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## Integrative Ayurvedic Supportive Therapy in Recurrent Pulmonary Tuberculosis with Hemoptysis During Anti-Tubercular Treatment: A Case Report

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**ABSTRACT: Background:** Pulmonary tuberculosis (PTB) remains a major infectious disease burden worldwide. Although anti-tubercular therapy (ATT) effectively treats the infection, many patients experience persistent respiratory symptoms such as cough, hemoptysis, weight loss, and dyspnoea. Ayurveda describes similar clinical presentations under Kasa, Shwasa, and Rajayakshma, involving vitiation of Vata-Kapha Dosha and dysfunction of Pranavaha Srotas. Supportive Ayurvedic therapy may improve symptom control and overall health status.

**Objective:** To evaluate the effect of Ayurvedic adjuvant therapy in improving symptoms of recurrent pulmonary tuberculosis during conventional treatment.

**Case Presentation:** A 70-year-old female with a past history of pulmonary tuberculosis treated in 2022 presented in June 2025 with cough and intermittent fever. Sputum examination confirmed recurrent pulmonary tuberculosis and ATT was restarted. The patient subsequently developed hemoptysis, loss of appetite, weight loss, and dyspnoea. Ayurvedic supportive therapy consisting of Sitopaladi Churna with Shwaskuthar Rasa, Kanakasava, Dashmularishta, Agastya Haritaki Avaleha, and Vasakavaleha was administered along with ATT. Follow-up evaluation was performed every 15 days.

**Results:** Gradual clinical improvement was observed. Hemoptysis subsided completely, cough frequency decreased, dyspnoea improved, appetite increased, and weight gain was noted. No adverse drug reactions were observed.

**Conclusion:** Ayurvedic supportive therapy may provide beneficial symptomatic relief in patients undergoing treatment for pulmonary tuberculosis. Integrative management could improve patient comfort and quality of life. Larger clinical studies are required to validate these findings.

**KEYWORDS:** Pulmonary tuberculosis, Kasa, Hemoptysis, Ayurveda, Integrative medicine, Pranavaha Srotas

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**INTRODUCTION:**

Tuberculosis continues to be a major public health concern worldwide. According to the World Health Organization, tuberculosis remains one of the leading infectious causes of mortality globally despite the availability of standardized anti-tubercular therapy (ATT). India contributes a substantial proportion of global tuberculosis cases. Although ATT effectively eliminates *Mycobacterium tuberculosis*, patients frequently experience persistent symptoms such as cough, dyspnoea, weakness, and weight loss during treatment.

Recurrence of pulmonary tuberculosis presents an additional clinical challenge, particularly among elderly individuals who may have decreased immunity and poor nutritional status. Management of such cases often requires not only antimicrobial therapy but also supportive treatment aimed at improving respiratory function, digestion, and general vitality.

In Ayurvedic literature, respiratory disorders presenting with cough, breathlessness, and progressive weakness are described under disease entities such as Kasa, Shwasa, and Rajayakshma. These disorders are primarily associated with derangement of Vata and Kapha Dosha, impairment of Agni, and obstruction in Pranavaha Srotas.

Ayurvedic treatment principles for these conditions include:

- Kapha-shamana (reducing Kapha accumulation)
- Vata-anulomana (regulation of Vata)
- Deepana-pachana (improving digestion and metabolism)
- Rasayana therapy (rejuvenation)
- Strengthening respiratory tissues

Several classical Ayurvedic formulations such as Sitopaladi Churna, Shwaskuthar Rasa, Agastya Haritaki Avaleha, Vasaka preparations, and Kanakasava are

traditionally indicated for chronic respiratory diseases.

The present case report documents the clinical outcome of Ayurvedic supportive therapy administered alongside ATT in a patient with recurrent pulmonary tuberculosis.

**Case Presentation**

A 70-year-old female visited the outpatient department with complaints of persistent cough and intermittent fever in June 2025.

**Past History**

The patient had been diagnosed with pulmonary tuberculosis in 2022 and completed a full course of anti-tubercular therapy, following which she was declared cured.

**Present Illness**

After approximately three years, the patient developed:

Persistent productive cough

Intermittent fever

Diagnostic investigation including sputum examination for acid-fast bacilli (AFB) confirmed recurrence of pulmonary tuberculosis. The patient was restarted on standard anti-tubercular therapy (ATT).

During the course of treatment, the patient experienced worsening symptoms including:

- Hemoptysis
- Dyspnoea on exertion
- Reduced appetite
- Progressive weight loss
- Generalized weakness

Considering the persistence of these symptoms, Ayurvedic supportive therapy was initiated in addition to ongoing ATT.

**Case Timeline**

| Timeline  | Clinical Events                                      |
|-----------|--|
| 2022      | Diagnosed with pulmonary tuberculosis; completed ATT |
| June 2025 | Reappearance of cough and fever                      |
| June 2025 | Sputum AFB positive; ATT restarted                   |

|                            |  |
|----------------------------|--|
| Following weeks            | Development of hemoptysis, dyspnoea, weight loss |
| Start of Ayurvedic therapy | Supportive Ayurvedic medicines initiated         |
| 15 days follow-up          | Reduction in cough and dyspnoea                  |
| 30 days follow-up          | Hemoptysis subsided                              |
| 45 days follow-up          | Appetite improved and weight gain noted          |
| 60 days follow-up          | Overall improvement in respiratory comfort       |

### Therapeutic Intervention

#### Ayurvedic Medicines Administered

1. Sitopaladi Churna – 3 g + Shwaskuthar Rasa – 1 tablet with honey Twice daily
2. Kanakasava – 5 ml + Dashmularishta – 5 ml Twice daily after meals
3. Agastya Haritaki Avaleha Twice daily on empty stomach (morning and evening)
4. Vasakavaleha – 2 teaspoons Twice daily

### Follow-Up

Clinical evaluation was performed every 15 days, assessing:

- Cough severity
- Presence of hemoptysis
- Dyspnoea
- Appetite
- Body weight
- Overall well-being

### Symptom Scoring Table

| Symptom     | Baseline | 15 Days | 30 Days | 45 Days | 60 Days |
|-------------|----------|---------|---------|---------|---------|
| Cough       | 3        | 2       | 2       | 1       | 1       |
| Hemoptysis  | 2        | 1       | 0       | 0       | 0       |
| Dyspnoea    | 3        | 2       | 1       | 1       | 1       |
| Appetite    | 1        | 2       | 2       | 3       | 3       |
| Weight loss | 3        | 3       | 2       | 1       | 1       |

### Scoring system:

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe

### Ayurvedic Samprapti (Pathogenesis)

Nidana (Infection, reduced immunity, chronic respiratory weakness)

↓

Vata-Kapha Dosha Prakopa

↓

Mandagni and Ama formation

↓

Kapha accumulation in Pranavaha Srotas

↓

Srotorodha (obstruction of respiratory channels)

↓

Clinical manifestations

**Kasa (cough) • Shwasa (dyspnoea) • Raktasrava (hemoptysis) • Karshya (weight loss)**

### Results

Following initiation of Ayurvedic supportive therapy, progressive clinical improvement was observed.

**Hemoptysis-** Hemoptysis gradually reduced and was completely absent during later follow-up visits.

**Cough-** The frequency and intensity of cough decreased significantly.

**Dyspnoea-** Improvement in breathing comfort and reduction in exertional dyspnoea were noted.

**Appetite-** The patient reported improved appetite, suggesting better digestive function.

**Body Weight-** Gradual weight gain was observed during follow-up, indicating improvement in nutritional status.

**Overall Well-Being-** The patient experienced improved energy levels and better quality of

life. No adverse reactions related to Ayurvedic medications were reported.

#### **DISCUSSION:**

Tuberculosis treatment primarily relies on anti-tubercular drugs; however, symptomatic management and restoration of physical strength are equally important. Elderly patients often experience prolonged weakness, appetite loss, and respiratory discomfort even during adequate antimicrobial therapy.

In Ayurvedic understanding, such clinical manifestations resemble Kasa and Rajayakshma, conditions associated with derangement of Vata and Kapha Dosha and impairment of Pranavaha Srotas. Treatment aims to clear respiratory channels, improve digestive fire, and restore tissue strength.

#### **The formulations used in this case possess classical indications in respiratory disorders.**

- Sitopaladi Churna helps pacify Kapha and improve digestion, thereby reducing cough and mucus accumulation.
- Shwaskuthar Rasa is traditionally used for respiratory conditions characterized by dyspnoea and cough.
- Vasaka (*Adhatoda vasica*) is known for its hemostatic and expectorant properties and is frequently indicated in hemoptysis and bronchial disorders.
- Agastya Haritaki Avaleha acts as a rejuvenative preparation beneficial in chronic respiratory diseases.
- Kanakasava and Dashmularishta support respiratory function and help balance Vata-Kapha Dosha.

The combined use of these formulations may provide multiple therapeutic actions:

- Reduction of Kapha accumulation
- Improvement of digestive metabolism (Agni)

- Relief from cough and dyspnoea
- Hemostatic effect in hemoptysis
- Enhancement of immunity and tissue strength

The favorable outcome observed in this case suggests that Ayurvedic supportive therapy may complement conventional tuberculosis treatment by improving symptoms and general health.

#### **CONCLUSION:**

This case report demonstrates that Ayurvedic supportive therapy administered alongside anti-tubercular treatment may help reduce symptoms such as cough, hemoptysis, dyspnoea, and weight loss in recurrent pulmonary tuberculosis. The integrative approach contributed to improvement in appetite, respiratory comfort, and overall well-being. Further clinical studies with larger sample sizes are needed to establish the effectiveness of Ayurvedic interventions in tuberculosis management.

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