

Research Article

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A SINGLE - CASE STUDY ON AYURVEDA MANAGEMENT OF BRONCHIECTASIS

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ABSTRACT

A male patient aged about 74 years had consultation at SDM hospital of Ayurveda, Udupi with severe cough with copious expectoration, haemoptysis, dyspnoea, chest congestion, fatigue, weight loss, repeated episodes of fever. He had habit of chronic smoking and was under irregular allopathic medication. He was treated in IPD, OPD level with tamaka Shwasa hara and Kaphaja kasa hara chikitsa principles and Basti karma, sweda to back of the chest. Patient got significant relief in major symptoms like haemoptysis, chest congestion and fatigue but got affected with pneumonia. Still only Ayurveda treatment was continued and got relieved. After eight months of treatment, even though the MRI and CT scan reports reveals degenerative prognosis, there was noticeable improvement in all the symptoms of Bronchiectasis, reduction in blood sugar level, improvement in Hb level, as well in quality of health.

KEY WORDS: Bronchiectasis, Shwasa, Integrative medicine, Dasamoola Nirooha Basthi.

INTRODUCTION

Bronchiectasis refers to chronic inflamed and an irreversible airway dilation that involves the lung in either focal or diffuse manner. It can arise from infectious or non-infectious causes. The prevalence of disease is alarmingly increasing. Classic studies of pathology of bronchiectasis from the 1950s demonstrated significant small airway wall inflammation and larger airway wall destruction as well as dilation¹. Genetic predisposition, autoimmune and chronic obstructive lung diseases are leading cause of this disease.

The characteristic symptoms of bronchiectasis are chronic daily cough with copious purulent expectorant, haemoptysis, wheezing, crackles, shortness of breath, chest pain, weight loss, fatigue, clubbing, frequent respiratory infections leading to periodic flare-ups of breathing difficulties.

In charaka samhita chikitsa sthana, acharya mentioned five types of shwasa roga³, among them bronchiectasis can be correlated to thamaka shwasa along with kaphaja kasa. Ayurveda has a number of formulations to treat this condition and is in practice with proven efficacy. The goal of ayurveda treatment is not merely treating the symptoms of diseases, but also entire wellbeing in the health. In this clinical study, a combination of shamana and shodhana line of treatment has been adapted to a male patient aged 74 years for 8 months and got better results from symptoms related to bronchiactasis.

CASE REPORT

A male patient aged 74 years, old k/c/o diabetic mellitus came to kayachikitsa opd at sdm ayurveda hospital, udupi on 20-09-2018 with the complaints of cough with copious purulent expectoration, haemoptysis, breathing difficulty, fatigueness, severe debility, chest congestion, giddiness while standing from squatting position since 4 years associated with anorexia and hoarseness of voice.

HISTORY OF PRESENT ILLNESS

A male patient aged about 74 years was apparently healthy before 4 years, gradually he developed symptoms like cough with copious purulent expectoration, haemoptysis, breathing difficulty, fatigue, giddiness while standing from squatting position, loss of

strength, and pedal oedema associated with anorexia and hoarseness of voice. Patient has consulted in kayachikitsa opd on 20-09-2018 and admitted in the hospital. Treatment was done internally and externally for 25 days. Patient was administered with medications and therapies in ipd as well as opd basis for about eight months, with admission of a week period of alternative months, resulted in symptomatic relief from copious purulent expectoration, haemoptysis, breathing difficulty, fatigue and evident improvement in quality of health was observed.

PAST HISTORY

Diabetic Mellitus since 13 Years

TREATMENT HISTORY

When the patient was in aggravated symptoms he used to take allopathic medications and get relief in symptoms.

FAMILY HISTORY

Nothing Significant

PHYSICAL EXAMINATION

Pallor - Present

Icterus

Cynosis

Clubbing

Lymphadenopathy

Oedema - Present



Absent

SYSTEMIC EXAMINATION: (RESPIRATORY SYSTEM)**TABLE 1:** Respiratory System Examination⁴ before and after treatment

EXAMINATIONS	BT	AT
INSPECTION:	Bilaterally Symmetrical Chest, No Scar Marks, Hyper Expansion Of The Thorax, Use Of Assessor Muscles For Breathing	Bilaterally Symmetrical Chest No Scar Marks Normal Expansion Of Chest Assessor Muscles ARE NOT Used For Breathing
PALPATION:	Trachea And Mediastinum Centrally Placed	Trachea And Mediastinum Centrally Placed
PERCUSSION:	Dull Note Over Lower Lobe Of The Left Lung	Dull Note Is ABSENT On Percussion
AUSCULTATION	Wheezing On Inspiration, Crackles Sound present.	Wheezing Absent Crackles Sound Is ABSENT

INVESTIGATIONS**TABLE 2: INVESTIGATION RESULTS OF BEFORE AND AFTER TREATMENTS**

TESTS	BT	AT
Haemoglobin	9.5 Gm %	11.5 Gm %
TOTAL WBC COUNT	5,800 Cells/Cu.Mm	5,400 Cells/Cu.Mm
NEUTROPHILS	58 %	63 %
LYMPHOCYTES	34 %	29 %
EOSNOPHILS	07 %	04 %
MONOCYTES	01 %	01 %
BASOPHILS	00 %	00 %
ESR	40%	66 Mm/1hr
FBS	332 Mg/Dl	90 Mg/Dl
FUS	00 %	00%
PPBS	376 Mg/Dl	201 Mg/Dl
SPUTUM- AFB TEST	NEGATIVE	NEGATIVE

TABLE 3: CT/MRI SCANNING REPORTS ON GIVEN DATE

DATES	REPORTS
01/10/2018 (CT- THORAX)	<ul style="list-style-type: none"> • Ground Glass Opacity With Cicatricial Bronchiectasis And Consolidation Noted Involving Entire Left Lower Lobe. • Small Focus Of Ground Glass Opacity With Cicatricial Bronchiectasis Noted Involving The Posterior Basal Segment Right Lower Lobe. • Few Parenchymal Nodules with Central Cavitations Noted In Bilateral Lung Fields(R>L)? Septic Emboli. • Paraceptal Emphysematous Changes Noted In the Bilateral Upper Lobes.
25/12/2018 (MRI OF CHEST)	<ul style="list-style-type: none"> • Large Areas Of Consolidation With Air Bronchogram And Cavitation Involving The Entire Left Lower Lobe- Lobar Pneumonia • Small Nodular Lesions with Central Cavitations In Bilateral Upper Lobes, Likely Septic Emboli. • Hyper Inflated Lung Fields Showing Mixed Centriacinar And Panacinar Emphysema. • Minimal Left Sided Pleural Effusion.
27/05/2019 CT THORAX (CONTRAST)	<ul style="list-style-type: none"> • Paraseptal emphysematous changes noted in both lungs mainly visualised in right lower lobe. • Multiple patchy areas of air filled opacities and small cystic areas in bilateral upper lobes. • Near complete opacification of left lower lobe suggestive of atelectasis. • Multiple air filled cystic areas noted within the collapsed lung.

TREATMENT SCHEDULE:**Table 4:** Shows Internal Medications Given In OPD and IPD

DATES	MEDICINES	DOSAGE	ANUPANA
1.	Thalisedi Choorna ⁵ } 100 Gm Pippali Choorna } 50 Gm Haridra Khanda Ch. } 50 Gm Guduchi Satwa 10 Gm	1/4 Tspn every hrly	Honey
2.	Kantakari Ghrutha ⁶	10 ml OD(Early Morning In Empty Stomach)	Warm Water
3.	Datri Loha Tab ⁷ .	2 TID	Warm Water
4.	Kanakasava +Pushkaramoolasava	10+10ml	Warm water
5.	Tribhuvana Keerthi Rasa Tab	1 OD (Bef.food)	Warm water
6.	Dashamoola Katuthrayam Kashaya	10 MI TID	Warm water
7.	Shwasa Kutara Rasa Tab	1 BD	Warm water
8.			

*Dashamoola Niruha Basthi and Dhanwantharam Taila Sneha Basthi was given as yoga basthi pattern and brahut saindhavadi taila application followed by Nadisweda to back of the chest was carried out during admitted days. Four times admissions were done in alternate months.

RELIEF IN SYMPTOMS:-

Table 5: RELIEF IN SYMPTOMS DURING AND AFTER TREATMENT

DATE	Cough With Copious Purulent Expectorations	Haemoptysis	Breathing Difficulty (aspecially at night and morning)	wheezing, crackles	Severe Debility	Anorexia	Giddiness
20/09/18	++++	+++	++++	++++	++++	+++	++++
15/10/18	+++	++	+++	++	++	++	++++
29/10/18	++	+	++	++	+	+	+++
12/11/19	++	+	++	++	+	+	+++
22/11/19	++	+	++	+	+	-	++
19/12/19	++	-	+	+	+	-	++
25/12/19	+	-	+	+	+	-	++
29/01/19	+	-	+	-	-	-	+
09/02/19	+	-	+	-	-	-	-
09/03/19	+	-	+	-	-	-	-
12/04/19	+	-	+	-	-	-	-
14/05/19	+	-	+	-	-	-	-
27/05/19	+	-	+	-	-	-	-

MEDICATIONS AND MODE OF ACTIONS**TABLE 6: MEDICATIONS AND MODE OF ACTIONS**

SL. NO	FORMULATIONS	INGREDIENTS	MODE OF ACTIONS	REFERENCES
1.	Thalisadi choornam ⁵	Thalisa patra, maricha, shunti, pippali, vamsalochana, ela, twak, sharkara	Kasahara, shwasa hara, aruchihara	Chachi.8/145-148
2.	Kantakari Ghritha ⁶	Rasna, Bala, Vyosha, Gokshura, kantakari, ghritha	shawasa hara, Kasahara	Baishajya Ratnavali 15/186
3.	Datri Loha ⁷	Amlaki, Loha Bhasma, Lashuna Choorna, Yashtimadhu, Guduchi Quatha	kapha pitha samutpanna rogahara, Pandu, jwarahara, Aruchi-vibandhahara	Baishajya Ratnavali 30/149-154
4.	Dasamoola katutrayam kashaya ⁸	Dasamoola, trikatu, vasa	Shotha, Shwasa Kasahara	Sahasra yogam kashaya prakaranam 4
5.	Haridrakhanda choorna ⁹	Haridra, trivruth, harithaki, daruharidra, ajamoda chitrakamoola, vidanga, triphala, mustha, naga kesara, etc..	Kaphahara, kandu hara	Baishajya Ratnavali.55/13-16
6.	Kanakasava ¹⁰	Dathura panchanga, vasamoola twak, madhuka, pippali, kantakari, nagakesara, shundi, bharangi twak, thalisa patra, etc.	Shwasa roga hara, kasahara, kshayahara, jeerna jwarahara etc.	Bha. Rath. 16/115- 119
7.	Shwasa Kutara ¹¹ Rasa	Shudha parada, shudha gandhaka, shudha vatsanabh, shudha tankana, mareecha choorna, shunti Choorna	Shwasahara, swarabhanga hara, kasahara	Bha. Rath. 16/44-45
8.	Tribhuvana Keerthi Rasa ¹²	Shudha hingula, shudha vatsanabha, shunti, mareecha, pippali, tankana bhasma, thulasi swarasa, nirgundi swarasa, dathura swarasa	Kapha hara, jwaragna, sweda janana, vedanahara	Rasayoga sagara 239
9.	Tab.Mehabhay (Asanadi kashaya)	Asana, Tinisha, Khadira, Shimshapa, Meshashringi, Sweta and Rakta chandana, Daruharidra, phalasha, kramuka, Ajakarna..	Kapha medo hara, krimihara	Astanga Hrudaya Sutrastana 15-19

DISCUSSION:

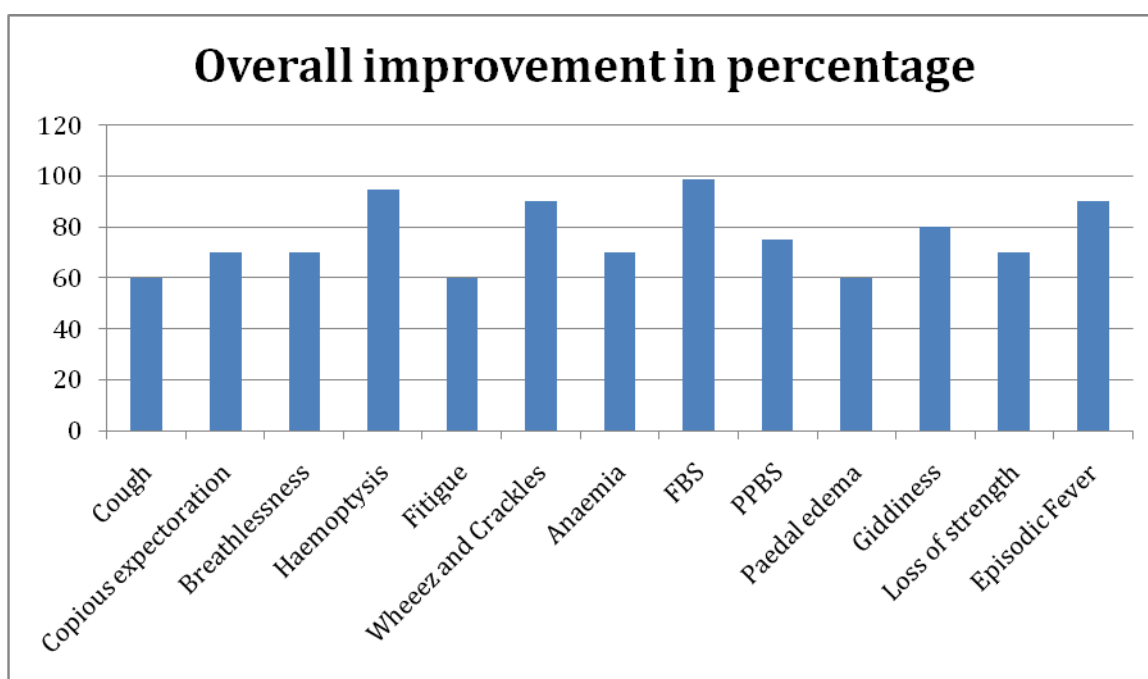
Various pathological conditions of respiratory system including infectious as well as degenerative will come under the umbrella of Thamaka swasa. Ayurveda postulates various principles of treatments, combination of them will actively eradicate the ailments. Patient was treated with swasahara and kapha shamaka Dravya's. The effect of Thalisedi choorna in copious expectoration in every bouts of cough, Pippali choorna in chest congestion and dyspnoea, Haridra khanda in inflamed bronchioles, Amrutha satva as immunomodulator against repeated infections, Datri loha in Anemia, Pushkaramoolasava in on and off raising symptoms like allergic bronchitis, kantakari ghritha as Rasayana to enhance the functional disabilities of bronchioles were much evident in this case. Dasamoola nirooha basthi is best in vata kapha roga chikitsa and Dhanwantharam taila basthi shows best result in age related severe debility. Here we used rasa preparations like Tribhuvana keerthi rasa and Swasa kutara rasa, which are highly effective in palliating the symptoms of Bronchiectasis. Patient had been in allopathic medications in aggravated symptoms but after starting Ayurvedic medications he stopped taking allopathic medicines against medical advice. MRI result of December 2018 shows Entire Left Lower Lobe- Lobar Pneumonia and pleural effusion of the left lung. This health condition was demanding utmost medical care and was treated only with Ayurvedic medications. May 27th 2019 CT chest suggestive of senile septal emphysematous changes, air space opacities and atelectasis at bilateral lower lobes. Even though chronic chain smoking habit at his earlier age must have resulted in these irreversible anatomical changes, holistic approach of Ayurvedic medication provided promising quality health in both, body and mind.

RESULTS:

Patient has got significant improvements in the symptoms, as mentioned in table 5. Betterment in quality of health was evident with Fatigueness, giddiness, hemoptysis. And Table 2 shows improvements of blood investigation results before and after treatment. Hb % has increased from 9.5% to 11.5%, and there is significant reduction in Eosinophil count and fasting blood sugar. CT/ MRI reports (table 3) does not shows significant Improvement after treatment. But reduction in the sufferings was noticable.

CONCLUSION:

Ayurveda has more choices in treating the ailments. The knowledge and usage of these treasures still unrevealed in different aspects. So more Integrative clinical trials should be carried out to unwind the hidden knowledge and to utilise the same. Here a case is discussed in which noticeable changes in symptoms and health status was observed. So Ayurveda is not merely an alternative medicine but it's a holistic approach and protector of human health. So we can conclude that, treatment modalities of Bronchiectasis should include Integrative modalities which evidently enhanced quality of life.



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