

REVIEW ON TAMAKA SHWASA (BRONCHIAL ASTHMA)

¹Dr Gaurav Gaur ²Dr Suneel Pal ³Dr Kulratan

¹PG Scholar, ²Associate Professor Dept. of Panchakarma, ³Associate Prof.
Dept. of Swasthvrita, HAMC & Hospital Dehradun, Uttarakhand-India

ABSTRACT

Bronchial asthma is heterogeneous pulmonary disorder characterized by recurrent episodes of cough, breathlessness and wheezing, which may resolve spontaneously or after the use of broncho-dilator medication. The global prevalence of asthma is anticipated to be approximately 4.5%. There are about 334 million patients with asthma affecting all age groups across the world. The prevalence of asthma has increased over time and an additional 100 million people worldwide are expected to develop asthma by the year 2025. Incidences of Bronchial Asthma have been raised in recent decades due to increased industrialization and pollution. This miserable condition can be compared with Tamaka Svasa in Ayurveda. There are five kinds of Shwasa: Kshudra, Tamaka, Chhinna, Maha and Urdhva. 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. Asthma is a chronic disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. WHO estimates showed that 300 million people currently suffering from asthma. Asthma deaths will increase in the next 10 years if immediate action is not taken. Asthma cannot be cured, but proper diagnosis, treatment and patient education can result in good asthma control and management. Asthma occurs in all countries regardless of level of development. Over 80% of asthma deaths occur in low and lower-middle income countries.

KEYWORDS: Asthma, Tamaka Svasa, Pathya, Apathya

INTRODUCTION

Asthma is a chronic disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. Asthma occurs in all countries regardless of level of development. Over 80% of asthma deaths occur in low and lower-middle income countries. For effective control, it is essential to make medications affordable and available, especially for low income families. On the basis of similar

clinical features, Bronchial Asthma can be correlated with *Tamaka Shwasa*.

There are five kinds of *Shwasa*¹: *kshudra*, *Tamaka*, *Chhinna*, *Maha* and *Urdhava*. *Tamaka Svasa* is a type of *Svasa Roga* affecting the *Pranavaha Srotas* and characterized by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is immensely injurious to life. The word 'Asthma' is derived from the Greek meaning 'panting' or 'labored breathing'. Asthma is a

condition characterized by a paroxysmal wheezing dyspnoea (difficulty in breathing), mainly expiratory. Asthma is the disease of the respiratory system in which the airways constrict, become

Definition of Asthma^{2,3}: Asthma is a common chronic disorder of the airways that is complex and characterized by variable and recurring symptoms, airflow obstruction, bronchial hyperresponsiveness, and an underlying inflammation.

Basic diagnostic evaluation of bronchial asthma: History Sudden onset of symptoms, often at night or in the early morning hours, typically shortness of breath and cough (productive or unproductive), particularly– after allergen exposure– during (or, more commonly, after) physical exertion or sports (so-called exercise-induced asthma)

- in the setting of upper respiratory infection
- on exposure to thermal stimuli, e.g., cold air
- on exposure to smoke or dust
- Seasonal variation of symptoms (seasonal elevation of pollen count)
- Positive family history (allergy, asthma)
- Precipitants of asthmatic symptoms in the patient's environment at home,
- at work, and during leisure activities Symptoms
- Intermittent and variable (may also be absent, e.g., during symptom-free intervals or in mild disease)
- Shortness of breath (often in acute episodes)
- Expiratory wheezes

Classification of Asthma According to the Severity

Frequency of Symptoms and peak expiratory flow rate	Symptom Frequency	Night time Symptoms	Peak expiratory flow rate	Variability of peak expiratory Flow rate.
Intermittent	<Once a week	<Twice per Month	>80% predicted	<20%
Mild persistent	>Once per Week but<Once per Day	>Twice per month	>80% predicted	20-30%

inflamed, and are lined with excessive amounts of mucus, often response to one or more “triggers, ” such as exposure to an environmental stimulate (or allergen), cold air, exercise, or emotional stress.

- Chest pressure sensation
- Cough

Findings on physical examination

- Rales, rhonchi, wheezes
- Prolonged expiratory phase
- Tachypnea
- Orthopnea
- Chest constriction

Manifestations of asthma

The cardinal manifestation of asthma consists of recurrent episodes of shortness of breath of acute onset, typically at night or in the early morning hours.

Differential diagnosis

The following entities should be considered in the differential diagnosis of bronchial asthma because of their frequency and clinical significance:

- Chronic obstructive pulmonary disease (COPD)
- Hyperventilation
- Aspiration
- Laryngeal changes/vocal cord dysfunction
- Pneumothorax
- Cystic fibrosis (CF)
- Cardiac diseases, e.g., left heart failure
- Pulmonary embolism
- Gastroesophageal reflux disorder.

Moderate persistent	Daily	>Once per Week	60-80% predicted	>30%
Severe persistent	Continuos Physical Activity Limited	Frequent	<60% predicted	>30%

Types of Tamaka Svasa:

Acharya Charaka mentions two types of Tamaka Svasa.

Pratamaka: Pittanubadhata in Tamaka Svasa Leads to appearance of Symptoms like Jwara, Murchha in Pratamaka.

Santamaka: Udavarta, Rajo, Ajirna, mala mutra vegavarodha aggravates the attacks of shvasa. Tamapravesha is one of the important symptoms. Patients get relief after cold intake (Sheetala ahara-vihara).

Epidemiology⁴ Asthma is a public health problem for developed countries as well as developing countries; however, the incidence of the disease varies greatly. Globally 100-150 million people suffer from asthma and this number is rising. World-wide, deaths from this condition have reached over 180, 000 annually. India has an estimated 15-20 million asthmatics. In India, rough estimates indicate a prevalence of between 10% and 15% in 5-11 year old children.

Signs and Symptoms are following⁵:

- 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 patient 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) dyspnoea 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.

Nidana (Etiology)⁶ The nidanas are mainly of two types.

1. Bahya (extrinsic)

2. Abhyantara (intrinsic)

1. Bahyanidanas like Rajas, Dhuma etc are the external factors responsible for causation of the disease

2. Abhyantara nidanas like Doshas. In Tamaka Shwasa, Kapha and Vata are the main Doshas, these are the internal factors for causation for this disease.

The Bahya nidanas come under in the following categories;

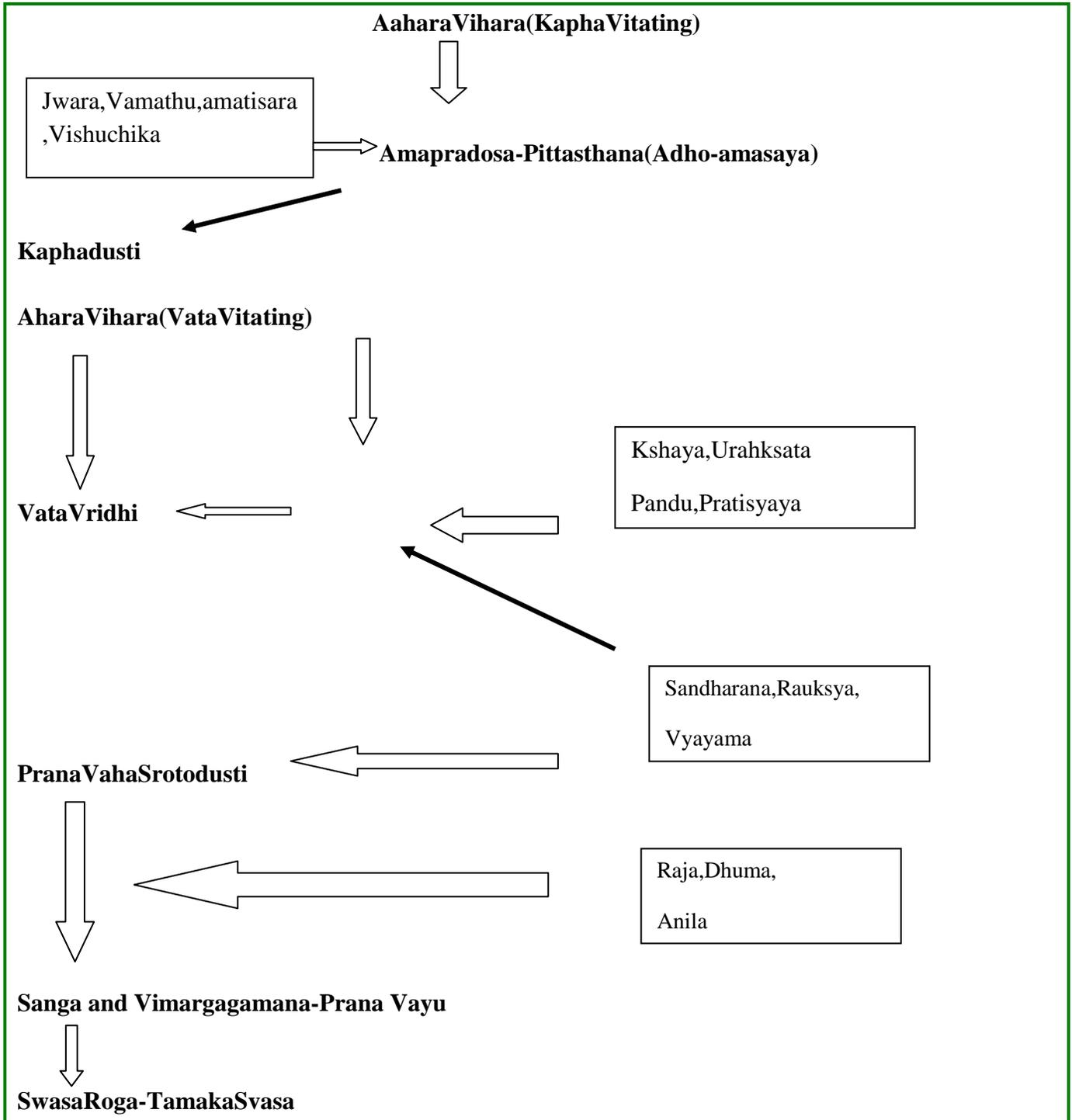
- Asatmendriyarthasamyoga
- Prajnaparadha
- Parinama

Prajnaparadha is a conscious or unconscious indulgence in harmful activities. It is again of two types.

a. Sharirika prajnaparadha, eg. Excessive indulgence in sex, excessive working and other likewise activities.

b. Manasika Prajnaparadha are anxiety, excitement, fear, sorrow, anger, greed, pride etc

Samprapti (Pathogenesis)⁷: Diagrammatic presentation of Samprapti of Tamaka Svasa



Samprapti Ghataka (Pathological Factor According to Ayurvedic Principle)

1. Dosh involved: Kapha and Vata
2. Dushya: Rasa
3. Agni: Jatharagni, Rasadhatwagni
4. Ama: Manda Jatharagnijanya and Manda Rasa Dhatwagnijanya
5. Srotas involved: Pranavaha srotas, Udakavaha srotas, Annavaha srotas
6. Srotodushti prakara: Sanga, Vimargagamana, Atipravritti
7. Udbhava Sthana: Amashaya (Stomach / Abdomen)
8. Sanchara sthana: Urah, Kantha, Shiras (Pranavaha srotas).
9. Adhishtana: Urah, Pranavahasrotas. (Chest)
10. Vyaktasthana: Urah (Lungs).
11. Rogamarga: Abhyantara.
12. Vyadhi swabhava: Daruna, Chirakari (Chronic)
13. Sadhyasadhyata: Yapya

Etiological factor in asthma

The biological factors are dust mites, cockroaches, pollen, fungi, pets-saliva, urine, viral infection, food and irritants factors are tobacco smoke, cooking fuel smoke, mosquito coil smoke, sprays, perfumes.

Management of Tamak Svassa:^{8,9,10}

Principles of treatment the physician should treat the patient afflicted Asthma in the beginning, with unctuous fomentation therapies like Nadi - Sveda, Prastara- 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

Treatment of *Tamaka-shwasa* is described as:

1. *Shamana Chikitsa*

2. *Shodhana Chikitsa*

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 Dosh* 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*

Pathya: (Wholesome diet and lifestyle)^{11,12}

1. **Ahara :** Laghu and Ushna diet, Red rice (unpolished) Mudga, Kulatha, Wheat, Barley, Dates fruit, Cardamom, Goat milk, Honey, Patola, Garlic, Jambira lemon, Matulunga lemon, Hot water.

2. **Vihara:** Swedana, Hot water bath, Atapasevana, Lavana, Taila Abhyanga, Pranayama, Warm clothes in winter season.

Apathya: (Unwholesome diet and lifestyle)^{11,12}

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, *Sheetapaneeya* (cool drinks), *Dadhi*, *Aamaksheera*, 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.

Lifestyle, Breathing Exercises and Meditation

Staying awake at night, exercising, labor,

exposing oneself to the heat of the sun or fire, and anxieties, grief, wrath, and everything that disturbs peace of mind should be avoided. A 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.

DISCUSSION

Ayurveda strives for boosting host defense mechanism by employing *Panchkarma*, life style modifications including *Yoga* and *Rasayana* medicines. Bronchial asthma is a common chronic inflammatory disease of the airways characterized by variable and recurring symptoms, reversible airflow obstruction and bronchospasm. *Tamaka Shwasa* resemble to bronchial asthma due to clinical sign and symptoms. And in *Tamaka Shwasa* there are involvement of *Pranavaha*, *Annavaha* and *Udakavaha Srotas*. Due to involvement of *Pranavaha Srotas Tivravega Shwasa*, *Pratamyati Vegen*, *Gurghurak*(wheezing) etc symptoms found and *Trishna*, *Vishushkasya* are related to *Udakavaha Srotas* and *Aruchi* related to *Annavaha Srotas*. Healthy lifestyle, breathing exercise like *Yoga*, *Pranayama*, and meditation is play important role to reduce symptoms and improve the lung function.

CONCLUSION:

Bronchial asthma (*Tamaka Shwasa*) is a chronic & some time life threatening in nature so it is strenuous to manage, but by proper diagnosis and *Ayurvedic* treatment which is the safest and

natural way to get rid of bronchial asthma which do not have side effects and longevity of the patients. In spite of this it is economical, easily available, effective and quick responding. Food or diet is the most essential requirement of all living beings. According to Ayurveda both the living human body and the diseases that afflict it are the products of food. Thus, Ayurveda proposes an entirely different approach to food, diet, and nutrition that is in strong contrast to the conventional Western approach. *Ayurvedic* dietetics places greater emphasis on processing food, its compatibility and rules of food consumption.

REFERENCES

1. Ravi Dutt Tripathi, Charaka Samhita 2nd Part, Chaukhamba Sanskrit Pratishthana; Pp .424,
2. Nicholas. A. Boon Davidsons Principle & Practice, Page-No.670, 20th Respiratory Disease Edn-20.
3. Yp Munjal, API Text Book of Medicine 10thEdn, PageNo.2317.
4. WHO: Bronchial asthma Fact sheet N°206, available on <http://www.who.int/mediacentre/factsheet/s/fs206/en/> accessed on 5/1/15.
5. Vidhyadhar Shukla, Ravi Datt Tripathi, Charaka Samhita (Vaidyamanorama Hindi Commentary), vol 2. Chikitsasthana Varanasi: Chaukhamba Sanskrit Pratishthana; 2010, p.424.
6. Brahmanand Tripathi, Asthang Haridyam, Page.no 455, Nidana Sthana Chaukhamba Sanskrit Pratishthan, 4th Adyaya.
7. Dr. Amabikadatt Shastri Shusruta Samita Utartantara Chokhambha Sanskrit Sasthan, Varansi: Page no.474.
8. Ajay Sharma, Kayachikitsa, Page.No22, Volume 2nd, Chaukhamba Orientalia, Delhi.
9. Ramharsh Singh, Kayachikitsa, Page no.415-20, Volume 2nd, Edition 2007.
10. Vidhyadhar Shukla, Ravi DattTripathi, Charaka Samhita (Vaidyamanorama Hindi

Commentary), vol 2.Chikitsa sthana Varanasi:
Chaukhamba Sanskrit Pratishthana; 2010, p.427

11. Dr. Mangalagowri V Rao. An Analytical
Study on Pathya. World Journal of
Pharmaceutical Research, 2015, Volume 4, Issue
4, 960-965].

12. Singh Ram Harsha. Swasthavratra vigyan. 1st
ed. Varanasi: Chaukhambha Surbharati
Prakashan; 2003.

CORRESPONDING AUTHOR

Dr Gaurav Gaur
PG Scholar, Dept. of Swasthvrita,
HAMC & Hospital Dehradun, Uttrakhand-India
E-mail: joshsharma617@gmail.com

Source of support: Nil,
Conflict of interest: None Declared

Cite this article as
Gaurav Gaur: Review on Tamaka Shwasa
(Bronchial Asthma) ayurpub;III(3): 871-877