



# Ayurveda management of a patient having bronchial asthma and hemorrhoids- A case report

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## ABSTRACT

*Ayurveda* is a holistic science that treats root cause of diseases. One disease can become a causative factor for another disease. This concept is fundamentally described as *Nidanarthakar Vyadhi* in *Ayurveda*. In the same way, treating causative diseases is helpful in managing another diseases. However, many published clinical trials on *Ayurveda* management of Bronchial asthma and Hemorrhoids exist. There is a dearth of published case reports or clinical trials showing an association between *Arsha* (hemorrhoids) and *Shwasa* (bronchial asthma). This case report gives important viewpoints about the role of hemorrhoids and its treatment in pathogenesis and treatment of bronchial asthma.

This case report of a 38-year-old female patient known case of bronchial asthma who came to the OPD of *Kayachikitsa* Government *Ayurved* College and Hospital, Nagpur with complaints of cough with sputum, breathlessness, chest pain (on/off) for three years. The severity of these symptoms increased for three months. The patient was treated with conventional *Shwasghna Chikitsa* (treatment of bronchial asthma) for five days, but the response was unsatisfactory. After five days of *Shwasghna* treatment, the patient gave a history of hemorrhoids. Considering *Nidanarthakar Roga* (one disease can cause of another disease), treatment was planned. The treatment principle is the treatment of causative disease (*Arsha*). Hence, *Arshoghna* treatment was added. Significant increases in peak expiratory flow rate (PEFR), Sustained minimal inspiration (SMI), and Modified Medical Research Council Dyspnoea scale (mMRC) were observed. The respiratory rate was also reduced from 28/min to 18/min. Improvement in the subjective and objective parameters of the patient was observed.

The inclusion of *Arsha* treatment can be helpful in the management of *Tamakshwas* (Bronchial Asthma). The need for further research in this direction is warranted.

## 1. Introduction

*Nidanarthakar Roga* is a basic fundamental concept in *Ayurveda*. [1] It is a primary disease or condition that serves as the etiology for another disease and continues to exist in its original form. *Nidanarthakar Roga* is important in the selection of treatment of disease. It is a condition in which primary disease is a causative factor for other disease. A disease can become an etiological factor of another disease. In such cases, treating causative diseases can be useful in managing the disease. For example, *Jwar* is a causative factor of *Raktapitta* Vice versa. Hence, *Jwar* treatment is useful in *Raktapitta*.

Bronchial asthma is a chronic inflammation of the lower respiratory tract. It can be correlated with *Tamakshwas*. [2] Hemorrhoids damage to

submucosal vascular tissue of the anal canal, and it is compared with *Arsha* (Hemorrhoids-vitiated *Dosha* affecting the skin, flesh, fat and causing sprout-like growths of flesh in various patterns in the anal region) [3]. *Arsha* is included in *Mahagada* (disease difficult to treat) [4]. *Shwasa* and *Shushka Arsha* both have a predominance of *Kapha Vata Dosha* [5,6].

*Arsha* causes *Udavarta* (disorders of reversed or altered visceral movement) [5]. *Udavarta* is a causative factor for *Shwasa* (dyspnoea) [4]. In *Udavarta*, there is *Pratiloma Gati* (Upward movement of eructation's or *Vata*) of *Apana Vayu* (A subtype of *Vata Dosha* seated in the pelvic region and its vicinity). It exerts a downward force. It controls functions like defecation, micturition, parturition, menstruation and ejaculation) in *Pakwashaya* (large intestine-primary functional area of

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Vata Dosha) [7]. In Tamakshwasa, there is also Pratiloma Gati of Vayu [4]. Udavarta and Shwasa are the Upadrava of Arsha. [5] Shwasa is an Amashaysamudbhava. [8].

## 2. Patient information

A 38-year-old female patient with a known case of bronchial asthma came to the OPD of Kayachikitsa with the complaints of cough with sputum, breathlessness, chest pain (on/off) for three years. Increase in the severity of these symptoms for three months. Initially, she was treated by a conventional medicine physician for six months, but the patient did not get complete relief. She discontinued modern medicine treatment. When symptoms aggravated in the last three months, she was admitted to the IPD of Kayachikitsa GACH Nagpur. The patient used to take tab Deriphyline 400 mg occasionally by her own, but she did not take the medicine for the last six months. The patient had a known case of hemorrhoids for 15 years, but she gave a history of hemorrhoids on the 5th day of treatment. For hemorrhoids, she took Ayurvedic medicine for up to 1 year. After that, she discontinued treatment as relief in symptoms occurred.

## 3. Examination

In local clinical examination, an external sentinel tag was observed at 12 o'clock position. No secretion was observed at this site. It was Shushka Arsha with a predominance of Vatkapha Dosha. Ashtavidha, Dashavidha Parikshan, and a general and systemic examination of a patient mentioned in Fig. 2.

## 3.1. Strotas Parikshan

It was observed that Pranvaha (channels in the body which originate from the heart and carry and circulate vital life (Prana) throughout the body), Annavaaha (the pathway for the food in the process of the digestion), Rasavaha (Channels carrying nutrient fluids. The pathway mediates and distributes the primary circulating nutrients and fluids to the body tissues. Entitles related to this channel are the heart and vessels carrying primary circulating nutrient fluids), Medovaha (channels carrying fat. Entitles related to these channels are Kidneys and omentum), Purishvaha (channels in which faeces is formed and excreted. Entitles related to these channels are large intestine and rectum) were disturbed

## 3.2. Investigation

All blood tests and urine tests were within normal limits. ECG findings within normal limits. Pulmonary function test shows bronchial asthma, moderate obstruction with good reversibility. Investigations reports are attached with supplementary material. Details of investigations with dates are given in Table no 1.

## 3.3. Clinical findings

The patient presented with clinical symptoms of cough with sputum, breathlessness, chest pain, and these symptoms aggravated during night. Breathlessness is assessed by the mMRC [9](modified medical research council) dyspnoea scale, which was very high, which is mentioned in graph 1 (Fig. 1).

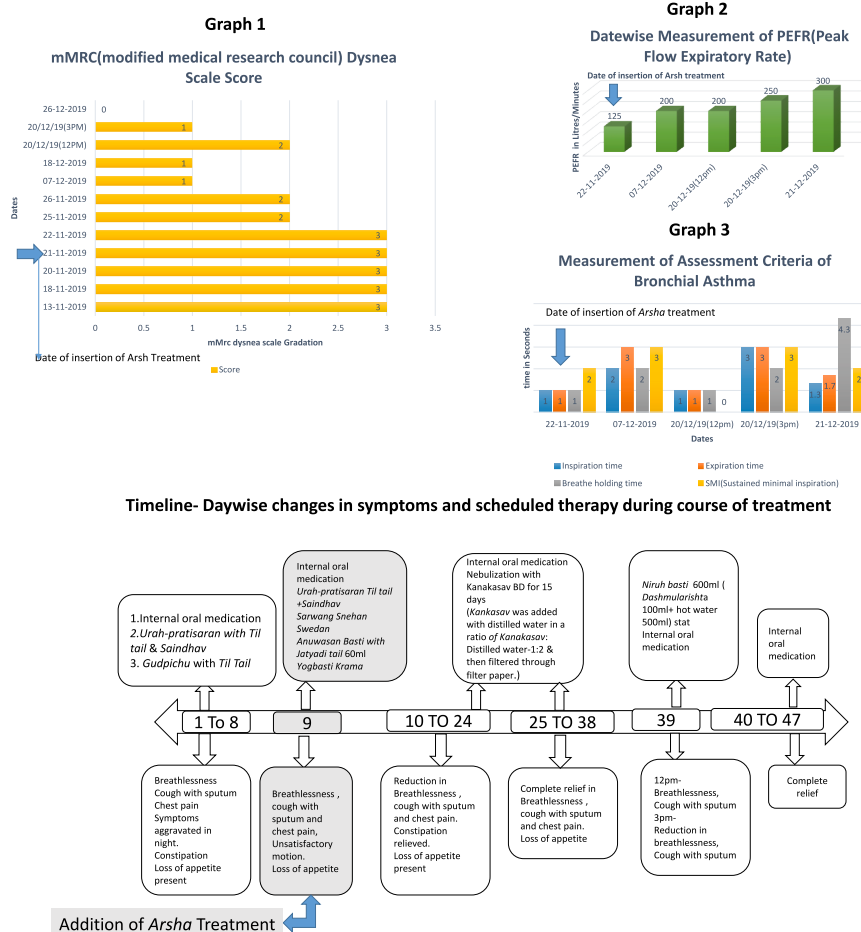


Fig. 1. Shows Ashtavidha, Dashavidha Parikshan, and a general and systemic examination of a patient.

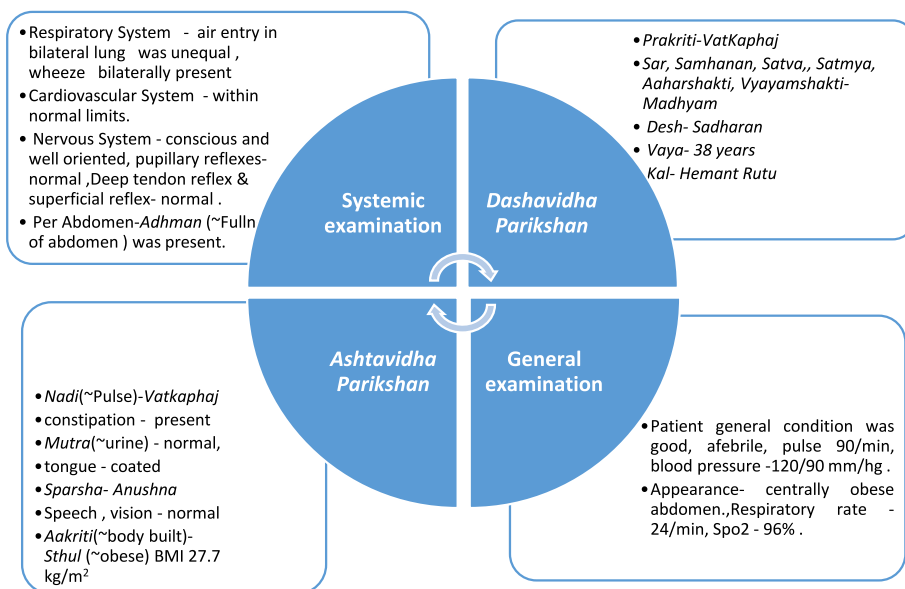


Fig. 2. Patient assessment during treatment.

### 3.4. Diagnostic assessment

The patient was a known case of bronchial asthma. The assessment was done based on clinical findings, measurement of peak expiratory flow rate (PEFR) (Fig. 1-Graph 2), sustained minimal inspiration(SMI), inspiration time, expiration time, and breathe holding time mentioned in Graph 3. mMRC dyspnoea is used in respiratory diseases to assess the degree of baseline functional disability due to dyspnoea. mMRC dyspnoea scale includes 5 questions along with gradation [10].

### 3.5. Therapeutic intervention

Considering an *Alpa Bala* of patient, *Shwasghna Shaman Chikitsa* (conservative therapy – that aims to mitigate the diseases by pacifying *Dosha*) was planned. Formulations indicated for *Shwasa* treatment in classical *Ayurveda* text were used. Up to 5 days of treatment; There was no improvement in clinical symptoms. After five days of *Shwasaghna* treatment, the patient gave history of hemorrhoids; after that, treatment was planned considering *Nidanarthkar Roga* (~one cause for many diseases). In such cases, the treatment principle is the treatment of causative disease. Hence, we added *Arshoghna Chikitsa*. *Aushadha* (medicine), *Kshara*, *Shastra* (Surgery), *Agnikarma* (cautery) are used sequentially in management of *Arsha*. The treatment principle is *Anuloman* and increasing the *Agni Bala* (~digestive, metabolic factor) [11]. Treatment was planned to consider *Vatkapha Dosha*, specifically Vitiating of *Apana Vayu*, *Dushta Mansa* treatment was planned.

After that, *Arshoghna Chikitsa* was added and mentioned in Table 1. *Anuwasan Basti* (Therapeutic oil enema) of *Jatyadi Tail* was used for 8 days. *Basti* (Therapeutic enema) of *Dashmularishta* was given immediately when we observed a sudden increase in symptoms. *Arishta Kalpana* mitigates *Kapha* (one of the three regulatory functional factors responsible for stability, unctuousness, lubrication, immunity and cohesion) and *Vata Dosha* (Regulating movement and cognition). Also acts as a laxative, does not work against *Pitta Dosha* and is useful in chronic hemorrhoids [12]. 500ml luke-warm *Dashmularishta Basti* was given; prepared by adding 100ml of *Dashmularishta* in 400ml of hot water. *Basti* was administered on an empty stomach (considering *Niruha Basti*). *Basti* retention time was 15 minutes. Duration of the course of treatment, along with important events, is summarized in the timeline.

### 3.6. Follow up and outcome

During treatment, symptoms were not relieved in the initial five days. The patient had symptoms of *Udavarta*, such as constipation on/off and excessive belching; these symptoms subsided after the addition of *Arshoghna* treatment. After the addition of treatment for *Arsha*, a significant increase in PEFR, SMI, mMRC scale was found, which are mentioned in graph 1, 2, and 3 (Fig. 1), respectively. The respiratory rate was 28/min, which reduced to 18/min.

## 4. Discussion

Disturbance in the functioning of *Agni* (metabolic power) causes the formation of *Aamdosha* (~state of incomplete digestion, transformation or metabolism). This leads to the vitiation of *Amashaya* (~viscera between umbilicus and navel), which is the seat of *Annawaha Strotas* [13]. *Arsha* is caused by the vitiation of all three *Dosha* (*Vata*, *Pitta*, *Kapha*), mainly *Apana Vayu*. [5] Excretion is a function of *Apana Vayu*. Disturbed *Apana Vayu* and *Amashaya* (stomach-primary functional area of *Kapha* and *Pitta*) *Dushti* leads to *Udavarta* [7]. This *Udavarta* leads into *Shwasa* [4]. *Nidanarthakar Roga* means a disease that has become the cause of another disease. In this case study, *Arsha* (hemorrhoids) have become the cause of asthma. *Arsha* can be cause of many diseases [14]; so from this, it can be said *Arsha* is a causative factor for *Udavarta* and *Shwasa*.

*Guda* (~Anus) is a *Karmendriya*. [15] Its functioning is regulated by *Prana* (*Vata Dosha* that provides attributes of life to an organism. It regulates respiration, sneezing, belching, and swallowing) and *Apana Vayu*. In *Udavarta*, *Prana* and *Apana Vayu* are vitiating. This leads to *Mahastrotas* (~central inner cavity of the body from mouth to the anus comprises both stomach and large intestine) *Dushti* [16], which is site of *Pranavaha Strotas*.

*Pran Vayu*'s site is at the uppermost part of *Mahastrotas*, and *Apan Vayu*'s site is at the lower part [17]. Vitiating *Apan Vayu*, *Kapha*, *Pitta*, and *Dushta Mansa* cause *Arsha* at the lower part of *Mahastrotas* [5]. Chronic *Arsha* leads to *Pratiloma gati* of *Vayu* and *Amashay* (Stomach--primary functional area of *Kapha* and *Pitta*) *Dushti* result into *Tamakshwas* [8]. This shows the relationship between the lungs and the large intestine. In this case, *Arsha* is *Hetu* for *Tamakshwas* as it originated from *Amashaya*. *Arsha* and *Shwas* are diseases of *Abhyantar Marga* [18]. *Prana Vayu* is responsible for the maintenance of *Jatharagni* [19] Impairment of *Jathragni* results in *Tamakshwas* and *Arsha*.

Hemorrhoids may trigger systemic inflammation and release of

**Table 1**  
Showing treatment plan.

Date	Treatment plan	Anupana And Kal
13/11/2019 To 17/11/ 2019	1. <i>Shwaskuthar Rasa</i> 150 mg TDS 2. <i>Sitopaladi Churna</i> 5 gm <i>Yashtimadhu Churna</i> 3 gm <i>Pippalimul Churna</i> 1 gm <i>Sunthi Churna</i> 1 gm <i>Anantmul Churna</i> 1 gm	After meals with honey  Continuous with <i>Aadrak Swaras</i>
18/11/2019 To 19/11/ 2019	1,2 continues 3. <i>Kanakasav</i> 10 ml BD	After meals with 200 ml lukewarm water
20/11/2019	1. <i>Talisadi Churna</i> 2 gm <i>Yashtimadhu Churna</i> 2 gm <i>Tankan Bhasma</i> 250 mg <i>Pippali Churna</i> 1 gm <i>Ashwagandha Churna</i> 2 gm 2. <i>Naguti</i> 250 mg 3. <i>Aamlaki Churna</i> 2 gm <i>Sunthi Churna</i> 3 gm 4. <i>Triphala Guggul</i> 250 mg BD 5. <i>Abhayarishtha</i> 10 ml Hold 1,2,3,4	After meals with honey  Before meals with lukewarm water Before meals with lukewarm water  Before meals with lukewarm water
21/11/2019	1. <i>Abhayarishtha</i> 10 ml 2. <i>Dashmularishtha</i> 10 ml	After meals with lukewarm water Before meals with 200 ml lukewarm water
22/11/2019 To 24/11/ 2019	3. <i>Kravyad Rasa</i> 250 mg Treatment continues 7. Nebulization with <i>Kanakasav</i> BD	After meals with <i>Haritaki phant</i> 100 ml  <i>Kanakasav</i> was added with distilled water in a ratio of <i>Kanakasav</i> : Distilled water- 1:2 & then filtered through filter paper.
25/11/2019	1,2,3,4,5,6,7 continues <i>Dashmul Haritaki</i> <i>Avaleha</i> 10 gm	After meals
26/11/2019 To 6/12/ 2019	1. <i>Dashmularishtha</i> 10 ml 2. <i>Kravyad Rasa</i> 250 mg 3. <i>Dashmul Haritaki</i> <i>Avaleha</i> 10 gm	Before meals with 100 ml lukewarm water +10 ml <i>Goghrit</i> Along with meals with lukewarm water
7/12/2019 To 17/12/ 2019	1,2,3,4 continues 5. <i>Arshkuthar Rasa</i> 250 mg	After meals With <i>Abhayarishtha</i> 10 ml + 100 ml hot water
18/12/2019 To 26/12/ 2019	1. <i>Sudarshan Churna</i> 5 gm TDS 2. <i>Kravyad Rasa</i> 250 mg <i>Arogyavardhini Vati</i> 250 mg 3. <i>Dashmul Haritaki</i> <i>Avaleha</i> 10 gm 4. <i>Sunthi Churna</i> 5 gm TDS	After meals with lukewarm water Along with meals with <i>Triphala Ghrit</i> 5 ml  After meals with lukewarm water After meals.

various cytokines that increase bronchial sensitivity and inflammation, leading to acute asthma condition. Mast cells play a important role in the pathogenesis of lung disease by an innate and adaptive immune response to the antigen [20]. Studies suggest that several mast cells are also affected in hemorrhoidal conditions. Hence, proper Ayurvedic treatment of hemorrhoids can lead to a decrease in mast cells and, thereby reduction in acute asthmatic attacks [21]. Different case report have shown that *Ayurveda* treatment can modulate the immune response through its action on the gut [22]. Per rectal administration of *Ayurveda*

medicine, it can act on respiratory system through the gut-lung axis [23]. Some published articles on the concept of *Vyadhisankar* (cluster of two or more diseases) and *Nidanarthkar Roga* (a disease itself a cause for another diseases) [24].

Considering the concept of *Nidanarthkar Roga*, the treatment principle is treating the original disease. There are so many *Ayurvedic* clinical trials on bronchial asthma and hemorrhoids [25,26]. But we can not find any published *Ayurvedic* case report or clinical trial showing the relationship between *Tamakshwas* and *Arsha* regarding clinical management.

**Result:** A significant increase in PEF, SMI, and mMRC scale was found. The respiratory rate also reduced from 28/min to 18/min.

## 5. Conclusion

*Ayurveda* management of *Arsha* is useful as an add-on treatment for patients having *Tamakshwas* with *Arsha*. This case report gives future direction for various studies that impact the management of *Arsha* in Bronchial asthma and improves patient outcome.

## Patient perspective

Initially, patient was uncomfortable when symptoms worsened by *Shwasghna Chikitsa*. After the addition of treatment for *Arsha*, she experienced relief in symptoms and got complete relief in two month treatment. The patient was satisfied as no symptoms of *Tamakshwas* occurred after the treatment. She has also given her consent for the publication of this case report.

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## Author Contribution

Conceptualization and Treatment Plan – AN. Rough Draft and *Ayurveda* formulation preparation – PK, AN. Critical Editing of Draft – PK, AN. Data Collection – PK, AN. Data Presentation – PK, AN.

## Declaration of competing interest

Nil.

**Declaration about use of Generative AI:** Authors declare that they have used generative AI Grammarly for language editing and improvement.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jaim.2023.100863>.

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