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Therapeutic Management of Bronchial Asthma through Vamana and Dashamoola Haritaki Avaleha: A Case Study

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ABSTRACT:

This case report details the management of *Tamaka Shwasa* (Bronchial Asthma) in a 36-year-old male patient, a businessman by occupation, who presented with complaints of difficulty in breathing, cough with sputum expectoration, generalized weakness, and chest tightness for the past 10 years, which had worsened over the previous month. He had been previously diagnosed with Bronchial Asthma and was on inhalers for management. The patient was treated with a combination of Shodana therapy (Vamana Karma) administered during *Vasantha Ritu*, followed by Dashamoola Haritaki Avaleha for 48 days. The diagnosis of *Tamaka Shwasa* was confirmed, and the patient was monitored using the GINA scale. Assessments were performed through both subjective and objective parameters. Subjective parameters included the Asthma Control Questionnaire, while objective parameters involved Rhonchi, Respiratory Rate, Peak Flow Meter readings, Total Leukocyte Count, and Absolute Eosinophil Count. Evaluations were conducted at multiple stages: before treatment, immediately after Shodana, after 48 days of Avaleha administration, and at 6 months. The intervention resulted in significant improvements in both subjective and objective outcomes, indicating the potential of this integrative and seasonally aligned Ayurvedic approach in the effective long-term management of *Tamaka Shwasa*.

KEYWORDS: Bronchial Asthma, Dashamoola Haritaki, Tamaka Shwasa, Vamana Karma.

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INTRODUCTION:

Tamaka Shwasa, classified under *Shwasa roga*, primarily affects the *Pranavaha Srotas* and manifests with the cardinal symptom of breathing difficulty. Due to its severity and high morbidity, it is referred to as *Sheegrapranaharini,* [1] signifying its potential to cause rapid and severe health deterioration. The disease originates from *Pitta* imbalance, where obstruction of *Prana vata* by *Kapha dosha* leads to the further vitiation of *Vata*, causing its upward movement (*Vimargagamana*), and consequently, breathing difficulty and associated symptoms[2]. *Tamaka Shwasa*, as described in Ayurvedic classics, closely parallels the clinical presentation of Bronchial Asthma.

Bronchial Asthma is a prevalent chronic inflammatory condition of the airways, though its complete mechanism remains elusive. Characterized by airway inflammation, difficulty in breathing, coughing, and wheezing, it significantly impairs patients' quality of life across all demographics[3]. The etiology of Bronchial Asthma involves a complex interplay between genetic and environmental factors, making it a heterogeneous disease. Globally, approximately 300 million people are affected by Asthma, with an overall prevalence of 2.38% in adults in India[4].

In *Ayurveda*, the treatment approach to *Tamaka Shwasa* incorporates both *Shodhana* (purificatory) and *Shamana* (palliative) therapies, with the disease classified as *Yapya*—manageable but not completely curable. Ayurvedic texts emphasize the use of *Kapha-Vatahara*, *Vatanulomana*, and *Ushna veerya* drugs for its management[5]. *Vamana Karma* is regarded as the optimal therapy for expelling *Dooshita Kapha* and *Pitta* through the upward route (*Urdhwamarga*), and is particularly indicated in *Tamaka Shwasa*, a *Kaphavataja* vikara with *Pitta sthana samudbhavita*[6].

Ayurveda emphasizes the cyclical nature of *Dosha* activity, with each *Dosha* undergoing stages of accumulation, aggravation, and remission in different seasons. Administering *Shodhana Chikitsa* during the aggravation (*Prakopa*) phase of a *Dosha* can help prevent disease onset or symptom exacerbation.[7] In this case study, *Vamana Karma* was administered during *Vasantha Ritu*, the ideal season for Kapha vitiation, followed by *Dashamoola Haritaki Avaleha*[8] as a subsequent therapy. The study explores the therapeutic potential of this treatment approach in managing Bronchial Asthma and offers insights into the benefits of seasonal and purificatory therapies in improving the patient's respiratory health and overall quality of life.

CASE STUDY:

A 36-year-old male patient, a businessman by occupation, presented to the OPD with complaints of difficulty in breathing, cough with sputum expectoration, generalized weakness, and chest tightness for the past 10 years, aggravated over the past month. He had been previously diagnosed with Bronchial Asthma and was on Foracort and Asthalin inhalers for management. The symptoms were worsened by exposure to dust, cold, and lying in a supine position, while they were relieved by the intake of hot beverages and medications. The patient had no history of diabetes mellitus (DM), hypertension (HTN), or any other systemic illnesses, and no history of recent surgeries or bleeding disorders.

Physical Examination:

- General Appearance: Respiratory Distress
- Built: Moderate
- Weight: 62 Kg
- Height: 160 cm
- BMI: 24.2
- Pallor: Absent
- Icterus: Absent
- Clubbing: Absent
- Cyanosis: Absent
- Oedema: Absent

Personal History:

- Appetite: Reduced
- Bowel: Normal, once/day
- Micturition: 4-5 times per day
- Sleep: Disturbed due to Difficulty in breathing in supine position
- Diet: Mixed
- Habits: Tea/Coffee twice a day. No other addictions

Vitals:

- Blood Pressure: 124/78 mmhg
- Pulse: 112 bpm, Tachycardia
- Temp: 98.4 F
- SPO2: 96%
- Respiratory Rate: 24 cycles/min

Systemic Examination:

CNS: Well oriented to place, person and time. Intact Higher mental functions. No sensory deficits.

CVS: S1 S2 Heard, No added sounds, HR: 112 bpm – Tachycardia

P/A: Soft, Non tender, No organomegaly.

Respiratory System:

- **Inspection:** Use of accessory muscles for breathing, chest expansion reduced bilaterally, no visible deformities or scars.
- **Palpation:** Bilateral chest movements reduced symmetrically, tactile vocal fremitus decreased.
- **Percussion:** Resonant note heard on percussion bilaterally all over the lung field. .
- **Auscultation:** Bilateral wheezing present, more prominent during expiration; scattered rhonchi; breath sounds reduced in the lower lung fields.

Investigations done during first visit: 26/02/2024

- Total Count: 11,400 Cells/cumm
- ESR: 60 mmhr
- AEC Count: 482 cells per microliter
- Peak Flow Meter: 280 L/Min

Diagnosis: *Tamaka Shwasa* (Bronchial Asthma)

THERAPEUTIC INTERVENTION:

After thorough physical and systemic examination along with laboratory investigations, the treatment was planned. (Table 1).

Assessment Criteria:

Subjective Parameters:

Subjective Parameter Assessment will be made based on Asthma Control Test (ACT).[9] The Asthma Control Test (ACT) is a validated, self-administered questionnaire designed to assess asthma control in individuals aged 12 years and older. It consists of five questions evaluating the impact of asthma on daily activities, frequency of symptoms, night-time awakenings, use of rescue medication, and

perceived control over the past four weeks. Each question is scored from 1 to 5, with a total score ranging from 5 to 25. A score of ≤19 indicates suboptimal asthma control. The ACT is recognized by the National Institutes of Health and has been validated through specialist assessments and spirometry.

The assessment of the intervention was carried out using subjective and objective parameters at different stages (Table No 4): before treatment, after Shodana, after the first follow-up (48 days post-Shodana), and after the second follow-up (6 months post-Shodana).

Subjective Parameters:

- The **Asthma Control Test (ACT) Score** showed significant improvement from 12 before treatment to 23 after the first follow-up, with a slight reduction to 21 at the second follow-up. (Graph 1)

Objective Parameters:

- **Rhonchi/Crepitation** reduced from 2 before treatment to 1 after Shodana, disappeared completely at the first follow-up, but showed a mild recurrence (1) at the second follow-up.(Graph 2)
- **Peak Flow Meter Rate** and **Respiratory Rate** showed progressive improvement, reaching normal values after Shodana and maintaining the same status in subsequent follow-ups. (Graph 2)
- **Total Leukocyte Count (TLC)** significantly decreased from 11,400 before treatment to 8,400 after Shodana, further reducing to 4,600 at the first follow-up, with a slight increase to 5,200 at the second follow-up. (Graph 3)
- **Absolute Eosinophil Count (AEC)** also showed a notable reduction from 482 before treatment to 300 after Shodana, further decreasing to 184 at the first follow-up, with a slight increase to 254 at the second follow-up. (Graph 4)

These findings indicate a substantial improvement in both subjective and objective parameters following the intervention, with sustained benefits observed up to six months post-treatment.

Table-1: Therapeutic intervention:

<u>Vamana Karma</u>			
Poorvakarma			
Deepana Pachana for 3 Days			
1	*Chitrakadi Vati*	1-1-1 B/F	*Ushna Jala*
Shodananga Snehapana for 4 Days			
	Kantakari Gritha		
1	Day 1	30 ml	*Ushna Jala*
2	Day 2	60 ml	*Ushna Jala*
3	Day 3	90 ml	*Ushna Jala*
4	Day 4	120 ml	*Ushna Jala*
Vishrama Kala – 1 Day			
1	*Sarvanga Abhyanga with Brihat Saindavadi Taila*		
2	*Sarvanga Bashpa Sweda* – 10 mins		
3	*Kaphotkleshakara Ahara*		

Pradhana Karma			
Vamana Karma			
1	*Akanta Paana - Ksheera* – 2 Litres		
2	*Vamana Yoga*	Madana Phala Pippali Churna – 5 Grams Vacha Churna – 3 Grams Yastimadhu Churna – 3 Grams Saindava Lavana – 3 Grams Madhu – Q.S	
3	*Vamanopaga*	*Yatimadhu Phanta – 4 Litres*	
		Saindava Jala – 1 Litre	
Observations			
1	*Vegas*	*6*	
2	*Upavegas*	*2*	
3	*Antiki*	*Pittanta*	
4	*Type of Shuddi*	*Madhyama*	
Paschat Karma			
1	*Kavala* with *Ushna Jala*		
2	*Dhoomapana with Haridradi Varti*		
3	*Samsarjana Krama for 5 Days*		
***Shamana Aushada* for 48 Days**			
1	*Dashamoola Haritaki Avalehya*	*12 grams-0-12 grams*	*Ksheera*

Table-2: Patya-Apatya:

Patya	***Apatya***
• Vegetables like Beetroot, Tomatoes; Carrots etc; • Green leafy vegetables like Spinach, Fenugreek etc; • Mudga (Green Gram) • Fruits: Amla, Orange, Pomegranate, Pappaya. • Ghee.	• Ati Sheeta Ahara (Frozen Foods, Pastries etc) • Curds, Cheese • Oil fried items • Diwaswapna (Day Sleep) • Ati Marutha Sevena (Exposure to Excessive Cold air/breeze) • Chinta(Anxiety), Krodha(Anger) • Ativyayama (Excessive Exercise)

Table-3: Objective Parameters

1. Rhonchi/Crepitation	**Grading**
Absent on normal breathing.	0
A few scattered bilateral ronchi on normal deep breathing.	1
Innumerable high pitched bilateral rhonchi/crepitation on breathing.	2
2. Peak Flow Meter Rate in Lit/m	
Peak expiratory flow meter rate more than 300 L/m	0
Peak expiratory flow meter rate 200 –300 L/m	1

Peak expiratory flow meter rate 80—200 L/m	2
Peak expiratory flow meter rate less than 80 L/m	3
3. Respiratory Rate (Cycles/min)	
Respiratory rate 14-20/m	0
Respiratory rate 21-25/m	1
Respiratory rate 26-30/m	2
Respiratory rate 31-35/m	3
4. Total Leukocytes Count	
5. Absolute Eosinophil Count	

Table-4: Observations and Result

Sl No	Parameters	Before Treatment	After Shodana	After First Follow Up (48 Days After Shodana)	Second Follow Up (After 6 Months)
Subjective Parameters					
1	Asthma Control Test (ACT)	12	-	23	21
Objective Parameters					
1	Rhonchi / Crepitation	2	1	0	1
2	Peak Flow Meter Rate	1	0	0	0
3	Respiratory Rate	1	0	0	0
4	Total Leukocyte Count	11400	8400	4600	5200
5	Absolute Eosinophil Count	482	300	184	254

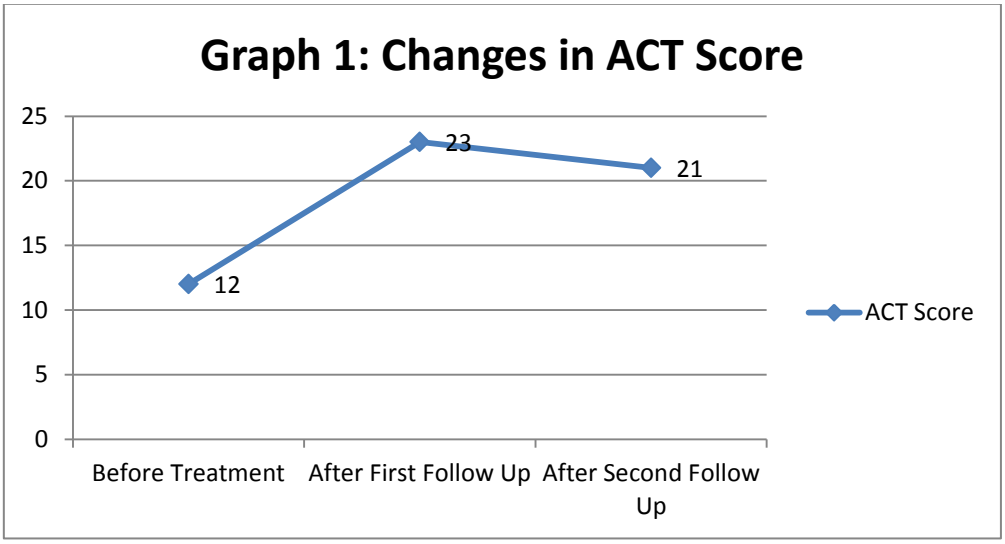
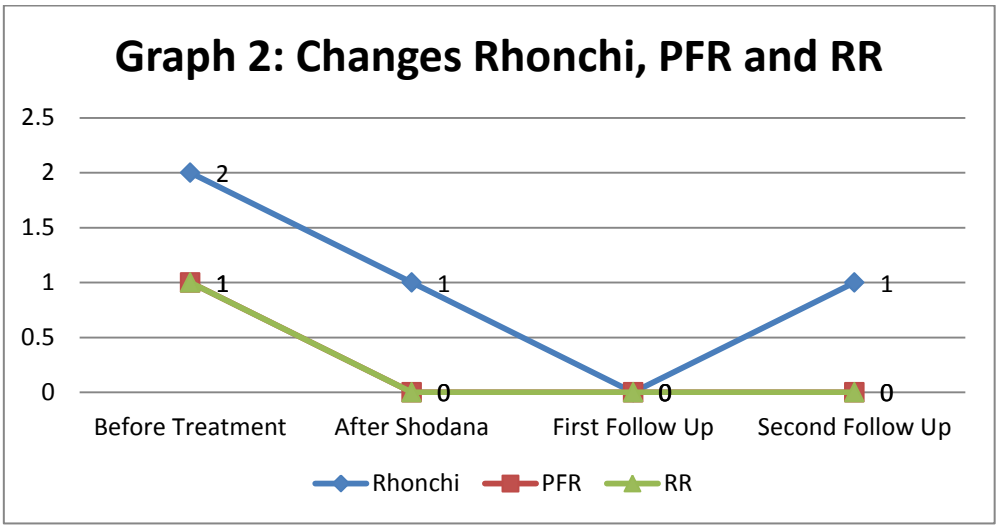
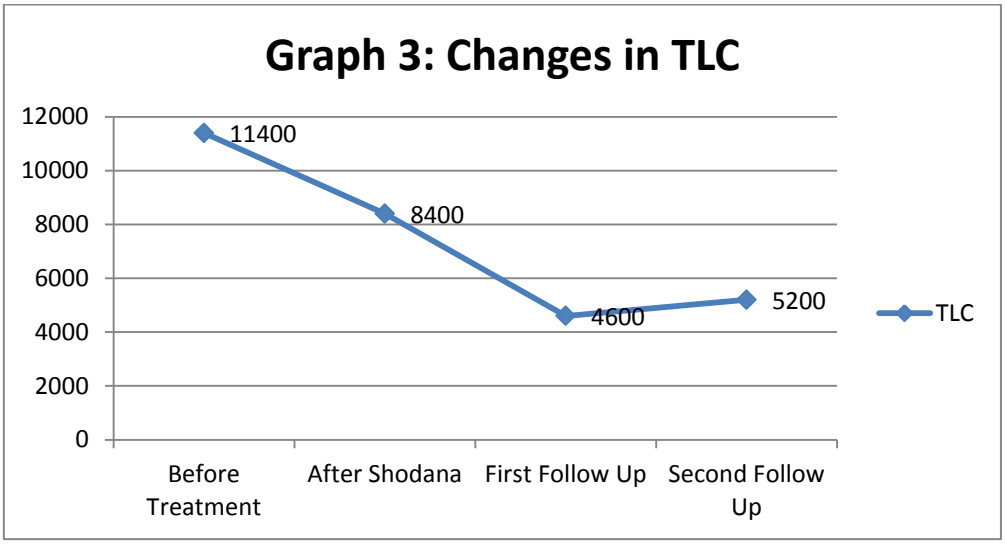
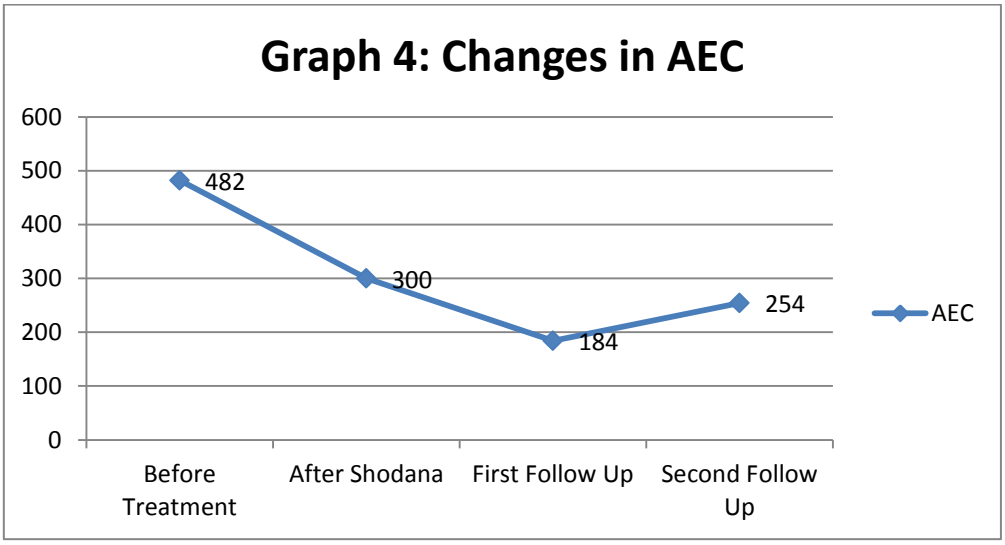


Figure-1: Changes in ACT score


Graph 2: Changes Rhonchi, PFR and RR
2.5
2
1.5
1
0.5
0
2
1
1
1
0
0
0
Before Treatment
After Shodana
First Follow Up
Second Follow Up
Rhonchi
PFR
RR


Graph 3: Changes in TLC
12000
10000
8000
6000
4000
2000
0
11400
8400
4600
5200
Before Treatment
After Shodana
First Follow Up
Second Follow Up
TLC


Graph 4: Changes in AEC
600
500
400
300
200
100
0
482
300
184
254
Before Treatment
After Shodana
First Follow Up
Second Follow Up
AEC

DISCUSSION:

Effect of Vamana Karma:

Vamana, a key therapy in *Kapha*-dominant disorders, plays a crucial role in the elimination of *Dooshita Kapha*, thereby reducing airway obstruction and improving respiratory function. The present case showed an immediate reduction in Rhonchi/Crepitation from grade 2 to grade 1 after *Vamana*, indicating an effective clearance of airway congestion. This aligns with the classical understanding of *Vamana Karma* in expelling excessive *Kapha* and restoring normal *Vata* movement, thereby alleviating breathlessness and congestion.

A clinical study by Chavan et al. (2016) on the efficacy of *Vamana* in respiratory disorders demonstrated significant improvements in pulmonary function tests and a reduction in inflammatory markers, supporting the present findings.[10] Additionally, research by Patil (2013) provides a comprehensive review of bio-purification therapies in Ayurveda, emphasizing the role of Panchakarma procedures—such as Vamana (emesis), Virechana (purgation), Basti (enema), Nasya (nasal administration), and Raktamokshana (therapeutic bloodletting)—in eliminating accumulated doshas and toxins from the body. These therapies are designed to restore balance, optimize physiological function, and enhance immune responses, while simultaneously reducing systemic inflammation. Such actions play a crucial role in managing chronic conditions like respiratory disorders, supporting the objectives of this study by promoting overall immune health and mitigating inflammatory processes.[11] [11] This is further reinforced by modern studies on airway inflammation in Asthma, such as those outlined in the Global Initiative for Asthma (GINA) Guidelines, 2023[12], which emphasize the role of inflammation in airway hyper responsiveness. *Ayurvedic* purification therapies may complement these modern insights by addressing *Kapha*-mediated obstruction and inflammatory responses.

The impact of *Vamana* on inflammatory markers was evident in this case, where the Total Leukocyte Count (TLC) reduced from 11,400 to 8,400, and the Absolute Eosinophil Count (AEC) dropped from 482 to 300, reflecting decreased airway inflammation and improved immune regulation. A study by Rastogi et al. (2012) on the immunomodulatory effects of Ayurvedic bio-purification suggests that *Vamana* can significantly influence pro-inflammatory cytokines, potentially reducing allergic and eosinophilic responses seen in Asthma.[13]

This case stands out from previous studies as Vamana was performed during Vasant Ritu, the ideal season for Kapha elimination, thereby enhancing therapeutic efficacy in Tamaka Shwasa. Additionally, the use of Dashamoola Haritaki Avaleha as a follow-up Shamana therapy for 48 days, along with systematic assessment at baseline, post-Shodana, 48 days, and 6 months, highlights a comprehensive and seasonally-aligned Ayurvedic approach with sustained long-term benefits .

Role of Dashamoola Haritaki Avaleha:

Following *Vamana*, *Dashamoola Haritaki Avaleha* was administered for 48 days as a *Shamana* therapy. *Dashamoola*, known for its anti-inflammatory, bronchodilator, and expectorant properties, helps in reducing residual airway inflammation[14] and preventing recurrence. *Haritaki*, being *Vata-Kapha Shamaka*, aids in improving lung

function, reducing oxidative stress, and promoting expectoration.

This was evident in the continued improvement observed at the first follow-up (48 days post-Vamana), where the ACT Score increased significantly from 12 to 23, indicating improved asthma control. Rhonchi and crepitation completely resolved (score 0), reflecting enhanced airway function. The Peak Flow Meter Rate and Respiratory Rate normalized and remained stable, demonstrating improved pulmonary efficiency. Additionally, the TLC and AEC levels further reduced to 4600 and 184, respectively, indicating sustained immunomodulatory effects and reduced airway inflammation.

A pharmacological study on Dashamoola by Taru P et al. (2022) demonstrated its anti-inflammatory and immunomodulatory effects, validating its efficacy in respiratory conditions.[14] Another study by Acharya et al. (2018) on Haritaki and its role in lung function improvement supports its use in chronic respiratory conditions like Asthma. [15] The combination of Dashamoola and Haritaki in Avaleha form ensures better absorption and sustained therapeutic action.

Long-Term Outcomes and Sustainability:

At the second follow-up (6 months post-*Vamana*), the improvements were largely maintained, with a slight increase in TLC (5200) and AEC (254), suggesting a gradual return of inflammatory activity. Similarly, the ACT Score slightly declined from 23 to 21, possibly due to external environmental factors or seasonal variations. The recurrence of mild Rhonchi (score 1) also suggests the chronic nature of the disease and the need for periodic monitoring and supportive therapy.

These findings reinforce the *Yapya* nature of *Tamaka Shwasa* described in *Ayurveda*. While the intervention significantly reduced symptoms and inflammatory markers, periodic assessment and seasonal therapies such as *Vasantika Vamana* and long-term use of *Rasayana* and *Shamana Chikitsa* may be necessary for sustained control.

CONCLUSION:

This case study highlights the effectiveness of Vamana Karma followed by Dashamoola Haritaki Avaleha in managing Tamaka Shwasa, showing marked symptom relief and reduction in inflammatory markers. The approach integrates classical Ayurvedic principles with modern clinical outcomes. It underscores Ayurveda's potential in addressing both symptoms and the underlying pathophysiology of Bronchial Asthma for long-term benefit.

Consent of patient:

The written consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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