

Role of Shwasahara Dashemani in the Management of *Tamakashwasa* (bronchial asthma) - A single case study

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Abstract

Ayurveda described five types of *Shwasa Roga* and among these, *Tamaka Shwasa* is one. *Tamaka Shwasa* is a “*Swantarta*” *Vyadhi* i.e. independent disease entity and having its own etiologic, pathophysiology and management. The parallel disease entity in contemporary medical science to this disorder is Bronchial Asthma. The present effort is intended to study the efficacy of such formulations in reducing the sign and symptoms of childhood asthma. A case of 10yr old male patient who presented features of *Tamaka Shwasa* (Bronchial asthma) was treated by internal *Ayurvedic* Medicine, *Shwasahara Dashemani Avaleha* showed marked improvement in cardinal feature such as breathlessness, cough, Night awaking etc. and some hematological Parameters, discussed here.

Key Words – Bronchial asthma, *Shwasahara dashemani*, *Tamaka shwasa*

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Introduction:

Tamaka Shwasa is basically a disorder of *Pranavaha Srotasa* while other *Srotasa* are also vitiated. In this condition *Vaayu* gets vitiated from its normalcy due to obstruction made by *Kapha*. This vitiation leads to severe episodes of breathlessness. ^[1] The *Tamaka shwasa* entity in modern medical science to this disorder is Bronchial Asthma. Bronchial Asthma is a chronic inflammatory condition of the lung airways resulting in episodic airflow obstruction. ^[2] The prevalence of Bronchial Asthma has increased continuously since the 1970s, and now affects an estimated 4 to 7% of the people worldwide. ^[3] Childhood Bronchial Asthma has multifactor causation. Geographical location, environmental, racial as well as factors related to behaviors and life-styles are associated with the disease. ^[4-6]

Case Presentation:

A 10 years old male patient from Jamnagar came in OPD of Kaumarbhritya department IPGT & RA with complains of common cold since one month, cough since 15 days and breathlessness since 2 days. He has

difficulty in breathing due to the coughing, most of time in night, Patient has history of recurrent common cold since age of 3 and 1/2 Years. Breathlessness is found since the age of 5 years. Immunity is very low because get very easily infected with URTI as any seasonal changes, cold, weather or in winter season. Patient has family history (Paternal) of disease.

On examine the Inspiration was shallow, and expiration was prolonged, chest was found congested, Air entry bilaterally equal, wheezing and crepitation sound was found. X-ray chest shows no any structural abnormality

Treatment Given

Internal – *Shwasahara Dashemani Avaleha* 27 gm in divided 3 doses (Dose calculated according to Sharangadhara Samhita) for 42 weeks and patient was advised not to consume any food or drink at least for 15 minutes after taking medicine.

Table- 1: Ingredients of *Shwasahara Dashemani Avaleha*

Sr. No.	Drug name	Scientific name	Part used/Shushka	Ratio
1	<i>Shati</i>	<i>Hedychium spicatum</i> . Ham exsmith	<i>Shushka kand</i>	1 part
2	<i>Pushkara mool</i>	<i>Inula racemosa</i> . Hook. F	<i>Moola</i>	1 part
3	<i>Amlavetasa</i>	<i>Rheum emodi</i> . Wall	<i>Patra , Bija</i>	1 part
4	<i>Ela</i>	<i>Elettaria cardamomum</i> Maton	<i>Phala</i>	1 part

5	<i>Hingu</i>	<i>Ferula narthex</i> Boiss	<i>Niryasa</i>	1 part
6	<i>Agaru</i>	<i>Acquilaria agallocha</i> Roxb.	<i>Kashtha</i>	1 part
7	<i>Sursa</i>	<i>Ocimum sanctum</i> Linn.	<i>Panchanga</i>	1 part
8	<i>Tamalaki</i>	<i>Phylenthus niruri</i> Linn.	<i>Panchanga</i>	1 part
9	<i>Jivanti</i>	<i>Laptidinia reticulate</i> W & R	<i>Panchanga</i>	1 part
10	<i>Chanda</i>	<i>Angelica glauca</i> Edgw.	<i>Moola</i>	1 part
11	<i>Ghrit</i>			q.s
12	<i>Sharkara</i>			q.s

Madhu was added as *Prakshepa*

Table-2: Effect of therapy on Subjective Parameters:

Parameter	Before Treatment	After treatment
Breathlessness	Grade 3	Grade 1
Paroxysm of breathlessness	Grade 2	Grade 1
Cough	Grade 3	Grade 1
Awaking in night	Grade 1	Grade 0
Breath holding time	36 sec	55 sec

Table-3: Effect of therapy on Objective Parameters:

Parameter	Before Treatment	After treatment
AEC count	800	300
ESR	06	02
ACQ	8	2
GINA	3	1
ACT	14	18

Images of Investigations:

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HAEMATOLOGICAL INVESTIGATION FORM

Name: Tamaka Shwasa Acharya Age & Sex: 67/21 M
O.P.D. No. 83303 Date: 20/10/17 U.P.D. No. 3 Date: 20/10/17
Provisional Diagnosis: ASTHMA Ward/Bed No. 3
Investigations Required: CBC
Date of Request: 10/10/17 Physician: V.K. Desai Dept.: RD Sign: RD

Total W.B.C. > 8200 /cumm

Differential W.B.C. Count >

Neutrophils > <u>33</u> %	MCV > <u>77.2</u>
Lymphocytes > <u>54</u> %	MCH > <u>25.3</u>
Eosinophils > <u>10</u> %	MCHC > <u>33.6</u>
Monocytes > <u>03</u> %	AEC > <u>500/1cumm</u>
Basophils > <u>00</u> %	
Other Cells > <u>-</u> %	

Hemoglobin > 12.5 gms. %
P.C.V. > 40.2 %
E.S.R. > 00 mm/ hr (Westergreen)
Total R.B.C. count > 3.21 mil/cumm
Platelet count > 338 10⁹/ul

General Blood Picture -
Parasites
Blood Group - Rh - Factor -
Date: 21 MAY 2017 Pathologist: G032

Fig-1: Before Treatment

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HAEMATOLOGICAL INVESTIGATION FORM

Name: Tamaka Shwasa Acharya Age & Sex: 67/21 M
O.P.D. No. 83303 Date: 10/10/17 U.P.D. No. 3 Date: 20/10/17
Provisional Diagnosis: ASTHMA Ward/Bed No. 3
Investigations Required: CBC
Date of Request: 20/10/17 Physician: V.K. Desai Dept.: RD Sign: RD

Total W.B.C. > 8200 /cumm

Differential W.B.C. Count >

Neutrophils > <u>48</u> %	MCV > <u>77.5</u>
Lymphocytes > <u>34</u> %	MCH > <u>25.4</u>
Eosinophils > <u>13</u> %	MCHC > <u>34.1</u>
Monocytes > <u>05</u> %	AEC > <u>700/1cumm</u>
Basophils > <u>00</u> %	
Other Cells > <u>-</u> %	

Hemoglobin > 12.1 gms. %
P.C.V. > 35.5 %
E.S.R. > 02 mm/ hr (Westergreen)
Total R.B.C. count > 4.57 mil/cumm
Platelet count > 353 10⁹/ul

B.T. min. & sec. C.T. min. & sec.
General Blood Picture -
Malarial Parasites - Rh - Factor -
Blood Group -
Date: 25 APR 2017 Pathologist: G034

Fig-2: After Treatment

Discussion:

Asthma is associated with T helper cell type-2 (Th2) immune responses, which are typical of other atopic conditions. Various allergic (e.g., dust mites, cockroach residue, furred animals, moulds, pollens) and non-allergic (e.g., infections, tobacco smoke, cold air, exercise) triggers produce a cascade of immune-mediated events leading to chronic airway inflammation. Elevated levels of Th2 cells in the airways release specific cytokines, including interleukin (IL)-4, IL-5, IL-9 and IL-13, that promote eosinophilic inflammation and immunoglobulin E (IgE) production by mast cells. IgE production, in turn, triggers the release of inflammatory mediators, such as histamine and cysteinyl leukotrienes, that cause bronchospasm (contraction of the smooth muscle in the airways), edema

(swelling) and increased mucous secretion (mucous hyper secretion), which lead to the characteristic symptoms of asthma.

In the management of *Tamaka Shwasa* Acharya says, the main aim is to remove the obstruction made by *Kapha* and normalized the function of *vayu*. Acharya *charaka* mention, there is a two type of *chikitsain* the management of *Tamaka Shwasa* i.e. *Shamana* and *Brahmana Chikitsa*. *Shwasahara dashemani* has the both property *Shamana* as well as *Shodhan* because the most of drug use in combination have the *Rasa as Tikta and katu*, *Virya – ushna*, *Vipaka- katu*, *Guna- Laghu Ruksha and snigdha*. These property helps in remove to obstruction (*Shodhan*) and correct the function of *Vayu* (*Shamana*). Thus we can say that it is an herbal combination of medicine which is used in

the *TamakaShwasa*, is very effective drugs without any adverse reaction. This combination has also antitussive, anti-inflammatory, antihistaminic, Mast cell stabilizer, immunomodulator property. [7] Due to this property *Shwasahara Dashemani* is an ideal drug for Management of *Tamaka Shwasa*.

Mode of action of drug:

The formulation is having the dominance of *Katu*, *Tikta* and *Kashaya Rasa*, *Laghu*, *Ruksha* and *Tikshna Guna*, *Ushna Virya* followed by *Shita Virya*, *Katu Vipaka* and *Tridosahara* predominantly *Vatakaphahara* properties. The formulation acts by removing the obstruction made by *Kapha* in the *Pranavaha Srotas* (*Anulomana* and *Srotoshodhana*) due to dominance of *Katu Rasa*, *Laghu Guna*, *Ushna Virya* and *Katu Vipaka* properties and thus leading to the *Sampraapti Vighatana*. This combination brings the normalcy of all *Dosha* esp. *Vata* and *Kapha*.

Hematological Changes:

The drug shows better effect on hematological changes in Neutrophils, Lymphocyte, Eosinophil, ESR and AEC. Eosinophil's count and AEC markedly decrease Comparison to other parameter. Thus we can show this drug combination is very effective and useful to treat the Bronchial Asthma.

Conclusion:

After observation of all data we conclude that the holistic approach of Ayurveda best acts on case study of *Tamaka Shwasa*

(Bronchial asthma) and gives better relief to the patient. There were no adverse effects found during the Ayurvedic medication.

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