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## Case study: “Parshwashoola” (Pleurisy) - Successful Ayurvedic Management

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### ABSTRACT

Pleurisy is inflammation of the pleura. It may start as Dry Pleurisy but may resolve or develop into Wet Pleurisy (Pleural Effusion). Abnormal, excess accumulation of fluid in the pleural space is Pleural Effusion. In Ayurvedic context, this condition can be considered as Parshvashoola. Pleurisy is a symptom of various respiratory, Disorders as well as G.I.T. disorders and CVS disorders. Current case study is concerned with respiratory system infection due to T.B.

In this case study, A 57 years old male patient presented symptoms with Shwasakastata, Kasa (especially in early morning), *Ubhaya Pada Sotha Evum Twaka Vaivrnata, Udaradaha, Amlodagara, Udara Gaurvata, Adhmana, Prishthashoola* since past two years. He has been treated with an Ayurvedic treatment and get cured.

### KEYWORDS

*Pleural Effusion, Parshvashoola, Phupphusavarana Kala Shotha, Ayurvedic treatment*



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## INTRODUCTION

Pleurisy is inflammation of the pleura; Pleurisy may start as Dry Pleurisy but may resolve later or develop into Wet Pleurisy (Pleural Effusion), localised, sharp, stabbing pain on the affected side that worsens on inspiration, coughing and sneezing. Physical examination may reveal reduced movement on the affected side. A pleural rub may be heard on auscultation.<sup>1</sup>

Abnormal, excess accumulation of fluid in the pleural space is Pleural Effusion. Patient with Pleural Effusion manifests symptoms due to inflammation of pleura, compromise of pulmonary mechanisms or interference with gas exchange. Dry cough and minimal scanty sputum and dyspnoea are usually present.<sup>2</sup> *Parshwashoola*/ Pleurisy is seen in various respiratory disorders, G.I.T. disorders and CVS disorders as symptom or/and sign. (Repeated sentence)

Current case study is concern *Parshwashoola* (Pleurisy), get cured after taking Ayurved management.

## CASE STUDY

A 57 years old male patient Mukeshbhai Bhavsar reported in Kayachikitsa OPD of GAAC, Ahmedabad, Gujarat, India on 7/10/19 (Reg. No. 30966) with symptoms like *Prishthashoola*, *Shwasa Kashtata*, *Kasapravriti Pravridh* at *Prataha Kale*,

*Ubhaya Pada Sotha*, *Evum Twaka Vaivrnata*, *Udaradaha*, *Amlodagara*, *Udara Gaurvata*, *Adhmana*. These all symptoms are since 15-20 days.

**CASE HISTORY:-** About 2 years back patient suffered from *Shwasa Kashtata*, *Kasapravriti Pravridh* at midnight, *Bhramanubhuti* and *Jwara* for which at that time he took allopathic treatment. After getting treatment patient had achieved relief in *Bhramanubhuti* and *Jwara*; but *Shwasa Kashtata*, *Kasapravriti* at early morning were presented with other symptoms like *Prishthashoola*, *Ubhaya Pada Sotha Evum Twaka Vaivrnata*, *Udaradaha*, *Amlodagara*, *Udara Gaurvata*, *Adhmana* since 15- 20 days and treated with internal medication.

Since 20/01/2018 patient was on R<sub>x</sub> CAT 2 AKT (Rifampicin-450mg and Isoniazid - 300mg). After getting *Ayurvedic* treatment patient got cured.

## PAST HISTORY:-

- 15 years ago –Chikengunia
- On 14/01/2018 – Performed Thoracentesis
- On 06/02/2018 – Performed Thoracentesis

## PERSONAL HISTORY:-

- **Diet:-** Veg., Eggs
- **Appetite:-** Normal
- **Bowel:-** Regular
- **Urine:-** Normal



▪ **Occupation:**

- Shopkeeper-6 years ago  
-Security Guard – Since 6 years till now.

▪ **Addition:** - Tobacco chewing \* 16 years - Stopped since 2- 2.5 years.

❖ **Treatment History:**-15 years ago patient was admitted for Chikengunia for 2 days.

On 16/01/2018:- Patient was admitted for 4 days for pleural effusion.

On 20/01/2018:- Started medicine for T.B.

On 7/02/2018:- 500ml fluid tapping.

Patient was on follow up of allopathic medication for Pleural effusion.

**ASHTAVIDHA PARIKSHA**

- **Naadi:-** Kapha- Vataja
- **Mala-** Samyaka
- **Mutra:-**Samyaka
- **Shabda:-** Prakrita
- **Jihva:-** Nirama
- **Sparsha:-** Anushnasheeta
- **Drika:-** Prakrita
- **Akriti:-** Dina

**NIDANA:-**

**Sanniprakraista Hetu:** - excessive *Shita-Jala Sevana*, **Viprakuasha Hetu:** - Fast foods, Junk Food, Spicy food, *Ratri Jagarana*, *Diva Swapana*, Long Standing, Long time Sitting Position.

**Pradhanika Hetu:** - toxicity of T.B. medication

**Nidanarthakara Roga:** - *Urastoya*

**Upadrava:** - *Rajyakshma*, Pulmonary T.B.

**ROOPA:-**

- *Shwasa Kashtata*,
- *Kasapravriti Pravridha* at *Pratahkale*,
- *Aruchi*,
- *Udaradaha*,
- *Amlodagara*,
- *Udara Gaurvata*,
- *Adhmana*
- *Prishthashoola*,
- *Ubhaya Pada Sotha Evum Twaka Vaivrnata*.

**SAMPRAPTI GHATAKA**

1. **Dosha:-** *Shleshma Pradhana Tridosha*
2. **Dushya:-** *Rasadhatu, Raktadhatu* Onwards
3. **Adhithana:-***Phupphusa, Phupphusavarana Kala, Urasa*
4. **Udbhavasthana:-** *Amashaya*
5. **Srotasa:-***Pranavaha Srotasa, Rasava Srotasa, Raktavaha Srotasa*
6. **Srotodushti Prakara:-** *Atipravriti, Sanga, Vimargagmana*
7. **Agni Sthiti:-** *Manda*
8. **Vyadhi Swabhava:-***Chirkari* with *Ashukari* episodes.
9. **Sadhya-** *Asadhyta:-Kriccha-Sadhya*.
10. **Sama/Nirama-** *Sama*

**INVESTIGATIONS:-**

- **16/01/2018:-** **Pleural fluid examination**



Sugar:- 77mg

TC:- 360 cell/m

Protein:- K. NS

RBS:- 98

SGPT- 14

S. Creat- 7.1

Sputum:- Negative

• **6/2/2018 :- USG: - S/O:-** Left Pleural effusion seen

• **7/02/2018 (Pleural Fluid:- 500ml)**

Hb:- 12.6 TC:- 11200

KK+:- 3.61

ESR:-20 SGPT:- 29

RBS:- 100

• **11/01/2019**

Adenosine Deaminase from Body Fluids (Biochemical) – 44.60 U/L

• **7/02/2019:-**

Adenosine Deaminase from Body Fluids (Biochemical) – 49.29 U/L

• **17/05/2019:- USG of Abdomen and Pelvis**

S/O:-Mild free fluid noted in right pleural cavity.

-Mild evaluation plus extensively gaseous abdomen.

• **18/06/2019:- USG of Abdomen, Pelvis and Thorax**

S/O:-Liver is normal in size and bright in echotexture s/o fatty liver.

- Mild free fluid is noted in left pleural cavity.

- Minimal free fluid is noted in right pleural cavity.

• **11/07/2019:- X-Ray Chest (PA) View**

S/O:-Homogeneous soft tissue opacity is seen in left lower zone with blurring of left C-P angle suggestive of mild effusion.

• **19/11/2019:- X-Ray Chest (PA) View**

S/O:-Homogeneous soft tissue opacity is seen in left lower zone with blurring of left C-P angle suggestive of mild effusion.

• **10/12/2019:- USG of whole Abdomen:-S/O:-** Normal USG whole abdomen.

• **05/02/2020:- USG Thorax:- S/O:-** No effusion on either side. No free fluid is seen in abdomen.

• **Urine Examination (was done to evaluate other possibilities):-**

Pus cell- 1-2

Epithelial cells- 1-2

• TSH:- 2.45 micro IU/ ml

• S. Create:- 0.7 mg %

S. Total Protein:- 6.8 g/dl

TREATMENT GIVEN: -

DATE	Symptoms	GIVEN TREATMENT	ANUPANA
7/10/2019	-Prishthashoola, -Shwasa Kashyata, -Kaspravriti Pravridha at Pratahkale,	<b>1.Before meal:-</b> Dhatri Lauha-250mg	Warm water  BD





	-Ubhaya Pada Sotha Evum Twaka Vaivarnata, -Udaradaha, -Amlodagara, -Udara Gaurvata, -Adhmana,	Shivakshara Pachana Churna- 6gm Shankhabhasma-500mg * 2times	
	Since 15- 20 days	<b>2.After Meals:-</b> Arogyavardhini Vati 4 tab * 2 times Kanyalohadi Vati 4 tab * 2 times	BD Milk BD
		<b>3.Sutashekhara Rasa:-</b> 2 tab * 2 times Laghu Vasanta Malati Rasa-2 tab * 2 times Samshani Vati:- 4 tab * 2 times	BD
		<b>4.Talishadi Churna:-</b> 6gm Shu. Tankana Bhashma- 500mg Shubhra Bhasma:- 125mg * 3 times	Warm water/ Milk TDS
		<b>5.Bharangyadi Kwatha –</b> 20gm + Dashamoola Kwatha- 10gm * 2 times	BD (empty stomach)
		<b>6.At Night :-</b> Haritaki Tab- 6 tab * 2 times	BD
<b>23/10/2019</b>	-Prishtha Shoola- Increased -Shwasa Kashtata- Increased -Ubhaya Pada Sotha- Yathavat	Rep. 1,2,3,4,5,6	
<b>13/11/2019</b>	-Prishthashoola- Yathavat -Ubhaya Janusandhishoola -Ubhaya Pada Sotha evum Twaka Vaivarnata -Udara Gaurvata- Increased -Sharira Bhara Vriddhi Wt- 83 kg	Rep. 1,2,3,4,5,6	
<b>18/12/2019</b>	-Ubhaya Janusandhishoola- Increased -Dakshina Gulfasandhi Sotha- Yathavat -Vama Prishthashoola -Udara Gaurvata- Increased -Shushka Kasapravriti -Nasasrav Wt- 82kg	Rep. 1,2,3,4,5  6. Haritaki Churna- 5gm * 2 times (as per availability in dispensary)	Warm water/ Milk H.S.
<b>29/01/2020</b> <b>Advice:-</b> <b>USG-</b> <b>Abdomen-</b> <b>Thorax.</b>	-Daurbalyaanubhuti -Shwasakashtata- Alpa -UdaraGauravata- Alpa -Vama Parshvashoola- Nasti -NasasravaNasti -DakshinGulfasandhiSothaYathavata	Rep. 1,2,3,4  5.Manjishtadi Kwatha 10gm * 2 time  6.Triphala Tikdi- 6 tab * 2 time (both medicine as per availability in dispensary)	BD (empty stomach)  Warm water BD
<b>06/02/2020</b>	-Daurbalyaanubhuti- Alpa -Amlodagara	Rep. 1,2, 3, 4, 5, 6	



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<b>Note:-</b>	- <i>Udargauravata- Alpa</i>
<b>AKT Stop</b>	- <i>Shwasakastata-Alpa</i>
	- <i>Kasapravriti- Alpa</i>
	- <i>Parshwashoola-Nasti</i>
	- <i>Dakshina Gulfasandhi Shoola evum</i>
	<i>Sotha-Alpa</i>

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## DISCUSSION

Patient had complaints of *Kasapravriti*, *Jwara*, *Shwasa Kashtsata*, *Aruchi* and *Parshwashoola*, Various GIT disturbance features were there because of continuity of AKT. So, According to symptoms this case is closely resemble with *Phuphphusavarana Shotha*. *Phuphphusavarana Shotha* is correlated with Pleurisy. But, In *Brihatrayi Parshwashoola* is not mentioned as separate disease. *Acharya Charaka* mentioned *Parshwashoola* as symptom in *Shadvidha Roopa Rajayakshma*<sup>3</sup> and *Ekadasha Roopa Rajayakshma*<sup>4</sup>. *Acharya Sushruta* has mentioned *Parshwashoola* in *Gulmachikitsa Pratishedhadhyaya*<sup>5</sup>, and *Ekadasha Roopa Rajayakshma*<sup>6</sup>. *Acharya Vagbhatta* also mentioned as symptom in *Ekadasha Roopa Rajayakshma*<sup>7</sup>. *Acharya Madhavakara* mentioned *Parshwashoola* under *Vatikashoola*<sup>8</sup>. So the patient diagnosed with *Parshwashoola* with *Raja Yakshma* (Pleurisy as complication of T.B.) Patient had treated with *Deepna*, *Pachana*, *Anulomana*, *Srotosodhana*, *Vyadhi Pratyanyika Chikitsa*, *Dosha-Pratyanyika Chikitsa*, and *Rasayana Chikitsa* and given

treatment has properties of *Agnideepana*, *Ama Pachana*, *Kasa-Shwasahara* and *Shothahara*. *Shivakshara Pachana Churna* was chosen due to specific affinity for *Agnideepana* and *Ama Pachana*, *Talishadi Churna*, *Tankana Bhashma*, *Shubhra Bhasma*, *Bharangyadi Kwatha* were chosen due to *Kasa- Shwasahara* properties, *Dashmoola Kwatha* has property of *Shothahara*, *Dhatri Lauha* and *Laghu Vasanta Malati Rasa* has property of *Rasayana*, *Shankha -bhasma* and *Sutashekhara Rasa* were given for Symptoms like *Amlodgara*, *Urahadaha*. *Triphala Churna* and *Haritaki Tikdi / Churna* were chosen because of *Anulomana* property.

## CONCLUSION

Pleurisy or *Phuphphusavarana Shotha* with or without *Parshwashoola* shows close relation to each other in *Nidana* and *Lakshana*. So *Phuphphusavarana Sotha* can be possible correlation for *Parshwashoola*. In this case of *Parshwashoola* (Pleurisy), presenting history of the patient and physical examination, radiological conventional radiography, USG, pleural



fluid analysis are used for diagnosis. Patient was treated with *Ayurvedic* management like *Deepana*, *Pachana*, *Anulomana*, *Srotosodhana*, *Pittavirechana*, *Pranavaha Srotasa Vyadhi Pratyhanika Chikitsa* and *Rasayana Chikitsa*. After getting *Ayurvedic* treatment, patients had no symptoms of *Parshwashoola* (Pleurisy) which is confirmed by investigation; patient also consulted an allopathy doctor for continuation of AKT and doctor suggest stopping AKT. So, *Parshwashoola* (Pleurisy) can be manage with/without TB can be manage very well as for principles of management of *Ayurvedic* based on *Dosha*, *Dhatu*, *Mala*, *Srotasa*, and *Agni* etc. It can be concluded on the basis of this case that if AKT regimen is combined with *Ayurvedic* management, then the possibility of currying in such cases is enhanced markedly.





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