



SADYOVAMANA AS ATYAYIKA CHIKITSA IN VEGA AVASTHA OF TAMAKASHWASA-A CASE STUDY

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ABSTRACT

Shwasa is a pranavaha sroto dushti vikara, hrudaya and dasha dhamani are moola of pranavaha Srotas, several diseases are severe that which can kill the patient, but none of them are as deadly as shwasa and hikka i.e it can kill the patient instantaneously, even if the patient is suffering from other ailments but at the time of death he falls victim to swasa and hikka which are severely painful. Breathing is the task of pranavaha srotas which is an unavoidable factor for the continued existence of human beings. The exclusive sign of life "respiration" is affected in the disease shwasa, principle pathology involved here is avarodha of prana vayu. In Ayurveda, Respiratory disorders are explained under the umbrella of Pranavaha Srotas. *Tamaka Shwasa* is one of the dreadful respiratory disorder which seeks medical attention. Shwasa has been mentioned as a main disease and also as a symptom of other pathological conditions. Before going to management proper analysis of Karana, Sthana and Mula of roga and rogi bala is necessary. Tamaka Shwasa as a yasya vyadhi, should under go Ritu-anusara Shodhana followed by Rasayana therapy. By modification of diet and life style helps in prevent the diseases and also improve the immunity. But in utklishta avastha of kapha it should be expelled out immediately through sadyovamana without waiting for much time. Even though tamakashwasa is an emergency condition, bala of patient should be assessed properly and should be subjected needed Shodhana in the form of Vamana, vitrechana here in this paper an attempt is made to explain the importance and efficacy of sadyovamana in tamaka shwasa

KEYWORDS: Tamakashwasa, sadyovamana, Utklishta avastha, Bronchial asthma, panchakarma.

INTRODUCTION

Origin of shwasa is from pittha sthana and caused by simultaneous aggravation of vata and kapha, it afflicts hrudaya and sapta dathus, if disease is not treated at proper time and patient continues to indulge in nidana shwasa become fatal like aashi visha. The exclusive sign of life "respiration" is affected in the disease shwasa, main pathology involved here is avarodha of prana vayu. Pranavata combining with kapha leaves off its normalcy begins to move in the upward direction giving rise to shwasa.^[1] Tamakashwasa comprises of two words i.e. Tamaka and Shwasa. "Tama" Means-अंधकार. During the attacks the patients feels as if entering in darkness.

The different meanings of Tama i.e. to choke, to be suffocated, to be exhausted. The word 'Tamaka' is derived from the dhatu "Tamglanou" which means

Sadness. According to Vachaspatyam the word Shwasa is derived from the root word 'Shwas' Dhatu by applying Ghanj Pratyaya. It implies for both Vayu Vyapara & Roga. It represents both physiological as well as pathological respiration and used for expression of word. The disease is called Tamaka as attack of the disease precipitate during night and during the state of attack dyspnoea becomes so severe that patient feels entering into the darkness. Main causative factors responsible for Tamaka Shwasa are Dhuma (smoke), Raja (dust), Ativyayama (excessive exercise/work), Sheeta sthananivasa (residing in cold areas), Guru bhojana (heavy diet) and Sheeta bhojana (cold food/drinks). These factors lead to the vitiation of Vata which in turn vitiates Kapha leading to vitiation of Rasa and impeding the function of Pranavata. According to our Ayurvedic literature vata is captured by the Aavrana of kapha in this disease. Acharya Charaka has mentioned that Tamaka

Shwasa is kapha-vataja vikara and site of its origin is pitta sthana.

Chiiktsa

In pathogenesis of Shwasa Vata and Kapha Dosha are involved predominantly hence Vata Kaphahara treatment should be adopted.^[2] But depending on variability of involved Dosha and Rogi bala treatment modality should be adopted. Overall chikitsa of Tamaka shwasa can be divided into Nidana parivarjana, shodhana, avasthika chikitsa, shamanoushadies. Hikka and swasa rogi should be treated with lavana taila abhyanga then followed by snigda dravyayukta nadi or prastara or sankara sweda. By doing swedana accumulated kapha which is unctous will be liquified and does vilayana of srotas further does vatanulomana.³ By this the clogged kapha gets liquefied in the channels and the channels become soft and vata moves in the downward direction(vatanulomana). As the ice on the top of the mountain gets liquefied by the rays of the sun, the kapha accumulated in the srotas get liquefied by swedana⁴. After the administration snehana and swedana, one has to give rice along with unctuous substances. The meat soup prepared from fish or pig or curds in large quantity should be taken in meals. When the kapha gets aggravated due to above mentioned means vamana should be administrated with powder of *pippali* (piper longum Linn), *saindhava* (rock salt) and honey. While selection of the drugs care should be taken not to administer the vata aggravating drugs. After the expulsion of vitiated kapha the patient feels relieved as the vata gets alleviated and moves in the normal direction as obstructed *srotas* are cleared⁵ Except snehabasti adhaha and urdhva shodhana are beneficial in shwasa⁶ When patient of shwasa is strong strong then vamana and virechana is beneficial.^[7]

Avasthanusara Tamaka Shwasa Chikitsa

- 1) Vegavsata
 - Lavanayukta Taila Abhyanga
 - Swedana
 - Sadhyovamana
 - Dhumapana
- 2) Avegavsata
 - Virechana
 - Rasayana
 - Shamanoushadhi.

Chikitsa Siddhantha

Ingredients which cause alleviation of vata and kapha, which are hot in potency, and which cause downward movement of vata are useful as medicines, drinks and food preparations for the patients suffering from SWASA

Kapha Vatagna – always be preferred.^[8]

Kaphakrudha Vatahara - can be used if necessary

Vatakrudhaa kaphahara - should be avoided

Both Vata and Kapha are having opposite treatment hence alleviation of Kapha will aggravate other Dosha & vice versa.

Hence during management, both the Doshas should be treated simultaneously.

Avegavastha

- Chronic management is needed where the frequency, duration and intensity of the attacks are minimized/ totally cured to give a quality life to the patient.
- Deepana, Paachana and Vatanulomana treatment should be adopted, there by Agni and dosha samyata will be achieved.
- Brumhana therapy is also prescribed to increase the Bala of patient. Brumhana dravya also improves the status of Dhatu.
- Vamana and Virechana has been advised in kaphadhika and balawan patient to remove the obstruction of Kapha, which hampers normal Gati of Prana Vayu.^[9]

CASE REPORT

A Female Patient aged 28 years N/K/C/O DM,HTN was apparently healthy at the time of birth and later after 2 yrs patient's mother noticed frequent cold and cough, for this they consulted local physician and was advised with cough syrups and other medications. For every 3 -4 months frequently patient use to get cold and cough which was relieving by medicines. Later At the age of 11 years (2007) gradually increased with cold, cough and breathing difficulty during night time due to environmental factors (dust) around home, for these complaints patient consulted nearby physician and was advised with Asthalin inhaler. After this, symptoms got relieved but again was aggravating in rainy season and winter season so patient consulted same physician and was advised to continue the inhaler. All these Complaints were getting relieved after inhaler usage but aggravated immediately on withdrawal of it which continued for about 5 years. Gradually Patient had increased with difficulty breathing and repeated nose block with running nose and watering of eyes, heaviness of head such that patient was not able to concentrate on studies and was finding difficulty in walking for about 5-10 mins, unable to climb stairs so for all these aggravated symptoms she consulted physician and was prescribed with use of Tab Montek lc, Nebulisation with budecort and duolin (sos) and Asthalin inhalers & Antibiotics in 2011. Later in the same year Patient had moved from Sadharana desha to anupa desha, then the symptoms got aggravated. Cold, cough, sneezing, Running nose and blockage of nose and Breathing difficulty episodes were more during early morning and night time, rainy season, winter season and on exposure to dust and smoke, while fast walking and running and on exposure to any perfumes, powders, fog, mist, cold breeze, cold water and after taking head bath. Patient was on regular usage of inhalers and Montek LC, as patient was indulging in continuous Nidanasa, she use to get all symptoms frequently. Later Patient moved to metropolitan city then again symptoms got aggravated, episodes of more than three to four times in a day,

Disturbed sleep due to night attacks, Sneezing, runny nose all symptoms got exacerbated and patient continued to use inhaler and tab montek LC, Tab Citrizine(sos) along with Nebulisation with Budecort and duolin (sos) Inj Deryphyllin IV sos. Later consulted SKAMCH & RC for better management.

- Aggravating factors: Winter season and rainy season.
- Early morning
- Exercise, speed walking
- Excessive laughing, speaking
- On intake of cheese items, ice cream, curd and carbonated soft drinks.
- Stress
- After taking head bath and on exposure to cold wind.
- Exposure to Dust ,smoke, perfumes
- Seasoning and other strong odours

Personal History

- Ahara - Mixed diet
- meal intake 3times /day
- non veg intake once in a week (Chicken)
- Vishamashana-Present
- Adhyashana-Present
- Ati Snigda/Abhishyandi ahara +
- Appetite - Good
- Nidra - Disturbed
- Nature of work - Sedentary
- Mala - once/day
- Mutra - 4-5 times/day
- Habits - coffee 2 times/ day
- Divaswapna- 1hour per day
- Rathri Jagarana –Present
- Environmental history: exposed to dust and smoke.

Samanya Pareeksha

- Built - Well built
- Nourishment – well nourished
- Pallor - Absent
- Oedema- Absent
- Clubbing - Absent
- Cyanosis - Absent
- Lips: no discolouration
- Icterus - Absent
- Lymphadenopathy - Absent
- Temperature - 97.8 degree F
- Pulse - 78 /min
- Respiratory rate - 20/min
- B.P - 120/70 mm Hg
- Height – 164cm
- Weight – 68kg
- BMI – 25.3kg/m²

Ashtasthana Pareeksha

- Nadi - 78/min
- Mala - once in /day
- Mutra - 4-5 times/day,
- Jihwa - Aliptha
- Shabdha - prakrutha

- Sparsha - Anushna sheetha
- Drik - Prakrutha
- Akruthi - Madhyama

Dashavidha Pareeksha

- Prakruthi – Kapha vata
- Vikruthi :-Hetu –kulaja

Aharaja – Sheetala aahara, Abhishyandi aahara, Vidahi aahara, adyashana, sleshmala aahara, (dadhi and matsya, junk food like sandwich, bakery items, ice cream, cakes)

- Viharaja - Diwaswapna, Ratrijagarana, Sheeta sthana, raja, dooma sevana
- Dosha – Vata Kapha
- Dushya - rasa
- Prakruthi – Chirakari
- Desha -Sadharana
- Kala – Grisma rutu
- Bala – Madhyama
- Sara - Madhyama
- Samhana - Madhyama
- Pramana - height-164cm
- Weight-68kg
- Satmya - sarva rasa satmya katu rasa pradhana
- Satva - Madhyama
- Ahara Shakthi
- Abhyavaharana Shakthi - Madhayama
- Jarana Shakthi - Madhyama
- Vyayama Shakthi -Madhyama
- Vaya - Madhyama

Cardiovascular System

Inspection

- Chest bilaterally symmetrical
- No distended blood vessels over neck and chest, No scar marks seen

Palpation

- Apex beat felt at 5th left intercostal space at mid clavicular line.

Percussion

- Cardiac dullness heard on left side.

Auscultation

- S1S2 heard

Respiratory System

Upper respiratory

- DNS present- deviation to right side
- No reddishness or any signs of inflammation
- Nasal discharge-present occasionally
- Nature of discharge- watery fluid like
- Nasal polyp –absent
- Respiratory Rate –20/mins
- Breathing difficulty persists on walking, excess laughing and excess talking.

Inspection

- Shape of chest - B/L Symmetrical.

- Chest movements - B/L Symmetrical.
- Thoraco - abdominal breathing seen.
- No any chest deformities, no any scars,
- Expiratory phase- prolonged
- PALPATION
- Chest expansion – symmetrical
- lymph nodes not palpable
- No swelling or tenderness
- Trachea centrally placed
- Vocal fremitus- normal
- Percussion
- Over clavicle –stony dull note
- Anterior chest –resonant ,dull near hepatic region
- Axillary line –resonant
- resonant on the suprascapular, intrascapular, and infrascapular areas
- Auscultation
- Polyphonic wheeze was observed bilaterally.
- vocal resonance is bilaterally symmetrical.
- Normal vesicular breathing sounds heard with prolonged expiration
- Nature of cough- mucoid
- Colour- white
- Consistency- thick

Gastrointestinal System

- Inspection
- Oral hygiene- A well maintained
- Halitosis- Absent
- Lips, gums, teeth – normal
- No mouth ulcers.
- Per abdomen:
- Shape of the abdomen-distended
- Umbilicus inverted and central
- No visible scars, pigmentation, mass
- Palpation: no organomegaly
- No tenderness
- Auscultation: bowel sounds heard 5/mins

CNS

- Higher mental function
- General behavior & orientation - Conscious & Orientated to time, place and person.
- Memory of past & present - Intact.
- Hallucination & delusion: Absent.
- Speech disturbance – Absent
- Cranial nerves - Intact.
- Motor function - Intact.
- Sensory Functions – Intact

Nidana Panchaka

Nidana – Aharaja- Sheetala aahara, Abhishyandi aahara, Vidahi aahara, adyashana, sleshmala aahara, (dadhi and matsya, junkfood like sandwich, bakery items, ice cream, cakes,)

Viharaja - Diwaswapna, Ratrijagarana, sheeta sthana, raja, dooma sevana, shira snana

Purvarupa – Shanka bheda

Roopa – kasa, peenasa, gurguraka, shirashoola urha parshva pidana, Swasa krucchrata

Upashaya – Sitting, (asinolabhate saukyam), Summer season on usage of Asthalin inhaler and levocitrizine tablet, ushna aahara, Anupashaya- Sheetala aahara vihara, megha ambhu sheeta rutu.

Samprapti Gataka

Dosha – Kapha vata

Dushya –Rasa

Srotas – Pranavaha, Rasavaha

Srotro dushti prakara – Sangha, vimarga gamana

Agni – Jataragni, Dhatvaagni

Adhithana – pranavaha srotas

Udbhava sthana – Amashaya

Sancharasthana – Ura, kanta, shira

Vyakta sthana –Uras

RogaMarga – Abhyantara

Sadhya-Asadhyata – Yapy

Diagnosis: Tamaka shwasa

Treatment Given here: Sarvanga Abhyanga with bruhat saindavadi taila for five dsays Followed by baspa sweda And Sadyo Vamana.

Orally

Arogyavardini rasa 1TID

Naradeeya lakshmi vilasa rasa 2 BD

Swasa kutara rasa 2TID

Kasa sudha kalpa 1 tsp TID

Observation

Criteria for assessment of results:

Results were assessed from subjective parameters of base line data of before and after treatment.

Subjective parameter

- a) Night awakening due to breathlessness.
- b) Early morning worsening of asthma symptoms.
- c) Difficulty in doing work
- d) Shortness of breath.
- e) Wheezing.
- f) Use of bronchodilator each day.

Gradings

1.	Sneezing	0	Never
		1	A Few time(5-6/day)
		2	Many time 10-20 /day
		3	Present always more than 20/day
2.	Morning worsening of asthma symptoms	1	Mild symptoms
		2	Moderate symptoms
		3	Severe symptoms
3.	Limitation of activity	0	Not limited at all
		1	Slightly limited
		2	Moderately limited
		3	Severe limited
4.	Shortness Of breath	0	None
		1	A very little amount
		2	A moderate amount
		3	A great amount
5.	Wheezing	0	Not at all
		1	Hardly any of the time
		2	A moderate amount of the time
		3	A lot of the time
6.	Use of bronchodilator	0	None
		1	1-2 puffs in a day
		2	3-4 puffs in a day
		3	More than 5 puffs in a day

Table: showing the effect of *Abyanga* and *Nadi Sweda* Followed by VAMANA KARMA *Chikitsa* on cardinal symptoms.

SL.NO	Signs and symptoms	BT	AT	Results in %
1.	Sneezing	3	0	0%
2.	Morning worsening of asthma symptoms	2	0	30%
3.	Limitation of activity	2	0	40%
4.	Shortness of breath	2	0	30%
5.	Wheezing	3	1	20%
6.	Use of bronchodilator	3	1	20%

DISCUSSION

Management of shwasa depends on dosha predominance and physical stage of the patient Therefore treatment modalities classified according to patient like kaphadhikya vatadhika, balavaan, durbala vata and kapha are two main doshas involved so treatment should alleviate both doshas should be adopted. Among the pancha swasa, the first three (urdhwa, mahan, chinna) are comes under the asadhya category, kshudra swasa is told as swayam samsamana". The detailed treatment protocol is mainly focusing on tamaka swasa.

- Vegavastha patient may suffers from acute exacerbation recurrently. It is related with the surrounding environment
- Due to allergic condition, acute exacerbation and Yaapya condition of disease it is very essential to avoid Nidana

Nidana Parivrajana

- Avoid वात-कफ प्रकोपक आहार विहार
- सम्यक् अशन- to avoid formation of Ama
- Avoid रज -धूम to avoid acute exacerbation

- Advice काल शोधन –prevention
- Follow Ritu charya and dinacharya

Vamana

Ushna, tikshna, sukshma, vyavayi, vikasi guna of the dravya move towards hrudaya due to its swavirya. It enters to all the sthula sukshma srotas through various dhamani . Here it does the liquifaction of dosha by virtue of its agneya guna and break down the dosha sangha by its tikshna guna. Due to anupravana bhava, these dosha enters amasaya Vamana aushadhi being agni and vayu bhuta pradhanyataya acts beneficial.

Dhoompana: After vamana to eliminate shesha doshas which are in leenavastha.^[10]

Snehana & Swedana - helps to liquify grathitha kapha adhering inside srotas and liquifies kapha ,this liquified kapha is eliminated out.

Srotas becomes soft and marutra attains downward movement.

Virechana- Kapha obstructs the path of vata, obstructed vata takes pratiloma gati. Virechana drugs having guna of vatanulomana, ushna, kaphavatagna it may be beneficial in shwasa.

In this case shwasa was there since from many years and patient was continuously indulging in nidana sevana and doshas were in utklesha avastha, hence more utkleshana is done by carrying out Abhyanga with bruhat saindavadi taila and after once patient got increased with all symptoms kapha was in utkleshana avastha at that time we have to go for sadyovamana instead of shaman chikitsa and the same thing is carried out in this case.

CONCLUSION

Before planning for vchikitsya we should assess the state of kapha whether it is ready to come out or not, if kapha is adhered and patient is finding difficulty in cough expectoration then immediately Snehana swedana followed by Sadyo Vamana should be done. In Ayurveda, Respiratory disorders are explained under the umbrella of Pranavaha Srotas. *Tamaka Shwasa* is one of the dreadful respiratory disorder which seeks medical attention. Shwasa has been mentioned as a main disease and also as a symptom of other pathological conditions. Before going to management proper analysis of Karana, Sthana and Mula of roga and rogi bala is necessary. Tamak Shwasa as a yapya vyadhi, should under go Rituanusara Shodhana followed by Rasayana therapy. By modification of diet and life style helps in prevent the diseases and also improve the immunity.

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