

Critical Approach of Ayurveda in management of SwasRoga w.s.r. to Chronic Obstructive Pulmonary Disease (COPD)

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Abstract:

Chronic Obstructive Pulmonary Disease (SwasRoga) which includes Chronic Bronchitis and emphysema is fourth leading cause of death. It is increasing over the past 20 years. The main reason may be result of lifestyle transition from traditional to modern. In India, COPD is most common cause of death. It mainly affects Male due to frequent smoking and is leading cause of chronic morbidity and mortality. It is common in rural and urban areas as well. COPD is mainly characterized by progressive development of chronic airflow limitation which is irreversible. It includes Chronic Bronchitis which is characterized by chronic cough with expectoration for atleast 3months of year or more than two consecutive years. Emphysema is defined as permanent abnormal distention of air space distal to terminal bronchioles. In Ayurveda, Respiratory disease occurs due to PranvahaStrotasdusti where cough, difficulty in breathing etc symptoms occurs. Smoking is the most common cause of COPD. It is not a terminal illness but a chronic disease that gets worse over time. In Ayurveda COPD is termed as Pranvahsrotodusti. It occurs usually in prolonged condition of TamakSwas and Kasa . In Ayurvedic context RajasaDhoomvatabhyam Shitathanambusevanam Rukushanna Vishmashant these includes exposure to air pollution, occupational dust, smoking, cold weather, chemical e.t.c. COPD treatment required to do NidanaParivarjanm in which modification of diet and lifestyle. Shodhan which is biopurifactory method technique and Shaman, a pacification treatment. HaritakyadiModak, Agastya Haritaki Lehn, VyaghariHaritakiavaleh, Pipalyadigutika are the prevention and management of COPD.

Keywords: COPD, Life style modification, Ayurveda, Swasaroga

Introduction:

COPD is a chronic inflammatory lung disease that cause of suction of air flow from lungs. People with COPD are at the high risk of her disease lung cancer and other condition A group of lung diseases that block air flow and make it difficult to breathe damage to the lungs from COPD cannot be reversed. Most common symptoms are chronic cough shortness of breathing and chronic cough. COPD is a second most common lung disorder after pulmonary tuberculosis it is an equal problem in urban & rural areas. In Ayurveda see you COPD is respiratory disease which occurs due to the involvement of Pranavahsrotas. Kasa & tamakasa may be the result of PranavahsrotasDushti in your COPD . Ayurvedic can ultimately and eliminate destroy roots

cause of disease. COPD is a main cause of morbidity and mortality in India. Is UPD weight loss and skeletal muscle dysfunction is the main symptoms. COPD is a risk factor of today lifestyle in the population. COPD get worse over the time. If COPD is treatable with the proper ayurvedic management by nidanaparivarjana, samanshodhanor Pranayam it also help in reducing the risk factor with other associated conditions. Chronic bronchitis and emphysema are the most common condition of COPD chronic cough which produce mucus it may be clear white yellow and greenish. Emphysema involves the damage of lungs destruction of air sacs called alveoli. Vasaka, Tulsi, Ashwagandha, Basil, puskarmolliquorice these are the ayurvedic herbs which prevents relief in COPD, it can balance hormonal disturbance and bodies internal function to avoid the further issues. Practice of yoga and Pranayama help to improve various function of capacities and vital organs shalabhasana, paschimotasana, savasana, bhujangasan it improve the blood circulation in the lungs.

Aims and Objectives:

An approach of Ayurveda management in COPD with modern and ayurvedic point of view, to plan the lifestyle management and modification along with NidanParivarjanam principle and formulation.

Material and method:

COPD is shwasaRoga is disease of Pranavahasrotas it is a chronic condition in general population. In Ayurveda nidanaparivarjana, rasayana, shodhan which is biopurifactory method of a technique and shamana is pacification promising treatment approach of COPD.

Discussion:

Aetiopathogenesis the privilege of COPD is related to tobacco smoking and in low-middle income groups, exposure to the environmental tobacco smoke, smoke from carbon based cooking and heating fuse occupational hazards like chemical dust charcoal & gas are also risk factors.

Alpha-1 antitrypsin deficiency and childhood respiratory infection plays a major role. In developing countries most important risk factor could be indoor air pollution air rising from biomass fuel such as wood & crop residue leads to release of air pollutants like CO, NO₂, SO₂ these particles materials smaller than 10 micron in size. Tuberculosis is getting recognized as risk factor for COPD. In Ayurveda sampraptiPranvahasrotas is mentioned as indulgence in vitiated prana and udana located in pranvahasrotas enforce kapha causing obstruction of channel of pranvaha.

Life style - Excessive smoking, wind, fume, over exertion, physical exertion, tobacco, occupational hazards like chemicals dust, charcoal and gas are the main cause.

Diet - Excessive intake of kidney beans, unboiled milk, aquatic and marshy meat.

Diet habits - Vishmashana.

COPD is related to prevalence of tobacco smoking, exposure of bio mass fuel, charcoal and gases, chemical dust are also the risk factor of COPD. It may also cause many complications like heart problems, depression, lung diseases and cancers, respiratory infections, high blood pressure. Yoga is an excellent management is COPD for anyone. It made up of two essential parts, breathing techniques known as Pranayama and physical postures known as Asanas. COPD is a result of long term of exposure to noxious gas and particles.

Investigation:

Alpha anti trypsin level, CT scan, spirometry, chest X-ray, carbon monoxide transfer factor.

Management of swasrogaw.r.t. COPD:

According to Acharya Charak, any drug or dietary regime which alleviates Kapha and Vata, have Ushna properties and promotes downwards movement of Vatadosha should be used in the patient of Swasroga.

If both Vata and Kapha cannot be passified at once treatment should be given to subside Vata first i.e. Vathara treatment is better than Kaphahara treatment as despite it may aggravate Kapha but it will minimize the complications associated with the disease and improves the prognosis. Whereas Kaphahara treatment pacifies Kapha but also causes depletion of dhatus and produces side effects.

Commonly management of Swasrogas have two aspects. One is managing it during Vega awastha and the other is managing it during Avegaawastha.

Vega awastha:

Immediate treatment should be done in this condition. Preventive as well as curative measures should be taken. Treatment should be done to decrease obstruction which aggravates due to increased Kapha and Vatadosha, to maintain easy breathing and respiration process thereby working on patient's stability.

Local application of Lavantailais done on the chest to liquefy mucous plugs. Further Nadi, Prastara, Sankarasweda is done. In children Hasta sweda is done. Swedanatransfers heat to inner organs of the body and thus softens and dissolves the stable Kapha aggravated in the body. After profuse perspiration from swedana unctuous soup is given to elevate Kaphadosha and Vamana Karma is done to eliminate the doshas from the body. Dhumpana is done after Vamana to eliminate the remaining dosha. Nebulization is done with Camphor. After the vega has subsided Shamana Drugs are given to further improve the condition of the patient.

Avegaawastha:

Treatment should be given in this condition to avoid further pathogenesis and complications of the disease and to prevent recurrent episodes of attacks and to improves the body's immunity and quality of life. As per Ayurveda, few broad steps should be followed for prevention and management of any disease. These are described as Nidanparivarjan (includes avoidance of causative factor), ShamanaChikitsa (Pacification treatment), ShodhanaChikitsa (Biopurifactory method), Pathya and Apatya (includes life style modifications and changes in dietary patters) and Yoga and pranayama (physical postures and breathing techniques) Considering this, the management of swasrogaw.r.t. COPD can be summarized as:

1. **Nidanparivarjan (avoidance of causative factors):** Factors which affects the respiratory health should be avoided like smoking, exposure to heat in excess, Close contact with people who are suffering from various respiratory diseases, cold places, high atlitudes, cold food, sleep during day time.
2. **Shamanachikitsa (Pacification treatment):** Doshapratyanikchikitsa should be done with medicines with properties which work against Vata and Kapha. VyadhiPratyanikChikitsa should be done to increase the capacity of strotas, Agnivardhana and to reduce the prognosis of the disease. For prevention

and to avoid reoccurrence of the disease Apunarbhavchikitsa should also be given to the patient to strengthen PranvahaStrotas.

Rasayanchikitsa is one the strongest way to strengthen Pranvahastrotas. Some of the rasayans which can be used are: Chayavanprash, VardhamanPilppalirasayan, ChausashtaPrahariPippali, Agastya haritaki, Vyaghriharitaki, haridrakhana, Ashwagnadha, Guduchi

Many drugs which can work on the aggravated Kapha and can improve the condition of patient.

Single herbs which can be used are Ardraka, Ela, Haridra, Pippali, Ativisha, Lashun, Hingu, Rasona, Ajmoda, Ajaji, agaru, Kushmanda, Shobhanjan

Medicinal compositions which are effective on patients of COPD are:

Churna: Pushkarmuladi, Talishadi, Shrigyadi, Sitopladi, Muktadi , Shatyadi, Hardradi, Karpuradi.

Avaleha: Vasa, Vasa Haritaki, ChittrakHaritaki, Chyavanprash

Rasa: Mahalaxmivilas, Swaskutar, Swaskaschintamani, Nagarjunbhra, Samirpanag, Kaphaketu, Loknath, Rasamanikya

Bhasma: Abraka, Godanti, Shankha, Mukta, Tamra

Asav/Kwath: Kanakasava, GojihvadiKwath, Dashmulakwath

Other yog: Padampatradiyog, Bharanginagaryog, Tejovartyadiyog,, Sarpigud, Vyoshadigutika.

3. Shodhanachikitsa (Biopurifactory method): Timely and seasonal Shodhana should be done in accordance to the condition, age, strength of the patient. According to Acharya Charak "TamketuVirechana..." (Charakchikitsa 17), i.e special indication of virechana karma has ben described. Gati of Vata becomes downward with virechana and hence obstruction which is caused by prtilomagati of Vata is removed. Vamana is also indicated in swasroga. Nasya procedures, Dhoopana can also be done in appropriate seasons. These dry up extra mucous and open airways in chronic patients
4. Pathya and Apathya: (Wholesome and unwholesome diet and lifestyle): Laghu, ushna, lavana, Snighdha diet, Red rice, Mudag, Honey, Goat milk, Dates, Patol, garlic, methi, Jambira lemon, Whole grains, Honey, Nasya, hot water bath, warm clothes, Lavanatailaabyanag should be used.

Over eating, fried and junk food, Cold drinks, Mustard, Curd, Excessive sour food, Fish, fermented food, sheep milk, exposure to pollens, excessive cold including air conditioners and sun, coconut oil, Exposure to smoke and dust, fasting for long duration, Vegadharan (controlling of natural urges), Staying up at night, Anxiety, Grief should be avoided in patients.

5. Yoga and Pranayam (Physical postures and breathing techniques): Yoga rehabilitate the vital organs affected in the disease and improves the overall health. Pranayam strengthens the respiratory muscles and increase functional capacity and endurance. Some of the yogasans which can be done in swasroga and COPD are Bhujangasana, Savasana, Shalabhasana, Paschimotasana. Pranyam like Kapalbhati, Anulomvinlom is seen to be very effective in such patients.



Conclusion -

COPD being a chronic progressive disorder with irreversible chances which needs proper management and early diagnosis. Diet pattern modification, lifestyle changes, extra care of diet can play a major role in prevention of COPD. Medicines are not enough so we have to do additionally attention of food regimen and lifestyle. In Ayurvedic science AaharVihar is beneficial and nutritional to body and gives happiness to mind. In Charak Samhita any drug which is Vatashamaka, Vatanulomak, Ushna can be used in SwasRoga as Aushadh and Aaharvihar.

References -

1. Atridev V, Sushruth Samhita Motilal Banarasidas Publication, New Delhi, 2002.
2. Murthy K.R Ashtanga Hridaya, Krishnadas Academy, Varanasi, 2nd Edition, 1995
3. Acharya YT Charak Samhita, Editor With Ayurved Deepika Of Chakrapanidatt. Chaukhambha SurbhartiPrakashan, Reprint 2011.
4. Acharya YT AgniveshakritaCharaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikkashwasa Chikitsa, Varanasi, ChaukhambhaSurbhartiPrakashan, Reprint 2011.
5. Tripathi Brahmananda, Madukosha commentary on Madhava Nidanam By Sri Madhavakara, Chapter 12 , verse no.16 , Varanasi, Chauk-hambha Sanskrit Sansthan p. 384, Reprint 2007.
6. API Textbook of medicine editor Y.P Munjal, published by the association of physicians of India. 9th edition, 1711.
7. Davidson's Principle & practice of medicine 21st edition, Churchill Livingstone Elsevier, 2010; 555.
8. <http://www.lungusa.org/lungdisease/copd/aboutcopd>.