Case Report

The Management of Bronchial Asthma (*Tamak Shwasa*) through Panchakarma Procedure with *Ishvaku* (Lagenariasiceraria) *Vamana*: A Case Report

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Abstract

Background: Bronchial asthma, a hypersensitivity illness, is rising quickly in the modern world, particularly in wealthy nations. However, according to clinical features, bronchial asthma and Ayurvedic Tamaka Shwasa are similar diseases. Asthma is incurable, according to traditional medical knowledge. Both patients and doctors are looking at complementary and alternative systems of medicine as options because current prescriptions do not offer adequate treatment for terminal and long-term cures. Ayurvedic medicine has the potential to be a viable and efficient treatment option for bronchial asthma. Vaman karma is helpful for treatment globally so that people worldwide can keep faith in it based on scientific evidence. The first line of treatment for Tamakshwasa's Utkleshita vastha is Vamana. To determine Vamana Karma's involvement in Tamak shwas, a season it connected to Tamak shwasa has been searched for and attempted to be established in this case study.
Purpose: This study aimed to assess the efficacy of Ayurvedic management, including specific Ishwaku vaman karma, in Tamaka Shwasa.
Materials and Methods: A single case study of a 21-year-old man diagnosed with bronchial asthma. He was presented with frequent allergy due to dust, had an onset of sneezing due to cold weather, had a complaint of cold and cough on and off since childhood, and had a history of pneumonia in childhood.
Observation and Outcome: A 9-day symptomatic patient assessment was completed. The patient's overall quality of life was greatly enhanced, and the outcome was satisfactory. In conclusion, the above-mentioned regimen significantly improved the management of bronchial asthma.

Keywords

Bronchial asthma, Ishwakuvaman, Lagenariasiceraria, Tamakashwasa

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Introduction

The terms "*tamaka*" and "*Shwasa*" are combined to form the phrase. *Tamaka* is the term for sadness. Vachaspatyam claims that the word implies both *Roga Bheda* and *Vayu Vyapara*.[1] It represents physiological and pathological respiration and is used to express the word. The disease is called *Tamaka* as an attack of the disease precipitates during the night, and the state of attack dyspnea becomes so severe that the patient feels like entering into the darkness.[2] The primary contributing factors to *Tamaka Shwasa* are *Dhuma* (smoking), *Ativyayama* (excessive exercise/work), *sthananivasa* (living in cold climates), (heavy diet), and *Sheeta bhojana* (cold food that causes vitiation of *Vata*, which in turn causes vitiation of *Kapha*, which in turn causes vitiation of Rasa, which inhibits Prana Vata function).[3] *Vamana karma* is specially indicated in

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Table 1. Demographic Details of the Patient.

Sr. No.	Demographic Details of Patient	Information
1	Name of patient	A.B.C
2	Age	21 years
3	Sex	Male
4	Residence	Wardha
5	Occupation	Student
6	D.O.A	2-12-22
7	D.O.D	12-12-22

Kaphaja disorders. One such disease involving *Kapha* is *Tamaka Shwasa* (bronchial asthma). The act of respiration is the physiological function of *Prana Vayu*. When *Kapha* obstructs this *Prana Vayu*, it gets *pratiloma gati*. It moves upwards, impairing respiration, resulting in *Tamaka Shwasa* (bronchial asthma).[4] Minimal is known about the Ayurvedic treatment of *Tamaka Shwasa*, or bronchial asthma, in the modern world, especially in *Vaman.* Therefore, an effort was made to determine whether *shodhan* karma effectively treated patients with *Tamaka Shwasa* (bronchial asthma).

In India, the prevalence rate of asthma is 2.05% nationwide, affecting 17.23 million people, according to the Indian Study on Epidemiology of Asthma, Respiratory Symptoms, and Chronic Bronchitis in Adults (INSEARCH). The most recent Global Burden of Disease (GBD, 1990–2019) report estimates that 34.3 million Indians suffer from asthma worldwide. Asthma was also linked to 13.2K more fatalities in India. Among Indians, asthma accounted for 27.9% of disability-adjusted life years (DALYs). The overall burden of asthma in India is more than twice as high as the global average in terms of DALYs and mortality.[5]

Both adults and toddlers can develop asthma gradually. The inflammation and surrounding muscular contractions cause the tiny airways in the lungs to tighten. This causes the person to have asthma symptoms, such as tightness in the chest, coughing, and wheezing. The worst times of day for these intermittent symptoms are usually after an exercise or at night. The symptoms of asthma may worsen due to other common causes. Everybody has different triggers, including dust, smoke, fumes, colds, grass, pollen from trees, animal fur and feathers, harsh soaps, and smells.[6]

Patient Information

It is a single case study having demographic details mentioned in Table 1.

Clinical Presentation of the Patient

The chief and associated complaints of patients are mentioned in Table 2.

Table 2. Chief Complaints of the Patient.

Sr. No.	Nature of Complaint	Duration
A	Chief complaints:	
1	Accumulation of sputum in the chest	
2	Frequent sneezing	Since 4–5 months
3	Cold and cough	
B	Associated complaints:	
1	Breathlessness while walking and talking	Since 4 months
2	Foul smell in the nose of food and other eatables	

Progression of Disease

A 21-year-old male child, who belongs to a lower-middle-class family, complains of *Shwasa kashta* (dyspnea) that significantly increases in the evening time and has frequent episodes of allergy due to dust. The patient took homeopathic treatment in 2015–2016 and got relief in allergy only. Then again, due to cold weather in the morning, there was frequent sneezing with shortness of breath and productive cough (*sakapha kasa*) with breathlessness symptoms, with a history of being diagnosed as child pneumonia in childhood and taken treatment at an allopathic hospital and relieved. Still, after some years, the patient has complaints mentioned in Table 2. Patients took allopathic medicines for 1 month: TAB Azitromycin 500 mg, Cetirizine 5 mg, and cough expectorant. Then, after a few days, the patient suffered from a mild asthmatic attack with severe breathlessness in the morning time. He then took some Ayurvedic medicine from a local Ayurvedic practitioner. After 1 month, he suffered a recurrence of the above symptoms. Therefore, he approached the outpatient department of *Panchkarma*, Mahatma Gandhi Ayurved College, Hospital & Research Center Salod (H) Wardha, Maharashtra, for further treatment.

History of the Patient

The detailed account of the patient is given as follows:

Family history: No significant family history was found.
History: History of pneumonia 3–4 times in childhood.

Personal history:

Ahar: Vegetarian, daily intake of oily, sweet, and fermented food.
Vihara: Jagrana (night awakening), *Atishrama* (excessive exertion).
Nidra: Interrupted sleep at night due to aggravation of the symptoms.
Vyasana: Nil.
Vyayam: No.

Table 3. Ashtavidh Parikshana.

Sr. No.	Head	Observation
1	Nadi (pulse)	74/min, Niyamit
2	Mala (stool)	Samyak (once per day)
3	Mutra (urine)	Samyak (5–6 times/day, satisfactory)
4	Jivha (tongue)	Saam
5	Drika	Spashta
6	Shabda (speech)	Spashta
7	Sparsha (touch)	Anushnasheeta
8	Akruti (body structure)	Madhyam

Clinical Findings

As mentioned in Ashtavidha Pariksha (see Table 3).

Samprapti Ghataka (Ayurvedic pathophysiology)

Dosha: Vata (prana), *kapha (kledaka), pitta (pachaka)*

Dushya: Rasadhatu

Strotas: Pranavaha, udakvaha, annavaha

Agni: Jatharagnimandya, Rasaagnimandya

Strotodusti: Sanga in prana vaha due to *kapha vimargamana of prana sanga* in *annavaha* due to *ama* and *attipravatti* in *udakavaha (*due to *kapha)*

Udhbhavastana: Amashaya

Rogamardga: Abhyantara

Vyadhi-svabhava: Chirkari

Sadhya-Asasdhya: Navina-sadhya (ch)

Purana-Yapya (ch)

Examination

The patient had a barrel chest, was nourished, was thin, and did not show signs of icterus, cyanosis, clubbing, lymphadenopathy, or edema. The patient was febrile-oriented with Alae Nasi's (accessory muscles for respiration). The respiratory system exhibits equal bilateral chest movement and air entry, as well as bilateral wheezing accompanied by retraction and an increase in respiratory rate of 28 breaths per minute. Cardiovascular devices display tachycardia without any additional sounds being heard. The patient was awake, attentive, cooperative, and restless. There was no organomegaly, and the abdomen was soft and untendered. Pulmonary function test (PFT) indicates bronchial asthma.

Investigations: Routine investigations were done with ECG as the protocol of Vaman, which was within the standard limit.

Specific investigations advised PFT Figures 1 and 2 (before and after).

Diagnosis: Tamak Shwas (bronchial asthma).

Therapeutic Interventions

The treatment *Panchakarma [Purification and Shamana Chikitsa (Palliative)]* is given in Tables 4 and 5, respectively.

Therapeutic Outcome

Observations

Noted improvement in symptoms is shown in Table 6. The successful intervention of the treatment complete remission from all signs of bronchial asthma, including the accumulation of sputum in the chest and frequent sneezing after the entire *Vaman* procedure. Criteria for assessment for subjective parameters—MRC dyspnea scale was used.[7]

Discussion

Tamaka shwas and bronchial asthma are associated in current times. The subject in this case study had a condition related to severe asthma. *Vamana*, because of its *Veerya* (potency), Dravyas circulate fast in both the body's large and small capillaries, giving them the qualities of *Vyavayi* and *Vikasi*. It permeates every part of the body. Due to *Ushna Guna, Doshas* began to melt in the body, seen in the patient's sweat on their forehead or occasionally their entire body. Several classical literary works recount *Vamana Karma's* roles in *Tamaka*. The preferred method of treatment or process in *Vegakalinavastha* is *Vamana Karma* or *Sadyo Vamana*. *Vegagavastha doshas* are at an aroused stage, which is a prepared state to be removed from the body or eliminated. Therefore, *Abhyanga* and *Swedana*, followed by Vamana Karma, clearing the Sanga (airway barrier), will be beneficial for the *Vilayana* of this *Grathitha Kapha*. The *Kapha* is ejected from the airways, then it returns to *Amashaya* where Vamana expels it.[8]

Ikshwaku is *tikta, katu rasatmakdravya*, and have *sheetaveerya*. It has *laghu* (light), *Ruksha*, and *teekshna* properties and has *pittaghna* and *kaphaghna prabhava*.[9]

Samshodhana (radical treatment), *Bhedaka* (penetration), and *Kaphanissaraka* qualities of vitiated and sluggish *Ikshvaku* may cause *Kapha* to be evacuated from the system, clearing the pathways of circulation and allowing Vayu to travel freely. Still, after one years cough expectorant is removed. After the vitiated *Kapha* is removed, the sufferer ultimately finds relief. Therefore, the *Ikshvaku* lady appears more advantageous than *Tamaka Shwasa*.[10]

Tab Chitrakadi Vati: The main ingredients of Chitrakadi vati are *Chitrak, Yavakshar*, and *Lavan*, and the remaining drugs have *deepan pachaniya* properties, so they are used before vaman as *deepana pachan*.[11]

Tab *Sutshekar Rasa*—impaired digestion,[12] so used for *deepana pachan.*

The management of acute and recurring upper respiratory tract infections is said to benefit from the anti-bacterial and anti-inflammatory characteristics of Tab. Septiline.[13] It has reportedly been shown to reduce gram-negative and gram-positive bacterial growth and aid in the mucosa's development of tolerance to certain situations.[14]

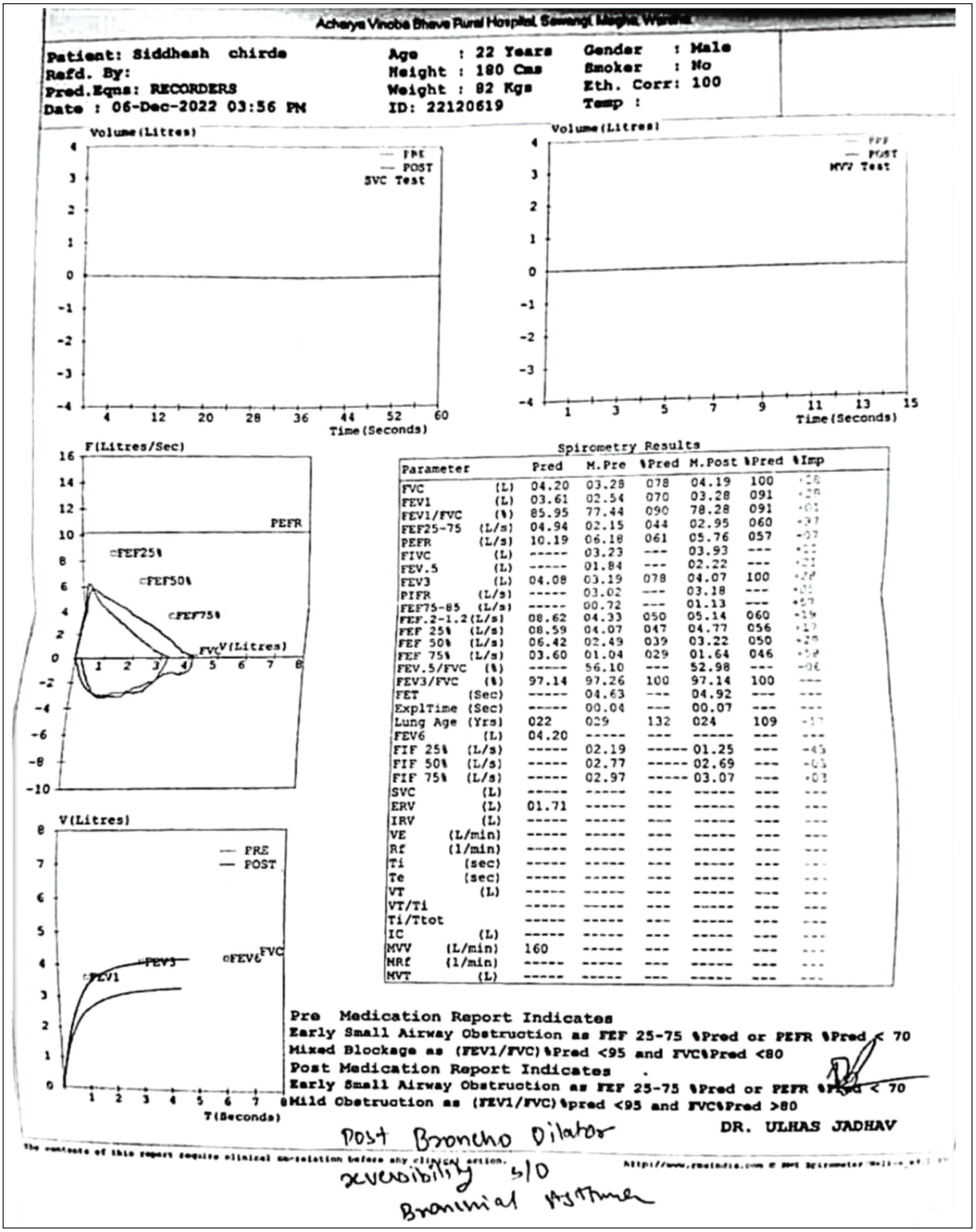

Figure 1. Pulmonary Function Test (PFT) Test before Vaman.

Source: Department of Respiratory Medicine, AVBR Hospital, Sawangi, Meghe, Wardha.

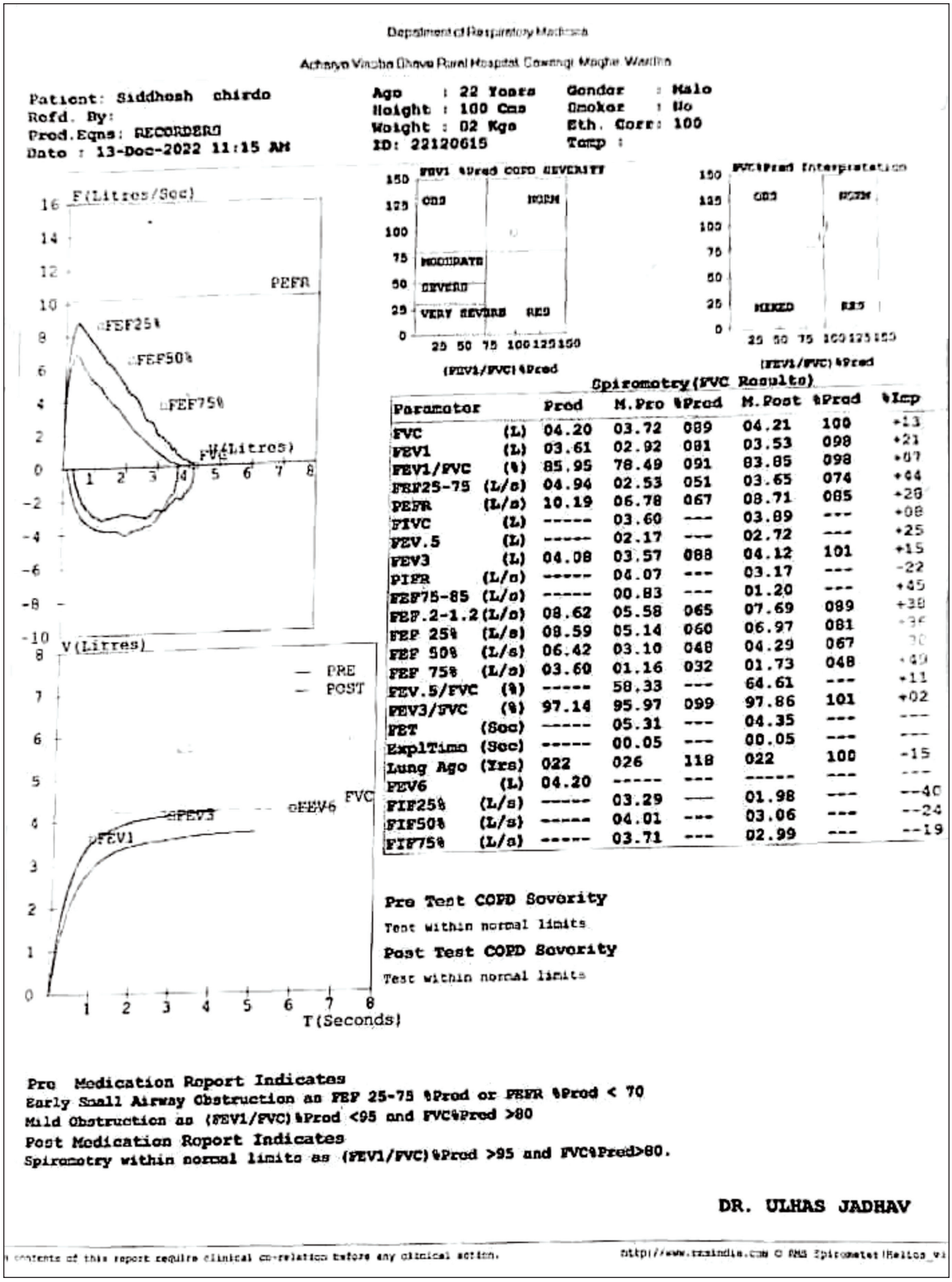

Figure 2. Pulmonary Function Test (PFT) Test after Vaman.

Source: Department of Respiratory Medicine, AVBR Hospital, Sawangi, Meghe, Wardha.

Table 4. Line of Treatment (Panchakarma).

Sr. No.	Date	Panchakarma Chikitsa (Shodhna)	Drug	Dose	Time of Administration	Duration
1	2, 3, & 4 December 2022	*Deppan pachan*	Chitrakadi vati	125 mg 2 tab BID	After food	3 days
			Sutshekar rasa	125 mg 2 tab TID	Before food	3 days
2	5, 6, and 7 December 22	*Snehapana*	Kantakari ghrita	Started with 50 ml increase by 50 ml daily	Morning empty stomach at 6.30 am	3 days
3	8 December 2022	*Abhyanga*	Dashmoola tail	As per requirement	Morning 8 am–9 am	2 days
4	9 December 2022	*Vaman*	*Akantha pana* with Godugdha (1 l) Yoga (Ikhwaku Churna 3.5 gm + Saindhava 1.75 gm + Madhu 15 ml) + Yashtimadhu Phanta + Saidhav Jala	–	7 am	–
5	Sansarjana Krama	Peyadi karma	–	–	–	5 days

Table 5. Shamana Chikitsa.

Sl. No.	Medicine	Dose	Frequency	Time of Administration	Anupana	Duration
1	Aarogya wardhini vati	125 mg two tab	B.D.	After food	Lukewarm water	14 days
2	Kanakasava	15 ml	B.D.	After food	Lukewarm water	14 days
3	Tab. Septilin	1 tab	B.D.	After food	Lukewarm water	14 days

Table 6. Therapeutic Outcome.

Sr. No.	Gradation for Subjective Parameters	Description	Grade	Grade Before Treatment	Grade After Treatment
1	A. (*Shvasakashtata*) Degree of breathlessness related to activity	Not troubled by breathlessness except on strenuous exercise.	1	4	1
		Short of breath when hurrying on a level or when walking up a slight hill.	2		
		He walks slower than most people on the level, stops after a mile or so, or stops after 15 min walking at his own pace.	3		
		Stops for breath after walking 100 yards or after a few minutes on level ground.	4		
		Too breathless to leave the house, or breathless when dressing/undressing.	5		
2	(*Kasa*) Cough duration and severity	No cough	0	4	0
		Occ. cough	1		
		1–2 times/day	2		
		2–5 times/day	3		
		Throughout day	4		
		Throughout day and night	5		
3	Rhonchi	No rhonchi	0	4	0
		Localized (inspiration/expiration)	1		
		Scattered unilateral (inspiration/expiration)	2		
		Scattered bilateral (inspiration/expiration)	3		
		Generalized rhonchi (inspiration/expiration)	4		
		High-pitched unilateral (inspiration/expiration)	5		
		High-pitched bilateral (inspiration/expiration)	6		

Tab Arogyavardhini is used as *Sarvaroga prashamani* (it can alleviate all types of disorders from the body).[15]

Syp. *Kanakasava* acts as a bronchodilator and an immune regulator.[16]

Conclusion

Based on the fundamentals of *Ayurveda*, this case study demonstrated that *Tamaka shwas* could be successfully handled with *Shodhana* and *Shamana Chikitsa*. No, this treatment plan is what caused the unintended adverse effect. Future clinical trials should be planned in a broad population using the same protocol.

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Informed Consent

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