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Role of Pranavaha Naimittika Rasayana in the management of Vataja Kasa (Pulmonary Eosinophillia)-Case Report

Yadav P^{1*}, Kumar P²

9	Before treatment	1st month	2 nd month	3 rd month
	1/6/2023	2/7/2023	1/8/2023	17/9/2023
Kasa	++++	+++	+	27
Kantha kandu	++++	+++	+	=
RWerebaedaavaha Na	imittika Rasayana	in the mar	agement of	Vataja Kasa (Pulmonary
Aruchi	+++ Eosinoph	іІна)-Case	Report	-
Dourbalya	+++	++	++	+
Exertional dysponea	+	-	(10)	-
Hb%	10.9gm%	Not done	Not done	11.5gm%
AEC	815cells/cu.mm	Not done	Not done	90cells.Cumm

Abstract

Pulmonary Eosinophillia defined as the infiltration of eosiniphills into the lung compartments constituting airways, interstitium and alveoli. The true incidence of 1* topical pulmonary esonophillia is not unknown. It is more common in women, who are affected twice as much as men with the majority of them being non 2 Pradeep Kumar, Assistant Professor, Department of Rasa smokers. Eosinophillia are one of the main cells of allergic inflammation. From the Ayurvedic view Pulmonary Eosinophillia falls under kasa spectrum especially vataja kasa roga. This seems nearers to the fact as presenting symptoms is pujay4335@gmail.com krichra swasa, dry cough, swarabheda, kantha kandu aruchi, Dourbalya whereas Cite this Article in tropical esonophilia also symptoms represent the same. Present study is an attempt to treat a case of pulmonary eosonophillia. A 32 year old female patient approached to OPD with the complaints of kasa, swarabheda, dourbalya, kanthakandu on and episodic attack since one year. The patient was on anti allergic and antibiotics since one year and no remarkable relief noticed by the patient. She approached for Ayurvedic management and reduction in the symptoms was noticed by patient. Hence this case report was taken to prove the Ayurvedic management has remarkable results in case of Pulmonary Esonophillia. Discussion and conclusion was done on the basis of entire observation.

Keywords: Vataja Kasa, Pulmonary Esonophillia, Naimiitika Rasayana Rasayana , AEC Count

- Puja Yadav, Assistant Professor, Department of Kayachikitsa, Shree Krishna Ayurvedic College Medical College And Hospital, Cholapur Varanasi, Uttar Pradesh,
- Shastra and Bhaisaiya Kalpana, shree Krishna Ayurvedic college medical college and hospital cholapur, Varanasi, Uttar Pradesh, India.

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6% Plagiarism. Authors state no conflict of interest. Non Funded. The conducted research is not related to either human or animals use. All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Evidence in Context

What Know: What New:

To view

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Introduction

Kasa seems to be very simple disease, if neglected or mismanaged it may result in disease with poor prognostic condition. kasa has remained as a minor and neglected common problem in India. Major set back for the affected person which has become major hurdle in the day to day activities of the person. Ayurveda is the science of life which deals with the both preventive and curative aspects of the health. cell is the fundamental unit of biological activity one of the unique features of living activity in breathing . The basic function of the prana vaha srotas is to exchange of gases .Breathing is the fundamental physiological process essential for the exchange of oxygen and carbon dioxide in the body. Good breathing can contribute to overall respiratory health and potentially help reduce the risk of respiratory infection a well oxygenated body is more resilent to infection, enhanced the immune function to disinfection and clear airways . Esonophillia are typically involved in the immune response against parasite and infection but on the other hand if the esonophillia count increase in the body it lead to allergic reaction and lung infection common symptoms include wheezing, breathing difficulty , weakness , chest pain . Tropical Pulmonary Esonophillia occurs predominantly in the age group of 15-40 yeas and is considred to be endemic in india . Here an attempt made to co-relate vataja kasa to TPE .Hence the present case study has been taken to evaluate the effect of polyherbal rasayans drug to manage the case of pulmonary esonophillia. The clinical features of vataja kasa has been described in our classics as sushka kasa, shuska alpa kapha nisthivana , swarabheda , suskha ura kantha vaktrata , dourbalya etc. vataja kasa is often compared to tropical pulmonary esonophillia because of similarities of sign and symptoms.

Case Report

A female patient aged 32 year old reported to kayachikitsa opd with the presenting complaints of - Suska kasa, Kantha Kandu, Swarabheda, Dourbalya, Aruchi 1 year

History of present illness-

A previously healthy 32-year-old female patient came with the complaints of symptoms of dry and contionous bouts of cough aggravated at nighttime associated with itching in the throat hoarasness of voice, decrease appetite and generalized weakness. For the above complaints patient had consulted a physician and was treated symptomatically with antibiotics and anti-allergic medication, temporarily relief was noticed but recurrence of symptoms were present. 6 month back again the same condition was repeated and was advised with chest X-RAY and AEC count in which which esonophillia count report show highly increased in the level and was prescribed with medication but no satisfactory result was noticed .since 20 days symptoms aggravated especially at night which lead to disturb sleep and daily activities . she wanted to undergo Ayurvedic treatment so patient have approached our hospital.

Past History- H/o allergy with smoke

Treatment history - Allegra, Cetrizine

Family history- nothing significant

Allergic history- smoke dust and wind

Physical examination- Built- lean, Nourishment- moderate, Pulse78bpm, RR-20 breath / min, BP- 110/70 mm hg

Astha Sthana Pareeksha - Nadi – vata pitta, Mala- once/ day clear, Mutra- 6-7 times/ day, Jiwha- Lipta. Shabda-ucchabhasya, Drik- pale. Akriti- Madhyama

Systemic examination- Inspection- bilaterally symmetrical shape of chest with no scar mark or bulging , Palpation- trachea centrally placed , no tenderness was found vocal fremitus-diminished , Percussion- Resonance present , Auscultation-crackles present of right lung upper lobe

Investigation – Hb%, AEC chest x ray (Chest x ray- was within normal limits)

Intervention-

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Oral Medication	Dose	Duration	
i. Saptamrit loha	1TID		
ii. Haridra khanda	5 gm -0- 5gm	3 months Anupana-	
iii. Kanakasava	15 ml -15ml- 15ml	ushna jala	
iv. Chitraka haritaki lehya	1tsp – empty stomach (Early morning)		

Results

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	Before treatment1/6/2023	1st 3 ^{month2/7/20}	2nd 02 month1/8/20 3	3rd 2 month17/9/20 23			
Kasa	++++	+++	+	-			
Kantha kandu	++++	+++	+	-			
Swarabheda	++	-	-	-			
Aruchi	+++	-	-	-			
Dourbalya	+++	++	++	+			
Exertional dysponea	+	-	-	-			
Hb%	10.9gm%	Not done	Not done	11.5gm%			
AEC	815cells/cu.mm	Not done	Not done	90cells.Cumm			



Before Treatment



After Treatment

Discussion

- Saptamrit Ioha- In this formulation Yasthi Madhu being snigdha and madhura it acts as an expectorant and gives strength to the laryngopharynx (vatanubandha kasa, swasa, swarabheda), balya to the pranavaha srotass act as anti-inflammatory and anti-oxidant properties . Triphala having vitamin c and flavinoids acts as detoxifier, ghrita madhu acts as anti-inflammatory, healing properties. Loha bhasma - balya ,lekhana veerya vardhaka and rasayana Properties . Iron is necessary to the elementary metabolic process in the cell. It plays an crucial role in the respiratory system as it is the key component of hemoglobin , the protein in the RBC that carries oxygen from the lungs to the rest of the body and responsible for the transport of molecular oxygen. Molecular oxygen in respiratory system support the defensive mechanism by adequate oxygen level support which increase the respiratory immune cell function and maintenance of tissue integrity.
- Haridra khanda one of the main formulation for controlling the allergic reaction. The principal ingredient of the formulation is haridra which have strong shotha hara properties, alleviates vata kapha dosa by its katu tikta rasa and ushna guna , rasayana ojovardhana balya dhatu vyadhikshamatwa. poshaka properties increases Curcuminoid present in turmeric are natural anti-oxidants, which help in enhancing immunity, and thereby prevent the reoccurrence of the disease. Drug also have an ability to inhibit high esonophillia and specific mast cell dependent allergic reaction. The teekshna guna helps in penetration of the drug into the sookshma srotas and thereby clears srotoavrodha. the other ingredient like tvak ela patra help in srotoshodhaka, Go ghrita and Go dugdha are having ojovardaka rasayana and balya properties which also contributes in improving immunity

■ Kanakasava- It posess immunostimulating activity due to capability of enhancing antibody production and splenocyte proliferation. Bronchial Hyper responsiveness to specific stimuli accompanied with airway inflammation. reversal of increased breathing rate , leucocytes , ige and cytokines(il-4,5), Dhatura – no. of alkaloids that induce atropine and scopolamine to be released and bronchodilator properties and serve as srotoshodhaka, Vasa- mucolytic , expectorant and bronchodilator , Bharangi-anti allergic and inflammatory, and anulomana of prana vayu. Shunthi , pippali ,kantakari due to katu rasa ushna veerya it acts as kasa , swasa,, swarabheda hara , dhatwagni deepana and reduces the kshya and dourbalya.

Chitraka Haritaki Rasayana- the formulation was aimed at correcting the Doshic Vitiation and correcting the etiology. The medicine administered was believed to have antioxidant properties, anti inflammatory with its nutritional values. The drug is said to be tridosha shamaka and dominant vata kapha hara property. the drug contain tannic acid which hs anti histamine and anti tussive property. The vitamin A (amlaki and shunthi) exerts a profound influence in the development of epithelial structures respiratory and alimentary tracts and also softens area where crusts form which relieves he suska kasa. the vitamin E(guduchi) and vit b (shunthi) helps to preserve integrity and vitality of mucous membrane. Iron (bilwa, shunthi) plays very important role in erythropoiesis . estrogen harmone (haritaki) helps for maximum improvement because of vasodilating property. Haritaki contain pancharasa with kashyama predominance . it has inherent properties for absorbtion and secretion in the body and the free movement of vayu. It decrease the effect of hypoxia and increases the oxygen capacity o blood cells. Trikatu, trijataka along with the yavvakshara help in the penetration of the medicine to the target site. The composition of the formulation reveals that all these drugs are rasayana, balya ojovardhaka helps in favour for dhatupushti, increases the vyadhikshamatva and pertaining to reduce the symptoms.

Conclusion

- Increased duration of treatment with regular follow up is likely to yield better result so that the recurrence and the complication of the disease can be avoided.
- The patient had 80% improvement and the laboratory findings of Acute Eosonophillia Count has lowered to normal values and the patient is doing her daily activities without and difficulty.
- Therefore, the result revealed that this combination of rasayana drug was successfully in curing and preventing the disease without landing into further reoccurence. The effect of therapy was significant in both subjective and objective parameter.

Limitation

This study is about the single case study on pulmonary esonophillia. An attempt should be made for further exploration of the effect of naimittika rasayana in large population.

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