

Comprehensive effect of Shodhana followed by Rasayana in Pranavaha Sroto Vikara - A Case Study

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Rasayana, the holistic rejuvenation therapy is one among eight branches and unique treatment modality of Ayurveda. Naimittika Rasayana is a type of Rasayana proposed by commentator Acharya Dalhana where particular Rasayana is indicated in particular disease. It helps to alleviate the diseases and its complications. They are capable to act at the level of Agni & Srotas specifically in Pranavaha Srotas by widening the air way, improving alveoli function, there by removes congestion and improves respiration. A female patient suffering with on and off shortness of breath and cough in the last 2 years and was diagnosed as Tamaka Shwasa. After proper assessment Virechana was done and Dashamoola Rasayana as Niamittika Rasayana was prescribed. Results were assessed after treatment and after 1 month of follow up. Patient got 50-60% of symptomatic relief after Virechana Karma, with Dashamoola Rasayana it was 70-80% relief noticed on her first follow up. Shodhana Karma followed by Naimittika Rasayana showed significant relief in symptoms, Rasayanas not only treat diseases but also helps in prevention of recurrence.

Keywords: Shwasa, Naimittika Rasayana, Pranavahasroto Vikaras

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Introduction

Tamaka Swasa is a *Pranavaha Sroto Vikara* and one among 5 types of *Swasa*. In *Pranavaha Srotovikaras* individuals mainly get affected from symptoms like cold, cough and breathlessness. *Tamaka Swasa* is *Vata-Kaphaja Vikara* according to *Acharya Caraka* but it is *Kapha* predominant disorder according *Acharya Sushruta*, *Madhavakara* and *Yogarajnanaka* and its site of origin is *Pittasthana*. The *Lakshanas* of *Tamaka Swasa* includes *Gurghuraka*, *Peenasa*, *Shirogourava*, *Aasine Labhate Soukhyam*, *Shayanah Swasa Peedita*. *Tamaka Swasa* can be correlated to *Branchial Asthma* based on similarities in symptoms which includes breathlessness, wheeze, cough.

Case Report

A 55-year-old female patient came with the chief complaints of occasional breathlessness and on and off cough in the last 2 years aggravated in the last 1 month.

History of present illness

Patient was apparently asymptomatic before 2 years. On 2nd March 2020, there was sudden onset of abdominal pain at night which was not relieved after taking medicines which made her suffer that whole night. Then in the morning, she visited nearby hospital where relevant investigations were done and was found to have Hiatus hernia and was advised for surgery. Surgery done on 8th March, 2020 and got discharged on 11th March 2020. After 1 month duration she had gradual onset of on and off mild cough with shortness of breath, visited at local clinic in Bangalore, took medicines for 15 days. Cough was persistent with expectoration which was thick and white coloured, more in early morning and was disturbing her sleep also. Hence, she again visited Manasa Ganga hospital, Tumkuru for the same, got treated but found no relief. Along with cough she had multiple episodes of on and off breathlessness and would find mild relief after expectoration. Later on, 10th of March 2022, she visited City hospital Bangalore, where she was prescribed Rotahalers (Forocort 200 and Levolin). After 2 months she took Ayurvedic treatment at SDM Ayurveda hospital, Hassan found mild relief. Later after 15 days, cough again exacerbated, then she visited Siddaramaiah Hospital, Tumkur. She was advised for routine investigations and advised to continue same treatment.

Later on, 9/11/2023, she visited SAMC &H for the same complaints and was prescribed with *Shamanoushadhi*. Later she revisited our hospital and got admitted for further management.

Treatment history

She was taking Rotahalers whenever symptoms aggravate.

Past history

- H/O Hiatus hernia (02/03/2020).
- Senile Immature cataract of both eyes.
- K/C/O Hypothyroidism in the last 2 years on regular medications.

Personal history

Ahara - Mixed type

Mala Pravrutti - regular-1 times/day

Mutra Pravrutti - 5-6 times/day and 1/night

Nidra - Disturbed

Abhyasa - Beetle leaves chewing

Vyasana - NS

Family history

All the members in her family are said to be healthy.

Examination

Built - moderately built
Nourishment - moderately nourished

Ht: Wt - 168cm :58kg

Pallor - Absent

Icterus - Absent

Clubbing - Absent

Cyanosis - Absent

Lymphadenopathy - Absent

Edema - Absent

Ashta Sthana Pareeksha

Nadi - *Vata-Pittanubandha*

Mala - *Prakruta*

Mutra - *Prakruta*

Jihwa - *Alipta*

Shabda - *Prakruta*

Drik - Treated for senile immature cataract of BE

Sparsha - *Anushna Sheeta*

Akriti - *Madhyama*

Dasha Vidha Pareeksha

Prakruti - *Vata Pittanubandha*

Vikriti - *Kapha-Vataja*

Sara - *Madhyama*

Samhanana - Madhyama
 Pramana - Madhyama
 Sathmya - Katu Rasa Pradahana
 Satwa - Madhyama
 Aharashakti - Madhyama
 Vyayamashakti - Avara
 Vaya - Madhyama

Systemic Examination

CNS - Patient is oriented to self, time and place

HMF : Intact

Sensory perception : Intact

Motor functioning : Intact

Cranial Nerves : NAD

CVS - S1, S2 heard, no murmurs

RS -

Inspection : Shape of chest - bilaterally symmetrical

Palpation : Trachea - centrally placed

Auscultation : RR : 18 cycles/min

Basal crepitations ++ (right)

P/A -

Inspection : umbilicus inverted and central.

Palpation : Soft, no tenderness, no organomegaly.

Auscultation : Bowel sounds heard.

Materials and methods:

Source of data

Patient suffering with *Tamaka Swasa* is selected from IPD of Sushruta Ayurvedic Medical College and Hospital Bangalore. Ip no- IP2302325 (Ward-Nagarjuna).

Study design - A Single Case Study.

Treatment:

1. *Deepana - Pachana* with *Agnitundi Vati* 2 tab T.I.D given for 4 days
2. *Snehapana* with *Kantakari Ghrita* given for 4 days with increasing dose 30ml, 60ml, 90ml, 120ml.
3. *Sarvanga Abhyanga* done with *Ksheera Bala Taila* followed by *Bashpa Sweda* for 4 days.
4. On 4th day after *Abhyanga* and *Sweda*,

Virechana with *Trivrut Lehya* 50gms with *Triphala Kashaya* 50ml was given attained *Madhyama Shuddhi*.

5. *Samsarjana Karma* followed for 3 days

6. *Shamanoushadhis* - at discharge

- *Shwasa Kutara Rasa* - (1-0-1) A/F for 15 days
- *Pushkara Moolasava* + *Kanakasava* + *Pippalyasava* (2 tsp-2tsp-2tsp) with ½ cup of warm water for 15 days.
- *Dashamoola Rasayana* - (1tsp-0-0) with warm water B/F for 1 month

Follow up: After 1 month

Criteria for assessment of results

Results were assessed from subjective parameters of baseline data before and after treatment and after 1 month of follow up.

Subjective parameters:

- Shortness of breath
- Morning worsening of symptoms
- Night awakening
- Cough
- Frequency of *Vega*

Table 1: Assessment grade for Subjective Criteria.

a)	Shortness of breath	G0	None
		G1	Very little amount
		G2	Moderate amount
		G3	Great amount
b)	Morning worsening of symptoms	G0	No symptoms
		G1	Mild symptoms
		G2	Moderate symptoms
		G3	Severe symptoms
c)	Night awakening	G0	Never
		G1	A few time
		G2	Many time
		G3	Unable to sleep because of Vega
d)	Cough	G0	No Kasa Vega
		G1	Once a day without any discomfort
		G2	Repeated episodes without any discomfort
		G3	Repeated episodes with discomfort and pain
e)	Frequency of Swasa Vega	G0	No attack
		G1	Once in a while without any discomfort
		G2	Repeated episodes in a day without any discomfort
		G3	Repeated episodes with discomfort and pain

Table 2: Showing the effect of adopted Chikitsa on cardinal symptoms.

SN	Signs and symptoms	Before treatment	After treatment	After 1 month follow up
1.	Shortness of breath	2	1	1
2.	Morning worsening of symptoms	2	1	0
3.	Night awakening	3	2	1
4.	Cough	3	2	1
5.	Frequency of Swasa Vega	3	2	1

Discussion

Tamaka Shwasa manifests due to obstruction to the *Pranavaha Srotas* where due to *Nidana* vitiation of *Kapha* in *Pranavaha Srotas* takes place and does *Avarana* to *Prana Vayu* causing *Sroto Avarodha*, further aggravation causes *Shotha* and *Sankocha* in *Pranavaha Srotas* causing *Pratiloma Gati* of *Pranavayu* leading to *Tamaka Swasa*. Treatment protocol was aimed at *Vata-Kapha Hara* and *Vatanulomana Karma*. Since the *Vyadhi* is *Pitta Sthana Samudbhava* which is the *Sthana* of *Agni*. Initially *Agni* is corrected, later *Snehana* is adopted for *Dosha Utkleshana* and *Vatanulomana*. *Swedana* given for *Dosha Pravilayana* and to bring *doshas* from *Shaka* to *Koshta*. *Virechana Karma*, as it is said in classics "*Tamaketu Virechane*" is adopted in order to achieve *Dosha Shodhana* and to correct *Pratiloma Gati* of *Vata*. *Madhyama Shuddhi* was attained. *Dashamoola Rasayana* as *Naimittika Rasayana* was prescribed for 1 month at the time of discharge along with other *Shamanoushadhis*.

Discussion On Probable Mode of Action of *Dashamoola Rasayana*.

Major drugs used in the preparation of the *yoga* are primarily *Ushna veerya* and few *Sheeta Veerya* drugs. Contains *Tikta-Katu-Madhura* and *Kashaya Rasa* with *Laghu*, *Ruksha*, *Tikshna Gunas* predominantly and few drugs with *Guru*, *Picchila*, *Snigdha Guna*. *Dashamoola* is one of the best *Vata Kapha Hara* group which continuously controls *Vata* and *Kapha* aggravation. *Haritaki* present in the *Rasayana* removes *Shesha Dosha* and does *Vatanulomana* continuously.

Guru-Snigdha Guna, *Ushna Veerya*, *Madhura Rasa* Does *Vata Hara Karma*. *Laghu -Ruksha-Teekshna Guna*, *Ushna Veerya*, *Katu-Tikta-Kashaya Rasa* helps in reducing *Kapha*. This in turn removes *Sroto Avarodha* and helps in proper movement of *Vata*.

Majority of the *Dravyas* are *Deepaka-Pachaka*, *Vatanulomaka*, *Tridosha Shamaka* and *Rasayana*. Helps in proper absorption of the drugs and attaining maximum benefits there by preventing recurrence and improving quality of life.

Conclusion

After analysis of all data, it is concluded that after proper *Shodhana*, *Naimittika Rasayana* works effectively in the management of *Tamaka Swasa*. In this subject *Dashamoola Rasayana* not only reduced symptoms but also prevented recurrence of the symptoms there by improving quality of living. This single case study emphasizes on role of *Naimittika Rasayana* in prevention of recurrence of the symptoms.

References

1. Agnivesha. Charaka Samhita, elaborated by Charaka and Dridabala with Ayurveda Deepika commentary by Chakrapani Datta. Edited by Vaidya Jadavji Trikamji Acharya. 2009 edition. *Chikitsa Sthana 1, Verse 7-8. Page 376 [Crossref][PubMed][Google Scholar]*
2. Sushruta. Sushruta Samhita. Edited by Vaidya Yadavji Trikamji. 1st edition. *Varanasi: Chaukhambha Sanskrit Samsthana; 2010. Chikitsa Sthana 27, Acharya Dalhana Commentary, Verse 1. Page 498 [Crossref][PubMed][Google Scholar]*
3. Dashamoola Leha. Sahasrayoga Prabhakara Vyakhyanam. Varanasi: Chaukhambha Sanskrit Samsthana; Avaleha Prakarana – 21. Page 358. *[Crossref][PubMed][Google Scholar]*
4. Agnivesha. Charaka Samhita, elaborated by Charaka and Dridabala with Ayurveda Deepika commentary by Chakrapani Datta. Edited by Vaidya Jadavji Trikamji Acharya. 2009 edition. *Chikitsa Sthana 17, Verse 121. Page 538 [Crossref][PubMed][Google Scholar]*

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