

Case Report

Role of ardraka arkayoga in the management of bronchial asthma: a case report

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ABSTRACT

Bronchial asthma is a chronic disease of the air passages characterized by inflammation and narrowing of the airways in which the airflow obstruction varies both spontaneously & with specific treatment. The prevalence of asthma has increased over time worldwide. The patient presented with episodes of cough, wheezing, dyspnea and chest tightness. The patient has consulted in the OPD of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur on 18 October 2025. He was diagnosed as a case of bronchial asthma from the typical clinical features, by physical examination and measuring FEV1. The patient underwent treatment for clearing the obstruction manifested in pranavaha srotas and thereby making vayu in its normal gathi. Ardraka arkayoga containing ardraka arka and madhu, indicated in swasa was administered to the patient for a period of 30 days. Arka kalpana was chosen since it is more palatable and having quick absorption. Assessment was made on 15th and 31st day of treatment. The results showed improvement in grading of cough from 2 to 1, grading of wheezing from 2 to 0, grading of dyspnea from 1 to 0, FEV1 from 76% to 95%, FVC from 81% to 95% and PEF from 73.86% to 88%. This case of Tamaka swasa is effectively managed with the help of arka kalpana even though it is mentioned as a krichra sadhya vyadhi.

Keywords: Bronchial asthma, Tamaka swasa, Ayurveda, Ardraka arka

INTRODUCTION

Bronchial asthma is a long-standing inflammatory disorder of the airways characterized by bronchial hyperresponsiveness and varying levels of airway obstruction. Atopy is considered as the most important risk factor which is characterized by genetic tendency to produce IgE antibodies in response to environmental triggers.¹ People of all ages, including children and adults, are susceptible to asthma, a common chronic non-communicable disease. It was anticipated that it affected about 280 million people globally in 2022 and caused about 500,000 fatalities. With 12.9% of all asthma cases and 42.4% of all asthma-related fatalities worldwide, India bears a large portion of this burden.²

Coughing, wheezing, and shortness of breath are the standard symptoms of asthma, and they can be frequently exacerbated by a variety of triggers, such as viral infections and allergens. Breathlessness during attack is mainly due to dynamic lung hyperinflation, creating a sensation of difficulty in inhalation. The symptoms may be of acute or gradual onset with varying severity characteristically show a recurrent paroxysmal pattern often improving spontaneously or by the use of bronchodilators.³

In Ayurveda, features of bronchial asthma are similar to the symptoms of Tamaka Swasa which is one among the 5 varieties of swasa. Obstruction of pranavayu by the aggravated kapha is the underlying pathology. Along with other symptoms including disorientation (moha), appetite loss (aruchi), and nasal congestion (peenasa), the

main symptoms are coughing (kasa), wheezing sounds (gurgurata), and breathing difficulties (swasa krichrata). The srotases involved in the pathophysiology are pranavaha, udakavaha, and annavaha srotas, Tamaka Swasa is seen to be a condition that can be treated but not entirely cured.⁴ The management of swasa consists of sodhana, samana, nidana parivarjanam and finally adravya chikitsa. For Tamaka swasa, virechana is the most beneficial therapy. Since swasa has its origin in amasaya which is a pithasthana, virechana can be done with vata and kaphahara drugs.⁵ Arkaprakasha offers a new dosage form called Arka Kalpana in addition to the traditional formulations. In the present case study, ardakra arkayoga mentioned in arkaprakasa specifically for swasa is given as internal administration.⁶

CASE REPORT

A 46 years old male patient with the following complaints consulted in the OPD of our hospital on 18 October 2025.

Primary concerns and symptoms of the patient were difficulty in breathing associated with whistling sound during respiration and cough which was productive in nature.

Case history

46 year old male patient who is an electrical technician by profession working abroad since the last 7 years developed difficulty in breathing associated with coughing and wheezing since 4 years. The symptoms developed gradually as dyspnea during night and in early morning hours. He had taken allopathic medications for a duration of 1 week which provided complete relief. As part of his job, he was continuously exposed to air-conditioned atmosphere in the working place as well as dry and dusty atmosphere outside. Gradually the symptoms recurred after 4 months associated with a feeling of tightness of chest. He felt difficulty in breathing during sleeping in lying position which subsides on changing to sitting posture. He also noted excessive sputum expectoration associated with retching while brushing the teeth in the morning. As the symptoms affected his quality of life, he used to take medications on and off. The symptoms usually lasted for about 3-5 days without treatment. Difficulty in breathing and cough aggravated on exposure to dust and cold including cold food items & cold atmosphere. As the patient wanted to avoid the continuous use of corticosteroids, he consulted in the Kayachikitsa OPD of Vaidyaratnam Ayurveda College Hospital on 18 October 2025.

Personal history

Patient is having a mixed diet. He is used to have oily foods and milk products. Appetite is reduced and the bowel is constipated. micturition was regular. Sleep was disturbed due to increased symptoms in the lying posture.

Occasional day sleep was present depending on the work shift. Patient is allergic to dust, cold and pollen.

Medical, family and psychosocial history

Patient has been taking allopathic medications whenever the symptoms aggravate since the last 4 years. Family history of Bronchial asthma is absent.

Relevant past interventions with outcome

The patient took corticosteroids and bronchodilators during acute flare ups which helped in relieving the symptoms.

Systemic examination

Examination of the respiratory system

The patient was moderately built with a height of 174 cm, and a weight of 84 kg, BMI 28.08 kg/m². Appearance is neat and tidy. The patient was cooperative in behaviour. On inspection respiratory rate was 19/ min, pallor was absent and there was no evidence of use of accessory respiratory muscles. Chest shape was normal with absence of prominent veins. On palpation, trachea was centrally placed. There was no tenderness over chest. Resonant note heard bilaterally. On auscultation wheezes were present bilaterally (Left side>Right side).

Nidana

Aharaja nidana included intake of curd, oily foods, sweets and fried items, carbonated drinks while viharaja nidanas included exposure to cold and dusty environment, diva swapnam, rathri jagaranam and the manasika nidanas included excessive thinking.

Poorvaroop

The early symptoms include Parshwapeeda, malasangha, and anaha.

Roopa

The clinical features manifested include kasa, ghurgurakam, discomfort in lying position, relief after spitting out the sputum, krichrath swasithi.

Samprapthi

Due to the above nidanas Pratiloma gati of vata in pranavaha srothas- udeerana of kapha- obstruction in the pranavaha srothas- Tamaka swasa

Diagnostic assessments

This case was diagnosed as a case of Bronchial asthma based on the presenting complaints- cough, wheezing,

dyspnea, and chest tightness which are the classical features of Bronchial asthma. The patient comes under the mild persistent category of asthma severity according to the Global Initiative for Asthma criteria.⁷ Also, spirometric analysis was done to assess the pulmonary function.

Investigations

Investigations included pulmonary function tests like FEV1- 76%, FVC- 81% and PEFR- 73.86%.

Assessment criteria

Assessments were done on 0th, 15th and 31st day of treatment.

Table 1: Grading of cough.⁸

Grades	Symptoms
Grade 0	No cough at all
Grade 1	Occasionally
Grade 2	Mild isolated cough without additional symptoms
Grade 3	Moderate paroxysmal cough without additional symptoms
Grade 4	Severe strenuous cough accompanied by chest discomfort

Table 2: Grading of Wheezing.⁹

Grades	Symptoms
Grade 0	Never have wheezing
Grade 1	Occasionally have wheezing
Grade 2	Little wheezing in the chest either all day or all night
Grade 3	Wheezing all through day and night

Table 3: Grading of dyspnea.¹⁰

Grades	Symptoms
Grade 0	Not troubled by breathlessness except with strenuous exercise
Grade 1	Troubled by shortness of breath when hurrying on the level or walking up a slight hill
Grade 2	Walks slower than the people of the same age on the level because of breathlessness or has to stop for breath when walking at their own pace on the level
Grade 3	Stops for breath after walking about 100 yards (90 m) or after a few minutes on the level
Grade 4	Too breathless to leave the house or breathless when dressing or undressing

Pulmonary function tests

Pulmonary function tests included forced expiratory volume in 1 second (FEV1), forced vital capacity (FVC), peak expiratory flow rate (PEFR).

Table 4: Ayurvedic diagnostic assessment- Dasavidha pareeksha.

Dasavidha pareeksha	Type
Prakrithi	Vata kapha
Vikrithi	Vata kapha
Sara	Madhyamam
Samhanana	madhyamam
Satwa	Madhyamam
Satmya	Madhura Amla rasa satmya
Srotas	Prana, annavaha srotas
Pramana	Madhyamam
Agni	Abhyavaharana Sakthi- Madhyama Jarana Sakthi- Avara
Vyayama Sakthi	Madhyamam
Vaya	Madhyamam
Kalam	Kshanadi- Hemantha Vyadhyavastha- Puranam
Desa	Bhoomi- Anoopasadharana Deha- Ura kanda pradesha

Therapeutic interventions

The treatment is focused on reducing the symptoms and thereby improving the quality of life of the patient. Here Ardraka arkayoga specifically mentioned for swasa is given internally for a period of 30 days for the relief of symptoms.

Table 5: Internal medicine.

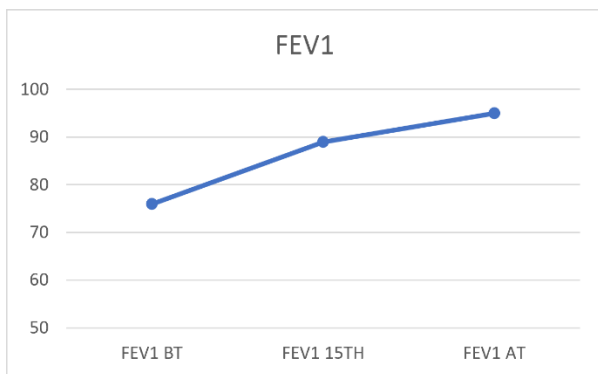
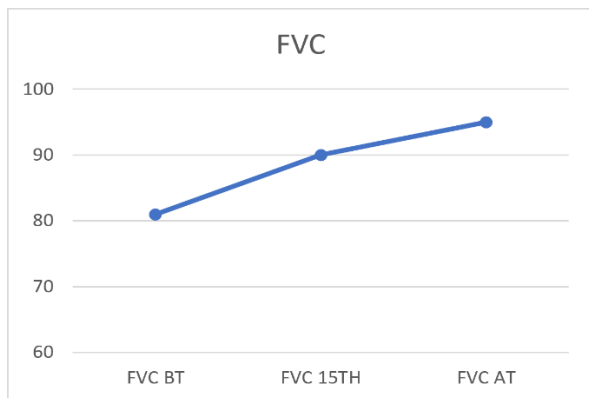
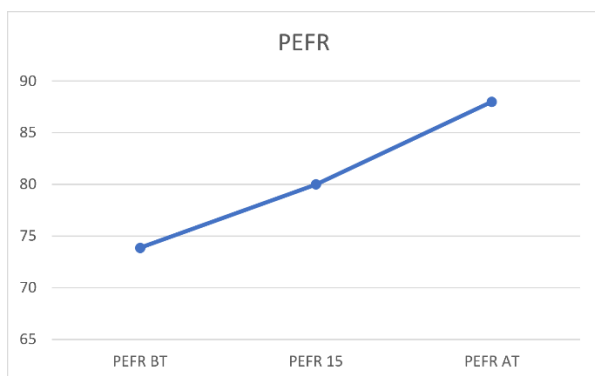
Date	Medicine	Dose
19/10/25-18/11/25	Ardraka arka with honey	20 ml with 5 ml honey thrice daily half an hour after food

Table 6: Pulmonary function tests.

Parameters (%)	Before treatment (18 October 2025)	15 days (2 November 2025)	After treatment (18 November 2025)
FEV1	76	89	95
FVC	81	90	95
PEFR	73.86	80	88
FEV1	76	89	95

Table 7: Subjective parameters.

Grades	Before treatment	15 days	After treatment
Grading of cough	2	1	1
Grading of wheezing	2	1	0
Grading of dyspnea	1	1	0
Grading of cough	2	1	1

**Figure 1: Improvement in FEV1.****Figure 2: Improvement in FVC.****Figure 3: Improvement in PEFR.**

DISCUSSION

In this study of bronchial asthma, the patient presented with cough, wheezing, difficulty in breathing and chest tightness. There was a temporary relief of symptoms after spitting out the sputum. Since there was viloma gathi of vata dosha due to the obstruction by kapha, the treatment was focused on removing this avarodha created by kapha which is followed by achieving the anulomana of vata dosha.

Here, a single ayurvedic formulation known as Ardraka arkayoga which is mentioned in Arka Prakasa by Lankapathi Ravana is utilized for the management of Tamaka swasa. This yoga consists of the arka (aqueous distillation) of the drug ardraka (*Zingiber officinale*) along with madhu (honey) as anupana. Ardraka is having katu rasa, ushna virya, teekshna ruksha guna and madhura vipaka. In addition to that it is having deepana, bhedana and vata kapha samana properties. The active components of ginger like gingerol, gingerol, and shogaol, relax the airway smooth muscles and also helps in attenuating the airway hyper responsiveness.^{6,8,11} Previous studies have shown that ginger is also having anti-inflammatory property due to the presence of compounds like gingerol and camphene.¹² Madhu is having kashaya madhura rasa, chedana, swasahara and kaphahara properties. Together they help in elimination of the obstructed kapha from the pranavaha srotas and thereby attaining anuloma gathi of vata.

CONCLUSION

The present case of Bronchial asthma in a male patient of 46 years was managed with a single formulation mentioned in Arka Prakasa known as ardraka arkayoga. The yoga is specifically indicated in swasa roga. After 30 days of treatment, significant improvement was observed in the grading of cough, wheezing and dyspnea. Consistent improvement was noted in the pulmonary function tests including the spirometric parameters- FEV1, FVC, and PEFR. Since the disease is characterised by periodic relapses on exposure to allergens, the patient was advised to follow a proper dietary pattern. As this study was conducted in a single patient, the findings can't be generalised to wider population. The treatment response may vary among individuals with different prakrithi, severity and duration of the illness.

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