

A REVIEW ON SAMPRAPTI OF TAMAKA SHWASA

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ABSTRACT

Samprapti, one among the *Nidana Panchakas* and a *Roga pareeksha*, is defined as the origin of illness as it envelopes the disease from *Nidana sevana* till *vyadhi lakshana utpatti* and further also. *Samprapti* includes genesis, evolution and process of manifestation of the disease. And so it is important to all *vaidyas* to know the *samprapti* of every disease before the treatment. *Tamaka shwasa* is a disease with varied *nidanas*, involvement of more than one *srotas* and not being a single *dosha dushti janya vyadhi*, understanding the *samprapti* holds prime importance and makes the treatment rather easier.

KEYWORDS: *Samprapti, Nidana panchaka, Roga pareeksha, Tamaka shwasa.*

INTRODUCTION

Tamaka shwasa is a *Pranavaha sroto dushti janya vikara* primarily with involvement of other *srotas* also. *Pranavaha srotas* becomes *dushta* due to *dhatu kshaya*, *vega dharana*, *ruksha ahara vihara sevana* and by doing physical activities while hungry¹ or all those *aharas* and *viharas* which are similar to *doshas* and being opposite to that of *dhatu*s are all *sroto dushti karakas*² and so as to *pranavaha srotas* also. These *nidanas* end up in causing *lakshanas* of *pranavaha sroto dushti* like *atisrushta shwasa* – increased rate of respiration, *atibaddha shwasa* – reduced rate of respiration, *kupita shwasa* – hurried respiration, *alpalpa shwasa* – shallow breathing, *abheekshna shwasa* – deep breathing, *sashabda shwasa* – breathing with added sounds, *shula yukta shwasa* – painful breathing³. One such *Pranavaha sroto dushti vikara* is *Shwasa roga* and it has very similar *lakshanas* mentioned.

Shwasa roga in particular have been explained by all *acharyas* either independently or in conjunction with *Hikka roga*, and most have them have classified it into 5⁴.

1. *Kshudra shwasa*
2. *Maha shwasa*
3. *Urdhwa shwasa*
4. *Chinna shwasa*
5. *Tamaka shwasa*

Out of these, *Kshudra shwasa* can be considered as the *shwasa* which is mentioned in many of the diseases as a symptom, and most of those do not require any medication in particular, whereas, *Maha shwasa*, *Urdhwa shwasa* & *Chinna shwasa* are present in terminal stages of various diseases and are incurable. *Tamaka shwasa*, the fifth variety is explained as if it is a '*Swatantra Vyadhi*' & with its own aetiology, pathology, classification &

management, depicting the importance given to it.

SAMPRAPTI

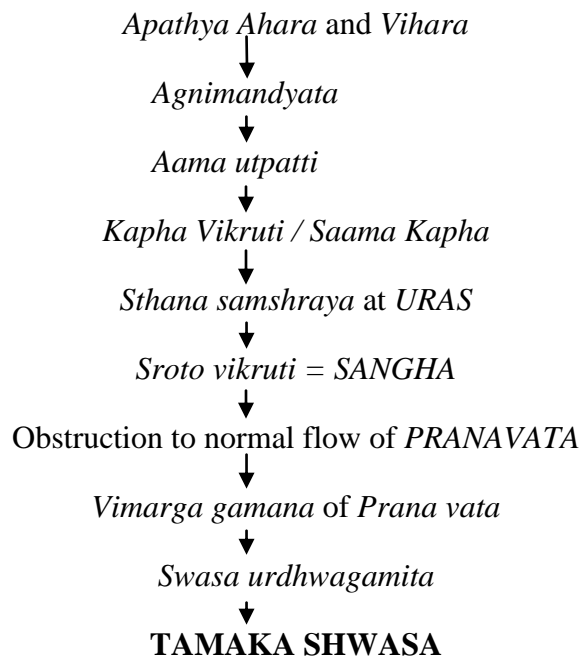
Samprapti has its importance in understanding the disease whereas *Samprapti vighatana* helps in easy management of the disease.

SAMANYA SAMPRAPTI OF SHWASA^{5,6,7}.

Charaka and *Susruta* go hand in hand in explaining the *Samprapti*, where they state

that *Prana Vata* being obstructed by the *Vruddha kapha*, moves upwards leading to *Shwasa roga*. *Charaka* considers the *utpatti sthana* of *Shwasa* as *pittasthana*⁸, whereas *Susruta* haven't mentioned any.

Whereas *Vagbhata* explains that the place of origin of this *vyadhi* is *amashaya*, *srotas* involved here are *prana*, *anna* and *udaka vaha*, and the *vyakta sthana* being *Ura* which happens because of obstruction of normal movements of *vata* by *kapha*⁹.



Vishamashana, *adhyashana*, *sheeta jala* and *ahara*, *abhishyandi*, *guru ahara*, *dadhi*, *ama ksheera* and other *apathya aharas* cause *Agni dushti* mainly *Agni mandyata* invariably leading to *Aama utpatti*. This *aama* may cause *Kapha vikruti* directly or through *vikruta Rasa dhatu*. This *vikruta kapha* which is *Saama* gets lodged in its *mula sthana* i.e. *Uras* which results in *Sangha* type of *Sroto vikruti* there. This *sangha* obstructs the normal flow of *Vata*, in particular *Prana vata* and thus resulting in *Vimarga* or *Pratiloma gamana* causing

Swasa urdhwagamita which is the main feature of *Shwasa roga*. This can be considered as *Kapha pradhana Avarana karaka samprapti* of *Kapha* leading to *sroto sangha* and thus *shwasa*.

Where in few cases, because of *vata prakopaka ahara vihara*, *vata* first gets vitiated, attains *pratiloma gati* and gets obstructed in *prana vaha srotas* leading to *shwasa* which can be considered as *Vata pradhanya samprapti*. These two can be found together or separately based on the

nidana sevana, kala, samprapti, prakruti and susceptibility of the vyadhita.

VISHISHTA SAMPRAPTI OF TAMAKA SHWASA

Apathya vihara as exposure to *raja, dhuma, aghata*, etc.

↓
Khavaigunyata

↓
Prana vaha sroto dushti

↓
Kapha Vikruti in *Prana vaha srotas*

↓
Sroto vikruti = *SANGHA*

↓
Obstruction to normal flow of *PRANAVATA*

↓
Vimarga / Pratiloma gamana of *Prana vata*

↓
Swasa urdhwagamita

TAMAKA SHWASA

Apathya viharas like *raja, dhuma, vayu, sheeta asana, marmaghata*¹⁰ cause direct vitiation of the *Prana vaha srotas* leading to *kapha dushti* which is *sthanika dosha*. This *vikruta kapha* causes *sangha* of the *prana vaha srotas* and also *sangha* of normal movement of *vata* leading to its *vimarga gamana* and thus *shwasa urdhwagamita* resulting in the disease *Shwasa roga*.

IMPORTANT FACTORS IN SAMPRAPTI OF TAMAKA SHWASA

1. *Agnimandya* and *Aama*
2. *Kapha dushti*
3. *Srotodushti* - *Sangha*
4. *Pratiloma gati* of *Prana Vayu*.

Khavaigunyata holds prime importance in the manifestation of *Shwasa roga*. Factors causing *khavaigunyata* might be many like *beeja dushti*, chest injuries, *pranavaha sroto dushti* *karaka nidanas*, smoking, repeated exposure to smoke and other fumes, which when added upon with *Shwasa roga karaka ahara vihara nidanas* will end up in *shwasa roga* in particular by causing *pranavaha sroto dushti*.

Srotodushti in *Tamaka shwasa* is *Sangha* which causes *Vata vimarga gamana*. *Kapha* causing *sangha* to *Vata gati* leading to *pratiloma gati* of *vayu* ending up in *greeva* and *shiras* resulting in *Peenasa* – running nose, *ghurghurukata* – breathing with added sounds, *kasa* – cough, *teevravega yukta shwasa* – hurried breathing with difficulty, *Pratamyati mohati kasamanaha* – gets black out and faints due to continuous cough, *muhurmuhu* – all these above said happen repeatedly.

The main *samprapti* revolves around the *kapha* causing *sangha* resulting in *pratiloma gati* of *vata* leading to *shwasa*. And so if the patient doesn't get rid of *kapha*, it becomes more difficult and thus when the *kapha* gets dislodged or *sangha* gets relieved, the patient feels easy to breath and feels happy. But this relief from symptoms are only situational as one of the important features of *shwasa roga* is being *muhurmuhu* – repeated occurrence of the symptoms and thus the patient again gets into the *samprapti*

of *kapha* causing *sangha* and thus the symptoms relapse.

Though there are 5 types mentioned in *Shwasa roga* in particular, *Tamaka shwasa* is the one which has got prime clinical importance as well as therapeutic importance. *Charaka* also classifies *Shwasa* and *hikka* into two types based on *dosha pradhanyata*, and they can be considered as two types of *Tamaka shwasa* along with *Pratamaka* and *Santamaka*¹¹.

1. *Kaphadikya Shwasa*

2. *Vatadikya Shwasa*

Kaphadikya shwasa might be considered if the patient presents with *lakshanas* like *Peenasa*, *Kasa*, *Ghurghurukata*, *kruchra bhashana* and the one which gets aggravated by the use of *sheeta* and *shleshmala ahara vihara*.

Vatadhikya shwasa might be considered if the patient presents with *lakshanas* pertaining to *shwasa* as *teevravega yukta shwasa*, *pranapravedaka*, *moha*, *tamo darshana*, *shayane shwasa peedita*, *aaseeo labhate sukham*, *ucchritaksha*, *swedana*, *shulayukta*, *muhi shwasa*, *muhi avadhamyate* and the one which gets aggravated during *meghaachadita* and *varsha kaala*, and by the use of *sheeta ahara vihara*.

Charaka has mentioned two allied conditions of *Tamaka shwasa* i.e. *Pratamaka* & *Santamaka*. *Sushruta* & *Vagbhata* have only mentioned the name of *Pratamaka* which includes clinical manifestation of *Santamaka*. *Pratamaka shwasa* shows involvement of *Pitta Dosha* in pathogenesis as it involves symptoms of *Jwara*, *murcha* and others. *Santamaka shwasa* can be considered as a severe

condition of *Pratamaka shwasa*, where in patient feels that as if he is getting submerged in darkness and it occurs as a result of *Udavarta*, *Rajo dhuli*, *vegavarodha* and in old age¹².

Types of *Samprapti* concerning to *Tamaka Shwasa* may be considered as follows¹³:

1. *Sankhya Samprapti* – Considering the disease *Shwasa* as a whole, it is of 5 types⁴, *Tamaka shwasa* in particular is of two types¹², and can also be classified into three types based on the *doshic* involvement.

2. *Pradhanya Samprapti* – Both *Kapha* and *Vata*⁸ are given equal importance in the *Samprapti* of *Shwasa* along with *Pitta dosha* in terms of *udbhava sthana*⁸ and its involvement in the disease while explaining the types of *Tamaka shwasa*¹².

3. *Vikalpa Samprapti* – Being the type of *Samprapti* to understand the *amshamsha kalpana* of the particular *dosha* type, in *Tamaka shwasa*, *Prana vata* is the *pradhana dosha* and with further involvement of other types of *Vata* and *Avalambaka kapha* as the prime *kapha* type. *Pachaka pitta* being the *sthanika dosha* of *utpatti sthana* is the *pradhana pitta dosha* involved.

4. *Vidhi Samprapti* – *Nija vyadhi* in most cases, with *agantuja* as *preraka hetu* in the *Samprapti*. It is also a *Yapya vyadhi*.

5. *Bala Samprapti* – The disease is more *balavan* due to the age factors in *Bala* and *Vriddha* and is more common in them.

6. *Kala Samprapti* – With the involvement of *Vata* and *Kapha*, the disease is more common in *Sheeta kala* and as a *preraka hetu* it is also observed in the *Vasanta rutu kala*.

CONTRIBUTING FACTORS FOR SHWASA IN BALYAVASTHA

1. *Kapha* is the *pradhana dosha* in the *balyavastha* i.e. *Kapha* is *Vayosahaja dosha*.
2. *Agni* is *durbala* in *balyavastha*.
3. *Ahara* and *vihara* are favourable for *Kapha dushti*.
4. Even slight *apathya* can end up in *Aama* and thus manifestation of *vyadhi*.
5. *Khavaigunyata* in terms of *beeja dushti* or disease being familial (Atopy).

CONTRIBUTING FACTORS FOR SHWASA IN VRUDDHAVASTHA

1. Age of *Vata pradhanyata*.
2. *Dhatu kshaya*.
3. Repeated exposure to *nidanas*.
4. Smoking, exposure to chemical fumes and other *khavaigunya* and *sroto dushti karaka nidanas*.
5. *Agnimandyata* and so easy manifestation of *aama* and thus progress into *shwasa roga*.

SAMPRAPTI GHATAKAS

Dosha	-	Vata, Kapha
Dushya	-	Rasa
Agni	-	Jatharagni, Rasa dhatwagni
Agni dushti	-	Agni mandyata
Aama	-	Jatharagni, Rasa dhatwagni mandya janya
Srotas	-	Prana, Anna, Udaka, Rasa vaha
Srotodushti	-	Sangha, Vimarga gamana
Udbhava sthana	-	Amashaya
Vyakta sthana	-	Aasya, Greeva, Prushta, Parshwa, Uras
Sanchara sthana	-	Pranavaha sroto avayava
Adhisthana	-	Uras
Swabhava	-	Chirakari
Rogamarga	-	Abhyantara
Sadhyaasadhyata	-	Yapya

UTPATTI STHANA OF SHWASA

The disease is described as *Pittasthana Samudbhava*¹⁴ by *Charaka* and *Amashaya Samudbhava*¹⁵ by *Vagbhata*. *Chakrapani* clarifies both the statements as he states that *Amashaya* having two parts *Urdhva* and *Adho-Amashaya*, *Urdhva-Amashaya* as *Kapha sthana* and *Pittasthana* as *adho Amashaya*. So, *Pittasthana Samudbhava* by *Charaka* can be included in *Amashaya Samudbhava* by *Vagbhata*, however *Charaka* is more specific for the particular site in *Amashaya*. Thus, it can be logically inferred that the disease has *Pittasthana*

Samudbhavatwa and it will naturally derange *Pitta* and produces the *Aama* which is an initial step in pathogenesis, may be from *Jatharagni* to *Bhutagni* level. This *Agni Dusti* can cause vitiation of *Dosha* and it also can be said that *Agni* can be vitiated due to *Dosha prakopaka nidana*.

DERANGEMENTS CAUSED IN TAMAKA SHWASA

1. *Vata prakopa* by *Vata prakopakara ahara vihara*.

2. *Pitta prakopa* by *Pitta prakopakara ahara vihara* and by *pitta sthana dushti* because of *agnimandyata* and *amotpatti*.
3. *Kapha prakopa* by *Kapha prakopakara ahara vihara* and by *nidanas* directly afflicting *Kapha sthana* and *pranavaha srotas*.
4. *Prana vaha sroto vikruti*.
5. *Agnimandya* and *Amotpatti*.
6. *Vata avarana* by *dushita Kapha*.

DISCUSSION

The disease is predominantly caused by *Pranavaha Sroto Dushti* along with considerable involvement from *anna vaha* and *udaka vaha srotas*. The airway pathology in Asthma in modern parlance corresponds literally with the *Sanga purvaka vimarga gamana* and *Sankocha purvaka vimarga gamana* pathology, resulting in *atipravrtti* of *shwasa*. Acharyas have given a big list of *nidanas* which are *Vata* and *Kapha prakopaka*, *sroto dushaka* and also cause disturbances to *agni*. Few *nidanrthakara rogas* are also mentioned in which *shwasa* is found in later stages of that disease.

Tamaka Shvasa is the *Vyadhi* of *Yapya* nature and has a tendency of recurrence whenever exposed to the *Preraka Hetu* so the due response should be given to *Nidana parivarjana* in the treatment of *Tamaka shwasa*. Family history also causes the *Khavaigunya* and *Dhatu Shaithilya*. *Agni* in its *vikruta* form being responsible for the production of *aama* holds a key factor in the *Samprapti*. *Prakruti* with *Vata* and *Kapha dosha pradhanyata* are more prone to *Tamaka shwasa* as the disease itself is *Vata* and *Kapha pradhana*.

Pratiloma Vayu is responsible for *shwasa krucchrata*. The disease being *Vata* and *Kapha pradhana*, even the *nidana* and *Samprapti* can happen in two different mechanisms viz. *Avarana-janya* and *Swanidana Prakopa janya*. In the process of *Avarana*, *Vata* is in its normal state and *Kapha* is vitiated due to its own etiological factors, this vitiated *Kapha* causes the obstruction in the normal path of *Vayu* and vitiates the *Vayu*. This is *Kapha pradhana Samprapti*. In the second way of *Samprapti*, *Vata* is vitiated due to its own etiological factors and reaches the *Urah Pradesha*, gets obstructed by *Kapha*. This is *Vata pradhana Samprapti*. In both processes, vitiation of *Vata* and *Kapha Dosha* is a cyclic procedure that's why *Tamaka shwasa* is a *Vata-Kaphatmaka Vyadhi*. In some conditions, when *Vata* and *Kapha Prakopaka Hetus* are equally dominant, a complex *Samprapti* involving both mechanisms can be seen and so is difficult for treatment.

The concept of *Pranavaha Sroto Dushti* and its explanations matches almost entirety with the pathogenesis, mechanisms and symptoms of Asthma. *Shwasa* is described as a *Yapya Roga* by Acharyas. Modern medicine also suggests daily medication for a long time, for lifetime in certain cases for Asthma. Acharyas have described various guideline principles for management. Among that *Nidana parivarjana* plays major role, as disease is having *Yapya* nature, numerous *nidanas* and *vegavastha* state. Various preventive measures are explained which help in preventing exacerbation as well as the disease production.

CONCLUSION

Shwasa Roga is classified into five on the basis of severity. *Kshudra shwasa* can be seen as a symptom in many diseases and is self-limiting. *Chinna*, *Urdhva* and *Maha shwasa* are the terminal stages and have extremely bad prognosis. Hence from the stand point of practical purposes, *Tamaka shwasa* is important among the five types as far as management is concerned. *Tamaka shwasa* is a disease in which *Vayu* is vitiated and its normal movements are blocked due to *sroto sangha* caused by *Kapha*, which results in *pratiloma gati* instead of *anuloma gati* of *Vayu* leading to *shwasakrucchrata pradhana lakshana* of *shwasa roga*.

But why *Tamaka shwasa* is being given so much importance is because of its incidence, chronicity and its recurrence. It is termed so as the one afflicted gets exacerbations at night and also the patient experiences *tamo darshana* i.e. darkness during attacks.

Understanding the *nidana* and *samprapti* of a disease which is *yapya* and recurring holds prime importance as *nidana parivarjana* and *samprapti vighatana* should be the main aim of the treating *vaidya*. If left untreated, *shwasa* will end up in *rasa* and *hrudaya shoshana*, becomes *parama durjaya* – very difficult for treatment and kills the patient like *ashi visha*¹⁶.

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