

THE SYSTEMIC REVIEW ON TAMAK SHWASA W.R.T BRONCHIAL ASTHMA: REVIEW ARTICLE

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ABSTRACT

The supreme theory, based on *Tridosha* and *Panchabhautic* principles, is *Ayurveda*, often known as the science of life. Currently, the global population is slowly becoming affected by a number of chronic recurring airway problems. The term "*Bronchial Asthma*" in allopathic medicine is identical to the ailment *Tamaka Shwasa*, which is described in Ayurveda as a respiratory tract disorder. In the past 20 years, the prevalence has doubled. *Nidana Parivarjana*, *Shodhana*, and *Shamana Chikitsa* are stated in the ayurvedic description of the management. In *Shwasa Chikitsa*, those *Aushadh*, *Ahara*, and *Vihara* that are *Kaph-Vata Shamaka*, *Ushna*, and *Vatanulomak* should be administered. The presence of a specific chemical employed in bronchial asthma has led to the re-validation of traditional ayurvedic

medicines (herbs and herbo-minerals), which can enhance the activities of the respiratory tract by *Samprapti Vighatana* of disease and according to pharmacotherapy.

KEYWORDS: *Ayurveda*, *Tamak Shwasa*, *Shwasaroga*, *Shaman*, *Chikitsa*.

INTRODUCTION

Meaning of *Shwasa* and *Shwasana* is breathing. *Shwasa Prashwasa Prakriya* therefore means process of breathing. The word *Shwasa* is derived from the phrase "*Shwasah Jeevane Dhatu*," which means "*Jeevane Vyapar*" or "*Vayu Vyapar*."^[1]

The process of *Samanya Shwasana Kriya* is impossible without normal karma of *Vayu* i.e., in physiological condition *Vata Dosha* stimulates process of respiration in *Pranavaha Strotasa*.^[2] In case of derangement of *Pranavaha strotasa*, Respiration gets increased in depth, decreased in depth or becomes fast or slow or become arrhythmic or is accompanied with pain or advance sounds.^[3]

The *Vyadhi*, *Shwasa* originates from *Pitta* (*Pitta sthana Samudbhava*) site caused by simultaneous aggravation of *Kapha* and *Vayu Dosha* (*Kapha Vatatmaka*) they adversely affect cardiac region (*Hridaya*) and *Saptadhatu*.^[4]

Acharya Charak has mentioned 5 types of *Shwasa* i.e., 1) *Maha Shwasa* 2) *Urdhva Shwasa* 3) *Chhinna shwasa* 4) *Tamak Shwasa* 5) *Kshudra Shwasa*. Among which *Tamaka Shwas* is mentioned as *Yapya*. According to *Acharya Charak*, *Samprapti* (pathology) of *Tamaka Shwasa* is when vitiated *Vayu* starts to move in in the reverse order (*Pratiloma Gati*) afflicts the neck and head. It stimulates the *Kapha Dosha*. *Vayu* in combination with vitiated *Kapha*, causes *Kantha* (throat) obstruction, resulting in chronic rhinitis/sinusitis (*Pinasa*), stridor (*Kanth Ghurghurukm*), disorientation, and other symptoms like *Pramoha*. Strong cough (*Kasa*), difficulty to sleep in laying down position (*Nidram Labhte Shayanam*) can be manifest. These symptoms are eased in sitting posture (*Aaseenolabhte saukhyam*) and the symptoms gets relieved when there is exposure to hot food, drink and climate (*Ushanam Cha Abhinandti*).

On the basis of clinical presentation, it appears to be a clinical entity that is similar to Bronchial Asthma in nature. Dyspnoea, coughing, and wheezing are clinical manifestations of this episodic condition.^[5] Chronic cough lasting more than 8 weeks is also present. Breathing disorders such as asthma are caused by inflammation of the airways. Bronchial hyper-responsiveness in asthma is now commonly attributed to inflammatory responses to various stimuli. Mucinous secretion is triggered by an instigating event (e. g allergens or medications, a cold, or exercise), which is triggered by the production of pro-inflammatory mediators by activated macrophages, mast cells, eosinophils, and basophils. Chemotactic factors are released by resident inflammatory cells, which attract additional effector cells and enhance the response of the airways. Inflammation of the bronchial walls may also result in injury to the epithelium, which stimulates nerve endings and causes neural reflexes to be triggered, aggravating and propagating the bronchospasm even further.

EPIDEMIOLOGY

According to WHO Bronchial asthma affects 100–150 million people worldwide; 1/10 of those affected are Indians, and asthma prevalence is rising everywhere. According to current estimates, 300 million people globally have asthma, and another 100 million cases may be identified by 2025.^[6] According to the WHO, asthma will overtake chronic obstructive pulmonary disease as the third biggest cause of mortality by the year 2020. It affects more men than women. The ratio of men to women is 2:1.

TYPES OF TAMAK SHWASA

Tamak Shwasa is further described in to two types *Pratamak Shwasa* and *Santamak Shwasa*. *Pratamak Shwasa* includes fever and fainting along with *Tamak shwasa* symptoms. *Santamaka Shwasa* is aggravates in the night and patient feels relief with cold in contrary to *Tamaka Shwasa*.^[7] is aggravated with cold and usually the attacks are precipitate early in the morning. The patient feels to be drowning in the sea of darkness, so it is known as *Santamaka Shwasa*. *Sheetopachara* is fruitful because of the presence of *Pitta Dosha* in this type.

AIM AND OBJECTIVE

1. To review the available literature in Ayurvedic text and its correlation with *Tamak Shwasa*.
2. To review *Tamak Shwasa* Literature.
3. To review the management of *Tamak Shwasa*.

MATERIAL AND METHODS

The classic Ayurvedic literature, contemporary literature, Pharmacology (*Dravyaguna*) and *Rasashastra* books, magazines, and research journals, as well as the Pubmed medical database, were all compiled for this review. Based on the facts gathered, logical interpretation was used to examine the effectiveness and mode of action of the herbal and herbo-mineral medicines *Vamana* and *Virechana* in the treatment of *Tamaka swasa*.

NIDANA

Common etiological factors for *Tamak Shwasa* are exposure to *Raja*(dust), *Dhum* (smoke), *Sheeta Sthana* (cold place), consuming cold water (*Shee tambu Seven*), excessive *Vyayama* (exercise), excessive *Gramya Dharma* (sexual activities), excessive *Ruksh Anna Seven* (dry food), *Vishmashan* (irregular diet), *Raukshya*, *Apatarpan* (fasting) and *Aam dosha*.^[8]

Suppression of urges of body (*Vegadharan*), accumulation of undigested food (*Aam Dosh*), taking food at improper times food (*Vismasan*), taking more amount of food (*Adhayasan*), taking less food or not taking any food (*Anasan*), mixing healthy and unhealthy food together (*Sansana*).^[9]

PURVARUPA

Premonitory symptoms are constipation with flatulence (*Aanah*), pain in cardiac region (*Hrid pidanam*), pain in side of chest (*Parshwashool*), reversion of respiratory functions (*Parnasaya vilomitawam*),^[10] aversion of food, restlessness (*Arti*), bad taste (*Vaerasya Vadanam*).^[11]

RUPA

In Tamak Shwasa vitiated *Vayu* starts to move in in the reverse order (*Pratiloma Gati*) afflicts the neck and head. It stimulates the *Kapha Dosha*. *Vayu* in combination with vitiated *Kapha*, causes *Kantha* (throat) obstruction, resulting in chronic rhinitis/sinusitis (*Pinasa*), stridor (*Kanth Ghurghurukm*), disorientation, and other symptoms like *Pramoha*. Strong cough (*Kasa*), difficulty to sleep in laying down position (*Nidram Labhte Shayanam*) can be manifest. These symptoms are eased in sitting posture (*Aaseenolabhte Saukhyam*) and the symptoms gets relieved when there is exposure to hot food, drink and climate (*Ushanam Cha Abhinandti*).^[12]

SAMPRAPTI

Samanya Samprati

Shwasa Roga originates from site of pitta (*Pitta Sthana Samudbhava*), and are caused by aggravation of *Kapha* and *Vayu*. They adversely affect cardiac region(*hridya*) and all other *dahtus*. like *rasa* etc.

Vitiated *Kapha* caused due to *Nidana* sewan gets lodged in the *Pranvaha Srotas* produce the alteration to the normal functioning of *Vayu* is considered as the one of the factor in impairment of *Vayu*. *Acharya Charak* had described *Samanya Samprapti* of *Shwasa* in *Chikitsa Sthana*. He stated that *Nidana sevana* causes the vitiation of *Vata*, that moves in the *Pranavaha srotas* (Respiratory Channels) and resides the *Urastha Kapha* (*Kapha* staging in chest). This aggravated *Kapha* gets lodged in the *Pranavaha Srotas* (Respiratory Channels) and gives rise to five types of *Hikka* and *Shwasa*. According to *Vagbhat*, *Dosha* responsible for obstruction is vitiated *Kapha*, that also impaired *Vata Dosha*. impaired *Vata Dosha* which

is represented by *Ruksha*, *Shushka* and *Laghu* results in *Rukshta*, *Kathinnyata* and *Sankocha* in *Pranava Srotas*, the functions of *Udakavaha Srotas* & *Annavaha Srotas* also gets impaired.

Vishisht Samprapti

Specific *Samprapti* of *Tamak Shwasa* had been described by *Acharya Charak*. In *Shwasa Roga*, diet and habits are initial cause that impaired *Kapha*. In the *Pittasthana* (lower half of the *Amashaya*), vitiated *Kapha* circulates as *Ama*. Following specific illnesses including *Jwara*, *Agnimandya*, *Amatisara*, and *Visuchika*, *Ama Dosha* can also circulate in the body. On the other side, the *Pranavaha Sroto Vaigunya*, along with vitiated *Kapha* or *Ama*, is likewise triggered by the aggravation of *Vata*, whether it be caused by diet and habits or by systemic diseases like *Kshaya*, *Urakshata*, *Pandu*, or *Pratisyaya*. Additionally, the direct repression of natural desires like *Udgara*, *Adhovata*, and *Chhardi* might result in *Pranavaha Sroto Vaigunya*. The *Pranavaha Sroto Vaigunya* can also be affected with physical exertion. The interaction of any of the precipitating causes, such as dust, smoke, wind, *Marmaghata* (injury to *Marma*), and usage of excessively cold water, will increase the functional derangement of *Pranavaha Srotas* to a fully-fledged *Sroto Dushti*. As soon as *Srotodushti* occurs, *Sanga* and *Vimargagamana* cause the *Prana Vayu* to become aberrant. This then takes the form of *Shwasa Roga*. When vitiated *Vata* enters the respiratory tract through *Tamak Shwasa*, it takes a *Pratiloma* (reverse) route that causes airway obstruction and, as a result of an excess of bronchial secretion, interferes with airflow, resulting in *Gurghuraka* (wheezing sound). Here, a vitiated *Prana Vayu* causes bronchospasm, and a vitiated *Kapha* causes mucous membrane enlargement and excessive mucus secretion, both of which occur in the *Pranava Srotas*.

PROGNOSIS

On the basis of prognosis disorders are categorised as *Sadhya* and *Asadhya*. Disorders which are treatable by treatment are termed as *Sadhya*, whereas those which are not treatable called as *Asadhya*. *Shwasa* is having poor prognosis as it is called as *Durjaya* (which is difficult to cure). *Acharya Charak* has defined *Shwasa* as most fatal disease, as no other disease can take life as quickly as *Shwasa* takes. *Shwasa* and *Hikka* are such kind disease which results as complication of many diseases. All *Shwasa*, according to *Charak*, are *Sadhya* if their *Rupa* are not fully and clearly manifested, as well as if they happen to a *Balwana* individual. *Tamak Shwasa* is *Yapya* (under control only while receiving treatment), yet it is *Sadhya* at the

beginning. *Tamaka Shwasa* is curable or has a shorter start period when it is *Krichrasadhya*, and it develops *Yapya* in weak patients with chronic *Tamaka Shwasa* (incurable).

MANAGEMENT

According to *Acharya Charak* following three basic steps should be adopted while treating any disease i.e., *Nidana Parivarjana*, *Samshamana* and *Samshodhana*.

Nidaan Parivarjan

First line of treatment as described by *Acharya Charak* is *Nidaan-parivarjan* (avoidance of causative factors), as *Ayurveda* emphasis on *Swasthasya Rakshanm* (preventive measures). This applies on disease of *Tamaka Shwasa*. As mentioned above *Tamaka Shwasa* is *Yapya Roga*, therefore avoiding triggers can at least partially ease a patient's symptoms while also improving quality of life with the use of minimal medication and other treatments, as explained in the management of asthma. This truth is acknowledged by both modern science and *Ayurveda*.

Once more, management is divided into two categories: *Vegakalina* (during an asthmatic attack) and *Avegakalina* (in the absence of episode of an attack). *Vegakalina Chikitsa* is done by focusing to remove obstructions brought on by *Kapha Dosha* and relieves spasmodic constriction in the bronchial lumen to maintain respiration and stabilise the patient's vital signs. *Avegakalina Chikitsa*, is used to increase bodily strength, immunity, and quality of life in order to prevent recurrent episodes, such as *Rasayana*.

Samshaman and Samshodhana Chikitsa

The line of treatment based on these therapies described by *Acharya Charak* can be subdivided as:

1. *Samanya Chikitsa Krama* (General principles of treatment)
2. *Vishisht Chikitsa Krama* (Specific treatment)
 - 1) *Samanya Chikitsa Krama* (General principles of treatment) *Charak* mentioned the treatment of *Tamak Shwasa* as per *Doshik* status.
 - *Vata-Kaphanashak Chikitsa*
 - *Vata Karak & Kaphanashak Chikitsa*
 - *Kaphakarak & Vatanashak Chikitsa*

Vata Kaphanashaka Chikitsa is helpful when *Vata* and *Kapha* are equally vitiated. *Kaphanashak & Vatakarak Chikitsa* are helpful when *Kapha* is obstructing *Vayu*, and "*Anilapaham*" *Chikitsa* is thought to be the best of all of them. In *Shwasa Roga*, *Brihan Chikitsa* is mentioned.

2) *Vishisht Chikitsa Krama* (Specific treatment)

According to predominance of *Dosha* the patient of *Shwasa* can be divided into two groups:

- *Vata* predominant
- *Kapha* predominant

According to body built the patient of *Shwasa* can be divided into two groups:

- *Balvana* (with good body built)
- *Durbala* (with poor body built)

The patient should be provided *Vamana* and *Virechana* along with nutritious diet if *Kapha* is predominate and they are strong, then other treatments like *Dhoomapana*, *Leha*, and *Doshashamak Chikitsa* should be applied. Patients who have aggravated *Vayu* should be given *Vata Nashak* medications and nourishing diets made by *Sneha*, *Yusha*, and *Mansarasa* if they are weak, vulnerable to infection, or elderly.

Samshodhan Chikitsa

Snehana

With the use of different medicinal oils and *Ghrita*, *Tamak Shwasa* practitioners can perform both external and internal *Snehana*. It is recommended to consume some medicinal ghee or oils throughout this process. These are given for a maximum of 7 days on an escalating dose regimen. *Snehana* is crucial in *Tamak Shwasa* to reduce the signs of vitiated *Vata* and restore its natural function. To remove the stubborn sputum in the channels for external *Snehana*, carefully massage the chest with a mixture of *ILavana* and *Tila Taila*.^[13] *Snehapaan* is the name given to internal *Snehana*. *Tamak Shwasa* symptoms can be managed with medicated *Puraan Ghrit* or oil.

Swedana

This procedure whether applied locally or all over the body, aids in the liquefaction of viscous *Malarupi Kapha* and also performs *Vataanulomana*. In the therapy of *Hikka* and *Shwasa*, *Acharya Charaka* specifically recommended the following types of *Swedana*: *Nadi*

Sweda, *Prastara Sweda*, and *Sankara Sweda*. Body is prepared for *Shodhana Karma* through *Snehana Karma*. When treating patients with *Shwasa Roga*, *Acharya Charaka* recommended using *Tila Taila* and *Saidhava Lavana* for chest massages. By means of these procedures, *Kapha* that has disintegrated in the patient's body dissolves in the body *Srotas*, the body *Srotas* softens, and as a result, *Vata* movement returns to normal. *Swedana* is not recommended for people with *Pittaja Vyadhi*, including *Atisara* and *Raktapitta*. *Swedan* is also contraindicated in condition of pregnancy and *Dhatukshay*.

Vamana

After attaining *Samyak Lakshan* of *Snehana* and *Swedana*, patients should be given with *Snigdha Odana* (rice), with soup of fish or pig flesh and the excess of curd to eat, for the *Utkleshana* of *Kapha*. After that, a *Vamana* should be conducted using such emetic *Dravyas*, which are not oppositional to *Vata*. Although *Acharya Sushrut* also discussed *Vamana*, he used the phrase *Urdhvaashodhan*. Give *Mridu Vamana*, as suggested by *Sushrut*. As a result, the patient experiences ease once the vitiated and strangulated *Kapha* has been ejected from the body, and when the body channels (*Srotas*) have been cleansed, *Vata* can flow freely through them.

Dhoomapaan

Even after oleation, fomentation, and emetic therapies, residual *Doshas* are still adherent to channels (*Leandoshas*). To eliminate this, smoking therapy should be administered, and *Varti* (cigarettes) should be smeared with ghee in addition to drugs.

Virechana

According to *Acharya Charak*, a knowledgeable doctor would treat *Kasa*, *Swarbhanga*, and *Shwasa* patients with *Chhardana* (emesis), a medication that relieves *Vata* and *Kapha*. He ought to administer *Virechana* a medication that reduces *Vata* and *Kapha*. *Shwasa* is a condition for which *Virechana* is recommended, according to *Charak* and *Vagbhata*. *Kapha* obstructs *Vayu's Marga* (passage) in *Tamaka Swasa*. The *Pratiloma Gati* (*Vimargagamana*) and *Virechana* medications for blocked *Vayu* have the qualities of *Vatanulomana*, *Kaphavataghna Karma*, and *Ushna Veerya*, which may be more helpful in the condition of *Shwasa*. *Virechana* medications primarily eliminate *Kapha* and *Pitta Doshas* while bringing *Vata* into *Anuloma Gati*. *Pitta Sthana* is the source of *Shwasa roga*, and *Virechana* purifies *Pitta Sthana*, where *Shwasa Rog* has been originated.

Shamana

Patients who are old, malnourished, have other co-morbid conditions in addition to *Shwasa Roga*, are suffering from other co-morbid conditions, etc., cannot undergo procedures like *Vamana* and *Virechana*. In these circumstances, *Shamana Chikitsa* (treatment with only medications) is the treatment of choice.

Shaman Chikitsa is based on *Agnivardhak Chikitsa-Langhan*, *Deepana*, and *Pachana* and *Ama Nashaka Chikitsa*. *Kapha Vata Shamak* qualities should be present in herbal management formulations. Utilizing *Shaman Chikitsa* reduces the likelihood of *Upadrav* or makes it extremely treatable.

s.no.	NAME OF DRUG	CONTENT	DOSE	ANUPAAN
1.	<i>Bharangi-Nagaradi Churna</i> ^[14]	<i>Bharangi</i> and <i>Nagar churn</i> in same dose (sam-matra)	1 karsh	Ushnodak (hot water)
2.	<i>Kaliphaladi Churna</i> ^[15]	<i>Vibhitaki churna</i>	1 karsh	honey
3.	<i>Shringyadi Churna</i> ^[16]	<i>Karakatshringi</i> , <i>trikatu</i> , <i>triphala</i> , <i>kantakari</i> , <i>bharangi</i> , <i>pushkarmula</i> , <i>Panch lavana</i>	1 karsh	Ushnodak (hot water)
4.	<i>Souvarchaladi churna</i> ^[17]	<i>Souvarchal namak</i> , <i>shunthi</i> , <i>Bharangi sam matra</i>	1 karsh	Ushnodak (warm water)
4.	<i>Shirishadi Churna</i> ^[18]	<i>Shirish</i> , <i>Kadali</i> , <i>Magadhika Churna</i>	1 karsh	Tundulodak (rice washed water)
5.	<i>Saptachad- Pippali Churna</i> ^[19]	<i>Saptachhad</i> and <i>Pippali Churna</i>	1 karsh	With whey or <i>Dhana</i> (fried pulses) consumed with honey
6.	<i>Kulathadi Kwath</i> ^[20]	<i>Kulatha</i> , <i>Shunthi</i> , <i>Kantakari</i> , <i>Vasa</i> with <i>Pushkarmula</i>	2 Pal21	
7.	<i>Dashmuli Kwath</i> ^[22]	<i>Dashmula</i> , <i>pushakarmula</i>	2 Pal	
8.	<i>Parnpanchaka kwath</i> ^[23]	<i>Guduci</i> , <i>Sunthi</i> , <i>Phanji</i> , <i>Kantkari</i> , <i>Tulasi</i>	2 Pal	
9.	<i>Gud-shunthi Nasya</i> ^[24]	Equal part of <i>Guda</i> and <i>Nagar</i>	8,32,64 bund on bal of patient	
10.	<i>Lahshun palandu Nasya</i> ^[25]	<i>Lashuna</i> , <i>Palandu</i> , root of <i>Grinjan</i> or <i>Vanadan</i> with breast milk	8,32,64 bund on bal of patient	
11.	<i>Suhvadi Ghrit</i> ^[26]	<i>Suhva</i> , <i>Kalika</i> , <i>Bharangi</i> , <i>Sukakhya</i> , <i>Naechul fruit</i> , <i>Kakadani</i> , <i>Sringver</i> , <i>Varsabhu</i> , 2 <i>Brihati</i>	1 Kola (5gm)	<i>Katu ushna dravya</i> (pungent and hot drugs)
12.	<i>Hinsradi Ghrit</i> ^[27]	<i>Himsra</i> , <i>Vidang</i> , <i>Putika</i> , <i>Triphala</i> , <i>Chitarak</i>	1 Pal28	Ushnoadak (warm water)

13	<i>Tejovatyadi Ghrit</i> ^[29]	<i>Tejovati, Haritaki, Kushth, pippali, Katuka, Bhutika, Pushakarmula, Palasa, Chitraka, Sati, Suarvachala, Tamalaki, roksalt, Bilva, Talispatra, Jivanti, Vasa</i>	1 Pal	<i>Ushnoadak</i> (warm water)
14	<i>Haridradi Leh</i> ^[30]	<i>Haridra, maricha, draksha, Jaggery, Rasna, Pippali, Shati with oil</i>		
15	<i>Pathadyasav</i>	<i>Patha, Murva, Rasna, Saral, Devdaru,</i>	2 Pal	

DISCUSSION

One of the most common chronic health disorders in both children and adults is Asthma. Given that it is a chronic condition with a protracted duration that necessitates lifelong management, it is truly a scourge for humans. If *Tamaka Shwasa's* patient stops receiving treatment, their illness will worsen once more. The current research work has been conducted in light of the need to design some Ayurvedic formulation for the management of *Tamaka Shwasa* (Bronchial Asthma).

The etiological variables for *Tamaka Shwasa* are discussed along with a variety of dietary considerations (*Ahara*), way of life considerations (*Vihara*), and disease-related outcomes (*Nidanarthakara Roga*). Dietary variables, such as consuming toxins, unboiling milk, drinking cold water, and consuming foods that contradict one another, vitiate the *Vata Dosha*, which may be comparable to allergens acting as asthma triggers. Environmental elements like dust, smoke, cold water, and climate are among the lifestyle-related trigger factors. Excessive exercise, sexual activity, strenuous walking beyond one's ability, and lifting or carrying large objects are some of the triggers associated with exercise-induced asthma. Asthma can be made worse by *Nidanarthakar Roga* and other diseases that cause breathing problems, such as *Pratishaya*, *Kasa*, and *Jvara*.

According to current medical knowledge, bronchial asthma is mostly an ongoing inflammatory condition that affects the airways and causes difficult breathing. Chronic irritation brought on by the lung immune system's hyperreactivity to various internal and external antigens is the primary cause of inflammation. The pathogenesis, aetiology, clinical signs, and prognosis of *Tamaka Shwasa* are all extremely similar to those of bronchial asthma.

CONCLUSION

Tamak Shwasa is a respiratory illness that also affects the body's other systems, including the digestive and lymphatic. The diseases "Bronchial Asthma" and "*Tamaka Shwasa*" can be contrasted based on how they present clinically, however the word "*Tamaka Shwasa*" should not be limited to just "Bronchial Asthma." The pathophysiology of shwasa roga is mostly caused by the vitiation of the *Vata* and *Kapha Doshas*. *Agni* continues to be *Manda* in the pathogenesis of *Tamaka Shwasa*. The *Mandagni* stage is when the *Ama Dosha* forms (at *Kostha* and *Dhatu* level). *Tamaka Shwasa* is produced with the help of *Ama Dosha*.

In view of contemporary medicine, which holds that gastro-esophageal reflux has an etiological role in bronchial asthma, the derivation of *Tamaka Shwasa* from *Amashaya* (the stomach) has tremendous significance. The involvement of three *Srotas*—*Pranvaha*, *Udakavaha*, and *Annavaha*—each with distinct clinical characteristics demonstrates the disease's holistic perspective. Every doctor needs to have in-depth knowledge of both the Ayurvedic and contemporary viewpoints in order to manage *Tamak Shwasa* more effectively.

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