



Case Report

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A Case Study of Eosinophilia in Bronchial Asthma Through Siddha Medicine

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ABSTRACT

Bronchial Asthma is a chronic inflammatory condition in lung airways resulting in episodic airflow obstruction ^[1]. Swasa Kasam mentioned in siddha literatures which is equated to Bronchial Asthma with the symptoms of breathlessness, cough with or without expectoration, tightness of chest, wheezing, elevated eosinophil count. Eosinophilia is generally observed in patients with a range of 500 to 2000 eosinophilia/ μ l in blood. Sai prasath et al ^[2], uses ayurveda medicines in the treatment of eosinophilia in bronchial asthma and the author observed the anti-eosinophilic effect of the ayurvedic medicines. In this paper the author uses Siddha medicines (a traditional medicine system) to cure eosinophilia in Bronchial Asthma. This case study may be useful for clinicians practicing siddha system of medicine.

Keywords: Bronchial Asthma, Eosinophilia, Iraippu noi, Siddha Medicine, Swasa Kasam.

INTRODUCTION

Bronchial asthma is characterized by chronic airway inflammation and increased airway responsiveness resulting in the symptoms of wheeze, cough, chest tightness and dyspnea. Originally Asthma was thought to be the result of bronchial spasm, but now it is recognized as a primarily it is an inflammatory disorder with bronchospasm secondary to underlying inflammation. It is one of the most common chronic diseases globally and currently affects 300 million people worldwide. Eosinophils produces various inflammatory mediators responsible for inflammation in bronchioles, broncho constriction and vasopermeability which leads to bronchospasm. Eosinophilia is normally observed in patients with bronchial asthma with a range of 500 to 2000 eosinophilia / μ l in blood. Swasa Kasam mentioned in siddha literatures which is equated to bronchial asthma with the symptoms of breathlessness, cough with or without expectoration, tightness of chest, wheezing, elevated eosinophil count and decreased pulmonary functions are the cardinal features observed in bronchial asthma. Safer herbal medicine with anti-eosinophilic effect is required to reduce eosinophilia count in peripheral blood. *Thalisathi chooranam, Palagarai parpam and Sivanar Amirtham* has anti eosinophilic effect in asthma patients.

CASE REPORT

A 65 yrs., male patient presented with the symptoms of difficulty in breathing, sneezing, cough for 5 years. His personal history revealed that he is a supervisor in cotton industry for 40 years. He was advised to take a complete blood count for investigation. He came with the report to Chendur Siddha Clinic, Chennai for further consultation and treatment. On examination the inspiration was shallow and expiration was prolonged, chest was found congested, wheezing and crepitation was found. The blood report revealed that increased eosinophil and absolute eosinophil count. He has no history of Diabetes, hypertension or any other skin allergy. He wasn't on any other codominant drugs/ treatment. Systemic examination didn't reveal any significant abnormality. In siddha system of medicine, the investigation is made by Envagaithervu (Eight fold system of clinical assessment) based on that Naa- Pallor, Niram- Pallor, Mozhi- Normal speech, wheeze sound heard on auscultation, Vizhi- Normal, Sparisam- Normal, Malam- Constipation, Moothiram- Normal, Nadi- vatha kaba nadi. With reference to the clinical symptoms, blood investigation the patient was diagnosed with Bronchial asthma with increased eosinophil count in blood.

Treatment

The patient was treated with a combination of Herbo mineral siddha medicine for 12 weeks. Symptoms starts to reduce within 2 weeks. The Medicines used is mentioned in table 1.

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Table 1: Details of siddha treatment provided to the patient

Drug	Dose	Route	Anupanam	Duration
Thalisathi chooranam	5 g Twice a day	Oral	Honey	12 weeks
Palagarai Parpam	100 mg Twice a day	Oral	Honey	12 weeks
Sivanar Amirtham	65 mg	Oral	Honey	1,3,5,7,9 and 11 th (alternate weeks)

Prescribed medicines and their pharmacological action, Usage is mentioned in Table 2.

Table 2: Medicines and their pharmacological actions

Medicines	Pharmacological action
Thalisathi Chooranam	It act as a expectorant, tonic, carminative, stimulant, diuretic, carminative, stomachic [3].
Palagarai param	It acts as an expectorant, alterative, diuretic, anti-diarrheal [4].
Sivanar Amirtham	it act as an anti-inflammatory, anti-arthritic, expectorant, anti-analgesic.

Parameters for assessment

Assessment was made on the basis of following laboratory investigations [2]

1. Eosinophil percentage in differential count E(%)
2. Absolute Eosinophil Count (AEC)

The effect of the drug was assessed for a period of 12 weeks. The parameters for assessment are mentioned in table 3.

Table 3: Parameters: Blood investigation

Parameters	Before Treatment	After treatment
Eosinophil percentage	12%	3%
Absolute eosinophil count	1045 cells/ cu mm	397 cells/ cu mm

RESULTS AND DISCUSSION

Bronchial asthma is now recognized as an anti-inflammatory diseases of the airways associated with inflammatory cell infiltration, epithelial damage and sub epithelial fibrosis. Eosinophil plays an important role in the inflammatory process of the airways which leads to broncho-constriction, mucous secretion and alteration in vasopermiability. The

drugs like *Thalisathi chooranam*, *Sivanar Amirtham*, *Palagarai parpam* be responsible for either decrease in the eosinophil arrest and the release of the inflammatory mediators. The result of the clinical study conforms that the anti-eosinophilic effect of the given medicine. There is a significant reduction in eosinophil percentage and in absolute eosinophil count after 12 weeks of treatment. The eosinophil percentage was reduced from 12% to 3% and the absolute eosinophil count was reduced from 1045 cells/ Cummins to 397 cells / cu mm.

Dr. D.K.Suresh [5] referred *Thalisathi chooranam* as anti allergic, bronchodilator, anti-inflammatory, anti-microbial, immuno modulatory, anti-pyretic activity in experimental animal models and it was found to be safe against symptoms of common respiratory problems. G.S. Letha, et al [4] methioned that *Palagarai parpam* is as anti-Bacterial and anti-histamine activity. The author also recommended that *Sivanar Amirtham* is also anti histamines and anti-inflammatory activity. On the basis of drug action and indication, one can state that the given formulation showed a significant improvement in *Swasa Kaalam* and has a potential role in the treatment of eosinophilia.

CONCLUSION

The patient signs and symptoms, improved significantly after treatment without any complication. This case signifies the application of Siddha treatment on bronchial asthma with eosinophilia is effective. A follow up of large sample study will be important to assess the efficacy of given siddha treatment protocol [6].

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