

**AYURVEDIC AND MODERN MANAGEMENT OF VEGAAVASTHA
AND AVEGAVASTHA OF TAMAK SHWASA: A REVIEW STUDY****Dr. Swapnali Govind Pawar^{1*}, Dr. Rajan B. Kulkarni² and Dr. Ankita Kale³**

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ABSTRACT

Tamaka Shwasa, in Ayurvedic classics seems to be identical with the description of bronchial asthma in modern medicine. Bronchial asthma is a major global health problem, which can affect the population irrespective of age, sex, economical status, etc. At present, asthma is reported in 1.2 – 6.3% adults in most countries.^[1] About 300 million people worldwide suffering from asthma and the number has risen by around 50% in the last decade. In India prevalence of asthma has been found to be 15-20 million people. Prevalence of asthma is more in urban areas than rural areas due to smoke, pollution and environmental factors. Five percent of children under 11 years have asthma in India. So, the present conceptual study helps to understand the disease of the modern era by the Ayurvedic perspective and contributes in the integrative approach in the management of Tamaka Shwasa or bronchial asthma.

KEYWORDS: Tamak Shwasa, Bronchial Asthma, Vegaavastha, Avegavastha.

INTRODUCTION

Tamaka Shwasa comprises of two words i.e. Tamaka and Shwasa. The word is derived from the Dhatu “Tamglanou” which means Sadness (Panini). Shwasa word is used to denote

respiration and exchange of air in the body. The Word Shwasa is used for both Physiological and Pathological states. Shwasa Roga may be defined simply as a disease in which the respiration and exchange of air is disturbed. Ayurveda has describe five types of shwasa roga and Tamaka shwasa is one amongst them.^[2] Tamaka shwasa in general is described as Yapya (palliable) disease.^[3] In disease Tamaka shwasa Kapha and Vata Dosha are involved primarily. Both of them exhibit opposite qualities. Hence management will be also difficult as factors, which excite Vata, alleviate the Kapha Dosha and vice Versa.

Charaka has mentioned two- allied condition of Tamaka Shwasa known as two types or further complication of disease proper i.e., Pratamaka and Santamaka. Sushruta and Vagbhata have only mentioned the name as Pratamaka, which includes clinical manifestation of Santamaka.

AIM AND OBJECTIVE

To describe Ayurvedic Principles and Modern Management of Vegaavastha and Avegavastha in Tamak shwasa.

MATERIAL AND METHOD

In this study information collected from the available Ayurvedic Samhitas and few elementary text books, published research papers, previous work done and related research works were searched to get comprehensive knowledge about the disease Tamaka shwasa.

MANAGEMENT OF TAMAK SHWASA

The management Shwasa in practical of Tamaka shwasa has two aspects

- 1) Management of Vegavastha of Tamaka shwasa, i.e. acute exacerbations
- 2) Chronic management of the avegavastha, where the frequency, duration and intensity of the attacks are minimised/ totally cured to give a quality life to the patient.

Focus on alleviating Vata without agitating kapha, and balance the kapha, liquefy it and expel it from the pranavaha srotas, without agitating vata. Hence the drug of choice should be of Ushna veerya.

1) Management of Vegavastha

According to Ayurveda

Snehan- Snigdhadravya: by lavana taila

Charak has mentioned salavana taila sneha. It supervenes within short period of time because both of them are having sukshma property hence having greater penetration power. Taila is having ushna property, and thus alleviate vata, and does not increase kapha. Therefore it is better for abhyanga.^[4] In Shwasa, Grathita Kapha (Mucous plug) is present; and Salavana Sneha is useful in vilayana of this grathitha kapha, thereby removing the sanga (Obstruction of airway).

Swedana

Nadi sweda, (prastara) sankara sweda is done. In infants and small children, hasta sweda is preferred. Swedana helps to dissolve this Kapha. Also heat applied by Sweda is carried from skin to internal organ through blood. Blood is the only medium in body to transfer heat from outer environment to internal organs. In response to the above- mentioned procedures, Kapha, which has become stagnated and get dried, thickened in the Srotas, gets softened and dissolved which is then eliminated from body by Shodhana procedure.^[5]

Vaman

Then vamana is done by pippali choorna, Saindhava lavana, honey, but the drugs used should not be antagonistic to vata. Thus the Dusta Kapha is easily expectorated and free flow of prana vayu is maintained.

After vamana the residual doshas which are not completely eliminated are cleared with help of dhumpana. For this haridra patra, Eranda m lac, realgar, devdaru, orpiment, jatamansi powder is utilized along with ghee. A varthi is made and is smeared with ghee & used.

Virechana

The site of origin of shwasa roga is "Pitta Sthana Samudhbhava." This pitta sthana is described by Chakrapani as Adho Amashya. This is the region between the hridaya and nabhi. At this place the main pathology of shwasa roga takes place and the pre-dominant dosha pitta is present here. And to purify the site of origin virechana is advocated.^[6] The patient of tamaka shwasa is oftenly weak and in chronic stage, hridya as the mula of pranavaha shrotas is also involved. In this condition vamana is very difficult and complicated procedures & the virechana is easily done with out threatening the life of the patient.

Vamana is done in initial stages where there is pravrudda kapha & virechana is indicated after vamana. In tamaka swasa spasm of diaphragm occurs which causes aggravation of Swasa.

virechana alleviates spasm & improves respiratory movements by reducing intra-abdominal pressure.

Virechana may also help in reducing the absorption of histamine like substances & other toxic material from intestine there by prevents broncho spasm. As virechan is regarded as best treatment for rakta & pitta it is rakta prasadak promotes healthy raktha hence it relives or atleast reduces the severity of the effects of allergy thus reduces attacks of asthma.

Management of acute asthma

The emergency management of acute Asthma is done by assessing and classifying the patient according to severity of the symptoms.

1. If there is attack of wheeze with no respiratory distress: Can usually be managed at home with supportive care, a bronchodilator is not necessary.
2. If there is attack of wheeze with respiratory distress: Give salbutamol with the help of metered dose inhaler and spacer device or if not available by nebulizer (Which can be made locally from plastic bottles).
3. If there severe life threatening : If the child, having acute life threatening Asthma comes with severe respiratory distress, Cyanosis, reduced oxygen saturation $\leq 90\%$, poor air entry, unable to drink, speak, immediately admit to hospital and treat with oxygen delivery, a rapid acting bronchodilator and a first dose of steroids.

- Oxygen delivery

Nasal prongs are the preferred method as they Are safe and do not obstruct the nasal airway. Nasopharyngeal catheters may be used as an alternative when nasal prongs are not available. Set a flow rate of 1-2litre/min (0.5litre/min for young infants).

- Rapid acting bronchodilators

Such as nebulized salbutamol by metered dose inhaler with a space device.

Nebulized salbutamol must be delivered at least 6-9litre/min, if salbutamol is not available give subcutaneous adrenaline at 0.01ml/kg (up to a maximum of 0.3ml), measured accurately with a 1ml syringe. If there is no improvement after 15minute, repeat the dose once.^[7]

MANAGEMENT OF AVEGAVASTHA

- In Avegavastha due consideration should be given to avoid pathogenesis which further leads to exacerbations. Hence, particularly Deepana – Paachana and Vatanulomaka treatment should be adopted; Deepana Paachana treatments are useful in maintenance of Agnias Kapha Dosha aggravation results due to Mandagni. Vitiating of Dosha doesn't occur if Agni is in proper state. By Vatanulomaka treatment, Vayu traverses through its own path.

- Vitiating of all these Dosha depends on the status of Agni.^[8]

- How Agnimandya results into Dosha prakopa is explained by Chakrapani – Agnimandya results into Avipaka, and Vidadha leading to Kapha and Pitta prakopa and due to absence of Dhatuposhaka rasa it results into Dhatu kshaya further leads to Vataprakopa. Hence along with Deepana Paachana therapy Brmhana therapy is also prescribed to increase the Bala of patient. Brumhana dravya also improves the status of Dhatu.

- For prevention and to avoid recurrency “Apunarbhav Chikitsa” should be given which includes “Rasayan Chikitsa” to strengthen Pranvaha Strotas.

Medications

- Vasa gritha
- Vasa kantakaan gritha (these have natural steroids)
- Samerpanng ras
- Yastimadhu
- Mahalaxmivilas ras
- Chyavanprasha lehya
- Vasa kantakari lehya
- Agastya rasayan Abhraka basma
- Shrungi basma
- Praval basma
- Vasarista
- Kanakaasava.

Yogasan

- Ardha chakrasana
- Paschimottasana

- Bhujangasana
- Danuraasana
- Tadasan
- Vajrasan
- Shavasan
- Sashankasan.

Chronic Asthma^[9]

	EPISODIC ASTHMA		PERSISTANT ASTHMA
	Infrequent	Frequent	
CHARACTERISTICS	<4 episodes per year	Episodes every 2-4 weeks	3Episodes/week, with cough at night and morning
MANAGEMENT	- No regular treatment needed - Treat acute episodes with B2-agonists -Use nebulized bronchodilators and short course prednisolone in more severe episodes.	-Regular treatment is needed -Use B2 broncho-dilators as required -Use regular low dose inhaled steroids.	- Regular treatment is needed -Use prophylactic inhaled steroids -Long acting B2 broncho-dilators may be helpful -Oral steroids may be needed -Oral leukotriene inhibitors may help reduce steroids.

CONCLUSION

Tamak shwas is the disease condition of respiratory system affect personal and professional life of affected individual. Bronchial asthma is likened to tamak shwas. Tamak shwas, or bronchial asthma, has been thoroughly explained by Acharyas in their individual Ayurvedic Samhitas and by contemporary writers in their works. The cause, exacerbating factors, symptoms, diagnosis, and treatment of Tamak shwas have all been thoroughly detailed in both ancient Samhitas and contemporary literature. Therefore in this article management of tamak shwasa in both Vegaavastha and Avegavastha is explained.

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