

Clinical Response to Maghadadyam Churna in Tamaka Shwasa w.s.r. Bronchial Asthma: A Case Report Embedded in a Randomized Controlled Clinical Study

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Abstract: Background: Tamaka Shwasa is described in Ayurveda as a disorder involving Pranavaha Srotas, with Vata and Kapha predominance. Its clinical features may overlap with bronchial asthma. This report describes the recorded response of one participant treated with Maghadadyam Churna in the trial arm of a parent randomized open controlled clinical study.

Case presentation: A 45-year-old woman in Group A received Maghadadyam Churna, 3 g twice daily after meals with Madhu, for 30 days. The parent study assessed Shwas (difficulty in breathing), Ghurghurakam (wheeze), Vega (respiratory rate), Kasa (cough), Nidra (sleep disturbance), and spirometry using predefined grades.

Outcome: From baseline to the recorded post-treatment assessment, Shwas changed from grade 2 to 0; Ghurghurakam, 2 to 1; Vega, 2 to 0; Kasa, 1 to 0; Nidra, 3 to 0; and spirometry, 1 to 0. The dissertation records an overall improvement of 91.67%. Numerical FEV1 values and a detailed patient-specific clinical history were not available in the source article.

Conclusion: The recorded grades indicate improvement in the measured symptoms and spirometric category in this individual. A single case cannot establish causality or efficacy. The observation should be interpreted in the context of the parent study, concomitant asthma treatment, and the limitations of the available case-level data.

Keywords: Tamaka Shwasa; bronchial asthma; Maghadadyam Churna; case report; Ayurveda; spirometry.

I. INTRODUCTION

Tamaka Shwasa is one of the five types of Shwasa described in classical Ayurvedic literature. The dissertation frames its pathogenesis around Vata-Kapha involvement and Kapha Avarana affecting the normal movement of Prana Vata in Pranavaha Srotas. Shwasakrichhrata, Ghurghurakam and Kasa are among the clinical features considered in the assessment.

Bronchial asthma is a heterogeneous respiratory condition characterized by variable respiratory symptoms and variable expiratory airflow limitation. Objective lung-function assessment, including spirometry where appropriate, contributes to clinical evaluation. Ayurvedic concepts and modern clinical measures describe different explanatory frameworks and should not be treated as interchangeable.



Maghadadyam Churna is cited in the dissertation under Hikka-Shwasa Rogadhikara and the study formulation comprised Pippali, Haritaki, Amalaki and Bibhitaki. This report presents one participant's recorded outcome from the Maghadadyam Churna arm.

II. AIM AND OBJECTIVES

Aim: To document the clinical response recorded in one participant with Tamaka Shwasa w.s.r. bronchial asthma who received Maghadadyam Churna in the parent clinical study.

Primary objective: To describe the change between baseline and post-treatment grades for Shwas, Ghurghurakam, Vega, Kasa, Nidra and spirometry in the selected participant.

Secondary objectives: 1. To present the intervention and follow-up schedule used in the parent study. 2. To interpret the recorded changes cautiously through Ayurvedic and contemporary clinical frameworks.

III. RESEARCH QUESTION AND HYPOTHESIS

Parent-study research question: In patients with Tamaka Shwasa, does Maghadadyam Churna 3 g twice daily after meals with Madhu for 30 days differ in effect from Talisadi Churna 3 g taken with lukewarm water, as specified in the dissertation protocol?

Parent-study hypotheses:

H0: Maghadadyam Churna is not significantly effective in Tamaka Shwasa w.s.r. bronchial asthma.

H1: Maghadadyam Churna is significantly effective in Tamaka Shwasa w.s.r. bronchial asthma, as stated in the dissertation.

Interpretive note: These are the hypotheses of the parent comparative clinical study, not hypotheses tested by this single case report. An individual case has no control observation and cannot test statistical significance or establish comparative efficacy.

IV. STUDY DESIGN, POPULATION AND SAMPLE SIZE

Study design and setting: The parent investigation was described as an open randomized controlled clinical study conducted over 18 months among patients attending the OPD/IPD of the Kayachikitsa department and through screening/health-check camps associated with the institute.

Study population: Patients diagnosed with Tamaka Shwasa according to the study's Ayurvedic clinical framework and meeting the protocol criteria.

Sample size: The dissertation calculated 45 participants per arm using $n = Z^2 p(1-p)/e^2$, with $Z = 1.96$, prevalence $p = 0.03$ and margin of error $e = 0.05$. The planned/selected total was 90 participants: Group A (Maghadadyam Churna), 45; Group B (Talisadi Churna), 45. The present report describes one woman from Group A; the sample size of 90 belongs to the parent study, not to this case report.

Selection method: The dissertation reports simple random selection/allocation of 90 eligible participants and division into two equal groups.

V. SELECTION CRITERIA OF THE PARENT STUDY

Inclusion criteria: 1. Any gender, aged 18–60 years. 2. Diagnosis of Tamaka Shwasa based on classical symptoms including Shwas, Ghurghurakam and Vega. 3. FEV1 less than 80% of predicted. 4. Known cases of bronchial asthma currently receiving allopathic medication.

Exclusion criteria: 1. Major illness or known history of tuberculosis, ischaemic heart disease, congestive cardiac failure, hypertension, diabetes mellitus, HIV, COVID-19, asbestosis or silicosis. 2. Severe asthma in Avega Avastha, as worded in the dissertation.

Withdrawal criteria: The dissertation lists participant-requested discontinuation, adverse effect/adverse drug reaction, failure to attend follow-up, or irregularity in treatment as withdrawal criteria.



VI. CASE PRESENTATION

Case eligibility: The selected participant was reported as a 45-year-old woman in Group A. Her baseline spirometry grade was 1, corresponding to FEV₁ 50–80% of predicted under the dissertation's grading system, and therefore met the stated FEV₁ threshold. Other individual eligibility details should be verified against the original case record before journal submission.

The patient belonged to Group A and received Maghadadyam Churna 3 g with Madhu along with Pathya-Apathya for 30 days. Serial assessments were documented on Day 0, Day 10, Day 20 and Day 30.

Intervention

Based on the recorded clinical features and the diagnostic framework of the parent study, the patient was diagnosed with Tamaka Shwasa w.s.r. bronchial asthma.

Clinical Diagnosis

Srotas Pariksha and Nidana Panchaka

On Srotas Pariksha, Pranavaha and Udakavaha Srotas were assessed. The documented Nidana included Shita Padartha Sevana and relevant Vihara factors. The recorded Poorvarupa included Pinasa and respiratory tract symptoms, while Rupa included Shwasa and increased respiratory rate. Bheda was not specifically determined, and the patient was recorded in Avega Avastha.

Ayurvedic Examination

Ayurvedic examination revealed Vata-Kapha Prakriti. Ashtavidha Pariksha showed Mala and Mutra Prakrita, Jihva Nirama, Shabda Spashta, Sparsha Prakrita, Druk Prakrita and Madhyama Akriti.

Systemic Examination

Respiratory examination revealed bilateral wheeze. Cardiovascular examination documented S1 and S2 present. The patient was conscious and oriented, and abdominal examination was recorded as soft/non-tender.

General Examination

On examination, the pulse rate was 76/min, blood pressure 110/70 mmHg, respiratory rate 21/min and SpO₂ 99% on room air. The recorded FEV₁ was 80%.

Personal History

The patient was a homemaker. The CRF documents relevant Vihara-related factors including Alpa-vyayama and consumption/exposure to Shita Padartha.

Past and Family History

The patient was a known case of bronchial asthma for approximately 3 years. Family history was non-contributory.

History of Present Illness

A 45-year-old married female homemaker, weighing 51 kg and residing in Amrutnagar, was a known case of bronchial asthma for approximately 3 years. She presented with Shwasa (difficulty in breathing), Ghurghurakam (wheezing), increased respiratory rate, respiratory tract symptoms and Pinasa for approximately 7 days. Family history was non-contributory.

VII. OUTCOME MEASURES AND RESULTS

The case article reports the following baseline (BT) and after-treatment (AT) grades. Grade 0 indicates absence of the symptom for the subjective measures, while spirometry grade 0 corresponds to FEV₁ >80% predicted under the dissertation's grading system.

Table 1. Recorded outcome grades

Parameter	Baseline grade	Post-treatment grade	Recorded change
Shwas (difficulty in breathing)	2	0	Improved to grade 0
Ghurghurakam (wheeze)	2	1	Improved; residual grade-1 wheeze
Vega (respiratory rate)	2	0	Improved to grade 0
Kasa (cough)	1	0	Improved to grade 0



Nidra (sleep disturbance)	3	0	Improved to grade 0
Spirometry (FEV1 % predicted grade)	1	0	50–80% to >80% predicted category
Overall improvement	—	—	91.67% as recorded in dissertation/article

Results narrative: Improvement was recorded in all six assessment parameters. Five parameters reached grade 0; Ghurghurakam improved from grade 2 to grade 1. The reported overall improvement was 91.67%, classified as marked improvement under the parent study's overall response categories (75–100%).

Parent-study context: Among the 45 participants in Group A, the dissertation reports 12 (26.67%) with 75–100% improvement, 26 (57.78%) with 50–75% improvement and 7 (15.56%) with 25–50% improvement. These group-level data provide context only and do not establish why this individual improved.

VIII. DISCUSSION

In this patient, the clinical presentation of Shwasa, Ghurghurakam, increased respiratory rate and Pinasa, along with Vata-Kapha Prakriti and involvement of Pranavaha Srotas, is consistent with the Vata-Kapha predominant pathogenesis described in Tamaka Shwasa. The recorded history of Shita Padartha Sevana may also have contributed to Kapha aggravation.

Maghadadyam Churna, comprising Pippali, Haritaki, Amalaki and Bibhitaki, is described in the context of Hikka-Shwasa Chikitsa. Its traditional therapeutic properties include Kaphahara, Deepana, Pachana, Vatanulomana and Shwasahara actions.

In this patient, these properties could theoretically have contributed to reduction of the Kapha component and improvement in the functional movement of Vata in the Pranavaha Srotas. The Kaphahara action may have contributed to reduction in symptoms such as Ghurghurakam and Shwasa, while Vatanulomana and Shwasahara actions may have supported improvement in breathing difficulty. The Deepana-Pachana properties may additionally have supported correction of impaired Agni and reduction of Kapha-related pathological factors. The progressive improvement observed in Shwasa, Ghurghurakam, Vega and Kasa, together with improvement in the recorded spirometric category, is compatible with this Ayurvedic therapeutic interpretation

IX. CONCLUSION

The assessment grades improved after receiving Maghadadyam Churna 3 g twice daily after meals with Madhu for 30 days. The reported overall improvement was 91.67%, with improvement in all six assessed parameters and residual grade-I wheeze. This finding is hypothesis-generating only. It does not establish efficacy, safety, or a specific mechanism of action and should be interpreted alongside usual evidence-based asthma care.

X. DECLARATIONS TO COMPLETE BEFORE SUBMISSION

Ethics approval: The study was approved by the Institutional Ethical committee of Yashwant Ayurvedic College, Kodoli prior to commencement, and written informed consent was obtained from all participants.

Funding: No external funding was received for this review.

Conflicts of interest: The author declares no conflict of interest

Data availability: Patient-level data are not reproduced here; any availability statement must follow institutional permissions and participant consent.

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