SADYO VAMAN IN TAMAKA SHWAS AN ATAYIK CHIKITSA: A CASE REPORT

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ABSTRACT
In Ayurveda, Tamaka Shwasa has been mentioned as a type of Shwasa roga that can be correlated with the Bronchial Asthma on the basis of its features & etiopathogenesis. Tamaka Shwasa is considered as Yapya (palliable) because this type of Shwasa roga is not only difficult to treat but also has a repetitive nature. Ayurveda is the best way to safely and effectively manage Tamaka Swasa by Shodhana and shamana therapies. In this article Atayika chikitsa like Sadhyo Vamana case study is mentioned which may be implemented in clinical practice.

Keywords: Tamaka swasa, Bronchial Asthma, Shodhana, sadhyo vamana

INTRODUCTION
Tamaka Shwasa comprises of two words i.e. Tamaka and Shwasa. The word ‘Tamaka’ means Sadness (Pani). According to Vachaspatyam the word Shwasa implies for both Vayu Vyapara & Roga Bheda¹. It represents both physiological as well as pathological respiration and used for expression of word. The disease is called Tamaka as attack of the disease precipitate during night and during the state of attack dyspnoea becomes so severe that patient feels entering into the darkness². The main causative factors responsible for Tamaka Shwasa are Dhuma (smoke), Raja (dust), Ativyayama (excessive exercise/work), Sheeta sthananivasa (residing in cold areas), Guru bhogana (heavy diet) and Sheeta bhogana (cold food/drinks) which lead to the vitiation of Vata which in turn vitiates Kapha leading to vitiation of Rasa and impeding the function of Prana vata³. Vata is gets obstructed due to vitiated kapha. Acharya Charaka has mentioned that Tamaka Shwasa is kapha-vataja vikar and site of its origin is Pitta sthana⁴. In Sushruta Samhita, Madhava Nidana and Yogratinakar, Tamaka Shwasa has been mentioned as a Kapha predominant disorder. Tamaka Shwasa is clinically much resembled with bronchial asthma. Bronchial Asthma is one of distressing diseases and quite common in all age groups. It is a chronic disease of the air passages of the lungs which inflames and narrows them⁵. According to WHO 235 million people currently suffer from asthma. It is a common disease among children⁶. In Ayurveda Shodhana (purification), Shamana (pacification) and Nidana Parivarjana (avoiding causative factors) are the three folds of fundamental therapeutic management of the diseases. Shodhana eliminate toxic metabolites from the body and maintain the equilibri-
um of Doshas and Dhatus in the event of their disturbance. Sadhyo vamana is the procedure which is advised in Tamaka Shwasa, where there is Kapha and Vata Dosha predominant and disease of Pranavaha Srotasa. According to charaka, Abhyanga with lavaṇa taila followed by Nadi sweda or prastara or sankara sweda is advised in Tamaka swasa. Here Panchakarma procedure is quite effective which is based on situation of patient. In present case study panchakarma procedure ie Sadyo Vamana was given to the patient for the Atyayika (emergency) management of Tamaka shwasa.

CASE HISTORY:
A 10 year male child who belongs to lower middle class family with the complaints of Shwasa kashtata (dyspnoea) especially increases in the evening time aggravates during night hours and complaints get slightly reduced during day time associated with shortness of breath and productive cough (sakapha kasa) with restlessness symptoms since last 8 days associated with heaviness in left sided chest since 1 day and Retrosternal retraction. With the past history of, diagnosed as childhood asthma in allopathic hospital. The child was said to be apparently normal 8 days back. After that he gradually developed breathlessness and cough (sakapha kasa) for which he has admitted and taken treatment for 3 days and got relieved. But within one day he again came with the complaints of breathlessness, shortness of breath and left side heaviness in chest region.

Patient took monteleukast 4mg for 9 month’s at bed time from allopathy doctor.

All family members are said to be healthy. No History of Asthma / Atopy in the family. No any significant birth history with achieved all developmental milestone as per appropriate age. Immunization was incomplete.

Patient was mostly on Apathya diet like Abhisyandi aahara like dadhi (curd), junk foods, katu (spicy) rasa pradhana ahara followed Diwaswapna (2-3 hours of day sleep).

CLINICAL FINDINGS:
Patient was thin, undernourished, with barrel chest, non-pallor with no sign of icteric, cyanosis, clubbing, lymphadenopathy and edema. Patient was afebrile, oriented with working of Alae Nasi (Accessory muscles for respiration). In Respiratory system shows bilateral chest movement and air entry equal and sounds was Bilateral Wheeze with retraction and increase respiratory rate which was 30 per minutes. In Cardiovascular systems shows Tachycardia and no any added sounds founds. Patient was conscious, alert, obeying commands and irritable. Abdomen was soft, nontender and no organomegaly found.

Table 1: DIFFERENTIAL DIAGNOSIS:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Diseases</th>
<th>Signs &amp; symptoms</th>
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<tbody>
<tr>
<td>1.</td>
<td>Maha Shwasa</td>
<td>• Roars like a matta rushabha (intoxicated bull)</td>
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<td></td>
<td></td>
<td>• Losses all knowledge</td>
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<td></td>
<td></td>
<td>• Rolling eyes</td>
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<td></td>
<td></td>
<td>• Distortion of eyes and mouth</td>
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<td></td>
<td></td>
<td>• Retention of urine and faeces</td>
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<td>2.</td>
<td>Urdhwa Shwasa</td>
<td>• Impeded inspiration and forceful expiration.</td>
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<tr>
<td></td>
<td></td>
<td>• Restlessness and dryness of mouth</td>
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<tr>
<td></td>
<td></td>
<td>• Rolling eyes</td>
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<tr>
<td></td>
<td></td>
<td>• Darkness in front of eyes followed by fainting.</td>
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<td>3.</td>
<td>Tamaka Shwasa</td>
<td>• Kapothavat kunjanam (wheezing sound)</td>
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<td>• Breathlessness increases while lying in supine position</td>
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<td>• Difficulty in talking.</td>
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<td>• Tachypnea</td>
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</table>
**DIAGNOSIS:**
With all examinations findings the patient was diagnosed as Tamaka shwasa. Breathlessness and restlessness
RS- bilateral chest movement with air entry equal, bilateral wheeze with retraction, tachypnea
CVS- S1 and S2 +, no added sound, Tachycardia
CNS- conscious, well oriented
P/A- soft, non-tender.

**Treatment Protocol:**
Our Acharya’s has told that Vasant rutu is kapha prakopaka kala so during this kala, kaphaja vikara are most common. Hence acharya’s advised vamana karma during this time.
After the examination of patient we found that the prakriti of the patient is Kapha pradhan Pitta, and the Vasant Rutu is the kaphaja vyadhi uttapti kala so we selected sadhyo- Vaman karma as the line of treatment.

**INTERVENTION:**
1. **Sukhasaraka** capsule (indravaruni, haritaki,shuddha gandhak) – 2 HS x 2days
2. Indukanta ghrita with Luke warm water- 10ml BD x 15days
3. Sthanika abhyanga for 15 min with bruhat saindhavadi taila f/b nadi sweda till swedan lakshanas seen for 4days

This treatment protocol was followed for 4days of admission. After this following treatment patient was symptomatically relieved from the breathlessness associated with cough. At the time of discharge, patient was advised to take indukanta ghrutha 10ml BD along with a mixture of sitopaladi churna 20gm added with shwasa kutara rasa 10 tablets 5 pinch every 4th hourly with honey and haridra khanda ½ tsp BD.
After discharge, next day morning patient came again with the complaint of breathlessness associated with left side heaviness in the chest region SpO2 was 93 % without O2. So Sadyovamana with lavana jala was adopted as the atayika line of management on the next morning.

**PRADHANA KARMA:**
**Vamana** was carried out on 25/05/2018 with saindhava (50gms ) + water(1Litre)
Aakantha panartha – (patient taken 3 glass ie. 600ml f/b 100ml and 100ml = 800ml)
Vamana karma observations: patient got immediate relief from breathlessness and chest heaviness.

**Sarvanga abhyanga with bruhat saindhavadi taila** followed by nadi sweda till swedan lakshanas seen for 4days early morning at 7am with a total of 3 vegas followed by dhoomapana with haridra varti. Total input was 800ml with total output of 860ml.

**DISCUSSION**
Aacharya has described Vasant rutu is Swabhavika kapha prakopaka kala hence kaphaja Vikara are most common in this rutu. So vamana karma is advised during this time. In Tamak shwasa an involvement of Vata, Kapha Dosha, Rasa Dhatu, hence Shodhana with Shamana is required for treatment. So the treatment should be Kapha-Vataghana[11]. In Shodhana therapy snehna & Swedana, Vamana, Vierchana etc can be adopted. As the prakritti of the patient is Kapha pradhan Pitta, Vyadhi utpatti kala is Vasant Rutu and mainly prana, anna & udakavaha srotodushti is observed so Sadyo Vamana karma is selected as the atayika line of treatment.In modern, Tamaka swasa can be correlated with bronchial asthma. In this case study the patient was suffering from acute asthma due Vamana Dravyas are having the properties Vyavayi and Vikasi by virtue of Veerya (Potency) they circulate quickly in to large and small capillaries of the body. It pervades all over the body. Doshas started melting in the body due to Ushna Guna, which we can observe the perspiration on patient’s forehead or sometimes whole body. Because of its Vikashi Guna, it detaches the Malas from Dhatus. Owing to the presence of Sukshma Guna and...
Anupravana properties the Malas or Doshas float because already body has got Samyak Snigdhata (internal oleation) and pass through smallest capillaries and ultimately Malarupi Kapha reaches to stomach. Vamana karma corrects the pathology by eliminating disease causative factor Kapha from its main site of accumulation. In the pathogenesis of Shwasa, Vata predominantly associated with Kaptha and that Kaptha obstructs the channels of all over the body that leads to aggravation of Vata and cause Shwasa. Vitiating and stagnant Kaptha should be expelled out from the system by Vamana. When the channels of circulation are made clear then Vata moves (in channels) at ease without any obstruction and the patient get relief after removal of Kaptha. After the Vamana Patient feels lightness. During the whole treatment course patient follows the pathyakara diet.

**CONCLUSION**

Sadhyo Vamana therapy has substantial role in treating Tamak-shwas symptomatically and as a atyayika management. Panchakarma procedures are meant for purification of the body which are helpful for management of certain chronic and life style disorders and they are an important and integral part of Ayurvedic line of treatment. More and more research work has to be carried out to explore the scientific basis of panchakarma therapy and create a better understanding of its usefulness in lifestyle disorders.

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6. https://www.who.int/news-room/fact-sheets/detail/asthma(23/12/18 at 12.45pm)

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