

A SINGLE CASE STUDY IN THE MANAGEMENT OF TAMAKA SWASA (BRONCHIAL ASTHMA).

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ABSTRACT

Introduction: Bronchial asthma is one of the most distressing, chronic illness and is quite common in all the socio economic strata, affecting all age groups, approximately 300 million people suffering worldwide¹. Changing life style, demographic factors, urbanization, and environmental changes are the triggering factors of Bronchial asthma. The same being understood as tamaka swasa in texts of Ayurveda.

Methods: This a single case study, where in a 59-year-old male patient named Gopalan came with the complaints of breathlessness and cough since 10 years and was on irregular medication. The symptoms aggravated on intake of cold food items-weather, relieved on medications. The patient was diagnosed as tamaka swasa. Respiratory examination revealed bilateral expiratory- inspiratory rhonchi. The patient was prescribed Poushkaramuladi kashaya² for 30 days along with honey as anupana, and was advised the proper diet and regimen according to the disease and patient present conditions and the importance of pathya in the case of tamakaswasa as it is a yapyva vyadhi. The patient was requested to come on 15th, 30th, and after 45th day for the regular follow up.

Result: Significant amount of reduction in all the clinical signs and symptoms (cough, breathlessness, quantity of sputum, difficulty in speech, body position, use of accessory muscles, respiratory rate, breath sound and PEFr) were seen.

Discussion: The ingredients of Poushakaradi kashaya (Pushkara moola, Katphala, Bharangi, Viswa, Pippali) have mainly vata kaphara action and thereby normalize the gati of vata dosha by removing obstruction caused by kapha, Pushkara is also known for its shwasahara action.

Key words- Single case study, Tamaka swasa, Samanachikitsa, Poushkaradi kashaya

INTRODUCTION

Tamaka swasa as a disease entity was known to the ancient ages from very beginning. In Ayurveda, the description of Tamaka swasa is mentioned in various classics. The Lakshanas explained under Tamaka swasa are similar to the clinical features of Bronchial asthma.

Bronchial asthma is one of the most distressing disease and is quite common in all the socio economic strata, in all the age groups and almost all over the world.

According to Ayurveda chikitsa siddhanta, faulty food habits leads to Agnimadya and responsible for annavahasrotodushti, which is basic cause for initiation and progression in the pathogenesis of Tamaka swasa, as the moolashtana is pittashtana. The disease is originate

from pittashtana and localized in Kaphashtana, and characterised by dominant features of Kapha and vata dosa.

According to the Ayurveda Chikitsa Siddhanta, it is explained that Virechana, Kapha-Vatahara drugs and Vatanulomana are the prime line of treatment in Tamaka swasa.³ Even though many formulations are explained in classics for treating Tamaka Swasa, only few are used in present scenario. Poushkaradi Kashayam³ is one among them which contains ingredients like Pushkara moola, Katphala, Bharangi, Viswa, and Pippali. Pushkara moola⁴ is the first ingredients of this Kashaya which is Agryaoushadhi for Swasa, Kasa, Hikka and Parswasoola. Since these symptoms seen in Tamaka swasa, Pushkara moola can be considered as first choice in the management

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of the same. And other ingredients of this Kashaya are Vata- Kapha hara in action. The efficacy of this Kashaya in the management of Tamaka Swasa need to be assessed

PRESENTING CONCERN

Case of this report is a 59 year old, married, non smoking, non alcoholic male patient. Patient was apparently normal before 10 years. Gradually he developed recurrent attack of sneezing, running nose, cough with expectoration and breathlessness. For which he consulted a nearby Allopathic physician, was diagnosed as Bronchial asthma and was prescribed with oral medication and inhaler. But he didn't get satisfactory relief by continuing the same for long duration.

As he was working in a coffee factory since 12 years, The aroma and dust particle, that used to cause irritation and triggers the conditions which he used to neglect and continued with his routine, which gradually aggravated the symptoms. He took the same medications prescribed by Allopathic doctors, when the symptoms got aggravated.

5 month before symptoms got aggravated with more severity, which made him difficulty in doing his routine. So he came to our hospital (MIAMS, Manipal) OPD on 10/07/2018, and was prescribed by Poushkaradi Kashaya.

CLINICAL FINDINGS

As he has the Familial history of Bronchial asthma of 3 generation including him was prescribed with

bronchodialators, antitussives and inhaler was taking only during the aggravation of symptoms. No history of DM, HTN and other systemic diseases.

Clinical examination revealed, presence of DNS to the right, (B/L) polyp, Nasal and oral congestion, increased respiratory movements at the rate of 24/mint, (B/L) Rhonchi (inspiratory and expiratory), Barrel shaped chest.

By haematological evaluation revealed in the level of ESR(40) m/hr, Eosinophils (09%), AEC-(560 cells/cm) And PEFR being >150 (L/mint), X-ray findings with prominent bronchovascular markings (without evidence of other findings).

DIAGNOSTICS FOCUS AND ASSESSMENT

In the view of signs and symptoms of the present case was diagnosed as Tamaka swasa, assessment was done by cardinal clinical features of Tamaka swasa and necessary laboratory findings, with repeated evaluation of subjective and objective parameters on 1st day, 15th day, 30th day and 45th day and laboratory findings before and after the treatment.

THERAPEUTIC FOCUS AND ASSESSMENT

Poushkaradi kashaya was given for 30 days. 50ml kashaya -2 times B/F (morning and evening) with honey.

Signs and symptoms of the patient and also laboratory measurements after samana chikitsa showed satisfactory improvement.

Symptoms	Before the treatment	15 th day of follow up	30 th day of follow up	45 th day of follow up
Subjective parameters				
Cough	Continuous cough during day and night (disturb work)	Morning bouts (do not disturb work)	Nil	Nil
Breathlessness	Breathlessness limit activity and talking	Nil	Nil	Nil
Quantity of sputum	>10 ml	<2.5 ml	<2.5 ml	<2.5 ml
Difficulty in speech	Only sentences possible	Speech possible	Speech possible	Speech possible
Body position	Prefer sitting	Prefer sitting	Normal	Normal
Involvement of accessory muscles	Usually use of accessory respiratory muscles	Commonly use of accessory respiratory muscles	No use of accessory muscles	No use of accessory muscles

Objective parameters				
PEFR	<150 L/mint	250 L/mint	260 L/mint	350 L/mint
R.R	24 /mint	24 /mint	20/mint	16/mint
breath sounds	Loud wheeze (inspiratory and Expiratory)	Moderate wheeze (Inspiratory)	Moderate wheeze	No wheeze

Criteria	B/T	A/T
Cough	Continuous cough during day and night	Nil
Shortness of breath	present	absent
Quantity of sputum	>10 ml/day	<2.5 ml/ day
Speech	altered	possible
Body position	Prefer sitting	Normal
Use of accessory muscle	Usually use of accessory respiratory muscles	no use of accessory respiratory muscles
Respiratory rate	24 /min	16/min
Breath sound	present	Absent
PEFR	<150 L/Min	350 L/Min

Investigations	B/T	A/T
Hb (gm%)	13.96	14.80
Total WBC(cells/cumm)	6200	5900
DC Neutrophil	62	60
Lymphocytes	29	33
Eosinophils	9	7
Monocytes	0	0
Basophil	0	0
ESR - (mm/hr)	40	20
AEC-(cells/cumm)	560	410

FOLLOW- UP AND OUTCOME

After 45 days (15 days after medication) was advised to have a follow up in the OPD. It was observed, there was a marked improvement in the subjective and objective parameters.

DISCUSSION

- Treatment protocol aims for vatakaphahara and vatanulomana.
- As pittastana samuthbhava, by correcting the Agni (jadaragni), thereby creating equilm of dosha.
- Pathogenesis of Tamaka Swasa always involves V-K doshas.
- Patient got significant amount of relief in all the parameters .

PROBABLE MODE OF ACTION OF DRUGS:

POUSHKARADI KASHAYAM is mentioned in Sahasrayoga. Its ingredients are Poushkaramoola, Katphala, Bharangi, Vishwa, Pippali. Most of the drugs in this

kashaya having Kapha- Vata hara properties, Tiktha–Katu rasa and also Katu vipaka. All the drugs are having Ushna veerya properties. Poushkaramoola, Vishwa, and Pippali are having deepana properties. Pippali is having rasayana properties.

Poushkaramoola have potential Bronchodialatory properties. And also have Anti-allergic activity, Anti-inflammatory and Analgesic activity, Mast cell stabilization activity.⁵

Katphala is having Anti-inflammatory action, Anti-allergic action, Mast cell stabilizing impact, effective in chronic cough and asthma⁶.

Bharangi have Anti-bacterial and Anti-inflammatory activity.⁷

Pippali is having Anti-allergic, Anti-bacterial activities and it is useful in intestinal and respiratory disorders.⁸

Vishwa has anti-viral activity against human respiratory syncytial virus in human respiratory tract cell lines.⁹

CONCLUSION

Poushkaradi kashaya has significant effect in Tamaka Swasa.

PATIENT PERSPECTIVE.

Patient was satisfied in the treatment as he had considerable improvement in clinical sign and symptoms, and also in laboratory values.

PATIENT CONSENT

The patient provided written permission for treating this case report.

REFERENCES

- 1 McGraw Hill, Harrison's Principles of Internal Medicine 18th Edition, Volume II, Pp- 3609, Pg- 2102
- 2 Sahasrayogam, Sujanapriya Commentary, Editors; K.V.Krishnan Vaidyan and S.Gopalapillai, Publishers: Vidyarambham Publishers-Mullakkal, Alappuzha-688011, Edition 31st, August 2012, Pp-544, Pg -64.
- 3.Agnivesa ,Charaka samhita Revised by Charaka and Dridhabala with the Ayurveda- Dipika Commentary of Chakrapanidatta, Edited by Vaidya Jadarjitrikamji, Chaukambha orientalia, Varanasi, Reprint Edition 2015, Pp 738 ,Pg 538
- 4 Agnivesa, Charaka samhita Revised by Charaka and Dridhabala with the Ayurveda- Dipika Commentary of Chakrapanidatta, Edited by Vaidya Jadarjitrikamji, Chaukambha orientalia, Varanasi, Reprint Edition 2015, Pp 738 ,Pg 131
- 5 . <https://www.researchgate.net> dated on 11-10-2018.
- 6 www.rjlbpcs.com dated on 03-11-2018.
7. www.rjlbpcs.com dated on 06-8-2018.
8. <https://www.researchgate.net> dated on 2-12-18.
9. [https://scholar google.co.in](https://scholar.google.co.in) dated on 1-12-18.