

## AN INTERPRETATION ON TAMAKSHWASA

Manisha Bai<sup>1\*</sup> and Ravi Sharma<sup>2</sup><sup>1</sup>PG Scholar, <sup>2</sup>HOD and Professor

PG Dept. of Kayachikitsa MMM Govt. Ayurveda College Udaipur, Rajasthan.

Article Received on  
02 Dec. 2021,Revised on 22 Dec. 2021,  
Accepted on 12 January 2022

DOI: 10.20959/wjpr20222-22903

**\*Corresponding Author****Dr. Manisha Bai**PG Scholar, PG Dept. of  
Kayachikitsa MMM Govt.  
Ayurveda College Udaipur,  
Rajasthan.**ABSTRACT**

*Tamakshwasa* is listed as one of the forms of *Shwasa Roga* with *Vata* and *Kapha* dominance. *Tamaka Shwasa* is a broad term that covers a wide range of disorders in which dyspnea is a common symptom. Nonetheless, we can link Bronchial Asthma and *Tamaka Shwasa*. *Shwasa* is defined as a distinct sickness as well as a sign and complication of another disease in Ayurveda. There are illness episodes in which the patient's life is in jeopardy. It is easily treatable in its early stages, but it is difficult to cure in chronic cases. *Tamak Shvasa* is a *Yappa* type of disease, according to Acharya Charaka, in which the patient must rely on medicines for relief. Acharya Charak has emphasised a different approach to treating *Tamak Shvasa*. Every

Ayurvedic physician must have a thorough understanding of *Tamak Shwasa* in order to make decisions on various issues.

**KEYWORDS:** *Tamakshwas*, *Shwas*, Bronchial Asthma *Samprapti*.

**INTRODUCTION**

Excessive pollution, overcrowding, and poor hygiene are all contributing to an increase in the occurrence of respiratory illnesses like *Tamaka Shwasa*. It's a '*Swantartra*' *Vyadhi*, which means it has its unique aetiology, pathophysiology, and management. *Yaapya Vyadhi*. is the name given to it (incurable but manageable, persists for a long time). It is well-known for its episodic and chronic course, which falls under the category of a life-threatening sickness that affects humanity. Because of the similarities in symptoms, pathophysiology, onset, causes, and triggering events, it is compared to bronchial asthma. Bronchial Asthma is an airway inflammatory illness that lasts for years. It causes frequent episodes of wheezing, dyspnea, chest tightness, and cough, especially at night or early in the morning. Asthma is a major

noncommunicable disease that has considerable public health implications for both children and adults, including high morbidity and mortality in severe cases. *Tamak Shwasa* is a form of *Shwasa* in which the sufferer experiences extreme difficulty and drowns in the dark. The name *Tamaka Shwasa* comes from the fact that the symptoms or onset of this sickness occurs at night, and the breathing difficulties is so severe that the patient feels as if he or she is entering the darkness (*Tama Pravesha*). The primary Doshas involved in the pathophysiology of *Tamaka Shwasa* have been identified as *Vata* and *Kapha*. *Prana Vayu*, one of the five forms of *Sharira Vayu*, becomes vitiated during this sickness. When *Vata* is impeded by vitiated *Kapha*, it reverses and affects the *Prana vaha Srotas*, resulting in Dyspnea, wheezing, coughing, difficult breathing, and other symptoms. Patient becomes unconscious, distressed, and relieved for a short time when sputum is expectorated as a result of persistent coughing. The patient's throat is seriously damaged, and he or she is unable to speak. He is unable to sleep since he is uncomfortable in the lying down position. He is most at ease when he is seated or propped up. He only eats foods that are heated. His eyes bulge, his forehead is drenched in sweat, and he is constantly in a state of discomfort. His mouth starts to dry up. Cloudy, damp, and cold temperatures, easterly winds, unpleasant odours, and ingesting *Kapha*-inducing substances increase these symptoms.

### ***Santamaka shwasa***

In contrast to *Santamaka Shwasa*, which is increased at night and relieved by cold, *Tamaka Shwasa* is aggravated by cold and attacks are frequently precipitated early in the morning. It's called *Santamaka Shwasa* because the patient feels like he's drowning in a sea of darkness. Because *Pitta dosa* is present in this ailment, *Sheetopachara* is fruitful. ***Pratamaka shwasa*** In this clinical state, a patient is overcome by fever and fainting, as well as other *Tamaka Shwasa* signs. It is brought on by *Udavarta*, dust, dyspepsia, old age, and a lack of desire. Despite the fact that *Kapha* and *Vata* are the major Dosas in *Tamaka Shwasa*, *Chakrapani* claims that *Pitta* is also vitiated in this allied illness, which is accountable for the symptoms listed above. As *Acharya Chakrapani* stated, knowing the physiological state is necessary before comprehending the pathological state, we must first understand the normal state of breathing before discussing the *Shwasa roga*.

### **MATERIAL AND METHODS**

Available Ayurvedic literature, article, journal, monograph related to disease *TamakShwasa*.

### Disease review

*Pranavaha Strotasa's* major *Vyadhi* is *Shwasa*. *Pranavaha Strotodushti* is characterised by disordered respiration, which is similar to the symptoms of *Shwasa Vyadhi*.<sup>[8]</sup> *Shwaski chikitsa*<sup>[9]</sup> is also a *samanya chikitsa sutra* offered for *Pranavaha Strotasa vyadhi*. As a result, the etiopathogenesis (*Samprapti*) of *shwasa vyadhi* can be used to explain all *Pranavaha Strotasa Vyadhi* (*Shwas Kasa Hikka* etc) For *hikka shwas kasa vyadhi*, the same etiological factors (*Nidana*) are described. Also, the place of origin, *pittasthanasamudbhava*, is the same.<sup>[11]</sup> The normal *Vata Gati* (primarily *Pranavayu* and *Udanavayu*) is impeded and becomes *pratiloma* (opposite) due to *kapha* obstruction, which is the most common occurrence in the *vyadhi* mentioned above. In all three disorders, *Vata* and *Kaphadosha* are vitiated, but *Pitta* is the linked *Dosha*.

In Ayurvedic and Sanskrit literature, the physiology of respiration is clearly explained. Air (*Vata*) enters the *Nasika* in the form of *Prana* and *Apana*, according to the *Yajurveda*.<sup>[15,12]</sup> It demonstrates that the terminology for inspiration and expiry are *Prana* and *Apana*. From the moment of birth to the moment of death, *Shwasana kriya* (Respiration) takes place. This manifests as *Nishwasana* (inspiration) and *Uchhwasana* (expiration), followed by going or alternation. *Vayu* (atmospheric air) comes through the nasal passages and fills the *Vayu koshas* along the route of *Shwasanalika*. As a result, it was allowed for a brief time before being forced out by the same *Srotas*. *Prana Vayu* is primarily responsible for *Nishwasana* while *Udana Vayu* is responsible for *Uchhwasana*. This *Kapha*, also known as *Avalambaka Kapha*, assists the parts by keeping them moist and imparting *Bala* (Strength). It aids in the retention of any foreign item carried by the air. In *Purva Khanda*, Acharya Sharangdhara describes the physiological process of normal breathing. Normal breathing is essentially the delivery of oxygen to the tissues and cells. According to Acharya, breathing begins in the *Nabhi*, which might be termed the umbilical region, and is assisted by abdominal muscles. The diaphragm also plays a crucial role in the respiratory process, as it is where the exact position occurs. Expiratory and inspiratory processes of breathing are produced by the upward and downward movement of the diaphragm when it comes into contact with *Hrit Kamalantaram*. Inhaled air passes through the Trachea and into the lungs, where gaseous exchange occurs. The *Hridaya* continually pumps a particular volume of blood into the *Phupphusa*. This blood takes *Ambara Piyusha* (oxygen) from the air inside and exhales its *Kitta* (waste i.e., CO<sub>2</sub>). The above method is important to *Shwasana kriya's* core procedure.

This gas, oxygen, also contributes to the production of heat and energy. He described the nature of abdominothoracic respiration.

*Strotovaigunyakar* factors, *Vata* provoking factors (*Vata prakopakaNidana*), and *Kapha* provoking factors (*Kaphaprakopaka Nidan*) are the three types of etiological factors for *Shwas*.

1. Environmental factors: Exposure to dust, pollen, fumes, smoke and wind, residing in cold place, Injury to throat and chest act as *Strotovaigunyakar Nidana*.
2. Excessive physical activity, excessive sexual intercourse, excess walking, Intake of dry food, *Vishamashana* (food in excessive or less quantity at irregular time), act as *Vata* provoking factors (*VataprakopakaNidana*)
3. Regular intake of *Nishpava* (beans), *masha* (black gram), *pinyaka* (oil cake), *Tila taila* (sesame oil), *pishta* (cakes and pastry), *shaluka* (lotus stem), *Vishtambhi anna* (food aggravating vata), *vidahi* (food causing burning sensations), *Guru anna* (heavy to digest food), flesh of aquatic and marshy animals, curd, raw milk, *Abhishyandhi* (ingredients leading to obstruction of channels), Food, use of cold water, Various types of *Vibandha* (obstructions) act as *Kapha* provoking factors (*Kaphaprakopaka Nidan*).

### **Nidana panchaka of tamak shwasa**

The *Nidana* has been mainly of two types:

#### **a. Bahya nidana**

*Asatmendriyartha sanyoga* It plays important role in development of *Shwasa roga*. Mainly *Ghranendriya*, *Rasanendriya* and *Sparsanendriya* and their *Aasatmyaindriyartha sanyoga* may precipitate *Tamaka Shwasa*. For example, exposure of the *ghranendriya* to pollens, dusts etc. may evoke an *Asatmendriyartha sanyoga*.

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

1. *Sharirika pragyaparadha*, eg. excessive indulgence in sex, excessive working and other likewise activities.
  2. *Manasika Pragyaparadha* are anxiety, excitement, fear, sorrow, anger, greed, pride etc.
- Parinama* It means Kala i.e. the effect of climatic condition. This is observed that paroxysmal attacks of *Shwasa roga* occur during specific times and seasons, eg: night, cloudy climates, winter and rainy season.

### ***b. Abhyantara nidanas***

Tamaka Shwasa can be produced secondarily to some disease eg. Jwara, Pandu, Kasa etc. Vagbhatta has clearly narrated that the neglected cases of Kasa may lead to Shwasa.

### ***Samprapti (Pathology of tamak shwasa)***

#### ***Samanya samprapti of tamak shwasa***

One of the criteria to activate the *vayu* is vitiated *kapha* lodged in the *pranavaha srotas*, which causes an obstacle to the normal functioning of *vayu*. In *Chikitsa Sthana*, Acharya Charak detailed *Samanya Samprapti* of *Shwasa*. According to him, vitiated *Vata* enters the *pranavaha srotas* (Respiratory Channels) and triggers the *Urastha Kapha* owing to *Nidana sevana* (*Kapha* staging in chest). This aggravated *Kapha* blocks the *Pranavaha srotas* (Respiratory Channels), resulting in five types of *Hikka and Shwasa*. According to Vagbhat, vitiated *kapha* causes blockage, causing *vayu* to become vitiated. *Ruksha*, *Shuska*, and *Laghu*, which are vitiated *Vata doshas*, cause *Rukstha*, *kathinnyata*, and *sankocha* in *Pranavaha srotas*. *Udakavaha* and *Annavaha srotas* are likewise messed up.

#### ***Vishisht samprapti of tamaka shwasa***

*Tamak Shwasa's Samprapti* was detailed in detail by Acharya Charak. Diets and practises that aggravate *Kapha* are at the root of *Shwasa roga's* pathophysiology. *Ama* circulates in the body as vitiated *Kapha* in the *Pittasthana* (lower half of the *Amashaya*). Certain disorders, such as *Jwara*, *Agnimandya*, *Amatisara*, and *Visuchika*, might cause *Ama Dosa* to circulate in the body. On the other hand, aggravation of *Vata*, whether by diet and habits or systemic diseases such as *kshaya*, *urakshata*, *pandu*, or *pratisyaya*, causes the *Pranavaha sroto vaigunya* to be triggered, coupled with vitiated *Kapha* or *Ama*. Suppression of natural desires such as *Udgara*, *Adhovata*, and *Chhardi* can also cause *Pranavaha Sroto vaigunya*. *Pranavaha Sroto vaigunya* can also be aided by physical exercise. The interaction of any of the precipitating causes, such as dust, smoke, wind, *marmaghata*, and the use of excessive cold water, will amplify the functional derangement of *Pranavaha srotas* to a full-fledged *sroto dusti*. When *Srotodusti* occurs, the *Sanga* and *Vimargagamana* cause the *Prana Vayu* to become aberrant. *Shwasa roga* is the manifestation of this. In *Tamak Shwasa*, the vitiated *Vata* is *Pratiloma* (reverse) in its path, causing airway obstruction and *Gurghuraka* due to excess bronchial secretion interfering with the flow of air (wheezing sound). As a result, there is a lot of overlap between ancient and modern pathogenesis notions. In *Pranavaha srotas*, the

vitiated *Prana Vayu* causes bronchospasm, while the vitiated *Kapha* causes thickening of the mucous membrane and excessive mucous production.

### ***Purvarupa of shwasa***

1. **Anaha:** *Anaha* is a state in which the flow of *mala* and *Vayu* from both channels becomes obstructed, and there is no *gud-gud* sound in the abdomen.
2. **Parshvashoola:** *Parshvashoola* is the sensation of pain on the lateral sides or in the ribcage.
3. **Hrit peeda:** *Hrit Peeda* is pain in the pericardial region of the heart or pain in the chest.
4. **Prana vilomata:** *Viloma gati of Pran Vayu* is induced by vitiating cough caused by *Agnimandya* and inflammation in the respiratory system. This causes the patient to have difficulties breathing, as well as uneasiness and chest pain, and he feels weary.
5. **Bhaktadwesh:** *Bhaktadwesh* refers to a dislike of food.
6. **Arati:** Obstruction of the respiratory tract by *Kapha* induces *pranavilomta*, which results in *Arati* in the majority of patients.
7. **Aasya vairasya:** *Aasya* refers to the mouth, while *Vairashya* refers to the altered taste. *Vaktravairashya* is a condition in which the mouth's taste is altered.
8. **Adhmaana:** Excessive consumption of *Sheeta*, *Rukshadi*, and *Vataprakopaka* is known as *Adhmaana*. *Aahar*, *Vihar* causes the *Apana Vayu* to become vitiating, preventing stool evacuation. Constipation occurs as a result of this, and obstruction of the tracts occurs as a result of this, causing *Vata* to be reversed and *Adhmaana* to occur. This vitiating *Vata* travels throughout the abdomen, enlarging it and making a distinct sound. *Annavaha Srotodushti* is the cause of this *Adhmaan* ailment.
9. **Shankha nistoda:** *Atisevana* of the *Shwasa Roga* causative factors causes *Vata prakopa*, which causes *Vata* to reverse course. This *Vata* enters the head and travels to the mastoid region, where it causes pricking discomfort known as *Shankha Nistoda*.
10. **Shoola:** *Dosha Prakopaka Dravyas* intake causes *Vayu Prakopa* in the *Kostha*, causing extreme discomfort. The patient is unable to breathe properly as a result of this pain, and if the pain becomes strong during respiration, the phenomena of inspiration and expiration are diminished.

### ***Rupa***

*Rupa* refers to the disease's indications and symptoms.



1. **Greevashirashcha sangrahya:** During *Shwasa* assaults, *Vridha Vata Dosa* contracts the muscles of the head and neck. The patient experiences discomfort and stiffness in the head and neck muscles due to *Vridha Vata*, as if someone is tightly grasping the head and neck.
2. **Ghurghurakam:** This sound is produced when elevated *Kapha* in the *Srotas (Kantha)* obstructs the airway. As the sufferer breathes during an attack, this type of sound is made. This is the same sound that current science describes as wheezing.
3. **Peenasa:** Excessive *Shleshma* secretion in the *Pranavaha Srotas* arises as a result of vitiated *Vata*.
4. **Asino labhate saukhyam:** During an attack, the patient feels better in the sitting position than in any other position.
5. **Ushnabhinandati:** The primary Doshas in *Tamaka Shwasa* are *Vata* and *Kapha*. Because both have *Sheeta* properties, *Tamaka Shwasa* patients enjoy warm beverages such as tea, coffee, and hot water.
6. **Kantodhvansa:** When enlarged *Kapha* obstructs the *Kantha*, the patient is unable to talk properly and has trouble.
7. **Ati teevra vega shwasa:** *Tamaka Shwasa* has been described as the disease coming in *Vega* (paroxysmal attacks). During *Vega*, patient gets the difficulty in breathing. This is the *Pratyatma Lakshana* of *Shwasa Roga*. The word *Vega* has been mentioned in *Charak* and *Vagbhata* by adding adjectives like *Teevra* and *Ati*. This means that during the attack, patient feels very much troublesome. Due to obstruction of *Shwasa marga*, less amount of *pranavayu* can enter the body. To compensate the required amount of *pranavayu*, the rate of respiration is markedly increased. In *Tamaka Shwasa* expiration is prolonged, but inspiration is shortened.
8. **Shwasa krichhrata:** The rate of respiration is raised to meet the demand for oxygen; if the cough becomes more distressing, the patient may suffer gasping respiration.
9. **Pratamyati ativegat:** The mucus plug obstructs the airways during severe and prolonged *Shwasa* bouts, resulting in inadequate air entry and hence insufficient supply to live regions of the body. A patient may feel surrounded by darkness (*Andhakara*) and be concerned as a result of this scenario.
10. **Prana prapidakam:** As the respiratory rate increases, so does the heart rate. Because it has to work more, the heart may become exhausted. As a result, there will be pain in the chest.

11. ***Nachapi nidra labhate shayane shwasa piditam***: Because the secretions restrict the airways, the patient may not be able to sleep in the lying posture, resulting in dyspnea and cough.
12. ***Shayanah parshva peeda***: When a patient reclines, there may be a sudden pressure on the lungs due to an elevated diaphragm, and air in the lungs cannot easily move out through the airways due to secretion obstructing the bronchioles. The pleura and chest wall are pressed by the trapped air inside the lungs, causing mild, moderate, or severe pain.
13. ***Shleshma vimoksante sukham***
14. ***Shleshma samuchyajanya dukham***: mucus secreted in the respiratory system is tenacious and sticky; therefore, if expectoration is unable to clear the airways, secretion obstructs the airway. Coughing will be required to remove this viscid material, and the patient will get fatigued as a result of the cough.
15. ***Kasate sannirudhyate***: Patients' breath stops for a few seconds during cough bouts, and they become immobile.
16. ***Kasate muhurmuahu pramohanam***: During persistent coughing, the patient experiences frequent spells of fainting.
17. ***Aruchi***: According to Acharyas, *Shwasa* comes from *Pitta sthana*, therefore there's always the risk of *Agni Dusti* and a disrupted digestion process, which leads to *Aruchi*.
18. ***Vishushkasyata, trisha***: Dry mouth is a result of water loss from the body caused by fast breathing during an episode.
19. ***Lalatasveda***: This asthmatic attack symptom implies exertion owing to fast breathing. Sweating is another sign of tachycardia.
20. ***Urahpeeda***: When vitiated *Vata* reaches the *urah pradesa*, it causes a lot of pain.

### ***Upashaya and Anupashaya***

#### ***Upashaya***

1. ***Shleshma Vimokshante Sukham*** [After expectoration, I feel better]
2. ***Aseenolabhate Saukhyam*** [Feeling Comfort in Sitting Position] – The patient feels more comfortable sitting than lying down.
3. ***Ushna Ahara Vihara*** [Relief from taking hot things] - *Tamakshvasa* patients find relief from *ushna* in *guna* things. *Kaphavilayan* occurs as a result of *ushna guna*.



**Anupashaya**

1. *Sleshma Amuchyamana Bhrisham Dukhitaha* – [He is very agitated due to his inability to expectorate]
2. *Durdina* [cloudy climate] is number two.
3. *Meghambuna* [Rainy Season] is number three.
4. *Sheeta Ritu* [Winter] is number four.
5. *Sheetambu* [cold water] is number five.
6. *Pragvaten* [(Wind from the East)] [Aggravated in sleeping posture]
7. *Sayanaha Shwasa Piditam*
8. *Shleshma Vardhaka Aushadh ahar Viharadibhi*

**Sadhyasadyata (Prognosis of tamak shwasa)**

*Shwasa's* prognosis is not good in general. It is the most lethal sickness, according to Charak, and no other disease can take away life as swiftly as *Hikka* and *Shwasa*. Furthermore, in people with a variety of diseases, severe *Hikka* or *Shwasa* develops in the end. All *Shwasa*, according to Charak, are *Sadhya* if their *Rupa* is not clearly and completely realised, and if they occur in a *Balwan* person. *Tamak Shwasa* is *Yapya* (under control just during treatment), but *Sadhya* in its early phases. *Tamaka Shwasa* is *Krichrasadya* or curable when the onset is short, and it becomes *Yapya* in weak patients with chronic *Tamaka Shwasa* (incurable).

**Tamak shwasa's chikitsa siddhant**

According to Acharya Charak, when treating any sickness, the following three basic procedures should be followed: *Nidana Parivarjana*, *Samshamana*, and *Samshodhana*.

**Nidana parivarjana**

The first line of defense is to avoid the causes that cause the problem. Avoidance of causative or triggering factors is critical in the management of *Tamak Shwasa* (Bronchial Asthma).

**Samshaman and Samshodhana chikitsa**

The treatment line based on Acharya Charaka's therapies can be split into the following categories:

1. *Samanya chikitsa krama* (*Samanya chikitsa krama*) (General principles of treatment)
2. *Vishisht chikitsa krama* (*Vishisht chikitsa krama*) (Specific treatment)
- 1) *Samanya chikitsa krama* (General principles of treatment)

The therapy of *tamak Shvasa* according to *Doshic* status was mentioned by Charak.

1. *Chikitsa Vata-kaphanashak*
2. *Kaphanashak chikitsa & Vata Karak*
3. *Vatanashak chikitsa and kaphakarak*

## 2) *Vishisht Chikitsa Krama* (Specific treatment)

The patients of *Shwasa* can be split into two groups based on the preponderance of Dosha:

1. *Vata* is the dominant dosha
2. *Kapha* is the dominating dosha.

*Shwasa's* patients can be split into two groups based on their physical characteristics:

1. *Balvana* (with a well-built body)
2. *Durbala* (with poor body built)

## ***Samshodhana Chikitsa***

### ***Snehana***

*Ghee* such as *Vasa Ghrita*, *Kantkari Ghrita*, *Bharngyadi Ghrita*, *Yashtimadhu Ghrita*, and others are commonly used for *Shodhan*. These are given in a 7-day cycle with escalating dosages. *Snehana* is an important part of *Tamak Shwasa* for reducing symptoms and restoring proper *Vata* function. *Tila taila* mixed with *lavana* should be gently massaged on the chest for external *Snehan* to loosen the tenacious sputum in the channels. *Snehapaan* is the internal name for *Snehan*. *Tamak Shwasa* symptoms can be managed with medicated *Puraan Ghrit* or medicinal oil.

### ***Swedana***

After *Snehana Nadi*, *Prastara* and *Sankara* type of *Swedana* may be applied. *Swedana* is contraindicated in those persons who suffer from *Pittaja Vyadhi* such as *Atisara*, *Raktapitta*. *Swedana* should not give in pregnancy and *Dhatukhshaya* also.

### ***Vamana***

For the *Utkleshana* of *Kapha*, patients may be fed *Snigdha Odana* (rice) with soup of fish or pig flesh and the *supernatant* of curd after adequate *Swedana*.

Following that, *Vamana* should be conducted using *Madanaphala pippali* mixed with *Saindhava* and *Madhu* (honey), taking care not to use an emetic that is antagonistic to *Vata*.

***Dhumapana***

If any pathogenic material is still buried, *Dhumapana* (smoking) should be used to remove it – *Haridrapatra*, *Eranda moola*, *Lakhsha*, *Haritala*, *Devadaru*, *Manahshila*, and *Mamsi* should be powdered together and fashioned into sticks. Such a Ghee-smeared stick should be smoked.

***Virechana***

Patients suffering from *Kasa* and *Swarbhanga*, as well as *Shwasa*, should be given *Chhardana* (emesis) medicated with medications that alleviate *Vata* and *Kapha*, according to Acharya Charak. He should medication *Virechana* with a medicine that relieves *Vata* and *Kapha*. *Shwasa* is an illness in which *Virechana* is indicated, according to Charak and Vagbhata. *Kapha* obstructs *Vayu's marga* (passage) in *Tamaka Swasa*. In the situation of *Shwasa*, *Pratiloma gati* (*Vimargagamana*) and *Virechana* medications have a quality of *Vatanulomana*, *Kaphavataghna karma*, *Ushna Veerya* may be more useful. *Virechana* medicines mostly eliminate *Kapha* and *Pitta Doshas* while increasing *Vata* in the *Anuloma gati*. *Pitta sthana* is the source of *Shwasa roga*, while *Virechana* purifies *Pitta sthana*, which is the source of *Shwasa roga*. As a result, it serves as a preventative step.

***Nasya***

Acharya Charak describes onion, garlic, and carrot juice as *Nasya*. He also described the Chandana for *Nasya* with *Nareekhsheer*.

***Daha karma (Cauterization)***

There is beautiful depiction of *Daha karma* in case *Shvasa*. In bhaiseejya ratnavali *Daha karma* (Cauterization) is to be performed by a hot iron rod in the mid of sternum, in the middle finger of both hands and in the *Kanth Kupa* (i.e., between the thyroid gland and the upper end of sternum).

***Samshaman chikitsa***

*Ama nashaka Chikitsa* and *Agnivardhak Chikitsa* – *Langhan*, *Deepana*, and *Pachana* – are the foundations of *Shaman Chikitsa*. *Kapha Vata Shamak* qualities should be included in any herbal composition utilised for treatment. *Upadrav* is less likely or very readily cured when *Shaman Chikitsa* is utilised.

## DISCUSSION

Asthma is one of the most common chronic illnesses that affects both children and adults. It is a true scourge for humans because it is a long-term chronic condition that necessitates lifelong maintenance. If a *Tamaka Shwasa* patient stops taking his or her medication, the disease will worsen. The current study project was motivated by the need to produce some Ayurvedic formulations for the treatment of *Tamaka Shwasa* (Bronchial Asthma). *Tamaka Shwasa* has a changeable plurality of etiological elements, including diet (*Ahara*), lifestyle (*Vihara*), and disease effects (*Nidanarthakara Roga*). Dietetic causes (toxin consumption, unboiled milk, cold water, and mutually contradictory meals) vitiate the *Vata Dosha*, which may be analogous to allergens acting as asthma triggers. Environmental elements such as dust, smoke, cold water, and climate are examples of triggering factors associated to lifestyle. Exertion-induced asthma is triggered by excessive exercise and sexual intercourse, extended walks beyond ability, and lifting or carrying heavy weight. *Nidanarthakar Roga*, such as *Pratishaya*, *Kasa*, *Jvara*, and others, are disorders that cause trouble breathing and can aggravate asthma. Bronchial Asthma, according to modern medical science, is mostly a chronic inflammatory illness that affects the air passages and causes hard breathing. Chronic irritation caused by hyperreactivity of the lung immune system triggered by many types of external and internal allergens is the main cause of inflammation. Bronchial Asthma, according to modern medical science, is mostly a chronic inflammatory illness that affects the air passages and causes hard breathing. Chronic irritation caused by hyper-reactivity of the lung immune system triggered by many types of external and internal allergens is the main cause of inflammation. *Tamaka Shwasa's* aetiology, pathophysiology, clinical characteristics, and prognosis are all extremely similar to bronchial asthma.

## CONCLUSION

*Tamak shwasa* is a respiratory ailment that also affects other body systems such as the digestive and lymphatic systems. The disease "Bronchial Asthma" can be likened to "*Tamaka Shwasa*" based on their clinical manifestations, however the word "*Tamaka Shwasa*" should not be limited to solely "Bronchial Asthma." The pathophysiology of *shvasa roga* is mostly caused by the vitiation of the *vata* and *kapha* doshas. Agni remains Manda in the *Tamaka Shwasa* pathogenesis. During the *Mandagni* stage, the Ama Dosha is developed (at *Kostha* and *Dhatu* level). Ama Dosha plays a significant role in the creation of *Tamaka Shwasa*. In view of modern medicine, where gastro-esophageal reflux plays an etiological role in bronchial asthma, the origin of *Tamaka Shvasa* from *Amashaya* (stomach) is extremely

significant. The involvement of three *Srotas*, namely *Pranvaha*, *Udakavaha*, and *Annavaha*, as well as their distinct clinical characteristics, demonstrates the wide approach to disease. Every physician must have a thorough understanding of both Ayurvedic and modern perspectives in order to appropriately manage *tamak shwasa*.

## REFERENCES

1. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
2. Susrut samhita, Yadavji Trikamji Acharya, Susruta Samhita with Nibandha Sangraha of Dalhanacharya. Varanasi: Chaukhambha Orientalia, 2008; 9.
3. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
4. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
5. R. K. Sharma, Charak Samhita With "Ayurvedeepika" Commentary Chakrapanidutta,, Chaumbha Publication, 1997; 4: 1.
6. Ashtanga Hridaya, K. R. Shrkantha Murthy, Krishnadas Academy, Varanasi, 1995; 2: 2.
7. Ashtanga Hridaya, K. R. Shrkantha Murthy, Krishnadas Academy, Varanasi, 1995; 2: 2.
8. R. K. Sharma, Charak Samhita With "Ayurvedeepika" Commentary Chakrapanidutta, Chaumbha Publication, 1997; 7: 1.
9. Charak Samhita, Yadavji Trikamji Acharya Editor With Ayurved Deepika of chakrapanidatt,
10. Chaukhambha Publication, 2006.
11. Ashtanga Hridaya, K. R. Shrkantha Murthy, Krishnadas Academy, Varanasi, 1995; 2: 2.
12. Vaidya P. T. Joshi, Kimaya Panchakarmachi, Gogate Pratishthan, Nashik, 2012; 2: 2.
13. Sidhinaandan Mishra, CHARAKA SAMHITA with "Ayurvedeepika" commentary Chakrapanidutta, Chaukhambha Samskrit Sansthana, Varanasi, 2009.
14. Bhangare Archana Nivrutti, A Review Study on Role of Panchakarma in the Management of Tamak Shwasa(Bronchial Asthma), International Journal of Current Medical And Pharmaceutical Research, October, 2016; 2(10): 912-916.
15. Soni Gaurav et al: Herbal Nebulizer- a New Approach of Drug Administration, IAMJ, May, 2015; 3(5).
16. Bhangare et. al. Clinical Evaluation of Haritakyadi Yoga In The Management of Tamak Shwasa (Bronchial Asthma), World Journal of Pharmaceutical Research, 2016; 5(11).
17. Archana Bhangare et al. Critical Evaluation Role Yoga In The Management Of Tamak Shwasa(Bronchial Asthma) World Journal of Pharmaceutical Research, 2017; 6(1): 401.