

## ATYAYIK CHIKITSA IN VEGA AVASTHA OF MAHA SHWASA WITH LAHSUNA RASA NASYA

Vd. Deepti Yogesh Gupta,<sup>1</sup> Vd. Ujwala Divekar<sup>2</sup>

<sup>1</sup> CSMSS Ayurved Mahavidyalay, Aurangabad, Maharashtra, India, PG Student, Ayurved Samhita and Siddhant, 2CSMSS Ayurved Mahavidyalay, Aurangabad, Maharashtra, India, Associate Professor and PG Guide, Ayurved Samhita and Siddhant

**Abstract**

A detailed explanation on *Shwasa roga* can be traced in *Ayurveda* literature. *Atyayik Chikitsa* is described using various procedures like *Nasya*, *Vamana*, *Virechana* and *Basti* for management of *Shwasa roga*. *Nasya* is given great importance for management of *vega avastha* of various *Vyadhis* in *Ayurveda*. In this article a case study of *atyayik chikitsa* in *vega avastha* of *Maha Shwasa* with *Lahsun rasa nasya* is discussed.

Case report, Maha Shwas, Lahsun rasa, Nasya, Atyayik, ChikitChikitsa, Vega Avastha.

**Introduction**

Lord Atreya in Charak Samhita describes Shwasa Roga as प्राणान्नु निकृन्ततः which means it kills the patient instantaneously. He further states that even if the patient has been ailing with several other types of diseases, ultimately at time of death he falls victim to Hikka or Shwasa, which are intensely painful and lead to death of the patient.

Shwasaroga is a condition marked by recurrent attacks of paroxysmal dyspnoea, with wheezing, due to spasmodic contraction of Bronchi, inflammation or Allergy. It is called as 'Shwasa' a condition where Number of Respiration per minute increases and there is difficulty in respiration also, because of avarodha or obstruction in Pranāvaha stores.

Since Pranavaha srotamsi are obstructed by the Kapha in vitiated state, thereby causing Vāta aggravation as well moving in upward

direction which is Pratiloma gati of Vata, as such it causes various types of Dyspnoea in various other diseases also.[1] Shwasa originates from the site of Pitta and is caused by simultaneous aggravation of Kapha and Vata. It afflicts hrudaya and the sapta dhatus.

Vata predominantly associated with Kapha, obstructs the channels of circulation and circulates all over the body and gets itself obstructed in the circulatory course, this aggravates vayu and causes Shwasa.[2]

Shwasa Nidan[3] – Exposure to dust, smoke and wind. Residing in cold place and use of cold water. Exercise, sexual intercourse and long walk beyond one's capacity, habitual intake of dry foods Intake of food, deficient or excessive in quantity, and before or long after the meal time, Vitiation by Ama, constipation associated with, flatulence (Anaha), dryness, fasting in excess, weakness and injury to vital organs. Use of mutually contradictory ingredients, Shuddhi Atiyoga, as a secondary affliction to Diarrhoea, phthisis, Depletion of body tissues, RaktaPitta, Udavarta, fever, vomiting, Pratishyaya, Visuchika, Alaska, Pandu and poisoning. Habitual intake of flat bean, black gram, oil cake and excess consumption of sesame oil, Intake of Pastry (Pishta), Shaluka, Vishtambhi, Vaidehi and heavy food. Intake of the meat of aquatic and marshy animals and birds, intake of excess of curd and unboiled milk, intake of Abhisyanidi food.

Nasya –

Nasya karma is one among the panchakarma procedures in which medicine is administered through the nasal route. It is otherwise known as sirovirechana (detoxification of head). Nasya karma aims at detoxification of vitiated doshas from the head and neck region primarily and is regarded as the best and most specific treatment for diseases in that region.

Nasa being gate way to Shirah, the drug administrated through nostrils reaches Shringataka, a Siramarma by Nasa Srota and spreads in the Murdha (Brain), taking routes of Netra (Eyes), Shrotra (Ears), Kantha (Throat) and stretches the morbid Doshas from Urdhwajatru and expels them from Uttamanga. [4]

Lahsun[5] –

Properties - Snigdha, tikshna, guru, sara

Rasa - Panch rasa mainly tikta and Madhura.

Vipaka – Katu Veerya – Ushna

Karma – Vata Kapha hara, Vrishya, Rasayana, Balya, Kanthya, Medhya, Hridya.

Ayurveda is the oldest available science and incorporates detailed knowledge of various Vyadhi, their management in emergency as well as Shodhana and Shamana Chikitsa to be followed by Rasayana Chikitsa. Yet we lack in use of Ayurveda in emergency conditions like Shwasa roga. It is important to re-establish the glory of Ayurveda in modern era and increase the use of Ayurveda in Atyayika Chikitsa.

“This case report follows the CARE Guidelines” with the following citation: “Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen- Angerer T, Tugwell P, et al. CARE 2013 Explanation and Elaborations: Reporting Guidelines for Case Reports. J Clin Epi 2017 Sep;89:218-235. doi: 10.1016/j.clinepi.2017.04.026.”

### Narrative

A 27 year old female patient visited Ayurved hospital OPD with difficulty in breathing from 30 minutes and difficulty to complete even single sentence while talking due to shortness of breath.

Patient has no past history of any systemic disorder but retension of urine and stool from past 2 hours.

On examination –

BP = 148/90mmHg,

PR = 96/min,

SPO2 = 86%,

RS = B/L extensive wheeze in upper lobes and absence of sound in lower lobes, Tachypnea.

Breathing sounds audible from distance.

CNS = conscious, alert, obeying commands and irritable.

Diagnosis –

Based on examination patient was diagnosed with Maha Shwasa.

MAHA SHWASA <sup>[6]</sup>	TAMAK SHWASA <sup>[7]</sup>
Deep breathing associated with loud sound.	Deep Breathing with <i>Ghargharaahat</i> (?stridor) sound from throat.
At day as well as night.	Usually at night / Kapha kala
Retension of Urine and Stool	No retension
No Rhinitis	Rhinitis as Purvarupa
<i>Vishirna Vaaka</i> – Feeble voice	Difficulty in talking
Deep inspiration audible from distance	Throat sound audible while breathing
<i>Deena</i> – Pity appearance	<i>Dukhi</i> – Sad / Uncomfortable
Loss of physical and mental senses due to laboured breathing	Loss of consciousness due to continous cough (usually Dry cough)
No abnormal sweating and insomnia	Loss of sleep and Profuse sweating

Differential Diagnosis - Table 1

Treatment Protocol –

Vega Avastha –

Lasona Rasa Nasya[8] - 1ml in both nostrils

Urah Snehan[9] – Saindhav + Tila Taila

Nadi Sweda[9] – Sarshapa + Trikatu

Sadyo Vamana[10] – Pippali churna + Saindhava + Madhu

Followed by - Saindhav Jala 300ml

Output = 250 ml

Avega Avastha –

Dashmularishta (10ml) + Koshna jala (10ml) – 3 Days

Sitopaladi Churna + Madhu – 15 Days

Sunthi siddha jala – 30 Days

Urah Snehan[9] – Saindhav + Tila Taila – 3 Days

Nadi Sweda[9] – Sarshapa + Trikatu – 3 Days

Patient encountered 2 Vega of Shwasa with a gap of 5 hours. Treatment protocol I & II were given after both the episodes, whereas Sadyo Vamana was not repeated after second episode as its intensity was considerably weak. Patient passed urine immediately after settlement of first vega and stools after settlement of second vega and thereafter in regulated manner.

Discussion

Maha Shwasa is caused due to Urdhwa Gati of Vata followed by obstruction of the channels due to aggravated Kapha and Vata. Lahsuna rasa being Ushna, Tikshna and Sara Gunatmak causes penetration of the kapha as well as reduces the aggravated Vata by its Snigdha guna simultaneously. Lahsuna with its Tikshna and Sara properties become quick acting as well as deep penetrating into all the channels. Lahsuna also has Vata Kapha hara properties hence proved to be the most beneficial for the Nasya Karma in Vega Avastha of Shwasa Roga[8]. Uraha snehana with Saindhava Taila followed by Swedana dissolves the Kapha blocked in the srotases and Anulomana of Vata[9]. Acharya further advices to eliminate the liquefied

Kapha by Vamana[10] to prevent the recondensation of Kapha. In order to pacify the residual doshas, Dashmularishta was used with purpose of Vatanulomana and Kapha shamana. Sunthi siddha jala was used with an intension of Dipana and Pachana whereas Sitopaladi Churna as a Rasayana to prevent relapse of the disease.

Highlight of the treatment was the Lahsuna Rasa Nasya to manage the Vega of Shwasa which was settled within few minutes of administration and facilitated to carry on the further treatment.

### Conclusion

Lahsun Rasa Nasya has substantial role in atyayika chikitsa of Shwasa Roga. Snehana and Swedana also play an important role in management of Shwasa. Ayurvedic Samhitas are the vast reservoirs of knowledge. All we need is to search and implicate it in the form of the treatment protocols. Further research is needed to explore more details regarding various Atyayika Chikitsa mentioned in the samhitas.

### References

Dr. S Babu, The Principles and Practice of Kaya Chikitsa, Chaukhamba Orientalia, Varanasi, edition 2013, English, Volume II, pg. no. 215.

Dr. Ram Karan Sharma, Vd. Bhagwan Dash, Agnivesha's Charak Samhita with English Translation & Critical exposition based on Chakrapani Datta's Ayurved Dippika, Chaukhamba Sanskrit Series office, Varanasi, Reprint 2011, Volume IV, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 45, pg no 128.

Dr. Ram Karan Sharma, Vd. Bhagwan Dash, Agnivesha's Charak Samhita with English Translation & Critical exposition based on Chakrapani Datta's Ayurved Dippika, Chaukhamba Sanskrit Series office, Varanasi, Reprint 2011, Volume IV, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 11-16, pg no 119-120.

Dr. Chanda Chopra<sup>1</sup>, Dr. Vijayant Bhardwaj, Dr. Lokesh Katna, Dr. Naveen Kumar, CONCEPT OF NASYA ACCORDING TO AYURVEDIC AND MODERN SCIENCE, World Journal of Pharmaceutical and Medical Research, wjpmr, 2018,4(9), 148-154.

Dr. K Nishteshwar, Textbook of Dravyaguna, Chaukhamba Surbharti Prakashan, Varanasi, 2007, English, pg no 334.

Dr. Laxmidhar Dwivedhi, Dr. BK Dwivedhi, Dr. PK Goswami, Maharshi Agnivesha Pranit Charak Samhita with Ayurved Dipika, Tatwa Prakashini and Jalpakalpataru Tika,

Chaukhamba Krushnadas Academy, Varanasi, Reprint 2016, Hindi, Volume III, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 46-48, pg no 595.

Dr.Laxmidhar Dwivedhi, Dr. BK Dwivedhi, Dr. PK Goswami, Maharshi Agnivesha Pranita Charak Samhita with Ayurved Dipika, Tatwa Prakashini and Jalpakalpataru Tika, Chaukhamba Krushnadas Academy, Varanasi, Reprint 2016, Hindi, Volume III, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 55-62, pg no 596,597.

Dr.Laxmidhar Dwivedhi, Dr. BK Dwivedhi, Dr. PK Goswami, Maharshi Agnivesha Pranita Charak Samhita with Ayurved Dipika, Tatwa Prakashini and Jalpakalpataru Tika, Chaukhamba Krushnadas Academy, Varanasi, Reprint 2016, Hindi, Volume III, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 131, pg no 609.

Dr.Laxmidhar Dwivedhi, Dr. BK Dwivedhi, Dr. PK Goswami, Maharshi Agnivesha Pranita Charak Samhita with Ayurved Dipika, Tatwa Prakashini and Jalpakalpataru Tika, Chaukhamba Krushnadas Academy, Varanasi, Reprint 2016, Hindi, Volume III, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 71-73, pg no 599.

Dr.Laxmidhar Dwivedhi, Dr. BK Dwivedhi, Dr. PK Goswami, Maharshi Agnivesha Pranita Charak Samhita with Ayurved Dipika, Tatwa Prakashini and Jalpakalpataru Tika, Chaukhamba Krushnadas Academy, Varanasi, Reprint 2016, Hindi, Volume III, Chikitsa Sthan, 17, Hikka-Shwasa Chikitsa, Verse 74-76, pg no 599.