

## AN OBSERVATIONAL STUDY ON NIDANA PANCHAKA OF TAMAKA SHWASA W.S.R. TO BRONCHIAL ASTHMA

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### ABSTRACT

*Tamaka Shwasa* or Bronchial Asthma is one of the most distressing diseases and is quite common in all the socio-economic status in all the age groups and almost all over the world. The ancient sages knew the entity of this disease from very beginning. To and fro movement of air through the *Pranavaha srotas* is the vital sign of *Prana*, the normalcy of which suggests health. The abnormality of respiration indicates disease and its cessation marks death. This unique sign of life is affected in the disease *Tamaka Shwasa*. Understanding the *Nidana Panchaka* (*Nidana, samprapti, purvaroopo, rupa, upashaya-anupashaya*), etiopathogenesis and spectrum of presentation, diagnosis, complications, nature of disease constitutes the key for managing a tough disease like *Tamaka shwasa*. In this regard present study aims to unravel the key points in understanding the *Nidana panchaka* of *Tamaka shwasa*. Hence an observational study is planned to evaluate the *Nidana panchaka* of *Tamaka shwasa* and to understand the contribution of each *nidana panchaka* towards disease manifestation along with establishing correlation with Bronchial Asthma. In this study Bronchial asthma can be considered as the nearest clinical entity for *Tamaka Shwasa*.

**Keywords:** *Tamaka Shwasa*, Bronchial Asthma, *nidana panchaka*

### INTRODUCTION

*Tamaka Shwasa* is one among the five varieties of *shwasa* explained in the classics of *Ayurveda*. The cardinal symptom of *tamaka shwasa* is difficulty in breathing. This abnormality of breathing as indicative of forthcoming death in the long run merits serious attention a person from being active. As per WHO 2011 health reports; about 235 million people suffer from bronchial asthma<sup>1</sup>. The presentation of *Tamaka Shwasa* is peculiar in this regard. Patient is made to prop up instead of lying on the bed. This is

the most comfortable position for the patient when the breath is diseased<sup>2</sup>. Even though the patient is incapacitated, the illness forces him to sit down. Rest, in his dictionary, is not on the bed but on the chair. This is the pathetic situation of the patient. It is a common chronic inflammatory condition of the airways whose mechanism is not completely understood yet. The prevalence of asthma has risen in affluent countries over last 30 years but now appears to have stabilized with ~10-12% of the adults and

15% of the children affected by the disease. It's a heterogeneous disease with interplay between genetic and environmental factors.

The *nidanas* responsible for the manifestation of *Tamaka shwasa* are explained in all *samhitas*. That is why *acharya* has given much importance for *nidana parivarjana* in *shwasa roga*. Though the *nidanas* for *tamaka shwasa* is known to all, the contribution of each *nidana* towards the disease manifestation may be individualistic and needs to be understood. This will be helpful for the promotion of health status of patients of *tamaka shwasa* as avoidance of *nidana* is the basis of all the treatments.

#### **Aim and Objectives:**

- To study the *nidana panchaka* of *Tamaka Shwasa*.

#### **MATERIALS AND METHODS**

This is conceptual type of research, textual material are used for the study from which various references have been collected, Main *ayurvedic* texts used in this study are *Charak Samhita*, *Sushruta Samhita*, *Astang-Sangrha*, *Ashatanghridya* and *laghutrayee* available Commentaries on it, literature survey of modern text are also used. Research article available on internet also studied.

#### **Methods of collection of data:**

In this observational study, minimum 60 patients were selected from S.S.C. hospital on the basis of *laxanas* of *Tamaka shwasa*. Signs and symptoms of patients were assessed clinically with a detailed history taking, physical examination and laboratory findings.

#### **Diagnostic Criteria:**

The patients were diagnosed on the basis of structured questionnaire and case proforma which was prepared on the basis of *Acharya Charka's* description of *Tamaka Shwasa* in *Chikitsa Adhyaya* 17 chapter.

#### **Inclusion criteria:**

- 1) Age : 20-70yrs
- 2) Patients presenting with *lakshanas* of *Tamaka shwasa* and signs and symptoms of Bronchial Asthma.
- 3) Patients were selected irrespective of their sex, religion, occupation and socioeconomic status.

#### **Exclusion criteria:**

1. Patients with acute attacks or severe exacerbations and status asthmaticus were excluded.
2. Patients with pulmonary TB, COPD, Bronchiectasis, cardiac asthma and tropical esnophilia or with any other systemic disorders were excluded.
3. Patients with clinical features suggestive of acute and chronic infective disorders, Neoplastic disorders, - HIV we're not be incorporated for the study.

#### **INVESTIGATIONS:**

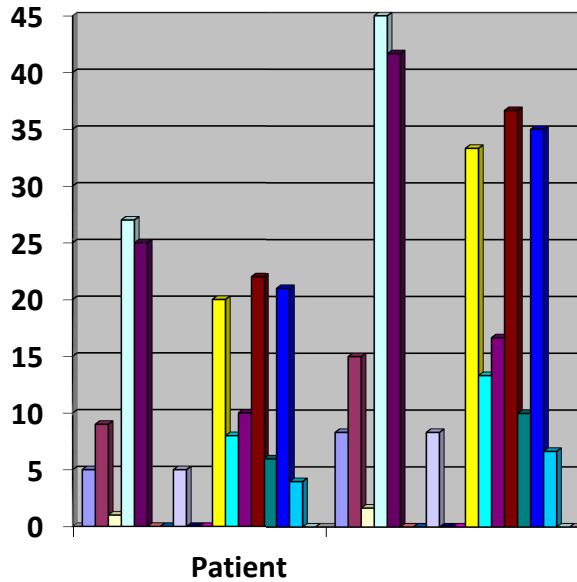
- Hematological findings: Hb%, TLC, DLC, ESR, AEC and other necessary investigations. (if needed sputum examination)
- Radiological findings: CXR PA view

#### **Other Investigations**

- a) Breath holding time (BHT)
- b) Peak expiratory flow rate(PEFR)

**OBSERVATIONS AND RESULTS**

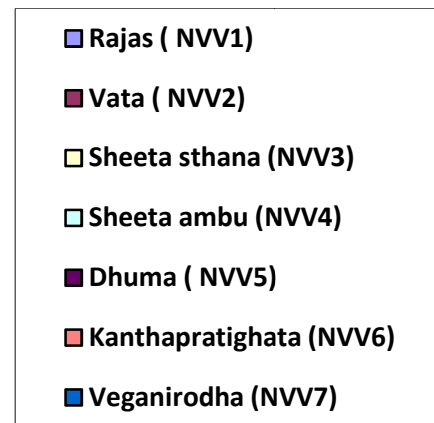
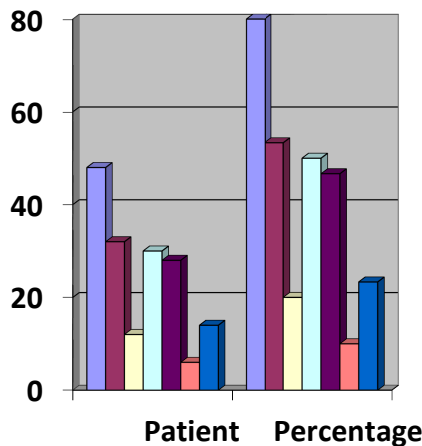
**Graph-1 (A) Distribution of patients by Ahara Nidana**



In this Distribution of patients by *Ahara Nidana* it is expressed that the *Ahara Nidana* impact over the *Tamaka Shwasa*. In which *Vata Ahara Nidana* consuming patient of category *Sheeta pana* and *Rookshanna* are recorded with *Adhyasana*. *Pitta*

*Ahara* is not seen. *Kapha* related *Nidana* are *Abhishyandi* and *Dadhi*. Thus the statements drawn at the observations are supportive to the pathogenesis of the disease *Tamaka Shwasa*.

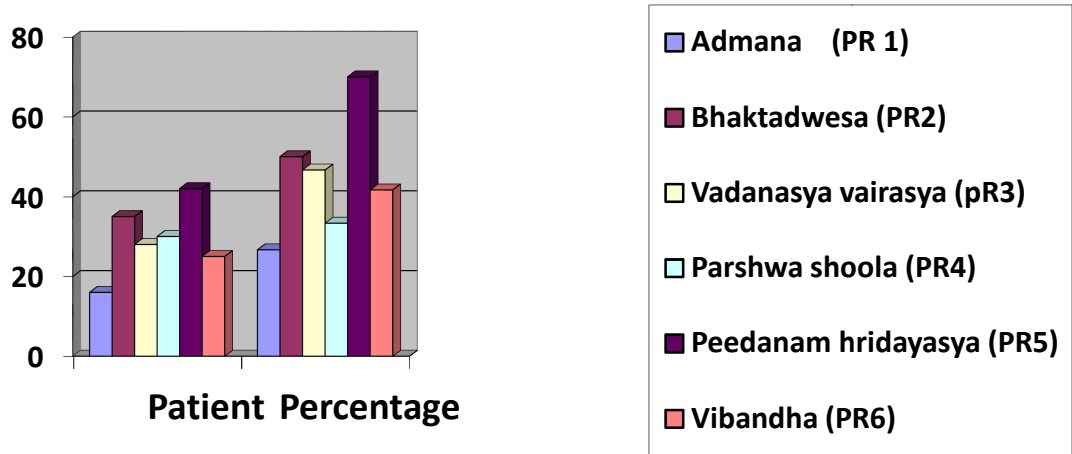
**Graph-1(B) Distribution of patients by Vihara Nidana**



*Vata Vihara Nidana* consuming patients of category *Rajas* and *Vata* are recorded with *Sheetambu sevana* and *Karmahata*. *Pitta Vihara* is not seen. *Kapha* re-

lated *Vihara Nidana* is *Divaswapna*. Thus the statements drawn at the observations are supportive to the pathogenesis of the disease *Tamaka Shwasa*.

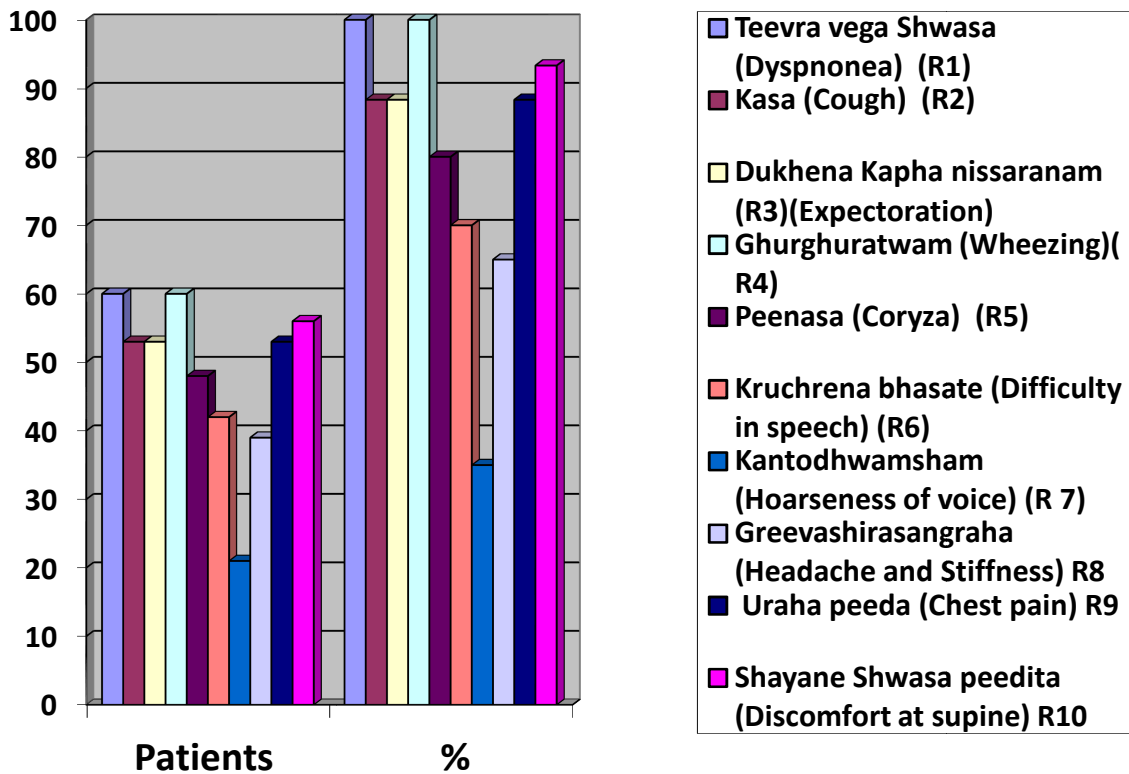
**Graph 2:** Distribution of patients by *Poorva Roopa*



*Poorvarooopa* like *Prana vilomata*, *Parshwa shoola*, *Arati* and *Bhakta dwesha* are predominant. Occasionally *Ksudra shwasa* and *Shankha Bheda* are also observed along with other symptoms enlisted in the

tabular statements drawn at the observations are supportive to the pathogenesis of the disease *Tamaka Shwasa*.

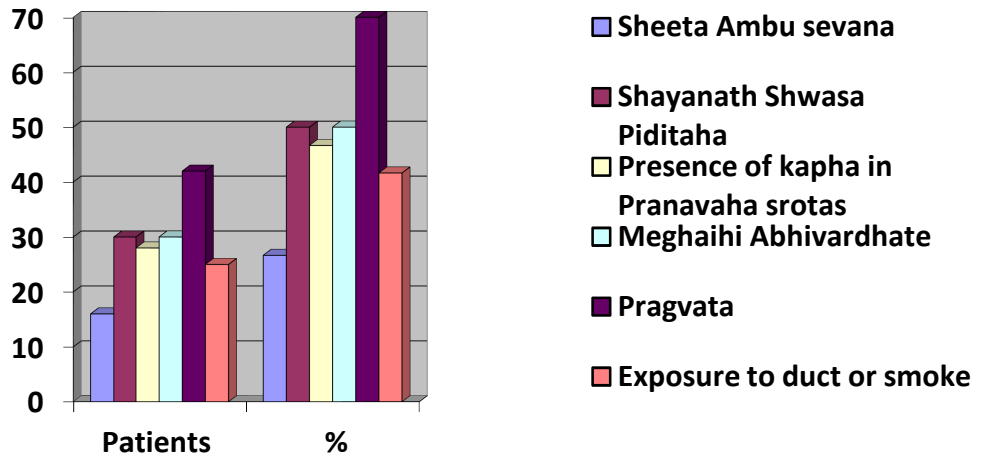
**Graph 3:** Distribution of *Roopa Assessments*



*Roopa* like *teevra vega shwasa*, *ghurghurakam*, *uraha peeda* and *shayane shwasapeedita* are pre-dominant. *Greevashirasangraha* and *Skantodhwamsam* are also observed along with other

symptoms enlisted in the tabular statements drawn at the observations are supportive to the pathogenesis of the disease *Tamaka Shwasa*.

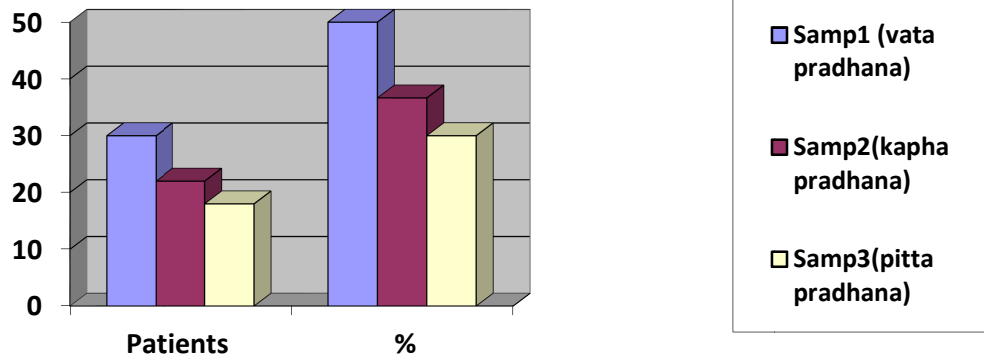
**Graph 4 (A):** Distribution of *Upashaya* Assessments  
**Graph-4(B)** Distribution of *Anupashaya* Assessments



In this Distribution of patients by *upashaya-anupashaya*, *ushna upachara* and *aseeno labhate soukyam* are observed more along with other comforts. *Shayanath Shwasa piditaha*, *meghaihi*

*abhivardhate* and *pragvata* worsens the condition. Thus the statements drawn at the observations are supportive to the pathogenesis of the disease *Tamaka Shwasa*.

**Graph 5:** Distribution of *Samprapti* Assessments



The above graph shows *vata* and *kapha pradhana samprapti* and where as *pitta pradhya samprapti* is comparatively less.

**DISCUSSION**

**Discussion on Nidana Panchaka:**  
*Nidana:* *Aharaja nidanas* like intake of *Sheeta paana*, *tila taila*, *vishamasana* and *viharaja nidanas*

like exposure to duct, smoke and wind does the *Kaphaadikyata*. That *Kapha* obstructs the pathway vitiating the *prana vaayu* resulting in *Tamaka Shwasa*.

**Samprapti & Samprapti Ghataka:**

**Dosha:** Mainly *vata (pranavata)* and *kapha (avalambaka)* doshas are involved and *pitta dosha* as secondary. **Dushya: Rasa dhatu-** The imbalance of *Vata* and *Kapha Dosha* afflicts the *Rasa Dhatu* in the pathogenesis of *Tamaka Shwasa*. During the attack of *Tamaka Shwasa* almost all the symptoms of *Kapha Dosha* vitiation are mediated through the *Rasa Dhatu*. Among the list of symptoms: productive cough, sputum etc are the symptoms pathognomonic of *Rasa Dhatu* abnormality. Moreover, abdominal symptoms like *Adhmana*, *Anaha* are also the result of incriminated *Rasa Dhatu*. **Agni: Mandagni** is the usual process in the patient suffering from *Tamaka Shwasa*. The same is true in this group also. **Prana vaha Srotas:** prime symptom of *Pranavaha srotodushti* is *Atisrustam* and *Alpalpam*. The *adhistana* of the *vyadhi* is *uras* i.e. chest in terms of *pranavaha srotas*, thus the symptoms pertained to that of *pranavaha srotas* is relevant. **Annavaaha Srotas:** Symptoms observed in this are *Aruchi*, *Ajeerna*. All the disease manifestation as it is discussed from GIT and that too from stomach. The importance of *Annavaaha srotas* and *Amashaya* is relevant with symptoms of *Aruchi* exhibited to state the disease is *Amashaya samudbhava*. **Udakavaha Srotas:** In this category *Pipasa*, *Jihwa sosha* and *Oshtasosha* are observed. The air ventilation is naturally through nasal cavity but when it is not possible gives rise to oral breathing, which causes the *Jihwa sosha*, which is an *Udakavaha Srotas* symptom. **Sroto dushti:** It includes *sanga* of *vata dosha* and *ati pravritti* of *kapha dosha*.

**Poorvaroopa:** In *Tamaka Shwasa* the course of the illness starts from *Hridaya* said to be afflicted adds the severity of illness. *Kapha Dosha (Dosha)* and *Rasa Dhatu (Dushya)* belonging to the same category and affliction of *Hridaya* indicates the acute onset chronic course and severity of illness. **Prana**

**vilomata:** suggest that the symptom is related to *Prana*, *Pranavaha srotas* and the obstructive phenomenon of it. **Bhakta dwesha:** suggest that the disease is *Amashaya samutha*, producing *Ahara dwesha*. **Arati and Parshwa shoola:** these are observed. **Shankha Bheda nistoda:** It is a pain condition occurred because of *Prana Urdhwa gati*. **Prana vilomata:** it is observed as 59.9% it is suggest that the symptom is related to *Prana*, *Pranavaha srotas* and the obstructive phenomenon of it. **Bhakta dwesha:** it is observed as 50% patients having symptom suggest that the disease is *Amashaya samutha*. **Arati and Parshwa shoola:** these are observed as 43.3% **Shankha Bheda:** It is a pain condition occurred because of *Prana Urdhwa gati* and thereby observed as 40%. **Vibandha:** it is observed as 36.6% is because of the *Prana Vata Urdhwa gati* in *Tamaka Shwasa*.

**Roopa:**

*Teevra Vega Shwasa* and *Ghurgurukatwam* is *pratyatma niyata lakshana* of *Tamaka Shwasa* observed 100% in all patients. *Kasa* and *dukhene Kapha nissarnam* observed almost all i.e. 90%. *Peenasa* is a relevant disease associated and also a symptom, observed 83.3%. *Shayane Shwasa peeditam*, which is causing inconvenience in *Tamaka Shwasa*, is seen 80% suggests the blockage of *Kapha* while sleeping. *Uraha peeda* i.e. chest pain is observed as 76.6% as the chest is the seat of disease. **Agni:** as *Agni* is observed it is found that 53.3% of patients are subjected for the *Agnimandya* or *Mandagni*. It is explained in *Ayurveda* the *Mandagni* is the root cause of development of disease and *Ama*. **Prakruti:** Many patients are of *Vata Kapha Prakruti* observed in the study 56.6%. The disease manifest to the people with *Vata Kapha* people as the disease is of *Kapha Vata Dosha* predominant. **Prana vaha Srotas:** 70% of patients are reported with prime symptom of *Pranavaha srotodushti* are *Atisrustam* and *Alpalpam*. **Annavaaha Srotas:** Symptoms observed in this are *Aruchi* 40% *Ajeerna* 36.6%. All the disease manifestation as it is discussed from GIT and that too from stomach.

*Udakavaha Srotas*: In this category *Pipasa* is 53.3%. The other symptoms are *Jihwa sosha* and *Oshsasosha* are 20%. **Onset of disease**: The onset is observed, as gradual in many patients is 71.66%. It suggests that the disease in *chirakari* and takes the long time to manifest its symptoms. **Frequency of attack**: it is observed that few days onset is 56.66% in patients. **Periodicity**: An irregular periodicity is observed in the study with 53.33%. **Preceding factors**: these are sneezing, nasal irritation and cough out of cough is in 46.66% of patient.

**Upashaya**: Comfort posture: Sitting was the Comfort posture recorded for the patients.

**Anupashaya**: Dust and Smoke are observed as the aggravating factors.

#### **Discussion on co-relation between Tamaka Shwasa and Bronchial Asthma:**

*Tamaka shwasa* is predominantly caused by *Pranavaha Sroto Dushti* along with considerable involvement from *annavaha* and *udakavaha srotas*. The classical symptoms of *Pranavaha sroto dushti* as described by *Charaka* are seen in typical cases of Asthma. The airway pathology in Asthma in modern parlance corresponds literally with the *Sanga purvaka vimarga gamana* and *Sankocha purvaka vimarga gamana* pathology, resulting in *atipravrtti* of *shwasa* i.e. Dyspnoea. *Acharyas* have given a big list of *nidanans* which are *Vata* and *Kapha prakopaka*, *sroto dushaka* and also cause disturbances to *Agni* which in modern parlance explained in terms of triggering factors.

The classification of etiological factors as Host and Environmental factors by World Asthma Council corresponds to *Ayurvedic* view of *Nija Hetus* which are *Dosha-Dushya-Sroto*, *Dushtikara Hetu* and *Agantuja Nidanans* like *Raja*, *Dhooma* etc. The male female ratio is 2:1. It is because of Male dominant society observing and moving or exposing to the etiology much more than that of Females who are staying at home. Though smoking has incriminatory effect on the respiratory system, badly affecting its defense mechanism, only in 15% of patients registered in the study, showed addiction to cigarette or

beedi smoking. Since this addiction is common in males and the sample taken for the study showed predominance of males in number.

#### **CONCLUSION**

In *samhithas* there are discrete references regarding *tamaka shwasa*. This particular study established *nidana panchaka* of *tamaka shwasa* w.s.r. to *bronchial asthma* and it is fulfilled clinically backed with Statistical details. The *Lakshanas* which are explained in *Tamaka Shwasa* are closely associated with the features of Bronchial Asthma which includes dyspnoea, wheezing, cough, and nocturnal attacks with disturbed sleep. Thus Bronchial asthma can be considered as the nearest clinical entity for *Tamaka Shwasa*.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Mahalaxmi Hugar & Shashikala Patil: An Observational Study On Nidana Panchaka Of Tamaka Shwasa W.S.R. To Bronchial Asthma. International Ayurvedic Medical Journal {online} 2018 {cited May, 2018} Available from: [http://www.iamj.in/posts/images/upload/1003\\_1010.pdf](http://www.iamj.in/posts/images/upload/1003_1010.pdf)