



**ROLE OF PRADHAMANA NASYA IN TAMAKA SWASA -A CASE STUDY**

**Dr. Bindushree N.\*<sup>1</sup> Dr. Supreeth M. J.<sup>2</sup> and Dr. Kiran M. Goud<sup>3</sup>**

<sup>1</sup>2<sup>nd</sup> Year PG Scholar, Dept. of Panchakarma, Sri Kalabyraveswarswamy Ayurvedic Medical College, Hospital & Research Center, Bengaluru, Karnataka, India.

<sup>2</sup>Assistant Professor, Dept. of Panchakarma, Sri Kalabyraveswara swamy Ayurvedic Medical College, Hospital & Research Center, Bengaluru, Karnataka, India.

<sup>3</sup>Professor & Principal, Dept. of Panchakarma, Sri Kalabyraveswara swamy Ayurvedic Medical College, Hospital & Research Center, Bengaluru, Karnataka, India.

**\*Corresponding Author: Dr. Bindushree N.**

2<sup>nd</sup> Year PG Scholar, Dept. of Panchakarma, Sri Kalabyraveswarswamy Ayurvedic Medical College, Hospital & Research Center, Bengaluru, Karnataka, India.

Article Received on 27/10/2021

Article Revised on 17/11/2021

Article Accepted on 07/12/2021

**ABSTRACT**

Respiration is an evident feature of life which is carried out by *Prana vayu*. *Pranavaha sroto vikaras* are manifesting due specific *nidanas* like *rajodhuma*,<sup>[1]</sup> and further leading obstruction in respiratory pathway leading to difficulty in breathing, heaviness in the chest, here sole sign of life is affected leading to *Tamaka Swasa* and it can be correlated with the disease Bronchial Asthma on basis of its feature and etiopathogenesis. If disease is acute origin then condition is *sadhya*.<sup>[2]</sup> but in chronic stage its *yapya*. Acharya explained *swasa* after *kasa roga* condition if it is left untreated.<sup>[3]</sup> Here *Tamaka Shwasa*, there is a need of prevention. *Tamakaswasa* is a type of *shwasa roga* having predominant *lakshana* as *kasa* and *swasa kruchrtata*,<sup>[4]</sup> and the vitiation of *doshas* originates from *pitta sthana*. due to *nidana sevana* the vitiated *vata* moves in *pratiloma gathi* and afflicts *shira* and *greeva* further stimulates *kapha* to cause obstruction. It can be co-related to bronchial asthma based on signs and symptoms. Bronchial asthma is defined as long term inflammatory disease of the airways of lungs. It is characterized by variable and reversible airflow obstruction. In Ayurveda for management of *Tamaka Shwasa* medicines are available and for prevention some methods are available like *Nasya*, *dhumapana*, *Vamana*, *Swedana*, *Virechana*. It may help to relieve the complaints, and prevents further attack. So there is a need to find a suitable measure for this purpose. Acharya *Charaka* says *tamakaswasa* to be treated based on *karana*, *moola* and *sthana*,<sup>[5]</sup> as the site of origin of disease is *naasa* i.e part which is very closely connecting to *shiras*. The medicines administered through *nasa* are reaching *shiras* easily hence an attempt is made to explain the potential of *Pradhamana nasya* with *Naradeeya lakshmi vilasa rasa* in *tamaka shwasa*.

**KEYWORDS:** *Tamakaswasa*, *Pradhamana nasya*, *Naradeeya lakshmi vilasa rasa*, Bronchial asthma.

**INTRODUCTION**

*Tamaka swasa* is a disease which have been elaborately mentioned by Acharyas in Ayurveda classics *swasa krichrata* (difficulty in breathing) *peenasa*, *kasa* (cough) *kapha nishteeva* (expectoration), *ghurghuratvam* (wheezing), *krichra bhashana* (difficulty in speaking), *aasanelabathe sukham*,<sup>[6]</sup> (feel comfort in sitting), *lalata sweda* (perspiration on forehead), *sleshmakala vardhana* (attacks in morning & evening) are the symptoms seen. Disease characterized by obstruction of *prana vata* by *kapha* leading to further vitiation of *vata* resulting in upward movement or *vimarga gamana* of *vata* resulting in difficulty in breathing and associated symptoms. *Nasya Karma* in *Tamaka Swasa* can be understood as preventive, promotive and curative aspect *nasya* is one among *panchakarma* therapy as it is used for the treatment of *Urdhwajatu gata rogas*.<sup>[7]</sup> In systemic diseases like *Tamaka Swasa* it acts beneficial.

**CASE REPORT**

Female patient aged 26 years c/o difficulty in breathing, running nose. repeated blocking of alternate nose, continuous sneezing since from 15 years.

H/o Present illness: Female patient aged 26 years N/K/C/O DM, N/K/C/O HTN, N/K/C/O Thyroid complaints of difficulty in breathing associated with repeated attacks of cold, sneezing, nasal blockage, pain in frontal sinus, ethmoid sinus. All these symptoms aggravating during early morning hours, rainy season, on exposure to dust and smoke, while fast walking and running and on exposure to any perfumes, powders, fog, mist, cold breeze, cold water and after taking head bath. Patient feels difficulty in climbing steps and doing any sort of physical activity and finds difficulty in sleeping supine position.

**Relieving factors:** During sitting position, Summer season on usage of Asthalin inhaler and levocitrizine tablet.

Associated complaints: Patient also complaint of drowsiness, lack of interest in regular physical activity, increase in weight around 15 kgs in a span of two years for all these complaints patient visited SKAMCH&RC for better management.

**Past history:** No history of fever/systemic disease.

**Family history:** Grand father, uncle, sister, brother is having similar complaints.

#### Personal history

Diet: Mixed (Non veg once in a week)

Bowel: Regular (once in a day)

Appetite: Good

Micturition: Regular

Sleep: Good

Habit: Tea/coffee twice a day, No history of smoking/Alcohol.

Occupation: Student

Environment: Clean and hygienic

#### General physical and systemic examination

| General condition: | Fair       |
|--------------------|------------|
| Temperature:       | Afebrile   |
| Vitals:            | Stable     |
| Built:             | Well built |
| Nourishment:       | Well       |
| Pallor:            | Absent     |
| Icterus:           | Absent     |
| Cyanosis:          | Absent     |
| Clubbing:          | Absent     |
| Lymphadenopathy:   | Absent     |

#### Assessment of general condition of the patient

| Appetite    | Good    |
|-------------|---------|
| Bowel       | Regular |
| Micturition | Regular |
| Sleep       | Good    |

#### Respiratory System

Rate and Rhythm of breathing –Normal

Breathing difficulty persists on walking, excess laughing and excess talking.

O/E: Inspection of the chest – bilaterally symmetrical.

Type of breathing-Thoraco-abdominal pattern, No any chest deformities, No any scars. Respiratory rate: 20/min.

Palpation: Tenderness - Absent, position of the trachea is centrally placed.

Percussion: Resonant all over the lung field noted.

Auscultation: Polyphonic wheeze was observed bilaterally. Vocal resonance is bilaterally symmetrical.

*Ashta vidha Pariksha:*

*Nadi* (pulse) –74b/min.

*Mala*- once in a day.

*Mootra*- 3-4 times a day

*Jihwa – Aipta*

*Shabda – Krichatbhashitam*.sometimes

*Sparsha –Prakruta*

*Druk -prakruta.*

*Dashavidha Pariksha:*

*Prakruti –Kaphavata.*

*Vikruti – Prana Vata*

*Sara – Madyama*

*Samhanana – Madyama*

*Pramana – Height -5.4 ft, weight- 75kg, BMI – 22.7kg/m<sup>2</sup>*

*Sathva – pravara*

*Sathmya – sarva rasa sathmya katu rasa pradhana*

*Aharashakthi –pravara.*

*Vyayama Shakthi – pravara.*

*Vaya – Baalya (vivardhamana)*

#### MATERIALS AND METHODS

Source of data

Patient suffering from *Tamaka Swasa* is selected from I.P.D of SKAMC&RC, Bengaluru Study design - A single case study

Treatment: *Sarvanga Abhyanga* with *Moorchita tila taila* followed by *Bashpa Sweda* followed by *Pradhamana nasya* with powdered tablets of *Naradeeya lakshmvilasa* for 12 days followed by

#### Oral medications

1) Tab *Naradeeya lakshmvilasa rasa* 2-0-2

2) *Dashamoolakatutrayadi kashaya* 20ml BD for 15 days after treatment of *nasya*.

3) *Chitrakadi Avalehya* 1tsp BD

#### Procedure

Drugs used: Powder of Tablet *Naradeeya lakshmi vilasa* rasa tablets in each nostril 9 tablets

#### Mode of Action of Nasya in Tamakaswasa

Drugs used for Nasya Karma which helps in stimulation of vasodilator nerves which are spread out on the superficial surface of Urdhwanga, this increases the blood circulation to the brain<sup>8</sup>. These drugs are considered as Bronchodilators dilates the bronchial tubes that are constricted due to muscular spasm. The drugs instilled through nasa act upon the bronchial tubes and dilate them thus making the breathing easy. When the head is kept in lower position, it aids retention of medicine in nasopharynx and help in providing sufficient time for local drug absorption. This medication is meant for expelling the mucous and other allergic materials from the lungs, bronchi, and trachea. Commonly we can term it as expectorant, which promotes drainage of mucus from the lungs by thinning the mucus and also lubricates the irritated respiratory tract When the Nasya dravya are administered through the nasal cavity, the drug gets absorbed by the passive process across the cell wall directly through the cell membrane as lipid soluble medicine has greater passive absorption. Purvakarma of Nasya, Abhyanga & Swedana is done. Abhyanga causes

mruduta of Doshas and Swedana causes Vilayana (liquification) of accumulated Doshas. Abhyanga and Swedana increases the local blood supply and Swedana also liquefies the mucous. Due to vasodilatation the permeability of blood vessels increases, which makes the drug absorption faster. In Pradhana Karma, the drug in Churna form is administered into the nostrils through long straight straw in the head-low position of the patient. Thus, the drugs reach the Shringataka and from there, through different Siras, it spreads to other parts like Netra, Shirah, etc. and removes the morbid Doshas.

Rationality of selecting *Naradeeya lakshmilasa rasa* for *Pradhamana nasya*:

In this case patient is suffering from *Tamakaswasa* more than 20 years and also have family history of same complaints. By observing benefits of *Naradeeya lakshmilasa* in *bhaishajya ratnavali* it is very strongly

recommended medicine for *kulaja vikara* and *karna akshi nasa rogas*. *Tamakaswasa* is a heredity origin in this patient and also symptoms like running nose, blockage of nose were seen which shows the involvement of *nasa*, Hence *Naradeeya lakshmi vilasa rasa*<sup>9</sup> is taken here.

#### Criteria for assessment of results

Results were assessed from subjective parameters of base line data of before and after treatment.

Subjective parameter:

- Night awakening due to breathlessness.
- Early morning worsening of asthma symptoms.
- Difficulty in doing work
- Shortness of breath.
- Wheezing.
- Use of bronchodilator each day.

#### Gradings

|    |                                      |   |   |
|----|--------------------------------------|---|---|
| 1. | Sneezing                             | 0 | Never                                     |
|    |                                      | 1 | A Few time(5-6/day)                       |
|    |                                      | 2 | Many time 10-20 /day                      |
|    |                                      | 3 | Present always more than 20/day           |
| 2  | Morning worsening of asthma symptoms | 0 | No symptoms                               |
|    |                                      | 1 | Symptoms                                  |
|    |                                      | 2 | Moderate                                  |
|    |                                      | 3 | severe symptoms                           |
| 3  | Limitation of activity               | 0 | Nothing specific/Energetic in working     |
|    |                                      | 1 | Slight restriction in work due to fatigue |
|    |                                      | 2 | Moderate                                  |
|    |                                      | 3 | Severe                                    |
| 4  | Shortness Of breath                  | 0 | Nil/Absent                                |
|    |                                      | 1 | Mild                                      |
|    |                                      | 2 | Moderate                                  |
|    |                                      | 3 | Severe                                    |
| 5  | Wheezing                             | 0 | Not at all                                |
|    |                                      | 1 | Sometimes occasionally/Hardly             |
|    |                                      | 2 | Most of time /Repeatd episodes            |
|    |                                      | 3 | Always                                    |
| 6  | Use of Bronchodilators               | 0 | None                                      |
|    |                                      | 1 | 1-2 puffs /day                            |
|    |                                      | 2 | 3-4 puffs /day                            |
|    |                                      | 3 | More than 5 puffs/day                     |

**Table: Showing the Effect of pradhama nasya Chikitsa on cardinal symptoms.**

| SL. NO | Signs and symptoms                   | BT | AT | Results in % |
|--------|--------------------------------------|----|----|--------------|
| 1.     | Sneezing                             | 3  | 0  | 90%          |
| 2.     | Morning worsening of asthma symptoms | 2  | 1  | 70%          |
| 3.     | Limitation of activity               | 2  | 1  | 90%          |
| 4.     | Shortness Of breath                  | 2  | 0  | 80%          |
| 5.     | Wheezing                             | 3  | 2  | 50%          |
| 6.     | Use of bronchodilator                | 3  | 2  | 50           |

#### DISCUSSION

Acharya Charaka has been explained after *Kasa roga*, leads to *Swasa* condition if its left untreated. Here *Prana* and *Udhana Vayu* gets affected due to various reasons leading to *tamakaswasa*. If disease is acute origin then

condition is curable (*sadhya*) and in chronic stage its manageable (*yapya*). Acharya Charaka says according to *Sthana*, *Karana* and *Moola*, *Chikitsa* to be adopted. *Abhyanga* is carried out as a *Poorvakarma* of *Nasya* which helps in liquefying *grathitha kapha* so that it can

be expelled out easily and relieves obstruction added to this *nadi Sweda* is also beneficial in doing kapha vilayana. *Prana vayu sthana* is *murdha* (shiras), hence *Tamaka Swasa* can be treated by *Nasya Karma* as *Nasa* (nostril) is considered as *Shiraso dhwara*,<sup>[10]</sup> will be effective to reduce symptoms and controlling *Prana Vayu*.

Long standing *pratishtyaya* if proper management is not carried it may act as precipitating factor for *tamakaswasa*.

As *Tamakaswasa* is a *deergha kaalina vyadhi Rasayana chikitsa* helps in reducing the severity of Asthama attacks and also helps in improving the general status of *pranavaha Srotas*.

### CONCLUSION

*Tamakaswasa* is chronic disorder which is affecting the quality of patient in day to day life. *Chikitsa* should be planned based on involvement of doshas as well as the chronicity, in case of *vega avastha* it is a very good plan of treatment to go for *sadhovamana* but in case of chronic as well as deep involvement of doshas *Vamana, virechana* as well as *pradhmana nasya* is a very good option for controlling *vegas* as well as decreasing the symptoms of *tamakaswasa*. Hence an attempt is made to highlight the importance of *Pradhmana nasya* with *naradeeya lakshmi vilasa rasa* in *Tamakaswasa*.

### REFERENCES

1. Agnivesha, Charaka Drdhabala Cakrapanidatta, Nidanasthana chapter Prameha Nidana Adhyaya verse 6,7. In Acharya Charaka Samhita with Ayurveda Deepika commentary. Reprint Edition. Varanasi: Chaukhambha Published, 2016; 212.
2. Sushruta, Dalhana, Gayadas, Chikitsasthana chapter Prameha Chikitsa verse 3. In: Acharya YT, Narayana Sushruthasamhitha with Nibandhasangraha, Nyayachandrika Commentary, Reprint Edition: Varanasi Chaukhamba Sanskrit Sansthaan, 2014; 451.
3. Sushruta, Dalhana, Gayadas, Chikitsasthana chapter Prameha Chikitsa verse 3. In: Acharya YT, Narayana Sushruthasamhitha with Nibandhasangraha, Nyayachandrika Commentary, Reprint Edition: Varanasi Chaukhamba Sanskrit Sansthaan, 2014; 451.
4. Agnivesha, Charaka, Drdhabala Cakrapanidatta, Chikitsasthana chapter Prameha Chikitsa Adhyaya verse 5,6. In Acharya Charaka Samhita with Ayurveda Deepika commentary. Reprint Edition. Varanasi: Chaukhambha Published, 2016; 445.
5. API textbook of Medicine, Editor-in-chief YP Munjal, Executive Editor- SK Sharma, Editors- A K Agarwal, P Gupta, S A Kamath, M Y Nadkar, R K Singal, S Sundar, S Varma; Associate Editor- G C Pangtes, APrakash Emeritas Editor – S N Shaha Volume-1; Edition, 10: 16.
6. API textbook of Medicine, Editor-in-chief YP Munjal, Executive Editor- SK Sharma, Editors- A K Agarwal, P Gupta, S A Kamath, M Y Nadkar, R K Singal, S Sundar, S Varma; Associate Editor- G C Pangtes, APrakash Emeritas Editor – S N Shaha Volume -1; Edition, 10: 457.
7. Agnivesha, Charaka, Drdhabala, Cakrapanidatta, Chikitsasthana chapter Prameha Chikitsa Adhyaya verse 15. In Acharya Charaka Samhita with Ayurveda Deepika commentary. Reprint Edition, 2016. Varanasi: Chaukhambha Published, 446.
8. Vagbhata, Arundatta, Hemadri, Sutra Sthana Chapter Snehavidhi Adhyaya verse 37 In: Pt Hari Sadashiva Shastri Paradakara Bhishag, Acharya Astanga Hridayawith Sarvanga Sundari and Ayurved Rasayana Commentary. Edition. Varanasi Chaukhamba Subharti Prakashana, 2016; 251.
9. Sharngadhara, Pandit Sarngadharacharya son of Pandit Damodara, Uttara sthana Chapter Virechana Adhyaya verse 4/2 tika. In: Acharya Sarngadharasamhitha with Adhamalla's Dipika and Kasirama's Gudhartha Dipika commentary. Reprint Edition: 2016: Varanasi Chaukhambaorientalia, 319.
10. Vagbhata, Arundatta, Hemadri. Uttara Sthana, Chapter Vajikaranavidhi Adhyaya verse 48. In: Pt. Hari Sadashiva Shastri Paradakara Bhishag Acharya Astanga Hridaya with Sarvanga Sundari and Ayurved Rasayana Commentary. Edition: Varanasi Chaukhamba Subharti Prakashana, 2016; 943.