

**A CRITICAL REVIEW STUDY ON TAMAK SHWASA (BRONCHIAL ASTHMA): AN  
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**ABSTRACT**

*Tamaka Shwasa* is a very broad term which includes many more diseases where dyspnoea is predominant symptom. But still we can correlate Bronchial Asthma to *Tamaka Shwasa*, because out of the remaining four, three are incurable and the fourth one is *Kshudra Shwasa* developed due excessive labor or taking excessive *Ruksh Ahara* and which is easily curable. In its early onset it is easily curable but in chronic cases it is difficult to treat. In *Ayurveda* the word *Shwasa* define its meaning as an independent disease as well as symptom and complication of other disease. There are the episodes of disease, so that the life of the patient is endangered. *Acharya Charaka* described that *Tamak Shvasa* is *Yappya* type of disease in which patient has to depend upon medicines for the relief. Different concept of treatment of *Tamak Shvasa* has been highlighted by *Acharya Charak*. Every *Ayurvedic* physician must have the detail knowledge of *Tamak Shwasa* to decide different aspect of *Chikitsa* as well as prognosis of the disease.

**KEYWORDS:** Tamak Shvasa, Yappya, Peenasa, Kasa, Shvasa Krichhata, Anidra, Ghur-Ghurk Shabda, Kashten Shelshma Mokshata.

**INTRODUCTION**

According to modern medical science Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to labored breathing. The main cause of inflammation is chronic irritation due to hyper-reactivity of lung immune system induced by different kinds of external and internal allergens. *Tamak Shwasa* is a type of *Shwasa* in which patient feels excessive difficulty and drowning in dark is known as *Tamak Shwasa*. *Tamak Shwasa* is a disease in which patient experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. The name of *Tamaka Shwasa* is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (*Tama Pravesh*). Both the *Vata* and *Kapha* have been considered to be the chief *Doshas* involved in the pathogenesis of *Tamaka Shwasa*. Among the five types of *Sharira Vayu - prana Vayu* get vitiated during this disease.

When *Vata* is obstructed by vitiated *Kapha*, it get reverses and affect the *Prana vaha Srotas* and producing Dyspnea associated with wheezing sound, Cough, labored breathing etc. Due to constant coughing patient

become unconscious, greatly distressed and feels comfort for a while when the sputum being expectorated. Throat of the patient is severely affected, and speaks hardly. He feels discomfort in lying down position, so unable to get a sleep. He feels comfort in sitting or in propped up posture. He likes to take hot things only. His eyes are protruded, forehead is covered with sweat and he feels a great distress all the times. His mouth becomes dry. These symptoms are intensified by cloudy, humid and cold weather, easterly winds, foul smelling and by taking *Kapha* increasing things. The *Tamaka Shwasa* (Bronchial Asthma) is *Yappya*. It is curable if it is of recent origin.

**Santamaka Shwasa**

*Santamaka Shwasa* is aggravated in the night and patient feels relief with cold in contrary to *Tamaka Shwasa*, as the later is aggravated with cold and usually the attacks are precipitate early in the morning. The patient feels to be drowning in the sea of darkness, so it is known as *Santamaka Shwasa*. *Sheetopachara* is fruitful because of the presence of *Pitta dosa* in this disease.

**Pratamaka Shwasa**

In this clinical status a patient is overwhelmed by fever and fainting in addition to other symptoms of *Tamaka*

Shwasa. It is caused by Udavarta, dust, indigestion, old age and due to suppression of urge. According to Chakrapani though the Kapha and Vata are predominant Dosas in Tamaka Shwasa, Pitta is equally vitiated in this allied condition which is responsible for the above symptoms. As Acharya Chakrapani has narrated that the knowledge of physiological state should be done before understanding the pathological state, so before discussing the Shwasa roga we should know the normal state of respiration.

The clear physiology of respiration is available in Ayurvedic and Sanskrit literature. In Yajurveda (15/12), it is mentioned that air (Vata) in the form of Prana and Apana enters in the Nasika. It shows that Prana and Apana are the words to indicate inspiration and expiration. Shwasana kriya (Respiration) takes place since the first minute of birth to the last moment of the death. This produces in two phases as Nishwasana (inspiration) and Uchhwasana (Expiration), then going or alternation The Vayu (Atmospheric air) which enters through the nasal passages, along the course of Shwasanalika and fills up the Vayu koshas. Thereby it allowed for a short period and is forced out through the same Srotas. This whole process of function depends mainly by Prana Vayu for Nishwasana and Udana Vayu for Uchhwasana. This Kapha Known as Avalambaka Kapha helps the parts by keeping them Aadra (moist) and also conferring Bala (Strength). It helps to hold any foreign matter coming along with air.

Acharya Sharangdhara has described in Purva Khanda the physiological process of normal breathing. The process of normal breathing is so far transportation of Oxygen to the tissues and the cells. Acharya narrated that this respiration starts from Nabhi, which may be considered as umbilical region i.e. abdominal muscles helps for respiration. Diaphragm is also having an important role of respiratory process where the exact position takes place. The upward and downward movement of diaphragm produces expiratory and inspiratory process of respiration where it touches to Hrit Kamalantaram. Inhaled air travels through Trachea reaches to the lungs where gaseous exchange takes place. A certain amount of blood is continuously being pumped by the Hridaya into the Phupphusa. This blood absorbs the Ambara Piyusha (oxygen) from the air present inside and leaves off its Kitta (waste i.e. CO<sub>2</sub>) which is exhaled out. The main process of Shwasana kriya involves the above mechanism. This gas i.e. oxygen further helps to produces heat and energy. He described Abdomino-thoracic nature of the respiration.

#### Nidana Panchaka of Tamak Shwasa

The Nidana has been mainly of two types:

##### a. Bahya Nidana

##### Asatmendriyarth sanyoga

It plays important role in development of Shwasa roga. Mainly Ghranendriya, Rasanendriya and Sparsanendriya and their Aasatmyaindriyarth sanyoga may precipitate

Tamaka Shwasa. For example exposure of the ghranendriya to pollens, dusts etc. may evoke an Asatmendriyarth sanyoga.

#### Pragyaparadha

It is a conscious or unconscious indulgence in harmful activities. It is again of two types.

1. Sharirika pragyaparadha, eg. excessive indulgence in sex, excessive working and other likewise activities.
2. Manasika Pragyaparadha are anxiety, excitement, fear, sorrow, anger, greed, pride etc.

#### Parinama

It means Kala i.e. the effect of climatic condition. This is observed that paroxysmal attacks of Shwasa roga occur during specific times and seasons, eg: night, cloudy climates, winter and rainy season.

#### b. Abhyantara Nidanas

In Tamaka Shwasa, Kapha and Vata are the main Dosha, which are the internal factors responsible for the disease. Tamaka Shwasa can be produced secondarily to some disease eg. Jwara, Pandu, Kasa etc. Vagbhatta has clearly narrated that the neglected cases of Kasa may lead to Shwasa.

#### Purvarupa of Shwasa

1. **Anaha:** The condition in which the flow of mala and Vayu from both the paths becomes restricted along with the absence of gud-gud sound in the abdomen is called Anaha. Constant intake of guru, vidahi, Vistambhi, sheeta and Rukshadi Aahar- Vihar causes Agnimandya and that leads to Aamotpati, Vata Vigunta and Mala Sanchaya which thereby leads to constipation of Mala and Vayu and causes Anaha.
2. **Parshvashoola:** Sensation of pain in the lateral sides or in the ribs is called Parshvashula. When the air in the alveoli of the lungs becomes Aavrit by Kapha then the aggravated Vayu causes Parshvashula. The Mula of Aanavaha strotasa is Amashaya is situated in the left side. Dushti of Aanavaha Strotas causes pain in that region which is referred to as Parshvashula.
3. **Hrit Peeda:** Pain in pericardial region in heart or pain in chest is referred to as Hrit Peeda. This pain is caused by aggravated Shwasa which is due to the reverse cause of Vayu. This Vayu is obstructed and Aavrit by Kapha. In Aaptarpan janya Shwasa, there is loss of Rasadhatu and here Hrit Peeda is seen as one of the symptom. Increased respiration causes fatigue of the respiratory muscles thereby leading to chest pain inflammation in the respiratory tract also cause chest pain.
4. **Prana Vilomata:** Vitiated Cough caused by Agnimandya and inflammation in the respiratory tract causes Viloma gati of Pran Vayu. This leads to difficulty in breathing and causes uneasiness and chest pain to the patient and he feels exhausted.
5. **Bhaktadwasha:** Dislike towards food is known as Bhaktadwasha. This condition is caused by the symptoms like heaviness caused by the Mala Rupa

Kapha which is due to Agnimandya. This digestion of Ama and Kapha is a natural phenomenon taking place in the body and hence urge for intake of more food does not arise.

6. **Arati:** This symptom is commonly seen in most of the patients obstruction of the respiratory tract by Kapha leads to pranavilomta which causes Arati. Thus we can say that cough obstructs the tracts and causes Arati.
  7. **Aasya Vairasya:** Aasya means mouth and Vairashya means altered taste. When the taste of the mouth gets altered it is known as Vaktravairashya. Intake of Guru, Vidahi, Vistambhi, Abhishyandi and Rukshadi Aahar causes Agnimandya which results in the vitiation of the Rasadhātu.
  8. **Adhmaana:** Excessive intake of Sheeta, Rukshadi and Vataprakopaka Aahar, Vihar causes the vitiation of the Apana Vayu due to which the excretion of the stool does not take place. This leads to constipation, Due to constipation, obstruction of the tracts takes place and because of which Vata gets reversed and causes Adhmaana. This vitiated Vata spreads in the whole of the abdomen and enlarges it producing a specific kind of a sound. This symptom of Adhmaan is caused due to Annava Srotodushti.
  9. **Shankha Nistoda:** Atisevana of the causative factors of Shwasa Roga causes Vata prakopa which leads to the reverse course of Vata. This Vata enters the head region and makes its way into the mastoid region where it produces pricking pain which is referred to as Shankha Nistoda. Acharya Vagbhata has narrated Shankha- Nistoda as one of the symptoms in Vatik Pratishyaya. This symptom is also observed in Rasakshaya.
  10. **Shoola:** Intake of Dosha Prakopaka Dravyas causes the Prakopa of Vayu in the Kosta, which causes severe pain. Because of this pain the patient cannot breathe properly and if this pain gets severe during respiration then the phenomena of inspiration and expiration gets reduced.
- Rupa**  
Rupa means signs and symptoms of the disease. It appears in the 4th kriyakala. i.e. Vyaktavastha in which signs and symptoms of a disease are completely manifested. Some of these symptoms are being described here in detail.
1. **Greevashirashcha Sangrahya:** Vridha Vata Dosa contracts the muscles of head and neck during the attacks of Shwasa. Due to Vridha Vata patient feels some pain and stiffness of the head and neck muscles as someone tightly holding the head and neck.
  2. **Ghurchurakam:** When increased Kapha situated in Srotas (Kantha) obstructs the airway then this sound is produced. During attack, this type of sound is produced as the patients' breaths. This is equivalent to the wheezing sound described in modern science.
  3. **Peenasa:** Due to vitiated Vata, excessive secretion of Shleshma in Pranavaha Srotas occurs. Peenasa is a result of the hyper secretion in nasal mucosa.
  4. **Asino labhate Saukhyam:** During attack, in sitting position patient feels better than in any other position. In sitting position diaphragm is lowered and secretion of airways will not obstruct the airways completely. There will be more space for gases exchange. Hence the patient gets relief while sitting. This is equivalent to orthopnea described in status asthmaticus.
  5. **Ushnabhinandati:** In Tamaka Shwasa Vata and Kapha are the main Doshas. Both are having Sheeta property, hence Ushna is antagonist of Sheeta, which suppress Vata and Kapha Dosas. So the patients of Tamaka Shwasa likes warm articles like tea, coffee, hot water etc.
  6. **Kantodhvansa:** When increased Kapha is situated in Kantha and obstruct it, the patient cannot speak properly and feels difficulty.
  7. **Ati Teevra Vega Shwasa:** Tamaka Shwasa has been described as the disease coming in Vega (paroxysmal attacks). During Vega, patient gets the difficulty in breathing. This is the 'Pratyatma Lakshana' of Shwasa Roga. The word Vega has been mentioned in Charak and Vagbhata by adding adjectives like Teevra and Ati. This means that during the attack, patient feels very much troublesome. Due to obstruction of Shwasa marga, less amount of pranavayu can enter the body. To compensate the required amount of pranavayu, the rate of respiration is markedly increased. In Tamaka Shwasa expiration is prolonged, but inspiration is shortened.
  8. **Shwasa Krichhrata:** To fulfill the demand of oxygen the rate of respiration is increased; as the cough becomes extremely distressive, the patient may have gasping type of respiration.
  9. **Pratamyati Ativegat:** During severe and prolonged attacks of Shwasa the mucus plug obstructs the airways and there is poor air entry and thus poor supply to live parts of the body. Due to this situation, a patient feels that he is covered by darkness (Andhakara) and worried.
  10. **Prana Prapidakam:** The heart rate is also increases due to increase in respiratory rate. Heart may exhaust as it has to work more. Hence there will be feeling of pain in chest.
  11. **Nachapi Nidra Labhate Shayane Shwasa Peditam:** The patient may not get sleep in the lying position because the secretions obstruct the airways, leading to dyspnea and cough.
  12. **Shayanah Parshva Peeda:** When patient takes recumbent position there may be sudden pressure on the lungs due to raised diaphragm and air present in lungs cannot pass out easily through the airways because of obstruction in bronchioles by secretion. This trapped air inside the lungs exerts pressure on the pleura and chest wall thus resulting in mild, moderate or severe pain.

13. **Shleshma Vimokshante Sukham:** If the sticky sputum is expectorated the frequency of cough is reduced and easy ventilation is facilitated for a short time. So after expectoration patient feels better.
14. **Shleshma Samuchyajanya Dukham:** the mucus secreted in the respiratory tract is tenacious and sticky; so if expectoration could not clear the airways and secretion obstructs the air passage. To expel this viscid secretion constant coughing will be there and the patient gets exhausted due to cough.
15. **Krichhrachhaknoti Bhashitum:** An intense coughing and breathlessness result to hoarseness of voice and patient feels difficulty in talking. The tenacious mucus coated in the throat including vocal cords leads to difficulty in speaking.
16. **Kasate Sannirudhyate:** During episodes of cough patients breath ceases for few second and patient becomes motion less.
17. **Kasate Muhurmuhu Pramohanam:** Patient gets repeated attacks of fainting during continuous coughing, which if continue for long time leads the patient to distress and fear.
18. **Ucchritakhsa:** When proper oxygenation is hampered due to obstruction in the air ways, to meet the oxygen demand there may be gasping for air, patient puts the face upward to facilitate straight airways. Hence he keeps his eyes open as he is in apprehension.
19. **Aruchi:** Acharyas have stated that Shwasa originates from Pitta sthana; hence there is always a possibility of Agni Dusti and disturbed digestion process leading to Aruchi.
20. **Vishushkasyata, Trisha:** Due to rapid breathing during attack dryness of mouth is an effect of water loss from the body. Here Susruta has mentioned 'Trit' as Laksana of Tamaka Shwasa.
21. **Lalatasveda:** This clinical feature of asthmatic attack indicates exertion due to rapid respiration. Sweating is also an indication of tachycardia. Susruta did not specify lalatasveda but mentioned the word sveda, which generally indicates perspiration of whole body.
22. **Urahpeeda:** When vitiated Vata enters in urah pradesa, there will be some pain full condition.

## UPASHAYA AND ANUPASHAYA

### Upashaya

1. Shleshma Vimokshante Sukham [Feeling better after expectoration]
2. Aseenolabhate Saukhyam [Feeling comfort in sitting position] -The patient feels better in sitting position as compared in lying down position.
3. UshnaAhara Vihara [Relief by taking hot things] - Tamakshvasa patient get's relief by those things which are ushna in guna. Due to ushna guna kaphavilayan occurs.

### Anupashaya

1. Sleshma Amuchyamana Bhrisham Dukhitaha – [Owing to inability to expectorate he feels greatly disturbed]
2. Durdina [Cloudy climate]
3. Meghambuna [Rainy Season]
4. Sheeta Ritu [Winter]
5. Sheetambu [Cold water]
6. Pragvaten [(Eastern wind)]
7. Sayanaha Shwasa Peditam [Aggravated in lying posture]
8. Shleshma Vardhaka Aushadhahar Viharadibhi Vridhi

## SAMPRAPTI (Pathology of Tamak Shwasa)

### Samanya Samprapti of Tamak Shwasa

Vitiated kapha which lodge in the pranavaha srotas produce the obstruction to the normal functioning of vayu is considered as the one of the factor to initiate the vayu. Acharya Charak described Samanya Samprapti of Shwasa in Chikitsa Sthana. According to him due to Nidana sevana, the vitiated Vata enters in the pranavaha srotas (Respiratory Channels) and provokes the Urastra Kapha (Kapha staging in chest). This provoked Kapha obstructs the Pranavaha srotas (Respiratory Channels) and gives rise to five types of Hikka and Shwasa.

According to Vagbhat vitiated kapha is responsible for obstruction, so that vayu is vitiated. Vitiated Vata dosha which is Ruksha, Shuska and Laghu produces Rukstha, kathinniyata and sankocha in Pranavaha srotas. Uadakavaha srotas & Annavaha srotas also deranged.

### Vishisht Samprapti of Tamaka Shwasa

Acharya Charak described the detail Samprapti of Tamak Shwasa. In Shwasa roga, the basic pathogenesis is initiated by the diets and habits which provoke Kapha. Vitiated Kapha in the Pittasthana (Lower part of the Amashaya) circulate in the body as Ama. Ama Dosa can also circulate in the body following certain diseases like Jwara, Agnimandya, Amatisara and Visuchika. On the other hand aggravation of the Vata either by the diet and habits or by the systemic diseases like kshaya, urakshata, pandu or pratisyaya also makes the triggering effect for the Pranavaha sroto vaigunya along with vitiated Kapha or Ama. Pranavaha Sroto vaigunya can also directly result from suppression of natural urges like Udgara, Aadhovata and Chhardi. Physical exertion can also contribute to the Pranavaha Sroto vaigunya. The functional derangement of Pranavaha srotas will be accentuated to a fully fledged sroto dusti by the interaction of any of the precipitating causes like dust, smoke, wind, marmaghata and use of excessive cold water. Once the Srotodusti is occurred the Prana Vayu gets abnormal by the Sanga and Vimargagamana. This in turn is manifested as Shwasa roga.

The vitiated Vata is Pratiloma (reverse) in its course in Tamak Shwasa, which reaches the respiratory tract, induces airway obstruction and due to excess bronchial

secretion interfaces with the flow of the air giving rise to Gurguraka (wheezing sound). Hence there is a great parlance of pathogenesis between ancient and modern concepts. Here the vitiated Prana Vayu produces bronchospasm and the vitiated Kapha makes to swelling of the mucous membrane and excessive secretion of mucous, which takes place in Pranvaha Srotas.

#### **Sadhyasadhya (Prognosis of Tamak Shwasa)**

On the basis of prognosis diseases are classified as Sadhya and Asadhya. Those which can be cured by treatment are termed as Sadhya, whereas those which are incurable are termed as Asadhya. In general prognosis of Shwasa is not good. Charak described it as most fatal disease and no other disease are capable of taking away life as quickly as Hikka and Shwasa. Moreover, in the person suffering from other various disorders, severe Hikka or Shwasa arises at the end. Charak says that all Shwasa are Sadhya, if their Rupa are not clearly and totally manifested and also if they occur in Balwan person. Tamak Shwasa is Yasya (under control only during the treatment) but in early stages it is Sadhya. Tamaka Shwasa is Krichrasadhya or is curable when it is having less duration of onset and in weak patient with chronic type of Tamaka Shwasa becomes Yasya (incurable).

#### **Differential Diagnosis of Shwasa Roga**

It seems that Shwasa is present as symptom and some time as a complication in many other diseases, mentioned in Ayurvedic texts. So it is very important to know how to differentiate these diseases with Tamak Shwasa. According to Acharya Charaka a disease according to dictums of Ayurveda should be independent and curable by the specific therapy prescribed for it. Whereas symptoms are subordinate to the primary disease and they are cured by the same therapies described for the primary disease.

#### **Arishta Lakshana of Tamaka Shwasa**

According to Acharya Charaka (Ch.Ind.11/28) Signs produced by the vitiated Doshas which have transcended the sphere of treatment and pervaded all over body are known as Arishta Lakshana. The physician should examine the life span of healthy person as well as patients because the entire treatment depends upon this knowledge. The Arishta Lakshana of Shwasa Roga as described by various Samhita is as follows:

1. According to Acharya Charaka (Ch.Chi.6/19) A patient having pallor, excessive emaciation, excessive thirst, rigid and fixed vision and difficult expiration should not be treated by physician If a person is weak, thirsty, and having dryness of mouth, suffers from groaning, dyspepsia and diarrhoea then he does not survive.
2. If a person is weak, thirsty, and having dryness of mouth, suffers from groaning, dyspepsia and diarrhoea then he does not survive (Ch.Chi.7/24).
3. In a person whose complexion, strength and capacity of intake of food are diminished, develops

inspiratory dyspnoea and gets afflicted with Kapha does not survive (Ch. Ind.7/26).

4. If a person faints after a short expiration followed by a long inspiration, then he should be considered as near to his end must not be treated (Ch.Ind.8/15).
5. A patient having dyspnoea, absence of heat in the body, affliction with pain in the chest and absence of any response to treatment should not be treated by the physician (Ch. Chi. 9/13).
6. Acharya Sushruta (Su. Su.31/20) mentioned that if Atisara, Hikka, Jwara, Chardi, Shotha and Medhra shotha are associated with Shwasa roga then it indicates Arishta Lakshana of Shwasa Roga.
7. According to Acharya Sushruta (Su.Su. 31/14) one who has cold feet, hand and breath with interrupted respiration and breathing with open mouth should not be treated.
8. According to Acharya Vagbhata (A.H.Sha. 5/55) one, who eats less but suffers from Kapha Prakopa, breaths out deep and rolls on the bed shows the sign of Kriya Arishta.
9. If there is presence of unusual sound during sneezing, coughing etc. and respiration become either very short or very long having either foul smell or sweet smell the person does not survive at all (A. H. Sha. 5/23).
10. Kasa and Shwasa roga are fatal in person having Fever, Vomiting, Thirst, Diarrhoea and Swelling (A. H. Sha. 5/76).

#### **Chikitsa Siddhant of Tamak Shwasa**

According to Acharya Charak following three basic steps should be adopted while treating any disease i.e. Nidana Parivarjana, Samshamana and Samshodhana.

#### **Nidana Parivarjana**

First line of treatment is to avoid the causative factors. If the precipitating or predisposing factors are not avoided, the Doshas involved in the pathogenesis will further be aggravated and the prognosis will be worse. In treatment of Tamak Shwasa (Bronchial Asthma) avoidance of causative factors or triggering factors play a very important role.

#### **Samshaman and Samshodhana Chikitsa**

The line of treatment based on these therapies described by Acharya Charaka can be subdivided as:

1. Samanya Chikitsa Krama (General principles of treatment)
2. Vishisht Chikitsa Krama (Specific treatment)

#### **1) Samanya Chikitsa Krama (General principles of treatment)**

Charak mentioned the treatment of tamak Shwasa as per Doshic status.

1. Vata-kaphanashak chikitsa
2. Vata Karak & kaphanashak chikitsa
3. Kaphakarak & vatanashak chikitsa

When Vata & Kapha are equally vitiated then Vata Kaphanashaka Chikitsa is useful. When Kapha causing obstruction of Vayu then Kaphanashak & Vatakarak Chikitsa is useful out of all these “Anilapaham” Chikitsa is considered to be superior one. Brihan Chikitsa has been indicated in Shwasa Roga.

## 2) Vishisht Chikitsa Krama (Specific treatment)

According to predominance of Dosha the patient of Shwasa can be divided into two groups:

1. Vata predominant
2. Kapha predominant

According to body built the patient of Shwasa can be divided into two groups:

1. Balvana (with good body built)
2. Durbala (with poor body built)

If Kapha is predominant and the patients have strength then he or she should be given Vamana and Virechana with wholesome food followed by other therapies like Dhoomapana, Leha and Doshashamak Chikitsa. If Vayu is aggravated and patient is weak and if patient is either infant or old, then he or she should be administered Vata nashak drugs and nourishing recipes prepared from Sneha, Yusha and Mansarasa.

## Samshodhana Chikitsa

### Snehana

In Tamak Shwasa both external and internal Snehana can be done with the help of various medicated oil and Ghrit. In this process certain medicated ghee/ oils are advised for ingestion. Usually ghee like Vasa Ghrita, Kantkari Ghrita, Bharngyadi Ghrita, Yashtimadhu Ghrita etc. is used for Shodhan purpose. These are administered in an increasing dosage schedule for not more than 7 days. Snehana play important role in Tamak Shwasa to minimize the symptoms and normalize the function of vitiated Vata. For external Snehana, Tila taila mixed with lavana should be gently massaged on the chest to lose the tenacious sputum in the channels. Internal Snehana is called as Snehapana. Medicated Puraan Ghrit or medicated oil can be used to control the symptoms of Tamak Shwasa.

### Swedana

After Snehana Nadi, Prastara and Sankara type of Swedana may be applied. By these processes Kapha which has dissolved in the patient's body, gets dissolved in the body Srotas, the body Srotas becomes softened and as a result, the movement of Vata is restored to normal condition. Swedana is contraindicated in those persons who suffer from Pittaja Vyadhi such as Atisara, Raktapitta. Swedana should not give in pregnancy and Dhatukshaya also.

### Vamana

After proper Swedana, Snigdha Odana (rice), with soup of fish or pig flesh and the supernatant of curd may be given to the patients for the Utkleshana of Kapha.

Thereafter, Vamana should be performed with the help of Madanaphala pippali, mixed with Saindhava and Madhu (honey), taking care of to see that such an emetic is not antagonistic to Vata. Acharya Sushrut has also mentioned vaman but instead of vaman he used urdhvashodhan word. Sushrut has advised to give mridu vamana. Thus, the vitiated and stagnant Kapha has been expelled from the system, the patient attains ease and once the body channels (Srotas) are purified, the Vata moves through the Srotas unimpeded.

### Dhumapana

If some pathogenic material is still hidden, it should be eliminated by Dhumapana (smoking) – Haridrapatra, Eranda moola, Lakhsha, Haritala, Devadaru, Manahshila and Mamsi should be powdered together and made in to sticks. Such stick smeared with Ghee should be smoked.

### Virechana

According to Acharya Charak the intelligent physician should give Chhardana (emesis) medicated with drugs alleviating Vata and Kapha to patient suffering from Kasa and Swarbhanga alongwith Shwasa. He should give Virechana medicated with drug alleviating Vata and Kapha. Charak and Vagbhata described Shwasa as a disease in which Virechana is indicated. In Tamaka Swasa- Kapha obstructs the marga (passage) of Vayu. The obstructed Vayu take the Pratiloma gati (Vimargagamana) and Virechana drugs have a quality of Vatanulomana, Kaphavataghna karma, Ushna Veerya may be more beneficial in the condition of Shwasa. Virechana drugs remove mainly Kapha and Pitta Doshas and make Vata in Anuloma gati. The origin of Shwasa roga is Pitta sthna and Virechana purifies the Pitta sthana which in fact is the site of origin of Shwasa roga. Hence, it acts as a curative measure.

### Nasya

Acharya Charak has mentioned the juice of Onion, Garlic and Carrot as Nasya. He also described the Chandana with Nareekhsheer for Nasya.

### Daha Karma (Cauterization)

There is beautiful depiction of Daha karma in case Shvasa. In bhaiseejya ratnavali Daha karma (Cauterization) is to be performed by a hot iron rod in the mid of sternum, in the middle finger of both hands and in the Kanth Kupa (i.e. between the thyroid gland and the upper end of sternum).

### Samshaman Chikitsa

Shaman Chikitsa is based on Ama nashaka Chikitsa and Agnivardhak Chikitsa –Langhan, Deepana and Pachana. Herbal formulation used for the management should contain Kapha Vata Shamak properties. If Shaman Chikitsa is used there are less chances of Upadrav or very easily curable.

## DISCUSSION

Asthma is one of the most prevalent chronic health conditions among children and adults. It is really a curse for human being as it is a chronic disorder with longstanding duration requiring lifelong management. If the patient of Tamaka Shwasa drops the treatment, disease aggravates again with more severity. Considering the requirement for developing some Ayurvedic formulation for the management of Tamaka Shwasa (Bronchial Asthma), the present research work has been undertaken.

The etiological factors of Tamaka Shwasa are mentioned with variable multiplicity of diet (Ahara), lifestyle (Vihara) and consequences of diseases (Nidanarthakara Roga). The dietetic causes (ingestion of toxins, unboiled milk, cold water and mutually contradictory food) vitiate the Vata Dosha, which may be similar to allergens working as triggering factors for asthma. The triggering factors related to life style include the environmental factors such as dust, smoke, cold water and climate. Excessive exercise and sexual intercourse, long walk beyond capacity and lifting or carrying heavy weight are the triggering factors observed in exercise induced asthma. Nidanarthakar Roga, like are Pratishaya, Kasa, Jvara, etc. are the diseases having difficulty in breathing and these conditions can aggravate the asthma. According to modern medical science Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to labored breathing. The main cause of inflammation is chronic irritation because of hyper-reactivity of lung immune system induced by different kinds of external and internal allergens.

According to modern medical science Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to labored breathing. The main cause of inflammation is chronic irritation due to hyper-reactivity of lung immune system induced by different kinds of external and internal allergens. The etiology, pathogenesis, clinical features and prognosis of Tamaka Shwasa coincide very much with bronchial asthma.

## CONCLUSION

Tamak shwasa is the disease condition of respiratory system which also disturbs the other system of the body like digestive, lymphatic etc. On the basis of their clinical manifestation the disease 'Bronchial Asthma' can be compared with 'Tamaka Shwasa' but the term 'Tamaka Shwasa' should not be wrapped up to only 'Bronchial Asthma'. The vitiation of vata & Kapha dosha is predominantly responsible for pathogenesis of shvasa roga. In the pathogenesis of Tamaka Shwasa, Agni remains Manda. The Ama Dosha is formed during the stage of Mandagni (at Kostha and Dhatu level). Ama Dosha has a definite role in producing Tamaka Shwasa.

The origin of Tamaka Shvasa from Amashaya (stomach) has a great importance in the light of modern medicine

where the gastro-esophageal reflux has an etiological role in bronchial asthma. Involvement of three Srotas i.e. Pranvaha, Udakavaha and Annavaha with their specific clinical features shows the broad approach to disease. For the better management of tamak shwasa every physician must have detail knowledge of both Ayurvedic and modern perspective.

## REFERENCES

1. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
2. Susrut samhita, Yadavji Trikamji Acharya, Susruta Samhita with Nibandha Sangraha of Dalhanacharya. 8<sup>th</sup> ed. Varanasi: Chaukhambha Orientalia, 2008.
3. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
4. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
5. R. K. Sharma, Charak Samhita With "Ayurvedeepika" Commentary Chakrapanidutta, Chaumbha Publication, Iv, 1st Edition, 1997.
6. Ashtanga Hridaya, K. R. Shrkantha Murthy, Vol. Ii, Krishnadas Academy, Varanasi, 2nd Edition, 1995.
7. Ashtanga Hridaya, K. R. Shrkantha Murthy, Vol. Ii, Krishnadas Academy, Varanasi, 2nd Edition, 1995.
8. R. K. Sharma, Charak Samhita With "Ayurvedeepika" Commentary Chakrapanidutta, Chaumbha Publication, Vol- Iv, 1st Edition, 1997.
9. Charak Samhita, Yadavji Trikamji Acharya Editor With Ayurved Deepika of chakrapanidatt, Chaukhambha Publication, 2006.
10. Ashtanga Hridaya, K. R. Shrkantha Murthy, Vol. Ii, Krishnadas Academy, Varanasi, 2nd Edition, 1995.
11. Vaidya P. T. Joshi, Kimaya Panchakarmachi, Gogate Pratishthan, Nashik, 2nd edition, 2012, 12. Sidhinaandan Mishra, CHARAKA SAMHITA with "Ayurvedeepika" commentary Chakrapanidutta, Chaukhambha Samskrit Sansthana, Varanasi, 2009.
12. Bhangare Archana Nivrutti, A Review Study on Role of Panchakarma in the Management of Tamak Shwasa (Bronchial Asthma), International Journal of Current Medical And Pharmaceutical Research, October 2016; 2(10): 912-916.
13. Soni Gaurav et al: Herbal Nebulizer- a New Approach of Drug Administration, IAMJ, May 2015; 3(5).
14. Bhangare et. al. Clinical Evaluation of Haritakyadi Yoga In The Management of Tamak Shwasa (Bronchial Asthma), World Journal of Pharmaceutical Research, 2016; 5(11).
15. Archana Bhangare et al. Critical Evaluation Role Yoga In The Management Of Tamak Shwasa (Bronchial Asthma) World Journal of Pharmaceutical Research, 2017; 6(1): 401.