

DIAGNOSTIC APPROACH TO DIAGNOSE THE TYPE OF SWASA

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ABSTRACT

To diagnose any disease, the patient should be thoroughly interrogated and examined to determine the dominance of the *Dosha* in disease manifestation, involvement of *Dhatu* and *Mala*, affliction of the *Srotas* with the type of *Srotodushti* and other factors of *Samprapti*. *Vata* and *Kapha Dosha* will be responsible for the manifestation of *Swasa*, *Rasa Dhatu* will be involved in the pathogenesis, *Pranavaha* and *Rasavaha Srotas* will be afflicted during the course of the disease with the *Srotodushti* as *Sanga* and *Vimargagamana* will occur. *Ayurveda* literatures list five types of *Swasa* namely *Mahaswasa*, *Urdhwa Swasa*, *Chinna Swasa*, *Tamaka Swasa* and *Kshudra Swasa*. These types are compared to metabolic acidosis, acute pulmonary oedema, respiratory centre distress, bronchial asthma and respiratory dysfunction due to abdominal distension respectively. An attempt is being made to differentiate the subtypes of *Swasa* by different diagnostic parameters.

Keywords: *Maha Swasa*, *Urdhwa Swasa*, *Chinna Swasa*, *Tamaka Swasa*, *Kshudra Swasa*

INTRODUCTION

Expression of the symptom *Swasa* (breathlessness) is not uniform among the patients, though it is difficulty in breathing, a patient may describe either as a sense of fatigue in the chest, vague discomfort in the chest while breathing, breathlessness, sense of choking (suffocation) or undue and uncomfortable awareness of breathing¹. As per *Charaka Samhita*, 5 types of *Swasa* are explained namely, *Mahaswasa*, *Urdhwa Swasa*, *Chinna Swasa*, *Tamaka Swasa* and *Kshudra Swasa*². Though the cardinal symptom of *Swasa* is present in these different types of *Swasa*, the mode of onset, pathological processes, clinical features are different among them. Here, an attempt

is being made to differentiate clinically regarding the types of *Swasa*.

Each type of *Swasa* shows a distinct pattern clinically. Based on these observations, the types of *Swasa* are analysed based on the following parameters.

Previous history of the illness

In most of the occasions, the disease *Swasa* manifests as a consequence to certain diseases. These diseases are listed as aetiological factors for the *Swasa*. These diseases are said to predispose the so called *Nidanarthakara Roga*³. These causative factors are segregated to predispose specific type of *Swasa*.

Atisara (diarrhoea⁴), *Chardi* (vomiting⁴), *Visuchika* (gastro enteritis⁴), *Shuddhyati yoga* (excess purification procedure) are the conditions where involvement of alimentary canal are seen in the form of excessive vomiting or diarrhoea. Excess fluid loss along with electrolyte imbalance will eventuate during these pathological conditions. *Dourbalya* (whole body weakness), *Sharira Rukshata* (dryness of the body parts or loss of skin turgor) and *Ati Apatarpana* (excess emaciation) are the conditions leading to malnutrition or undernourishment. These are the diseases in which metabolic disturbances may occur during the course of the illness; loss of alkali in diarrhoea, malnutrition and starvation leading to ketosis in protracted vomiting leading to metabolic disturbances, hyponatraemia⁴ in particular. It can be considered that these disease entities predispose *Mahaswasa*⁵.

Hridaya Marmabhighata (myocardial infarction⁶), *Pandu roga* (anemia⁷) and *Raktapitta* (bleeding diathesis⁸) group of diseases lead to cardiac failure resulting in pulmonary oedema. These diseases may predispose *Urdhwa Swasa*⁹.

Siro Marmabhighata (head injury, injury to the posterior cranial fossa in particular¹⁰), *Visha Sevana* (exposure to toxic substances¹¹) are the conditions where dysfunction of respiratory centre is noticed which is responsible for the abnormal breathing pattern. These may predispose *Chinna Swasa*¹².

Kasa (cough¹³), *Pratishyaya* (rhinitis¹³), *Kshatakshaya* (injury to the chest¹⁴) and *Manasa Dosha* (unstable or weak mental functions¹⁵) are resulting in the abnormal function of respiratory system. These may predispose to *Tamaka Swasa*¹⁶. Definitely the same factors may initiate the obstructive airway disease i.e. bronchial asthma¹⁷.

Amapradosha (Diseases of the alimentary canal due to improper digestion¹⁸), *Anaha* (distension of the abdomen¹⁹), *Udavarta* (Abnormal reversal in the course of *vata* within the alimentary tract²⁰), *Alasaka* (distension of the abdomen due to accumulation of undigested food in the *Amashaya* i.e. stomach²¹) are responsible for the distension of the ab-

domen. The above mentioned conditions are primarily responsible for impaired movement of diaphragm. As it is primary muscle of respiration breathlessness will be evident. These features are observed in the patients suffering from *Kshudraswasa*²².

Duration of the illness:

Duration of the illness is another criterion by which differentiation of types of *Swasaroga* can be simplified. Short duration of the illness is the typical feature of *Mahaswasa*, *Urdhwaswasa*, *Chinna Swasa*. In contrast to this, patient of *Tamaka Swasa* or obstructive airway disease usually gives a long history of illness. The duration of *Kshudraswasa* or respiratory distress due to abdominal conditions is variable²³.

Mode of onset:

Like the duration of the illness, mode of onset of *Swasa* is also useful in the differential diagnosis of *Swasa*. *Shighra Utpatti* or sudden onset of *Swasa* or breathless is suggestive of *Mahaswasa*, *Urdhwaswasa* as well as *Chinna Swasa*. *Chira Utpatti* or gradual onset of breathlessness is most commonly observed in *Tamaka Swasa* and *Kshudra Swasa*. But sudden attack of *Swasa* can also be frequently observed in the patients of *Tamaka Swasa*²⁴.

Character of Swasa:

This is one of the most important and useful criteria to differentiate the *Swasa roga*.

*Prana Vilomata*²⁵: In *Tamaka Swasa* and *Kshudra Swasa* there will be laboured breathing with the predominance of expiration. Due to bronchospasm, patient has to put more effort during expiration in bronchial asthma²⁶. Inspiration is restricted due to reduced diaphragmatic movement in case of abdominal distension and hence expiration is predominant²⁷.

Deergham Ati Ghoshavan Swasiti – Sudirgha Sashabda Swasa – i.e. loud and prolonged respiration that can be heard from a distance is characteristic of *Mahaswasa*²⁸. Similarly in case of metabolic acidosis, hyperventilation is evident; breathing is intense with hissing and known as Kussmaul's breathing²⁹.

Sudirgham Urdhwa Swasa Nishwasa Rahita – Hraswa Nishwasa yukta - in this breathing abnormality, patient shows prolonged expiration with no or shallow inspiration and is diagnostic of *Urdhwa Swasa*³⁰. Also in acute pulmonary oedema there will be asphyxiation as the alveoli that are flooded with fluid and breathing is rapid and no transfer of oxygen is possible³¹.

Nishwasya Punah Kshanantena Shwasiti – Vicchinam Antara Antara Shwasiti – Phase of respiration and no respiration occurring alternatively is pathognomonic of *Chinna Swasa*³². In comparison to this when the disturbed functioning of respiratory centre develops, the respiration will be irregular. Alternative gradual appearance of phase of apnea and hyperventilation is characteristic of Cheyne Stokes breathing. Waxing and waning of respiration is also suggestive of this periodic breathing³³.

Course of the illness: Course of the illness is not uniform in different types of *Swasa roga*. The course of the illness may be *Nirantara* (persistent) or *Santara* (associated with Vega). *Nirantara* (persistent) symptoms seen in *Mahaswasa*, *Urdhwaswasa* and *Chinnaswasa* which may result in the death of the patient³⁴. In case of metabolic disturbances³⁵, acute pulmonary oedema³⁶ and disturbance of respiratory centre³⁷, the symptoms are persistent. Definitely the prognosis is poor if energetic treatment is not being adopted. Occasionally in *Tamaka Swasa*, the course of the illness may be prolonged with continuous manifestation of symptoms usually associated with exacerbation and remission.

Santara Vegavan or episodic symptoms and long course of the illness are typically suggestive of *Tamaka Swasa*³⁸. The course of the illness is not specific in *Kshudra Swasa*³⁹. It may be continuous or intermittent depending upon the inducing or triggering factor.

Severity of illness:

Severity may be *Mridu*, *Daruna* or *Aniyamita* in different types of *Swasaroga*. The illness will be *Daruna* (severe) in case of *Mahaswasa*, *Urdhwaswasa* and *Chinnaswasa*. In these types of *Swasa*, the pa-

tient will be confined to bed and incapable of doing any activities. Apart from this, the patient may exhibit different states of altered consciousness like *Tamodarshana* (darkness in front of eyes), loss of orientation of space and time (*Pranashta Jnana Vijnana*), delirium (*Pralapa*), *Vichetana* (complete loss of consciousness)⁴⁰. The severity of illness also holds good for metabolic disturbances, acute pulmonary oedema and distress of the respiratory centre.

Mridu severity of the illness is typical feature of *Kshudra Swasa*⁴¹. Here, the functional ability of the patient is altered negligibly whereas, *Aniyamita* severity is considered to be variable which is observed in *Tamaka Swasa*⁴². The variable severity from mild to severe is also observed in bronchial asthma. Degree of severity can also be assessed by the amount of physical exercise and development of dyspnoea.

Associated phenomena:

The symptom *Swasa* is usually associated with other symptoms. These associated symptoms are dissimilar in different types of *Swasa*. And for the same reason, this can be effectively used in the differential diagnosis of *Swasa*. *Pranashta Jnana Vijnana* (loss of orientation of space and time), *Baddha Mutra varchas* (retention of urine and constipation) are usually associated with *Mahaswasa*⁴³. This can also happen in metabolic disturbances.

Shleshmavrita Mukhasrota (flooding of mouth and nostrils with respiratory secretions), *Urdhwadrishti* (upward gaze), *Vibhrantakshi* (unstable eye movements), *Pramoha* (confused state) are associated in case of *Urdhwaswasa*⁴⁴. These are also observed in acute pulmonary oedema.

In case of *Chinna swasa*, *Marmacheda ruk* (chest discomfort), *Bastidaha*, *Mutranirodha* (disturbance of urinary system), *Pralapa* (delirium), *Murcha* (altered state of consciousness)⁴⁵ are seen. These symptoms though non specific, may be seen in the patients who are having disturbance in respiratory centre and are depending upon the causative illness.

The symptoms like *Sakapha Kasa* (productive cough), *Pinasa* (running nose), *Gurghuraka* (rattling), *Kanthodhwamsa* (soreness of throat),

Vishushkasya (dryness of mouth), *Lalatasweda* (sweating in the forehead region), *Ut shunaksha* (oedema around eyes) are seen in the patient of *Tamaka Swasa*⁴⁶. All these symptoms are observed in the patient of bronchial asthma. Associated symptoms are usually absent in *Kshudraswasa*.

Modifying factors:

Severity of *Swasa* is frequently altered by some aggravating and relieving factors. By identifying these factors one can differentiate the types of *Swasa*. Aggravation of the *Swasa* occurs in case of *Amuchyamana Shleshma* (lack of expectoration), *Shayane Sthiti* (patient in recumbent posture), *Meghambu Shita Pragvata* (exposure to cold and cloudy weather), *Shleshmala Ahara Sevana* (consumption of food and drinks which increase the *Kapha Dosha* in the body), *Raja Sevana* (exposure to dust), *Dhuma Sevana* (exposure to smoke), *Ratrisamaya* (night hours), *Manodosha* (emotional factors). Relief from *Swasa* occurs in case of *Shleshma Nishtivana* (expectoration of sputum), *Ushna Upachara* (warm environment and food) and *Asine Sukhanubhava* (more comfort in upright posture)⁴⁷.

Seasonal variations:

The incurable types of *Swasa* that include *Mahaswasa*, *Urdhwaswasa* and *Chinnaswasa* have fatal outcome, manifests comparatively for a short duration⁴⁸. Hence, seasonal changes do not influence the severity of the illness. In contrast to this, in case of *Tamaka Swasa*, worsening of the symptoms is frequently noted in rainy and winter seasons⁴⁹. In case of *Kshudra Swasa* also, no variation in the severity of the symptoms was noted during the changes in the season⁵⁰. Thus, seasonal influence in the symptoms of *Swasa* is always confirmatory of *Tamaka Swasa*.

CONCLUSION

In a nutshell, *Swasaroga* is diagnosed when the clinical manifestation suggests the vitiation of *Vata* and *Kapha Dosha*, affliction of *Rasa dhatu* in *Pranavaha srotas*. Differential diagnosis of individual type of *Swasa* is possible by the detailed analysis of previous history of illness, severity, associated

symptoms, modifying factors and seasonal variation. Differential diagnosis of *Swasa* becomes easy as these factors show a variation in the clinical presentation.

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