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SHVASA ROGA**

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## EMERGENCY AYURVEDIC MANAGEMENT OF DYSPNEA W.S.R TO SHVASA ROGA

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### ABSTRACT:

**Introduction:** It is believed that emergency treatment in Ayurveda is not available and one need to take only allopathic medicines and Ayurveda has only limited role in management of chronic diseases. This belief in society and Ayurvedic physician has arrested development of Ayurveda and limited its role as adjuvant therapy. Ayurveda to come up as the main branch of medicine needs to have well established emergency management. The emergency management is described in Ayurveda which needs only to be practiced with confidence. **Aim:** Present research was planned to study various types of dyspnea according to Ayurveda and modern medical science comparatively, along with its emergency management through Ayurveda. **Material and Methods:** Ayurveda classics, related modern textbooks and research articles were reviewed. **Results and Discussion:** Bronchial Asthma can be correlated with Tamaka Shvasa, Anahajanya Shvasa Roga can be correlated with the dyspnea due to chronic constipation etc. and can be managed with Ayurvedic formulations mentioned for specific conditions of that disease. **Conclusion:** It can be said that mild to moderate kind of dyspnea emergency can be managed with the help of Ayurvedic drugs.

**Key words:** Ayurveda, Dyspnea, Emergency, Shvasa Roga.

## INTRODUCTION

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*Ayurveda* though is criticized for non availability of emergency management, but it is mere a belief .The question arises whether there was no emergency in ancient time and were people suffering only from chronic ailments? The answer to this question is No and people were managed in life threatening conditions too. There is documentation in literature of *Daruna* and *Ashukari* (emergency) diseases, which implies that emergency was managed using *Ayurvedic* medicines.<sup>1</sup>

Difficulty in breathing is one of the most common cause of emergency calls for ambulance assistance and is the most common reason for emergency department visits.<sup>2</sup> Approximately 25 – 50 % patients suffering from dyspnea are admitted in the hospital .<sup>3</sup>

Dyspnea has many causes involving single and multiple organ systems Asthma, Cardiogenic pulmonary oedema, chronic obstructive pulmonary disease, Pneumonia, Cardiac ischemia and interstitial lung disease account for

approximately 85 % of Emergency Department cases of shortness of breath.

According to *Ayurveda*, dyspnea is correlated with the *Shvasa Roga*. In the chapter of the *Shvasa Roga* treatment *Charaka* has mentioned that, although many are the disease which take away human life, there are none that terminate a life of patient so rapidly as hiccup and dyspnea.<sup>4</sup> Regarding the emergency condition of the *Shvasa Roga*, it has been also mentioned that the physician should take them in hand immediately, if they are neglected they will kill the patient, as fire consumes dry grass.<sup>5</sup>

Hence, it is important to identify the underlying causes of breathing difficulties. For the evaluation and management of patient with chief complaint of dyspnea, detailed history and thorough physical examinations must be done.<sup>[6]</sup>

**AIMS AND OBJECTIVES**

- To review the various emergency conditions of *Shvasa Roga* (Dyspnea) according to *Ayurveda* and Modern science.
- To design the emergency management of the dyspnea through *Ayurveda*.

## MATERIAL AND METHODS

To fulfill the discussed aims and objectives following materials are required:

- Relevant *Ayurveda* and Modern literature.
- Relevant published research articles.

## DISSCUSSION

Detailed knowledge about various causes, differential diagnosis and clinical examinations is the most important for the emergency management of dyspnea.

### **Ayurvedic view:**

According to pathology there are two types of *Shvasa Roga*,

1. *Anubandhya Shvasa Roga*.
2. *Anubandha Shvasa Roga*.

### ***Anubandhya Shvasa Roga***

*Anubandhya* is that which is independent, manifests definite symptoms and has an onset and subsistence as lay down. When the *Nidanas* (causative factors) are strong and *Bala* of the patient is low than it creates the emergency condition of the *Shvasa Roga*.<sup>7</sup>

### ***Anubandha Shvasa Roga:***

*Anubandha* is that which is dependent on other disease and has not definite symptoms and has an onset and subsistence as causative disease.

According to *Ayurveda*, Causes of the *Anubandha Shvasa Roga* are mentioned below.<sup>8</sup>

*Aampradosha* (Disease occurring due to free radical), *Aanaha* (Constipation), *Apatarpana* (Mal-nutrition), *Marmaghata* (Injury to vital organs), *Atisara* (Diarrhea), *Jwara* (Fever), *Chhardi* (Vomiting), *Pratishyaya* (Rhinitis with common cold), *Kshata* (Ulcer in lungs), *Kshaya* (Phthisis), *Raktapitta* (Bleeding disorders), *Udavarta* (upward movement of *Vata*), *Vishuchika* (Cholera), *Alasaka* (Food poisoning), *Pandu* (Anemia) and *Visha* (Toxins).

According to modern science causes of the dyspnea are described below;

Asthma, Cardiogenic pulmonary oedema, COPD, Pneumonia, Cardiac ischemia, interstitial lung disease, Pulmonary embolism, Sever Anemia, Trauma, Sever hypovolemic shock, Acidosis, IHD, Heart failure, Hypertension, Acute myocardial infarction, Angina, Drug allergy and Poisons.

Table No: 1

Evidence based differential diagnosis of the various condition of the dyspnea:<sup>9, 10,11,12,13</sup>

MOST COMMON FINDINGS	PNEUMONIA	PULMONARY EMBOLISM	LVF	ASTHMA
<b>SYMPTOMS</b>	Dyspnea Fever Cough	Dyspnea, Pleuritic chest pain, Cough, Leg pain, Leg oedema	Dyspnea especially on exertion , Orthopnea, Nocturnal, dyspnea	Dyspnea, Cough, Unable to complete sentence.
<b>PHYSICAL SIGNS</b>	Tachycardia	Tachycardia Tachypnea Fever ECG: Nonspecific ST-T wave changes	Peripheral oedema, Raised JVP, Tachycardia	Wheezing Tachypnea Tachycardia Pulsus paradoxus Hyper resonant chest.
<b>AUSCULTATION SOUND</b>	Rhonchi	Focal rales	Rales Heart murmurs, Rhonchi	Decreased or absent breath sounds if sever
<b>HISTORY OF</b>	Smoking IHD	Prolonged immobilization Recent surgery Thrombotic disease	IHD Hypertension	Previous asthma, Recent sharp increase in inhaler use, Allergen exposure

Various conditions of the *Shvasa Roga* and its comparison with the modern causes of the dyspnea and its management through *Ayurveda*:

#### ***Anubandhya Shvasa Roga***;

This is due to various *Kaphakarak* and *Vatakaraka Nidanas* like *Abhishyandi*, *Vidahi*, *Vishtambhi*, *Guru*, *Snigdha*, *Shita Ahara* and *Raja Dhuma Atapa* etc. This leads to the vitiation of *Vata* and *Kapha Dosh*. When vitiated *vata*, in association with vitiated *Kapha*, obstructing the respiratory passages, gets itself obstructed and spreads in all over directions, it causes

disorders of respiration.<sup>14</sup> There are five types of *Shvasa Roga*,

1. *Maha Shvasa* (Can be correlated with terminal dyspnea)
2. *Urdhva Shvasa* (Can be correlated with expiratory dyspnea)
3. *Chhinna Shvas* (Can be correlated with cheyne stoke's Respiration)
4. *Tamaka Shvasa* (Can be correlated with bronchial asthma)
5. *Santamaka Shvasa* (Can be correlated with Cardiac Asthama)

6. *Pratamaka Shvasa* (Can be correlated with Febrile dyspnea)

### ***Kshudra Shvasa***

Among these five types of *Shvasa Roga*, *Mahashvas*, *Urdhva Shvasa* and *Chhinna Shvasa* are incurable, *Tamak Shvasa* is *Yapya* and *Kshudra Shvasa* is curable.

### **Pathophysiology of dyspnea according to modern medical science is as below:**

Dyspnea results when a stimulus like Hypoxemia, Acidosis or Hypercarbia, Decreased compliance and Airway Resistance activates a respiratory center through carotid body, Medullae chemo receptors, Lung or Muscle Mechanoreceptors and Airway receptors respectively, beyond a certain threshold.

### **Treatment of *Shvasa Roga* and its correlation with modern types of dyspnea.**

*Tamaka Shvasa*: It can be correlated with Bronchial asthma,

*Samprapti* and symptoms of *Tamak Shvasa*:

If the *Vata*, becoming reversed in its course, reaches the respiratory tract, lays hold of the neck and the head and rouses up the *Kapha*, then it causes coryza. There is produced a variety of dyspnea associated with wheezing sound and characterized by acute condition and causing great affliction to the vital breath.

On account of the force of the paroxysm the patient faints, coughs and becomes motionless. While thus constantly coughing, Patient feels faint frequently. Owing to inability to expectorate, patient feels greatly distressed and on the sputum being expectorated he feels comforts for a while. His throat is afflicted and can hardly speak and embarrassed by dyspnea. Patient cannot get sleep while lying flat on his bed, because the *vata* presses upon both his sides while he is in bed. Patient feels comfort in a sitting posture (*Orthopnea*), and he likes only hot things. His eyes are wide open, His forehead is covered with sweat, He is in great distress all the time, his mouth is dry, he breaths easily once and again his respiration becomes violent. These paroxysms are intensified by cloudy, humid and cold weather and an easterly wind as well as by *kapha* increasing things.

Treatment: *Bharangyadi kwatha*, *Kanakasava*, *Swaskuthar rasa*, If attack of dyspnea is sever, the patient afflicted with dyspnea should be first anointed with salted oils and then subjected to unctuous sudation by methods of steam kettle sudation, hot bed sudation and mixed sudation.<sup>[15]</sup>

***Anubandha Shvasa Roga***: Sometimes *Shvasa Roga* is seen as a symptom of the many disorders, which are mentioned below. According to Charaka, *Anubandha*

*Shvasa Roga* should be treated as the line of treatment of the causative disease. So here treatment of *Anubandha Shvasa Roga* is given keeping in mind the causative disease of the dyspnea. The direct reference regarding treatment of *Anubandha Shvasa Roga* is not available in classics.

***Jwara janya Shvasa Roga:*** This can be correlated with the dyspnea due to pneumonia.

Treatment: *Tribhuvana kirti rasa, Shvasakuthar rasa. Jahar mohara pisti.*

***Chardi, Atisara, Visuchikajayna Shvasa Roga:*** This is correlated with the dyspnea due to the hypovolemic shock and electrolyte imbalance.

Treatment: *Nimbu swarasa + Saidhava + Ushnodaka, Talishadi Churna* with honey.

***Pratisyayajayna Shvasa Roga:*** This can be correlated with upper respiratory tract infection induced dyspnea

Treatment: *Nasya of trikatu churna, Talishadi churna, Marichyadi gutika, Gojihvadi kwatha, Bharangyadi kwatha.*

***Kshayjanya Shvasa Roga:*** This can be correlated with the dyspnea due to the pulmonary tuberculosis

Treatment: *Sitopaladi churna, Kanakasava, Tulasi patra swarasa*

***Kshatjanya Shvasa Roga:*** This can be correlated with the dyspnea due to the traumatic injury to the lungs.

Treatment: Surgery if needed, *Laksha churna + Vasa swarasa, Laksha guggulu* with Lukewarm water

***Raktapittajanya Shvasa Roga:*** This can be correlated with the dyspnea due to any hemorrhagic condition.

Treatment: If severe, *Aja rakta basti*, If mild to moderate *Vasa swarasa, Shatavari, Gokshura, Chandrakala rasa, Amalaki+Madhu+Ikshu rasa, Suvarnabhasma.*

***Udavartajayna Shvasa Roga:*** There is no description regarding dyspnea due to the suppression of natural urges in modern medical science.

Treatment: *Niruha and anuvasana basti., Hingu + Saindhava, Hingukarpur vati, Haritaki churna* with Luke warm water.

***Pandujanya Shvasa Roga:*** This can be correlated with the dyspnea due to the severe anemia.

Treatment: Complete bed rest, *Aja rakta Basti, Swarna makshika yoga, Saptamruta loha. Punarnavadi Mandura, Dhatri lauha.*

***Marmaghatajanya Shvasa Roga:*** This can be correlated with the dyspnea due to the

acute myocardial infarction, Angina, any cardiac disease, renal failure, head injury.<sup>16</sup>

Treatment: *Ghrita bhrista hingu + Saindhava + Matulunga swarasa*

**Aampradoshjanya Shvasa Roga:** This can be correlated with the dyspnea due to various metabolic disorders like acidosis etc.

Treatment: *Langhana, Manjisthadi kwatha, Dipana, pachana, vatanulomana.*

**Anahajanya Shvasa Roga:** This can be correlated with the dyspnea due to chronic constipation

Treatment: *Niruha and anuvasana basti, Shivakshara pachana churna with lukewarm water, Triphala churna, Erand*

*bhrista Haritaki churna with lukewarm water.*

**Vishajanya Shvasa Roga:** This can be correlated with the dyspnea due to toxins.

Treatment: *Amashaya, pakvashaya shuddhi (Sadhya Vamana and Virechana), Ghrita pana, Swarna yoga sevana, Specific vishanasak chikitsa.*

**Dyspnea due to the pulmonary embolism** can be correlated with *Aamdoshajanya Shvasa Roga.*

Treatment: *Lasuna swarasa, Manjisthadi kwatha, Kanakasava, Vasa Avaleha.*

## CONCLUSION

With above discussion we can conclude that the description about various emergency condition of dyspnea in *Ayurveda* and modern science is almost same. There are many *Ayurvedic*

formulations for the management of emergency condition of dyspnea according to its pathological varieties. Mild to moderate emergency condition of the dyspnea can be managed by the *Ayurvedic* drugs.

## REFERENCES

1. Shukla N. Role of *Ayurveda* in emergency treatment. *Emergency Med* 2:127 doi:10.4172/2165-7548.1000127.
2. Parshall MB. Adult emergency visits for the chronic cardio respiratory disease: does dyspnea matter nursing research 199, 48(2):62-70.
3. Michelson E, Hollarh S. Evaluation of the patients with shortness of the breath evidence based approach. *Emergency medicine clinics in North America* 1999; 17(1):221-37.
4. Agnivesh, Charaka, Dridhabala, Charak samhita chikitsa sthana, 17/6 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi



- Chaukhambha Sanskrit pratishthan  
Delhi 2009.p.417
5. Agnivesh, Charaka, Dridhabala, Charak samhita chikitsa sthana, 17/69 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.426.
6. Michelson E, Hollarh s. Evaluation of the patients with shortness of the breath evidence based approach. Emergency medicine clinics in North America 1999; 17(1):221-37.
7. Agnivesh,Charaka, Dridhabala, Charak samhita vimana sthana, 6/11 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.597
8. Agnivesh, Charaka, Dridhabala, Charak samhita chikitsa sthana, 17/13 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.418.
9. Mulrow CD, Lucey CR, Farnett Le. Discriminating causes of dyspnea through clinical examination. Journal of general internal medicine 1993; 8(7):383-92.
10. British thoracic society, Scottish intercollegiate guidelines network. The BTS/SIGN British guidelines on the management of the asthma. Thorax 2003; 58(Supplement 1):i1-i94.
11. Anonyms. The British guidelines on asthma management.1995 review and position statement .British thoracic society , national asthma campaign, the general practitioner in asthma group, the British association of accident and emergency medicine, the British pediatrics respiratory society and the Royal collage of Pediatrics and child health. Thorax1997; 52 (supplementary) s1-21.
12. Devies MK, Gibbs Cr, Lip GY. ABC of heart failure: investigation. BMJ 2000; 320 (7230):297-300.
13. Watson RD, Gibbs Cr, Lip GY. ABC of heart failure: clinical features and complication .BMJ 2000; 320(7229):236-39.
14. Agnivesh, Charaka, Dridhabala, Charak samhita chikitsa sthana, 17/8-9 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.417.
15. Agnivesh, Charaka, Dridhabala, Charak samhita chikitsa sthana, 17/71 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.426.
16. Agnivesh, Charaka, Dridhabala, Charak samhita siddhi sthana 9/8 Hindi commentary by Vidhyadhar shukla and Ravidat tripathi Chaukhambha Sanskrit pratishthan Delhi 2009.p.947.