



“ASHUVAMANA WITH VASA SWARASA: A NOVEL APPROACH TO MANAGING TAMAKA SWASA – A CASE STUDY”

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ABSTRACT

Respiratory diseases contribute significantly to morbidity and premature mortality, with Bronchial Asthma being a major non-communicable disease affecting a substantial portion of the global population. In *Ayurveda*, Asthma is classified as *Tamaka Shwasa*, where the vitiation of the *Pranavaha Srotas* leads to pathological changes. In cases of *Vegakalina Avastha*, the treatment involves *Ashu Niraharana* of the *Utklista Kapha Dosha*, for which *Ashuvamana* is indicated. In the present case, a 19-year-old female patient underwent treatment with *Ashuvamana* combined with *Vasa Swarasa* as a *Vegakalina Chikitsa* approach. This intervention resulted in significant relief from the patient's signs and symptoms.

KEYWORDS: *Sadhyovamana*, *Tamaka Swasa*, Bronchial Asthma, *Adatoda vasica*.

INTRODUCTION:

Bronchial Asthma is one of the most prevalent chronic non-communicable diseases, currently affecting a significant global population. In *Ayurveda*, Bronchial Asthma is classified as *Tamaka Swasa*, characterized as a *Pranavaha Sroto vikara* in which the *Prana Vayu* is vitiated and unable to perform its normal physiological functions due to obstruction, resulting in *Pratilom Gati* (upward movement) and coughing. The aggravated *Kapha Dosha*, which contributes to the obstruction in the *Pranavaha Srotas*, along with *Kapha* and *Vata*, indicates that *Shwasa Vyadhi* has its origin in *Pitta*, specifically in the *Pittasthana*¹, which according to *Chakrapani*'s commentary refers to *Aamashaya*². Therefore, *Ashuvamana* is indicated for symptoms of *Shwasa Vyadhi*¹, accompanied by signs such as *Kasa* (cough), *Vamathu* (vomiting), *Hridgraha* (tightness in the chest), and *Swarabheda*¹.

The term *Ashuvamana* combines two words: "*Ashu*" or "*Sadyo*," meaning immediate or acute stage, and "*Vamana*," one of the *Panchakarma* therapies, which involves the expulsion of *Utklista Kapha* from the *Urdwamarga*. *Ashuvamana*, or *Sadyovamana*, refers to the immediate expulsion of *Utklista Kapha* in acute or *Vegakalina Chikitsa*³. *Ashuvamana* has demonstrated its clinical utility in conditions characterized by *Utklista Kapha Dosha*. In the present case, a 19-year-old female patient exhibiting symptoms of *Tamaka Swasa* was treated with *Vasa Swarasa* as a *Vamaka Yoga* for *Asthma*.

MATERIALS AND METHODS:

A 19-year-old female patient visited the outpatient department of the Government Ayurveda Medical College and Hospital in Mysuru on January 24, 2024, with complaints of *Shwasa Kashtata* (shortness of breath) for the past six years. She also reported a morning cough with expectoration, which worsens during cold and rainy seasons. Additional symptoms included *Parshwashoola* (side pain), *Asino Labhate Saukhyam* (difficulty in breathing), *Ghurgurkam* (wheezing), *Hrullasa* (chest tightness), and *Kasa* (cough). The patient has a history of using a steroid inhaler 4-5 times daily.

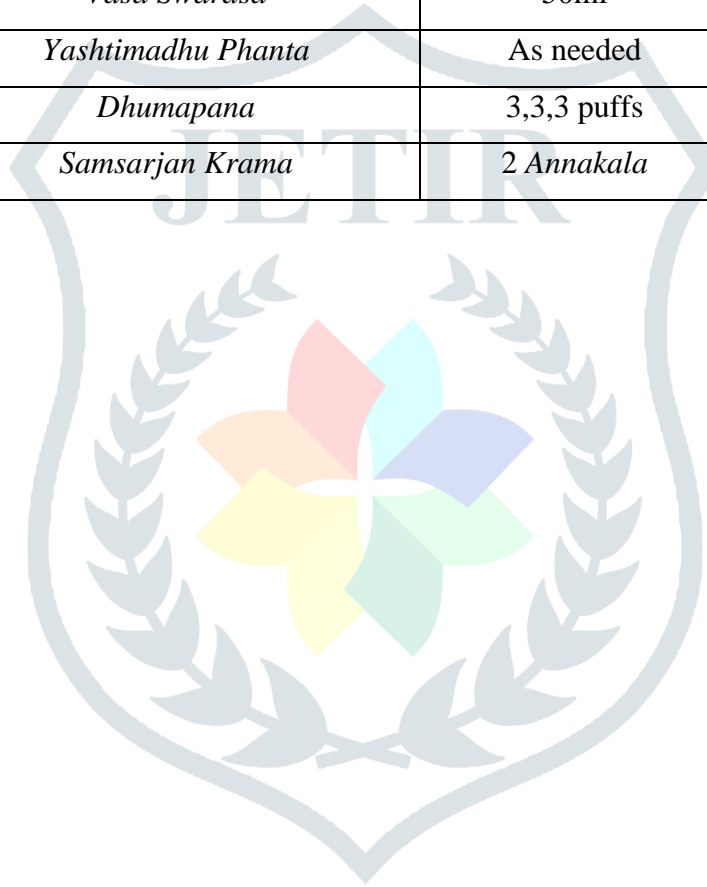
Family history revealed that her maternal grandmother suffered from similar complaints. The patient is specifically allergic to bananas, oranges, curd, milk, onions, sesame, chicken, guava, and various beverages. There was no notable previous medical history. For the past six years, she has been under the care of an allopathic physician, who prescribed bronchodilators and an inhaled steroid. Seeking further management, she approached our hospital.

CLINICAL FINDINGS:

On examination the vital data including Pulse (80/min), Respiration (18/min) and Temperature (98oF) were normal with clear, CNS, GIT, CVS observations. On Auscultation there was prominent rhonchi which resemble exactly like hum of pigeon with crackles on expiratory phase of respiration. She was not having complaints related to oropharyngeal or urinary tract. She was not having other life style disorders. Routine hematological investigations like Hb, DLC, total leukocyte count, Erythrocyte Sedimentation Rate (ESR), C-reactive protein (CRP) etc. were done. Biological investigations like FBS, PPBS, SGPT and SGOT etc. were also carried out for any underlying pathology.

PLAN OF INTERVENTION: DETAILS OF ASHUVAMANA

Details	Medication	Quantity	Date
Previous Day Night	Curd Rice with Dudha Peeda was asked to intake to <i>Kapha Utkleshana</i>	Curd rice ~ 500gms Dudha Peeda = 1/2kg	24/1/2024
On the day			
Poorvakarma	<i>Abhyanga</i> with <i>Lavana Taila</i> on Chest and Back was done	QS	25/4/24
Pradhana Karma	<i>Yashimadhu Phanta Akantapana</i>	2L	25/4/24
	<i>Vasa Swarasa</i>	50ml	
	<i>Yashtimadhu Phanta</i>	As needed	
Paschat Karma	<i>Dhumapana</i>	3,3,3 puffs	
Diet Advice	<i>Samsarjan Krama</i>	2 Annakala	26/1/24 to 29/4/24



OBSERVATION AND RESULT**OBSERVATIONS**

<i>Shuddhi</i>	Type Achieved
<i>Manaki Lakshana</i>	1 <i>Prastha</i>
<i>Vegiki Lakshana</i>	6 <i>vegas</i>
<i>Antaki</i>	<i>Pittanta</i>
<i>Laingki</i>	<i>Sharera Laghuta, Hruta, parshwa, Murdha Indriya Shuddhi</i> was observed

RESULTS:

There was a significant reduction in episodes *Kasa*, intensity of *Swasa Kastata*, *gurgukam* was reduced. The rhonchi were on negligible pitch on next day chest Auscultation.

FURTHER INTERVENTION.

After *Ashuvamana*, Classical *Virechana* was planned. *Shodanga Snehapana* in *Arohana Krama* with *Kantakari Ghrita* for 5 days was done. During *Vishrama Kala*, *Sarvanga Abhyanga* with *Lavana Taila* followed by *Bhaspa Swedha* for 3 days. *Virechana* with *Trivruta Lehyam* 50gms was given. Number of *Vegas* were 21, with *Kaphanta* and *Kosta*, *Shareera Laguta*. *Madhyama Samsarjana Krama* was advised for 2 *Annakala*.

SHAMANA AUSHADI ADVISED:

- 1.Tab. *Swasa Kutara Rasa* 1 Tab Thrice a Day After food with warm water.
- 2.Syrp. *Vasasavasa* 10ml Twice a Day After food with 20ml Warm water.
- 3.*Chawanprasha Lehya* 10gms Twice a Day After food with 20ml Warm Water.

AFTER 6MONTHS OF FOLLOW UP.

There was significant Result was observed in this case. The episodic attack of Cough with expectorant in the morning was completely ceased. The dietic triggers like curd, banana, etc. have less sensitive to initiate the pathology. Patient since 1, month started intake curd, and other seasonal fruits and observed no reoccurrence of disease. The Steroids inhaler pump was also ceased in the last 3 months. The *Gurgurkam* was not observed for 2 months of visit to OPD on 22/8/24.

PROBABLE MODE OF ACTION OF VASA SWARASA IN VAMANA

In *Ayurveda*, due to its properties like *Tikta-kashya Rasa*, *Katu Viaka*, and *Sheeta Veerya*, it is known for its use to cure disease like *Gulma*, *Raktapitta*, *Swasa Kasa* etc. It is used as Expectorant since ages. Due to *Tiktsa Rasa* and *Vayu Mahabhoota Pradhanya* may enable for its *Vamaka Action*⁴. Leaves of *Adhatoda vasica* is an important drug, used as an expectorant. *Vasicine* helps in condensing sputum and is therefore the vital component for throwing sputum out of the body. *Quinazoline alkaloids* are active principles for this property. *Adhatoda* has been used in traditional medicine to treat respiratory disorders. Both *vasicine* and *vasicinone* the primary alkaloid constituents of *Adhatoda* are well established as therapeutical respiratory agents (Dorsch and Wagner, 1991). Extracts of *Adhatoda*'s leaves and roots are useful in treating bronchitis, and other lung and bronchiole disorders, as well as common coughs and colds. A decoction of the leaves of *Adhatoda* has a soothing effect on irritation in the throat, and acts as an expectorant to loosen phlegm in the respiratory passages. To evaluate the antitussive activities of *Adhatoda* extract in anesthetized guinea pigs and rabbits and in unanesthetized guinea pigs showed the plant to have a good antitussive activity (Dhuley, 1999). Recent investigations using *vasicine* showed bronchodilator activity both in vitro and in vivo (Lahiri and Pradhan, 1964⁵).

DISCUSSION:

Tamaka Shwasa is referred as a *Pranavaha Srotogata*, *Rasapradoshaja*, *Abhyantara Rogamargashrita Vyadhi*. The concept of *Pitta Samudbhava* indicates involvement of *Amashaya* via *Agnimandya* produces *Ama* in turn affects the *Adhya rasa*. There is involvement of *Rasadhatvagni* which leads to the excess production of its mala *Kapha*. This *Kapha* will obstruct the *Pranavaha Srotas* leading to onset of pathology. The prime factor of concern will be the *Agnimandya*, *Nidanaparivarjana* for further *Dushti* of *Dosha* and removal of obstruction of *Kapha*. To counteract the *Samprati* in *Vegakalina Avastha Sadhyovaman*, *Abhyanga*, *Swedha*, *Dhumapana* will be the first choice. It is indicated that *Lavana Abhyanga* to Chest and back preceded by *Swedana* leads to *Liquification* of *Doshas*. *Ashuvamana* will does *Nirahana* of *Vilayaman Doshas*.

CONCLUSION:

The comprehensive management on any *Vyadhi*, *Avastha* understanding yields the best result. In present case, patient got significant result in reduction of *Sings* and *Symptoms* of the *Tamaka Swasa* which she could able to retain normal health thought a year.

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