

Ayurvedic Management of Tamakswas (allergic asthma): A Case Report

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Date of Submission: 01-06-2025

Date of Acceptance: 10-06-2025

ABSTRACT; Bronchial asthma, also known as TamakaSwasa in Ayurveda, is indeed a distressing chronic condition that affects people across various socio-economic status and age groups. It is primarily characterized by difficulty in breathing due to the narrowing and inflammation of the airways, leading to symptoms such as breathlessness, wheezing, coughing, and chest tightness.

Methods: This a single case study, where in a 35-year-old female patient named Abhilashacame 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 tamakaswasa. Respiratory examination revealed bilateral expiratory-inspiratory rhonchi. The patient was prescribed some internal medication for 30 days along with honey as anupana, and was advised to follow a proper diet and regimen according to the disease and the patient's present condition. The importance of pathya in the case of Tamakaswasa, being a YappaVyadhi, was explained. The patient was requested to return for regular follow-ups on the 15th, 30th, and 45th days."

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 combination of medicines like Pushkaramoola, Bharangi, mulethi, kantkari, vasa and Pippali have mainly vata-kapha action and thereby normalize the gati of vatadosha by removing obstruction caused by kapha,

I. INTRODUCTION;

TamakaSwasa, commonly identified as a form of bronchial asthma in modern medical science, it is a disease that affects the PranavahaSrotas⁽¹⁾ or the respiratory system. It is recognized for its signs and symptoms which align with those of bronchial asthma, such as difficulty in

breathing, wheezing, and coughing. From the perspective of both Ayurveda and modern science, there is an agreement regarding the causes (Nidana) of the disease. These include host factors such as NijaHetu (inherent causes), Ama(toxins), and Dosh-Dushti (imbalanced doshas), along with environmental factors like dust (Raja) and smoke (Dhuma). Ayurveda further correlates it with allergic conditions, acknowledging that both lifestyle factors (faulty food habits) and environmental factors both triggers play a critical role in the pathogenesis of the disease.

In Ayurveda, the disease is associated with Agni Mandhya (weak digestive fire) and Srotodushti (blockage or disturbance in the channels). This causes Annawahastrotodushti (food and nutrient absorption to be impaired), and this imbalance contributes to the progression of TamakaSwasa. The primary origin of the disease is considered to be from Pitta Sthana (stomach), and it is then localized in the Kapha Sthana (lungs), where it is marked by an imbalance of Kapha and Vatadoshas. The phrase "Kaphavatamkaveto Pitta SthanaSamudbhava"⁽³⁾ suggests that the disease primarily emerges from the stomach and spreads into the lungs, characterized by a dominance of Kapha and Vatadoshas.

In Ayurvedic texts, TamakaSwasa is generally described as a Yappa (palliative) disease, meaning that it can be managed but not fully cured, especially in chronic cases. However, in individuals with a recent onset of the condition and strong physical constitution (PravaraBala),⁽⁴⁾ the disease can be managed successfully and even cured (Sadhya). Acharya Charaka, emphasizes dietary and medicinal treatments to balance the doshas of Kapha and Vata. Specifically, medicine having with Ushna, and Vatanulomana property are used .

(5)

While modern medications for asthma offer temporary symptomatic relief, they do not address the root causes or provide long-term solutions. In contrast, Ayurveda offers a holistic approach to managing TamakaSwasa. Through

Sodhana (detoxifying therapies), along with internal medications, Ayurveda not only detoxifies the body but also strengthens immunity, promotes nutrition, and enhances the elasticity of lung tissues. This approach helps reduce dependency on pharmaceutical drugs while providing lasting relief.

In Ayurveda Tamaka Swasa as a multifactorial disease, emphasizing lifestyle changes, detoxification, and specific herbal remedies to manage and mitigate the condition effectively, with a focus on restoring balance in the respiratory system and overall health.

II. CASE REPORT

A 35 year old male patient came with the chief complaints of difficulty in breathing aggravated since 7 days associated with intermittent fever, coughs with whitish colored sputum, and generalized weakness.

History of Present illness

Case of this report is a 35 year old, married, non-smoking, non-alcoholic female patient. Patient was apparently normal before 5 years. Gradually she developed recurrent attacks of sneezing, running nose, cough with expectoration and breathlessness. For which she consulted a nearby Allopathic physician, was diagnosed as Bronchial asthma and was prescribed with oral medication and inhaler. But she didn't get

satisfactory relief by continuing the same for long duration.

As she said, she is the housewife and the household dust usually causes irritation and triggers the conditions which she used to neglect and continued with his routine, which gradually aggravated the symptoms. She took the same medications prescribed by Allopathic doctors, when the symptoms got aggravated.

8 months before symptoms got aggravated with more severity, which made her difficulty in doing his routine. So she came to our hospital Govdhanwantari Ayurvedic hospital Ujjain (MP) OPD on 11/08/2024, and was prescribed by a combination of drugs like Pushkarmoola churn, Mulethi churn, Vasachurn, Kantkari churn and Bharangi churn with Pipappli.

Clinical findings: As she has the familial history of Bronchial asthma of her father including her was prescribed with bronchodilators, 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, Nasal and oral congestion, (B/L) Rhonchi (inspiratory and expiratory) By haematological evaluation revealed inc in the level of IgE upto 445.25 -KIU/L.

Nidana

Dosha involved: Kapha & Vata Dushya: Vata

Srotopareeksha: Vimargagamana

Rogamarga: Bahya

Table 1: Dasavidha Pareeksha

Prakruti	Vata pitta
Vikruthi	Kaphavata
Sara	Mamsa
Samhanana	Madhyama
Pramana	Madhyama
Sathmya	Sarvarasa
Satwa	Madhyama
Aharasakthi	Pravara
Vyayamshakti	madhyam
vaya	madhyam

Table 2: AshtaSthanaPareeksha

Nadi	Vata pitta
Mootra	Prabhoota
Mala	Nirama
Jihwa	Nirlipta
Shabda	Madhyama
Sparsha	Anushnasheeta
Drk	Madhyama
Akruthi	Madhyama

DIAGNOSTICS FOCUS AND ASSESSMENT

In the view of signs and symptoms of the present case was diagnosed as Tamakaswasa, assessment was done by cardinal clinical features of Tamakaswasa and necessary laboratory findings,

with repeated evaluation of subjective and objective parameters on 1st day, 30th day and 60th day and 90th day laboratory findings before and after the treatment.

Table 3: Symptoms Before Treatment

Cough	Continuous cough during day and night
Shortness of breath	Present
Body position	Prefers sitting position
RR	26/min
Breath sound	Present
Quantity of sputum	>7ml/ day

THERAPEUTIC FOCUS AND ASSESSMENT

Combination of above yogwas given for 30 days. 2 times B/F (morning and evening) with honey. Signs and symptoms of the patient and also laboratory measurements after samanachikitsa showed satisfactory improvement.

Internal Medications ; combination of each of the following medicine in equal quantity along with 1/10th quantity of pippali churn is given to patient.

Table 4: Internal Medications

Medicine	Dosage	Anupana	Duration
Bharangi churn	500 mg	With honey	After meal in morning and evening
Vasa churn	500mg		
Mulethi churn	500mg		
Kantkari churn	500mg		
Pushkarmul churn	500mg		
Pipappli churn	50mg		

External medication; Pt.. was advised to do abhyangam on chest by leukworm mustard oil mixed with saindhavlavnam.

Symptoms	Before the treatment	30 th day of follow up	60 th day of follow up	90 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				
R.R	26 /mint	24 /mint	20/mint	16/mint
breath sounds	Loud wheeze (inspiratory and Expiratory)	Moderate wheeze (Inspiratory)	Moderate wheeze	No wheeze

investigation	Before treatment	After treatment
igE	445.25kIU/I	56 kU/I

FOLLOW- UP AND OUTCOME

It was observed, there was a marked improvement in the subjective and objective parameters.

III. DISSCUSSION;

The discussion focuses on the treatment protocol for TamakaSwasa,

- Vatakaphahara and Vatanuloman: - The treatment protocol targets balancing the Vata and Kaphadoshas, which are considered primary contributors to TamakaSwasa in Ayurveda.

-Vatakaphahara means the reduction or elimination of excess Vata and Kapha.

-Vatanulomana refers to the pacification of Vata, promoting proper movement of air and reducing obstruction in the respiratory pathways.

- . PittastanaSamuthbhava: - The condition is attributed to Pitta dosha as well, particularly arising from Agni (digestive fire) imbalances.

- By focusing on correcting theJatharagni(digestive fire in the intestines or lower digestive system), the treatment helps restore the balance of the doshas, specifically Pitta, thereby achieving harmony in the body's elemental constitution.

- Pathogenesis of TamakaSwasa: - The pathogenesis of TamakaSwasa (asthma-like symptoms) always involves a combination of Vata and Kaphadoshas, with Kapha being the primary dosha responsible for the accumulation of mucus in the respiratory tract, and Vata causing obstruction and irregular movement in the respiratory system.

Therefore, treatments must focus on addressing both doshas in order to alleviate the condition effectively.

The treatment led to significant relief in all parameters, suggesting that the intervention was effective in reducing symptoms like breathlessness, wheezing, and coughing, and improving overall respiratory function.

Probable mode of action of medicine;

Pushkarmoola, kantkari, vasa., Bharangi, Pippali Most of the drugs in this kashaya having Kapha- Vataharaproperties, Tiktha–Katu rasa and also Katuvipaka. All the drugs are having Ushnaveerya properties. Poushkaramoola, and Pippali are having deepana properties. Pippali and mulethi is having rasayana properties. Poushkaramoola have potential Bronchodialatory properties. And also have Anti-allergic activity, Antiinflammatory and Analgesic activity, Mast cell stabilizationactivity.⁽⁵⁾

Vasa (Adhatodavasica) It is kapha-pitta pacifying, acts as a bronchodilator, expectorant, anti-allergic, antitussive and anti Inflammatory [6].

Kantakari (Solanumxanthocarpum) It is kaphavata pacifying, anti inflammatory, carminative, expectorant, anti-asthmatic [7].

Yashtimadhu (Glycyrrhizaglabra) It is vata-pitta pacifying, has cortisone like activity, good demulcent, antiasthmatic, anti-allergic expectorant, antiinflammatory, antitussive and immunomodulator [8]

Bharangi have Anti-bacterial and Anti-inflammatory activity.

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

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

IV. CONCLUSION

Given medicine has significant effect in TamakaSwasa.

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