

MANAGEMENT OF TAMAK SHWAS (BRASTHMA) WITH CURRENT EVIDENCE AND AYURVEDIC RASAUSHADHIS

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ABSTRACT

Rasaushadhis or oreanos metallic formulation have been use in the treatment of Shwas(Bronchial Asthma) with its excellence for centuries but their scientific evolution has not thoroughly constitute with modern tools.*Rasaushadhis* are popularly used since the period of great alchemist *Nagarjuna*.i. e. 8th centuryAD.In fact it is explore that strategies and treatment modalities to control Asthma exist in *Rasashastra*, discipline of *Ayurveda* .In this time invention of special processing technique s as *shodhan* , *marana*,etc. have been established which are being use to convert minerals and metal in to easily consumable form and immediate showing desirable effect. Asthma is a multifactorial disease resulting from a gene environmental interaction .projection of a disease prevalence and incidence rate in worldwide by world health organization indicating the danger and graveness of this disease. In the present study, the initiation have been taken to collect, and compiled all related information about asthma with current evidence regarding *Rasaushadhis* used therapeutically that may facilitate further research work.

Keywords: *Asthma, ayurveda, shwas, Rasaushadhis*

INTRODUCTION

Ayurveda is the traditional system of Medicine in India and one of the prime modalities of health care. It is also gaining importance globally and hence to address the burning issue of evidence based scientific study to prove itself in this era. Suffice to be saying that the onus of churning out clinical based evidence lies heavily on the practitioners of traditional medicine which will enable the authorities of healthcare to take cognizance of *Ayurveda*.

The pioneer of all medical systems, *Ayurveda* is based on its profound theory of the structural and functional aspects of health and disease. Now a day *shwas* is one of the major disease that causes more medi-

cal emergencies. There are many risk factors which triggers this disease. As stated by *Acharya Charak*, there are many diseases which are fatal, but *shwas and hikka* are at the top position while concerning *Sadya pranahara* or *Aashukari pranahara vyadhi*.*Shwas* is present at the time of birth and end of life. It is also caused by combination of genetic and environmental factor. This disease can occur at any stage of life right from pediatric group to geriatric group. WHO estimate that 235 million people currently 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 are-

as due to smoke, pollution and environmental factors. Ayurveda not only treating the disease, but eliminating its root cause. There is an important role of immunity in *pranahara strotas* as disorder.

AIM AND OBJECTIVE:

To study the role of different *bhasmas* mentioned in classical Ayurvedic text in *Tamak shwas* (Bronchial Asthma)

MATERIALS:

References from various *Granthas*

References from various *Ayurvedic* treaties

References from *Ayurvedic text charak samhita* and *shushrut samhita*

METHODOLOGY:-

Pathology of *Tamak shwas* is studied.

Role of various *Rasaushadhis* in *Tamak shwas*.

PURVARUPA (PARANORMAL SYMPTOMS) :-

Ancient *vaidyas* given description about the *purvarupa* or prodromal sign and symptoms of *Tamak shwas*. It is the warning alarm for the forthcoming disease. Identification of *purvarupa* is very important because the earliest treatment will yield the best result that prevent the involvement and suffering from *tamak shwas*. It is not available in modern science likewise :knotted *Anaha* , *Parshvashula*, *Pranasya Vilomata*, *Arati*, *Aadhamana*, *shankha nistoda*, *shula*.

RUPA:-

Prodromal symptoms when fully established are called *Rupa*. like *shwas krucchata*, *shwas vega*, *peenas*, *uraha pida*, *ghurghuratwam*, *sakapha kasa*, etc.

SAMPRPTI (PATHOGENESIS)

It is mechanism in which the vitiated *doshas* proceed to the target site to finally manifest the disease with its symptoms. while considering *vyadhi ghataka Ama* is the foremost

factor in the list. This *ama* nothing but intermediate compound formed inside the *amashay*. due to improper digestion of *Rasa dhatu*. Improper food habit, *agnimandya* are the precipitating factor for the production of *ama*. This *ama* combines with *vata* vitiated by *nidan sevana* and create *aavarna* in *strotasa* obstructing *dhatu vahan*. The airway inflammation in asthma may be due to *sama vata*, which creates *shooha* in *strotasa*. This *sama vata* agitates the *sthanik kapha dosha* in the *uras*, so causing *sang mucus plug* causing the obstruction. The *avarna* of *kapha* produces which is *pratyatma linga* of *Tamakshwas*.

UPADRAVAS:-

Swarabheda

Kasa

Hrudroga

Shooha

BRONCHIAL ASTHMA:-

In modern science *Tamak shwas* correlated with Bronchial Asthma. Asthma is a chronic inflammatory disorder of the airway in which many cells and cellular elements play role. The chronic inflammation causes an associated increase in airway hyper responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing particularly at night or early morning. These episodes are usually associated with widespread but variable airflow obstruction that is often reversible either spontaneously or with treatments.

RISK FACTOR OF ASTHMA:-

According to modern view risk factors for Asthma include, Environmental factor like allergens, tobacco, smoke, air pollution, diet, socio economic status, also genetic predisposition, Airway hyper responsiveness, race, indoor allergens.

PATHOLOGY OF ASTHMA:-

Bronchial Asthma as reviewed is of two types, extrinsic and intrinsic. Intrinsic asthma is non-allergic, with late onset and not associated with allergy and usually begins in adult life. Extrinsic Asthma is allergic, has early onset and is mediated by type one hypersensitivity involving IgE bound to mast cell and begins in childhood, usually in patients with a family history of allergy.

Exposure to defined allergens or to various other specific stimuli initiates cascade of cellular activation events in the airway. This airway results in both acute and chronic inflammatory process mediated by complex and integrated assortment of locally released cytokines and other mediators. Release of this mediator can alter airway smooth muscle tone and responsiveness, produce mucus hypersecretion and damage airway epithelium. These pathogenic events result in chronically abnormal airway architecture and function.

COMPLICATION:

- The complication of asthma can be severe, and may lead to Death.
- Decreased ability to exercise and take part in other activities.
- Lack of sleep due to night time symptoms.
- Permanent changes in the lung function and Restrictive lung capacity.
- Persistent cough.

- Trouble breathing that requires breathing assistance.
- Chronic obstructive pulmonary disease (COPD)
- Bronchiectasis.
- Emphysema.

MANAGEMENT:

The goals of treatments are:

- Control airway swelling.
- To stay away from substances that trigger your symptoms.
- To help you to be able to do normal activities without asthma symptoms.
- Quick relief medicines include short acting inhaled bronchodilators, oral corticosteroids
- Steroids for when you have an Asthma attack that is not going away.
- Also used beta-2-agonist, methylxanthines, anticholinergics drug, mast cell stabilizers, Anti IgE antibody and leukotriene modifiers all these categories of drugs can be used in Asthma.

AYURVEDIC MANAGEMENT

In the Ayurvedic system of medicine, various herbs, herbo-minerals and minerals are used popularly and very effectively in the treatment of Asthma with different disease conditions. The *Rasaushadhis* used in Shwas with different disease conditions, which are given below.

Table- 1

SR. NO.	Rsaushadhis	Content	Dose	Anupan
1	<i>Shwaskuthar Rasa</i>	<i>Prad ,gandhak,tankan ,vatsanabha, trikatu, manashila.</i>	250mg-500mg	<i>Aadrak swaras</i>
2	<i>Shwasbhirav Rasa</i>	<i>Parad ,gandhak, vatsanabha ,panchakol.</i>	250mg	<i>Ushnodak</i>

3	Shwas kasa chintamani	Parad ,suvarnamakshik,suvarna bhasma,moti bhasma,gandhak,abhrak,loha bhasma	250mg	Pimpali churna or madhu
4	Mruganka vati	Swarna bhasma,praval bhasma, kantaloha bhasma, rasasindoor,abhrak bhasma,moti bhasma.	250mg	Madhu or Bebhita majja
5	Nagarjunabhra Rasa	Abhrak bhasma ,Arjun twak	125mg-250mg	Madha
6	Suvarna Bhasma	Sudha suvarna bhasma	125mg	Mix with sitopaladi churna
7	Abhrak Bhasma	Sudha abhrak bhasma	125mg	Mix with sitopaladi churna
8	Praval Bhasma	Praval bhasma	125mg	Mix with sitopaladi churna
9	Mrugashruna Bhasma	Mrugashruna Bhasma	125mg	Mix with sitopaladi churna
10	Yograj Guggle	Triphala,trikatu,chitrak,vidanga,shilajatu, rajatmakshik, swarnamakshik bhasma,loha bhasma.	250mg-500mg	Koshna jala or madhu.
11	Laxmi vilas Rasa	Rasashindoor,suvarna bhasma, abhrak bhasma,roupya bhasma,tambra bhasma,vanga bhasma,kantaloha ,tikshna loha, nag bhasma, moutik bhasma,bachanag, chitrak kawath.	250mg-500mg	Koshna jala
13	Arogyavardhini Rasa	Para ,gandhak,loha bhasma ,abhrak bhasma,tambra bhasma,triphalala,shilajatu, guggule,chitrak ,kutaki,nimba patra swaras.	250mg-500mg	Koshna jala
14	Rasashindoor	rasashindoor	60mg-125mg	Mix with shitopaladi churna.

CONCLUSION

Managing Shwas from pharmacological aspect of new drugs,trimors, palpitation, headache,restlessness,etc. help to restore life

till death but it has no surety that how long the drugs will respond and how to avoid the complication safely. However our Ayurvedic medicine specially Rasaaushadhi with non-pharmacological therapy like diet

,lifestyle, yoga etc., are also highly effective in Asthma and are having no or very little complication. If complication may arise then they can be treating safely and successfully in comparisons to modern science.

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