

A REVIEW ON AYURVEDIC MANAGEMENT OF *TAMAKA SHWASA* (BRONCHIAL ASTHMA)

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ABSTRACT

Ayurveda is the major systems of indigenous medicines and treatment. In ancient different kinds of Ayurvedic medicines were discovered after continuous study like as observations, experiments, trials and conclusions. Bronchial Asthma occurs due to many cause e.g. environmental, racial, and behavioural. *Tamaka Shwasa* is a disease according to Ayurvedic texts that shows close resemblance with bronchial asthma on the basis of clinical manifestations. There is no cure for Asthma as per the Conventional Medical Science. Ayurvedic medicines can be a potential and effective alternative for the treatment against the bronchial asthma. Ayurvedic medicines are used for the treatment of diseases globally so that people all over the world can keep faith on it on the basis of scientific evidences. The present study was a review on the management of *Tamaka-Shwasa* (bronchial asthma) through Ayurvedic approach that includes a combination of Ayurvedic drugs in *shodhana* and shaman *chikista* and lifestyle management. Ayurvedic drugs include the respiratory tonics and naturally occurring bronchodilator and immune-modulator. Thus, study concluded that the *Shodhana*, *Shaman*, herbal and herbo-minerals compound drug has got significant anti asthmatic properties.

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

INTRODUCTION

Asthma is a disease of Airways that is characterised by increased responsiveness of the Tracheobronchial tree to a variety of stimuli resulting in widespread Spasmodic Narrowing of the air passages which may be relived spontaneously or by therapy. Asthma is an episodic

disease manifested clinically by paroxysms of dyspnoea, chest tightness with wheezing sound and coughing particularly at night or early morning. (1) Asthma is associated with mast cells, eosinophils and T-Lymphocytes. And According to Ayurveda "*Tamaka Shwasa*."

There are five class of Shwasa: Kshudra, Tamaka, Chhinna, Maha and Urdhava. Tamaka Shwasa is a type of Shwasa Roga affecting the Pranavaha Srotas and characterized by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is immensely injurious to life. [2,3] Vata moving in the reverse order pervades the channels (of vital breath), afflicts the neck and head, and stimulates Kapha (phlegm) to cause Margavarodha (blockage of respiratory passage) by producing broncho constriction. Tamaka Shwasa classified as Vata Pradhana and Kapha Pradhana. Signs and symptoms of Tamaka Shwasa are very much similar to that of bronchial asthma. Tamaka Shwasa is a

Two Types-

1. Partamaka Shwas
2. Satamaka Shwasa

Aims and objective:

To highlight the key messages that is common to many of the existing guidelines. Critically reviewing and commenting on any differences, and to assess the effectiveness of internal i.e. herbal and herbo-minerals drugs (Shamana Chikista) and procedure based Panchakarma therapy (Shodhana Chikista) for the treatment of Tamaka-Shwasa.

Materials and methods:

This review was done by compiling the classical Ayurvedic literature, modern literature, Pharmacology (Dravyaguna) and Rasashastra books, magazines and research journals as well as PUBMED, MEDLINE database. Based on the collected information, logical interpretation was done to review efficacy and mode of action of Vamana, Virechana, and herbal and herbo-

minerals drug in the management of Tamakashwasa.

Epidemiology (4)

Prevalence of asthma varies considerably within countries & between countries. It is more prevalent in developed countries than developing ones, more in children 15% than adults 10% to 12% more in urban than rural areas, reasons of which are not fully understood. Nearly 8% to 10% of the total population suffers from it. In India, the prevalence of asthma has been found to be around 7% in the majority of surveys done. However, it has been reported to vary from 2% to 17% in different study populations, the disease can start at any age, but in a majority it starts before 10 years of age. It is twice as common among boys as girls, whereas in adults the male to female ratio is usually equal.

Tamaka Shwasa-(5)

Tamakshwasa is a Pitasathanasamudhawa.

It is two types –

1. Partamak Shwasa.
2. Santamak Shwasa.

Etiological factor in Tamak Shwasa(6)

1. Ruksha and Shit Ahar- Vihar
2. Vidahi Guru And VishtmbhiAhar
3. Pragvat and Varsha-ShishirRitu
4. Ativayayama And Atimehun
5. Visamahar
6. Atimargagman

Signs and Symptoms are following

1. Ghurghuraka (wheezing or murmuring sound).
2. Dyspnoea of exceedingly deep velocity which is immensely injurious to life.

3. Because of acute spasms, the patient gets tremors and coughs, and becomes motionless.
4. The patients faints again and again while coughing;
5. Since the phlegm does not come out, he becomes more restless
6. The patient is relieved (of restlessness) for some time soon after the phlegm comes out;
7. Patient throats is choked because of which he is unable to speak freely
8. The patient does not get sleep While lying down (for sleep) he gets (more of) dyspnea because the side of chest in that position get afflicted by *Vayu*. But he is relieved of this discomfort in sitting posture
9. Patients develops special liking for hot things;
10. The patient eye-balls become prominent (project outside)
11. Too much of sweating appears in his forehead and he becomes restless;
12. The patients' mouth becomes dry frequently;
13. The patients get frequent paroxysms of dyspnoea.
14. The attack gets aggravated when clouds appear in the sky, when he is exposed to water (Humidity), and cold when the easterly wind blows, and when he resorts to *Kapha* aggravating food and regimens.

Sampraptichakara (7)-

NidanSewan



Kafaadhikya



Kafamargaavarodha



Vataparkop

↓
VataVimaargaman



TamakShwasa.

Management of Tamaka Shwasa (8)

Treatment of *Tamaka-shwasa* is described as:

1. *NidanPrivarjanm*
2. *Shaman chikitsa*
3. *Shodhanchikitsa*
4. *Pathya and Apathya*
5. *Pranayam and Yogasan*

Again management is classified into *Vegakalina* (During the asthmatic attack) and *Avegakalina* (In the absence of attack), *Vegakalina Chikitsa* to removes the block due to obstruction of *Kapha Dosha* and relieves the spasmodic constriction in bronchial lumen to maintain the respiration and to stable the patient vitally.

Avegakalina Chikitsa to prevent recurrent episodes and improvement in body strength, immunity and quality of life i.e. *Rasayana*

Principles of treatment

The physician should treat the patient afflicted Asthma in the beginning, with unctuous fomentation therapies. Like *Nadi - Sveda*, *Pras-tara- Sveda* and *Sankara - Sveda* after anointing the body with oil (unctuous substance) mixed with rock salt. The fomentation therapy renders the adhered *Kapha* dissolved in the channel of circulation and softened thereby. These therapies also cause downward movement of *Vayu* (*Vatanulomana*). The stable *Kapha* in the body get dissolved on account of the heat generated by these formation therapies.[9]

ShodhanaChikitsa

According to Charaka *Shodhanachikitsa* is *Vamana* and *Virechana*. If *Shwasa* patients

complain with *Kasa* and *Swarabheda* then manage with *Vamana* and *Vata-kaphanashaka* medicine along with *Virechana* used in *Tamakashwasa*. [10]

Milestone achieved in researches

1. Rawal M et al 2010:-A clinical study on *Tamaka-shwasa* by *Vamana Chikista* that observed wheezing sound and rhonchi were totally absent after *Vamana karma*, and *Vaman* is the ultimate therapy to make the patients totally free from bronchial asthma. [11]
2. Pillai Vishnu et. al 2013: *Vamana Karma* in reducing the signs and symptoms of *TamakaShwasa* viz. Breathlessness, wheezing, respiratory rate and PEFr which is an important diagnostic tool in bronchial asthma. [12]
3. Kajaria Divyaet. al. 2013: *Virechana* (purgative) therapy helps decrease in dyspnea, remove undigested food material and prevent stimulation of inflammatory mediators. [13]
4. Shyam, et al 2010: *Nithyavirechana* by *Erandathaila* and *Shamana* by *Nayopayamkashaya* (*Bala, Jeeraka, Sunthi*) are highly effective in counteracting the symptoms of *TamakaShwasa*. Like breathlessness, cough, respiratory rate, laboured breathing, breath sounds. [14]
5. Ramadevi et al. 2013: *Virecana Karma* with *TrivrutadiModaka* found more effective in breaking the *Samprapti* (pathogenesis) of *Tamaka Svasa*. [15]

Vegakalina Chikitsa

The disease *TamakaShwasa* needs immediate management in the *Vegakalina-avastha* like

Sadhyo-Vamana, Abhyanga, Swedana and *Dhoomapana* or *Shamana Aushadhi*. It should aim at both preventive and curative aspect. [16]

1. *Abhyanga*- *Til* oil and *Lavan* on chest region
2. *Swedana* – *Nadi, Prastara, Sankara*
3. *Sadhyo-Vamana*- Salt water, sugarcane juice, decoction of *Yastimadhu*. [17]
4. *Dhoomapana* - *ArdrakaArka* [18]
5. *Muhurmuhar-Prayoga* of *Pushkarmulasava* [19]
6. Nebulization by ‘*Amritdhara*’-A mixture of Menthol, Thymol and Camphor used as an aerosol. [20]
7. *Shamana Aushadhi*- herbal and herbo-minerals compounds.

Avegakalina Chikitsa

Rasayana Chikitsa:

Increase in the strength of *PranavahaStrotas* following medication should be used.

1. *Chyavanprashsa*-It alleviates cough, asthma, and bronchospasm of seasonal and non- seasonal origin, smooth functioning of the tracheobronchial tree, maintain the adequate hydration of respiratory system, increasing the strength of respiratory system. [21]
2. *Vardhaman Pippali*-Gives strength to the *Pranavahasrotas*. Used in *Vata* type asthma, chronic cough and bronchitis. [22]
3. *Chausashta Prahari Pippali*- Improves lung health. It helps in detoxifying lung. [23]

Intervention / Approaches in *Tamaka Shwasa*

Asthmatic patients complain various sign and symptoms, following special treatment shall be use [24].

1. In case of excessive cough and breathlessness: *Kantakari Kwatha*- 30 ml thrice a day either alone or with honey

2. In case of excessive cough with fever patients of bronchial asthma:
 - *Shrisha Twakkwatha*- 30 ml thrice a day for 6 weeks.
 - *Naradiya Laxmivilasa Rasa* 500mg and *GodantiBhasma* 1 gm trice a day for 6 weeks.
 - *Shwasa -Kesari Tablet (Kantakari + GodantiBhasma)*- 1.5 gm for 6 weeks.
3. In case chronic asthma associated with severe breathlessness, chest congestion and cough not responding to conservative treatment.
 - *Pippli VardhamanaKsheerapaka* with 250 mg *SamiraPannaga Rasa* thrice in daily for 6 weeks.
 - *ShodhanaChikista: Snehana, Swedana, Vamana, Virechana.*

Herbal drugs and Herbo-minerals compound:

Herbal and Herbo-minerals are used in *TamakaShwasa* because of their very good properties. This drug pacifies all the signs symptoms of asthma.

Compound formulation:

Many compound formulation are used in *TamakaShwasa*, they relieve the signs and symptoms and improve the quality of life. Some of them are-

1. *PuskaramuladiChurna*[25]
2. *Vasa Avaleha*[26]
3. *Vasa HaritakiAvaleha*[27]
4. *BharngyadiAvaleha*[28]
5. *Kanakasava*[29]
6. *Shwasa-kasa-chintamani Rasa*[30]
7. *Mahalaxmivilasa Rasa*[31]
8. *shwasa-kuthara Rasa*[32]
9. *LavanagadiVati*[33]
10. *AbhrakaBhasma*[34]

11. *GodantiBhasma*[35]
12. *Samirapannaga Rasa*[36]
13. *Padmapatradi yoga*[37]

Lifestyle, Breathing Exercises and Meditation

Staying awake at night, exercising, labour, exposing oneself to the heat of the sun or fire, and anxieties, grief, wrath, and everything that disturbs peace of mind should be healthy lifestyle would have a preventive role. Breathing exercises, particularly *Pranayama*, reduce the frequency and severity of symptoms, improve exercise tolerance, and enhance lung function. Meditation helps in reducing the stress and may check recurrence. *Sahaja* yoga is an Indian system of meditation based on traditional yogic principles, which may be used for therapeutic purposes. Clinical trials of this therapy in patients with asthma have found evidence of improvement in lung function and reduced frequency of exacerbations.[38]

Pathya: (Wholesome diet and lifestyle)

1. **Ahara** :*Laghu* and *Ushna* diet, Red rice(unpolished) *Mudga, Kulatha*, Wheat, Barley, Dates fruit, Cardamom, Goat milk, Honey,*Patol*, Garlic, *Jambira* lemon, *Matulungalemon*, Hot water.
2. **Vihara**: *Swedana*, Hot water bath, *Atapasevana, Lavana, Taila Abhyanga, Pranayama*, Warm clothes in winter season.

Apathya: (Unwholesome diet and lifestyle)

1. **Ahara**: Over eating and taking milk at bed time. Fried, too cold, sour, heavy preparations. Fishes, Sheep milk. Sour food, Leaves of mustard, *Amla Phala* [Citrus fruits], Deep fried items such as *Samosa, Sheetapa-*

neeya [cool drinks], Dadhi, Aamak-sheera, Bread, Burger, Pizza, Cheese, Paneer etc. is used which are having Srotorodhaka property.

2. **Vihara:** Vegadharana, Facing dust/wind/hot sun, hard exercise, Smoke, Pets, Pollen Sheeta, Ruksha [Air-Conditioner], cold and damp places. Fasting for a longer period, Seating in frosty, smoky and congested places for a longer period etc. are to be avoided.

DISCUSSION

Asthma is a well-documented disease in Ayurveda which is comparable with modern disease bronchial asthma on the parameters of risk factors, etiopathology, clinical manifestations and treatment principles. Ayurveda strives for boosting host defence mechanism by employing Panchkarma, life style modifications including Yoga and Rasayan medicines. Vamana liquefied the thick sticky bronchial secretion and help in expectoration (Removal of SamaKaphaDosha); while Virechana help to remove aggravating factors (SamaDosha and allergens, toxins). Vamana and Virechana are very good effective management for the Tamaka-shwasa Vyadhi and relieve the signs and symptoms of Tamaka-shwasa. The effects of these herbs and Hebo-minerals drugs are to liquefy the thick bronchial secretion and help in cough expectoration. They are Vatta, Pitta and Kapha pacifying properties and are used in Kasa and Tamaka-Shwasa. The sum total properties of herbal and herbo-minerals are TiktaKatu Rasa, light and penetrating properties, Ushnavirya (hot potency) and decrease Vata and Kapha Dosha. The Gunas of the drug are Laghu, Tikshna which are antagonistic to the Gunas of whereas that of vata is

sheetaguna (cold in character). All the drugs have the quality to normalize or suppress the vitiated vatadosa by ushnavirya (hot potency). Agni mandya (diminished digestion power) is corrected by pippali. Srotas vitiated are pranavahasrotas, which are corrected all the drugs as they, Reduce Expiratory dyspnea and decrease cough. Srotodusti (The mechanism of manifestation of diseases) is sanna (occlusion), which relieved Kapha Dosha, thereby normalizing KaphaDosh. The virya (potency) of this drug is ushna (hot), by the ushna (hot) properties of the drug and Shwasahara properties. They help in reducing inflammation of the bronchioles. These drugs also useful in recurrent rhinitis, chronic cough and reducing the cough and relieving chest pain. The benefits of these herbs and Herbo-minerals drugs are highly praised in Ayurvedic classical and Rasashatra books for conditions like breathlessness, cough and cold, which act by making the secretion thin and helps in expectoration, reduce the inflammation of the respiratory system, signs and symptoms of Tamaka-Swasa. All herbal drugs and herbo-mineral compound are having anti-inflammatory and immunomodulator properties. These properties of drugs help in inflammation in bronchial lumen, increase strength of respiratory system. Herb and Herbo-minerals compound pacifies DushitaVata, Pitta and KaphaDosh and control asthmatic problems and improves immunity. Healthy lifestyle, breathing exercise like Yoga, pranayama, and meditation is play important role to reduce symptoms and improve the lung function.

CONCLUSION

The trials concluded that Shodhana, Shamana, herbal and herbo-minerals products are important in the treatment of asthma. Shod-

hana therapy is effective in adult patient but no more evidence regarding in case of adult has been prove, so further research is needed. Drugs doses are adjusted for adult according to weight, age and severity of disease. Herbal and Herbo-minerals products remain popular for asthma. An update of the current evidence is described.

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