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AN APPRAISAL ON AYURVEDA TREATMENT IDEOLOGY IN TAMAKA SHWASA (BRONCHIAL ASTHMA) VYADHI

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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 & dialates 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 Vachaspatyam 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 pravarabala 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 avoidance of causative factors. Ayurveda basically being emphatic about give priority to prophylactic management. This is very much applicable in the case of Tamaka Shwasa. They have to be avoided in the first place. Being a Yapyaroga, 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-kalpana 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. Vriddha (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, Hingvadi 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, Pakvakushmanda. 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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