

EVALUATION OF THE EFFECT OF *GUDASUNTHI NASYA* IN STATUS ASTHMATICUS W.S.R. TO *TAMAKA SHWASA*: A CASE STUDY

Dr. Digvesh Bhoje^{*1}, Dr. Vicky Patel², Dr. Chintan Gamit³ and Dr. Tejal Ganvit⁴

^{*1,2}M.D. Scholar, Department of *Kayachikitsa*, Government Akhandanad Ayurved College
Ahmedabad, Gujarat, India.

³M.S.(Ayu.) Lecturer in *Rachanasharira* and Consultant in *Shalyatantra* Department,
Aarihant Ayurved Medical Institute and Research Centre, Gandhinagar, Gujarat, India.

⁴M.D. Scholar, Department of *Kayachikitsa*, Government Akhandanad Ayurved College
Ahmedabad, Gujarat, India.

Article Received on
29 Dec. 2017,

Revised on 18 Jan. 2018,
Accepted on 07 Feb. 2018

DOI: 10.20959/wjpr20184-11132

*Corresponding Author

Dr. Digvesh Bhoje

M.D. Scholar, Department
of *Kayachikitsa*,

Government Akhandanad
Ayurved College

Ahmedabad, Gujarat, India.

ABSTRACT

Status asthmaticus (also referred to as acute severe asthma) is an acute exacerbation of asthma that does not respond to standard treatments of bronchodilators and corticosteroids. Half of cases are due to infections with others caused by allergen, air pollution, insufficient or inappropriate medication. In Ayurveda classics, among five types of *Shwasa roga*, *Tamaka shwasa* is considered to be medicinally treatable disease. Basically *Tamaka shwasa* is characterized by difficulty in breathing; this term is now being used to denote bronchial asthma. Here presenting a case study of 28 year old male patient came with chief complains were Shortness of breath, Can't speak in full sentences, extreme wheezing, Feel agitated, confused, tightness of

chest; On examination: pulse rate-120/min, respiratory rate-30/min, blood pressure-140/90mmHg. On systematic examination: respiratory auscultation- suprascapular and bilateral Wheeze ++++. On the basis of symptoms patient was diagnosed as Status asthmaticus (*Tamaka Shwasa*). Hence administrated *Gudasunthi Nasya* which was advised by *Astangahridaya Chikitsasthana Shwasahikkachikitsa*. Within an hour patient had completely relief from the primary symptoms of breathlessness and came out from acute condition. Then patient had administrated conservative medicine i.e. *Vasakasava*, *Shwasakuthar ras*, *Ajmodadi churna* along with *Pratimarsh nasya* of *Anu tail* for the duaration of 7 days.

KEYWORDS: Medical emergencies, Status asthmaticus, *Gudasunthi nasya*.

INTRODUCTION

There are many medical emergencies, which a physician comes across in daily practice. Some of the conditions can be treated easily by Ayurveda treatment. In some, modern technique may be required. For example, oxygen may be required in cases of status asthmaticus or heart failure. But majority of the disease may be treated by Ayurveda means and medicines.

Status asthmaticus is an acute exacerbation of asthma that remains unresponsive to initial treatment with bronchodilators. Status asthmaticus can vary from a mild form to a severe form with bronchospasm, airway inflammation, and mucus plugging that can cause difficulty breathing, carbon dioxide retention, hypoxemia, and respiratory failure.^[4] typically, patients present a few days after the onset of a viral respiratory illness, following exposure to a potent allergen or irritant in a cold environment.

Status asthmaticus is slightly more common in males and is more common among people of African and Hispanic origin. The gene locus glutathione dependent S-nitrosogluthione reductase (GSNOR) has been suggested as one possible correlation to development of status asthmaticus.^[5] Sometime it is a life-threatening episode of airway obstruction and is considered a medical emergency. Complications include cardiac and/or respiratory arrest.

Therefore the management criteria should be addressed to quality improvement in the life of patient with the Ayurveda classics and avoiding modern drugs dependence and their adverse effect.

A CASE STUDY

Profile of Patient

A male patient, aged 28 years, came with his father living presently in Kalol near Gandhinagar visited OPD of Aarihant Ayurved Medical Institute and Research Centre, Gandhinagar, Gujarat, India. On 12-12-2017 with chief complains below table: 1.1 (symptoms).

Table: 1.1 (symptoms)

No. of Symptoms	Symptoms with severity order	Duration
1	Shortness of breath	6 hours
2	Can't speak in full sentences	3 hours
3	extreme wheezing	3 hours
4	Feel agitated, confused	2 hours
5	Tightness of Chest	2 hours

General Examination

Pulse Rate: 120/min.

Respiratory Rate: 30/min.

Blood Pressure: 140/90.

Systemic Examination

Respiratory System: Chest auscultation- Suprascapular and bilateral Wheeze (+++).

On the basis of symptoms patient was diagnosed as Status asthmaticus (*Tamaka shwasa*).

MATERIALS AND METHOD**Treatment Protocol**

After confirming the diagnosis and assessing the severity of an asthma attack, direct treatment toward controlling bronchoconstriction and inflammation. The treatment was carried out with the following *Nasya karma* as per Ayurveda perspective for the management of Status asthmaticus. Hence administrated *Gudasunthi nasya* 8 drops in both nostrils which were advised by *Astangahridaya Chikitsasthana Shwasahikkachikitsa*.^[7]

Table: 2.1 (Treatment Protocol).

Medicine	Dose	Time of administration
<i>Gudasunthi nasya</i> [<i>Sunthichurna</i> (dryginger powder): 250 mg, <i>Guda</i> (Jeggary): 250 mg, Distil water: adequate]	8 drops in both nostril	Once time (state)

RESULT**Table: 3.1 (Result).**

No. of Symptoms	Symptoms with severity order	After 30 min. of <i>Nasya</i>	After 60 min. of <i>Nasya</i>
1	Shortness of breath	Intercostal retraction, sternocleidomastoid muscle use	Normal breathing
2	Can't speak in full sentences	Speaks in phrases or partial sentences during dyspnoea	Speak complete sentences
3	extreme wheezing	Few scattered bilateral	Few unilateral wheezing
4	Feel agitated, confused	Improved in physical & mental level	Normal feeling
5	Tightness of Chest	Along with Attack	No Tightness of Chest

Table: 3.2 (Result).

Examination	After 30 min. of <i>Nasya</i>	After 60 min. of <i>Nasya</i>
Pulse Rate: 120/min.	106/min.	90/min.
Respiratory Rate: 30/min.	26/min.	20/min.
Blood Pressure: 140/90 mmHg.	130/90 mmHg.	120/80 mmHg.
R/S Auscultation: Wheeze (+++)	Wheeze (++)	Wheeze (+)

Then patient had administrated conservative medicine i.e. *Vasakasava* 20ml, *Shwasakuthar ras* 125 mg, *Ajmodadichurna* 3 gm. Every 3 hourly For 2 day and then QDS for next 5 day along with *Anu tail nasya*.

DISCUSSION

The duty of an Ayurveda Physician in emergencies Ayurveda deals with the subject of emergencies in detail. The physician should be well conversant with the present condition and also for the prognosis; he should explain everything to the satisfaction of the patient and his relatives and start treatment with courage and confidence.

It is a belief in common public that Ayurveda can treat only chronic disease and not acute disease. This belief is wrong, misleading and devaluating Ayurveda. From the Ayurveda texts it is very clear that even emergency disease or acute condition of any disease are treated by Ayurveda management.

Probable mode of action of *Nasya*

Thus Hypothalamus regulates Control of autonomic nervous system: The hypothalamus controls and integrates activities of ANS, which regulates contraction of smooth and cardiac muscles secretions of many glands—Axons extend from the hypothalamus to sympathetic and parasympathetic nuclei in the brainstem and spinal cord. Through ANS, it is a major regulator

of visceral activities includes heart rate, respiratory rate and movement of food through the gastrointestinal tract and contraction of bladder.^[8]

CANCLUSION

Thus present case study concludes that Ayurveda system of medicine gives relief to the patient of Status asthmaticus. Here also concluded that Ayurveda medicine is useful in the management of emergency conditions.

REFERENCE

1. <http://emedicine.medscape.com/article/2129484-overview>.
2. Moore PE, Ryckman KK, Williams SM, Patel N, Summar ML, Sheller JR (9 July 2009). "Genetic variants of GSNOR and ADRB2 influence response to albuterol in African-American children with severe asthma.". *Pediatric Pulmonology*, 44(7): 649–654. doi:10.1002/ppul.21033. PMID 19514054.
3. <http://www.ayurvedyog.com/>.
4. *Astanga Hridaya Chikitsasthana Shwasahikkachikitsa* 4/47.
5. http://www.ijrap.net/admin/php/uploads/354_pdf.pdf.