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

Vidhya Sambhaji Chaudhari¹, Minal S Vaidya²

¹PG.Final year, MD; ²HOD & Professor; Kayachikitsa Dept., Y.M.T. Ayurvedic medical college & hospital, Kharghar, Navi Mumbai, Maharashtra, India

ABSTRACT

Rasaushadhis or oreganos 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 from 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 medical 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 pran-hara 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 prodermal sign and symptoms of Tamak shwas. It is the warming 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, Aadhmana, shankha nistoda, shula.

RUPA:-
Prodermal symptoms when fully established are called Rupa.like shwas krucchata, shwas vega, peenas, uraha pida, ghurghuratwam, sakapha kasa, etc.

SAMPRIPTI (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 aama 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 aama. 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 shopha 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
Shotha

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 variables 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-a topic, with late onset and not associated with allergy and usually begins in adult life. Extrinsic Asthma is a topic, 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 on specific stimuli initiates cascade of cellular activation events in the airway. This airway result in both acute and chronic inflammatory process mediated by complex and integrated assortment of locally release cytokines and other mediators. Release this mediator can alter airway smooth muscle tone and responsiveness’, produce mucus hyper secretion 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 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.

MANAGEMENT:
The goals of treatments are:

- Control air way swelling.
- To stay away from substances those trigger your symptoms.
- To help you to be able to do normal activities without asthma symptoms.
- Quick relief medicine include short acting in healed bronchodilators ,oral cortico
- Steroids for when you have an Asthma attack that is not going away.
- Also used beta- 2-agonist, methylxan-thines,anticholinergics drug, mast cell stabilizer’s , Anti IgE antibody and leukotiene modifiers all these category of drug can be used in Asthma.

AYURVEDIC MANAGEMENT

In Ayurvedic system of medicine, various herbal, herbo-minerals and minerals are using popularly and very effectively in treatment of Asthma with different disease condition. The Rasaausadhis used in Shwas with different disease conditions, which are giving below.

Table- 1

<table>
<thead>
<tr>
<th>SR. NO.</th>
<th>Rasaushadhis</th>
<th>Content</th>
<th>Dose</th>
<th>Anupan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shwaskuthar Rasa</td>
<td>Prad,gandhak,tankan,vatsanabha, trikatu,manashila.</td>
<td>250mg-500mg</td>
<td>Aadrak swaras</td>
</tr>
<tr>
<td>2</td>
<td>Shwasbhirav Rasa</td>
<td>Parad,gandhak, vatsanabha, panchakol.</td>
<td>250mg</td>
<td>Ushnodak</td>
</tr>
<tr>
<td>No.</td>
<td>Preparation</td>
<td>Ingredients</td>
<td>Quantity</td>
<td>Preparations</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Shwas kasa chintamani</td>
<td>Parad, suvarnakshik, suvarna bhasma, moti bhasma, gandhak, abhrak, loha bhasma</td>
<td>250 mg</td>
<td>Pimpali churna or madhu</td>
</tr>
<tr>
<td>4</td>
<td>Mruganka vati</td>
<td>Swarna bhasma, praval bhasma, kantaloha bhasma, rasasindoor, abhrak bhasma, moti bhasma</td>
<td>250 mg</td>
<td>Madhu or Bebhitac majja</td>
</tr>
<tr>
<td>5</td>
<td>Nagarjunabhra Rasa</td>
<td>Abhrak bhasma, Arjun twak</td>
<td>125-250 mg</td>
<td>Madha</td>
</tr>
<tr>
<td>6</td>
<td>Suvarna Bhasma</td>
<td>Sudha suvarna bhasma</td>
<td>125 mg</td>
<td>Mix with sitopaladi churna</td>
</tr>
<tr>
<td>7</td>
<td>Abhrak Bhasma</td>
<td>Sudha abhrak bhasma</td>
<td>125 mg</td>
<td>Mix with sitopaladi churna</td>
</tr>
<tr>
<td>8</td>
<td>Praval Bhasma</td>
<td>Praval bhasma</td>
<td>125 mg</td>
<td>Mix with sitopaladi churna</td>
</tr>
<tr>
<td>9</td>
<td>Mrugashrunga Bhasma</td>
<td>Mrugashrunga Bhasma</td>
<td>125 mg</td>
<td>Mix with sitopaladi churna</td>
</tr>
<tr>
<td>10</td>
<td>Yograj Guggle</td>
<td>Triphala, trikatu, chitrak, vidanga, shilajatu, rajatmakshik, swarnamakshik bhasma, loha bhasma</td>
<td>250-500 mg</td>
<td>Koshna jala or madhu</td>
</tr>
<tr>
<td>11</td>
<td>Laxmi vilas Rasasa</td>
<td>Rasasindoor, suvarna bhasma, abhrak bhasma, roupya bhasma, tambra bhasma, vanga bhasma, kantaloha, tikshna loha, nag bhasma, moutik bhasma, bachanag, chitrak kawath</td>
<td>250-500 mg</td>
<td>Koshna jala</td>
</tr>
<tr>
<td>12</td>
<td>Arogyavardhini Rasa</td>
<td>Para, gandhak, loha bhasma, abhrak bhasma, tambra bhasma, triphala, shilajatu, guggule, chitrak, kutaki, nimba patra swaras</td>
<td>250-500 mg</td>
<td>Koshna jala</td>
</tr>
<tr>
<td>13</td>
<td>Rasashindoors</td>
<td>rasashindoors</td>
<td>60-125 mg</td>
<td>Mix with sitopaladi churna</td>
</tr>
</tbody>
</table>

**CONCLUSION**

Managing Shwas from pharmacological aspect of new drugs, tremors, 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 Rasaushadhi 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.

REFERENCES
4. Sharandhar Samhita – Dr.Shrimati Shalaja Shrivastav. Published by chukhamba Oriantaliya,Varanashi
7. API Modern Medicine of Text Book – Yash pal Munjal.

CORRESPONDING AUTHOR
Dr. Vidhya Sambhaji Chaudhari
Email: dr.vidhyathakare0972@gmail.com

Source of support: Nil
Conflict of interest: None Declared