

CONCEPTUAL STUDY OF TAMAKA SHWASA**Dr. Thrupthi Alva^{*1}, Dr. Ravindra Bhat² and Dr. Waheeda Banu³**

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Article Received on
07 October 2024,

Revised on 28 October 2024,
Accepted on 17 Nov. 2024

DOI: 10.20959/wjpr202423-34674



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ABSTRACT

Tamaka shwasa is one among the Pranavaha srotovikaras. The clinical manifestations of Tamaka shwasa may be correlated to Bronchial asthma in the modern medicine. Both conditions are characterized by recurrent episodes of breathlessness, wheezing and cough due to airway obstruction and inflammation. Tamaka shwasa is one among the Shwasa roga and is primarily caused by the vitiation of Vata and Kapha doshas. These doshas obstructs Pranavaha srotas leading to breathing difficulties. The symptoms are often aggravated by environmental factors such as cold air, dust, allergens and emotional stress, aligning closely with modern triggers for Bronchial asthma. The rising impact of urbanization, over-crowd, pollution, increased industrialization results in major contribution for the arousal of various health condition. In present era health being given the utmost significance, majority of the population suffer from Bronchial Asthma due to sedentary lifestyle and various environmental factors. The

prevalence of Tamaka shwasa is at the peak due to above factors leading to major distress in the environment. Bronchial asthma is a chronic inflammatory disease of the airways, in which the immune system reacts to allergens, leading to broncho-constriction and mucus production. Ayurveda approaches the management of Tamaka shwasa through balancing the vitiated doshas with various herbal formulations and Panchakarma therapies, including Vamana and Virechana, which helps to detoxify the body and restore doshic balance. While

Tamaka shwasa is a challenging condition to cure, the management of this ailment aims to improve the quality of life of patients by reducing symptoms severity and frequency, enhancing lung function and preventing exacerbations. As there are several side effects of Nebulization taken all the while, the approach of treatment explained in Ayurveda will definitely play a pivotal role in treating both in Vega avsatha and Avega Avastha also.

KEYWORDS: Tamaka shwasa, Bronchial asthma, Pranavaha srotas, Wheezing.

INTRODUCTION

From an ayurvedic perspective, a person is said to be healthy if his body and mind are in equilibrium state without doshic imbalance. In the present era, due to various lifestyle modifications and harmful pollutants an individual is said to be mentally and physically distressed leading to innumerable diseases and hence affecting the wellbeing of an individual. It is seen globally that Tamaka shwasa has been a matter of concern amongst majority of individuals irrespective of age, gender and social status.

Tamaka shwasa affects the Pranavaha srotas, where Vayu moves in the opposite direction due to the obstruction in the respiratory tract, stiffness in the neck and head, which further results in the aggravation of Kapha producing Peenasa, Ghurghuraka.^[1] Patient also presents with symptoms like hoarseness of voice, difficulty in speaking, disturbed sleep and on lying down he suffers from Dyspnea as his flanks gets afflicted by Vayu. Tamaka swasa is a 'Swatantra' vyadhi, having its own aetiology, pathology & treatment.

As per the signs and symptoms of Tamaka shwasa, can be correlated to Bronchial asthma in the modern science. Bronchial asthma is a chronic inflammatory disorder of the airways, where in many cells and cellular elements play a role. Chronic inflammation is associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing particularly at night and in the early morning.^[2] Current estimates suggest that asthma affects 300 million people worldwide and an additional 100 million people will be diagnosed by the year 2025.^[3]

NIDANA

In Tamaka Shwasa, either one or more etiological factors in combination can cause manifestation of a disease. In classical textbooks, Nidanas of Tamaka Shwasa are not

mentioned separately, but the Nidana of Shwasa Roga in general are described. This has been presented as below.

To see Table no.-1

Category	Specific Nidana
Dietary factors	Excessive consumption of cold, heavy and oily food. Intake of Kapha and Vata aggravating food (e.g., dairy, fried food). Overeating or Viruddhahara.
Lifestyle factors	Excessive exposure to cold and damp environment. Lack of exercise (Vyayama ^[4]). Sleeping during the day. Irregular or insufficient sleep.
Environmental factors	Exposure to allergens like Dhoomavata ^[5] (dust), pollen and smoke. Cold air, wind, sudden weather changes. Living in areas with pollution or poor ventilation.
Psychological factors	Stress, anxiety or emotional disturbances. Excessive worry or grief.
Heredity and Genetics	Family history of respiratory diseases (such as asthma).
Seasonal influence	Aggravation during cold season or seasonal change (Hemanta and Shishira).
Allergens and Irritants	Exposure to smoke, pollution, strong odour(chemicals). Inhalation of dust, mould, or animal dander.

SAMPRAPATHI

The samprapti of Tamaka Shwasa (asthma) begins with the vitiation of Vata and Kapha doshas due to triggering factor such as cold, dust, heavy or cold food, and emotional stress. Kapha accumulates in the respiratory system, particularly in the Pranavaha Srotas (channels related to breathing), creating obstruction. This blockage of Kapha impairs the normal movement of Vata, leading to constriction of the airways. The interaction between aggravated Vata and Kapha causes the hallmark symptoms of Tamaka Shwasa: breathlessness (Shwasa), wheezing, cough (Kasa), and chest tightness. The condition tends to worsen at night, in cold environment, or with exposure to allergens, resulting in repeated episodes of respiratory distress.

1. NIDANA SEVANA

- Aharaja, Viharaja, Vegadharana^[6]



2. DOSHA IMBALANCE

- Avarana of Vayu and Pittasthana^[7]
- Primarily Vata and Kapha dosha involvement.

- Vata aggravation (due to cold, dry environment) + Kapha aggravation (due to heaviness, cold, and oily food)



3. SROTODUSHTI (Obstruction of channels)

- Pranavaha srotas^[8] (Respiratory system channels) get obstructed by Kapha, leading to a blockage in the air pathways.



4. VATA PRAKOPA (Aggravation of Vata)

- As a result of obstruction, Vata is aggravated. This manifests as difficulty in breathing due to the restriction in air flow.



5. VYADHI AVASTHA (Disease manifestation)

- Wheezing
- Shortness of breath (Dyspnea)
- Cough (sometimes with sputum)
- Tightness in the chest
- Aggravation during cold, damp conditions or in the evening



6. VYADHI VIKASA (Exacerbation of the disease)

- Seasonal factors like Winter season, rainy season, exposure to allergens, cold weather.
- Vata- Kapha increases further due to exposure to above factors, leading to recurrent attacks.

SAMPRAPTHI GHATAKA

- Dosha: Vata- Especially Prana vayu, Kapha- Kledaka and Avalambaka Kapha
- Dushya: Rasa, Udaka, Rakta
- Agni: Mandagni, Vishamagni
- Ama: Rasa Dhatvagnimandya
- Srotas: Prana, Anna, Udakavaha srotas
- Udbhavasthana: Amashaya (Vagbhata), Pittasthana (Charaka)
- Vyaktisthana: Urah, Phupphusa
- Srotodushti: Sanga, Vimargagamana and Atipravrutti
- Rogamarga: Abhyantara

LAKSHANA

- Ghurghuraka (Wheezing): A characteristic sound is produced during breathing due to obstruction in the respiratory channels.
- Shwasakricchrata (Dyspnoea): Difficulty in breathing, with shortness of breath.
- Kasa (Cough): Persistent cough, may or may not be associated with sputum (phlegm).
- Peenasa^[9] (Nasal Congestion): Blocked nose or congestion, often due to aggravated Kapha dosha.
- Kaphapradhana Lakshana.
 - Excessive production of mucus or phlegm (Kapha).
 - The cough may result in expelling sticky, whitish phlegm.
- Chest Tightness: A feeling of heaviness or constriction in the chest region.
- Aggravation in Cold Weather: Symptoms are worsened by exposure to cold, damp weather, dust, smoke, or allergens.
- Exacerbation in Lying Down Position: Difficulty in breathing may increase when the patient lies down, forcing them to sit up or prop themselves on pillows to breathe easier.
- Paroxysmal Attacks: Sudden, recurrent attacks of breathlessness, often worse at night or early morning.
- Shleshma Abhikhyata: The condition is predominated by Kapha dosha, which results in feelings of heaviness and sluggishness.
- Vataanubandhi: During severe exacerbations, Vata involvement is significant, causing dryness in the respiratory channels, leading to increased dyspnoea and restlessness.
- Chronicity and Recurrence: Tamaka Shwasa is known for its chronic nature with recurrent attacks, triggered by specific factors like allergens or seasonal changes.
- Bhrama (Dizziness): In severe cases, patients may experience dizziness or fainting due to difficulty in breathing.
- Shiro-Ruja^[10] (Headache): Persistent coughing and breathing difficulties can lead to headache, mainly around the forehead region.

❖ VEGAVASTHA(During the attack)

When the attack begins, the person gasps for breath, accompanied by a wheezing sound with cough, as the expiration becomes longer than the inspiration. The respiration is quite difficult and there is sensation of suffocation in the chest. The patient due to severe paroxysms faints, coughs and expulse small amount of sputum with difficulty. He suffers from hoarseness of voice and speaks with difficulty. He feels comfortable during sitting posture and in leaning

front posture. There is perspiration on the forehead with dryness of mouth and severe pain in the chest and throat.

❖ **AVEGAVASTHA^[11](After the attack)**

When the attack subsides, there is slight cough and pain in the chest and abdomen. Weakness and breathlessness also resist after the acute attack.

In a patient of Tamaka shwasa if Jwara and unconsciousness are occurring as complication, then it is known to be Pratamaka shwasa. The shwasa produced due to Udavarta(upward movement of vayu in koshta), dust, indigestion, excessive liquid accumulation in the body(klinna kaya) and suppression of natural urges results in increase of tama. This gets relieved by following cooling regimen. The person suffering from this shwasa feels as if he is submerged in darkness, thus known as Santamaka.^[12]

CHIKITSA

1. Nidana Parivarjana^[13] (Avoidance of Causative Factors).

- The first step in treatment is to avoid the Nidanas (causative factors) like exposure to cold, dust, allergens, and heavy, oily, or Kapha-increasing foods. This helps prevent further aggravation of the condition.

2. Shodhana Chikitsa^[14] (Purification Therapy).

- Vamana (Therapeutic Emesis).
 - Since Tamaka Shwasa is a Kapha-dominant disorder, Vamana Karma is the primary treatment to eliminate Uthklishhta Kapha from the body. It helps to clear the respiratory channels.
- Virechana (Therapeutic Purgation).
 - After Vamana, Virechana can be done to expel vitiated Pitta and Kapha from the body, improving digestion and reducing congestion.

3. Shamana Chikitsa^[15] (Pacifying Treatment).

- After the Shodhana procedures, Shamana Chikitsa is employed to pacify the remaining doshas using herbs, decoctions, and formulations that balance Vata and Kapha.

Herbal formulations.

- Use of Pippali (Piper longum), Haridra (Turmeric), and Vasa (Adhatoda vasica) to pacify Vata and Kapha and improve the respiratory function.
- Use of preparations like Talisadi Churna, Sitopaladi Churna, and Dashamoola.

4. Snehana^[16] (Oleation Therapy).

- Internal and external Snehana with medicated oils like Dashamoola Taila and Vasa Ghrita helps to reduce the dryness caused by aggravated Vata and soothe the respiratory channels.

5. Swedana^[17] (Sudation Therapy).

- Swedana (fomentation or steam therapy) is recommended after Snehan to liquefy Kapha and facilitate its removal from the channels.
- The use of Prastara Sweda (hot stones) or Nadi Sweda (herbal steam) is beneficial for clearing the airways and relieving chest congestion.

6. Dhumapana^[18] (Medicated Smoking).

- Dhumapana (medicated smoking) is advised to clear excess Kapha from the respiratory tract and reduce breathlessness. Herbal powders and resins like Guggulu are burnt, and the patient inhales the smoke.

7. Anuvasana Basti^[19] (Enema Therapy with Oil):

- Since Vata plays a significant role in Tamaka Shwasa, administration of Anuvasana Basti (enema therapy with medicated oils) helps pacify Vata and improve the movement of Prana (life energy) in the body.

8. Palliative Herbs and Formulations.

- Haritaki (Terminalia chebula), Pippali, and Bharangi (Clerodendrum serratum) are useful for long-term management.
- Agastya Haritaki, a classical formulation, is recommended for regular use to prevent the recurrence of Tamaka Shwasa attacks.
- Use of Vasa Ghrita^[20] or medicated ghee formulations.

❖ **PRANAYAMA AND YOGIC POSTURES**

- Prana- Breath
- Ayama- Pause/Retention

Pranayama means Retention of breath, it means creating a balance of energies through which our vitality is extended and our breath is deepened. This also aids in slowing down and calming the mind. Hence Pranayama plays a key role in regularizing the breathing pattern and in the treatment of Shwasa/Asthma as it controls and prevents asthmatic attacks.

It is advisable to perform Pranayama in postures that relieves aggravation of Vata like Sukhasana or Vajrasana.

To see Table no.-2

PATHYA ^[21,22]	APATHYA ^[23,24]
Annavarga - Mudga, Yava, Godhuma, Shashtika shali, Kulatta. Phalavarga - Bimbiphala, Jambeeraphala, Draksha, Amalaki, Bilwa, Kushmanda Dugdha varga- Aja dugdha Ghrita- Purana ghrita Mamsavarga - Jangala mamsa, Mamsa of Shooka, Lava, Tittara Peya - Ushnajala, Madhu, Gomutra, Sauvarchala lavana Vihara - Diwaswapna, Pranayama, Ushna jala snana, Avagaha swedana, Abhyanga, Medicated dhoomapana.	Annavarga - Ruksha anna, Guru and Vishtambhi Aahara, Nishpava, Masha, Kapha-Vata vardhaka aahara Phalavarga - Kadali Dugdhavarga: Dadhi, Unboiled milk Mamsavarga - Matsya, Anupa mamsa Peya: Sheethajala, Dushita jala Vihara - Exposure to cold, dust, pollution, Atibhara karshana, Ati vyayama, Ati vyavaya, Shoka and suppression of natural urges.

DISCUSSION

Tamaka shwasa can be equated with the conditions of Bronchial asthma in modern discipline which emphasizes as a chronic inflammatory disorder associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and cough particularly at night and in the early morning. Tamaka shwasa has been described as a fatal disorder of the present day in life. Due to obstruction of srotas because of kapha, there is vitiation of Vayu from its normal state leading to Tamaka shwasa. It is also considered that factors leading to the arousal of a disease namely the nidanakara bhavas like Ati Ruksha, Gurubhojana, Abhishyandi Anna, Sheeta padartha, Vishtambhi etc are the major cause for a disease to occur.

Ayurveda, with its holistic approach to management, focuses on strengthening the body's respiratory system, enhancing immunity, and addressing the root cause of the disease rather than just symptom management. Detoxification (Shodhana) and herbal formulation not only alleviate symptoms but also aim to prevent recurrence by balancing the doshas and cleansing the respiratory channels.

An integrative approach where Ayurveda works alongside modern medicine could provide a comprehensive treatment plan for asthma patients. Ayurvedic therapies like Vamana and Virechana and the use of formulations like Vasa Ghrita could complement modern therapies to reduce reliance on corticosteroids and bronchodilators, improving patients' quality of life while minimizing side effects. Healthy lifestyle, breathing exercise like Yoga, pranayama, and meditation plays an important role in the management of Tamaka shwasa.

CONCLUSION

Prevalance of Tamaka shwasa is increasing alarmingly due to excessive pollution, overcrowding, occupational conditions, stress and poor hygiene etc. These etiological factors act as aggravating factors in developing acute attacks of asthma mostly in the atopic individuals. It is a chronic and often debilitating condition, that can be managed through the principles of Ayurveda. Therefore, Nidana Parivarjana plays a significant role in the management of Tamaka Shwasa. Also, various principles of Ayurveda and many formulations can be used according to Roga & Rogi bala, during Vegavastha & Avegavastha and as per palatability of the patient for free flow of Prana vayu so that Srothorodha is removed and thereby curing the attack of the disease Tamaka Shwasa.

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