



A REVIEW ON TAMAKA SHWASA & IT'S AYURVEDIC MANAGEMENT

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ABSTRACT

Breathing issues and coughing are frequent health complaints that affect everyone to varying degrees throughout their lives. These complaints are prevalent across all age groups. Under *Shwasa Roga*, dyspnea caused by respiratory conditions is classified. *Shwasa Roga* comes in five different forms: *Kshudra*, *Maha*, *Urdhva*, *Chinna* and *Tamaka*. A chronic inflammatory condition of the airways called bronchial asthma is characterised by coughing, breathing problems, and wheezing. The main causes of this condition are exposure to dust, smoke, repeated respiratory infections, and environmental changes. Clinically, bronchial asthma and the related symptoms are similar to the *Tamaka Shwasa* as it is known in *Ayurveda*.

Keywords: *Tamaka-Shwasa*, Bronchial Asthma, *Ayurvedic* Management, *Shodhana*, *Shamana Chikitsa*- Herbal and Herbo-minerals drugs.

INTRODUCTION

It is characterised by abnormal respiratory system alterations that result in laborious breathing or other

breathing difficulties. According to *Acharya Sushruta*, *Kapha* causes normal *Prana Vayu* to be-

come vitiated and become immobile. This results in *Shwasa Roga*, which is characterised by increased and difficult breathing. Breathing is typically governed by *Prana Vayu*¹. It might be the cause of the common *Agni* dysfunction that *Shwasa Roga* patients experience. The *Raja*, *Dhumavata*, *Shita Sthana*, *Shita Ambu*, *Vyayama* are listed as the causes of *Shwasa Roga*². *Ama Pradosha* is regarded as one of the causes of *Shwasa Roga*³. *Anaha* (abdominal distension), *Parshvashool* (pain in the coastal region), *Hridaya Pida* (pericardial discomfort), and *Pranasya Vilomatvama* are the most common prodromal symptoms of *Shwasa Roga*⁴. The phrase *Pranasya Vilomatvama* is also known as *Pranasya Paryakulatvam*, which is a disturbance of breathing or life, according to *Acharya Chakrapani*⁵. According to the unique pathophysiology of *Shwasa Roga*, exposure to the etiological variables produces the vitiation of both *Vata* and *Kapha*, which obstructs the *Pranavaha Srotas*. This leads the body and *Pranavaha Srotas* to migrate in all directions, which ultimately results in *Shwasa roga*⁶. In addition to *Pranavaha*, *Acharya Vagbhata* included *Udakavaha* and *Annavaha Srotas* to the *Samprapti* (pathogenesis) of *Shwasa Roga*⁷. By looking at the *Moola* of these *Srotas*, it is possible to coherently comprehend their consideration in the pathophysiology of *Shwasa Roga*. *Talu* and *Kloma* are the *Moola* (root) of *Udakavaha Srotas*. The tracheal tree and associated lungs, also known as the *Kloma* and the *Talu*, are crucial components of the respiratory system⁸. Similar to *Shwasa Roga*, it is also claimed that *Ama* is the cause of *Udakavaha Sroto Dusti*. *Amashaya* and *Vama Parshva* are the *Moolas* of the *Annavaha Srotas*⁹. *Pitta Dosha* originates mostly in *Amashaya*, while *Shwasa Roga* is thought to have its roots in *Pitta Sthana*¹⁰. *Vata* and *Kapha Dosha* are the primary causes of *Shwasa Roga*, although *Pitta Sthana* is where the illness first appeared¹¹. *Maha Shwasa*, *Urdhva Shwasa*, *Chinna Shwasa*, *Tamaka Shwasa*, and *Kshudra Shwasa* are the five different varieties of *Shwasa Roga*¹². Among these, *Kshudra Shwasa* is not very irritating, but *Maha Shwasa*, *Urdhva Shwasa*, and *Chinna Shwasa* are *Asadhya* (incurable). A *Yapya* disorder is *Tamaka*

*Shwasa*¹³. Because of this, it is difficult to treat, and ongoing treatment and avoidance of the root causes are required. *Tamaka* and *Shwasa* are the two words that make up the phrase. *Tama* means to be in the dark or to choke. The prodromal characteristics of *Tamaka Shwasa* are not specifically characterised, but the distinct pathophysiology has been. *Vata* that has become aggravated as a result of exposure to the causes moves in the other direction, or *Pratiloma Gati*. Through conduits, vitiated *Vata* travels to the head and neck region¹⁴. By boosting epithelial secretion and causing *pinasa*, it exaggerates the local *Kapha*. These secretions, known as *Malarupi Kapha*, block the airway and cause *Ghurgur Shabda*, or wheezing¹⁵. *Tamaka Shwasa's* symptoms and signs are remarkably similar to those of bronchial asthma. The hallmark of asthma, an ailment of the lungs, is a heightened receptivity of the tracheobronchial tree to various stimuli, which results in a widespread spasmodic narrowing of the airways that may be relieved naturally or by treatment. Asthma is an episodic condition that typically presents as coughing fits, chest tightness, and wheezing fits, especially at night or in the early morning. Mast cells, eosinophils, and T-lymphocytes are linked to asthma. And *Tamaka Shwasa*, according to Ayurveda.

CLINICAL FEATURES OF TAMAKA SHWASA¹⁶:

1. *Pinasa*-Due to obstruction in *Pranavaha*, *Pinasa* causes vitiation of the *Vata Srotas* resulting from *Kapha Pratilomagati* of *Vayu* and *Kapha* yield *Pinasa*.
2. *Griya-Sirasa Sangraha* - Vitiated *Vata* causes neck muscles to spasm and become inflexible. It makes the neck rigid and limits the movement of the head and neck.
3. *Ghurghurkama Shabda* - Wheezing is an unusual sound made during breathing. *Ghurghur Shabda* is a result of vitiated *Udana Vayu* and *Srotas* being blocked by *Kapha*. A wheezing sound is also produced when the *Srotas* narrow as a result of vitiated *Prana* and *Vyana*.
4. *Pramoha* - A continued blood supply problem to the organs causes a sluggish heartbeat and a drop in blood pressure. This causes peripheral blood

circulation to collapse, which ultimately results in shock and fainting.

5. *Kanthodhwansa* - According to the *Madhukosa* commentary on *Madhav Nidana*, *Kanthodhwansa* refers to "itching in *Kantha*," which may be caused by recurrent coughing fits and vitiated *Kapha*.
6. *Parshvasgraha* - This condition results from respiratory muscles becoming fatigued as a result of increased breathing and frequent coughing.
7. *Ushnam Abhinandte* - In *Tamaka Shwasa*, the predominant doshas are *vata* and *kapha*, both of which have "Shita" as their *Guna*. The use of *Ushna Guna* induces *Kapha-Vilayana* and *Vata-Anulomana* through heated beverages, food, and the environment. As a result, the symptoms of *Tamaka Shwasa* are relieved.
8. *Meghambushita Pragvatah Shleshmachabhivardhate*, also known as the eighth trigger, primarily vitiates the *Vata* and *Kapha* doshas and causes disease pathology.
9. *Lalata sweda* - This condition occurs when the patient is fatigued from rapid breathing during an acute asthma attack. Sweating as a result of tiredness and fast breathing is called *Lalata Sweda*.
10. *Slesmani Vimokshante Mahuratam Sukham* - After expectoration, the patient feels better as the sticky sputum is expelled, the coughing frequency is decreased, and easy ventilation is made possible for a little period.
11. *Vishushkashyate* - Dry mouth might result from oral breathing when *Pinasa* is present.
12. *Muhur Shwasa* - Patients with *Tamaka shwasa* have rapid breathing because their respiratory rates rise in an effort to adjust for the blood's lowering oxygen content.
13. *Muhushchiva Avadhamyate* - During an attack, the body moves in tandem with breathing. The trunk is lifted during inspiration and lowered during expiration. According to *Madhukosa's* commentary, the patient's body is moving jerkily because of increased respiration, giving the impression that the patient is riding an elephant.

14. *Bhrusum Artimana* - The patient has recurrent coughing fits and periods of dyspnea during a *shwasa* attack. He is in severe distress as a result of being unable to breathe properly.

Tamaka Shwasa is a Two Types- 1. *Partamaka Shwas* 2. *Santamaka Shwasa*¹⁷

1. *Pratamaka shwasa* - This condition is referred to as *Pratamaka shwasa* when *Tamaka Shwasa* is accompanied by symptoms like *Jwara* and *Murcha*. *Udavarta*, *Raja*, *Ajirna*, *Klinna Kaya*, and the repression of instinctive desires are the causes. *Pratamaka Shwasa* is caused by the *Pitta* dosha's relationship with the *Vata* and *Kapha* doshas, claims the *Madhukosha* commentary.
2. *Santamaka Shwasa*: This form of *Tamaka Shwasa* is more prevalent at night and is eased by cold items. *Santamaka Shwasa* is the name given to the condition since the patient often wakes up feeling as though he is drowning in the night. As a subtype of *Tamaka Shwasa*, only *Pratamaka Shwasa* was mentioned by *Acharya Chakrapani* and *Jejjata*. According to the *Madhukosha* commentary, *Pratamaka Shwasa* is a synonym for *Santamaka Shwasa*.

CHIKITSA OF TAMAKA SHWASA:

Acharya Charaka advised using any medication or food in a patient with *Shwasa Roga* if it reduces *Kapha* and *Vata*, has *Ushna* properties, and encourages *Vata's* downward migration. It is not advisable to treat *Shwasa Roga* with substances that merely pacify *Kapha* while aggravating either *Vata* or *Kapha*, respectively. Treatment with *Vatahara*, which may aggravate *Kapha*, is superior to treatment with *Kaphahara* because it lessens the complexities of the disease and improves prognosis, whereas treatment with *Kaphahara* calms *Kapha* but also depletes *Dhatu* and has major adverse effects¹⁸.

1. *Nidana Parivarjana* - *Nidana Parivarjana* is the avoidance of etiological, aggravating, and triggering elements. Pathology can't start if preventative measures aren't performed against the causes. Patients of *Shwasa Roga* should avoid several conditions, including exposure to dust and smoke, cold and wet weather, consumption of cold drinks and

other cold food items, excessive exercise, and other physical activity¹⁹.

2. *Snehana & Swedana*: *Swedana* can be used locally or all over the body to liquefy viscous *Malarupi Kapha* and perform *Vatanulomana*. *Snehana & Swedana* In the therapy of *Hikka* and *Shwasa*, *Acharya Charaka* specifically recommended the following types of *Swedana*: *Nadi Sweda*, *Prastara Sweda*, and *Sankara Sweda*. The body is prepared for *Shodhana Karma* through *Snehana Karma*. For chest massages on patients with *Shwasa Roga*, *Acharya Charaka* recommended using *Tila Taila* and *Saidhava Lavana*²⁰.
3. *Vamana Karma*: *Vamana Karma* should be used as the first line of treatment in the *Kapha*-predominant stage of *Shwasa Roga* (*Tamaka Shwasa*) since it normalises *Vata* mobility and clears stagnant *Malarupi Kapha* from the *Srotas*. Patients for *Kapha-Utklesha* may be fed *Snigdha Odana* (rice), with soup of fish or pig flesh and the surplus of curd, following correct *Swedana*. The next step is to do *Vamana* using *Madanaphala Pippali* combined with *Saindhava* and *Madhu* (honey), being careful to ensure that the emetic is not *Vata*-aggressive²¹.
4. *Virechana Karma*: *Pitta Sthana* is the location of the origin of *Shwasa roga*. The ideal course of action for an exacerbated *Pitta Dosha* is suggested to be *Virechana Karma*. *Virechana* hence aids in preserving the proper levels of *Pitta Dosha*. Although *Basti* is the most effective remedy for *Vata Dosha*, *Acharya Charaka* advised that *Mridu Samshodhana* or *Mridu Virechana* should be performed with oilation if *Vata* is linked to other *Doshas*²². Therefore, in *Shwasa roga* patients, *Virechana Karma* also balances *Vata Dosha*, which is linked to *Kapha*.
5. *Shamana Chikitsa*: Procedures like *Vamana* and *Virechana* cannot be performed on elderly patients, malnourished patients, patients who also have *Shwasa Roga*, patients who have other comorbid disorders, etc. In these circumstances, *Shamana Chikitsa* (treatment with only medications) is the treatment of choice.

Bronchial asthma:

Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbour a special type of inflammation in the airways that makes them more responsive than non-asthmatics to a wide range of triggers, leading to excessive narrowing with consequently reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patients with chronic asthma, there may be an element of irreversible airflow obstruction²³. Nocturnal asthma refers to asthma symptoms that seem worse in the middle of the night, typically between 2 AM and 4 AM. Interestingly, nocturnal asthma can affect someone with any type of asthma. Factors that can cause your asthma symptoms to worsen at night may include sinus infections or postnasal drip caused by allergens such as dust mites or pet dander. The body makes adrenaline and corticosteroids, which protect against asthma. Levels of these two substances are lowest between midnight and 4 AM, making it more likely to experience symptoms during these times²⁴.

DISCUSSION

It is clear that many varieties of *Shwasa Roga* have been classified in *Ayurveda* based on clinical characteristics, pathological alterations, and breathing patterns. *Tamaka Shwasa* and bronchial asthma might be compared on this basis. Cardinal characteristics of bronchial asthma are *Ghurghurshabda*, *Kanthodhwansa*, *Parshvashoola*, *Meghambushita Pragvatah Shleshmachabhivardhate*, *Slesmani Vimokshante Mahuratum Sukham*, and *Vishushkashyate*. *Pinasa*, also known as coryza or allergic rhinitis, is frequently observed as a symptom of bronchial asthma. *Pramoha*, *Lalata Sweda*, *Muhuschiva Avadhamyate*, and *Bhrusum Artiman* are clinical traits associated with acute bronchial asthma exacerbations. Seasonal changes and environmental allergies can cause *Pratamaka Shwasa*. According to the clinical pattern, *Pratamaka Shwasa* is allergic asthma with a seasonal viral or bacterial infection added on top. In addition, it is stated that *Santamaka Shwasa* is aggravated by

tama, darkness, or nighttime. *Santamaka Shwasa* clearly corresponds to nocturnal asthma.

CONCLUSION

Shwasa Roga is connected to dyspnea, or trouble breathing, brought on by respiratory conditions. It is clear that *Tamaka Shwasa* is a respiratory tract condition. The pathophysiology of *Tamaka Shwasa* heavily depends on the formation of *Ama*. *Udakavaha* and *Annavaha Srotas* are also implicated in the pathogenesis of *Tamaka Shwasa*, in addition to *Pranavaha Srotas*. On a clinical level, *Tamaka Shwasa* closely resembles the condition known as bronchial asthma. *Tamaka Shwasa's* clinical characteristics and types resemble the pattern and related characteristics of bronchial asthma.

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