

**A CRITICAL REVIEW STUDY ON TAMAK SHWAS W.S.R. TO C.O.P.D.**Vd. Rajesh Ramkrishna Phasate\*<sup>1</sup>, Vd. Adhitya Turankar<sup>2</sup>, Vd. Sneha Tiwari<sup>3</sup> and Vd. Suryakant Dwivedi<sup>4</sup><sup>1</sup>Assistant Professor, Dept. of Shalaky Tantra, Shri Gurudeo Ayurved College Mozari.<sup>2</sup>Assistant Professor Dept Panchakarma Shri. K. R Pandav Ayurved college and Hospital, Nagpur.<sup>3</sup>Assistant Professor, Dept. of Kayachikitsa of Shri K.R pandav Ayurvedic College Nagpur.<sup>4</sup>Assistant Professor, Dept. of Stri Prasuti tantra of, Om Ayurvedic College Betul India.**\*Corresponding Author: Vd. Rajesh Ramkrishna Phasate**

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**INTRODUCTION**

Chronic Obstructive Pulmonary Disease (COPD) is 4th leading cause of death and its prevalence is increasing steadily due to lifestyle changes and unhealthy habits. COPD includes Chronic Bronchitis and Emphysema, it is 2nd most common lung disorder after Pulmonary TB. According to Ayurveda, clinical features of COPD can be correlated with disorders of Pranvaha Strotas dusti and occurs usually in prolonged conditions of Tamak Shwasa. Etiological factors include smoking, cold weather, dust, air pollution, chemicals etc which are also mentioned in Tamak Shwasa Hetu- "Rajasa Dhoomvatabhyam Shitathanambusevanam Rukshanna Vishamashana". Identification, Treatment, Prevention and Control of COPD are important steps to be taken along with lifestyle modifications which are well explained in treatment principles and formulations mentioned in Tamak Shwasa for Prevention and Management of COPD.

**KEYWORDS:** Tamakshwas, COPD, Vaman, Virechan.**INTRODUCTION**

In India, COPD is most common cause of death. It mainly affects Male due to frequent smoking and is leading cause of chronic morbidity and mortality. It is common in rural and urban areas as well. COPD is mainly characterized by progressive development of chronic airflow limitation which is irreversible. It includes Chronic Bronchitis which is characterized by chronic cough with expectoration for at least 3 months of year or more than two consecutive years. Emphysema is defined as permanent abnormal distention of air space distal to terminal bronchioles. In Ayurveda, Respiratory disease occurs due to Pranvaha Strotas dusti where cough, difficulty in breathing etc symptoms occur. According to lakshanas, Tamak Shwasa is described as Kaphapradhan (Chronic Bronchitis) and Vatapradhan (Emphysema). It is impossible to correlate.

COPD with single condition but advanced condition of Tamak Shwasa can be correlated with COPD.

**AIMS AND OBJECTIVES**

To review Tamakshwas from Ayurved and Modern point of view and to describe Ayurvedic Principles and its Management.

**MATERIAL AND METHOD**

To review aims and objectives compiling Ayurvedic and Modern literature based on Samhitas, Ayurvedic Principles, Research Journals, Magazines, Internet etc.

**1) Aetiopathogenesis** Smoking, air pollution, dust etc- airway wall inflammation- hyper secretion of mucus- increase in no. of goblet cells in bronchi- decrease in no. of ciliated cells- mucus transport becomes less- narrowing of airway and loss of pulmonary elasticity- COPD. Hetu sevān- vitiated vāts enters Pranvaha Strotas (Respiratory Channels) - provokes Urastha kapha (chest kapha) - provoked kapha obstructs Pranvaha Strotas (Respiratory channels)- Tamak Shwasa and 5 types of hikka.

**2) Clinical Features**

According to two types of Copt

- Chronic Bronchitis (Blue blotters)
- Emphysema (Pink puffers)

Productive cough. -Severe dyspnea.

Yellow or greenish sputum. -Effort to exhale.

Difficulty in breathing. -Minimal cough.

Chest pain, Fatigue. -Crepitation in lower zone of lung

Inflammation and swelling of Bronchi -Lean Patient  
Obese Patient

### Tamak Shwasa Lakshanas

#### I) Kaphaj Ii) Vaataj

Adhik Shwaskashtata -Alpa Shwaskashtata

Alpa Kasveg -Adhik Kasveg

Adhik Kaphnirharan -Alpa Kaphnirharan

Alpa Urashool -Adhik Urashool

Pramantaha Alpa Shwasavega.

Varamwar Shwasavega

According to above symptoms Kaphapradhan Tamak Shwasa Lakshanas resembles to Chronic Bronchitis and Vatpradhan resembles to Emphysema which means Tamak Shwasa can be correlated with COPD.

#### Diagnosis

1. Pulmonary Function Test.
2. Sputum Test.
3. X ray Chest.
4. CBC.

#### Complication

Recurrent URTI

Pulmonary HTN

Weight Loss

Right Heart Failure

Pneumothorax. Which are quite similar to updravas mentioned for Tamak Shwasa.

#### Management

According to Modern, O<sub>2</sub> inhalation, Bronchodilators, Steroids like Hydrocort etc, Nebulisation, Antibiotics are given which has its limitations and give short term effect. According to Ayurveda,

As per Chikitsa sutra explained in Charak Chikitsa 17/71...

Management of Tamak Shwasa has two aspects according to Chikitsa.

#### 1) Vegavastha

First and foremost treatment is Salavan Snehan and Swedan. Lavan Ras is useful in kapha vilayan due to its Ushna guna thereby removing sanga (obstruction in airway) and its sukshma property has greater penetrating power so the combination of swedan and salavan taila where taila is also ushna gunatmak helps in relieving airway obstruction easily.

In Kaphapradhan shwasa "Sadhya Vaman" is advised followed by snehan, swedan. Vaman should be given by ushna, ruksha gunatmak dravyas so that maximum kapha should be expelled out.

After Vaman therapy, left out dogha should be eliminated using Dhoopan made of ushna, ruksha gunarmat varti

case of Vatpradhan Shwas "Virechan" should be given. Virechan dravyas should be of ushna, snigdha gunatmak which will decrease ciliated vata dosha and will decrease lakshanas simultaneously. Dosh Pratyaynik Chikitsa- Properties opposite to Vata and Kapha dosha should be given to reduce the disease. Causes should be avoided to prevent recurrency Vyadhi Pratyaynik Chikitsa- Treatment should be given accordingly to increase the capacity of Strotas, Agnivaradhan and kapha reduction should be done to avoid the disease.

#### 2) Avegavastha

Treatment should be given in this condition to avoid pathogenesis which further leads to exacerbations.

For prevention and to avoid recurrency "Apunarbhav Chikitsa" should be given which includes "Rasayan Chikitsa" to strengthen Pranvaha Strotas.

#### 3) Nidan Parivarjan

Lifestyle modification should be done to reduce symptoms and improve quality of life.

Nasya should be done to avoid contact with irritant or pollutant with nasal mucosa.

Yogasan and Pranayam should be done to increase lung capacity and for rehabilitation of vital organs.

Pathya - Regular exercise, lukewarm water, whole grain and hygienic food.

Apathya - Excessive use of Tomato, spicy, oily, junk food, cold water, fermented food, curd, milk, cold drinks etc.

#### CONCLUSION

COPD being a chronic progressive disease with irreversible changes needs early diagnosis and proper management. Symptoms of Bronchitis resembles with Kaphapradhan Tamakshwas. So, Vaman can be indicated or may give better results in Bronchitis. Symptoms of Emphysema resembles with Vaatpradhan Tamakshwas. So, Virechan can be indicated or may give better results in Emphysema. An extra care of diet and lifestyle modifications along with Apunarbhav Chikitsa can play major role in prevention or progression of COPD.

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