

Case Report



Efficacy of *Shaman Chikitsa* and *Prayogika Dhumpana* in the management of *Jeerna Kaphaja Kasa* (Chronic Bronchitis) - A case report

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ABSTRACT:

Introduction: Chronic bronchitis is a long-term inflammatory condition of the airways, characterized by a persistent productive cough without other identifiable underlying causes lasting at least 3 months per year for 2 consecutive years. Chronic bronchitis leads to excessive mucus production, causing airway obstruction and inflammation. Chronic bronchitis can be compared with *Jeerna Kaphaja Kasa* dominated by *kapha* and *Vatadusti*. **Clinical findings:** In this case study 66 years female patient came in *kayachikitsa* OPD ITRA, Jamnagar with complaints of coughing with whitish expectoration for 1 month, Dyspnoea on exertion (Grade-2) for 1 month and hoarseness of voice. She was admitted in KC Female ward for further management. By haematological, radiological investigations and spirometry she was diagnosed with chronic bronchitis. **Intervention:** She was treated with *Abhyanga* (massage), *Nadi Swedana* (fomentation), *Prayogika Dhumpana* (Herbal fumigation) and *shamana*. **Outcomes:** After treatment wheezing resolved, Eosinophils reduced from 11.5% to 4.0%, AEC becomes normal (649 to 360/uL), FEV1/FVC (60.1 to 78), CAT (18 to 6) also complete remission in dyspnoea from (mMRC-II to 0) **Conclusion:** A chronic case of *Jeerna Kaphaja Kasa* effectively treated associated with improvement through Ayurvedic protocol including *Dhumpana* and *Shamana*. No any adverse effects were reported during the treatment.

KEYWORDS: *Jeerna Kaphaja Kasa*, Chronic Bronchitis, *Prayogika Dhumpana*, *Shaman*, Case Report.

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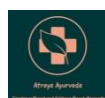
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1. INTRODUCTION

The Cough manifests as chest congestion and sputum accumulation because of the influence and obstruction of *Kapha* and the restriction of movement of *Vata* by *Kapha*. [1] Chronic Bronchitis is common respiratory condition that usually results from infection in the respiratory tract that causes inflammation of the tracheobronchial tree. It is characterized by cough associated with sputum production for at least 3 consecutive months, for 2 successive years. [2] Chronic bronchitis is more common in middle age males than females because of smoking. Approximately 20% of adult males & 5% of adult women are affected. It is equally prevalent in rural and urban areas. [3] *Prayogika Dhumpana* is a traditional Ayurvedic practice involving the inhalation of medicated smoke derived from specific herbs useful in diseases particularly those related to the *Kapha* and *Vata* *Dosha* in the *Urdhva Jatru*.

Objective: To evaluate the clinical and functional changes over 20 days period with the administration of *Prayogika Dhumpana* and *Shamana*, assessing their impact on symptom relief and physiological improvement.

2. CASE REPORT:

A 66-year-old female of middle-class socioeconomic status, presented to the *Kayachikitsa* OPD at ITRA, Jamnagar and admitted on 4th February 2025 with a multifaceted clinical history. She had Coughing with whitish expectoration (mainly during night & morning) that remained for atleast 3 months since last 2 years (increased from last 10 days), Dyspnoea on exertion

(Grade-2) for 1 month, Hoarseness of voice, Heaviness in the Chest, Pain in the B/L knee joint (VAS-04) and increased frequency of micturition. The patient was apparently normal 5 months back, then she developed flue like symptoms that lasts for 15 days, which were treated with inhaled corticosteroids and got complete relief. With these complaints she was admitted to ITRA hospital.

Past History: H/O Hypertension and Dyslipidaemia.

Family History: No family history found.

Medication History: - Tab Telmisartan 1 (OD), Tab Atorvastatin 1 (OD), Tab Amlodipine 1(OD), Nebulizer (Formeterol & budesonide) 1 cap BD (Discontinued 2 months back).

Personal History: - Diet: Veg (*Madhur Rasa Satamya*)

Occupational Exposure: Not found

Biomass Exposure: Kitchen fuel

Environmental triggers: Dust, Smoke, cold exposure.

Vaccination status: Covid -19 Vaccine, DPT vaccine.

Addiction: Nil

Appetite: Very Good

Sleep: 7-8 hours' sleep

Menstrual History: Attained Menopause

Micturition: 4-5 times a day

Bowel habit: 2 times a day, (semisolid), satisfactory.

Prakriti: Kapha -Vataj

Ahara: Vata Kapha vardhak ahara (Milk, Curd, cold exposure)

Vihara: Vata Kapha vardhak vihara (Divaswapa- 1-2 hrs)

Height: 165 cm, Weight- 73 kg, BMI- 26.81 SpO2- 98% at rest.

Vitals: BP: 140/80 mmHg, HR: 72 bpm, RR: 18/min,
Temp: 97.6 F, SpO2- 98% at rest.

General Examination: Pallor – Absent ; Cyanosis - Absent
Lymphadenopathy- Absent ; Icterus – Absent ; Clubbing
– Absent ; Edema- Absent

Respiratory Examination: -

Inspection: - Shape of the chest – Bilaterally symmetrical
No hollowing, bulging, flattening and retraction was
seen.

Thoraco-abdominal respiration

Palpation: - Local tenderness- Absent

Trail sign- Negative

T.V.F- Normal

Percussion: - Clavicular percussion- Dull

Intercostal Space – Resonant sound

Auscultation: - Inspiratory and expiratory wheeze
(Mainly at upper & lower lobe)

Ashthavidha Pariksha: Nadi – Kapha-vataj , Rate- 72
bpm, Rhythm- (regularly regular), *Mutra* – 4-5
times/day, Pale yellow colour, *Mala*- 1-2 times/day,
semisolid, satisfactory, *Jihva- Sama (Peetabh)*, *Sabda-*
asamyak (Hoarseness in voice), *Sparsha- Prakrit Druk-*
Prakrit, Aakruti- Madhyam

Diagnostic assessment- Chronic Bronchitis was
diagnosed by CBC, chest Xray (PA view), spirometry and
clinical symptoms (Productive cough $\geq$ 3 months /year
for $\geq$ 2 years). Sputum AFB was not done, since the
patient had no H/O Fever, weight loss and haemoptysis.

Table no-01 (Differential Diagnosis)

Condition	Key Features	Distinguishing Points
Chronic Bronchitis	Chronic productive cough for $\geq$ 3 months in 2 consecutive years, usually with biomass exposure	Persistent sputum production, coarse crackles, history of smoking and biomass exposure.
Bronchiectasis	Chronic cough with large volumes of purulent sputum, recurrent infections	Clubbing, CT shows dilated bronchi with “tram tracking” or signet ring appearance.
Asthma	Intermittent cough and wheezing, reversible airflow obstruction	Symptoms vary, improve with bronchodilators, night-time worsening.
Tuberculosis	Chronic cough, weight loss, fever, haemoptysis.	Positive sputum AFB, Chest X ray with cavitations or infiltrates.
GERD associated Cough	Dry Coughing, worse at night or post meals, hoarseness, throat irritation	Improved with PPIs and life style changes

Table no-02- Investigations (Complete blood count)

Date	Eosinophil count	Absolute Eosinophil count
05/02/2025	11.5 %	649.75/ul

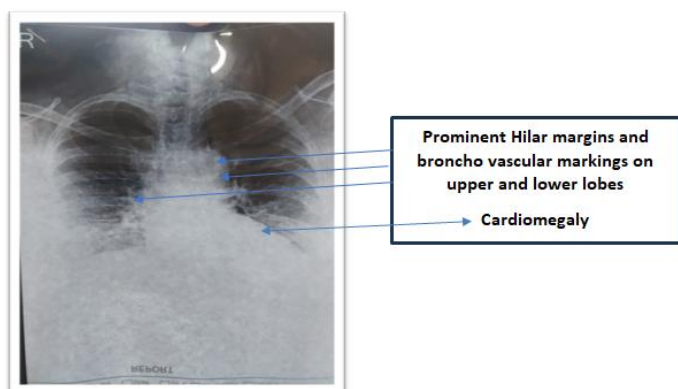


Image no-01- X-Ray – Chest (PA view)

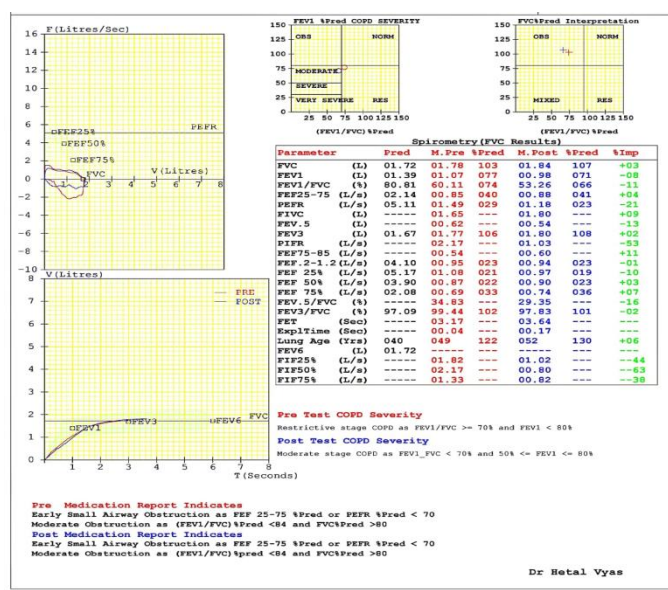


Image no-02 (Spirometry – Pre & Post Bronchodilator dated – 04/02/2025)

Table No-03 (Spirometry-Pre, Post & % Pred values)

Parameter	M.Pre	% Pred	M.Post	% Pred
FVC	01.78	103%	01.84	107%
FEV1	01.07	77%	00.98	71%
FEV1/FVC	60.11	74%	53.26	66%
PEFR	01.49	29%	01.18	23%

Samprapti Ghataka:

Dosha – Kapha +++ Vataubandhi +

Dushya – Rasa

Agni- Jatharagni mandya/ Rasadhatwagni mandya

Ama- Jatharagni Mandya Janya

Udbhavsthana- Amashaya

Sanchar sthana- Rasayani

Adhishtana- Urah Pradesh (Chest region)

Srotasa- Pranavaha, Rasavaha

Dustiprakara- Sanga, Vimarga Gamana

Vyadhi marga- Abhyantara

Final diagnosis: *Jeerna Kaphaja Kasa* (Chronic Bronchitis)

(Productive cough $\geq$ 3 months/year for $\geq$ 2 years)

Treatment Timeline & Therapeutic intervention:

Urah-Pristha Abhyanga: After evaluating the patient's condition *Urah Pristha Abhyanga* with (*Karpooradi taila*) *Evum Naadi swedana* was given for first 3 days.

Shamana Chikitsa: After that *Shamana chikitsa* was given for 17 days. *Dashamoola Kwatha* was administered with the *praskhepa* of *Pippali* (3gm) and *Abhraka Bhasma* (250mg) two times a day before food. *Rasamanikya* (65mg) was prescribed along with *Ghritha Bhrist Haridra* (3gm) two times a day after meal with luke warm water for 17 days.

Monitoring & Safety: Biochemistry safety panel (LRT, RFT) was done before and after the treatment and found with in normal limits, no any adverse effect was noted during and after the treatment.

Dhumpana (Herbal Fumigation): Along with *Shaman Chikitsa Vardhmana Prayogika Dhumpana* was given for 10 days starting from 4 puffs each nostril (day 1) to 12 puffs each nostril (day 5) again reduced to 4 puffs. During hospitalization, the patient received treatment for total 20 days.

Adherence:

Patient adherence to treatment was ensured by regular follow-up, counselling and monitoring of prescribed regimen. Efforts were made to improve adherence by **mentioning supportive measures e.g counseling, reminders, education about treatment benefits and family involvement.**

Table No-04: (Puff Technique & Session Duration)

Day	Timing (Morning)	Total Puffs
1 (15/02/25)	2 puffs in each nostril	4 puffs
2(16/02/25)	3 puffs in each nostril	6 puffs
3(17/02/25)	4 puffs in each nostril	8 puffs
4(18/02/25)	5 puffs in each nostril	10 puffs
5(19/02/25)	6 puffs in each nostril	12 puffs
6(20/02/25)	6 puffs in each nostril	12 puffs
7(21/02/25)	5 puffs in each nostril	10 puffs

8(22/02/25)	4 puffs in each nostril	8 puffs
9(23/02/25)	3 puffs in each nostril	6 puffs
10(24/02/25)	2 puffs in each nostril	4 puffs

Procedure for *Dhumpana*:

1. Person should sit in a comfortable posture and breath normally.
2. Place the *Dhumvarti* in *Dhumnetra* and ignite it.
3. Then the person should inhale the smoke come out from the *Dhumavarti* through one nostril.
4. Exhale the same through mouth.
5. From day 1 two puffs were given in each nostril, increasing one puff per day each nostril according to the tolerability.

Safety Precautions & Monitoring:

Table No-05 (AE Monitoring Plan)

Clinical Sign	Method of Monitoring
Coughing or sneezing	Direct visual observation and counting episodes
Changes in Voice quality (Throat irritation)	Observe for hoarseness or throat clearing
Nasal mucosal changes (Nasal irritation)	Pre – Post <i>Dhumpana</i> nasal examination using torch
Respiratory rate (RR)	Counts breaths per minute
Pulse oximetry (SpO2)	Continuous or intermittent monitoring to detect desaturation
Bronchospasm sign	Wheeze, prolonged expiration (Monitored by stethoscope)

Table no-06: Treatment Timeline

Date	Purpose	Medicine & Dose	Frequency & Route	Duration
05/02/2025 to 07/02/2025	<i>Grathita Kapha Vilayana</i> (Mucolytic action)	<i>Urah Pristha Abhyanga (Karpooradi Taila)</i> <i>Evum Naadi Swedana</i>	Morning (Externally)	3 days
08/02/2025 to	Anti-inflammatory, Immunomodulator	(1) <i>Dashamoola Kwatha- 40ml + Pippali Churna-3gm (Prakshep) + Abhrak</i>	BF two times Orally	17 days

24/02/2025	Anti-microbial, Antiallergic, Mucolytic Antiallergic (Normalise Eosinophil count) Anti-inflammatory, Alkalizing property, Antioxidant.	<i>Bhasma-250mg (Prakshep)</i> <i>(2) Sitopaladi Churna-3gm + Vasa Churna -1gm + Yastimadhu Churna-500mg + Shatti Churna -1gm + Shuddha Tanka-250mg + Swaskuthar Rasa-125mg</i> <i>(3) Rasamanikya-60mg (Dhootapapeshwar) + Ghritbhrist Haridra-3gm</i> <i>(4) Chandra Prabha Vati</i>	AF two times with Luke warm water Orally AF two times with Luke warm water Orally 2 tabs, BD AF, with Luke warm water orally	
15/02/2025 to 24/02/2025	Mucolytic, Expectorant action	<i>Vardhaman Prayogik Dhumpana</i>	Day 1 (4 puffs) each nostril to Day 5 (12 puffs) each nostril then reduced to 4 puffs (Day 10) by inhalation	-

Follow up and outcomes- After treatment coughing along with expectoration decreased, dyspnoea on exertion decreased from (mMRC-2 to 0), Hoarseness of Voice and heaviness in chest resolved completely along with pain in B/L Knee joint from (VAS-04 to 0). In haematological investigation Eosinophil count and Absolute Eosinophil count decreased after treatment

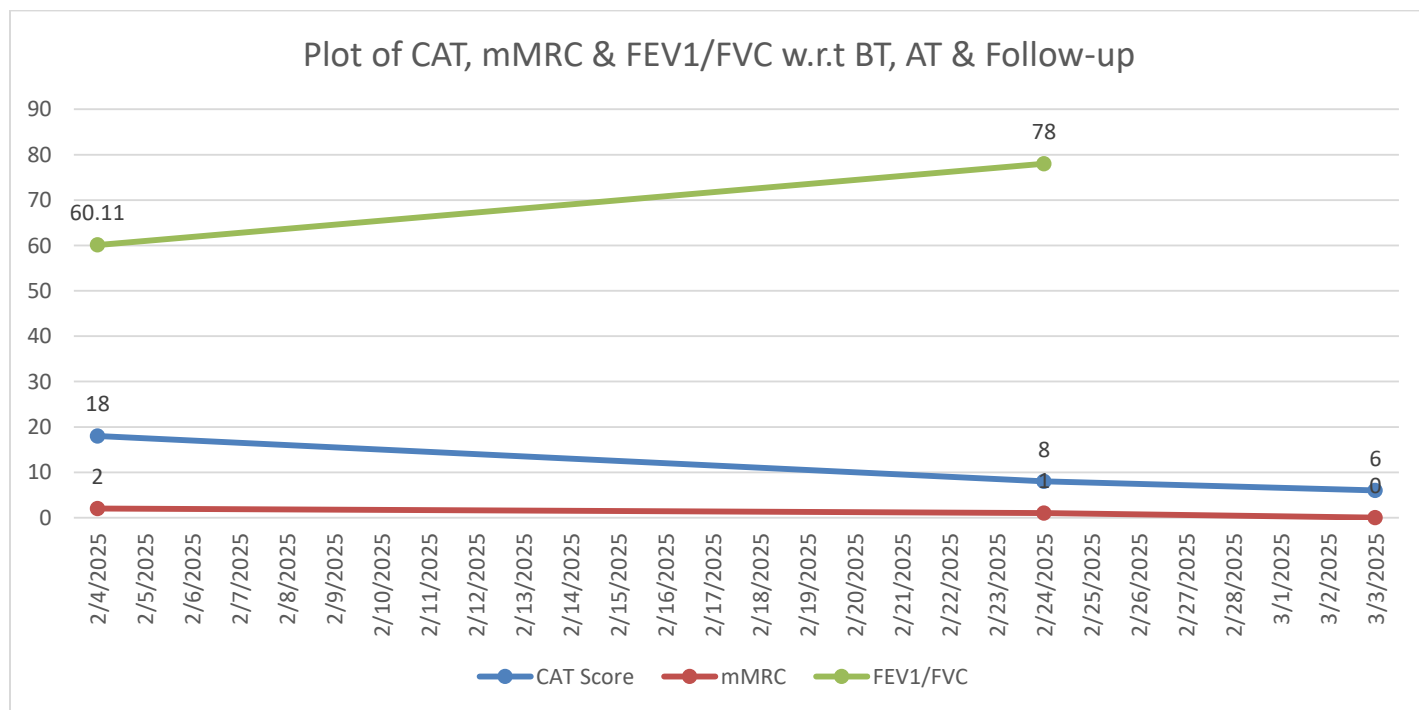
and became normal in follow-up. Chest X-Ray also reported Normal Hilar margins and Broncho-vascular markings along with improvement in ratio of FEV1/FVC in spirometry after treatment. The impact on the quality of life was assessed by using CAT score (BT- 18 AT- 08). [04]

Table no-07: Follow up and Outcomes

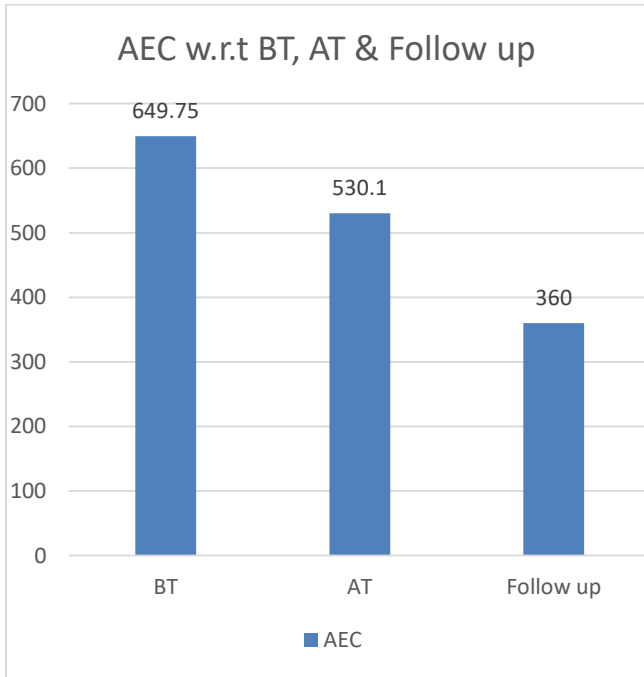
Sr. No.	B. T. (04/02/2025)	A.T. (24/02/2025)	Follow up (03/03/2025)
1	Coughing with whitish expectoration	Moderate Improvement	Moderate Improvement
2	Dyspnoea on Exertion - mMRC(Grade-II)	Dyspnoea on Exertion -mMRC(Grade-I)	No Dyspnoea, mMRC(Grade-0)
3	Hoarseness of Voice	Complete Remission	Complete Remission
4	Heaviness in Chest	Complete Remission	Complete Remission
5	Pain in B/L Knee Joint (VAS-04)	Moderate Improvement (VAS-02)	Complete Remission (VAS-0)
6	Increase Frequency of Urine	Complete Remission	Complete Remission
7.	CAT Score- 18 (Medium Impact)	CAT Score- 08 (Low Impact)	CAT Score- 06 (Low Impact)

Table no-08 (Investigations)

Investigation	Before Treatment (04/02/2025)	After Treatment (24/02/2025)	Follow up (03/03/2025)
Eosinophil count	11.5 %	9.3%	4%
Absolute Eosinophil count	649.75/uL	530.1/uL	360/uL(0.36×10^3 cells/uL)
X- Ray Report	Prominent Hilar margins and broncho-vascular markings at upper and lower lobes, cardiomegaly.	Normal Hilar margins along with Broncho -vascular markings.	-
Chest Auscultation	Inspiratory & Expiratory wheezes at upper & lower lobes, A/E – Reduced B/L	Occasional wheezing sound, A/E- Improved	Wheezing sound absent, A/E – Normal
Spirometry	FVC- 103%, FEV1- 77%, FEV1/FVC- 60.11, PEFr- 29%	FVC-110%, FEV1- 80% FEV1/FVC- 78%, PEFr- 35%	-



Graph No-01 : Plot of CAT, mMRC & FEV1/FVC with time



Graph No- 02 : Plot of AEC with time



BEFORE TREATMENT
(04/02/25)



AFTER TREATMENT
(24/02/25)

3. DISCUSSION:

Conventional treatment of chronic bronchitis mainly focus on symptomatic relief through bronchodilators, corticosteroids, and mucolytics, Ayurvedic management aims to address the root cause by eliminating excessive *Kapha*, improving *Agni* (digestive fire), and restoring the balance of *Doshas* through Herbo mineral formulations and detoxification therapies like *Dhumpana*. *Dashamool kwatha* mix with *Pippali Churna* is effective in *Shwasa*

and *Kasa*. [5] It is helpful to improves appetite, Digestion and *Vata-Kaphahara* also. *Abharak Bhasma* is an excellent cellular regenerator and a nervine tonic and used in chronic disorders of Respiratory system. [6] *Rasamanikya* is a described in *Rasendra Chintamani* as “*Rasam Manikya Prabham*”. It is used to treat *Vata kapha* disorders like *Shwasa*, *kasa* and *kushtha*. [7] It helps in bronchitis, reduce expectoration, bronchial inflammation and improves breathing. *Haridra* has *lekhaniya* property, mainly works on *kapha* and *Rasa*. It has anti allergic property that bring back eosinophils to normal. *Sitopaladi Churna* having *Vanshlochan*, *Pippali*, *Ela*, *Twak* and *Sharkara* which are helpful to improve appetite, removing vitiated *kapha* from the *Srotasa* and increase immunity. It is mentioned in *kasa*, *Shwasa* and *kaphaj Roga*. [8] Ingredients of *Swaskuthar Rasa* are *Gandhak*, *Parad*, *Vatsnabha*, *Manahshila*, *Tankan* and *Trikatu churna*. It is having *Vata-kaphahar*, Anti-infective and *Swashar-Swarbhedhar* properties. [9] *Acharya Charaka* has mentioned Massage along with fomentation on chest region in *Hikka Shwasa Chikitsa*. It helps in liquifying vitiated *kapha* and relieve the obstruction from *Pranvaha Srotas* and improvement in breathing. Ingredients of *Prayogika Dhumpana* are *Eladi Gana*. [10] (*Agaru*, *Musta*, *Sugandhi Ela*, *Rala*, *Guggulu*, *Twak*, *Lodhra*, *Yashtimadhu*, *Ushira*, *Bharangi*, *Pushkarmool*) which are mentioned in *Shwasa*, *Kasa*, *Swarbheda* and *Vata-Kaphaj Roga*. [11] *Dhumapana* procedure helps in removing *Kapha Dosha* from the head and upper clavicular parts and stands as an effective method for addressing imbalance of *Kapha dosha*. It was given in increasing dose according to the

tolerance of the patient, hence also known as *Shaman Dhumapana*.

Limitations: Since it is a single case study with short follow-up and due to the lack of generalizability further more controlled studies/prospective series are required to draw a particular conclusion.

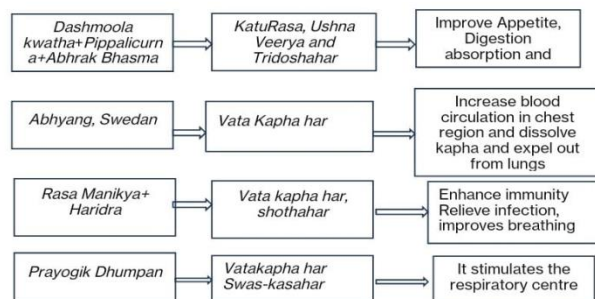


Image No: – 05 (Mode of Action)

Conclusion: A 2 years old chronic case of *Jeerna Kaphaja Kasa* (Chronic Bronchitis) managed effectively through Ayurvedic treatment for a period of 20 days through a carefully planned treatment protocol of *Abhyanga Swedana*, *Dhumpana* along with *Shamana*. The patient experienced marked reduction in coughing with expectoration, dyspnoea on exertion along with improvement in chest x- ray and spirometry. Complete relief was found in Hoarseness of Voice and heaviness in chest. After first follow up eosinophils & absolute eosinophil count became normal. This approach highlights Ayurveda's potential to manage chronic respiratory disorders by addressing root causes and restoring lung function, also prevent further disease progression.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The

patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective –

"I tried several allopathic treatments after getting the disease, but I wasn't satisfied with the outcome. Then I decided to start a customized Ayurveda regimen, and after beginning the medications, I started to feel better. I'm very appreciative of my health's steady improvement without side effects."

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Reviewing & Editing: Dr. HDV

Approval of final manuscript: All authors

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