



Management of Post-Covid Bronchial Asthma (*Tamakaswasa*) Through *Panchakarma*: A Case Study

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ABSTRACT: People who have been infected with Covid-19virus, can experience long term effects from this infection which is referred as Post-Covid condition (PCC) or Long Covid. Covid -19 is a highly infectious disease that may lead to severe post covid complication like Bronchial Asthma(*TamakaSwasa*) in some patients. When it effects the lungs, Covid -19 can lead to symptoms such as coughing, wheezing and shortness of breath. Respiratory virus infection frequently exacerbate Bronchial Asthma. Ayurveda has mentioned *Panchakarma* therapies for the treatment of Bronchial Asthma (*TamakaSwasa*). In the present case, a 48 year old male patient visited OPD of *Panchakarma* Department, Himalayiya Ayurvedic P.G Medical College and Hospital ,Dehradun with complaints of acute shortness of breath, cough and chest congestion , the symptoms have worsened after he was infected with Covid 19 in April 2021. Patient was managed with *Vamana karma*, *Nasya Karma* and Nebulization procedure along with *ShamanaChikitsa*. *Vamana Karma* was performed with *Madanphaldi Yoga*. After *Vamana*, *Nasya karmawith Anu Taila* for 7 days and Nebulization with *TulsiArka* twice per day for 7 days was given. *Swasakuthar Rasa*, *Swasakasachintamani Rasa* along with *NayopayamKasayam* and *Kankasavawas* given for 30 days. *Vamana Karma*, *Nasya karma*, Nebulization and *ShamanaChikitsa* procedure showed significant improvement in symptoms of Bronchial Asthma (*TamakaSwasa*).

KEY WORDS: *Nasya Karma*, *Panchakarma*, *Shodhana*, *Shamana*, *TamakaSwasa*, *Vamana Karma*.

INTRODUCTION

Post Covid syndrome is divided according to initial symptoms, time of onset, duration of the symptoms as: Long Covid, Long-Haul covid, Post-acute Covid-19, Post-acute sequelae Covid-19, Post-acute sequel of SARS Co-V-Infection(PASC), Chronic covid. It is also categorized as per duration: more than 3 weeks from the onset of the disease considered in chronic post Covid complication. It is not only found in person who had severe illness but also in moderate and mild symptomatic people.¹ Covid 19 is highly infectious disease that can lead to severe complication like Bronchial Asthma(*Tamakaswasa*). *TamakaSwasa* is one of the five types of *SwasaRoga*. It is a disease of *Pranavaha Strotasa*². Bronchial Asthma is recurrent episodes of breathlessness, chest tightness, wheezing and cough. *Acharya Charaka* has mentioned that *TamakaSwasa* is *Kapha-VatajaVikara* and site of its origin is *PittaSthana*.³ *TamakaSwasa* is described as *Yapya disease*. *Acharya Charaka* has clearly mentioned the importance of *NidanaParivarjana* and also the following principles for the management of *SwasaRoga*. The medicine and dietic regimen which controls the *Kapha*

and Vata due to their *Ushna Guna* and are *Vatanulomaka* in action must be utilized in the treatment of *Swasa Roga*.⁴ The current management of *TamakaSwasa* by modern medications is only providing short term symptomatic relief but does not provide any long- term relief to the patient. On the other hand, prolonged use of these drugs are not safe as it has many adverse effects with systemic manifestation and as the chronicity increases. Drug dose dependency increases and dilates the lung tissue such as an extent that at last it leads to respiratory failure. *Vamana* is the first *Karma* explained by *Acharyas* among the *PanchaShodhana*. The reason for this may be consideration of the chronological order of *Dosha*. As *kapha Dosha* resides in the upper part of the body ,it should be eliminated first through the nearest route⁵.The definition of *Vamana* is the process by which the vitiated *Doshas* are expelled through the *Urdhwa Bhaga*.⁶ *Acharya Charaka* says according to *Sthana* , *Karma*, and *Moola*, *Chikitsa* to be adopted. *PranaVayu* is *SthanaMurdha* (*Shiras*), hence *TamakaSwasa* can be treated by *Nasya karma* and Nebulization procedure.⁷

CASE HISTORY

This is a case of 48 years old male,non smoker, non diabetic and non hypertensive patient with complaints of acuteshortness of breath,cough and chest congestion.Patient had off and on episodes of breathlessness after he was infected with covid-19in 2021. Patient was healthy before getting infected with covid 19. Personal history revealedmixed diet ,reduced appetite, irregular bowel habits and sleep disturbance due to Asthma. He is working in MNC where his room is fully air conditioned. Family history of Asthma is not present.Patient is taking allopathic medicine for Bronchial asthma namely Tab.Doxophylline 400mg HS,Rota caps (Ipratropium bromide) twice a day, Tab Salbutamol 4mg BDsince 1 year.On local examination: B.P 130/80,P/R 86/min, Spo2 was 97% at room air,S1,S2 are normal, B/L Wheezing,Ronchi present,Abdomen is soft, non-tender, normal bowel sound present. Diagnostic criteria- According to sign and symptoms patient was diagnosed as a case of Bronchial Asthma. X-ray findings are suggestive of Fibrotic changes in both lungs.

TABLE 1: Assessment grade for Subjective parameters:

1.	Night awakening	G0	Never
		G1	A Few time
		G2	Many time
		G3	Unable to sleep because of asthma
2.	Morning worsening of asthma symptoms	G0	No symptoms
		G1	Mild symptoms
		G2	Moderate symptoms
		G3	Severe symptoms
3.	Limitation of activity	G0	Not limited at all
		G1	Slightly limited
		G2	Moderately limited
		G3	Severe limited

4.	Shortness of breath	G0	None
		G1	A very little amount
		G2	A moderate amount
		G3	A great amount
5.	Wheezing	G0	Not at all
		G1	Hardly any of the time
		G2	A moderate amount of the time
		G3	A lot of the time
6.	Use of bronchodilator	G0	None
		G1	1-2 puffs in a day
		G2	3-4 puffs in a day
		G3	More than 5 puffs in a day

TREATMENT PROTOCOL

INTERVENTION

Vaman therapy-

Deepan and Pachanawith ChitrakadiVati was performed as preparatory procedure. After that *SnehpanawithPanchatiktaGhrita* for 5days was given to patient at 7:00 a.m. (1st day -30ml,2nd day – 30ml,3rd day – 60 ml,4th day – 60ml,5th day – 90 ml.) Daily assessment for symptoms of oleation was done. After attainment of proper symptoms of *internaleolation*, *BahyaSnehana and Swedana* was done. One night before *Vamana* procedure, patient was given *jalebi,vegetable soup,uraddal, dahivada.Vamana* karma was carried out on 5/11/2022 with *Madanaphala +Yashtimadhu + Sandhava + Pippali + Madhu* and Cow milk(1.5 lit.). After observation of proper symptoms of *Vamankarma(Vaigiki -10 Vega,Maniki – 7.5 lit.,Laingiki– Dehalaghvata)*. *Dhoompana* was given after that. *SamsarjanKarma* was advised for 5 days (*MadhyamShudhi*).

Nasya karma – *Nasya* therapy was started after seven days of *Vamana* therapy. *Nasya* was given with *Anu Taila* 6 drops in each nostrils for 7 days, **Nebulization-** *TulsiArka* twice a day for 7 days

Table no. 2 Details of oral medicationsadministered

Sr.no.	Drug	Dose	Anupana	Time	Duration
1.	<i>Swasakuthar rasa</i>	250mg B.D	Luke warm water	After meal	15 days
2.	<i>Swasakasachintamani rasa</i>	250mg B.D	Luke warm water	After meal	15 days
3.	<i>Nayopayamkshayam& Kankasava</i>	20ml+20ml	Luke warm water(half cup of water mix with the medicine)	After meal	15 days

RESULT

Table 3: Before and after treatment effect on cardinal symptoms.

SN.	Signs and symptoms	BT(before treatment)	AT(after treatment)
1.	Night awakening	3	1
2.	Morning worsening of asthma symptoms	2	0
3.	Limitation of activity	2	1
4.	Shortness of breath	2	0
5.	Wheezing	3	1
6.	Use of bronchodilator	1	0

DISCUSSION

Post covid complications are increasing day by day annually. In this study patient was infected with Covid 19 in 2021. When it effects the lungs, covid 19 can lead to symptoms such as shortness of breath, coughing and chest tightness. So, all these symptoms exacerbate Bronchial Asthma (*TamakaSwasa*). *TamakaSwasa* is predominantly *VataKaphajVyadhi* originating from *Aamashaya*⁸ and manifested through *PranavahaSrotas*. *Vata* gets obstruction into *PratilomaGati* and causes shortness of breath (*Shwasakashtata*). *Vamana Dravyas* are having the properties *Vyavayi* and *Vikasi* by virtue of *Veerya* they get quickly circulate into the large and small capillaries of the body. *Vamana Karma* is radical therapy to treat the pathology by eliminating disease causative factor *Kapha* from its main site of accumulation. *Vamana* cleanses the different types of toxic materials from the body. Drugs used for *Nasya* helps in stimulation of vasodilator nerves which are spread out on the superficial surface of *Urdhwanga*, this increases the blood circulation to the brain. These drugs are considered as bronchodilators dilate the bronchial tubes that are constricted due to occlusion by sputum. *Tulsi* is having *UshnaVeerya*, *KatuVipaka* and having *VataKaphahahara*, *Bhedanakarma*. *Tulsi* is considered as an *Agraoushadhi* for *TamakaSwasa*.¹⁰ The patient was followed up to 15 days after the *Shodhana* and *Shamanachikitsa*, no recurrence of any symptoms was observed. After these procedures patient did not use any inhaler. Patient is advised to follow life style management (daily regimens and dietary rules and regimens regulations) to prevent the recurrence of disease.

CONCLUSION

Panchakarma procedures are meant for purification of the body which are helpful for management of certain chronic and life style disorders and they are an important, integral part of Ayurvedic line of treatment. *Vamana* therapy has substantial role in treating *TamakaSwasa* not only symptomatically but also to cure the disease from root. *Nasya* gives promising result in managing this condition by breaking pathophysiology and alleviating *Kapha* Dosha situated in upper part of the body. Also the treatment acts as stimulant along with expectorant. Herbal Nebulization therapy has least side effects and can be used in emergency condition. More and more research work had to be carried out to explore the scientific basis of *Panchakarma* therapy and create a better understanding of its usefulness in lifestyle disorders.

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