



Effect of Bhastrika Pranayam and Agastya Haritki Rasayana in Tamaka Shwasa wsr Bronchial Asthma : A case study

***Prof. Dr. Neerja R. Sharma **Dr. Hemant kumar**

*Prof. Deptt. Of Swasthavritta and Yoga, Shri Dhanvantari Ayurvedic College, Chandigarh.

**Ayurvedic Medical Officer, Govt. Ayurvedic Hospital Ludhiana Punjab.

Abstract

Tamaka Shwasa, also known as Tamaka Svasa or Asthma, is a respiratory disorder characterized by recurrent episodes of breathlessness, wheezing, and coughing. It is a chronic condition that affects the airways, causing them to narrow and become inflamed, leading to difficulty in breathing. Here the sincere effort had been made using Bhastrika Pranayam a shodhana chikitsa and AgastyaHaritki as Rasayana for the management of Tamaka Shwasa. Rasayana is a term used in Ayurveda to describe a class of therapeutic interventions aimed at rejuvenation, promoting longevity, and enhancing overall well-being. A male patient of Age 48 years old with history of Tamaka shwasa from last 5 years had selected. The Patient had all classical symptoms like Shwasakashtata, Kasa, Kaphashteevan, Aruchi, Parshvashula, Asino Labhate Saukhyam, Ghurghuraka comes at O.P.D of Govt. Ayurvedic Hospital Model Gram Ludhiana, On Auscultation of chest wheezing present bilaterally in lungs. Patient was using Bronchodilator puffs which was mostly steroids 3-4 puffs times in a day. So this case of Tamaka shwasa was treated with bhastrika Pranayam a Yogic Shodhana Karma which was done empty stomach daily in the morning time followed by Rasayana for four weeks. In this case it was observed patient got good relief in the all cardinal symptoms of Tamaka shwasa.

Keywords: Rasayana, Bhastrika Pranayam, TamakaShwasa .

Introduction:

Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. Asthmatic problem is increasing day by day due to environmental smoke and air pollution resulting from urbanization. Tamaka Shwasa is classified as a Vata-Kapha disorder, where the imbalance of the Vata and Kapha doshas (energies) in the body contributes to the manifestation of the condition. The vitiated Vata and Kapha doshas obstruct the flow of Prana (life force) and disrupt the normal functioning of the respiratory system. The symptoms of Tamaka Shwasa may vary in severity and can be triggered by various factors such as exposure to allergens, respiratory infections, physical exertion, stress, and environmental factors. During an asthma

attack, the airways become inflamed, the muscles around them constrict, and excess mucus is produced, resulting in breathing difficulties, wheezing sounds, and coughing.

Aharya Charaka has described five types of Shwasa roga i.e. Maha Shwasa, Urdhva Shwasa, Chinna Shwasa, Tamaka Shwasa and Kshudra Shwasa. Tamaka shwasa is one among them and it is predominantly vata kaphaja vyadhi, The disease Tamaka Shwasa is predominantly caused by pranavaha Srota Dusti and in its pathology pratiloma Gati of Vata plays an important role along with Srota avrodha produced by kapha, Vitiated Kapha in the Uraha Pradesha (chest region) causes the obstruction in the normal path of vata, this further leads to Avaranajanya vataprakopa and pratiloma gati of vata which can be stated as kapha dominant pathogenesis of Tamaka Swasa. Tamaka shwasa at initial is Sadhya (curable) and in chronic case it is Yapyaa (Manage able). Tamaka shwasa is characterized by dyspnoea (swasakrichrata), chest tightness (urashula), wheeze (Gurgaruktvamhm) and cough (kasa). Bhastrika Pranayama is a yogic breathing technique that involves forceful and vigorous inhalation and exhalation. The word "bhastrika" translates to "bellows" in Sanskrit, referring to the bellows-like action of the breath during this practice. It is also known as "Bellows Breath" or "Breath of Fire." In Bhastrika Pranayama, the breath is intentionally intensified to create a rhythmic and vigorous pattern of breathing. This practice aims to cleanse and energize the body, increase oxygen supply, and balance the flow of vital energy or prana. It is believed to purify the nadis (energy channels) and awaken the dormant energies within by forcefully inhaling and exhaling, Bhastrika Pranayama helps to clear the respiratory passages, strengthen the lungs, and improve lung capacity. It also stimulates the digestive fire, increases circulation, and generates heat in the body, thus promoting vitality and alertness, eliminates the excess of kapha dosha which is the main causes of increase in congestion in the lungs, bronchitis, cold, and cough. This cleansing procedure is easy to perform, cost effective, good result oriented and very effective to cure the etiological factor responsible for Tamaka shwasa. Agastayaharitiki was planned as Rasayana which is continued for four weeks. Acharya Charaka has given the importance of Shodhana karma before Rasayana therapy because shodhana karma removes avarana and we get full benefits of rasayana therapy.. The maximum content of Agastya haritki possess vata-kapha shamak property. So present study has been designed which was to evaluate the efficacy Bhastrika Pranayam an shodhana kriya and Agastya Haritki as rasayana in the management of Tamaka shwasa (Bronchial Asthma).

Material and Method :

Source of Data:

Patient suffering from symptoms of Tamaka Shwasa selected from O.P.D of Govt. Ayurvedic hospital model gram Ludhiana Punjab.

Study Design: A single case study

Duration of study:

Total duration 28 days. Bhastrika Pranayam was done daily in the morning time empty stomach for four weeks and Agastya haritki rasayana was given 5gm twice a day with warm water after food for four weeks.

A Case Report:.

A male patient of Age 48 years old having classical symptoms like Shwasakashtata, kasa, kaphashteevan, aruchi, parshvashula, Asino labhate saukhyam, ghurghuraka with history of Tamaka shwasa from last 5 years was selected for study.

History of present illness:

Patient was apparently well before 5 year, when patient started work in a printing press then patient got the attacks of Asthma which get cured after immediate use of allopathic emergency treatment with bronco dilators, antibiotics and steroids. Now when the condition gets worsened with time so patient came to Govt. Ayurvedic hospital model gram for further ayurvedic management. There is no history of Diabetic mellitus, hypertension, epilepsy, tuberculosis , anemia etc.

Personal History

Occupation: Labor class

Addiction : H/o smoking , tobacco chewing from last10 years.

Ahar: Mostly irregular diet, hotel food, oily, spicy, fast food.

Family History: father had also history of Tamaka shwasa.

Ashtavidh Pariksha :

Nadi : Vat kaphaj **Mutra :** Sam **,Mala :** Krishna peeta Sam **,Jivha:** Sam **Shabda:**kricchatbhashitamha **,Sparsa;**Khara **,Druka:**Prakritika **,Akruti:** Samanya

On Examination:

Systemic Examination:

RS: On auscultation wheezing was observed bilaterally in lungs.

Respiration Rate -22/min

CVS : No e/o any murmur

B.P 130/80 mm of Hg , Pulse -76/min

CNS :Conscious well oriented to time , place and person .

P/A :Soft, Non tenderness, No e/o of organomegaly.

Lab Investigations:

Blood: TLC -5000mm³, DLC – N 70%,L 23%,E 7% B 0%,Hb% - 13.5 gm, ESR-30mm in 1st Hour AEC - 510cummm.

Radiological examination: X-ray chest : e/o pulmonary hyperinflation , bronchial wall thickening present.

Pulmonary function test : Peak flow meter test -Yellow zone 50% to 80%

Bhastrika Pranayam:

Sit in a comfortable meditation posture with the hands resting on the knees or gyan mudra.

Time: The best time to do the practice is early in the morning before sunrise.

Procedure:

Bhastrika Pranayama is a breathing exercise in the practice of yoga. It involves deep and forceful inhalation and exhalation to energize the body and mind. Here is a step-by-step procedure for practicing Bhastrika Pranayama:

- **Preparation:** Find a quiet and clean place to practice where you can sit comfortably in a cross-legged position on a yoga mat or cushion. Ensure that your spine is erect, and your body is relaxed.
- **Relaxation:** Take a few moments to relax and calm your mind. You can close your eyes and focus on your breath, taking a few deep breaths to let go of any tension or distractions.
- **Deep inhalation:** Begin Bhastrika Pranayama by taking a deep breath in through your nose, expanding your chest and filling your lungs completely. The inhalation should be forceful and energetic, but without straining. Your abdomen should also expand as you breathe in.
- **Forceful exhalation:** Exhale forcefully through your nose, emptying your lungs completely. The exhalation should be quick and powerful, with a slight contraction of your abdominal muscles. Focus on pushing out the air from your lungs.
- **Rhythm and pace:** Continue the pattern of deep inhalation and forceful exhalation, maintaining a steady rhythm and pace. The breaths should be rapid and continuous, but avoid hyperventilating or straining yourself. Start with a moderate speed and gradually increase it as you become more comfortable.
- **Repetitions:** Practice Bhastrika Pranayama for a predetermined number of rounds or repetitions. Beginners can start with 10 rounds and gradually increase the number with regular practice.
- **Rest and observation:** After completing the desired number of rounds, release the forceful breathing and return to normal breathing. Sit quietly for a few moments and observe the sensations in your body, noticing any changes in energy, warmth, or calmness.
- **Cooling breath:** To balance the intense heating effect of Bhastrika Pranayama, you can end the practice with a few rounds of gentle cooling breaths. Inhale slowly and deeply through your nose, and exhale slowly and completely through your mouth. Repeat this for a few breaths to restore a sense of calmness.

Shaman chikitsa:

Agastaya Haritaki rasayana 5 gm with warm water started after food twice a day for four weeks.

Treatment Follow up :

Bhastrika Pranayam was done daily in the morning time Empty Stomach for four weeks and Agastya haritki rasayana given 5gm twice a day with warm water after food for four weeks.

Criteria for Assessment of Results:

Assessment criteria before and after treatment was taken from which significant improvement were noted.

Sr No	Parameters	G0	G1	G2	G3
1	Breathlessness	Absent	Mild while walking	While at rest - Prefer sitting	While at rest-Sits Upright
2	Wheeze	Absent	Moderate only at end of Expiration	Loud throughout Expiration	Loud throughout inhalation & Expiration
3	Frequency of Shwasavega	Absent	Symptoms lasting for <1 hour	Symptoms lasting for 1-3 hours	Symptoms lasting for more than 1-3 hour
4	Cough	Absent	After exercise	Continuous disturb work	Continuous disturb normal activity
5	Sputum	Absent	Only in morning	4-5 times a day	continuously
6	Chest Tightness	Absent	mild	moderate	severe
7	Pulse Rate	<80	80-100	100-120	>120
8	Respiration Rate	18-23	24-30	31-40	>40
9	Peak Expiratory Flow Rate	>80%	70-80%	61-70	<60

DISCUSSION:

The disease Tamaka Shwasa is predominantly caused by Pranavaha srotodusti and in its pathogenesis Pratiloma gati of vata plays an important role along with Srotorodha produced by kapha, vitiated kapha in the UrahaPradesha (chest region) causes the obstruction in the normal path of Vata (Prana), this further leads to Avaranajanya vata prakopa and Pratiloma gati of vata which can be stated as kapha dominant pathogenesis of Tamaka Shwasa. Bhastrika pranayama also improves the capacity of the thoracic compartment by creating negative and positive pressures in the respiratory process and increases the expiratory as well as inspiratory muscle performance. Bhastrika Pranayama involves forceful and vigorous inhalation and exhalation, leading to increased oxygen intake. This oxygenates the blood and enhances the supply of oxygen to the body's cells and tissues, promoting overall vitality and energy. Bhastrika Pranayama aims to balance and harmonize the flow of prana (life force energy) within the body. The rhythmic and vigorous breathing activates and moves prana throughout the subtle energy channels (nadis), promoting a balanced and harmonious state.

Outcome Assessment in Tamaka shwas:

Sr no	Parameters	Before Treatment	After Treatment
1	Breathlessness	2	0
2	Wheeze	2	0
3	Frequency of swasvega	2	0
4	Cough	2	1
5	Sputum	2	0
6	Chest Tightness	1	0

7	Pulse Rate	2	0
8	Respiratory rate	1	0
9	Peak Expiratory flow rate	1	0
10	Total Score	15	1

Agastaya haritiki was given 5gm twice a day with warm water after food for four weeks . The maximum content of Agastya haritki possess vata-kaphashamak property. During rasayana kala pathya- apathya was advised like to avoid curd, banana, diwaswapanna and all garishtha drava bhojana during rasayana sevana kala. It was observed in the case, that patient get improvement in all its parameters. Total score before treatment is 15 and after treatment of four weeks score is only 1, So there is an significant improvement in all Parameters. During the course of treatment there was no complication appeared.

CONCLUSION:

There are many treatment modalities for Tamaka Shwasa . Here an effort was made to show the effect of Bhastrika Pranayam and Agastaya Haritaki rasayana on Tamaka shwasa. In this case it is proved that Bhastrika Pranayam followed by rasayana is goodline of treatment in Tamaka shwasa.

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