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A Case Study to Evaluate the Potential of *Nasya Karma* and Ayurvedic Formulations against Post Covid Chronic Bronchitis.

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ABSTRACT:

Background- SARS-COV-2, β type corona virus affects nearly all world population after appearing in Wuhan in Nov. 2019. In Covid-19 related bronchitis there is an issue of excessive sputum production in the airways (*Kaphastheevan*), resulting in coughing (*Kasa*) and chest tightness. This recurrent cough and ongoing chest discomfort affect one's quality of life.

Aim & Objectives- Aim of this study is to create an *Ayurvedic* protocol (*Shodhan Chikitsa -Nasya* therapy and *Shaman Chikitsa – Chitrak Haritaki, Sitopaladi Churna, Tankan Bhasma, Swarnavasant Malti Rasa*) for treatment of post Covid-19 related chronic bronchitis.

Material & Methods- It is a case of 27yrs old female presented with complain of breathlessness, cough especially at night with expectoration. Assessment was done on the basis of symptoms, radiological findings (Chest X-ray PA View) and PFT (FVC & FEV₁).

Result- There was relief in Subjective Parameters such as Cough (*Kasa*), Dyspnoea (*Shwasakashtata*), Chest tightness (*Urashool*), Wheezing (*Ghurghurak*), Sputum and Sleep (*Nidra*). This *Ayurvedic* treatment yielded more improvement in the value of FEV_{1.0}(L), FVC (L), FEV_{1.0}/FVC (%) after treatment.

Discussion- Shodhan (Anu Tail Nasya) and Shaman (Chitrak Haritaki, Sitopaladi Churna, Tankan Bhasma, Svarnvasant Malti Rasa) Chikitsa have mainly Vata-Kaphahara action. This Case study of COVID-19 related Chronic Bronchitis is highly effective in subsiding the all symptoms of Post COVID Chronic Bronchitis and also improving the Pulmonary Function.

Key words- Chitraka Haritaki Avaleha,, Sitopaladi Churna, Chronic bronchitis.

INTRODUCTION

At the beginning of 2020, a new novel SARS-CoV-2 viral

disease with flu or influenza-like symptoms has introduced



a global pandemic causing a mammoth human loss. The epi-centre of the disease is believed to be the Wuhan province of China¹. The zoonotic transmission of the contagious disease quickly transformed its course into a human-to-human trans-mission, resulting in the rapid spread of the disease in a very short period.² On 30 th January 2020, the declaration of a pub-lic health emergency and temporary recommendations by the Director-General of the World Health Organization (WHO) emerged as a global concern on the pandemic issue.^{3,4} At the beginning of 2020, a new novel SARS-CoV-2 viral disease with flu or influenza-like symptoms has introduced a global pandemic causing a mammoth human loss. The epi- centre of the disease is believed to be the Wuhan province of China⁵. The zoonotic transmission of the contagious disease quickly transformed its course into a human-to-human trans- mission, resulting in the rapid spread of the disease in a very

At the beginning of 2020, a new novel SARS-CoV-2 viral disease with flu or influenza-like symptoms has introduced a global pandemic causing a mammoth human loss. The epicenter of the disease is believed to be the Wuhan province of China¹. The zoonotic transmission of the contagious disease quickly transformed its course into a human-to-human transmission, resulting in the rapid spread of the disease in a very short period². On 30th January 2020, the declaration of a public health emergency and temporary recommendations by the Director- General of the World Health Organization (WHO) emerged as a global concern on the pandemic issue³⁻⁴. As updated on 1st November 2021, total no. of infected people across the globe were over 24 crores & more than 50 lakhs (around 2.0%) of the total infected population succumbed to death. Of these 24 crores, 3.42 crores people were infected in India with 4.5 lakhs death reported⁵. Still, there is lack of effective medicine for COVID-19 infection. Covid-19 can cause lung complications such as pneumonia and in the more severe cases ARDS, COPD etc. Corona virus can also cause recurrent airway which may in turn converts into bronchitis enough severe to warrant hospitalization. In Covid-19 related bronchitis there is an issue of excessive sputum production in the airways (Kaphastheevan), resulting in coughing (Kasa) and chest tightness. The sputum also narrows the airway, making breathing more difficult (Shwaskricchta). In bronchitis, patients may experience fever (Jwar) along with increased cough (Kasa), that stays for months after the initial infection. This recurrent cough and ongoing chest discomfort affect one's quality of life. Some compound herbal medicines are used in this treatment according to the *Ayurvedic* text *Charaka* and *Sushruta Samhita*. The active molecules of herbs (*Shodhan-Anu Tail Nasya* and *Shaman- Chitrak Haritaki*, *Sitopaladi Churna, Tankan Bhasma, Svarnvasant Malti Rasa Chikitsa*) used in the treatment of post covid-19 related bronchitis. This case study of Covid-19 related bronchitis will promote further research and helps to make an *Ayurvedic* treatment protocol.

AIM AND OBJECTIVES -

- To study the effect of Shodhan Chikitsa Anu Tail Nasya therapy and Shaman Chikitsa – Chitrak Haritaki & Sitopaladi churna, Tankan Bhasma, Svarnvasant Malti Rasa in the management of Post Covid Chronic Bronchitis.
- 2) To find out an effective *Ayurvedic* Treatment Protocol for Post Covid Bronchitis.

MATERIAL AND METHOD -

Selection and Source of patient for this clinical study, patient of Post Covid Bronchitis was registered from OPD of *Kayachikitsa* department (OPD No. – 20230016838) of Pt. Khushilal Sharma Govt. (Auto.) Ayurveda Hospital Bhopal (M.P.).

Case Presentation –

Present Medical History –

A 27year old female patient by profession PG Scholar reported to the Kayachikitsa Out Patient Department at Pt. K.L.S. Govt. Ayurveda Hospital Bhopal (MP) with chief complaints of recurrent nocturnal productive coughing cough with disturbed sleep and dysponea for atleast 3 times in a year. She was under modern medications Since 1 month. But, patient was not responding to it, and her condition got worsen and then she was consulted to Pt. K.L.S. Govt. hospital. She had no history of cardiac diseases, diabetic mellitus, tuberculosis, veneral diseases, anemia and other major illness.

Past Medical History -

Patient had diagnosed with positive for SARS-CoV-2 infection on 25 January 2022 as showed in Figure 1 and 2 respectively. She self-quarantined on the suspicion of the possibility of a COVID-19 infection and took allopathy medicine (Paracetamol, Levo-Cetrizine, Mineral & Vitamin supplements advised by Modern Physician.

Diagnosis -

In this disease, the diagnosis was first done based on her previous history, signs and symptoms. But the final diagnosis was done by Chest radiographic features and

PFT.

Plan Of Study -

• Patient was not taking allopathic medicines during the study period.

• The drugs *Shodhan Chikitsa – Anu Tail Nasya* therapy and *Shaman Chikitsa -Chitrakharitaki & Sitopaladi Churna, Tankan bhasma, Svarnvasant Malti Rasa* required for were procured and prepared in pharmacy of Pt. K.L.S. Govt. Ayurveda College Bhopal (MP).

Duration Of Study – 30 days **Follow Up** - Every week for 1 month. **Treatment Regimen** – Table no. 1

Parameters Of Assessment

1. Coughing, Dyspnoea, Chest tightness and Wheezing (GINA guidelines)

2. Chest Radiographic Features (Figure:3 & Figure:4).

3. PFT (FEV₁ AND FVC)¹³ (Figure:5 & Figure:6).

Examinations – Table no.2 Vital Data – Table no.3

RESULT

Table no. 4: Subjective Parameters¹⁰ -

Table no. 5: PFT Test Before treatment and After treatment Table no. 6: Objective Parameter $FEV_{1.0}$ (L), FVC (L), $FEV_{1.0}/FVC$ (%)

The effect of Shodhan Chikitsa i.e. Nasya therapy and Shaman Chikitsa which included Chitrakharitaki, Sitopaladi Churna, Tankan Bhasma, Svarnvasant Malti Rasa were observed in the clinical parameters under criteria for assessment. There was relief in Subjective Parameters such as Cough (Kasa), Dyspnoea (Shwasakashtata), Chest tightness (Urashool), Wheezing (Ghurghurak), Sputum and Sleep (Nidra). This Ayurvedic treatment yielded more improvement in the value of FEV_{1.0} (L), FVC (L), FEV_{1.0}/FVC (%) after treatment.

DISCUSSION

Covid-19 is a disease caused by SARS-CoV-2 that triggers respiratory tract infection. It affect upper respiratory tract (sinuses, nose, and throat) and lower respiratory tract (windpipe and lungs). Cough (*Kasa*), Sputum (*Kapha Nishtheevana*), dyspnoea (*Shwasa Krichhata*), are three major cardinal symptoms of chronic bronchitis. In this regard treatment principle should be *Kasahara* (antitussive) and *Vata Shamaka* (Pacifying Vata). There are many references of *Anu Tail*. This Herbal oil reference is found in the oldest of *Ayurvedic* treatises like *Charaka Samhita, Sushruta Samhita, Ashtanga Hrudaya*,

Tail¹⁵ Sahastrayoga. Anu ingredients are Jivanti(Leptadenia Reticulata), Devadaru(Cedrus Deodara), Twak(Cinnamon), Usheera(Vetiveria Zizanioides), Gopi(Ocimum Sanctum), Daruharidra(Berberis Aristate), Madhuka(Glycyrrhiza Glabra), Musta(Cyperus Rotundus), Agaru(Aquilaria Agallocha), Shatavari(Asparagus), Kamala(Lotus), Bilva, Utpala(Nymphaeva Stellata), Brihati(Solanum Indicum), Kantkari(Solanum Xanthocarpum), Shalaparni(Desmodium Gangeticum), Prishniparni(Uraria Picta), Vidanga(Embelia Ribes), Ela(Cardamom), Patra(Cinnamon), Renuka(Vitex Nigundo), Tail Sesame oil), Goat milk. Instead of detailed description of the mode of action of Nasya Karma, Acharya Charaka and Vagbhatta have given some details regarding it. They mentioned that the medicines administrated through Nasya can easily spread into Shira and get absorbed and eliminates the dosha from Urdhva Jatrugata Pradesha. Urdhva Jatrugata abhyanga and Swedana are done before Nasya. These pre procedural measures help in facilitating drug absorption. Due to Sukshama-Vyavayi Guna and special preparatory process, Anutail¹⁴ possess a good spreading capacity through minute channels. Tikta-Katu rasa, Laghu-Tikshna Guna, Ushna Veerya and Katu Vipaka make Srotoshodhaktva. Indrivadridhkaratva, Balya, Preerana and Brimhana properties can increase general and local immunity. Madhura rasa, Sheeta Veerya, Snigdha Guna and Tridoshahara properties will promote the nourishment of Dhatu which ultimately increases the general and local immunity (mucosal health). Sitopaladi Churna is an Ayurvedic preparation used for digestive problems and various respiratory issues. Sitopaladi churna helps balance the Kapha and Pitta doshas. It is made from ingredients like Ela (Cardamom), Twak (Cinnamon), Bamboo (Vanshlochan), Long Pepper (Pippali), and Sugar Candy (Khandasharkara). The various beneficial properties of Sitopaladi Churna may include - anti-inflammatory properties, expectorant (clear mucous from the airways) activity, Immunomodulatory property, Antioxidant, Tonic, Anti-tussive (cough suppressing) potential, potential Detoxifier, Carminative (relieving flatulence) properties, Appetizer, Analgesic (pain relieving) properties, Antipyretic (relieving fever)⁶. Sitopaladi Churna¹² contains Deepana (appetizing) and Pachana (digestive) properties that may help to enhance digestion. It also contains carminative properties that might be helpful in gas accumulation and bloating. Sitopaladi Churna contains Antihistaminic properties and might protect you from allergies⁷. Sitopaladi Churna may be helpful in conditions like fever related to flu, cold, chest congestion, pneumonia, tuberculosis, bronchitis, and other respiratory illnesses. This herbal preparation may help control respiratory infections due to its Anti-inflammatory and Antioxidant properties⁸. Instead of detailed description of the mode of Karma, Acharya Charaka and action of Nasya Tankan Bhasma¹⁶⁻¹⁷⁻¹⁸ (Calcined Borax or Suhaga or Na₂B₄O₇·10H₂O.) is an Ayurvedic calcined formulation prepared from borax powder. In Ayurveda, Tankan Bhasma or calcine borax is used for productive cough, breathing problems, wheezing, bronchitis, abdominal pain, dysmenorrhea, dandruff, bad breath and foul-smelling urine. Tankan Bhasma has following healing properties. Anti-inflammatory, Expectorant _ main action. Carminative, Digestive Stimulant, Diuretic, Emmenagogue, Antispasmodic, Fat Burner, Antimicrobial - this action appears in Urinary Infections.

Table no. 7. *Tankan Bhasma* has expectorant action. It melts the thick mucus and help flushing it out from the lungs, which ultimately relieves productive cough. However, productive cough is actually symptom and it may have several underlying causes. One should also rule out these causes and treatment should be added accordingly. However, *Tankan Bhasma* does not alone work in bronchitis. There is also a requirement of other remedies including *Sitopaladi Churna*. It is used in bronchitis when mucus is thick and harder to expelling it out.

Swarna Malini Vasant Rasa¹¹ is an Ayurvedic medicine, with herbal and mineral ingredients, in tablet form. It is an immunity enhancer and antibiotic medicine used for treatment of chronic fevers, bronchitis, general fatigue, weakness after fever or any wayward disease such as tuberculosis or heart diseases. Its ingredients are Svarna Bhasma, Mukta Bhasma, Darada, Maricha Kharpara, Parada, Gandhaka, Vyosha, Tamra Bhasma, Ayas Bhasma, Kantakari Rasa, Dhatura Rasa, Katuki Rasa. Swarna Malini Vasant Rasa is a drug of choice for debility or weakness occurring after fevers or infections. It helps to restore the body strength and natural homeostasis in the human body. In Ayurveda, it is generally recommended for treating such cases for 2 to 3 weeks along with Sitopaladi Churna.

CONCLUSION

Chitraka Haritaki (Rasayan chikitsa) works well in the preventive as well as curative in both Covid-19 and post covid symptoms. Role of *Anu Tail Nasya* in post covid

symptoms has a special place in treating the *Srotodushti* of various level mainly the *Pranavaha Srotas*. According to a case report *Sitopaladi Churna & Tankan Bhasma* might be helpful in post-covid lung complications due to its affinity towards the respiratory system⁹. *Swarna Malini Vasant Ras* is a drug of choice for debility or weakness occurring after fevers or infections. It helps to restore the body strength and natural homeostasis in the human body. Beside this *Shodhan* and *Shaman Chikitsa* can play an important role to manage Post Covid Bronchitis.

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Table no. 1: Treatment regimen -

S.n	Treatment	Dose	Dosage	Duration	Anupana
0			Form		
1.	Chitraharitaki Avaleha	20 gm BD	Avaleha	30 Days	Lukewarm Water
2.	 Sitopaladi Churna 	3gm BD			
	 Tankan Bhasm 	250mgBD	Churna	30 Days	Madhu
	 Swarnabasant Malti Ras 	125mg BD			
3.	Anu Tail Nasya	2-2 Drops	Anu Tail	07 Days	Lukewarm Oil
					Use

Table no.2: Examinations

General Physical examination	Dashvidh Pariksha	Systemic examination
 Appetite- Poor Bowel- Regular Bladder- Normal Sleep-Disturbed Temperature- Normal Pallor- Absent 	 Prakriti- Vata-Kaphaja Vikriti- Vataja, Kaphaja Sara- Madhyam Samhana- Madhyam Ahara Shakti- Madhyam Abhyarana Shakti- Madhyam Jarana Shakti- Madhyam Vyayam Shakti-Avara Vaya- Yuva Satva-Madhyam Satnya-Madhyam Bala- Avara Ashtavidha Pariksha Nadi-78/min Jivha-Sama Mala-Samanya Shabda-Samyaka Sparsha-Samanya Drik- Samanya Akriti-Madhyam 	 Cardio Vascular System: S₁S₂ Normal, no added sounds. Respiratory System: On auscultation wheezing sound present. Gastrointestinal System: No abnormality detected. Nervous System- Higher function - Normal Motor functions- Normal

VITAL DATA -

Table no.3: Vitals Vitals **Before Treatment After Treatment** PEFR 85 Liter/min 260 Liter/min BHT 15 second 32 second B.P. 120/70 mmHg 110/70 mmHg R/R 19/min 19/min Pulse 80/min 75/min PFT Severe Obstruction Normal SPO₂ 89 % 98 % Temperature Non febrile Non febrile Chest X-Ray Non-specific-Increased Both lung field is clear, bronchovascular markings++ Tailor region is normal Tailor region++

Subjective parameters	Before Treatment	After Treatment	
Coughing (Kasa)	Present	Absent	
Dyspnoea (Shwasakashta)	Present	Absent	
Chest Tightness (Urashool)	Present	Absent	
Sore Throat	Absent	Absent	
Sputum (Thick & Scanty)	Present	Absent	
Wheezing (Ghurghurak)	Present	Absent	
Sleep (Nidra)	Unsatisfactory	Satisfactory	

RESULT – Table no. 4: Subjective Parameters¹⁰ -

Table no. 5: PFT Test Before treatment and After treatment -

BEFORE TREATMENT								AFTE	R T	REAT	ſMEI	NT						
			Pre			Post							Pre			Post	19	TT CLA
Params	Pred	Best Effort	Best Value	% Pred	Best Effort	Best Value	% Pred	% Change		Params	Pred	Best Effort	Best Value	% Pred	Best Effort	Best Value		% Change
FVC(L)	2.76	3.24	3.24	117.4	3.59	3.59	130,1	108	1	FVC(L)	2.76	3.62	3.62	131.2	3.65	3.65	132.2	0.8
FEV 0.5 (L)	-	0.8	0.8	-	0.85	0.85	-	6.2		FEV 0.5 (L)	-	1.43	1.43	-	1.58	1.58	-	10.5
FEV 1.0 (L)	2.42	1.69	1.69	69.8	1.89	1.89	78.1	11.8		FEV 1.0 (L)	2.42	2.42	2.42	100.0	2.56	2.56	105.8	5.8
FEV 3.0 (L)	2.79	3.18	3.18	114.0	3.56	3.56	127.6	119		FEV 3.0 (L)	2.79	3.42	3.42	122.6	3.64	3.64	130.5	6.4
FEV 0.5/FVC (%)	-	24.57	24.57	_	23.8	23.8	-	-3.1		FEV 0.5/FVC (%)	-	39.43	39.43		43.39	43.39	-	10.0
FEV 1.0/FVC (%)	86.76	52.2	52.2	60.2	52.64	52.64	60,7	0.8		FEV 1.0 / FVC (%)	86.76	66.89	66.89	77.1	70.1	70.1	80.8	4.8
FEV 3.0 / FVC (%)	-	98.08	98.08	-	99.33	99.33	-	1.3		FEV 3.0 / FVC (%)	-	94.39	94.39	1.00	99.84	99.84	-	5.8
FEF 25% - 75% (L/s)	3.26	1.35	1.35	41.4	1.83	1.83	56,1	35.6		FEF 25% - 75% (L/s)	3.26	1.94	1.94	59.5	2.18	2.18	66.9	12.4
FEF 75% - 85% (L/s)		0.75	0.75	-	1	1		33.3		FEF 75% - 85% (L/s)	2400	0.7	0.7	-	0.81	0.81	-	15.7
FEF 25% (L/s)	-	2	2	-	2.3	2.3	-	15.0	-	FEF 25% (L/s)	-	3.57	3.57	-	3.68	3.68	-	3.1
FEF 50% (L/s)	3.83	1.64	1.64	42.8	1.9	1.9	49.6	15.9	F	FEF 50% (L/s)	3.83	2.28	2.28	59.5	2.52	2.52	65.8	10.5
FEF 75% (L/s)	1.66	0.67	0.67	40.4	1.23	1.3	74.1	83.6	ċ	; FEF 75% (L/s)	1.66	0.91	0.91	54.8	1.05	1.05	63.3	15.4
FEF 0.2 - 1.2 (L/s)	-	1.96	1.96	-	2.16	2.16	/4.1			FEF 0.2-1.2 (L/s)	-	3.56	3.56	-	3.66	3.66	-	2.8
PEF (L/s)	6.26	2.1	2.1	33.5	2.34	_	+ -	10.2		PEF (L/s)	6.26	3.91	3.91	62.5	3.72	3.72	59.4	-4.9
FMFT (s)	-	1.21	1.21		0.99	2.34	37.4	11.4		FMFT (s)	-	0.94	0.94	12	0.85	0.85	-	-96
FIVC (L)	-	0	0	-	0.99	0.99	-	-18.2		FIVC (L)	-	0	0	_	0.01	0.01	_	-
FTV1 (L)	-	0	0	+-	0	0	-			FIVI (L)	-	0	0	-	0	0	-	-
FIV1/FIVC (%)	-	0	0	+-	-	0	-		1 des	FIVI/FIVC (%)	-	0	0	_	0	0	-	_
FIV1/FVC (%)	-	0	0		0	0	-		题	FIVI/FVC (%)	-	0	0	_	0	0	_	
PIF (L/s)	-	0.14	0.14		0	0			1	PIF (L/s)	-	0.09	0.09	_	0.1	0.1	_ 1	111
FIF 50% (L/s)	-	0.14	0.14		0.14	0.14	-	00		FIF 50% (L/s)	-	0.09	0.09	-	0.05	0.05		-44.4
		1 0.14	1 0.14		1 114	1 014				CS Scanned	with		1	er	0.00	0.00		
igure:5 (PI	FT T	est)							F	igure:6 (PF]	Г Tes	t)						

Table no. 6: Objective Parameter FEV_{1.0} (L), FVC (L), FEV_{1.0}/FVC (%)

Objective parameter	Before Treatment	After Treatment
FEV _{1.0} (L)	1.69	2.42
FVC (L)	3.24	3.62
FEV _{1.0} /FVC (%)	52.2	66.89

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Table no.	7:	Tankan	Bhasma	Properties -
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Rasa	Katu (Pungent), Lavana (Salty)
Guna	Laghu (Light), Ruksha (Dry), Tikshna (Sharp)
Virya	Ushna (Hot)
Vipaka	Katu (Pungent)
Prabhav	Expectorant
Dosha karma (Effect on Humors)	Pacifies Kapha & Vata
Effects on Organs	Lungs, Uterus, Stomach, Urinary Bladder.

PCR 1	TEST – POSI	ITIVE		RTPCR	RTPCR TEST – NEGATIVE						
() ic	Covid-19 Te Hindustan Well Gurg	ness Pvt. Ltd.,			Covid-19 T Gandhi Med Bho	ical College,					
Individual Ir	aformation			Individua	Information						
Covid-19 Test ID	724518190	Nome		Covid-19 Test ID	685627611	Nome					
				Age:	27 Years	Gender:	Female				
Age	26 Years	Gender:	Female	Contact Number	9001092545	Country of Test	India				
Contact Number:	9009092945	Country of Test	India-	Adhoor Humber	hest available	Passport Number:	Net available				
Adhoor Number:	Not available	Passport Number:	Not available			нацарат катоак	THE AVENUE				
Specimen Ir	nformation		the surface of the surface of the surface of	Specimer	Information	10110	2305607502114				
ICMR ID:	657045778	SHIFT ID:	2339601548903	Result of SARS- CoV2	Negative	Test Type:	RTPCR				
Result of SARS- CoV2	Positive ,	Test Type:	RTPCR	Cevz. Specimen Type:	Nasopharyngeil & Oropharyngeil	Report (2	CV016200164640				
Specimen Type:	Nasophoryngeal & Oropharyngeal	Report ID:	2339601548903	Cate of Sample Categories	22-12-2022 12:07:07	Date of Sample Received at Late	23-12-2022 12 20 33				
Date of Sample Collection:	24-01-2022 11:24:16	Date of Sample Received at Lab	25-01-2022 05-38:11	Date of Sample Testing	23-12-2022 16:03:56	Date of Result	23-12-2022 16:04:20				
Date of Sample Testing	25-01-2022 09:17:11	Date of Result Reported	25-01-2022 09-23:16								
Interpretation g 1. Testing of referred sites concerned State integra 2. A single negative test 3. A positive test nessifi is 4. Report tompling and considered other a gapo 5. A positive atternate po 6. A positive atternate po 6. Rease note that these Director General, JOME	666 spectrements were considered on the basis of a feed Disease Surveillance Programme (IDSP)/ an result, particularly if this is from an upper respire only benchman, and will be averaging the pro- result.	request / reterrol received trans y offner health care facility off story fract specimen, does not ling y recommanded in severe or p men for additional testing if re Will to yet known thread the rol	/ Brough Basis Survivilonse Officer (SSO) of ming requirements of the case definition/e. michale infection* regressive discose. The report spectmens may be officer.	Interpretation 1. Soling of nature consensations of the set 1. Soling of nature 2. Soling of the set 3. Soling of the set 5. A point and your b 5. Points and your b benan consensations	The dispersive way considered on the base of synthet Decemes surveillance regreering ($O(U)$) or at early participation of the second regreering ($O(U)$) or at early participation of a with be recentimed by research to only existing a lower responsibility produces is strong or $2 - 4$ days, of the the collection of the first page spatiagent also not recensarily rule or ethns, or emination are not to be used from the single page.	request / referrol rocewad hor y other health care fact by sti facty blott specimen, does no ling y Hostmanended in severe or y man for additional health (f) in While in your severe doors (f) for	In / Intercept State Europe State (Stor) of Intercept requirements of the cree Belinteury). Certificate Intercept of Intercept (Stor) and State State (Stor) and State (Stor) State (Stor) and State (Stor) and State (Stor) State (Stor) and State (Stor) and State State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and State (Stor) and Stat				
mre:1 (RTPCR TES	5T)		Figure:2	(RTPCR 1	EST)					

