

Case Study on Bronchial Asthma with Special Reference to Tamaka Shwasa

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Abstract: *Ayurveda and modern pathies both share almost similar view regarding Bronchial Asthma. In Ayurveda, Bronchial Asthma is co-related to Tamaka Shwasa. common symptoms such as Difficulty in breathing, production of wheezing sound, continuous coughing are told by both the pathies. Asthma can be defined as a Chronic Inflammatory Disease of the airways which develops under the influence of allergens, associated with bronchial hyper-responsiveness and reversible obstruction and bronchospasm. Both the pathies have considered it to be YAPYA i. e. One needs to follow pathya aahara and vihara throughout his lifetime in order to avoid the VEGAVASTHA. Basically as per modern, BRONCHODILATORS and STEROIDS are used for the treatment whereas Ayurveda promotes VIRECHANA KARMA to be best treatment modality.*

Keywords: Yapya, Tamaka shwasa, Bronchodilators

1. Case Presentation

A 48 year Female patient is presenting with following symptoms:

- Ghurghuraka-WHEEZING SOUND during respiration
- KASATE-continuous and persistent cough at night for 7 days
- SHWASA KASHTA-difficulty in breathing
- TIVRA VEGA-severe distress
- PRANA PIDAKAM
- NIDRA NASHA-sleeplessness
- KAPHA VIMOKSHATE SUKHAM-After expectorating the kapha, the patient gets relief.
- ASINO LABHATE SUKHAM-In sitting position, the patient gets relief.

She is experiencing all these signs and symptoms since the year 2016. The vegavastha is seen when patient gets exposed to cold environment, contact with fragrances, exposure to dust, smoke, pollen grains, etc allergens. The patient had travelled to Rajasthan in the year 2016, wherein there's cold environment after which she has started complaining of the above mentioned symptoms.

2. History

The patient was doing strainous work during her childhood and was continuously exposed to dust, smoke as she was in continuous contact with the CHULHIKA (Agni samparka), also she was helping her mother in farming so was in contact with grain dust. However she was experiencing only breathlessness since then. In 2016, the patient travelled to Rajasthan after which she started experiencing all the lakshanas and was diagnosed with Tamaka shwasa.

Past Medical History

- The patient is ANAEMIC with HB levels in between 8-10 gm%.
- Also she has complains of allergic reactions to soaps, etc irritants.
- She suffers from yonipradeshi tivra kandu (vaginal itching), shushkata (dryness).
- The patient takes Tab. HHFEXO since 8 years.

Family History

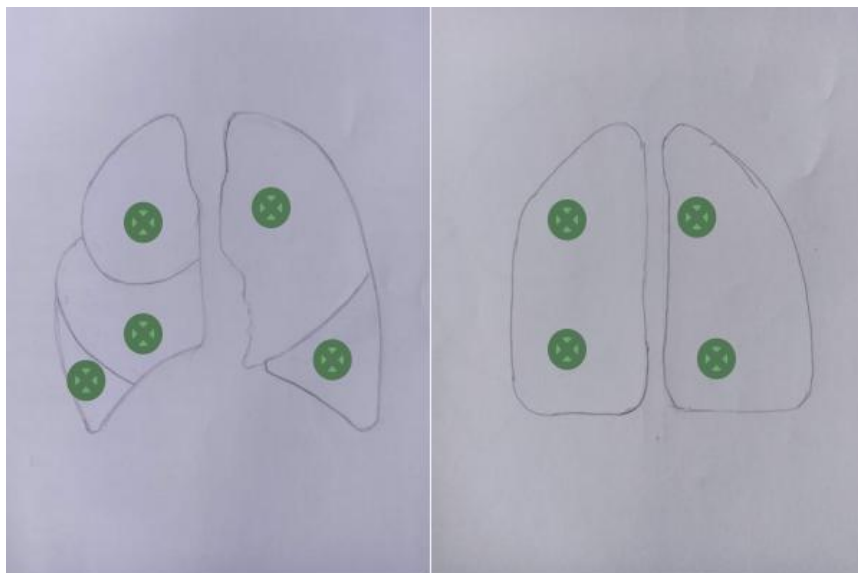
- The patient's mother was a K/C/O BRONCHIAL ASTHMA
- THE patient's daughter is also a K/C/O BRONCHIAL ASTHMA.


General Examination

Height-155 cm
 Jivha (tongue)-saama
 Weight-63 kgs
 Sparsh-Snigdha
 BMI-26.2
 Drik-clear
 Nadi (pulse)-79 beats/min
 Akriti-sthula
 Mala (stools)-2 times/day
 Mutra (urine)-7-8 times/day
 Shabda-clear voice, wheezes heard during respiration.

Systemic Examination-Respiratory System (Pranavaha Srotas)

According to the reported symptoms, Patient was advised to do a Chest x-ray, Spirometry, Blood test and IgE test. The reports are attached as follows:



 Wheezing was heard at these points on auscultation

Special Investigations

Tests Done	REPORT
Haemoglobin	10.6 gm%
Total WBC	11, 700 cells/cubic mm
Total RBC	4.40 millions/cubic mm
Random Blood Glucose	98 mg/dL
Total IgE	146 IU/ml
Spirometry	Suggests MODERATE PERSISTENT BRONCHIAL ASTHMA.

PROCESSED AT : Thyrocare
D-37/1, TTC MIDC, Turbhe, Navi Mumbai-400 703

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Tel: 022-3090-0000 / 4125 2325 | Email: info@thyrocare.com | www.thyrocare.com

NAME : Prachi Todankar (46197)
REF. BY : K R C L
TEST ASKED : TIGE

SAMPLE COLLECTED AT : 1ST FLOOR SHREEJEE GRACE LAB, 2ND FLOOR, SAPANA CHAMBERS, BEMROD GRACE NURSING HOME, MARGAO, GOA, 403501

TEST NAME	TECHNOLOGY	VALUE	UNITS
TOTAL IgE	E.C.L.I.A	146	IU/ml

Reference Range :-
Age Group Value
Neonates < 1.50 IU/ml
< 1 Years < 15 IU/ml
1 - 5 Years < 60 IU/ml
6 - 9 Years < 90 IU/ml
10-15 Years < 100 IU/ml
Adults < 100 IU/ml

Clinical significance:
Quantitative measurement of serum IgE when integrated with other clinical indicator, can provide useful information for the differential clinical diagnosis of Allergic and Non-Allergic diseases. Patients with Allergic diseases, including allergic asthma, allergic rhinitis and Allergic Dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level that is within the range of normally expected values does not rule out a limited set of IgE allergy. For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

Specifications:
Precision: Intra assay (NCV): 2.0%, Inter assay (NCV): 7.7%; Sensitivity: 0.200 IU/ml
External quality control program participation:
College of American pathologists: Immunology survey; CAP number: 715935-01

Kx validation reference:
Witter HJ, Hartzel RG, Fuhrman S. Immunoglobulin E: importance in parasitic infections and hypersensitivity responses. Arch Pathol Lab Med 2000; Sep; 124(9): 1382-1385

Please correlate with clinical conditions.
Method:- Fully Automated Electrochemoluminescence Immunoassay

--- End of report ---

Sample Collected on (SCT) : 03 Mar 2020 08:10
Sample Received on (SRT) : 05 Mar 2020 00:35
Report Released on (RRT) : 05 Mar 2020 02:50

Sample Type : SERUM
Labcode : 0402061360/07101
Barcode : 199792129

Page 1 of 2
Dr. Prachi Sankar MD(Path) Dr. Caesar Sampath MD(Med)

GRACE LAB
Sapana Chambers, 1st Floor, Bembrod Grace Nursing Home, Margao - Goa 403 601. Ph: (0832) 2730084
E-mail: grace@gracelab.com
Dr. Shripad Vagarekar Reg. No. 1027 (EMG)

NAME : Prachi Todankar DATE: 04/03/2020
REF. BY : C/O KRCL

COMPLETE HEMOGRAM

Test	Result	Normal Range
Haemoglobin	: 10.6 gms%	F 12 - 16 gms%
Total WBCs Count	: 11,700 Cells/Cumm	M 13 - 18 gms% 5000-11000

Differential Counts:
Neutrophils : 84 % 50 - 70 %
Lymphocytes : 15 % 20 - 50 %
Eosinophils : 01 % 0 - 06 %
R.B.C Count : 4.40 million/cu.m.m. W 4.5 - 6.5 F 4.0 - 5.5
Platelet Count : 2.81 Laks 1.50 - 5.5 laks

Blood Indices:
P.C.V : 31.9 % M-40 - 54 F - 37 - 47
M.C.V : 72.7 fl 76 - 98
M.C.H : 24.0 pg 27 - 32
M.C.H.C : 33.2 g/dl 31 - 38

Blood Glucose Analysis

Test	Result	Unit	Normal Range
Random Blood Glucose	: 98	mg/dl	upto 145

Dr. Ankur Vagarekar
M.D. (PHT)
Reg. No. 3016/2011

PADMA CLINIC Default department DR SAKSHI

Patient Name: Prachi Todankar
Pat.No: 964
03.03.2020 12:17:58

Born: 05.05.1974
Age: 45 Y
Sex: Female
Height: 148.0 cm
Weight: 61.0 kg

	ECCS / Oasner	PFE	POST	%Pred	%Chen	
FVC	(l)	2.46	1.96	78	2.25	85
FEV1.0	(l)	2.12	1.64	77	1.87	85
FEV1.0/FVC (%)		80	84	105	83	103
FEF 0.2-1.2 (l/s)		0.05	2.46	-	3.50	-
FEF 25-75% (l/s)		3.25	1.91	59	2.40	74
MEF 75-85% (l/s)		0.00	0.45	-	0.40	-11
PEF	(l/s)	5.98	3.74	66	3.87	66

Interpretation
Pre and post nebulisation PFTs done. Good bronchodilator reversibility.
OPN: Moderate persistent bronchial asthma

Validated by
DR SAKSHI / 03.03.2020 12:38:40

FVC - (V) / Meas1
FVC - (V) / Meas2
FVC - (V) / Meas3
FVC - (V) / Me4

Dr. Smeeta

Report 1 Report 2 Report 3

3. Treatment

Bahya Chikitsa (External Treatment)

- Bala Taila Snehana
- Nadi Sweda
- Nasya With Anu Taila

Abhyantara Chikitsa (Internal Medicine)

- SHWASONIL SYRUP-10 ml BD
- Tab. WYSOLONE 10-1 tab TD*5 days
- Tab. BACTOCLAV 625-1 tab BD*5 days
- BUDAMATE 400 TRANSCAPS-INHALATION TWICE A DAY

Interventions

- Instead of BUDAMATE 400 TRANSCAPS, BUDAMATE 200 TRANSCAPS were advised to take 2 months later in the same dose.
- Patient was advised to eat 2-3 bolus of food less than required.
- Pranayama was advised to do daily in the morning.
- Patient was advised to avoid excessive strainous exercise, consumption of heavy diet, contact with various allergens.
- Drug interaction was checked, no interaction was present b/w Ayurvedic medicine-SHWASONIL and Modern medicines-tab. Wysolone and tab. Bactoclav.

Care Plan

- Proper diet which is not heavy, dry, allergic.
- Exercise and Walk to reduce body weight.
- High fibre diet with fewer intakes of fats and carbohydrates.
- Pranayama regularly.

Outcome

- Patient continued taking the medicine for 6 months, now the patient is feeling much better.
- She has stopped taking all the tablets and just takes the INHALER when she has difficulty in breathing.
- Also the frequency of asthmatic attacks has reduced from 4 times/month to 1-2 times/month with much lesser distress.

Differential Diagnosis

- Acute rhinitis
- Chronic sinusitis
- Upper respiratory tract infection
- Pneumonia
- Gastroesophageal reflux disease (gerd)
- Vocal cord dysfunction
- Sarcoidosis

4. Discussion

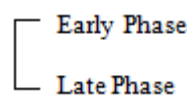
The patient is presenting with classical signs and symptoms of the disease and hence has been diagnosed with TAMAKA SHWASA i.e. BRONCHIAL ASTHMA.

BRONCHIAL ASTHMA is known to be caused due to various reasons like Contact with allergens, family history, continuous strainous exercise, etc.

Due to various causes that are involved BRONCHIAL INFLAMMATION takes place leading to BRONCHIAL HYPERACTIVITY due to the influence of the trigger factors. Further BRONCHO OEDEMA and MUCOUS PRODUCTION takes place leading to AIRWAY NARROWING i. e. BRONCHOSPASM. Due to this symptoms like cough, wheeze, breathlessness, chest tightness are seen.

If this condition is not properly treated or is for long term then it might result into High blood pressure, Respiratory failure, etc. complications.

Stages of presentation of asthma:



Early Phase:

Starts within 10 minutes of exposure and is characterised by release of leukotriens C, D, E; PROSTAGLANDINS, PLATELET ACTIVATING FACTOR and BRADYCHININS. All these substances cause bronchoconstriction, mucousal oedema, mucous secretion which manifests with airway obstruction. This phase is inhibited by beta 2 antagonist drugs.

Late Phase:

Occurs in about 2/3 patients. It develops 3-4 hours later. Here again there is release of mast cell mediators. This phase cannot be prevented by premedication with beta 2 antagonist drugs. It is inhibited by premedication with STEROIDS.

Thus an Asthmatic patient should focus on improving his/her lifestyle as the disease is also said to be a LIFESTYLE DISORDER. Small meals should be taken instead of eating lots of food. Pranayama, etc breathing exercises should be done regularly.

References

- [1] CHARAKA SAMHITA
- [2] SUSHRUTA SAMHITA
- [3] FACT SHHET ON ASTHMA-WHO
- [4] K. PARK