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A Critical Review on *Tamaka Shwasa* (Bronchial Asthma) - An Ayurvedic View

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ABSTRACT

Difficulty in breathing or shortness of breath may be simply termed as *Shwasa* (Asthma), As per Ayurveda, *Shwasa* is mainly caused by the *Vata* and *Kapha Doshas*. *Shwasa* is broadly classified into five types in *Maha Shwasa* (Dyspnoea major), *Urdhawa Shwasa* (Expiratory Dyspnoea), *Chinna Shwasa* (Chyne-stroke respiration), *Kshudra Shwasa* (Dyspnoea minor), *Tamaka Shwasa* (Bronchial Asthma). In modern science *Tamaka Shwasa* can be correlated with *Asthma*, *Asthma* which is a chronic inflammatory disease of airway. In modern medicine there is no cure for Asthma, symptoms can typically be improved. In Ayurveda, Asthma can be effectively and safely manage the condition without inducing any drug dependency where *Pachakarma* procedures and use of internal medication detoxifies the body, provides nutrition and increases the elasticity of lung tissue it also develops natural immunity of the body thus decreasing episodic recurrence of the disease.

Key words: *Shwasa Roga*, *Tamaka Shwasa*, *Bronchial Asthma*.

INTRODUCTION

The word "*Tamaka*" is derived from the root word "*Tama*" which means oppression of chest.^[1] One of the meanings of *Tam* mentioned in Sanskrit Shabdārtha Kostubha is choking of neck.^[2] According to Vachaspatyam the word *Shwasa* is derived from the root '*Shvas*' *Dhatu* + *Ghanj Pratyaya* and it implies for both *Vayu Vyapara* and *Roga Bheda*.^[3] It represents both physiological as well as pathological respiration.

Sushruta has mentioned the detailed definition of *Shwasa Roga* in *Uttara Tantra*.^[4] when the *Prana Vayu* is not performing its normal physiological

functions and become vitiated (*Viguna*); obstructed by *Kapha* and moves upwards then it results into a disease known as *Shwasa Roga*. This definition seems to be very scientific and describes all the aspects of dyspnea. *Shwasa* is broadly classified into five types in *Mahashwasa* (Dyspnoea major), *Urdhawashwasa* (Expiratory Dyspnoea), *Chinna Shwasa* (Chyne-stroke respiration), *Kshudra Shwasa* (Dyspnoea minor), *Tamaka Shwasa* (Bronchial Asthma). In Ayurvedic texts *Nidanas* of *Tamaka Shwasa* are not described separately, but the *Nidana* of *Shwasa Roga* in general are given.

- *Vata - Prakopaka Nidana*
- *Kapha - Prakopaka Nidana*

Most of *Vataprakopaka Nidana Rukshanna*, *Shitapana*, *Ati Vyayama* etc. vitiates *Vata* by its *Ruksha* and *Shita Guna*, producing *Sankocha*^[5] in the affected *Srotasa* which is similar to bronchospasm. *Kaphaprakopaka Nidana* like *Dadhi*, *Amakshira*, *Jalaja Anup Mamsa* when potentiated with *Agnivaishmyakara Nidana* like *Vishamashana*, *Amapradosha*, *Vishtambhi Ahara* leads to *Srotorodhajanya Samprapti* causing obstruction in the path of *Vata* thus leading to its aggravation and in

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turn resulting into *Shwasa Kashtata Tamaka Shwasa* can be produced secondarily to some disease eg. *Jwara, Pandu, Kasa* etc. Vagbhata has clearly narrated that the neglected cases of *Kasa* may lead to *Shwasa*. In modern science *Tamaka Shwasa* can be correlated with *Asthma*, *Asthma* is defined as a chronic inflammatory disease of airway that is characterised by increased responsiveness of the trachea-bronchial tree to a multiplicity of stimuli. it is manifested physiologically by a widespread narrowing of the air passages. *Asthma* is an episodic disease with acute exacerbation and inter spread with symptom free periods.^[6]

Asthma is clinically classified according to the frequency of symptoms, forced expiratory volume in one second (FEV₁), and peak expiratory flow rate. *Asthma* may also be classified as atopic (extrinsic) or non-atopic (intrinsic), based on whether symptoms are precipitated by allergens (atopic) or not (non-atopic).

According to the frequency of symptoms, FEV₁ and peak expiratory flow rate Classification of asthma severity^[7]

Severity	Symptom frequency	Night time symptoms	Peak expiratory flow rate or FEV ₁ of predicted	Variability of peak expiratory flow rate or FEV ₁
Intermittent	< once a week	≤ twice per month	≥ 80% predicted	< 20%
Mild persistent	> once per week but < once per day	> twice per month	≥ 80% predicted	20–30%
Moderate persistent	Daily	> once per week	60–80% predicted	> 30%
Severe persistent	Continuous limited physical activity	Frequent	< 60% predicted	> 30%

Vyanjaka Hetu (Precipitating factor)

Tamaka Shwasa is an episodic disease. So, role of *Vyanjaka Hetu* (precipitating or aggravating factors) in this disease is more. These also cause aggravation of the symptoms in an existing disease or precipitation of the *Samprapti* of the disease. The knowledge of these *Hetus* is useful in preventing the aggravation of disease. Acharya Charaka has mentioned different precipitating factor for *Tamaka Shwasa*, *Megha* (Cloudy weather), *Pragvata* (East sided wind), *Ambu* (Rainy season), *Kapha* aggravating factors *Shitasthana* (Winter season or Cold atmosphere). According to WHO Asthma triggering factors are indoor allergens (for example house dust mites in bedding, carpets and stuffed furniture, pollution and pet dander), outdoor allergens (such as pollens and moulds), tobacco smoke and chemical irritants in the workplace.^[8]

Purvarupa (prodromal symptoms)

Localization of vitiated circulating *Dosha* at a particular pre-existing defective site is called *Sthanasamshraya*. Availability of a weak or defective site is essential for *Sthanasamshraya*. Such a defect is classically termed as *Khavaigunya*.^[9] This may be due to pre existing genetic weakness or defect in a particular part or organ of body by birth. This may also be due to the defect or damage of an organ due to previous disease which left this organ permanently weak or defective even after clinical recovery at that occasion or may be acquired due to some *Nidana*. In Ayurvedic classics *Purvarupa* prodromal symptoms of *Tamaka Shwasa Anaha, Parshvashula* and *Pidanam Hridayasya* are the common prodromal symptoms according to all authors. In 95 patients an interval characterised by prodromal respiratory symptoms (cough, rhinorrhoea and wheezing), behavioural changes (irritability, apathy, anxiety and sleep disorders), gastrointestinal symptoms (abdominal pain and anorexia), fever, itching, skin eruptions, and toothache preceded the onset of the attack of asthma.^[10]

Rupa (symptoms of Shwasa Roga)^[11]

Greeva Sira Parigraha (pain and stiffness of the head and neck muscles like as someone tightly holding the

head and neck), *Ghurghurakam* (wheezing sound), *Lalatasveda* (perspiration of whole body), *Asino Labhate Saukhyam* (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), *Usnabhinandati* (patients of *Tamaka Shwasa* likes warm articles like tea, coffee, hot water), *Kantodhvamsa* (difficulty in speaking), *Ati Tivra Vega Shwasa* (paroxysmal attacks), *Muhurmuhu Shwasa* (To fulfil the demand of oxygen the rate of respiration is increased), *Shleshma Vimokshante Muhurtam Sukham* (after expectoration patient feels better), *Krichrat Bhashitam* (difficulty in talking), *Pinasa* (hyper secretion in nasal mucosa).

Types of Tamaka Shwasa^[12]

Acharya Charaka mentions two types of *Tamaka Shwasa*,

- **Pratamaka:** *Pittanubadhata* in *Tamaka Shwasa* leads to appearance of symptoms like *Jwara*, *Murchha* in *Pratamaka*. Intake of cold things produces relief in signs and symptoms of *Tamaka Shwasa*. *Udavarta*, *Rajo*, *Ajirna*, *Vega Vidarana* and *Vridha* aggravate the attacks of *Shwasa*.
- **Santamaka:** Patients get relief after hot intake.

Treatment of Tamaka Shwasa

1. **Samshodhana:** Due to *Margavaragananya Samprapti Shodhana* is indicated in *Balavana* patient and *Kapha* dominant state to remove *Kapha* from the *Pranavaha Srotasa* and regularize the movement of *Vata*.^[13]
 - **Snigdha Sweda:** unctuous fomentation therapies like *Nadi - Sveda*, *Prastara - Sveda*, after anointing the body with oil, mixed with salt. This *Snigdha Sweda* dissolves knotted and granular *Kapha*. It makes sticky *Kapha* to detach from the respiratory channels (*Pranavaha Srotas*). It softens channels and causes normal movement of *Vata Dosh*a by relieving obstruction.
 - **Tamake tu Virechanam:** Patients suffering from *Tamaka Shwasa* (*Asthma*) are given purgation

therapy. The channels of *Vayu* should always be cleansed by the elimination of obstructing *Doshas*.^[14]

- **Dhumapana smoking therapy:**^[15] For this purpose, a *Varti* (elongated pill) should be prepared with the paste of turmeric, *Patra*, castor root, *Laksha* (*Laccifer lacca*), *Manahsila*, *Devadaru* (*Cedrus deodara*), *Ala* (*Haritala*) and *Jatamansi* (*Nardostachys jatamansi*).
 - **Samsamana:** For the patient who is not eligible for *Samshodhana Karma* (*Durbala*), *Samshamana* therapy should be adopted. *Acharyas* have advised the use of *Vatakaphaghna*, *Ushna*, *Vatanulomaka* drugs as a first line of treatment in *Tamaka Shwasa*. *Samshamana* therapy in this case includes *Deepana*, *Pachana*, *Vatanulomana* and *Kaphavatashamaka* drugs and regimen. Children and aged people are also managed with *Samshamana* therapy.^[16]
2. **Nidana Parivarjan** or avoidance of all types of precipitating or predisposing factors is to be strictly followed. 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.
 - **Pathya Varga:** *Purana Shashtik*, *Rakta Shali Dhanya*, *Wheat*, *Yava*, *Mudga*, meat of Rabbit, Peacock, *Titar*, *Lava*, *Kukkuta*, etc. *Kantakari*, *Jeevantishaka*, *Bimbiphala*, *Sukshma Ela*, *Maricha*, *Shunti*, *Draksha*, *Lashuna*, *Purana Ghrita*, *Aja Dugdha*, *Aja Ghrta*, *Gomutra*, *Sura*, hot water, honey, etc.
 - **Apathya Varga:** *Ahara:* Beans, *Anupa Mamsa* (fish), *Manda Shaka* (potato) mustard, *Masha*, unboiled milk, cold water, curd, tail, fried food etc.
 - **Apathya Vihara:** Suppression of *Mutravega*, long journey, lifting heavy weight, Chinta etc.

CONCLUSION

In *Tamaka Shwasa* the vitiated *Vata* after causing the obstruction in *Pranavaha Srotasa* spreads with in

Pratiloma Gati and involving the neck and head region, which produces *Pratishyaya* by excitation of *Kapha Dosha*. This *Kapha* causes obstruction at the site of the throat region and this results into an increase in the respiration rate resulting in disease of *Shwasa*, which includes pain in the chest. For treatment charaka mentioned Ingredients which cause alleviation of *Vayu* and *Kapha*, which are not in potency, and which cause downward movement of *Vayu*, (*Vatanuloma*) are useful as medicines, drinks and food preparations for the patients suffering from hiccup and *Asthma*.

REFERENCES

1. M.Monier Williams, Sanskrit English dictionary, Published by Motilal Banarasidas publisher, Edition 4, Year of reprint 2005; p.438.
2. Sanskrit Shabdārtha Kostubha, Sanskrit dictionary, Publication Allahabad, Year of publication 1928; p.348.
3. Vachaspatyam (Brihata Sanskritabhidhanam), Sanskrit dictionary, Edited by Tarka Vachaspati Shri Taranath Bhattacharya, Published by Chaukhambha Krishnadas Academy, Varanasi, Year of Publication 2003: Part 6; p.5/59
4. Sushruta, Sushruta Samhita, revised by Sushrutavimarshini Hindi commentary by Acharya Priyavrata Sharma, Edited by Dr. Anantram Sharma, Uttaratantra 51/4, Chaukhambha Surbharati Prakashana, Varanasi, 2004; p.424
5. Agnivesha, Charaka Samhita, revised by Charaka and Dridhbala with 'Ayurveda Dipika' commentary by Chakrapanidatta, Edited by Trivikram Atmaja Yadav Sharma, Chikitsasthana 28/20, Chaukhambha Publications, New Delhi, 2006; p.617
6. Harrisons' principles of internal medicine (17 th edition, vol-2)
7. Yawn BP (September 2008). "Factors accounting for asthma variability: achieving optimal symptom control for individual patients" (PDF). Primary Care Respiratory Journal. 17 (3): 138–147. PMID 18264646. doi:10.3132/pcrj.2008.00004. Archived (PDF) from the original on 2010-03-04.
8. <http://www.who.int/features/qa/46/en/> (Accesses on 20 May 2017)
9. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Sutrastana: Chapter 24, Verse 10. Varanasi: Chowkhambha Sanskrit Series, 2002; p.206
10. Beer S, Laver J, Karpuch J, Chabut S, Aladjem M. Prodromal features of asthma. Archives of Disease in Childhood. 1987;62(4):345-348.
11. Shukla V, editor, (2nd ed.). Charaka Samhita of charak, Chikitsastana: Chapter 17, Verse 55-62. Varanasi: Chowkhambha Sanskrit Series, 2002; p.146
12. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chikitsasthana 17/63; Chaukhambha Surbharati Prakashana Varanasi 2008; p.535.
13. Shukla V, editor, (2nd ed.). Charaka Samhita of Charak, Chikitsastana: Chapter 17, Verse 88-90. Varanasi: Chowkhambha Sanskrit Series, 2002; p.141.
14. Shukla V, editor, (2nd ed.). Charaka Samhita of Charak, Chikitsastana: Chapter 17, Verse 122. Varanasi: Chowkhambha Sanskrit Series, 2002; p.147
15. Shukla V, editor, (2nd ed.). Charaka Samhita of Charak, Chikitsastana: Chapter 17, Verse 77-80. Varanasi: Chowkhambha Sanskrit Series, 2002; p.141.
16. Shukla V, editor, (2nd ed.). Charaka Samhita of Charak, Chikitsastana: Chapter 17, Verse 117-120. Varanasi: Chowkhambha Sanskrit Series, 2002; p.146.

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