



Journal Homepage: - [www.journalijar.com](http://www.journalijar.com)  
**INTERNATIONAL JOURNAL OF  
 ADVANCED RESEARCH (IJAR)**

Article DOI: 10.21474/IJAR01/9688  
 DOI URL: <http://dx.doi.org/10.21474/IJAR01/9688>



### RESEARCH ARTICLE

#### YOGIC VIEW ON BRONCHITIS AND EOSINOPHILIA.

Dr. Gaurao anand dhotre<sup>1</sup> and Dr. Mansi Gupta<sup>2</sup>.

1. M.s. Scholar, department of shalakya tantra.
2. M.d. Scholar, department of roganidana evam vikriti vigyana, bharati vidyapeeth deemed to be university, college of ayurveda, pune.

#### Manuscript Info

##### Manuscript History

Received: 06 July 2019  
 Final Accepted: 08 August 2019  
 Published: September 2019

##### Key words:-

Infection & inflammation  
 Bronchitis.

#### Abstract

Bronchitis is infection and inflammation of the mucous lining of the trachea and bronchi. It exists in both acute & chronic forms & usually develops as a sequel to upper respiratory infections such as cold or influenza. Other factors predisposing to bronchitis include cold, damp living conditions, foggy and dusty atmosphere, smoking and chronic mouth breathing, which allow unfiltered and unwarmed air to enter the bronchi. The condition occurs most frequently amongst elderly people, children & smokers of any age.

Bronchitis would be rare if people ate the right foods & their systems were not filled with mucus & poisonous waste matters, & if they wore proper clothing. Where there is Bronchitis, there is usually stomach trouble or constipation. It is brought on by changeable weather, catching cold, exposure, wet feet & chilling.

Bronchitis becomes chronic when acute bronchitis is not properly treated & relieved. When a cold is allowed to run, it gets down into the bronchial tubes and lungs and becomes chronic. Sometimes, if it is not overcome, it will finally go into pneumonia, consumption or tuberculosis of the lungs.

Copy Right, IJAR, 2019,. All rights reserved.

#### Introduction:-

Bronchitis is infection and inflammation of the mucous lining of the trachea and bronchi. It exists in both acute & chronic forms & usually develops as a sequel to upper respiratory infections such as cold or influenza. Other factors predisposing to bronchitis include cold, damp living conditions, foggy and dusty atmosphere, smoking and chronic mouth breathing, which allow unfiltered and unwarmed air to enter the bronchi. The condition occurs most frequently amongst elderly people, children & smokers of any age.

Bronchitis would be rare if people ate the right foods & their systems were not filled with mucus & poisonous waste matters, & if they wore proper clothing. Where there is Bronchitis, there is usually stomach trouble or constipation. It is brought on by changeable weather, catching cold, exposure, wet feet & chilling.

Bronchitis becomes chronic when acute bronchitis is not properly treated & relieved. When a cold is allowed to run, it gets down into the bronchial tubes and lungs and becomes chronic. Sometimes, if it is not overcome, it will finally go into pneumonia, consumption or tuberculosis of the lungs.

**Corresponding Author:-Dr. Gaurao anand dhotre.**

Address:-M.s. Scholar, department of shalakya tantra.

**Aim :-**

Yogic View On Bronchitis and Eosinophilia

**Objective :-**

To present a more clear view of the Bronchitis & Eosinophilia & the yogic management advised to conclude the main points of the study .

**Methodology :-**

To search within the texts of Yoga and Ayurveda and applying a logical approach to conclude the main points of the study.

**Observations & Results:-****Clinical Features Of Bronchitis**

The initial symptom is an irritating,unproductive cough,accompanied by upper chest pain. As the bronchi become extensively involved, a sensation of tightness in the chest develops, & wheezing respiration and shortness of breath may also occur. This group of symptoms is also sometimes termed as eosinophilia or wheezy bronchitis. Respiratory distress & shortness of breath may be particularly severe when acute bronchitis complicates underlying chronic bronchitis or emphysema.

Sputum is at first scanty , mucoid and difficult to bring up. Occasionally it may be streaked with blood .One or two days later it becomes thick and micropurulent. As the inflammation descends down the bronchial tree, a moderate fever usually develops. Most cases recover over the next four to eight days without the patients ever becoming seriously ill.

Occasionally, the condition fails to resolve itself, & shortness of breath & other symptoms worsen,& fever continues to rise .This reflects that the body's vital resistance is lowered so that inflammation has continued into the alveoli & lungs themselves. The patient is then suffering from pneumonia & should be given high doses of antibiotics under a doctor's care.

**Eosinophilia**

It is a respiratory disorder with symptoms in common with both asthma & bronchitis & it is often difficult to decide which diagnostic label to assign to individualsufferers. The disorder is usually interpreted as a transition stage in respiratory diseases, when the sufferer from chronic cold or bronchitis is gradually evolving into a full blown stage of asthma. Eosinophilia is diagnosed when the percentage of eosinophils in the blood of the sufferer becomes elevated. Eosinophils are the white blood cells which mediate allergic & hypersensitive reactions , & an elevated level suggests that the asthma like symptoms of the disease are an immune reaction by the lungs.

**The Cause Of Eosinophilia**

The disorder is thought to be an allergic response to various foreign proteins & drugs ,& in tropical countries it seems to appear as an allergic complication of filarial & worm infections .The disorder is common in industrial areas where air pollution is believed to be the major initiating factor. It is frequently diagnosed in children following investigation of persisting or recurrent cough & cold symptoms.

**Medical Management**

Medical management of eosinophilia is far from effective. The drug diethylcarbamazine is prescribed where filarial infection is suspected, but this drug is minimally effective in the long term.Where drugs or medicines are likely initiating factors,they must be discontinued . Frequently the condition is indistinguishable from mild asthma.

**Yogic management of chronic bronchitis & eosinophilia.**

Yoga therapy provides effective relief in cases of chronic bronchitis & eosinophilia and provides techniques for strengthening the weak and hypersensitive respiratory system. During an acute cough, cold or bronchitis, no asana should be practiced at all & complete rest is necessary .Adopt the practice program gradually after the acute bout has subsided.

1. Asana : Commence with the Pawanmuktasana series.sufferers who are elderly or weak should practice only this series along with makarasana. Others are recommended to select a suitable practice program from amongst the following asanas in this order:
2. Shaktibandha series
3. Surya namaskara
4. Vajrasana series (shashankasana,shashank bhujangasana,ushtrasana ,marjariasana, suptavajrasana,pada hastasana ,bhujangasana, dhanurasana, kandharasana, chakrasana, paschiottanasana, ardha matsyendrasana, baddha padmasana, sarvangasana, halasana, & matsyasana.)
5. Pada hastasana
6. Bhujangasana
7. Dhanurasana
8. Kandharasana,
9. Chakrasana
10. Paschimottanasana
11. Ardha matsyendrasana
12. Baddha padmasana
13. Sarvangasana
14. Halasana
15. Matsyasana
16. Simhagarjanasana is especially recommended.standing and bending asanas including trikonasana, hasta utthanasana, dwikonasana, lolasana ,etc will work to strengthen the chest.
17. Pranayama : All pranayama practices will enhance & develop the respiratory capacity & resistance. Especially recommended are ujjayi, kapalbhati, bhastrika & nadi shodhana.
18. Mudra & Bandha : Yoga mudra,prana mudra & maha bandha.
19. Shatkarma: Neti should be practiced daily & kunjla should be performed daily for one week.
20. Relaxation : Yoga nidra provides deep relaxation & develops awareness. Often chronic cough becomes a characteristic habit & part of the personality of the sufferer from chronic bronchitis. In the beginning , the cough may worsen & yoganidra is practiced.This is usually a psychological reaction .One who has become accustomed to the habit of coughing does so unconsciously as a means of tension release. When all such activities & movements cease in yoganidra, the psychological cough commonly asserts itself and the impulse to cough becomes prominent. The sufferer can evolve beyond this disease rapidly by recognizing the action of this copying mechanism in his lifestyle, and learn to resist & overcome it.
21. Meditation : Ajapa japa with khechari mudra and ujjayi pranayama and rotating awareness from navel to throat and throat to navel in the frontal psychic passage, is also most valuable in helping to gradually recognize & relieve a chronic cough & respiratory weakness.
22. Diet : During an attack it is best to only take fruit and vegetable broth can be taken.
23. Avoid cold drinks & foods . Eat plenty of vegetables, raw ,steamed or lightly boiled. Citrus fruits help to loosen & cut the phlegm, as do onions, radishes & garlic. Hot milk with a little ginger & black pepper will also loosen the phlegm & facilitate its removal. This can be taken at night instead of the evening meal.
24. Fasting : This is highly recommended. If a full fast cannot be undertaken, it is advisable to miss the evening meal.

### References:-

1. Swami Satyanand,Bronchitis & Eosinophilia,Yogic Management of Common Diseases,1<sup>st</sup> ed.Bihar:Yoga Publication Trust;1983.p.59-63
2. Makarand Madhukar Gore,Anatomy & Physiology of Yogic Practices,6<sup>th</sup> ed.Delhi:New Age Books;2016.p53-69.