

EFFICACY OF SHATYADI YOGA IN TAMAK SHWASA W.S.R. BRONCHIAL ASTHMA: A SINGLE CASE STUDY

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ABSTRACT

According to *Ayurveda* the disease *Tamak Shwasa* is originated from *Pittasthan* and is caused due to the vitiation of *Kapha* and *Vata*. In most of the aspects like, etiopathogenesis and symptomatology, Bronchial Asthma is similar to that of *Tamak Shwasa*. Bronchial asthma is a major chronic airway disorder characterized by airway inflammation, breathlessness, cough and wheezing. 100 to 500 million people suffer from bronchial asthma worldwide and the number is increasing. India has an estimated 15-20 million patients. In present case report a patient with complaint of *Shwasakricchta*, *Kasa*, *Kaphanisthivan*, *Peenas* since 3year. In *Ayurveda* many *Shodhana* and *Shaman chikitsa* are mention for *Tamak shwasa* which are cost effective having no side effect. In this case study treated with *Shaman Chikitsa* like *Shatyadi yoga* shown a significant result.

KEYWORDS: *Tamak Shwasa*, Bronchial asthma, *Shatyadi yoga*.

INTRODUCTION

Ayurveda is the traditional system of medicine. It adopts a unique holistic approach to the entire science of life, health and healing. *Ayurveda* serves living beings in two ways- one by maintaining the health of a healthy person and the other by curing the disease. *Tamak shwasa* is a common disease, which troubles and disturbs the person in his daily routine. *Tamak shwasa Vyadhi* is related to the source of *Pranavaha* disorder. *Tamak Shwasa* is *Pittasthan Samudhbhava* and *Kapha Vata Dosha Vyadhi*.^[1] Whenever there is obstruction in *Pranavayu* by *Kapha Dosha*, the contaminated air induces *Pratiloma* to produce breathing disease. *Tamak shwasa* disease is a major distressing disorder of *Pranavayu* source and *Ayurveda*

states that no other disease can be prevented so quickly as *Hikka* and *Shwasa*.^[2] *Aacharyas* stated that *Tamak shwasa* is curable in the initial stage, and becomes incurable in the chronic stage or if not treated in the initial stage.^[3] Based on clinical experts, bronchial asthma can be medically associated with *Tamak Shwasa*. Bronchial asthma is a major chronic airway disorder characterized by responsiveness of the trachea-bronchial tree to a multiplicity by a widespread narrowing of the air passages, which may be relieved spontaneously or as a result of therapy and clinically by paroxysms of dyspnea, cough and wheezing.^[4] 100 to 500 million people suffer from bronchial asthma worldwide and the number is increasing. India has an estimated 15-20 million patients. Old age and rural population in rural India are the most common causes of death. This may be due to aspects such as alarming growth trend, rapid environmental changes, adaptation to new dietary preparations and psychological stress. According to modern science there are four basic steps for management of bronchial asthma: avoidance of allergens, treatment of infections, pharmacological treatment and hypo sensitization. According to *Ayurveda* the general management of *Tamak shwasa* includes *nidana parivardana*, *kapha-vataghna*, *ushna* and *vatanulomana* medicines, *shamana* and *bhringa chikitsa*, *sanshodhan* by *vamana*, purgation, *dhumpan* and *nasya* karma and *rasavana chikitsa*.^[5]

The case study is as follow

A 37 years old male patient came to OPD of kayachikitsa with chief complaint of –

1. *Swasakricchta* (Difficulty in breathing)
2. *Kasa* (Cough)
3. *Kaphanistivan* (Cough expectoration)
4. *Peensa* (Rhinitis)

Presenting concern

According to the patient, he was apparently well before 3 years. Gradually he developed breathing difficulty. Patient also complain of cough and rhinitis. He has taken treatment of modern medicine and was getting temporary relief, due to recurrence of the symptoms, now patient come to gurukul campus for further treatment.

No H/O HTN, DM, no any other

k/c/o Bronchial Asthma.

Name- xxxxxxxx

Age – 37

OPD/COPD No- 127/612

Date – 8/1/2024

Address – jwalapur, Haridwar.

Occupation – farmer

Religion – Hindu

Marital status- married

Personal history

Addiction- Smoking Bowel- regular

Appetite – Good Sleep Disturbed sleep

Urine- Rest micturation

General examination

Pallor- Not present Icterus- - Not present

Oedema- Not present Clubbing - Not present

Blood pressure- 120/80 mmhg

Systemic examination

Respiratory – Inspection -B/L Equal air entry, no any chest deformity, no any scars, respiratory rate 20/min

Palpation – Tenderness absent dullness noted.

Percussion – Resonant all over the lung field. Hepatic and cardiac

Auscultation – Wheezing is seen bilaterally (more in the left lung than the right lung). Voice resonance is bilaterally symmetrical.

Gastrointestinal- NAD

Cardiovascular -NAD **Central nervous-** NAD

O/E

Ashtavidha pariksha dashvidha pariksha

- | | |
|------------------------------------|----------------------------------|
| 1. <i>Nadi</i> =78/min. Regular | 1. <i>Prakriti</i> = Vata Kaphaj |
| 2. <i>Mala</i> = Samanya | 2. <i>Vikriti</i> =Kapha Vata |
| 3. <i>Mutra</i> =Samanya | 3. <i>Sara</i> =Masasara |
| 4. <i>Jihva</i> =Ishathasaam/Niram | 4. <i>Samhanan</i> =Madhyama |
| 5. <i>Shabda</i> =Samanya | 5. <i>Pramana</i> =Madhyama |
| 6. <i>Sparsha</i> =Ruksha | 6. <i>Satva</i> =Pravra |
| 7. <i>Drika</i> =Samanya | 7. <i>Satmaya</i> = awar |

8. *Akriti*=*Madhyama* 8. *Aharashakti*= *Madhyama*
 9. *Vyayamashakti*=*Madhyama*
 10. *Vaya*=*Yuvaavstha*

MATERIAL AND METHODS

- As the patient was having *Swasakricchta*, *kasa*, *kaphanisthivan*, *peenas* etc. from last 3 years. He was registered for present study in OPD of Gurukul Campus, Uttarakhand Ayurveda University, Haridwar in Kayachikitsa Department on 8/1/2024. Depending upon signs and Symptoms the patient was diagnosed as *Tamak shwasa. shatyadi yoga* Was given to the patient for 1 month.
- Simple single case study

Assesment criteria

Subjective parameter

- Shwasakricchta* (Difficulty in breathing)
- Kasa* (Cough)
- Kaphanistivan* (Cough expectoration)
- Peensa* (Rhinitis)

Table 1

<i>Shwasakricchta</i>	Grade	<i>Kasa</i>	Grade
No sign of <i>swasakricchta</i>	0	No cough	0
Slight <i>swasakricchta</i> after heavy work, relieved by rest	1	Dry cough without pain/ wet with easy expectoration	1
<i>Swasakricchta</i> on slight exertion like walking	2	Dry cough with pain/wet with expectoration slight difficulty	2
<i>Swasakricchta</i> even at rest	3	Dry cough with severe pain stabbing/ feeling restlessness because of difficulty expectoration	3

Table 2

<i>Kaphanistivan</i>	Grade	<i>Peensa</i>	Grade
No <i>kaphanishtivan</i>	0	No <i>Peensa</i>	0
<i>Kaphanishtivan</i> only in morning	1	<i>Peensa</i> during attack and subside 1-2 days after attack	1
<i>Kaphanishtivan</i> two or three times daily	2	<i>Peensa</i> during attack and persist for a week after attack	2
Always <i>kaphanishtivan</i>	3	<i>Peensa</i> always persist	3

Treatment

1. *Nidhana Parivarjana*
2. *Shanana chikitsa – Satyadi yoga* (Two follow-up)

Table 3: Showing drugs used for *shamana chikitsa*.

Medicine	Dose	Duration
<i>Satyadi yoga</i>	5gm twice a day	1 month

RESULT

With above mentioned line of treatment patient got complete relief from the symptom of *Tamak shawasa*.

Table 4: Comparing the symptoms before after treatment of *Tamak shawasa*.

Symptoms	BT	AT
<i>Shwasakricchta</i>	3	1
<i>Kasa</i>	3	1
<i>Kaphanistivan</i>	3	0
<i>Peensa</i>	2	1

DISCUSSION

The prevalence of asthma is increasing day by day due to urbanization, industrialization, lifestyle changes, increased air pollution and excessive use of tobacco. Since *Tamak shawasa* is a *Vata* and *Kapha* dominant disease, it should be treated with drugs having opposite *guna* and *karma*. *Charaka Chikitsa Sthana* mentions *Shatyadi Yoga* for the treatment of respiratory diseases. *Shatyadi Yoga* contains three medicines. *Shata* (*Hedychium spicatum*), *Pushkarmool* (*Inula racemosa*) and *Madhu* (Honey). *Shata* and *Pushkarmool* are taken in equal quantities. The powder of the roots of both of them is mixed together and 4 parts of honey is added to it. All the three medicines are mixed well.^[6] The ingredients of *Shatyadi Yoga* have bitter, *tiktarasa*, *laghu* and *teekshna* *gunas*, *ushna virya*, *kaphvatahara*, *shwasahara* and *kasahara* effects. The pharmacodynamics properties of these drugs are quite effective in breaking the pathogenesis of bronchial asthma.^[7]

CONCLUSION

It is concluded that bronchial asthma disease may be related to *tamak shawasa*. Hence *Shatyadi Yoga* having bitter and *tiktarasa*, *ushna virya* and *vatakapahara* effect has sufficient potential to break the etiopathogenesis of bronchial asthma.

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