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## Tamaka Swasa : A Case Study

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### ABSTRACT

*Tamaka Swasa* is one among the *Pranavaha Srotho Vikara*. It is a *Swatantra Vyadhi* (independent disease) which is having its own etiological factors, pathophysiology and management. According to *Charaka* it is considered as *Yapya Vyadhi* (palliative disease), while *Sushruta* considered it as *Krichchra Sadhya Vyadhi* (difficult to cure), therefore proper line of treatment and implementation of excellent lifestyle is necessary for better quality of life. Currently an attempt has been made to explore the efficacy of such formulations in reducing the signs and symptoms of *Tamaka Swasa*. A case of 49-year-old male patient who presented with the symptoms of difficulty in breathing, chest discomfort, cough with whitish color sputum and generalized weakness of *Tamaka Swasa* was treated by internal Ayurvedic medicines and marked improvement was seen. After 4 weeks of follow up no episodes of above complaints have been reported.

**Key words:** *Tamaka swasa, Bronchial Asthma, Shamana Chikitsa*

### INTRODUCTION

*Tamaka Swasa* is one among the five types of *Swasa*.<sup>[1]</sup> *Tamaka Swasa* comprises of two words i.e., *Tamaka* and *Swasa*. The word *Tamaka* is derived from *Dhatu 'Tamalganou'* which means Sadness (*Panini*). According to *Vachaspatyam* the word *Swasa* is derived from the root word '*Shwas'* *Dhatu* by applying *Ghanj Pratyaya*. It implies for both *Vayu Vyapara* and *Roga Bheda*.<sup>[2,3]</sup> It represents both physiological and pathological respiration. *Acharya Charaka* has mentioned that *Tamaka Swasa* is *Kapha - Vataja*

*Vikara* and site of origin is *Pittasthana*. In *Sushruta Samhita, Madhava Nidana* and *Yogaratanakar* it is mentioned that *Tamaka Swasa* is *Kapha* predominant disorder. The *Lakshanas* are *Ghurghurakam* (audible wheezing), *Pinasa* (coryza), *Shirogurava* (heaviness in head region), *Aasine Labhate Soukhyam* (relief in sitting posture) *Shayanah Shwasa Peedita* (symptoms get aggravate in supine position).<sup>[4]</sup> *Tamaka Swasa* is analogues with bronchial asthma which is mentioned in modern medicine which is having cardinal features of episodic attacks of breathlessness, polyphonic wheeze and cough.

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### CASE REPORT

A 49 year old male patient came with the chief complaints of difficulty in breathing aggravated since 7 days associated with intermittent fever, coughs with whitish colored sputum, and generalized weakness.

### History of Present illness

Patient was apparently healthy 18 years back. One fine day suddenly he got fever and difficulty in breathing, for these complaints he visited a local physician and took medication (details not known)

and symptoms got reduced temporarily. He used to suffer on and off with the same complaints and on medication he got relief. In the year 2016, month of November he had breathing difficulty followed by cough with expectoration (whitish color) for this complaint he visited SDM Ayurveda Hospital, Hassan and underwent *Vamana* treatment symptoms got reduced temporarily.

In 2018 in the month of December again he had difficulty in breathing, cough with expectoration (whitish color) and fever, for these complaints he again got admitted in SDM Ayurveda Hospital, Hassan and symptoms got relieved temporarily (*Agatsya Haritaki* and *Shwasamrita*). Whenever he developed the breathing difficulty, he used to take above mentioned medication. Since last 7 days he is suffering from intermittent fever, weakness, headache, difficulty in breathing, cough with expectoration (whitish color) and chest pain. So for the further treatment he consulted SDM Ayurveda Hospital, Hassan and got admitted on 26/11/2020.

#### Treatment history

He was taking *Shwasamrita* whenever he gets the symptoms for more than 2 year and *Agatsya Haritaki* since 6 months. There is no history of diabetes, hypertension.

#### Past history

k/c/o bronchial *Asthma* since 18 years.

#### Personal history

By occupation patient works in gold shop, and taking vegetarian diet. Alcohol (90ml) intake once in a month since 25 years, coffee- 1-2 times/day, no h/o smoking.

#### Family history

His son suffering from bronchial asthma since birth. All other family members are said to be healthy.

#### Examination

**Table 1: Assessment of general condition of the patient**

Appetite	Normal
Bowel	Regular
Micturation	Regular

Sleep	Disturbed
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#### Respiratory System

- **O/E: Inspection:** Inspection of the chest – bilateral symmetrical. Accessory muscle used for respiration is present i.e. sternocleidomastoid muscle. Type of breathing - abdomino thoracic, No any chest deformities, No any scars. Respiratory rate: 18/min.
- **Palpation:** Tenderness - absent, position of the trachea is centrally placed. Transverse diameter- 33cm. movement of chest bilaterally symmetrical, Inspiration- 89cms, expiration-85cms.vocal fremitus - bilaterally symmetrical.
- **Percussion:** Resonant all over the lung field. Hepatic and cardiac dullness noted.
- **Auscultation:** Polyphonic wheeze was observed bilaterally (more in right lung compared to left). Vocal resonance is bilaterally symmetrical. CVS- nothing abnormality is detected.

#### Ashtasthanagata Pariksha

*Nadi* (pulse) – 74b/min *Vataja Nadi*, *Mala* (stool) – once in a day, *Mootra* (urine)-3-4 times a day, *Jihwa* (tongue) – *Alipta*, *Shabda* (speech) – *Krichatbhashitum*, *Sparsha* (touch) - *Abhyanga* with *Brihat Saindavadi Tailam* (chest and back) once in a day, *Druk* (eyes)- *Doosara Varna*, *Akruti* (built)- moderate.

#### Dashavidha Pariksha

*Prakruti* – *Pitta-Kapha*, *Vikruti* – *Prana Vata and Avalambaka Kapha*, *Sara* – *Madyama*, *Samhanana* – *Madyama*, *Pramana* – height -159cm,weight- 63kg, BMI – 24kg/m<sup>2</sup>

*Satwa* – *Avara*, *Satmya* – *Madyama*, *Aharashakti* – *Madyama*, *Vyayama Shakti* – *Madyama*, *Vaya* – *Madyama*.

#### MATERIALS AND METHODS

##### Source of data

Patient suffering from *Tamaka Swasa* is selected from I.P.D of SDMC Ayurveda Hospital Hassan. IP No 047929 (WARD- MGW-1)

**Study design** - A single case study

### Treatment

*Abyanga* with *Saindhavadi Taila* followed by *Nadi Sweda* and *Shamana Chikitsa* for 10 days

1. *Chitraka Haritaki Lehya* 10gm before food twice in a day
2. *Rasnadi Talam* once in a day
3. *Abhyanga* with *Brihat Saindavadi Tailam* (chest and back) once in a day
4. Cap Grab one capsule after the food, twice in a day
5. *Syp Shwasamritam* 5ml (S O S)
6. *Bharangyadi Arka* nebulization 1.5ml (S O S)

### Criteria for assessment of results

Results were assessed from subjective parameters (cardinal signs) of base line data of before and after treatment.

### Subjective parameter:

- a) night awakening;
- b) morning worsening of asthma symptoms;
- c) limitation of activity;
- d) shortness of breath;
- e) wheezing;
- f) Use of bronchodilator (*Bharangi Arka* nebulization) each day.

**Table 2: Study design on Assessment grade for Subjective criteria**

1.	Night awakening	G0	Never
		G1	A Few time
		G2	Many time
		G3	Unable to sleep because of asthma
2.	Morning	G0	No symptoms

	worsening of asthma symptoms	G1	Mild symptoms
		G2	Moderate symptoms
		G3	Severe symptoms
3.	Limitation of activity	G0	Not limited at all
		G1	Slightly limited
		G2	Moderately limited
		G3	Severe limited
4.	Shortness of breath	G0	None
		G1	A very little amount
		G2	A moderate amount
		G3	A great amount
5.	Wheezing	G0	Not at all
		G1	Hardly any of the time
		G2	A moderate amount of the time
		G3	A lot of the time
6.	Use of bronchodilator ( <i>Bharangi Arka</i> nebulization) each day	G0	None
		G1	1-2 puffs in a day
		G2	3-4 puffs in a day
		G3	More than 5 puffs in a day

**Table 3: Showing the effect of *Abyanga* and *Nadi Sweda* and *Shamana Chikitsa* on cardinal symptoms.**

SN	Signs and symptoms	BT (before treatment)	AF (after treatment)	Result in %
1.	Night awakening	3	1	60%
2.	Morning worsening of asthma symptoms	2	0	70%
3.	Limitation of activity	2	1	60%

4.	Shortness of breath	2	0	70%
5.	Wheezing	3	1	60%
6.	Use of bronchodilator (Bharangi arka nebulization) each day	1	0	80%

## DISCUSSION

*Tamaka Swasa* disease is manifested due to obstruction of *Pranavaha Srotas*, *Vata* moves in reverse order and pervades the entire *Pranavaha Srotas* and stimulates the *Kapha* in the throat and head causing rhinitis. Further it manifest wheezing sound, greater enhancement of respiration in relation to rate and rhythm; feeling of darkness in front of the eyes. Paroxysmal attack of this disease is severe enough to put the patient in distress. In such condition drug and food which possess *Kapha* and *Vata* alleviating property are helpful in relieving the *Swasa*.

### Chikitsa Sutra

*Tamaka Swasa* is considered as *Yapya Vyadhi*.<sup>[5]</sup> In *Tamaka Swasa Kapha* obstructs the passage of *Vayu* and obstructed *Vayu* moves in reverse direction. In such condition drug and food which possess *Vata* and *Kapha* alleviating property and which is having *Ushna* and *Vatanulomana* property are helpful in relieving the *Swasa*.<sup>[6]</sup>

### Shamana Chikitsa

*Shamana Chikitsa* is mainly to achieve *Dhatusamyam* by use of drugs internally. *Arunadatta* opined that drugs which is having *Deepana – Pachana* properties are used for the management of *Tamaka Swasa*.<sup>[7]</sup>

1. *Chitraka Haritaki Lehya* 10gm before food twice in a day
2. *Rasnadi Talam* once in a day
3. *Abhyanga with Brihat Saindavadi Tailam* (chest and back) once in a day

4. Cap Grab one capsule after the food, twice in a day
5. *Syp Shwasamritam* 5ml (S O S)
6. *Bharangyadi Arka* nebulization 1.5ml (S O S)

The above medicine was given for 4 weeks. Patient was also advice for *Nidana Parivarjana* and *Pathya-Apathya*. There was marked improvement in the sign and symptoms of *Tamaka Swasa* after 4 weeks follow-up. Patient felt relief in breathlessness, wheezing, shortness of breath.

*Chitraka Haritaki Lehya* is administered in this condition because the main aim is to remove the obstruction made by *Kapha* and normalize the function of *Vayu*. Most of the drugs used in *Chitraka Haritaki Avaleha* having *Rasa - Katu, Tikta, Kashaya, Virya - Ushna, Vipaka - Katu, Guna - Laghu, Ruksha, Tikshna*. This combination does *Amapachana* and *Kaphahara* also *Srotoshodhana, Srotomukha Vivritakara* property (dilatation of channels). The drug also acts as *Rasayana* which regularize the *Dhatwagni*. Pharmacological properties of all drugs of *Chitraka Haritaki Avaleha* having antiallergic, anti-inflammatory, antitussive, expectorant, antihistaminic and immunomodulatory actions.<sup>[8]</sup>

*Rasnadi Talam*<sup>[9]</sup> is done with the help of *Rasnachurna* mixed with *Tilataila*. *Rasna* and *Tila Taila* having *Ushna Guna* and *Kapha - Vata Shamaka* properties.

*Abhyanga with Brihat Saindavadi Tailam* (chest and back) followed by *Nadi Sweda* this therapy renders the adhered *Kapha* dissolved in the channel of circulation and soften there by. These therapies also cause downward movement of *Vata (Vatanulomana)*. The stable *Kapha* in the body get dissolved on account of the heat generated by these fomentation therapies.<sup>[10]</sup>

*Cap Grab* contains *Vranapahari Rasa, Triphalaguggulu, Gandaka Rasayana, Arogyavardhini Rasa, Guduchi, Manjishta*. It controls viral infections, reduces respiratory stress, combats infections intensely, *Guduchi* enhances immunity, *Arogyavardhini* promotes digestive fire, *Gandaka*

*Rasayana* act as immuno modulator, *Vranapahari Rasa* mainly indicated in *Swasa, Kasa Chikitsa*.<sup>[11]</sup>

**Syp. Shwasamritam** contents *Kantakari, Yashtimadhu, Vasa, Bharangi, Pippali, Tamalapatra, Guduchi Haridra, Bilva* and *Ela* these drugs predominant of *Ushna Veerya* and *Vata-Kaphahara* property.<sup>[12]</sup>

**Bharangyadi Arka** nebulization was selected considering *Katu, Tikta, Kashaya Rasa, Laghu Guna, Ushna Veerya* which helps to pacify the aggravated *Vata* and *Kapha Dosha*.<sup>[13]</sup> The phytochemical and pharmacological profiles of *Bharangi* has been reviewed for its anti-inflammatory, anti-allergic, anti-asthmatic, and bronchodilator. Aqueous extract of *Bharangi* has also been proved for its anti-inflammatory and bronchodilator.<sup>[14]</sup> Among various forms of inhalation therapy, nebulization is a process which involves suspension of fine vaporized liquid droplets otherwise known as aerosol, to administer medication directly in to the respiratory system.<sup>[15]</sup>

## CONCLUSION

After analysis of all data, it is concluded that *Chitraka Haritaki Lehya, Rasnadi Talam, Abhyanga* with *Brihat Saindavadi Tailam* (chest and back), cap grab, *Shwasamritam Bharangyadi Arka* nebulization are effective in management of *Tamaka Swasa*, marked improvement found in the cardinal symptoms of *Tamaka Swasa*.

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