CONCEPTUAL STUDY OF TAMAKA SHWASA AND ITS AYURVEDIC MANAGEMENT

G. Vinay Mohan¹ and Mahantesh Hiremath²*

¹Head of the Department, ²2ND Year PG Scholar,
Department of Kayachikitsa, Shri Shivayogeeshwar Rural Ayurvedic Medical College

ABSTRACT

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 and etiopathogenesis. Tamaka Shwasa is one of the important disease of such disturbance of pranavaha srotasa. The prevalence of respiratory disorders like Tamaka Shwasa is increasing due to excessive pollution, overcrowding and poor hygiene. Due to this type of nidana sevana, Vata & Kapha dosha get vitiated &obstruct the Pranavaha srotas and symptoms like wheezing, breathlessness, tightness of chest and cough partially at night or early morning. If the disease is acute origin then condition is sadhya.[1] But in chronic stage its yapya. Acharya explained shwasa after kasa roga condition if is left untreated.[2] Here Tamaka Shwasa, There is a need of prevention. Tamaka shwasa is a type of shwasa roga having predominant lakshana as kasa and kruchrtata.[3] It can be correlated to bronchial asthama 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. Among different types of shwasa described in Ayurveda, Tamaka shwasa is most important clinically as its management includes various Shamana & Shodhana Chikitsa.Virechana Chikitsa in Tamaka shwasa is most debated concept which is most of the times was misunderstood that it is prime line of Management.

KEYWORDS: Tamaka Shwasa, Pranavaha srotasa, Vata, Kapha dosha, Nidana sevana.
INTRODUCTION
The word *swasa* is defined from the *Sanskrit* root, meaning “to breathe”. This derivation word *swasa* refers to expiration of the air producing sound similar to the one generated while blowing the air with a blower by the blacksmith.[4] According to our *Ayurvedic* literature *vata* is captured by the *Aavarana* 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 *Yogaratnakar* it is mentioned that *Tamaka shwasa* is *kapha* predominant disorder. 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. There are 5 types of *shwasa roga* (respiratory disease) mentioned in *Ayurveda*.[5-7] *Tamaka shwasa* is one among them. As per *Ayurveda*, *Swasa* is mainly caused by the *vata* and *kapha doshas*. *Swasa* is broadly classified into five types in *mahaswasa* (dyspneoa major), *Urdhawaswasa* (Expiratory dyspneoa), *Chinna swasa* (Chynestroke respiration), *Kshudra swasa* (Dyspnoea minor), *Tamaka swasa* (Bronchial Asthma). *Tamaka shwasa* classified as *Vata pradhana* and *kapha pradhana*. Signs and symptoms of *Tamaka shwasa* are very much similar to that of bronchial asthma. *Pratamaka shwasa* & *Santamaka shwasa* are the two types of *Tamaka shwasa*. It is one of the life threatening diseases which afflict the human race; since centuries *Tamaka shwasa* has remained as a challenging disease.

MATERIALS AND METHODS
Literature regarding above study is taken from *bruhatrayee laghutrayee* and other classical texts along with analysis through modern science

AIMS AND OBJECTIVES
To understand the concept of *Tamara shwasa* along with its *nidana panchaka* as mentioned in *ayurveda*. To compare *Tamaka shwasa* with bronchial asthma as mentioned in modern science

*Nidana* (Etiology)
Ayurveda and modern medical Science agree regarding the *Nidana* of the disease as host factors (*NIja hetus-Doshadushti and Ama*) and Environmental factors (*Agantuj hetus- Raja, Dhuma, Pragvat, etc*). It can be easily correlated with allergic condition. *Nidana Parivarjan* hence plays a key role in the management strategy in both sciences.[8] The type of poisonous substances which manifests its poisonous effects after the lapse of sometime is called *Dusivisha*.[9]
Aharaja nidan
Rooksha, Pinyaka, Masha, Abhishyandi bhojana, Guru bhojana, Dadhi, Amaksheera, Vishamashana, Nispawa, Adyashana, Anupa mamsa, Jalaja mamsa, Vidahi ahara, Vistambhi ahara, pistapadartha,

Viharaja nidan
Dhooma sevana, Sheeta sthana, Vatasevana, Vega dharana, Vyayama.

Vyadhi sambandhi nidana
Rookshana, Vibandha, Anaha, Rookshana, Raktapitta, Shuddhiatiyoga, Udavarta, Pandu, Vishoochika, Amapradosha, Apatarpana, Pratishyaya, Jwara, Dourbalya, Atisar, Chhardi, Kshatakshaya,

Agantuja nidan-Kanthorasa pratighata, marmaghata, Visha, Megha-acchadit dina.\(^{10}\)

Samprapti (Pathogenesis)
The causative factors of shwasa Roga in general are also considered as the etiological factors of Tamaka shwasa. It may develop as an independent illness, as a result of exposure to specific etiological factors related to Vata and kapha dosha.\(^{11}\) Tamaka shwasa is an illness of Pranavaha Srotas, caused due to the predominant morbidity of Vata and Kapha Dosha afflicting the Rasa dhatu.\(^{5}\)

Samprapti (Flow chart)\(^{12}\)
Samprapti ghatakas

Dosha- Vata Kapha
Dushya- Dhatu-Rasa dhatu
Sharirika Mala-Mutra, Purisha
Dhatumala-Kapha, Pitta, Sveda
Agni- Jatharagni, Dhatvagni
Agnidushti- Mandagni
Ama- Agnijanya
Srotas- Pranavaha, Udakavaha, Annavaha & Rasavaha
Srotodushti- Sanga & vimargamana
Udhabhavasthana- Amashayottana(Pittasthan)
Vyaktasthana- Asya, Griva, Pristha, Parshva
Sanchar Sthana- Pranavaha Sroto Avayava
Adhishthana- Pitta sthana
Prabhava- Kriccha Sadhya
Svabhava- Ashukari
Rogamarga- Madhyama Roga Marga\[13]\n
Poorva Rupa (Prodromal symptoms)
Kashaya Vadanta, Shankha toda, Bhaktadvasha, Prana vilomta, Arati, Parshwa shoola, Uro Guruta, Kantha gurutwa, Anaha, Vakra vairasya, Hridpeeda.

Rupa (Symptoms)
Shwasa, Kasa, Lalaat Sweda, Ghoshena Mahate, Kanthodwansa, Bhasitam, Ghurghuraka, Megha, Ambu, Sheeta, Pragyvata, Muhu Shwasa, Muhuschaiva, Na Labhate Nidra, Parshwa Shoola, Avadhamyati, Pramoha Kasa, Peedita, Sleshma, Manasa, Pratishyaya, Pratamyati, Sannirudhyati, Shayanasya Shwasa, Ushna Abhinanda, Uchritaksha, Vimokshante, Labhtea Sukham, Muhu

Chikitsa siddhanta (Treatment protocol)
In Tamaka shwasa obstructs the passage of Vayu and the obstructed Vayu traverses in reverse direction.in such Condition Drug and food which possess Kapha and vata alleviating property and which is having Ushna and Vatanulomana property are helpful in relieving the shwasa.Virechana drugs having above said quality proves beneficial in the condition of shwasa\[14\]
Snehana and Swedana
The physician should treat the patient afflicted Asthma in the beginning, Bhaya snehana on uras by lavana taila, as an initial course of action. With unctuous fomentation therapies. Like Nadi sveda, Prastara sveda and Sankara sveda after anointing the body with oil (unctuous substance) mixed with rock salt. The fomentation theraphy renders the adhered kapha dissolved in the channel of circulation and softened there by. These therapies also cause downward movement of Vayu (Vatanulomana). The stable kapha in the body get dissolved on account of the heat generated by these formation therapies.

Vamana
In patients with the predominant vitiation of Kapha dosha, Vamana karma is most ideal who present with symptoms like paroxysmal productive cough where sputum is tenacious, bouts of distressing paroxysmal cough brings small amount of sticky sputum. Vamana is advisable only in patients who are physically strong and can tolerate the strain of Vamana karma.[15]

Virechana
Whereas doshas stemming out from pitta sthana is best eliminated by Virechana proce-dure. Virechana normalizes the course of vata dosha and thus helps in the reversal of the Vi-lomagati of Pranavayu.[16]

Dhoompana
A varti (cigarette) made from the paste of Haridra, Patra, Erandmoola, Laksha, Manahshila, Devadaru, Haritala and Jatamansi- should be smoked. It also brings relief by reducing spasm or stiffness of Pra-navaha srotas, thus ensures free movement for Vata dosha.

Shamana aushadhi
Shamana Chikitsa-Shamana drugs having the qualities of Kapha nissaraka (Expectorants) and Bronchodilators should be administered in Tamaka swasa.[17]

Different forms of commonly used preparations, given in different Ayurvedic samhitas can be summarised as follows:
Churna: Sitopaladi Churna, Talisadi Churna, Muktidya 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-kasachintamadi rasa, nLaxmivilas rasa etc.

Yavagu & Yusha: Dashmuladi Yavagu, Hingvadi Yavagu, Pushkaradi Yavagu, Rasnadi Yusha, Kasmarda Yusha.

Pathya
2) Vihara: Swedana, Hot water bath, Atapa sevana, Lavana, Taila Abhyanga, Pranayama, Warm clothes in winter season.

Apathya
1) Ahara: Over eating and taking milk at bed time. Fried, too cold, sour, heavy preparations. Fishes, Sheep milk. Sour food, Leaves of mustard, Amla Phala [Citrus fruits], Deep fried items such as Samosa, Sheetapaneeya [cool drinks], Dadhi, Aamaksheera, Bread, Burger, Pizza, Cheese, Paneer etc. is used which are having Srotorodhaka property.
2) Vihara: Vegadharana, Facing dust/wind/hot sun, hard exercise, Smoke, Pets, Pollen Sheeta, Ruksha [Air-Conditioner], cold and damp places. Fasting for a longer period, Seating in frosty, smoky and congested places for a longer period etc. are to be avoided.

RESULTS AND DISCUSSION
In Tamaka shwasa the pranavayu gives away its prakruti and along with kapha produces shwasa. Kapha has impelled in upward direction by vayu. Charaka has mentioned that due to obstructionin srotas, gati of vayu is altered in pratiloma form. The vayu in pratiloma form produces vitiation of kapha, which in turn produces Tamaka shwasa. Regarding about virechana karma indicated in Tamaka shwasa is of much importance, Shwasa is of pitta sthana samudbhava vyadhi hence virechana karma is mentioned.
“Tama” is nanatmaja vyadhi of pitta dosha and its told that when “Tama” is associated as upadrava of Tamaka shwasa then virechana must be given with drugs having vatakapha property. Hence virechana chikitsa is just an avastha wise approach in Tamaka shwasa when Tama is associated with its upadrava.

CONCLUSION
In case of Tamaka shwasa “vyatyasa chikitsa” has to be followed that is any drug of therapy should be either vatahara/ kaphahara alone rather it should be vatakara-kaphahara or vatahara-kaphakara. In Tamaka shwasa, The vitiated vata after causing obstruction in pranavaha srotas spreads with in pratiloma gati and involving neck and head region, which produces pratishyaya by excitation of kapha dosha. This kapha causes obstruction at through resulting in shwasa. Following this either vatahara/kaphahara measure is initiated, which causes down ward movement of vata. Even the pathya ,Apathya measures are followed which there by reduce by symptom of shwasa/Asthma.

REFERENCES