

## **Chronic Bronchitis and its Ayurvedic Management: A single Case Report**

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### **Abstract:**

Chronic bronchitis (*Kasa*) having major symptoms like *Kasa*(cough), *Kapha Stheevana* (expectoration) and *Shwasakrichrata* (Breathlessness) it is included under *Pranavaha Srotovikaras* (Respiratory disorders) it is characterized by chronic cough with expectoration for at least three months in a year for more than two consecutive years. This disease can be advanced into Chronic Obstructive Pulmonary disease (COPD) only in the stage when chronic air flow obstruction occurs. Many Patients also exhibit a systemic components characterized by impaired nutrition, weight loss and skeletal muscle dysfunction. It is a case report of 57 year old male patient presented with complaints of breathlessness, cough and expectoration. Patient was treated with *Agastyaharitaki Avaleha*; 6gm before food for licking method, like that *Dashmoola kwatha*, *Vasa churna* 2 gm, *Bharngi churna* 2 gm, and *Sitopaladi Churna* - 2 gm, half teaspoonful both time after food along with luke warm water in combination formula. Here *Agastyaharitki Avaleha* may act as *Brimhana* and does the *Shamana* of kapha. He got very good effect by prescribed treatment.

**Keyword:** *Agastyharitki Avaleha*, *Brimhana*, Chronic bronchitis, *Shamana*,

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**Introduction:**

In Ayurvedic classics *Kasa*, *Shwasa* and *Hikka* are three major diseases explained under *Pranavaha Sroto-vikaras* (Respiratory disorders). Due to their similarity in etiology, certainly in pathology and treatment they have been explained subsequently in classics. Chronic bronchitis (*kasa*) having major symptoms like *Kasa* (cough) and *Shwasakricchrata* (Breathlessness), it is included under *Pranavaha Sroto Vikaras* (Respiratory disorders). Diseases of the respiratory system account for up to a third of deaths in most countries<sup>[1]</sup>

*Kasa* is one such disease which is defined on the hoarse phonetic sound which is the identity of its presence, produced due to the morbid *Vata* and *Kapha* in the *Pranavaha srotas* due to the pathological process of *Doshadushti*, *Vimargagamana* of *Pranavayu* and/ or *Avarana* of *Prana Vayu* by the *Kapha*. There is chronic inflammation of the bronchial mucosa, leading to chronic bronchitis. Chronic bronchitis is classified under the broad heading chronic obstructive pulmonary diseases (COPD) because of the core pathological process of the obstruction to the airflow which is not fully reversible.

**Case Report:**

A 57 year old, on diabetic, non-hypertensive, male patient, and by profession retired teacher visited to the *Rasashastra* Out Patient Department of Institute for Post Graduate Teaching & Research in Ayurveda Jamnagar with chief complaints of cough, dyspnea

Chronic bronchitis is characterized by chronic cough with expectoration for at least three months in a year for more than two consecutive years<sup>[2]</sup> that may be advanced into COPD only in the stage when chronic airflow obstruction occurs. Many Patients also exhibit a systemic component characterized by impaired nutrition, weight loss and skeletal muscle dysfunction.<sup>[2]</sup> The disease is frequently encountered in the middle aged subjects and rare below the age of 35 years.<sup>[3]</sup> Chronic bronchitis is more common in middle aged males than females because of smoking. Approximately 20% of adult males & 5% of adult women are affected It is equally prevalent in rural and urban areas.<sup>[4]</sup> Global Initiative for Chronic Obstructive Lung Disease (COLD) consider that chronic obstructive lung disease (COLD) will ascend from the sixth to the third most common cause of death worldwide by 2020.<sup>[5]</sup> Cough (*Kasa*), sputum (*Kapha Nishteevana*), dyspnoea (*Shwasa Kricchrata*), are the three major cardinal symptoms of chronic bronchitis. In this regard treatment principle should be *Kasahara* (anti-tussive), *Kaphahara* (mucolytic), *Shwasahara* (anti-asthmatics) and *Vata Shamaka* (pacifying Vata).

shortness of breath and expectoration (gryish), hyperpigmentation and dry lesions over bilateral palms since 2 years. He was under modern medications since 2 year. But, patient was not responding to modern medicines, and got the condition worsen and then he was consulted to our hospital. Patient

reported history of tea addiction. He had no any history of cardiac diseases, diabetic mellitus, tuberculosis, venereal diseases, anemia and any other major illness. Routine blood investigation for complete blood count (CBC), Absolute eosinophilic count (AEC), Fasting blood sugar (FBS) level were normal

### Treatment Protocol

**Table -1: Prescribed treatment as following**

Internal medications	Dose	Duration
<i>AgastyaharitakiAvaleha</i>	2gm BID (orally) by licking	2 month
<i>Sitopaladichoorna+Vasachoorna</i> <i>+Bharngichoorna</i>	2gm each in combination BID (orally) with Luke warm water after meal	2 month
<i>Dashmoolakwatha</i>	10 g BID (orally) before meal	2 month

however white blood corpuscles (WBC) was found to be increased (Table1). Vitals was recorded (Table2) Based on clinical presentation, examination and laboratory findings, this case was diagnosed as Bronchitis.

**Table-2: Laboratory Investigations**

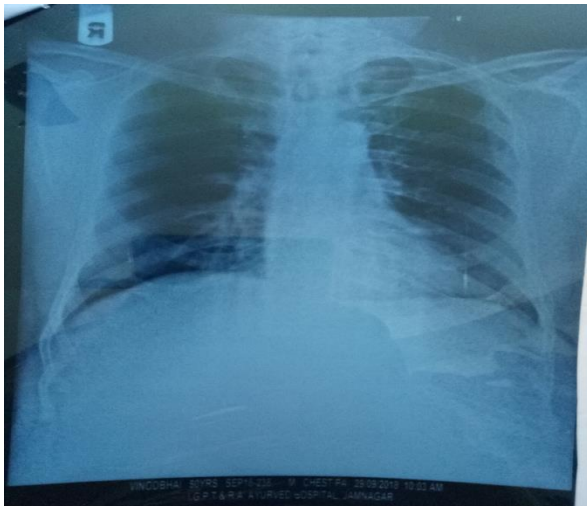
Investigations	Before Treatment	After Treatment
TLC	9100/cu mm	8000/cu mm
DLC		
Neutrophils	77%	65%
Lymphocytes	18%	26%
Eosinophills	02%	03%
Monocytes	03%	05%
Hb%	11.8 gm %	13gm %
ESR(Westergreen)	70 mm /hour	26 mm /hour
AEC	480/L	330/L
FBS	96 mg/dl	107 mg/dl
S.G.O.T	21 IU/L	19 IU/L
S.G.P.T	32 IU/L	17 IU/L
Alkaline phosphate	96 IU/L	84 IU/L

**Table-3: Vitals**

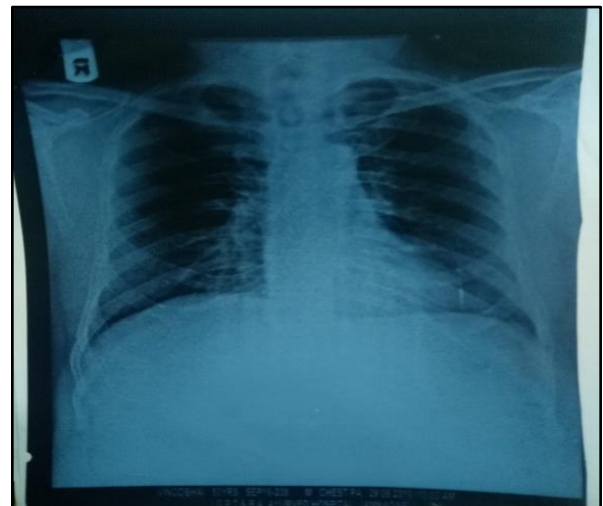
Vitals	Before Treatment	After Treatment
PEFR	75 Litre/min	275Litre/min
BHT	15 second	32 second
B.P.	120-70 mmHg	110-70 mmHg

R/R	19/min	19/min
Pulse	80/min	75/min
PFT	Severe Obstruction	Normal
Chest X-Ray	Both lung of bronchitis++ Tailor region ++	Both lung field is clear Tailor region is normal

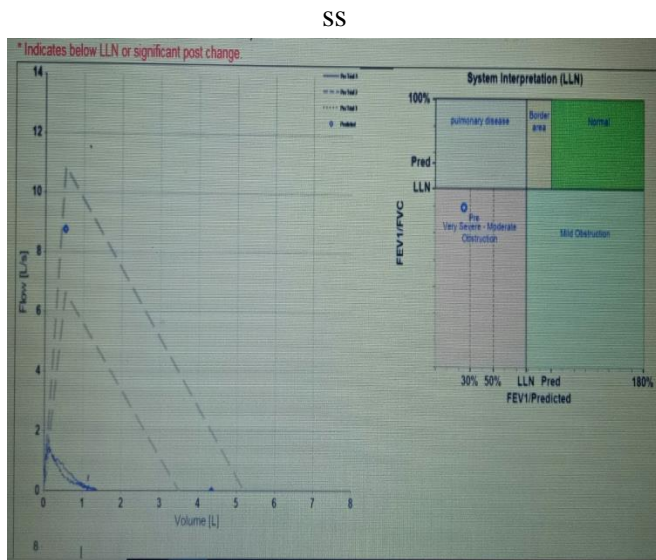
**Imaghes Before and after treatment:**



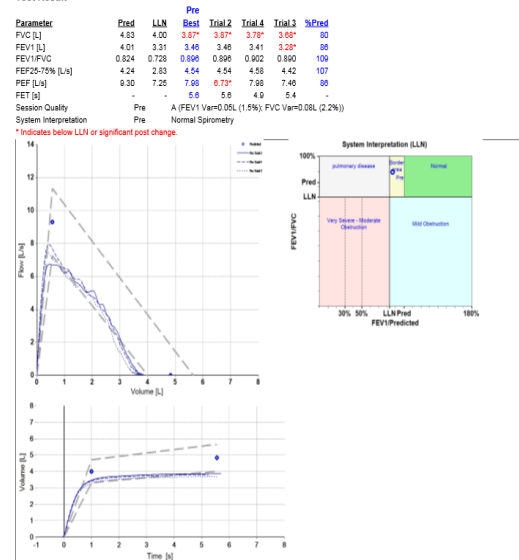
**Fig-1: X-Ray Chest Before Treatment**



**Fig-2: X-Ray Chest After treatment**



**Fig-3 Pulmonary function test report Before treatment**



**Fig-4: Pulmonary function test report After treatment**

**Results and Discussion:**

After starting of these treatment symptoms like *Kasa*, shortness of breath, sputum, chest pain skin allergy, hyperpigmentation and dry lesions over bilateral palms was decreased in fifteen days. Chest pain was decreased in seven days. In one month, complete relief was found in all symptoms. After one month all symptoms was absent. After 2 months, both palms area was clear and no dryness was present there. Breathlessness dyspnea, cough, expectoration was completely absent. Patient's general condition was good, and with 1 month follow-up. In follow up the patient was not presented any complication during treatment. The symptoms have not been recurred till date now. *Acharya Charaka* specifies that *avarana* of *Kapha* to the gati (movement) of *Prana Vata* ultimately leading to *Kaphaja kasa*. In chronic bronchitis also there production of mucus due to inflamed mucosa of respiratory tract. Chronic production of mucus in the respiratory tract leads to air flow obstruction leading to symptoms like cough with expectoration, dyspnea, wheezing etc. Chronic bronchitis is due to *Avarana* of *Kapha* to *Pranavayu*. *Agni Dushti* may also a contributory factor in the *Samprapti*. In the involvement of *Dushya Rasa Dhatu* take major role. *Prana Vayu* attains *Vilomagati* due to *Avarana Samprapti*. In this regard, treatment principle should include *Agnideepana*, *Avaranahara*, *Vatanulomaka* and *Rasayana*. The formulation *Agastya Haritaki Avaleha* is generally indicated in all

types of *Kasa and Shawsa*, and has *Anabhishtyandi, Snigdha* and *Srotoshodhana* properties. Thus the selected polyherbal formulation- *Agastya Haritaki Avaleha* (AHA) was utilized as *Naimittika* and *Vyadhih ara Rasayana* in the study. According to the API (Anonymous, 1990), *Dashamoola choorna* is believed to have the potential for providing relief from inflammation. Initially, disease condition may be due to *Vata Kopa* by *Swanidana* in which there may be *Shuska Kasabut* later on with the course of prolongation of disease there may be *Avarana* of *Kapha* to *Pranavayu* results in *Sakapha Kasa*. The *Chikitsa sutra* of *Avarana* clearly states that the ideal drug of choice must be *Anabhishtyandi, Snigdha and Srotoshodhana*.

**Conclusion:**

On the basis of this single case study, it can be concluded that the Ayurved regimen is beneficial to treat chronic bronchitis. These regimens should be carried out in more number of patients for its scientific validation.

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