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Treatment of Bronchial Asthma by Yogic Methods -- *A Report*

by

Dr. M. V. BHOLE

INTRODUCTION

Though Yoga is primarily not a method of therapy, one does find in the later Yogic literature, especially in the Hatha Yoga texts, many pointed passages indicating the curative and prophylactic value of many Yogic practices. Traditionally too, these practices were looked upon as prophylactic and therapeutical measures and were used as such. For a long time, utmost secrecy was maintained by 'Yogis' about these methods, with almost a superstitious fear that they would lose their efficacy if made known to the uninitiated. The Yogic texts too frequently held out such threats.¹ Thus, this knowledge happened to remain a sacred and secret repository of a select few ! During the last half a century or so, however, due to the efforts of especially a few modern educated enthusiastic students of Yoga, the system has come to obtain a greater and greater publicity, and many claims happen to be made for its practices. The therapeutical aspect of Yoga too has become very popular. There are, in this country and abroad, many institutions and individuals who seem to have taken it up almost as a profession. They claim 'marvellous success' in their results. Thus, what may be called 'Yogic Therapy' has practically come into being and is gaining an ever increasing popularity as days pass by.

1. Hatha-Yoga Pradipika by Svātāmaram Swami I. 11.

Mere popularity of a system, however, cannot be a measure of its reliability. Moreover, the claims made by the Yogic texts as well as by the practitioners of this method seem to be rather vague and tall. All the same, that the method has some therapeutical value could be easily ascertained from the testimony of quite a considerable number of honest and respectable persons, who almost swear that they found this system helpful in curing themselves when other measures had failed to help them. It was therefore felt that the system demanded a scientific investigation, with projects of systematic research undertaken to assess its efficacy as a therapeutical procedure, and, if found to be efficacious enough, to go into the mechanism of its channels of action.

With this end, the Kaivalyadhama S. M. Y. M. Samiti undertook a project in 1964-65 to assess the value of Yogic treatment in relieving or alleviating the troubles of patients suffering from bronchial asthma, from the standards of both, Ayurvedic and modern systems of medicine, with the financial help from Ministries of Health of both the Central and Maharashtra State Governments. The work was carried out in the S. A. D. T. Gupta Yogic Hospital and the Scientific Research Department of the Kaivalyadhama Samiti at Lonavla.

On the special recommendation of the Director of Ayurveda, Maharashtra Government, a panel of two eminent Ayurvedic physicians was appointed to observe the work and assess its results from the Ayurvedic stand point, and to recommend ways and means to improve the investigations from Ayurvedic point of view.

A batch of eight patients suffering from asthma was admitted every month for a period of eight weeks. The first four weeks and later on only two weeks served as a control period while the remaining period was devoted for the specific Yogic treatment of the patients. During the control period, only general Yogic exercises were taught to the patients in order to give them a satisfac-

tion that they were being treated and with a view to prepare a background in their body and mind so that the specific Yogic treatment could easily be given in the active period. How far the changes in climate, environment, food etc., were beneficial in reducing the asthma, was adjudged by comparing the condition of the patients during the active treatment period with that of their control period and also the condition of other patients who were newly admitted and were in their control period. Medicines were resorted to tackle the asthmatic attack if it came during the control period, while if the attack came in the period of active treatment, first of all Yogic methods were employed to avert the attack and only as a last resort medicines were given. In most of the cases the attack could be averted by Yogic methods only.

Some psycho-physiological investigations were carried out (1) just after the admission, (2) at the end of the control period and (3) at the end of the treatment period. From the patients' history, clinical examination and investigation reports, it was seen that the patients had other respiratory and systemic complaints, either primary or secondary to their asthma trouble. These signs and symptoms were eosinophilia, chronic colds, sneezing, running of nose, sinusitis, bronchitis, wheezing, emphysema (where distension and rupture of the air sacs in the lungs takes place), bronchiectasis (where dilatation of bronchi or bronchioles takes place with lot of expectoration), dry cough, cough with expectoration, constipation, indigestion, hyperacidity, hypoacidity, eczema and dominant mental tensions. Some patients used to have typical attacks of asthma in early morning, some used to get them in a particular season, while some were getting the attacks any time.

Most of the patients had tried various treatments like Modern medicine, Ayurvedic, Homoeopathic and Unani medicines, modern operative techniques of carotid grommectomy etc. Some patients had even tried empirical methods of eating a fish on a particular

day, piercing the ear lobules, putting some herbal extracts in the ears or in the nose etc. Some patients had long standing history of asthma while some had started their trouble recently. The patients treated under this project were from 8 to 65 years of age.

The following was the protocol of discipline during the stay of the patients in the hospital.

CONTROL PERIOD

General Asanas² were taught to prepare the body and mind for specific Yogic treatment to be given during the active period. Lectures on the etiology of Asthma were given so that patients could understand how the disease developed and produced different signs and symptoms in their own case. Psychosomatic aspect of the disease was also stressed during these lectures.

EXPERIMENTAL PERIOD—The period of active treatment.

I. ASANAS

More stress was given on Shavasana with Pranadharana³ (प्राणधारणा), Makarasana⁴ and performance of other Asanas under exhalation. Hypertonic and irritable patients were advised to perform Asanas under passive stretch, while hypotonic and depressed patients were instructed to resort to active stretch during Asanas.

II. KRIYAS, BANDHAS AND MUDRAS

(1) Patients having history of chronic colds and sinusitis were taught Neti-kriya⁵ with water and rubber catheter. Dettol

2. Asanas by Swami Kuvalayananda, 142-144, Popular Prakashana, Bombay (1963).

3. Asanas, 97-100, op. cit.

4. Yoga-Mimansa Vol. VII : 1, 29-32 (1957). Quarterly journal of Kaivalyadhama, Lonavla, (Poona).

5. Yogic Therapy by Swami Kuvalayananda & Dr. S. L. Vinekar, 56-58 Central Health Education Bureau, D. G. H. S., Ministry of Health Govt. of India. New Delhi (1963).

or Savlon was added to the water for patients who had foul smelling nasal discharges. For permanent cure, patients were advised to undergo more rigorous practice of Neti-kriya in the following manner later at home.

(a) with water

Salt content and temperature of the water to be varied gradually and in the end only ordinary water to be used (slightly below the body temperature and not too cold). This procedure develops resistance in the nasal mucous membrane to withstand variations in the temperature and the osmotic pressure of the environment.

(b) with milk

After trying variations in salt content and temperature of the water, patients were advised to add milk to water. The quantity of milk was to be increased very gradually till 50-50 water and milk was used. This was done with an intention to develop resistance against proteins.

(c) with honey

After finishing with milk, honey was to be introduced in gradually increasing proportions from 1 to 25%. This is supposed to develop resistance against different pollen grains present in the air.

(2) Patients having cough with expectoration were taught Dhauties⁶ in the order of Vaman, Danda and Vastra Dhauti. Vaman and Danda Dhauties helped to remove mucoid secretions and acid water from the stomach thus bringing down the amount of expectoration in the longer run. Vastra dhauti further helped the removal of excessive mucus from the stomach and stimulating the digestive juices. It is postulated that the massaging action of Vastra-dhauti influences the pepsin secretion and through it, by feed back mechanism, stimulate the adrenocorticoid activity.

6. Yogic Therapy, 63-66, op. cit.

(3) For chronic constipation and indigestion, Shankhaprakshalana⁷ was given once a week. This Kriya washes the whole of the gastro-intestinal tract and stimulates digestion.

(4) For effective removal of sputum from the lungs stress was given on Kapalabhati Kriya.⁸

(5) Nauli Kriya⁹ and Uddiyana¹⁰ were given more stress for patients having eosinophilia.

(6) Patients having history of chronic diarrhoea or irritable colon were given Aswini Mudra.¹¹

III. BREATHING EXERCISES

(1) Taking into consideration the discomfort or difficulty experienced by the Asthma patients in breathing out, Ujjayi Rechaka¹² was given an important place in the treatment. In Ujjayi Rechaka exhalation takes place under positive pressure due to the partial closure of the glottis, thereby overcoming the resistance offered by the contracted bronchioles.

(2) Daily practice on 'Vitaliser*', an apparatus devised by the Institution for exhalation under positive pressure, proved to be of great help to the patients.

IV. OTHER ACTIVITIES

(i) Lectures and discussions were held on topics of diet, effect of Yogic exercises on the body and mind and on the psychosomatic aspect of Asthma.

(ii) For bringing out the psychological reasons and mental tensions responsible for Asthma, if any, stress was given on Pranadharana and Sakshi Vritti Sadhana (साक्षीवृत्ति

7. Yogic Therapy, 68-69, op. cit.

8. Pranayama by Swami Kavalayananda, 61-76, Popular Prakashana⁶ Bombay (1966); Yogic Therapy, 59-60, op. cit.

9. Asanas, 107-112, op. cit.

10. Asanas, 45-46, op. cit.

11. Yoga-Mimamsa, Vol. VII : 2, 27-110 (1957), op. cit.

12. Pranayama, 52-60 op. cit.;

Yogic Therapy, 49-55, op. cit.

* Available with Kaivalyadhama Ashrama, Lonavla (Poona).

साधना – an attitude of aloofness) in Shavasana. Patients were also helped by analysing their dreams and correcting some of their basic attitudes towards life problems.

- (iii) Sleeping on inclined plane with lowering of the head end was found useful in facilitating proper drainage of mucoid secretions from the bronchial tree. Side pressing, a well-known exercise, was given more stress in cases of emphysema.
- (iv) Lacto-Vegetarian diet was given with Kokum Sharbat in the morning on empty stomach. Tea was omitted from the menu. So also efforts were made to dissuade the patients from chewing tobacco and smoking.

RESULTS

The results from this line of treatment have been quite encouraging. In all 124 cases were admitted. Of these 14 had to be prematurely discharged for reasons like enlargement of the heart, chronic pyelonephritis (kidney trouble), jaundice, pulmonary tuberculosis, hernia etc. The results obtained on 114 cases were as follows :

Group A	87	i. e.	76%
Group B	23	i. e.	20%
Group C	4	i. e.	4%
Group D	Nil		

The classification in Group A, B, C and D was made on the following criteria.

- A** – Patient had no attack during the course of active treatment and showed an all round improvement in both clinical and laboratory assessment.
- B** – Patients had no attacks during the course of active treatment but clinical and laboratory assessment did not show satisfactory results.

C – Patients had some mild attacks during the course of active treatment but clinical and laboratory assessment did show some significant improvement.

D – Patients showed no improvement at all as far as attacks were concerned nor in clinical and laboratory assessment.

A constant attempt was made to maintain regular 'follow-up' of these cases, but, the response of the patients to it was found to be very poor. Even so, wherever the follow-up was successfully kept up, there was every indication of a fruitful result.

Specially, Dhauties have been found very effective by the patients to avert the anticipated attack of asthma at home. Patients having history of chronic colds, sinusitis, bronchitis, constipation and indigestion along with asthma have shown good improvement in the follow-up. All patients are not absolutely trouble free, but the frequency and duration of attack and the quantity of medicines to overcome the attack have been definitely coming down after this treatment. Patients having dominant history of Eosinophilia, Emphysema and Bronchiectasis and some having psychological background have not shown satisfactory results in the follow-up. Apart from the physiological benefits like gain in stamina, improved digestion etc., patients have also reported mental benefits like increase in mental balance, capacity to concentrate and feeling at ease as the after effects of this treatment. Patients whose mental tensions were much suppressed; after proper practice of Shavasana, the same started coming to the surface, thereby helping the patients to overcome the same.

From the results of follow-up, it seems, that the asthmatic trouble becomes less and less as and when the treatment is continued at home by the patients. As our previous experience shows, it is to be expected that many of these patients will get a complete cure or at least a marked improvement, if they would

follow this treatment sincerely and regularly for at least two to three years.

CONCLUSION

The work done so far and reported above shows that the Yogic treatment of Asthma is of help even in cases where all other known modes of treatments had failed. For understanding the channels and mechanisms of this line of treatment, for finding out the primarily essential and the adjunctival part of this traditional treatment, for considering the modifications to be made in the present line of treatment and for understanding the indications and the contra-indications of this therapy, further work is essential and desirable.
