

## SADYO VAMAN IN TAMAKA SHWAS AN ATYAYIK 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 *Atyayika 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 (Panini). According to Vachaspathyam the word *Shwasa* implies for both *Vayu Vyapara* & *Roga Bheda*<sup>[1]</sup>. 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 darkness<sup>[2]</sup>. The main causative factors responsible for *Tamaka Shwasa* are *Dhuma* (smoke), *Raja* (dust), *Ativyayama* (excessive exercise/work), *Sheeta sthananivasa* (residing in cold areas), *Guru bhojana* (heavy diet) and *Sheeta bhojana* (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 vata*<sup>[3]</sup>. *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 sthana*<sup>[4]</sup>. In *Sushruta Samhita*, *Madhava Nidana* and *Yogratnakar*, *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 them<sup>[5]</sup>. According to WHO 235 million people currently suffer from asthma. It is a common disease among children<sup>[6]</sup>. 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 vama* is the procedure which is advised in *Tamaka Shwasa*, where there is *Kapha* and *Vata Dosh* predominant and disease of *Pranavaha Srotasa*. According to charaka, *Abhyanga* with *lavana taila* followed by *Nadi sweda* or *prastara* or *sankara sweda* is advised in *Tamaka swasa*<sup>[7]</sup>. 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 *Abhishyandi 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, non-tender and no organomegaly found.

**Table 1: DIFFERENTIAL DIAGNOSIS:**

| Sl. No. | Diseases                             | Signs & symptoms   |
|---------|--------------------------------------|--|
| 1.      | <i>Maha Shwasa</i> <sup>[8]</sup>    | <ul style="list-style-type: none"> <li>• Roars like <i>a matta rushabha</i> (intoxicated bull)</li> <li>• Losses all knowledge</li> <li>• Rolling eyes</li> <li>• Distortion of eyes and mouth</li> <li>• Retention of urine and faeces</li> </ul> |
| 2.      | <i>Urdhwa Shwasa</i> <sup>[9]</sup>  | <ul style="list-style-type: none"> <li>• Impeded inspiration and forceful expiration.</li> <li>• Restlessness and dryness of mouth.</li> <li>• Rolling eyes</li> <li>• Darkness in front of eyes followed by fainting.</li> </ul>                  |
| 3.      | <i>Tamaka Shwasa</i> <sup>[10]</sup> | <ul style="list-style-type: none"> <li>• <i>Kapothavat kunjanam</i> (wheezing sound)</li> <li>• Breathlessness increases while lying in supine position</li> <li>• Difficulty in talking.</li> <li>• Tachypnea</li> </ul>                          |

**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 *prakritti* of the patient is *Kapha pradhana 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 ghruta* 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 *atyayika* line of management on the next morning.

*Sarvanga abhyanga* with *bruhat saindhavadi taila* followed by *nadi sweda* was done. *Sadyovamana* with *saidhava jala* was given *aakantha pana* to the patient

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.

**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.

*Vaigiki* – 3 *vega*

*Maniki* – 860ml (Input 800ml. & Output 860ml.)

*Laingiki* – *dehalaghavata*, *ura laghavata*, breathlessness reduced

*Paschatkarma*:

*Dhoomapana* was given with *haridra varti*.

*Samsarjan karma* was advised for 3days.

**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*<sup>[11]</sup>. In *Shodhna* 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 *atyayika* 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 *Dhatu*s. Owing to the presence of *Sukshma Guna* and

*Anupravana* properties the *Malas or Doshas* float because already body has got *Samyak Snigdhatā* (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 *Kapha* and that *Kapha* obstructs the channels of all over the body that leads to aggravation of *Vata* and cause *Shwasa*. Vitiated and stagnant *Kapha* 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 *Kapha*. 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- shwasa* 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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