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A Literary Review on *Tamaka Shwasa* (Bronchial Asthma)

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ABSTRACT

Respiratory disorders are significant public health burden worldwide. Bronchial asthma is one of the commonest respiratory disorders. The WHO estimates that 300 million people currently are suffering from bronchial asthma. In India prevalence of asthma has been found to be 15-20 million people. Prevalence of asthma is more in urban areas than rural areas due to smoke, pollution and environmental factors. Management of Bronchial asthma as per contemporary treatment modalities include use of bronchodilators, corticosteroid, anticholinergics and several other drugs having long term side effects and dose dependency. *Tamaka Shwasa* which is described in Ayurveda as a disease entity through its sign & symptoms, pathogenesis, prognosis and treatment can be correlated with Bronchial asthma in modern parlance. So, the present conceptual study helps to understand the disease of the modern era by the Ayurvedic perspective and contributes in the integrative approach in the management of *Tamaka Shwasa* or bronchial asthma.

Key words: Bronchial Asthma, Nidana, Pathogenesis, *Tamaka Shwasa*, Ayurveda

INTRODUCTION

Respiratory disease is responsible for a major burden of morbidity and untimely death.^[1] Asthma is one of the most common chronic non communicable diseases currently affecting a large mass of people with almost worldwide distribution.^[2] Ayurveda has described five types of *Shwasa Roga* and *Tamaka Shwasa* is one amongst them. *Tamaka Shwasa* is a "Swatantra"

Vyadhi i.e., independent disease entity and having its own etiology, patho-physiology and management. *Shwasa Roga* has been considered as a *Yapya Vyadhi* (palliative).^[3] It is well co-related with bronchial asthma which results due to derangement of *Pranavah Srotasa* (respiratory system) in which *Prana Vayu* is vitiated that is unable to perform its normal physiologic function due to obstruction through cough and moves in upward direction (*Pratilom Gati*).^[4] Bronchial asthma is characterized by difficulty in breathing, cough, wheezing and chest tightness.^[5] Paroxysm attacks can last for days to months which results in sleepless night, thus disturbing the normal life style of the person. Worldwide, equally affecting both sexes in adult but in children male female ratio is 2:1.^[6] The varieties of indigenous and exogenous factors are responsible for the incidence of this disease.^[7] Out of these genetic susceptibilities, environmental factors, drugs, infection, smoking, anxiety & psychological factors are major cause of concern.^[8] In Indian context asthma is now a serious public health problem and it is seen as

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one of the leading cause of morbidity and mortality in India.^[9] Although the prevalence of asthma in India is seen to be somewhat similar to other Asian countries, the incidence in the country has increased significantly.^[10] There has been an increase in the prevalence and similar trend is observed in India. This disease is more predominant in children and aged population.^[11] At the age of six to seven years, the prevalence ranges from 4-32%. As stated by W.H.O., 100-150 million of global population is suffering from bronchial asthma; out of which 1/10th are Indians and the prevalence of asthma is increasing everywhere.^[12] Lots of advances have been achieved through modern medicine in combating this disease i.e., advanced antibiotics, corticosteroids, bronchodilator, etc.^[13] All these fight the disease and offer relief but patient with weak immune status due to recurrent infection, malnutrition, drug toxicity, chronicity of disease and stress disorder etc,^[14] become prone to further infection and exacerbations of disease, hampering their life quality.^[15] Thus, due to these similarities, *Tamaka Shwasa* and bronchial asthma can be taken as a similar disease condition. The present review helps to understand bronchial asthma through an Ayurvedic perspective and helps in an integrative approach in the treatment.

AIM AND OBJECTIVES

1. To understand bronchial asthma in terms of Ayurveda.
2. To review causative factors, pathogenesis and treatment modalities of *Tamaka Shwasa*.

Ayurvedic Disease Review

The disease is called *Tamaka* as attack of the disease precipitate during night and during the state of attack Dyspnoea becomes so severe that patient feels entering into the darkness.

Types of *Tamaka Shwasa*

Charaka has mentioned two-allied condition of *Tamaka Shwasa* known as two types or further complication of disease proper i.e., *Pratamaka* and *Santamaka*. *Sushruta* and *Vagbhata* have only

mentioned the name as *Pratamaka*, which includes clinical manifestation of *Santamaka*.^[16]

Pratamaka Shwasa

When Patients suffering from *Tamaka Shwasa* gets afflicted with fever and fainting, the condition is called as *Pratamaka Shwasa*. It is suggestive of involvement of *Pittadosha* in *Pratamaka Shwasa*. It is aggravated by *Udavarta*, Dust, Indigestion, Humidity (*Kleda*), suppression of natural urges, *Tamoguna*, Darkness and gets alleviated instantaneously by cooling regimens.^[17]

As a matter of fact, cooling regimen is one of the causative factors of *Tamaka Shwasa* but in *Pratamaka Shwasa*, the patient gets relief by administering cooling agents due to *Pitta Dosh*a involvement.

Santamaka Shwasa

When the patients of *Pratamaka Shwasa* feels submerged in darkness, the condition is called as *Santamaka Shwasa*.

Though *Chakrapani* has mentioned these two as synonyms of each other *Charaka* refers them as two different ailments representing two different conditions of *Tamaka Shwasa*, these two conditions differ from each other according to intensity of attack.^[18]

Nidana (Causative Factors/Risk Factor)

The table below shows comparison between five treatises regarding presence of various risk factors.

Table 1: Showing *Hetu* of *Shwasa* / *Tamaka Shwasa*

Factors	C.S. ^[19]	S.S. ^[20]	A.H. ^[21]	A.S. ^[22]	M.N. ^[23]
<i>Vata Parakopaka Ahara</i>					
<i>Rukshana</i> (dry food)	+	+	-	-	+
<i>Vishamashana</i> (irregular eating habits)	+	+	-	-	+
<i>Adhyashana</i> (frequent eating)	-	+	-	-	-

<i>Anasana</i> (very long gap between two meals)	-	+	-	-	+
<i>Dvandvatiyoga</i> (mutually contraindicating foods)					
<i>Sheetashana</i> (cold foods)	-	+	-	-	+
<i>Visha</i> (food poisoning)	+	+	-	-	+
<i>Sheetapana</i> (cold drinks)	-	+	-	-	+
Pitta Prakopaka Ahara					
<i>Tila Taila</i> (sesame oil)	+	-	-	-	-
<i>Vidahi</i> (food causing burning sensation)	+	+	-	-	+
<i>Katu</i> (spicy food)	-	-	-	+	-
<i>Ushna</i> (hot food)	-	-	-	+	-
<i>Amla</i> (sour)	-	-	-	+	-
<i>Lavana</i> (salt)	-	-	+	+	-
Kapha Prakopaka Ahara					
<i>Nishpava</i> (dolichos lablab)	+	-	-	-	-
<i>Masha</i> (vinga radiates)	+	-	-	-	-
<i>Pistanna</i> (food prepared using very fine flours)	+	-	-	-	-
<i>Shaluka</i> (rhizome of lotus)	+	-	-	-	-
<i>Guru Dravyas</i> (food that is very heavy to digest)	+	+	-	-	+
<i>Jalaja Mamsa</i> (meat of aquatic animals)	+	-	-	-	-

<i>Aanoopa Mamsa</i> (meat of marshy animals)	+	-	-	-	-
<i>Dahi</i> (curd)	+	-	-	-	-
<i>Amakshir</i> (un-boiled milk)	+	-	-	-	-
<i>Utkleda</i> (food that generates more waste products)	+	+	-	-	+
<i>Vishtambhi</i> (food that generates constipation)	+	+	-	-	+
Vata Prakopaka Vihara					
<i>Rajas</i> (dust, pollens)	+	+	+	+	+
<i>Dhuma</i> (smoke)	+	+	+	+	+
<i>Vata</i> (cold breeze)	+	+	+	+	+
<i>Sheeta Sthana</i> (cold places)	+	+	-	-	+
<i>Sheeta Ambu</i> (cold water)	+	+	+	+	+
<i>Ativyayam</i> (excessive exercise)	+	+	-	-	+
<i>Gramya Dharma</i> (excessive sexual intercourses)	+	-	-	-	+
<i>Apatarpana</i> (excessive emaciating)	+	-	+	-	+
<i>Shuddhi Atiyoga</i> (excessive purification)	+	+	-	-	+
<i>Kanth / Urah Pratighata</i> (injury to throat / chest)	+	-	-	-	+
<i>Bhakarashita</i> (emaciation due to lifting heavy weights)	+	+	-	-	+

<i>Adhwahata</i> (excessive walking)	+	+	-	-	+
<i>Karnmahata</i> (excessive work)	+	+	-	-	+
<i>Veganirodha</i> (suppression of natural urges)	-	-	+	-	-
<i>Abhighata</i> (injury)	-	+	+	+	-
<i>Marmabhighata</i> (injury to vital structures)	+	-	-	-	+
Pitta Prakopaka Vihara					
<i>Ushna</i> (hot environment)	-	-	-	+	-
Kapha Prakopaka Vihara					
<i>Abhishyandi Upchara</i> (administration of substances which obstruct the channels)	+	-	-	+	-
Avastha Sambandhi Nidana					
Vata Prakopajanya Vyadhi					
<i>Anaha</i> (flatulence)	+	-	-	-	-
<i>Dourbalya</i> (weakness)	+	-	-	-	-
<i>Atisara</i> (diarrhea)	-	-	-	-	+
<i>Kshaya</i> (tuberculosis)	+	+	-	-	-
<i>Kshatakshaya</i> (bronchiectasis)	+	-	-	-	-
<i>Udavarta</i> (eructation)	+	-	-	-	-
<i>Visuchika</i> (dysentery)	+	-	-	-	-

<i>Panduroga</i> (anemia)	+	+	+	+	-
<i>Visha sevana</i> (poison intake)	+	+	+	+	-
<i>Vibandha</i> (constipation)	+	-	-	-	-
Pitta Prakopajanya Vyadhi					
<i>Raktapitta</i> (bleeding disorders)	+	-	-	-	-
<i>Jwara</i> (fever)	+	-	-	-	+
Kapha Prakopajanya Vyadhi					
<i>Kasa</i> (bronchitis)	-	-	+	+	-
<i>Amapradosha</i> (autoimmune disorders)	+	+	-	-	-
<i>Chardi</i> (vomiting)	+	-	+	+	-
<i>Pratishyaya</i> (corhyza)	+	-	-	-	-
<i>Amatisara</i> (diarrhea)	-	-	+	+	-
Vyanjakahetu					
<i>Megha</i> (cloudy weather)	+	-		+	+
<i>Ambu</i> (rainy season)	+	-		+	+
<i>Sheeta</i> (cold atmosphere)	+	-		+	+
<i>Shleshmkara</i> things (<i>Kapha</i> aggravating factor)	+	-		+	+

Samprapti [Etio-pathology/mechanism of disease development]

Illustration 1: Showing the schematic representation of Samprati.

Nidana Sevana: Raja, Dhuma, Prag-Vatasevana, Marmaghata, Vata-Kapha Prakopaka Ahara Vihara etc.
↓
Sanchayavastha: Sanchaya of Vata occurs in Pranavaha Srotas and that of Kapha in Uras
↓
Prakopavastha: Sheeta Kaala and Durdina etc. will provoke the Sanchita Doshas. As a result the Vata Dosh in Pranavaha Srotas and Kapha in Uras tries to move to other places
↓
Prasaravastha: vitiated Doshas hampers the Agni and causes Agnimandya and in turn produces Ama. Both Vata and Kapha begins to move all over their Aashaya
↓
Sthanasanshrayavastha: the aggravated Dosh i.e. Vata and Kapha are moving all over the body, as well in Pranavaha Srotas, will lead to the Kha-Vaigunyatha. There will be obstruction to the movement of Vata and as a result of this, prodromal features of the disease are manifested
↓
Vyaktavastha: Prakupita Vata which is obstructed by Kapha will attain Pratiloma Gati, results in Vimarga Gamana of Kapha from Annavaha and Udakavaha Srotas. Peenasa and ghurghuraka etc. symptoms manifested
↓
Bhedavastha: in the absence of proper treatment there will be permanent changes in the Srotas resulting in complications (Deerghakaala Anubhandhatwa).

Poorvarupa [Predisposing signs and symptoms]

When the vitiated *Doshas* begin to localize, affecting a particular organ or system, certain prodromal symptoms are observed before the full-fledged manifestation of the diseases, which are noted in table below:

Table 2: Showing the Purvarupa of Tamaka Swasa.

Symptoms	C.S. ^[24]	S.S. ^[25]	A.H. ^[26]	M.N. ^[27]
Anaha (Distension of the abdomen)	+	+	+	+
Adhmana (Fullness of the abdomen)	-	-	-	+
Arati (Restlessness)	-	+	-	-
Bhaktadweshya (Aversion to take food)	-	+	-	-
Vadanasya Vairasya (Abnormal taste in mouth)	-	+	-	-
Parshwa Shoola (Pain in the sides of the chest)	+	+	+	+
Peedanam Hridaayasya (Tightness of the chest)	+	+	+	+
Pranasya Vilomata (Sinusitis or Rhinitis)	+	-	+	+
Shankha Nistoda (Temporal headache)	-	-	+	+

Rupa [Presenting symptoms/clinical manifestation]

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. All the symptoms of *Tamaka Shwasa* described in *Ayurvedic* texts have been shown in the table below:

Table 3: Showing the Rupa of Tamaka Shwasa

Symptoms	C.S. ^[28]	S.S. ^[29]	A.S. ^[30]	A.H. ^[31]
Peenas (Running nose, sneezing, stuffiness of the nose)	+	+	+	+
Shwasa (Dyspnoea)	+	+	+	+
Tivravega Shwas (Rapid breathing)	+	+	+	+
Amuchyamane Tu Bhrisham (Severe breathlessness if sputum is not expectorated out)	+	+	+	+
Vimokshante Sukham (Slight relief in breathlessness on spitting out the sputum)	+	+	+	+
Anidra (Breathlessness disturbs sleep)	+	-	-	-
Sayanah Shwas Peeditaha (discomfort worsens on lying)	+	+	+	+
Aseeno Labhate Soukhyam (Feels easy to breath in sitting position)	+	+	+	+
Pratamyati Ati Vega (Deterioration of consciousness)	+	-	+	+
Kasa (Cough)	+	+	+	+
Pramoham Kasamanashcha (Frequent deterioration of consciousness during paroxysm of cough)	+	-	+	+
Kanth Gurghurak (rattling)	+	-	-	-
Kanthodhwamsa (Soreness of the throat)	+	-	-	-

Utshoonaksa (Oedema around the eyes)	+	-	+	+
Vishushkasya (Dryness of mouth)	+	-	+	+
Lalat Sweda (Sweating on the forehead)	+	+	+	+
Meghaihi Abhivardhate (Cloudy weather worsens the attack)	+	-	+	+
Sheeta Ambu (Cold water)	+	-	+	+
Pragvata (breeze)	+	-	+	+
Shleshmala (Kaphakara)	+	-	+	+
Ushnabhinandate (Likes hot things)	+	-	+	+
Aruchi (Anorexia)	-	+	+	+
Trishna (Excessive thirst)	-	+	+	+
Vepathu (Tremors)	-	-	+	+
Vamathu (Expectoration)	-	+	-	-

Cikitsa Sutra (Principle of Treatment)

In the classical texts of *Ayurveda*, the approach of treatment has been made in the following way.

- Nidana Parivarajan:** In all the four types of patients for the treatment, *Nidana Parivarjan* or avoidance of all types of precipitating or predisposing factors are 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.
- Samsodhana:** *Charaka* emphasized that strong build patient with the dominance of *Kapha* and *Vata* should be treated with *Samsodhana* therapy, i.e., *Vamana* and *Virecana* as per necessities. (*C.S.Ci.17/89*).

The author of *Yogaratanakar* has mentioned that except *Sneha Basti*, all other methods of *Sodhana Chikitsa* should be adopted in *Tamaka Swasa* (Y.R.Swa.Ci.1).

Samsodhana Karma should be performed in following steps.

- a. **Snehana:** *Taila* mixed with *Lavana* should be gently massaged on the chest to loose the tenacious sputum in the channels. (C.S.Ci.17/71)
- b. **Swedana:** *Swedana* by *Nadi*, *Prastara* and *Sankara* method should be performed by these processes the *Kapha* which has become inspissated in the patient's body, gets dissolved in the body *Srotas*, the body *Srotas* become softened and as a result, the movement of *Vata* is restored to normal condition. (C.S.Ci.17/71-72)
- c. **Vamana:** To eliminate or expectorate the deranged *Kapha*, *Vamana* should be given with proper method with drugs not antagonist to *vata*. After proper *Swedana*, *Snigdha Odana* (rice), with soup of fish or pigflesh and the supernatant of curds may be given to the patients for the *Utklesana* of *Kapha*. There after *Vamana* should be performed with the help of *Madanaphala*. *Pippali* mixed with *Saindhava* and *Madhu*. Thus, the vitiated and stagnant *Kapha* has been expelled from the system, the patient attains ease and body channels (*srotas*) are purified, the *Vata* moves through the *srotas*, unimpeded (C.S.Ci.17/74-76)
- d. **Dhumapana:** After *Vamana*, to eliminate the hidden pathogenic substances i.e., the *Dosha* which are in the *Linavastha* (not completely purified), the physician should endeavour to remove it by *Dhuma Cikitsa* (inhalation therapy) (C.S.Ci.17/77).
- e. **Virechana:** as defined by *Charaka*, is a process in which waste products (*Dosa*, *Mala*) are eliminated through lower channels (*Adhobhaga*) i.e., anus (C.S.Ka.1/4). Though all *Virecana* drugs are *Panchabhautika* in constitution, *Jala* and *Prithvi Mahabhuta* dominant in their constitution (C.S.Ka.1/5). An ideal *Virecana* preparation, according to *Charaka* must have five properties.

These *Gunas* are *Vyavayi*, *Vikasi*, *Suksma*, *Ushna* and *Tikshna* (C.S.Ka.1/5).

2. **Samsamana:** The scope of *Samsamana* therapy in this disease is more wide and practical, which is applicable in all cases in all stages. For the patient who is not eligible for *Samsodhana Karma* (*Durbala*), *Samsamana* therapy should be adopted. *Samsamana* therapy in this case includes *Deepana*, *Pacana*, *Kapha Vatasamaka* drugs and regimen along with drugs that purify *Pranavaha Srotas*. Children and old subjects are also managed with *Samsamana* therapy.

Brimhana and Rasayana Chikitsa

Recurrent attacks of the illness in a long run tend to debilitate the patient due to depletion of the *Dhatu*.

This *Dhatukshaya* further adds to the pathogenesis and prevents from employment of energetic treatment during the attack of *Tamak Shwas*. Therefore, it is mandatory to maintain the physical strength of the patient by employing *Brihana* treatment. Further the illness runs a chronic course with persistent nature. This nature of the illness may be best aborted by the administration of *Rasayana Chikitsa*. In this way the *Brihana* and *Rasayana Chikitsa* are said to be beneficial in patients suffering from *Tamak Shwas*.

In short, sequential administration of *Lavana Taila Abhyang*, *Swedan*, diet '*Snigdha*' enough to control '*Rukshana*' and balanced enough not to aggravate *Kapha*. *Sadya Vaman* (emergency emesis), *Dhoomapana* followed by *Shaman Chikitsa* is the treatment to relieve the attack of *Tamak Shwasa*.

Virechan followed by *Vyadhihara Rasayana* and *Brihana Chikitsa* is the ideal line of treatment in between the attacks. These procedures are very much efficacious in remitting the symptoms as well as preventing subsequent attacks of *Tamak Shwas*. Formulations those could act on controlling *Vata Kapha* and at the same time boost tissue and organ strength, control remodeling and increase immunity against risk factors are selected to treat *Tamak Shwasa*.

Modern Disease Review

Asthma is a disease of airways that is characterized by increased responsiveness of the tracheobronchial tree to a variety of stimuli resulting in widespread spasmodic narrowing of the air passages which may be relieved spontaneously or by therapy. Asthma is an episodic disease manifested clinically by paroxysms of dyspnoea, cough and wheezing. However, a severe and unremitting form of the disease termed *status asthmaticus* may prove fatal.^[32]

Prevalence^[33]

Asthma is very common; it is estimated that 5 to 10 percent of the population worldwide is affected. Similar figures have been reported from other countries. Bronchial asthma occurs at all ages but predominantly in early life. About one-half of cases develop before age 10, and another third occur before age 40. In childhood, there is 2:1 male/female preponderance, but the sex ratio equalizes by age 30.

Etiopathogenesis and Types^[34]

Based on the stimuli initiating bronchial asthma, two broad etiologic types are traditionally described: *extrinsic (allergic, atopic) and intrinsic (idiosyncratic, non-atopic) asthma*. A third type is a mixed pattern in which the features do not fit clearly into either of the two main types.

1) Extrinsic (Atopic, Allergic) Asthma

This is the most common type of asthma. It usually begins in childhood or in early adult life. Most patients of this type of asthma have personal and/or family history of preceding allergic diseases such as rhinitis, urticaria or infantile eczema. Hypersensitivity to various extrinsic antigenic substances or allergens is usually present in these cases. Most of these allergens cause illeffects by inhalation e.g. house dust, pollens, animal danders, moulds etc. occupational asthma stimulated by fumes, gases, organic and chemical dusts is a variant of extrinsic asthma. There is increased level of IgE in the serum and positive skin test with the specific offending inhaled antigen representing an IgE-mediated type 1 hypersensitivity reaction which

includes an 'acute immediate response' and a 'late phase reaction'.

- *Acute immediate response* is initiated by IgE - sensitised mast cells on the mucosal surface. Mast cells on degranulation release mediators like histamine, leukotrienes, prostaglandins, platelet activating factor and chemotactic factors for eosinophils and neutrophils. The net effects of these mediators are bronchoconstriction, oedema, mucus hypersecretion and accumulation of eosinophils and neutrophils.
- *Late phase reaction* follows the acute immediate response and is responsible for the prolonged manifestations of asthma. It is caused by excessive mobilization of blood leucocytes that include basophils besides eosinophils and neutrophils. These result in further release of mediators which accentuate the above-mentioned effects. In addition, inflammatory injury is caused by neutrophils and by major basic protein (MBP) of eosinophils.

2) Intrinsic (Idiosyncratic, Non-Atopic) Asthma

This type of Asthma develops later in adult life with negative personal or family history of allergy, negative skin test and normal serum levels of IgE. Most of these patients develop typical symptom-complex after an upper respiratory tract infection by viruses. Associated nasal polypi and chronic bronchitis are commonly present. There are no recognizable allergens but about 10% of patients become hypersensitivity to drugs, most notably to small doses of aspirin (aspirin-sensitive asthma).

3) Mixed Type

Many patients do not clearly fit into either of the above two categories and have mixed features of both. Those patients who develop the disease late tend to be non-allergic. Either type of asthma can be precipitated by cold, exercise and emotional stress.

DISCUSSION

Description of *Shwasa* is available in *Brihatrayee* as well as *Laghutrayee*. *Sushruta* has mentioned *Tamaka*

Shwasa as *Kapha* dominant disease. Out of five varieties, *Tamaka Shwasa* is having "Swatantra" nature. *Kshudra Shwasa* may present as a symptom in many conditions & does not require any medication where as *Maha*, *Urdhva* & *Chinna Shwasa* were present at terminal stage. Literary Simulation of *Tamaka Shwasa* is coincided with the description of bronchial asthma as described in modern literature. *Charaka* has mentioned two allied conditions of *Tamaka Shwasa* i.e., *Pratamaka* & *Santamaka*. *Sushruta* & *Vagbhata* have only mentioned the name of *Pratamaka* which includes clinical manifestation of *Santamaka*. *Pratamaka Shwasa* shows involvement of *Pitta Dosha* in Pathogenesis. *Santamaka Shwasa* is a severe condition of *Pratamaka Shwasa*, when patient feels that he is submerging in darkness. *Chakrapani* has commented *Pratamaka* & *Santamaka* are synonyms but differ from each other in intensity of attack, but *Charaka* explains them as two different ailments. Various *Nidanas* were mentioned in *Samhita*. *Charaka* has given list of *Vata* & *Kaphaprakopaka Nidana* separately. Various risk factors mentioned in modern science are of two types: those which act as predisposing factor and those which cause acute exacerbation of asthma. In the pathogenesis *Charaka* has explained *Pittasthana Samudbhava Vyadhi* where as *Vagbhata* explained as *Aamashaya Samudbhava Vyadhi*. *Chakrapani* has quoted that *Pittasthana* is related with upper part of *Aamashaya*. But no clear description regarding *Pittasthana* is available in *Samhita*. Whether all *Pittasthana* should be considered or it is confined to only *Aamashaya* remains controversial. Different opinion & research works are carried out in relation with this topic. Association of HCL of gastric juice seems to be controversial as Achlorhydria & Hyperchlorhydria both conditions are associated with asthma. In the pathogenesis, vitiated *Kapha* and *Pratiloma Vayu* play an important role & inflammatory condition of airway results due to *Saama Vayu (vitiating body humor)* which causes *Shotha (inflammation)* & *Srotorodha (obstruction)*. Hence patients of *Tamaka Shwasa* should be classified broadly under *Vata Pradhana (chronic)* & *Kapha Pradhana (acute) Samprapti (pathogenesis)*.

Aacharya has described various guideline principles for management. Among that *Nidanaparivarjana* plays major role. Various preventive measures are explained which helps in preventing asthma exacerbation as well as development of asthma. Treatment modality mainly includes *Shodhana* & *Shamana* therapy. Among *Shodhana*, *Vamana* & *Virechana* have been advised whereas *Aacharya Sushruta* has contraindicated *Sneha Basti*. During *Vegavastha* local *Snehana* with *Salavana Taila* & *Swedana* is advised. *Charaka* has explained different Management principles according to stages of disease. In *Shamana* therapy drugs having *Kaphahara*, *Vataghna*, *Ushna* & *Vatanulomana* properties were described. *Charaka* has given importance to *Brihana* therapy rather than *Shamana* & *Shodhana*. *Brihana* therapy is just like *Rasayana* therapy. Management of Bronchial asthma as per contemporary treatment modalities include use of bronchodilators, corticosteroid, anticholinergics. So, the signs and symptoms of *Tamaka Shwasa* are similar to that of Bronchial Asthma as mentioned in the modern Medical Science.

CONCLUSION

This conceptual study has enlightened various fields from historical review to the recent information about the disease of the modern era. Bronchial asthma is the common respiratory disease of the current scenario which needs preventive and therapeutic approach. *Ayurveda* through its harmless modalities may be considered as the best approach for bronchial asthma. Through the literature review, we get a clear idea of the disease and an attempt has been made to understand bronchial asthma according to *Ayurvedic* and as well as modern perspective.

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