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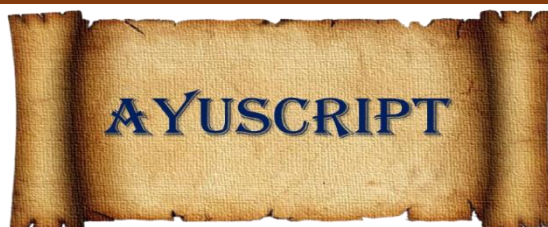
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यन्कल्पेन शरीरं समकल्पयन् ॥१॥ विश्वकर्मोणमाहूय पुरीक्षाटकानि  
 र्तेना ॥ तत्र खोडशसहस्रस्त्रीणां चैव वराधिकम् ॥११॥ भवभानिसनो ज्ञानि  
 यो मध्ये चकल्पयन् ॥ परिज्ञानतर्कवैवनासोभोगाय कल्पयन् ॥१२॥ या  
 यानो गृह्णास्तत्र यद्दुपेचाशतकोटयः ॥ अन्यपि बहुवैलोक्यावसंनिधिगत  
 राः ॥१३॥ यन्निर्विद्युत्सुताकेषु सुन्दरैश्च दृश्यते ॥ सवाङ्मिन्प्रसूनास्यो पु  
 त्रयुयस्य विद्युते ॥१४॥ यथापि नीरमासाद्य तन्मनस्कतया च सः ॥ सनाजि  
 स्तपस्तेपस्सूर्यमुदितेषु बुद्धिमाका ॥१५॥ धनैर्निरसनेन सूर्यस्यैव दुःखे  
 तः ॥ असन्नाभयवाचसनाजितपुरस्थिता ॥१६॥ सनाजिनोपि तु ह्यावदृष्टा देवैर्द  
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 मस्तु निम्बरापिणः ॥ कल्पयेय नमस्तुक्तं हरिद्वयनमस्तुक्तं ॥१८॥ गृह्णाज नम  
 तस्तु नमस्तु चंद्रो जिह्वा ॥ वेदत्रय नमस्तुक्तं सर्वदेव नमस्तुक्तं ॥१९॥ प्रसीद  
 त्स्वित्वा सुदृष्टीमां दिवा करी ॥ २०॥ यैस्सकथमानो लोदेवदेवो दिवा करः ॥२  
 १॥ यथाभीरुभर्तृसकं जितभवा ॥ २२॥ अर्चयति यस्तु यस्तु यस्तु यस्तु





## International Journal for Empirical Research in Ayurveda

### Emergency Management of Respiratory Distress (Shwas–Kaas) Jorvekar A.

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**ABSTRACT:** Respiratory distress is a potentially life-threatening medical emergency characterized by difficulty in breathing, inadequate oxygenation, and risk of respiratory failure. Immediate recognition and prompt management are essential to prevent morbidity and mortality. Various conditions such as acute asthma exacerbation, chronic obstructive pulmonary disease (COPD), pneumonia, pulmonary edema, anaphylaxis, and airway obstruction may lead to respiratory distress. The primary approach to emergency management follows the ABC protocol—Airway, Breathing, and Circulation—ensuring airway patency, adequate oxygenation, and circulatory stability. Early interventions include oxygen therapy, bronchodilators, corticosteroids, monitoring of oxygen saturation, and advanced airway management in severe cases. Diagnostic investigations such as pulse oximetry, arterial blood gas analysis, chest X-ray, and laboratory tests assist in identifying the underlying cause and guiding treatment. From an Ayurvedic perspective, respiratory distress correlates with disorders described as Shwas and Kaas, primarily involving the Pranavaha Srotas and imbalance of Vata and Kapha Dosha. Classical Ayurvedic texts describe therapeutic approaches including Swedana, Vamana in selected conditions, and herbal formulations such as Sitopaladi Churna and Talisadi Churna for respiratory ailments. However, these therapies are recommended mainly during stable conditions and not during acute emergencies. An integrated approach combining modern emergency medical management with the holistic principles of Ayurveda may help improve patient outcomes and provide comprehensive care. Early diagnosis, rapid intervention, and appropriate follow-up remain key factors in the successful management of respiratory distress.

**Key words:** Respiratory Distress, Shwas, Kaas, Pranavaha Srotas, Emergency Management, Ayurveda, Oxygen Therapy, Asthma, COPD, Airway Management

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**Introduction:**

Respiratory distress is a critical medical condition characterized by difficulty in breathing and inadequate oxygen supply to tissues. It may occur due to various pulmonary or systemic disorders and can rapidly progress to respiratory failure if not treated promptly. Early identification and immediate intervention are crucial for reducing mortality and improving clinical outcomes.

In modern medicine, emergency management focuses on maintaining airway patency, ensuring effective breathing, and stabilizing circulation using the ABC approach. Timely oxygen therapy, bronchodilator administration, and supportive care are essential steps in management.

In Ayurveda, respiratory disorders are described under Shwas and Kaas, which are primarily caused by vitiation of Vata and Kapha Dosha affecting the Pranavaha Srotas. Classical Ayurvedic texts provide detailed descriptions of their etiology, symptoms, and treatment principles. Understanding both modern and Ayurvedic perspectives may contribute to a more comprehensive approach to patient care.

**Causes of Respiratory Distress**

- Acute severe asthma
- Chronic Obstructive Pulmonary Disease (COPD) exacerbation
- Pneumonia
- Pulmonary edema
- Anaphylaxis
- Foreign body obstruction
- Chest trauma
- Acute Respiratory Distress Syndrome (ARDS)

**Clinical Features**

- Tachypnea (increased respiratory rate)
- Use of accessory muscles for breathing
- Nasal flaring
- Cyanosis
- Wheezing or stridor
- Restlessness and anxiety
- Altered consciousness in severe cases

**Initial Assessment – ABC Approach**

A – Airway: Ensure airway patency and remove any obstruction.

B – Breathing: Assess respiratory rate, chest movement, and oxygen saturation.

C – Circulation: Evaluate pulse, blood pressure, and capillary refill time.

**Emergency Management**

1. Position the patient in propped-up (Fowler's) position.
2. Administer oxygen (5–10 L/min via mask).
3. Nebulization with bronchodilators such as salbutamol ± ipratropium.
4. Establish intravenous access.
5. Continuous monitoring of oxygen saturation (SpO<sub>2</sub>).
6. Administer systemic corticosteroids (e.g., hydrocortisone).
7. Prepare for advanced airway management or mechanical ventilation if required.

**Management of Specific Conditions****Acute Asthma:**

- Nebulized beta-agonists
- Systemic corticosteroids
- Magnesium sulfate in severe cases

**Pulmonary Edema:**

- Oxygen therapy
- Diuretics such as furosemide
- Vasodilators when indicated

**Anaphylaxis:**

- Intramuscular adrenaline
- Antihistamines
- Corticosteroids

**Investigations**

- Pulse oximetry
- Arterial blood gas (ABG) analysis
- Chest X-ray
- Complete blood count (CBC)
- Electrocardiography (ECG)

**Indications for Mechanical Ventilation**

- Persistent hypoxia despite oxygen therapy
- Respiratory muscle fatigue
- Rising carbon dioxide levels
- Altered mental status

### **Ayurvedic Perspective (Shwas & Kaas)**

Ayurveda describes Shwas as a Vata-Kapha predominant disorder affecting Pranavaha Srotas. Management focuses on balancing doshas and improving respiratory function. Classical treatments include Swedana, Vamana in selected cases, and herbal formulations such as Sitopaladi Churna, Talisadi Churna, and Dashamoola preparations. These treatments are generally recommended in stable conditions and as supportive therapy in chronic respiratory disorders.

### **Discussion:**

Respiratory distress represents a critical medical condition requiring rapid assessment and timely intervention. The clinical presentation may vary from mild breathlessness to severe respiratory failure. Early recognition of warning signs such as tachypnea, use of accessory respiratory muscles, cyanosis, and altered consciousness is essential for prompt management. The ABC approach—Airway, Breathing, and Circulation—remains the cornerstone of emergency assessment and ensures systematic evaluation of the patient's condition.

Maintaining airway patency is the first priority in patients presenting with respiratory distress. Obstruction due to foreign bodies, secretions, or edema can rapidly compromise ventilation. Oxygen therapy plays a crucial role in correcting hypoxia and improving tissue oxygenation. Bronchodilators such as salbutamol and anticholinergics like ipratropium are widely used in obstructive airway diseases such as asthma and COPD. Corticosteroids help reduce airway inflammation and prevent progression of respiratory compromise. In severe cases, advanced airway management including endotracheal intubation and mechanical ventilation may be required.

Different etiological factors require specific therapeutic approaches. For example, acute asthma exacerbation is treated with bronchodilators and corticosteroids,

whereas pulmonary edema requires diuretics and vasodilators. Anaphylaxis requires immediate administration of intramuscular adrenaline along with supportive therapy. Therefore, identifying the underlying cause is vital in determining the appropriate management strategy.

In Ayurveda, respiratory disorders are described under Shwas and Kaas, which are associated with vitiation of Vata and Kapha Doshas affecting the Pranavaha Srotas. Herbal formulations such as Sitopaladi Churna, Talisadi Churna, and Dashamoola preparations are traditionally used for respiratory ailments. Ayurvedic therapies may play a supportive role in long-term management and prevention of recurrent respiratory problems.

An integrative approach combining modern emergency medicine with Ayurvedic principles may help provide holistic patient care and improve overall outcomes.

### **Conclusion:**

Respiratory distress is a medical emergency that requires immediate recognition and systematic management. Early assessment using the ABC approach, timely oxygen therapy, and condition-specific treatment significantly improve patient outcomes. Integration of modern emergency protocols with Ayurvedic understanding of Shwas and Kaas may provide a holistic perspective for managing respiratory disorders.

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