

CONCEPTUAL STUDY OF TAMAK SWAS WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA

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ABSTRACT

According to WHO, Asthma affected an estimated 262 million people in 2019 and caused 455000 deaths.^[1] Asthma is a major non-communicable disease, affecting both children and adults, and is the most common chronic disease among children. In *Ayurvedic Samhitas Swas rog* is a disease of *Pranvah Srotas*. In this disease, due to obstruction in *Pranvaha Srotas*, respiration is difficult. *Pranvaha Srotas* is considered as bronchi, alveoli, and alveolar sac. *Acharya Charak* supposes it *Gambhir, Pranhar Roga* and at the time of death it is present in most of the animals.^[2] According to *Acharyas Swas Roga* is “*Pitta sthan samuddbhava*”.^[3] i.e. it originated from *Pitta Sthana*. *Aam* and *Agnimandha* are the major factors in developing the disease. *Vata* and *Kapha* are vitiated by *Nidana Sevana* after that *Agnimandha* is developed by *Kapha Vriddhi*, then *Amvisha* is formed and when *Aamvisha* vitiates the *Rasa Dhatu* then *Malabhuta kapha* is produced, this *Malabhuta Kapha* blocks Channels and Respiratory tracts and again affect *Agni* and then produce *Agnimandha*. This cycle goes on again and again and results in *Swasa Roga*. According to *Acharya Charak*, it is considered as Same as *Ashivisha* if not treated properly.^[4]

KEYWORDS: Asthma, Noncommunicable Disease, *Swas roga*, *Pranvah Srotas*, *Aamvisha*, *Agnimandha*.

INTRODUCTION

Tamak swas is the disease of *Pranvaha Srotas*. It is *Vata Kaphaj* in nature, but there is *Kapha* predominance. In the early stages is *sadhya*, but in the later stages, it is *kricchrasadhya*. Bronchial asthma can be compared with *Tamak Swas*.^[5] Asthma is a chronic inflammatory disorder of the airways, in which many cells and cellular elements play a role. Chronic inflammation is associated with airway hyperresponsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing particularly at night and in the early morning.^[6] Bronchial asthma consists of increased responsiveness of the bronchial tree, which is

characterized by frequent attacks of dyspnea due to generalized bronchial constriction.^[7] The prevalence of asthma increased steadily over the latter part of the century. As asthma affects all age groups, it is one of the most common and important long-term respiratory conditions in terms of global years lived with disability.^[8]

NIDAN

Swas Roga originates due to vitiation of *Vata* and *Kapha*, so the *Vata* and *Kapha* aggravating factors are the general cause of *Tamak swas* also. *Nidan* of *Tamak swas* is mainly divided into three parts (*Ch. Chi.17/11-13*).^[9]

Vata aggravating Nidan	Pitta aggravating Nidan	Other Nidan
<i>Dhoom, Dhool, Vayu Sevan, Living in cold places, Excessive exercise, Aptarpan, Atimaitihun, Atiyog of Panchkarma, Daurbalya, Marmaabhighat, Dharan of Adharaniya Vega, Ruksh annapan sevan, Sheetal Jalpan, Vishamashana etc.</i>	<i>Staying in cold places, Diwaswapna, Bathing with cold water, and consumption of Nishpav, Mamsa, Til tail, Vishtambhi anna, Vidahi Anna, Guru Aahar, Jaleeya Mans, Curd, Aam ksheer etc.</i>	<i>Any injury on the throat and chest region may be a cause of Swas roga. Besides swas roga is a character in different diseases e.g. Pandu, Atisar, Chhardi, Alasak, Vishuchika, Pratishaya, Rajyakshma, Raktapitta, Visha, Udavarta and Jwar, Jalodar, Hridaroga, Plihodar, Gulma, Medovriddhi, etc.</i>

Precipitating factors of Bronchial Asthma are cold air, exercise, smoke, emotions, infection, pollens, house dust, sleep, and gastro-oesophageal reflex.^[10]

According to modern medical science, there are mainly three major causes of Bronchial Asthma i.e.^[11]

- (1) Deformity in respiratory centre
- (2) Obstruction in respiratory channels in case of tonsillitis, Diphtheria, pulmonary tuberculosis, and pneumonia
- (3) Failure or weakness of accessory respiratory muscle.

PURVAROOPA

आनाहः पार्श्वशूलं च पीडनं हृदयस्य च प्राणस्य च विलोमत्वं

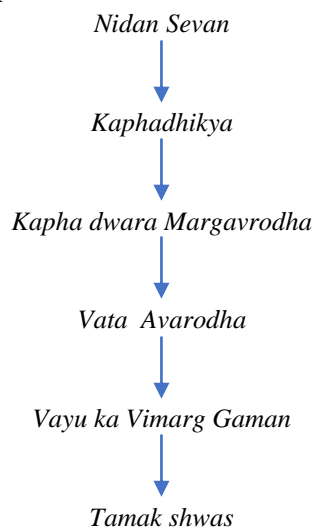
श्वासानां पूर्वलक्षणम् || Ch.Chi. (17/10)

According to Acharya Charak Purvaroopa of Swas Roga are *Aanaha* (Distension of Abdomen), *Parshavashool* (Chest pain), *Hridapira* (Cardiac Pain), Opposite movement of *Pranvayu*.^[12]

प्राग्रूपं तस्य हृत्पीडा शूलमाध्मानमेव च आनाहो वक्त्रवैरस्यं शङ्खनिस्तोद एव च (Ma. Ni. 12/10)

According to Acharya Madhav Hridapira (Cardiac Pain), *Shool* (Muscular Pain), *Aadhyamaan* (Abdominal Distension with Pain), *Aanaha* (Abdominal distension), *Vaktravairasya* (Bitterness of Mouth), *Sankhanistoda* (Piercing Pain in Head).^[13]

SAMPRAPTI^[14]



TYPES OF SHWAS ROGA (Ch. Chi. 17, Su. U. 51/4)^[15,16,17]

- 1) Mahashwas
- 2) Urdhwashwas
- 3) Chhinnashwas
- 4) Tamakshwas
- 5) Kshudrashwas

TAMAK SWAS

Among the five types of Swas Roga, most of the patients are found with *Tamak Swas*. There is excess *Kapha* in

Tamakswas.^[18] When it is new, it is feasible, and when it becomes old, it becomes difficult to achieve. Acharya Charak has very accurately described the condition and symptoms of *Tamak Swas*, which are completely similar to the symptoms of Bronchial Asthma described in modern medicine.^[19]

SAMPRAPTI OF TAMAK SWAS

प्रतिलोमं यदा वायुः स्रोतांसि प्रतिपद्यते ग्रीवां शिरश्च सङ्गृह्य श्लेष्माणं समुदीर्य च ||
करोति पीनसं तेन रुद्धो घुर्घुरुकं तथा अतीव तीव्रवेगं च श्वासं प्राणप्रपीडकम् || (Ch.Chi. 17/55-56)

Due to the consumption of dry, cold foods (cold drinks, rice, milk, maize, urad, etc.), seasonal effects like the cold season, rainy season, etc., early morning, etc., breathing gets obstructed due to excess *Kapha*. Therefore, the air gets vitiated and moves in reverse direction in the sources and by constricting the neck and head, provoking *Kapha* and causing *Pinus Roga*. Very rapid breathing accompanied by wheezing in the throat causes pain in the life.^[20]

CHARACTERISTICS OF TAMAK SWAS^[21]

प्रताम्यत्यतिवेगाच्च कासते सन्निरुध्यते प्रमोहं कासमानश्च स गच्छति मुहुर्मुहुः ||
श्लेष्मण्यमुच्यमाने तु भृशं भवति दुःखितः तस्यैव च विमोक्षान्ते मुहूर्तं लभते सुखम् ||
अथास्योद्ध्वंसते कण्ठः कृच्छ्राच्छक्नोति भाषितुम् न चापि निद्रां लभते शयानः श्वासपीडितः ||
पार्श्वं तस्यावगृह्णाति शयानस्य समीरणः आसीनो लभते सौख्यमुष्णं चैवाभिनन्दति ||
उच्छ्रिताक्षो ललाटेन स्विद्यता भृशमर्तिमान् विशुष्कास्यो मुहुः श्वासो मुहुश्चैवावधम्यते ||
मेघाम्बुशीतप्राग्वतैः श्लेष्मलैश्चाभिवर्धते स याप्यस्तमकश्वासः साध्यो वा स्यान्नवोत्थितः || (Ch.Chi. 17/57- 62)

When the speed of breathing increases excessively, the human body becomes crooked. Coughing occurs frequently and the flow of *Kapha* gets obstructed. If the velocity of the cough increases, the patient becomes unconscious again and again. As breathing increases, the patient suffers more until the *Kapha* is destroyed. If by chance *Kapha* comes out, then for a moment he feels happy, the person experiences hoarseness in the throat and difficulty in speaking to other people. When a person suffering from *Shwas roga* tries to sleep, he does not sleep at all. If by chance he sleeps, the angry air causes pain in both ribs. If the patient sits, he experiences some happiness. Hot things are beneficial for him. His eyes always seem to be raised upward. There is sweat on the

forehead. That person remains very sad. His mouth is dry, the speed of breathing increases and stops again and again, and breathing increases by consuming clouds, *Ambu* (rain of water), a cool environment, east wind, and *Kapha*-enhancing food and drinks. *Tamaka Shwas* with these symptoms is attainable. If this *Tamaka Shwas* is new i.e. less than 1 year, then it is attainable.

TYPES OF TAMAK SHWAS^[22]

Acharya Charak has described the following two types of *Tamakshwas* –

7. **Pratamak Shwas** (Bronchial Asthma with Superimposed Infection)

When fever and unconsciousness also occur along with all the symptoms of *Tamakashwas*, then it is called *Pratamakashwas*. It contains *pitta Anubandh*, hence consumption of cold foods is beneficial.

2. **Santamak Shwas** (Nasty Breath Tropical Eosinophilia):

The *Tamak Shwas* which is generated due to *Udvara*, *Rajakan*, indigestion, humidity, and retention of *Vega*, which increases due to darkness (darkness) and is calmed down by cold treatment, is called *Santamak Shwas*. In this, the patient feels lying in darkness. Mental defects are effective in this.

There is an excess of *Vata-Kapha* in *Santmak* and *Pratmak* breathing, but due to *pitta Anubandha*, the patient benefits from the consumption of cold foods.

Specific symptoms of Tamakashwas

(1) Barrel Shaped Chest

(2) Dry and moist sounds in lungs (Rales & Rhonchi present on Auscultation)

(3) Pigeon-like cooing (grumbling)

SADHYAASADHYATA

New *Tamak Shwas* is curable but when it becomes chronic, the weak and diseased *Tamak Shwas* becomes incurable.

CHIKITSA SIDDHANT^[23]

1. Nidan Parivarjan

2. In the patients of *Tamak Shwas* after massage of *Saindhav Lavan* and *Til tail* on the chest region, should perform *Nadi Sweda*, *Prastar Sweda*, or *Shankar Sweda*.

In this way, due to *Snehan* and *Swedan*, the lump-like *Kapha* in the sources gets liquefied and the sources become soft. As a result, the *Vayu* becomes inverted.

3. After *Snehan* and *Swedan*, *Vaman* should be done by giving fatty food to increase mucus. The patient gets relief as the obstruction gets reduced due to the removal of *kapha* through *Vaman*.

4. **Dhumrapan** – After vomiting, smoking should be done to remove the impurities absorbed in the sources.

5. In case of an increase in *Vata* after *Vaman*, food should be given with *Vata* sedative meat juice, etc. Those patients who have not had *kapha* and have not been subjected to sweating should not be induced to *Vaman*.

6. *Vaman* should be done in the case of *Shwas Roga* involving *Kaas Roga* and *Swarbhang* the patient suffering from *Tamak Shwas* should be given *Virechana* (with *Vata-Kapha* sedatives).

7. The diet and medicine that suppresses *kapha*, which is warm and expels *Vata* is beneficial in *Shwas Roga*.

Sanshodhan chikitsa

Snehan, *Swedan*, *Vaman*, *Virechan*, *anuvasan Basti*, *Nasya*, *dhoom pana*.

Sanshaman Chikitsa

Rasaushadhi/Bhasma/Pisht	Dose/Anupana(125-250mg)	<i>Swaskuthar Rasa</i> <i>Mahalaxmivilas rasa</i> <i>Swaskaschintamani Rasa</i> <i>Basantmalti Rasa</i> <i>Kaphketu rasa</i>
Vati	Dose/Anupana(250-500mg/Ushnodaka)	<i>Marichaydi vati</i> <i>Vyoshadi vati</i> <i>Lavangadi Vati</i>
Churna	Dose/Anupana(3-6gm/Madhu or Ushnodaka)	<i>Shatyadi Churna</i> <i>Soma Churna</i> <i>Muktadhya Churna</i>
Ghrita/ Taila	Dose/Anupana(10-20ml/Usnodaka/milk)	<i>Tejovatyadi ghrita</i> <i>Manahshiladi Ghrita</i> <i>Chandanadhya Tail</i>
Kwath/Asava-arishtha	Dose/Anupana(20-30ml with equal part of water)	<i>Dashmoola Kwatha</i> <i>Kanakasava</i> <i>Shirish kwath</i> <i>Vasadi Kwatha</i>
Avleha /Paka	Dose/anupana(20gm/Milk)	<i>Haridra Khanda</i> <i>Chitrak Haritaki</i> <i>Vyaghri Haritaki</i> <i>Bhrangi Guda</i>
Rasayan	Dose/anupana(20gm/Milk)	<i>Chyavanprash</i>

Pathya/Apathya

Pathya ahaar	Pathya Vihar	Apathya Ahar	Apathya Vihar
<i>Sathi chawal, kulathi, wheat, barley, Goat Milk, Purana Ghrita, Jangal mamsa Rasa, Madhu, Bathua etc.</i>	<i>Virechna, Vaman, Dhoompana, Diwaswapna etc.</i>	<i>Buffalo milk, Ghrit, Dadhi, mustard, fish, cold, water, Mash, etc</i>	<i>Sheeta, dew, rain, etc.</i>

MANAGEMENT^[24]

The current approach to the treatment of asthma emphasizes Prevention with avoidance of Allergens wherever possible and chronic use of anti-inflammatory drugs including corticosteroids.

Acute episodes as in the earlier times, get treated with bronchodilators, corticosteroids, anticholinergics, and oxygen therapy as needed.

In acute airway obstruction and chronic daily wheez, nebulizers may be used.

CONCLUSION^[25]

In the end, it can be concluded that *Tamak swas* is the disease of *Pranvaha Srotas* and originated from *Pitta Sthana*. According to the modern view, it can be correlated with Bronchial Asthma. It is *Pranhar Roga* according to Ayurveda. It is caused by *Ama* and *Agnimandha*.

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