TAMALAKI IN TAMAKA SHVASA- AN OVERVIEW

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ABSTRACT

The word Shvasa (dyspnoea) is found first time in Upanishadas. Shvasa roga (dyspnoea) is mainly due to vitiation of Kapha and Vata doshas and arises from pittasthana. In Ayurvedic classics, Shvasa roga (dyspnoea) is described with its five types, in which Tamaka shvasa (bronchial asthma) is one of them. Tamaka shvasa (bronchial asthma) may be explained as lack of Prana-vayu, patient is exhausted and desires for the prana-vayu to get relief. Though Tamaka shvasa (bronchial asthma) is not life threatening except in few patients, but other need long term medication to relieve from the breathlessness. For the cure of shvasa roga (dyspnoea), Caraka has described Shvasahara Mahakashaya in which “Tamalaki” is one of them. Tamalaki is a herbaceous medicinal plant, described in Ayurvedic literatures in many references with different properties, actions, uses and synonyms. Regarding its Gunakarma, it has tikta, kashaya, madhura rasa; laghu, ruksa guna; sita virya and madhura vipaka. Tamalaki is effective in Tamaka shvasa by virtue of its Dravyaprabhava and Gunaprabhava i.e Dravyagunaprabhava.

Key Words - Dravyagunaprabhava, Dravyaprabhava, Gunaprabhava, Pittasthana, Tamaka shvasa, Tamalaki.

INTRODUCTION

In Ayurvedic literatures detailed description of Shvasa roga (dyspnoea) is mentioned. It is described in Brihattrayi, Laghutrayi, Nighantus as well as in Chikitsagranthas. In Ayurvedic classics, Shvasa (dyspnoea) is described as a disease and also as a symptom of many disorders in their purvarupa (prodromal symptoms), rupa (symptoms), upadrava (complications) and arista lakshana (fatal sign) stages. Shvasa roga (dyspnoea) is mentioned along with Kasa (cough) in many text because Kasa (cough) is mentioned as Nidanarthakar roga of shvasa roga (dyspnoea) in Ashtanga hridaya¹¹. In all texts, Shvasa roga (dyspnoea) is described with its five types. Tamaka shvasa (bronchial asthma) is seen both svasa (primary) as well as partantra (secondary) vyadhi but Maha (great dyspnoea), Urdhva (stertorous respiration) and Chinna shvasa (cheyne stokes respiration) are always paratantra vyadhi (secondary disease). Kshudra shvasa (dyspnoea on effort) is due to excessive exercise or excessive intake of Ruksha ahara. Maha (great dyspnoea), Urdhava(stertorous respiration) and Chinna shvasa (cheyne stokes respiration) are Asadhya (noncurable) while Tamaka shvasa (bronchial asthma) is considered as Krcchasadhya (severe curable) by
Sushrut[2] and Yapa (mild incurable) by Caraka[3], but if it is recently originated (less than one year) then it may be Sadhya (curable), it is Asadhya (non curable) for weak patients. Kshudra shvasa (dyspnoea on effort) does not require any medication i.e. Sadhya, so the treatment modalities are only concerned for Tamaka shvasa.

So Tamaka shvasa may be explained that due to lack of Prana-vayu, patient is exhausted and desires for prana-vayu to get relief. Caraka has mentioned two subtypes Pratamaka and Santamaka in which pitta dosha gets involved along with initial do-shas vata and kapha[4].

Tamalaki is an important drug of Samhita period. It is mentioned in the group i.e. Dashemani of Caraka, the drugs which are useful in Shvasa[5] (dyspnoea) and Kasa roga[6] (cough), though several ghrita preparations containing Tamalaki and other drugs are seen in the chapters dealing with the treatment of Rajayakshma[7] (tuberculosis), Hridroga[8] (heart disease), Gulma[9] (abdominal lump) and Vatarakta[10] (gout). Due to inclusion of this drug in Dashemani of Caraka, it is evident that its main use is for the treatment of Shvasa (dyspnoea) and Kasa (cough).

Samhitas, are the oldest original basic texts of Ayurveda available to-day, no other synonyms are observed for Tamalaki[11] in these literatures. Literally, the word Tamalaki means thinner and smaller plant than Amalaki (Emblica officinalis Gaertn.)[12]. As the time passed new synonyms were added for Tamalaki, as Bhumyamalaki or Bhudhatri which also have the similar meaning. In Ayurvedic texts, botanical names have been ascribed for medicinal plants, the Ayurvedic scholars have given the botanical name of Tamalaki or Bhumyamalaki as “Phyllanthus urinaria Linn”[13].

Phyllanthus urinaria Linn. is a diffusely branched herb, met with as a weed of cultivated areas throughout India. Leaves distichously imbricate, oblong; flowers minute, yellowish; capsules globose, scarcely lobed; seed transversely furrowed. The plant is used medicinally in the same way as P.fraternus, often as a substitute for it[14]. The fruit and the plant are acrid, sour, cooling, bitter, sweetish; alexipharmic; useful in thirst, bronchitis, leprosy, anaemia, urinary discharges, anuria asthma and hiccough. The plant is much used as a diuretic in dropsical affections, also in gonorrhea and other genitourinary troubles[15]. In Nighantus, Koshas and Chikitsagranthas, the word Tamalaki stands for generic epithet, which signifies more than one species having almost similar morphological character and useful in different ailments[16]. Other species of Phyllanthus such as P. fratermus, P.amarus, P.simplex and P.maderaspatensis are also known[17].

MATERIAL AND METHOD

Literary review and therapeutic actions of Tamalaki were explored from classical texts viz. Carakaa Samhita, Sushruta Samhita, Ashtanga Sangraha, Ashtanga Hridaya, Chikitsagranthas and Nighantus viz. Raja nighantu, Dhanvantari nighantu, Bhaishajya Ratnavali and articles published in various journals.

RESULT

In Vedic literatures there are no references of Tamalaki or Bhumyamalaki. However, some names like Amala, Mala, Tamala, Ad-
hyanda and Tali are available, which though mentioned as synonyms of Bhumyamalaki by Nighantus.

In Samhitas, only Tamalaki is mentioned and no other its synonyms are found. In Caraka samhita, Tamalaki has been used mainly for cough and asthma. Most of the preparations are in Ghrita form. In Sushrut samhita, only Tamalaki is mentioned, which is used in asthma. Ashtanga Sangraha has followed Caraka in prescribing the preparations. Here also we find that Tamalaki is mentioned in group of drugs which are useful for cough and asthma. Ashtanga Hridaya has followed Ashtanga Sangraha and Caraka by mentioning similar preparations. There are no references of Tamalaki or Bhumyamalaki in Bhel Samhita and Kashyapa Samhita.

Samprapti (Pathogenesis):
Samprapti of Shvasa roga (dyspnoea) along with Hikka (hiccough) is as follows – Shvasa (dyspnoea) is mainly due to vitiation of Kapha and Vata dosha, and arises from the Pittasthana and Hrdaya (heart) are involved.

Vitiation of Vata takes place due to its own etiological factors and after reaching to the Pranavaha shrotas, it deranges the Kapha in Urah and this vitiated Kapha obstruct natural flow of Pranavayu leading to Shvasa (dyspnoea) and Hikka (hiccough).

Chikitsa sutra (Principle of treatment):
Caraka has mentioned different treatment on the basis of predominance of Dosha and strength of patient. The patient of Shvasa (dyspnoea) are classified into two groups –

a. On the basis of predominance of Dosha
Having predominance of Vata Dosha:
Having predominance of Kapha Dosha:
b. On the basis of body constitution –
Balavan (good body built)
Durbala (poor body built)

According to predominance of Doshas and body built (Balava rogi) two types of therapies are mentioned –
a. Shodhana chikitsa
b. Shamana chikitsa

Shodhana chikitsa: Patient having good body built (Balavanas) with predominance of Kapha treated by Vamana and Virechana followed by dhuma, leha and other Shamana chikitsa.

Shamana chikitsa: Patient of poor body built (Durbalas) with predominance of Vata, children and old age, should be treated by Shamana chikitsa.

Treatment which alleviates the disease and aggravates another is not proper. Proper treatment is that which pacify the aggravated disorder without creating any other.

There are three types of treatment -
a. Kapha-vataghara
b. Kaphaghara
c. Vataghara

Preference should be given to the Kapha-vataghara chikitsa but if we have to choose one out of the remaining two then Vataghara chikitsa is more efficient.

In the patient of Tamaka Shvasa (bronchial asthma), virechana should be done with the drug having Vatashleshma hara properties.

Table No.1 TAMALAKI IN BRIHAT-TRAYI

<table>
<thead>
<tr>
<th>S.No</th>
<th>Preparations</th>
<th>Caraka samhita</th>
<th>Sushruta Samhita</th>
<th>Ashtanga Sangraha</th>
<th>Ashtanga Hridaya</th>
</tr>
</thead>
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<tr>
<td>1.</td>
<td>Aveleha</td>
<td>Chyawanprasha</td>
<td>-</td>
<td>Chyawanprasha</td>
<td>Chyawanprasha</td>
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<td></td>
<td></td>
<td>(Su 1-1/63-69)</td>
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<td>(Ut 49/39-45)</td>
<td>(Ut 39/33-41)</td>
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### DISCUSSION

According to different scholars, the vitiation of Vata takes place due to its own etiological factors (Nidana sevana) and after reaching to the Pranavaha-srotas, it deranges the Kapha and this vitiated Kapha obstruct natural gati of Prana-vayu i.e. fresh oxygen, then it moves pratiloma in pranavaha-srotas, resulting in Tamakaa svasa (bronchial asthma). Caraka has mentioned that the seat of origin of shvasa roga (dyspnoea) is pittasthana, but Vagbhata mentioned Amashaya as Udbhavasthana of shvasa roga (dyspnoea). Caraka has explained different drugs, on the basis of predominance of dosha and constitution of patient. For curing shvasa roga (dyspnoea), Caraka has indicated Tamalaki in diseases of respiratory system and as Rasayana. In this context it is mentioned that though rasa and other factors are antagonistic to each other.

<table>
<thead>
<tr>
<th>No.</th>
<th>Type</th>
<th>Name</th>
<th>Citations</th>
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<tbody>
<tr>
<td>2.</td>
<td>Ghrita</td>
<td>Pippalyadi</td>
<td>(Ci 3/219-221)</td>
</tr>
<tr>
<td>4.</td>
<td>Ghrita</td>
<td>Jivantyadi</td>
<td>(Ci 8/111-113)</td>
</tr>
<tr>
<td>5.</td>
<td>Ghrita</td>
<td>Kantakari</td>
<td>(Ci 18/127)</td>
</tr>
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<td>7.</td>
<td>Ghrita</td>
<td>Tejovatyadi</td>
<td>(Ci17/141-144)</td>
</tr>
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<td>8.</td>
<td>Ghrita</td>
<td>Duralabhadi</td>
<td>(Ci 8/106-110)</td>
</tr>
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<td>9.</td>
<td>Ghrita</td>
<td>Tryushanadya</td>
<td>(Ci 18/39-42)</td>
</tr>
<tr>
<td>10.</td>
<td>Ghrita</td>
<td>Mahamayur</td>
<td>(Ci26/166-174)</td>
</tr>
<tr>
<td>11.</td>
<td>Churna</td>
<td>Shatyadi</td>
<td>(Ci17/123-124)</td>
</tr>
<tr>
<td>13.</td>
<td>Yavagu</td>
<td>Dashamuladi</td>
<td>(Ci17/102-103)</td>
</tr>
<tr>
<td>14.</td>
<td>Kshirapaka</td>
<td>Sthiradi</td>
<td>(Ci 8/101)</td>
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</table>
in accomplishing their functions, they do not act against each other just as guna and do- 
shas exist together. Later on apart from above indications and actions it is used as 
diuretic and hepatoprotective also. It is natural that by the name Tamalaki more than one 
plant has been taken by the physician because of similarity in morphological charac-
ters and multiple therapeutic indices.

CONCLUSION

Though Tamaka shvasa (bronchial asthma) is not life threatening except in few patients, 
but other need long term medication to relieve from breathlessness. Depending upon 
the Bala (strength) of patient and disease, Shodhana and Shamana chikitsa have been 
mentioned in shvasa roga (dyspnoea). In Shodhana therapy Yamana (emesis) and Vi-
rechana (purgative) are prescribed to the patients and after that kapha-vatahara drugs 
are indicated. Tamalaki is capable to pacify kasa (cough), shvasa (dyspnoea), pippa-
sa(thirst) and aruchi (anorexia) and other symptoms. The probable mode of action of 
Tamalaki can be concluded by observing the above results. The drug is active due to Dra-
vyaprabhava, Gunaprabhava and Dravya- 
gunaprabhava at a particular time, on reaching 
particular locus, with a particular me-
chanism and objectives.

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