

An Ayurvedic Review on management of *Tamaka Shwasa*

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Abstract - Respiration is the evident feature of life which is carried out by *Prana vayu*. This sole sign of life is affected in this disease *Tamaka Shwasa*, causing an impediment to the Respiratory function. *Shwasa* word indicates both physiological and pathological state of respiration. Ayurvedic texts have mentioned *Tamaka Shwasa* under the various types of *Shwasa roga*. Disease *Tamaka Shwasa* can be correlated with the disease Bronchial Asthma on the basis of its features & etiopathogenesis. *Tamaka Shwasa* is considered as *Yapya* (palliable) because this type of *Shwasa roga* is not only difficult to treat but also has a repetitive nature. Bronchial Asthma calls the attention of Medical world due to significant burden in terms of healthcare costs as well as lost productivity and reduced participation in family life. The Science of Life – *Ayurveda* is the best way to effectively & safely manage the condition without inducing any drug dependency where various *Shodhana* procedures and use of internal medication not only detoxifies the body but also provides nutrition & increases the elasticity of lung tissue & develops natural immunity of the body thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

Keywords: *Tamaka Shwasa*, Bronchial Asthma, *Ayurveda*

INTRODUCTION

Tamaka Shwasa is one of the five types of disease *Shwasa*. The signs, symptoms and etiopathogenesis of Bronchial Asthma explained in modern science have a lot of similarities with the disease entity *Tamaka Shwasa*. The main features of Bronchial Asthma are breathlessness, chest tightness, wheezing and cough. Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. It is very common at all ages but predominantly in early life. The prevalence of Bronchial Asthma is increasing alarmingly now a days due to excessive pollution, overcrowding, occupational conditions, stress and poor hygiene etc. Both *Ayurveda* and modern medical Science agree regarding the *Nidana* of the disease as host factors (*Nija Hetus-Dosha dushti* and *Ama*) and Environmental factors (*Agantuj Hetus – Raja, Dhuma, Pragvata*, etc). It can be easily correlated with allergic condition. *Nidana Parivarjan* hence plays a key role in the management strategy in both sciences.

The current management of *Tamaka Shwasa* (Bronchial Asthma) by modern medicine is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand prolonged use of these drugs are not safe, as it has many adverse effect with systemic manifestation and as the chronicity increases drug dose dependency increases & dilates the lung tissue to such an extent that at last it leads to respiratory failure. In present scenario *Ayurveda* is the best way to effectively & safely manage the condition without inducing any drug dependency where use of various *shodhana* procedures and use of internal medication not only detoxifies the body but also provides nutrition & increases the elasticity of lung tissue & develops natural immunity of the body. Thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

AYURVEDIC ASPECT OF TAMAKA SHWASA

Tamaka Shwasa comprises of two words i.e. *Tamaka* and *Shwasa*. The word '*Tamaka*' is derived from the Dhatu "*Tamglanou*" which means Sadness (*Panini*). According to *Vachaspathyam* the word *Shwasa* is derived from the root word '*Shwas*' Dhatu by applying *Ghanj Pratyaya*. It implies for both *Vayu Vyapara & Roga Bheda*. It represents both physiological as well as pathological respiration and used for expression of word.

The disease is called *Tamaka* as attack of the disease precipitate during night and during the state of attack dyspnoea becomes so severe that patient feels entering into the darkness. Main causative factors responsible for *Tamaka Shwasa* are *Dhuma* (smoke), *Raja* (dust), *Ativyayama* (excessive exercise/work), *Sheeta sthananivasa* (residing in cold areas), *Guru bhojana* (heavy diet) and *Sheeta bhojana* (cold food/drinks). These factors lead to the vitiation of *Vata* which in turn vitiates *Kapha* leading to vitiation of *Rasa* and impeding the function of *Pranavata*. According to our *Ayurvedic* literature *vata* is captured by the *Aavrana* of *kapha* in this disease. *Acharya Charaka* has mentioned that *Tamaka Shwasa* is *kapha-vataja vikar* and site of its origin is *pitta sthana*. In *Sushruta Samhita*, *Madhava Nidana* and *Yogratnakar* it is mentioned that *Tamaka Shwasa* is *Kapha* predominant disorder. When going through the *lakshnas* of *Tamaka Shwasa* in our *Ayurvedic* literature our

Acharayas has told *Gurghurkam* (audible wheezing), *Pinasa* (coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc. all the *Lakshnas* showing *Kapha* predominancy. *Tamaka Shwasa* in general is described as *yapya* (palliable) disease. However in individual with recent origin of disease, person of *pravaraabala* or both said to be *sadhya*.

Maharshi Charaka has mentioned two-allied stages of *Tamaka Shwasa* known as two types or further complication of disease proper i.e. *Pratamaka* and *Santamaka*. *Sushruta* and *Vagbhata* have only mentioned the name as *Pratamaka*, which includes clinical manifestation of *Santamaka*. Patients suffering from *Tamaka Shwasa* when gets afflicted with fever and fainting, the condition is called as *Pratamaka Shwasa*. It is suggestive of involvement of *Pittadosha* in *Pratamaka Shwasa*. It is aggravated by *Udavarta*, dust, indigestion, humidity (*Kleda*), suppression of natural urges, *Tamoguna*, darkness and gets alleviated instantaneously by cooling regimens. When the patients of *Pratamaka Shwasa* feels submerged in darkness, the condition is called as *Santamaka Shwasa*.

While describing the management *Acharya Charaka* has clearly mentioned the importance of *Nidana parivarjana* along with *Shodhana* and *Shamana* chikitsa as mentioned below.

MANAGEMENT OF TAMAKA SHWASA

NIDANA PARIVARJANAM: Chikitsa is defined as “निदानपरिवर्जन” or avoidance of causative factors. *Ayurveda* basically being emphatic about “स्वास्थ्यरक्षणं” give priority to prophylactic management. This is very much applicable in the case of *Tamaka Shwasa*. The “आगन्तुकहेतु” have to be avoided in the first place.

Being a “याप्यरोगः”, avoidance of triggering factors and providing quality of life with minimum medication is the aim of Asthma management. *Charaka* says, the primary importance in *Shwasa Chikitsa* is the avoidance of causative factors. Both *Ayurveda* and Modern scientist agree to this fact.

The management of *Tamaka Shwasa* has two aspects:

1. Management of *Vegavastha* of *Tamaka Shwasa*; i.e. acute exacerbations, and
2. Chronic management of the *Avegavastha*, where the frequency, duration and intensity of the attacks are minimized / totally cured to give a quality life to the patient.

1. VEGAVASTHA:

In *Vegavastha Charaka*, *Sushruta*, *Vagbhata*, all the *Acharyas* have emphasized on the *Shodhana* therapy in the starting of *Chikitsa* and after that use of *Shamana* yogas. Patient who is in *Vegavastha* should be first anointed with salted oil and then subjected to sudation either by methods of steam (*Nadi Sweda*), hot bed sudation (*Prastara*) or mixed sudation. This is a specific condition where *Sneha* with *Lavana* is indicated. In *Snehadhaya Charaka* has mentioned properties of *Salavana Sneha*. It supervenes within short period of time because both of them are having *Sukshma* property hence having greater penetration power. It is also having *Doshasanghata Vicchedakara* property. *Taila* is having *Ushna* property, and thus alleviates *Vata*, and does not increase *Kapha*, therefore it is better for *Abhyanga*. In *Shwasa Grathita Kapha* (Mucous plug) is present; and *Salavana Sneha* is useful in *Vilayana* of this *Grathitha Kapha*, thereby removing the *Sanga* (Obstruction of airway). Once the *Kapha* is removed from airways, it flows back to its base in *Amashaya* from where it is expelled out by *Vamana*. After a classical *Vamana therapy*, the left out *Dosha* has to be eliminated by fumigation therapy or *Dhupana*.

2. AVEGAVASTHA:

In *Avegavastha* due consideration should be given to avoid pathogenesis which further leads to exacerbations. However, *Acharya Charaka* has divided the patients of *Shwasa* into two categories.

1. Those who are strong and with predominance of *Kapha*.
2. Those who are weak and with predominance of *Vata* and who are un-unctuous.

The choice of management of *Shwasa* in *Alpabala* patient is *Tarpana* and *Shamana*. *Shodhana* therapy should be administered only if extremely essential, if the patient is having good *Dehabala* and *Satwabala*, and when all other measures fail. In the last *shloka* of *Shwasa chikitsa*, *Acharya Charaka* says *Brimhana* is considered the best option compared to *shamana* and *karshana* when treating *Tamaka Shwasa* patient.

In the *Shamana Chikitsa* the used drugs should be *Vatakaphaghna*, *Ushna* and *Vatanulomana*.

Also he said that, any remedy which aggravates *vata* and pacify *kapha* or which pacify *vata* and aggravates *kapha* or which pacifies both *vatakapha* or which pacifies only *vata* should be used for the management of *Tamaka Shwasa*.

Sushruta has described different medicated *ghrita-kalpna* for *Shamana Chikitsa*. *Acharya Sushruta* has advised to do both *Vamana*, *Virechana* in *Shwasa* management while *Acharya Charaka* has described first *Vamana* in *Shwasa* may be as an emergency and after that *Virechana* with *Vata-shleshmahara dravya* especially for *Tamaka Shwasa* in between the two attacks or *avegavastha*. *Virechana* is best for *Srotoshodhan* and *Pitta*

Shamaka Chikitsa and the *Pitta sthana Samudbhava* of *Shwasa Roga* can be explained in the terms of the importance of *Ama* in the *Samprapti*, which is produced in *Adho-Amashaya*, may be duodenum- the main site of digestion, which is explained as the *Pitta Sthana* by *Chakrapani-datta*. Hence, the specific management of *Tamaka Shwasa* according to *Charaka* is *Virechana*. Keeping in mind the *Samprapti* of *Tamaka Shwasa*, the ultimate aim of treatment should be to clear out the *Pranavaha Srotasa*, pacify *Vata* and remove the blockage due to *Kapha*.

According to *Vagbhata* following is main principle of treatment:

1. *Balvana -kaphadhika - Karshana chikitsa*
2. *Durbala- bala- Brimhana*
3. *Vridhdha (old person) - Shamana Chikitsa*

The author of *Yogaratnakar* has mentioned that except *Snehavasti*, all other methods of *Shodhana Chikitsa* should be adopted in *Tamaka Swasa*. (*Yoga Ratnakar. Swa.chi.1*)

Shamana Yoga

For the management of *Shwasa*, *Acharya Charaka* has given 10 drugs under ***Shwasahara Mahakashaya***: *Kachur, Pushkarmoola, Amlavetas, Choti-ela, Hingu, Agar, Tulsi, Bhumyalaki, Chanda (Chorpushpi) and Jeevanti* and 10 drugs in ***Kasahara Mahakashay***: *Pippali, Kasamarda, Kantakari, Brihati, Agastya, Karkatshringi, Tulsi, Vasa, Vanshlochana, Dalchini, Talispatra*

Acharya Sushruta has described various kind of drugs under ***Vidarigandhadi varga, Sursadi gana*** and ***Dashmul gana*** for the management of *Shwasa roga*.

Different forms of commonly used preparations, given in different *Ayurvedic samhitas*, for the management of *Tamaka Shwasa* can be summarised as follows:

Churna: *Sitopaladi Churna, Talisadi Churna, Muktadya Churna, Sauvarchaladi churna, Shatyadi Churna, Krishnadi Churna, Paushkaradi Churna, Shunthyadi Churna* etc.

Kwatha: *Dashmuladi Kwatha, Bharangyadi Kwatha, Vasadi Kwatha, Sheerishadi Kwatha, Amritadi Kwatha* etc.

Vati: *Vyoshadi Vati, Marichyadi Vati, Khadiradi Vati, Lavangadi Vati* etc.

Awaleha & Leha: *Kantakari avaleha, Chyavanprasha, Vasa haritakya leha, Chitraka –haritaki avaleha, Haridradi leha* etc.

Ghrita: *Manahshiladi Ghrita, Vasa Ghrita, Shatpala Ghrita, Tejovatyadi Ghrita, Dashmuladi Ghrita*.

Kshara: *Arka Kshara, Apamarga Kshara, Ashvagandha Kshara* etc.

Aasava-Arishta: *Kanakasava, Pathadyasava, Somasava* etc.

Bhasma-Rasa: *Abhraka bhasma, Shringa bhasma, Shwasa kuthar rasa, Shwasa-kasa-chintamadi rasa, Laxmivilas rasa* etc.

Yavagu & Yusha: *Dashmuladi Yavagu, Hingyadi Yavagu, Pushkaradi Yavagu, Rasnadi Yusha, Kasmarda Yusha*.

Dhumpana & Nasya: *Chandana dhumpana, Guggulu dhumpana, Haridradi dhumpana, Lashunadi nasya*.

PATHYA –APATHYA in Tamaka Shwasa:

PATHYA:

Annavarga: Mudaga, Yava, Kullatha, Purana Shashtik, Rakta shalidhanya, Wheat.

Shakavarga: Paraval, Jivanti, Chaulai

Phalavarga: Bimbiphala, Jamberiphala, Nimbu, Draksha, Amalaki, Amlavetas, Bilva, Amlarasa, Pakva-kushmanda.

Dugdhvarga: Ajadugdha, Ghrita, Puranghrita.

Mamsavarga: Jangala maans rasa, maans of tittar, lava, deer, shooka, rabbit.

Peya: Ushna jal, madhu, arishta, go mutra, sauviraka.

Vihara: Diwaswapna, Pranayama, Ushnajala Snana, Avagha- swedana, Abhyanga, medicated dhoompana.

APATHYA:

Annavarga: Rukshanna, Guru and vishtambhi Aahara, nishpava, masha, kaphavata vardhak aahara.

Phalavarga: kela, Apakvakushmanda.

Dugdhavarga: Dadhi, Unboiled milk.

Maansavarga: Matsya, Anuo maans.

Peya: Sheetjal, Dushita jal

Shakavarga: Kadwa Shaka, Surasava

Vihara: Exposure to cold, dust, pollution, atibharkarshan, *vyayama*, excess indulgence in sexual activities, tension and suppression of natural urges.

CONCLUSION:

Prevalence of Bronchial Asthma is increasing alarmingly due to excessive pollution, overcrowding, occupational conditions, stress and poor hygiene etc. These etiological factors acts as aggravating factors in developing acute attacks of asthma mostly in atopic individuals. Therefore, *Nidana parivarjana* has got a significant role to play in the management of the disease *Tamaka Shwasa*. Also, various principles of *Ayurveda* and many a formulations can be used according to *Roga & Rogi bala*, during *Vegavastha & Avegavastha* and as per palatability of the patient for free flow of *prana vayu* so that *srothorodha* is removed and free flow of *prana vayu* may occur thereby curing the attack of disease *Tamaka Shwasa*.

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