



## ROLE OF IKSHAVAKU BEEJA CHOORNA YOGA VAMANA IN TAMAKA SWASA—A SINGLE CASE STUDY

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**Abstract :** *Tamaka swasa* is one among the *Pranavahasroto vikara.Vatakapha pradhana Pitta sthana samudbhava vyadhi*.Acc.to *Charaka* it is considered as *Yapya Vyadi* but *Sushruta* considered *Krichchra Sadhya Vyadhi*.In modern same thing understood as Bronchial asthma.

**Methods:** -This is a single case study,where in a 28yrs old Female patient Shailaja came with the complaints of difficulty in breathing and cough with expectorant since 6months was on irregular medication. The symptoms aggravated on intake of cold food items-weather, and specially during night time relieved on medications.The patient diagnosed as *Tamaka swasa*.On respiratory examination revealed bilateral expiratory and inspiratory ronchi.The patient was given *Deepana Pachana* with *Vaishwanara choorna* for 3days,*Snehapana* with *Pippalyadhi ghrita* 50,100,150ml for 3days,one day *Sarvanga Abhyanga* with *Karpooradi taila* followed by *Baspa sweda* and *Vamana* with *Ikshavaku beej choorna yoga*.The patient was requested to come on 10<sup>th</sup>,17<sup>th</sup>,24<sup>th</sup>,31<sup>st</sup> day for regular follow up.

**Result:**-Significant amount of reduction in all the clinical signs and symptoms(Difficulty in breathing,Cough with expectorant,respiratory rate,breath sound and PEFr )were seen.

**Discussion:**-The ingredients of *Pippalyadi ghrita*(*Panchakola, Dashamoola,Vacha,Rasna etc.*)*Karpooradi taila* (*Karpoora,Ajamoda,tila taila*),*Ikshavaku beej choorna* have mainly *Vatapittahara* action and there by normalize the *Gati* of *Vata dosha* by removing obstruction caused by *Kapha*.

**Key words:-** *Single case study,Tamaka swasa,Vamana,Pippalyadi ghrita, Karpooradi taila,Ikshavaku beej choorna yoga*

### I. INTRODUCTION

The 5 types of Swasa roga mentioned in Ayurveda1-3.Tamaka swasa is one among them predominantly Vatakaphaja vyadhi originating from Pittasthana(Amashaya) and manifested through Pranavaha srotas4.In this Vata gets obstructed by the accumulation of Kapha in the srotas and leads to the Vimarga gamana of Vata and it is causes Swasa roga5.The meaning of "Tamaka" is fainting/blackish discoloration in front of eye and "Swasa" refers to breath6.Tamaka swasa clinical features are almost similar to modern disease of Bronchial asthma.Bronchial asthma is the condition in which persons airways become inflamed,narrow,swollen and produce extra mucus,which makes difficult to breath.It is one of the most distressing disease and is quite common in all the socio economic strata,in the all age groups and all most all over the world.As in classics mentioned "Tamake tu virechanam" Virechana stands for both Vamana & Virechana,Where acute bronchial asthma is considered Kaphapradhana so by considering the predominance of Dosha that is Vatakapha,planned for Vamana karma with Ikshavaaku beej choorna yoga7.

### PRESENTING CONCERN:-

Case of 28 years old,married, female patient.She was apparently normal 6months back.Gradually developed recurrent attack of Running nose,Sneezing,Cough with expectorants and Difficulty in breathing .For that she was consulted allopathic physician,they where diagnosed as Bronchial asthma and prescribed some oral medications and inhalers.But she didn't get any satisfactory relief for longer duration.As she was working as maths teacher since 2years.The chalk piece dust particles,that used to causes irritation and increased the condition which she used to neglect and continued with her routine,which gradually aggravated the symptoms.She used to take same medication which was prescribed previously.Since 2months symptoms got aggravated with more severity,which made difficulty in doing her routine.So she came to our hospital(Taranath government ayurvedic hospital )Ballari OPD on 17/11/2021.

Clinical examination revealed,Nasal and oral congestion, increased respiratory rate of 24bpm and bilateral inspiratory and expiratory ronchi in lower zone with normal chest symmetry.

By haematological evaluation revealed in the level of ESR 22mm/hour, Eosinophils (0.1%), AEC (600 cells/cumm) And PEFR being > 250L/min, X-ray was normal.

After proper examination patient was advised to take Vamana karma and the procedure where explained in detail with dietary restrictions.

#### MATERIAL AND METHODS:-

Source of data: Patient suffering from symptoms of Tamaka swasa is selected from Taranath government ayurvedic hospital Ballari COPD NO-13456, DOPD NO-2875

Study design: A Single case study

Treatment: Vamana karma

Total duration: Vamana karma + one month follow up

**Table no 1.** Observation of *Shuddi* in *Vamana Karma*

SI.NO	<i>Shuddi</i>	<i>Pravara</i>
1.	<i>Vegikii Shuddi</i>	09
2.	<i>Maniki Shuddi</i>	2 prasth
3.	<i>Antiki Shuddi</i>	<i>Pittanta</i>
4.	<i>Laigiki Shuddi</i>	<i>Kale pravritti</i> <i>Yatha krama kapha pitta</i> <i>aneela</i> <i>Anati mahati vyata</i> <i>Swayam cha</i> <i>Avasthanam</i> <i>laghutva</i>

#### DIAGNOSTICS FOCUS AND ASSESSMENT:-

By seeing classical signs and symptoms of *Tamaka swasa* diagnosed the present case and assessment was done by considering the same cardinal features of *Tamaka swasa*. Necessary laboratory investigation are done before and after treatment. Repeatedly subjective parameters were assessed before and after treatment, 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, and 31<sup>st</sup> day.

**Table no 2.** Showing Grading for subjective criteria

Subjective Criteria	Normal (0 grade)	Mild (1 grade)	Moderate (2 grade)	Severe (3 grade)
<b>Shwasa Krichrata</b>	No symptoms	Breathless with activity, frequency 1 to 2 times/week.	Breathless with talking, frequency 2 to 4 times/week.	Breathless at rest, frequency 4 to 6 times/week, with limited activity.
<b>Kasa</b>	No cough	Morning bouts or after exercise- it won't disturb work	Continuous cough during day and morning, it disturbs work	Continuous and night cough, here it disturbs activities.
<b>Ghur Ghurakatha</b>	No wheezing	Moderate wheezing at mid to end respiration, not more than 1 to 2 times/ week	Loud wheeze throughout expiration, not more than 2 to 4 times/week	Loud inspiration and expiration wheeze, more than 4 to 6 times/week
<b>Dukhena Kapha nisaranam</b>	No phlegm	Approximate 2.5ml/day without pain	In between 2.5ml to 15ml/day with mild pain	From 15ml to 25ml/day with pain
<b>Peenasa</b>	No common cold and cough	Initially present or occasionally	Continuous throughout a day with cough	Continuous throughout a day and night
<b>Kanto Dwamsha</b>	No hoarseness of voice	0 or 1 times hoarseness of voice while speaking sentence	1 or 2 times hoarseness of voice while speaking phrase	Hoarseness of voice associated with words and phrase
<b>Shayane Swasa Peedita</b>	No discomfort	< 1 or 2 times/month	2 times/week	> 3 times/day or frequently

**Table no 3.** Showing assessment of Subjective criteria

SI . No.	Assessment Criteria	T	After treatment	Follow up days		
			10 <sup>th</sup> day	1 <sup>st</sup> day	24 <sup>th</sup> day	3 <sup>rd</sup> day
1	SHWASA KRICHATA	2	1	1	1	0

2	KASA	2	2	1	0	0
3	GURGURATA	3	2	2	2	1
4	DUKHENAKAPHANISSARANAM	2	1	0	0	0
5	PEENASA	3	1	0	0	0
6	KANTODWAMSHA	0	0	0	0	0
7	SHAYANE SWASA PEEDITA	2	1	0	0	0

**Table no 4.** Showing assessment of objective criteria

SL.N O	OBJECTIVE PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1	PEFR	>250L/min	>400L/min
2	RR	24/min	20/min
3	ESR	22mm/1 <sup>st</sup> hour	28mm/1 <sup>st</sup> hour
4	AEC	600cells/cumm	350cells/cumm
5	Total WBC	10,800cells/cumm	8,400cell/cumm
6	Eosinophils	O1%	O4%

**FOLLOW UP AND OUTCOME:-**On 31st day was advised to have a follow up in the OPD.It was observed,there was a marked improvement in the subjective and objective parameter.

**DISCUSSION:-**

As disease is Vatakapha pradhana and originates from Pittasthana specially Pranavayu is get obstructed by Kapha dosha,this leads to the Vimarga gamana of Vata dosha .So the treatment aim is to remove the obstruction to the Vata by Kapha dosha and Here in this case we are focused on Dosha Pradhanyata rather than Sthana. So we planned here Vamana karma.As Acharyas mentioned that Vamana does Urdhavabhaga shodhana by it expels the Apakwa Kapha and Apakwa pitta.Thus removing the Marghaavarodha produced by Gratita kapha dosha and helps in the easy movement of Pranavayu.In this study for Abhyantara Snehapanartha Pippalyadi ghrita is given in Arohana krama,it contains Panchakola, Dashamoola,Vacha,Rasna etc. Almost all drugs having Ushna veerya,Katu vipaka, Laghu,Ruksha,Teekshna guna And Vatakaphahara properties.For Sarvanga abhyanga Karpooradi taila is used as it's having Karpoora,Ajamoda And Tila tail reduced congestion in the chest and reduces difficulty in breathing.Helps to promote the secretion of sputum from the airway and lungs hence decreases the nasal congestion.Sarvanga baspa sweda it may helps in liquification of Gratita Kapha.As Vamana aushadhi here we have used Ikshavaku beeja choorna yoga as its specially indicated in Swasa roga by Charaka Acharya.After Vamana Samsarjana krama was advised for 7days,for normalcy of jataragni.After 10days of Vamana first follow up was taken,on 17th,24th and last follow up was on 31st day.There was marked improvement on 31st day.Patient felt relief from Kasa,Swasakrichrta,Gurugurata etc.Before treatment she was used to take inhalers for 2 to 3times per day,but on 24th day she use to take 1time per day or sometimes she doesn't need any inhalers.There was remarkable improvement was found.

**CONCLUSION:-**

Vamana karma is effective treatment in the managment of Tamaka swasa. But for longer benefit Shamana aushadhi's should be continue.Because only Vamana karma not permanent treatment for Tamaka swasa.

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