga* takes place here. Therefore, the Virechana mode of treatment was adopted to treat the root of the pathology.

For better case management, the patient's *Bala* (Strength), *Prakruti* (Body constitution), *Agni* (Digestive power), and *Koshta* (Alimentary canal) are assessed and accordingly, the treatment is planned. As in this case, the *Bala* of the patient was weak and was unfit for the *shodhana*

treatment due to the severity of the signs and symptoms. So initially, the patient was managed with *Shamanaushadi's*, as mentioned in Table no. 1

Once the patient was stabilized from the signs and symptoms, keeping in mind the principal treatment in *Tamaka Shwasa*, *Virechana* treatment was planned.

Probable mode of action of the drugs:

Any treatment is incomplete or unsuccessful without the proper plan. So classical *Virechana* was planned and started with *Agnitundi Vati* and *Chitakadi Vati* as *Deepana Pachana* drugs.

Indhukantha Gritham: It is advised during the *Snehapana* procedure, a pre-purification process in Panchakarma Therapy. The main reason behind choosing Indhukantha Ghrita for *Snehapana* is its

palatability compared to other Ghrita especially considering the Snehapana for the pediatric age group. Indukantha Ghrita mainly helps in *Agni Deepana*, *Shothahara*, *Vatahara*, and *Vatanuloma* and acts as an immunity booster. Hence with all these properties, Indukantha Ghrita was used in this case for *Snehapana* to get the desired effect of *Snehapana Vidhi*⁷.

Brihat Saindhava Taila: It is multi-herbo-mineral oil with *Vatakaphahara*, *Shrotovishodhana*, *Shothahara*, and *Amashodhana* properties, so it has been used in this case for *Abhyanga* during *Vishrama Kaala*⁸.

Trivrut Leha: It was used for *Virechana* as it contains *Trivrut*, which is *Sukha Virechaka*, so commonly used in children for *Virechana karma*^{9,10}.

Recommendation: Further studies in this direction are essential in many cases to establish the probable mechanism of action of the drugs and a treatment modality.

CONCLUSIONS

According to Ayurveda, *Tamaka Shwasa* can be correlated with Bronchial Asthama depending on the signs and symptoms mentioned in the classics. Due to the low immunity in children and the present-day

lifestyle, the incidence of *Tamaka Shwasa* has been increasing. Moreover, due to *Alpa Bala* in children, it is challenging to plan for *Virechana*. But on the other hand, if we confidently manage the *Vegakalina Avastha* and make the patient fit for *Shodhana*, the success rate will be increased. Based on the effect seen in this patient with Ayurvedic interventions, right from *Vegakalina Avastha* to *Vegantara Avastha*, found to be effective in the management of *Tamaka Shwasa*, which proves the potency and efficiency of our ancient science.

Conflict of Interest: None

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Patient perspective: The patient is satisfied with the treatment and happy with the quality of life

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