



## AN OUTLOOK OF BRONCHIAL ASTHMA IN CONTEXT OF TAMAKA SHVASA IN AYURVEDA

Dr. Arun Kumar Gupta<sup>\*1</sup>, Dr. Trupti Gupta<sup>2</sup> and Dr. Satej T. Banne<sup>3</sup>

<sup>1</sup>MD (Panchakarma), Assistant Professor Dept. of Panchakarma, L.N.Ayurveda College & Hospital Bhopal.

<sup>2</sup>MD (Agadtantra), Assistant Professor Dept. of Agadtantra, Rajeev Gandhi Ayurveda College & Hospital Bhopal.

<sup>3</sup>Ph.D. Scholar, Assistant Professor, Department of Dravyaguna Vigyana, Parul Institute of Ayurved, Parul University, Limda, Vadodara, Gujarat, India.

Corresponding Author: Dr. Arun Kumar Gupta

MD (Panchakarma), Assistant Professor Dept. of Panchakarma, L.N.Ayurveda College & Hospital Bhopal

Article Received on 21/08/2020

Article Revised on 11/09/2020

Article Accepted on 01/10/2020

### ABSTRACT

Tamaka Shvasa is mentioned as one of the variety among five types of Shvasa. But out of these, Kshudra Shvasa present as symptom in most of the diseases & it does not require any medication whereas Maha Shvasa, Urdhva Shvasa & Chinna Shvasa were present in the terminal stages of various diseases. At present, asthma is reported in 1.2 – 6.3 % adults in most countries.<sup>[3]</sup> About 300 million people worldwide suffering from asthma and the number has risen by around 50 % in the last decade.<sup>[4]</sup> There are only a few studies from India on epidemiology of asthma. Overall burden of asthma in India is estimated to be more than 15 million patients.<sup>[4]</sup> Five percent of children under 11 years have asthma in India.<sup>[5]</sup> *Tamaka Shwasa* is a kind of *Shwasa Roga* distressing the *Pranavaha Srotas*, which is ominously distressing and a fatal disorder of the present-day-life. *Tamaka Shwasa* has been defined in various Ayurvedic classics and seems to be identical to bronchial asthma. On comparative enquiry of the data, it appears that *Shodhana Chikitsa* is more effective than *Shamana Chikitsa* in *Tamaka Shwasa*. On the basis of the findings it can be concluded that *Virechana Karma*, a purification therapy is the potential procedure for the treatment of *Tamaka Shwasa*. three types of treatment has been prescribed by Charaka: Antahparimarjana, BahiParimarjana & ShastraPranidhana. Antahparimarjana: Drugs are used internally to pacify vitiated doshas. In the Tamaka Shvasa following modalities have applied (I) Shodhana (ii) Shamana. Bahiparimarjana are *Snehana* - especially with Salavantail & *Swedana* - Snigdha Sweda, Upanaha, Nadi Sweda. *Shastra Pranidhana* Chikitsa is not applied in case of Tamakashvasa. As per opinion of Charaka disease is nothing but the Dhatuvaishamya and prime goal of management is to achieve Dhatusaamya. According to Kaarya Kaarana Siddhanta Dhatuvaishamya is due to Nidana, Indulgence of various Nidana leads to Dhatuvaishamya.

**KEYWORD:** Broncheal asthma, Tamaka Shvasa.

### 1. INTRODUCTION

Tamaka Shvasa is mentioned as one of the variety among five types of Shvasa. But out of these, Kshudra Shvasa present as symptom in most of the diseases & it does not require any medication whereas Maha Shvasa, Urdhva Shvasa & Chinna Shvasa were present in the terminal stages of various diseases. Tamaka Shvasa is a 'Swantartra' Vyadhi & having its own etiology, pathology & Management. It is mentioned as Yaapya Vyadhi i.e. chronic in nature. Bronchial asthma mentioned in Modern Medicine closely resembles with Tamaka Shvasa. Bronchial Asthma is a major chronic airway disorder, it is a serious public health problem in countries through out the world. Asthma affects peoples of all age & can be severe, sometimes fetal. Over 100 million people worldwide have suffering from Asthma, the prevalence is increasing among children. *Tamaka*

*Shwasa* is a kind of *Shwasa Roga* (respiratory disease) disturbing the *Pranavaha Srotas* and categorized by *Pratiloma Vayu* (prolonged expiration), *Ghurghuraka* (wheeze), *Ativa Tivra Vagam Ca Shwasam Pranaprapidakam* (dyspnoea of remarkably profound velocity, which was immensely injurious to life) and so on.<sup>[1,2]</sup> *Tamaka Shwasa*, in Ayurvedic classics seems to be identical with the depiction of bronchial asthma in modern medicine. Bronchial asthma is a main global health problem, which can disturb the population unrelatedly of age, sex, economical status, etc. At present, asthma is reported in 1.2 – 6.3% adults in most countries.<sup>[3]</sup> About 300 million people worldwide suffering from asthma and the number has risen by around 50 % in the last decade.<sup>[4]</sup> There are only a few studies from India on epidemiology of asthma. Overall burden of asthma in India is estimated to be more than 15

million patients.<sup>[4]</sup> Five percent of children under 11 years have asthma in India.<sup>[5]</sup> Asthma was analyzed in 2.28, 1.69, 2.05 and 3.47 % respondents, respectively, at Chandigarh, Delhi, Kanpur and Bangalore with an overall prevalence of 2.38%.<sup>[6]</sup> Ayurveda can provide promising results in *Tamaka Shwasa* through a set of treatment modalities. *Shodhana* and *Shamana* are some of such modalities.

## 2. AIMS AND OBJECTIVES

- ✓ To Review aetiopathogenesis & principles of Management of the disease *Tamaka Shwasa* in Ayurvedic classics & modern medicalliterature.

## 3. HISTORICAL GLIMPSE OF SHVASA ROGA

### 3.1 Vedic kala:[5000bc to 1500bc]

The word 'Prana' is used frequently in all four Vedas but more specifically in Atharvaveda.

**3.1.1 Yajurveda:** A clear cut description of respiration available as

"*Vatam pranena Nasike*" (yaju.15/2)

### 3.1.2 Atharvaveda

In the fourth sukta of first kand of Atharvaveda a clear description regarding Shvasa is found. The word Prana has been used many times. Chapter "*Prana vidya*" mainly deals with physiology & importance of respiration. (Ath19/6-7).

Prana is considered as a cause of birth & death" *Prano mrityu pranastakama*. (Ath 11/11)

### 3.1.4 Satapatha bramhana

The normal rate of respiration given as

➤ Prana vayu-100 x 100+800=10,800/24hours

➤ Apana vayu-100x 100+800=10,800/24hours

Thus total number of respiration in a day is 21,600, In one hour 900 & in one minute it will be fifteen.

**3.1.5 Upanishad kala:** Word Shvasa is used first time in Upanishada.

**3.1.6 Amanaskopanishada:** The word Shvasa is used for respiration and its derangement leads to death (*Amn 1/33 & Aman 2/58*).

### 3.1.7 Brihadaranyak upanishad

Prana is called as '*Ayasa*' as well as '*Angirasa*' which controls the whole body. Hence any part of body dries up when Prana leaves body. (*B.Ar.Up.1/19*).

### 3.1.8 Chandogyopanishada

Prana is called as '*Angira*' as (*Cha Up/1/2/10*) Prana nourishes all parts of body; it is also called as Brihaspati & Ayasya. (*cha.up 1/2/11-12*).

### 3.1.9 Yogachudamandya upanishad

Here word Hikka, Kasa & Shvasa are mentioned. These are mentioned as a result of deranged Vayu '*Prana Vyatyaya Karmata*.' (*yo.chu.up.1/7*).

### 3.1.10 Garuda purana

Scientific description of Shvasa is available in Garuda purana. Dhanvantari has quoted in first verses that now he will reveals the Nidanans of Shvasa.

## 3.2 Charaka samhita

Seventeenth chapter of Chikitsasthana revised by Drudhabala provides complete description of Shvasa Roga with its Etiology, Pathology, Symptomatology, Complication & the treatment. Samprapti of Tamaka Shvasa & Symptomatology has been described in detail. Shvasa is also mentioned as Symptom & Complication of many diseases. Shvasa is mentioned as a fatal disease that kills patient very quickly. (*Cha.chi 17/6*) Its origin is mentioned as Pittasthana. (*cha. Chi 17/5*). Dushti lakshana of Pranavaha Srotas are depicted by Charaka in vimanasthana. [*Ch.Vi. 5/8*] A treatment of pranavaha Srotas is mentioned as similar to Shvasa, Root of Pranavaha Srotasa is mentioned as Hridaya & Mahasrotasa. (*Ch. Vi. 5/8*).

## 3.2 Sushruta samhita

Sushruta has described Shvasa Roga in 51th chapter of Uttarantra. It includes Nidanapanchaka along with Chikitsa. But Pittasthana is not mentioned as origin of Shvasa Roga. Bhaktdvesha, Aasyavairasya were added as Purvarupa as compared with Charaka. [*Su.Utt.51/6*]

## 3.3 Ashtang hridaya and Ashtang sangraha

Vridha Vaghata has described Kaasa as Nidanarthakara Roga for Shvasa for first time. [*A.S.NI. 4/1*] Shvasa is described in two separate chapters in Nidanasthana & Chikitsasthana.

Vaghata has described Etiopathogenesis of Shvasa in fourth chapter of Nidana while treatment is mentioned in fourth chapter of Chikitsasthana. Involvement of Prana, Anna & Udakavaha Srotas in the pathogenesis has been clearly mentioned (*A.H. Ch 4/3*) Aamashaya is referred as Udbhavasthana of Shvasa, he has also mentioned Kaasa as Nidanarthakara Roga of Shvasa [*A. H Ni.4/1*]

## 3.4 Kashyapa samhita

In Sutrasthana chapter 25 "*Vedana Adhyaya*" it is mentioned that child suffering from disease Shvasa exhales warm air. The word Tamaka Shvasa is found in Khilasthana 10th chapter while mentioning management. Earlier no any scholar has mentioned this reference of Tamaka Shvasa.

## 3.5 Bhela samhita

No description regarding Shvasa Roga is available in this incompletely available text. But word Shvasa is mentioned as symptom & complication of some disorders.

## 3.6 Harita samhita

In Haritasamhita, 14th chapter of Tritiyasthana deals with management of Shvasa. In this chapter detail description of Etiology, Pathology, Lakshana &

Management is mentioned.

### 3.7 MEDIEVAL PERIOD

#### 3.7.1 Madhav nidana

In 12th chapter Shvasa is described under the title of Hikka Shvasa Nidanam. Here Panchanidana of Shvasa is mentioned.

#### 3.7.2 Indu

Shashilekha is the commentary of Ashtang sangraha written by Indu. He explained origin of Shvasa Roga from kaasa as *kaasa Adhikibutva eva karana shvasasya*. Indu on A.S. Ni 4/2.

#### 3.7.3 Chikitsa kalika

Tisatacharya described Chikitsa of Shvasa after the chapter of Pandu Roga. Here Panduroga is described as Nidararthakar Roga for Shvasa.

#### 3.7.4 Kalyanakaraka

In 16<sup>th</sup> parichhed "*Shvasadhikara*" of this text, the writer Ugradityacharya contributed some new recipe for the treatment of Shvasa Roga.

#### 3.7.5 Chakradatta

12th chapter deals with management of Shvasa along with Hikka. He mentioned some simple remedy for Shvasa.

**4. Etymology of shvasa:** The word Shvasa is derived from the root word 'shvas' dhatu by applying *Ghanj* pratyaya. *Vachaspatyam page-5/59 part-6*.

Shvasa-Shvas dhatu and dhanj pratyaya

- VayuVyapara.
- RogaBheda.

#### **Shikshokte Varnoccharanarthe bahya prayatna**

*It represents both physiological as well as pathological respiration and used for expression of word.*

#### **Shvasa karane ghanj - Shvasati iti Shvasa**

##### **Shvasa- Shvas + 'ghanj' pratyaya.**

*(Shabda kalpadruma page 178. part 4)*

According to Shabda kalpadruma the word Shvasa is derived from 'Shvas' Dhatu by applying ghanj pratyaya. Here word Shvasa denotes air and respiration. In physiological condition the word 'Shvasitam' synonymously termed as Praana in Hemachandra commentary. According to Shabdastoma mahanidhi the word Shvasa is derived from 'Shvasa' Dhatu by applying 'ghanj' pratyaya.

#### **Shvasa-Shvasa+ghanj pratyaya. (Page-444)**

In *Halayudha kosha* the word 'Shvasa' is derived from 'Shvasa' Dhatu by adding 'lu' pratyaya which means Inspiration and both phases of respiration.

#### **Shvasan-Shvasa+lu means Vayu, Pavan**

Shvasa- Shvas+lupratyaya.

### 5. Etymology of tamaka shvasa

Tamaka Shvasa comprises of two words i.e. Tamaka and Shvasa.

#### TAMAKA

The word is derived from the Dhatu "*Tamglanou*" which means Sadness (**Panini**)

1. The word "Tamaka" is derived from the root "Tam" means oppression of chest (*MonierWilliams*).
2. The Sanskrit English Dictionary by Vidyadhar Vamana (1926) shows the different meanings of Tam i.e. to choke, to be suffocated, to be exhausted, to be unease, and to bedistressed.
3. Adarsha Hindu Shabdakosha by Pandit Ram Chandra Pathaka has given the following meanings for Tamaka - Udveda, Tivrata, Krodha, Tosha, Tamtmahata and a type of ShvasaRoga.
4. Tamaka - *Tamyati Atra Tama Va Vachaspatyama 3237 VIV.*

It is described as a one variety of disease Shvasa in Vachaspatyama.

5. *Tama Tamyati Anena Iti Tama - Halayudhakosha page326.*

The word Tama denotes Andhakara, Nishacharma, Divantaka, Dinantarama, Andhakam.

#### Shvasa

*Shvasati Vayu iti Shvasah (Hem Chandra) Shvasiti Anena iti Shvasah (Shabda KalpaDruma) Shvasiti ItiShvasah*

Therefore "Tamaka Shvasa" denotes a pathological state where a sense of darkness prevails due to movement of Prana Vayu in reversed direction.

### 6. Definition of shvasa

From above references it is clear that Shvasa word is used to denote respiration and exchange of air in the body. The Word Shvasa is used for both Physiological and Pathological states. Shvasa Roga may be defined simply as a disease in which the respiration and exchange of air is disturbed.

*"Shvasastu Vastrika Adhmana sama vatordha Gamita" Madhukosha on Ma Ni. 12/12*

In Madhukosha commentary, Vijarakshita has detailed the features of Shvasa Roga.

Sushruta has mentioned the detailed description of Shvasa Roga in Uttartantra.

#### **"Vihaya Prakritim Vayu Prano atha Kapha Samyutah.**

**Shvasayatyurdhvago bhutva tam Shvasam Parichakshate"**

While commenting on this Dallhana says - *Prakriti Vihaya means "Viguno Bhavati* and further he clarifies that

*"Urdhvago Bhutva Tatha Kapha Samyutah San Yada Shvasayate Tam Budhah Shvasam Parichakshate"* (Dallhana on Su.Utt.54/4).

On the basis of above description it is clear that when "Prana Vayu" is not performing its normal physiological functions (vitiated) and becomes defiles (Viguna), obstructed by Kapha and moves in opposite direction i.e. upward and unable to perform normal functions this condition is known as ShvasaRoga. Kalyanakaraka has also mentioned the definition of Shvasa.

*"Shvasa iti Abhihito Viparita Pranavayu UpariPratipannah Sleshmana Saha Nipidyatram TamShvasa"*.

It means due to obstruction of Kapha Pratiloma gati of Prana Vayu occurs, this condition is known as Shvasa.

### 7. CLASSIFICATION

Classification of disease helps to understand the prognosis and management of the disease. In Ayurvedic classics diseases are classified on the basis of predominance of Doshas and hence their types are mentioned on the basis of Dosha predominance. But the disease Shvasa is classified on the basis of severity, signs and symptoms and varied pattern exhibited with respect to pathogenesis and symptomatology of disease. Shvasa is classified in following types:

1. Mahashvasa
2. Urdhvasvasa
3. Chinnashvasa
4. Tamakashvasa
5. Kshudrashvasa

#### 7. Tamaka shvasa

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. Due to indulgence of Vataprakopa Aahara and Vihara Vayu gets vitiated all over body and Vayu leaves its normal path, takes a reverse course & it reaches the respiratory passages i.e. Pranavaha Srotasa, obstructs the neck and head, increases the secretion of mucus (Kapha) produces coryza, this excess bronchial secretion obstructs the air passage leading to dyspnoea with wheezing sound. Breathing becomes painful, deep and rapid. The patient faints frequently due to severe paroxysms & feels as he enters into darkness. Due to obstruction coughing supervene and while coughing he becomes unconscious frequently. In absence of expectoration he becomes too much distressed and after expectoration gets temporary relief. Due to intense coughing he suffers from hoarseness of voice and difficulty in speaking. In lying down posture Vayu seizes the sides of chest and hence dyspnoea aggravates thus he can't sleep in this position. He feels comfortable while sitting and welcomes hot things. His eyes are always looking in upward direction. Sweating over forehead & dryness in mouth also present he is very much distressed and suffers frequently from paroxysms of dyspnoea which aggravates by clouds, water, cold, wind and

Kapha aggravating factors. This condition is palliable but if origin is recent it may be curable. (Cha.Chi.17/55-62)

### 8. Types of tamaka shvasa

Charaka has mentioned two-allied condition of Tamaka Shvasa 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.

#### Pratamaka Shvasa

When Patients suffering from Tamakashvasa gets afflicted with fever and fainting, the condition is called as Pratamakashvasa. It is suggestive of involvement of Pittadosha in Pratamaka Shvasa. It is aggravated by Udavarta, Dust, Indigestion, Humidity (Kleda), suppression of natural urges, Tamoguna, Darkness and gets alleviated instantaneously by cooling regimens.

As a matter of fact, cooling regimen is one of the causative factors of Tamaka Shvasa but in Pratamaka Shvasa, the patient gets relief by administering cooling agents due to Pitta Dosha involvement.

#### Santamaka Shvasa

When the patients of Pratamaka Shvasa feels submerged in darkness, the condition is called as SantamakaShvasa. Though Chakrapani has mentioned these two as synonyms of each other Charaka refers them as two different ailments representing two different conditions of Tamakashvasa, these two conditions differs from each other according to intensity of attack.

## 9. SHVASA IN DIFFERENT CONTEXT

**Table 1: Shvasa as symptom in different context.**

1.	Vataja Apasmara - Cha.Chi. 10/9	2.	Apasmara - Su.Utt. 61/11
3.	Apasmara - Su.Utt. 10/11	4.	Apasmara - Va.Utt. 7/9-127
5.	Arsha - Su.Ni. 7/9	6.	Arsha - Va.Ni. 7/24
7.	Kaphaj Arsha - Su. Ni. 7/12	8.	Vataja Arsha - Va.Ni. 7/32
9.	Sahaja Arsha - Cha.Chi. 14/8	10.	Purishaja Anaha -Su. Utt. 56/23
11.	Udakodara - Cha.Chi. 13/47	12.	Udakodara - Su.Ni. 12/40
13.	Udakodara - Va.Ni. 12/39	14.	Kaphaja Udara - Cha.Chi. 13/31
15.	Kaphaj Udara - Su.Ni. 12/20	16.	Chidrodara - Cha.Chi. 13/44
17.	Chidrodara - Su.Ni. 12/37	18.	Chidrodara - Va.Ni. 12/35
19.	Plihodaro - Cha.Chi. 13/38	20.	Plihodara - Su.Ni. 12/27
21.	Plihodara - Va.Ni. 12/25	22.	Buddha gudodara - Cha.Chi. 13/41
23.	Buddha gudodara - Su.Ni. 12/32	24.	Buddha gudodara - Va.Ni. 12/30
25.	Udavarta - Cha.Chi. 26/5-107	26.	Udavarta - Su.Utt. 55/40
27.	Udavarta - Su.Ni. 7/18	28.	Udavarta - Va.Ni. 7/50
29.	Karshya - Cha.su 21/14	30.	Kshataja Kaasa - Cha.Chi. 18/23
31.	Kshataja Kaasa - Su.Ni. 3/37	32.	Kshataja Kaasa - Va.Ni. 3/30
33.	Vataja Grahani - Cha.Chi. 15/64	34.	Vataja Grahani - Su.Ni. 8/27
35.	Vataja Grahani - Va.Ni. 8/25	36.	Antarvegi Jwara - Cha.Chi. 3/39
37.	Kaphaja Jwara - Cha.Ni. 1/27	38.	Kaphaja Jwara - Su.Ni. 2/16
39.	Kaphaja Jwara - Va.Ni. 2/21	40.	Gambhira jwara - Su.Utt. 30/93
41.	Asthigata Jwara - Cha.Chi. 3/80	42.	Asthigata Jwara - Su.Utt. 39/87
43.	Asthigata Jwara - Su.Ni. 2/93	44.	Majjagata Jwara - Cha.Chi. 3/81
45.	Majjagata Jwara - Su.Ni. 2/93	46.	Pachyamana Jwara - Cha.Chi. 3/136
47.	Pachyamana Jwara - Su.Ni. 2/56	48.	Pachyamana Jwara - Va.Ni. 2/55
49.	Kapha-Vataja Jwara - Su.Ni. 2/22	50.	Kapha-Vataja Jwara - Va.Ni. 2/25
51.	Sannipataja Jwara - Cha.Chi. 3/105	52.	Sannipataja Jwara - Su.Utt. 39/35
53.	Sannipataja Jwara-Cha.Chi. 3/101, 99	54.	Sannipataja Nadiroga -Su.Ni. 10/63
55.	Kaphaja Pratishtyaya - Su.Utt. 23/7	56.	Kaphaja Pratishtyaya - Va.Utt. 19/6
57.	Dusta Pratishtyaya - Su.Utt. 23/11	58.	Dusta Pratishtyaya - Va.Utt. 19/9-12
59.	Dusta Pratishtyaya - Cha.Ci. 26/109	60.	Kapha Vriddhi- Su.Su. 19/3
61.	Kapha Vriddhi - Va.Su. 11/7	62.	Jvaramoksha - Cha.Chi. 3/324
63.	Jvaramoksha - Su.Ni. 2/103	64.	Jvaramoksha - Va.Ni. 2/77

### 9. Shvasa as prodromal symptom

1. Udara - Su.Ni.12/69
2. Udara - Va. Ni.12/58
3. Arsha - Su.Ni.2/8
4. Raktapitta - Su.Ni.3/6-8
5. Raktapitta - Va. Ni.3/47
6. Udara - Cha.Chi.13/17
7. Prameha - Su.Ni.10/7

### 10. Shvasa as a symptom in prognosis (Sadhyasadyatva)

1. Luta visha - Va. Utt.37/512. Udara - Cha.Chi.13/49
3. Chidrodara - Cha.Chi.13/93
4. Sannipaataja Atisara - Cha.Chi.19/9
5. Mudhagarbha - Su.Sha.4/30
6. Mudhagarbha - Va.Sha.2/28

### 11. Shvasa As Arista Lakshana

**Table 2: Shvasa As Arista Lakshana.**

1	Arsha - Su.Su. 33/5-676	2	Udara - Su.Su. 33/5-676
3	Udara - Cha. Chi. 13/53	4	Karshya - Su.Su. 15/33
5	Kustha - Su.Su. 33/5-6	6	Gulma - Ch.Chi. 5/171
7	Gulma - Su.Su. 33/21	8	Gulma - Su.Sha. 11/20
9	Gulma - Va.Sha. 5/89	10	Chardi - Cha.Chi. 20/7
11	Chardi - Su.Sha. 11/9	12	Chardi - Va.Sha. 5/78
13	Jwara - Cha.Chi. 3/51-52	14	Jwara - Su.Sha. 11/35
15	Jwara - Va.Sha. 5/101	16	Prameha Pidaka - Su.Sha. 11/19
17	Prameha Pidaka - Va.Sha. 5/87	18	Prameha - Su.Su. 33/5-676
19	Bhagandara - Su.Su. 33/5-676	20	Vidradhi - Su.Su. 33/22
21	Jangam Visha - Cha.Chi. 23/143	22	Luta Visha - Cha.Chi. 23/146
23	Luta visha - Su.Utt. 44/33	24	Vrana - Su.Su. 28/20

25	Agantu Vrana - Su.Utt. 29/29	26	Agantu Vrana – Su.Utt. 29/29
27	Bhinna Vrana (Kapala) - Su.Su.23/12	28	Shohta - Su.Chi. 23/8
29	Shohta - Su.Sha. 11/25	30	Shohta - Va.Sha. 5/93
31	Sanyasa - Su.Utt. 46/23	32	Vrana - Su.Su. 23/12
33	Ragasya Arista – Su.Sha. 11/3-5	34	Ragasya Arista - Va.Sha. 5/72
35	Vata Rakta - Cha.Chi. 29/31	36	Vata Rakta – Su.Sha. 8/22
37	Vata Rakta - Va.Sha. 5/100	38	Vatvyadhi - Su.Su. 33/5-6
39	Jwara - Su.Su. 33/17	40	Udara - Cha.Ind. 6/11
41	Shakhashrita Kamala - Cha.Chi. 16/48	42	Shakhashrita Kamala – Su.Chi. 18/34
43	Shakhashrita Kamala - Va.Chi. 16/48	44	Three nights - Su.Su. 31/21
45	Bastikundala - Cha.Si. 9/49	46	Atisara - Su.Su. 33/19
47	Vatarakta - Va.Sha. 5/84	48	Sarpavisha – Su.Utt. 41/79
49	Sarpavisha - Va.Utt. 36/33	50	Jangamavisha – Su.Utt. 41/79
51	Jangamavisha - Va.Utt. 36/33	52	Mrityu - Cha.Indr. 7/21

## 12. Shvasa as a complication of other disease

Table 3: Shvasa as a complication of other disease.

1	Atyagni - Cha. Chi. 15/211	2	Arsha - Su.Su. 33/5-676
3	Ashmari - Su.Su. 33/5-676	4	Kaasa - Su.Ni. 3/45 Ch.Chi 18/131
5	Kaasa – Va.Ni. 3/38	6	Kustha - Su.Su. 33/5-676
7	Pandu - Su.Utt. 44/38 Ch.Chi. 16/14	8	Pidaka - Cha.Su. 17/111
9	Prameha - Su.Su. 33/5-6	10	Prameha Kaphaja - Su.Ni. 6/13
11	Prameha Vataj - Su.Ni. 10/10	12	Prameha Vataj - Va.Ni. 10/24
13	Bhagandara - Su.Su. 33/5-6	14	Yarkrit Vidradhi – Su.Ni. 11/14
15	Yarkrit Vidradhi - Va.Ni. 11/13	16	Visha – Su.Utt. 47/2-3
17	Garavisha - Su.Utt. 40/13	18	Garavisha - Va.Utt. 35/50
19	Visarpa - Cha.Chi. 21/39	20	Vrana - Cha.Chi. 25/30
21	Vrana - Su.Su. 28/20 Ch.Chi.25/30	22	Vrana - Su.Chi. 1/139
23	Shohta - Cha.Su. 18/18	24	Vrana - Su.Su. 3/12
25	Raktapitta - Cha.NI. 2/7	26	Raktapitta - Su.Utt. 45/9 Ch.Chi.2/7
27	Vayasa Vriddhasya - Su.Su. 25/29	28	Vatavyadhi - Su.Su. 33/5-6
29	Dantodbheda – Su.Utt. 2/138	30	Mudhagarbha - Su.Su. 33/5-6
31	Udara - Cha.Chi. 13/49,53,93	32	Atisara- CH.Chi.19/9

## 13. Nidana

Table 4: Summery of Nidana's mentioned by various Acharyas.

<i>Etiological factors</i>	<i>Charaka</i>	<i>Sushruta and Madhava</i>	<i>Astanga Hridaya</i>	<i>Astang Sangraha</i>
<b>AAHAR (VATA PRAKOPAKA)</b>				
Rukshanna	+	+	-	-
Vishamashana	+	+	-	-
Dvanadvatiyoga	+	-	-	-
Visha	+	+	-	-
Adhyashana	-	+	-	-
Anashana	-	+	-	-
Sheetasthana	-	+	-	-
Samashana	-	+	-	-
Sheetapana	-	+	-	-
Vishtambhi Aahara	+	+	-	-
<b>PITTA PRAKOPAKA</b>				
Tila Tail	+	-	-	-
Vidaahi	+	+	-	-
Katu	-	-	-	+
Ushna	-	-	-	+
Amla	-	-	+	+
Lavana	-	-	+	+
<b>KAPHA PRAKOPAKA</b>				

Nispaava	+	-	-	-
Maasha	+	-	-	-
Pistanna	+	-	-	-
Saluka	+	-	-	-
Gurudravya	+	+	-	-
Jalaja Mamsa	+	-	-	-
Anupa Mamsa	+	-	-	-
Dadhi	+	-	-	-
Aamakshira	+	-	-	-
Pinyaka	+	-	-	-
Shleshmala Dravya	+	-	-	-
Abhishyandi dravya	+	+	-	-
Utkledi	-	-	-	+
<b>VIHARA (VATA PRAKOPAKA)</b>				
Rajas	+	+	+	+
Dhuma	+	+	+	+
Prag Vata	+	+	+	+
Sheeta Sthana	+	+	-	-
Sheeta Ambu	+	+	+	+
Vyayama	+	+	-	-
Gramya Dharma	+	-	-	-
Atiapatarpana	+	-	-	-
Shuddhi Atiyoga	+	+	-	-
Kantha Pratighaata	+	-	-	-
Urah Pratighaata	+	-	-	-
Karmahata	+	+	-	-
Adhvahata	+	+	-	-
Strisevana	-	+	-	-
Bhara Karshita	-	+	-	-
Veganirodha	-	-	-	+
Vegaghata	-	+	-	-
Abhighata	-	+	+	+
Marmabhighata	+	-	-	-
Aayasa	-	-	-	+
Jagarana	-	-	-	+
Vega Udirana	-	-	-	+
<b>PITTAPRAKOPAKA</b>				
Ushma	-	-	-	+
<b>KAPHA PRAKOPAKA</b>				
Abhishyandi Upachara	+	-	-	-
Divasvapna	-	-	-	+
<b>NIDANARTHAKARAROGA</b>				
<b>VATA PRAKOPAKA</b>				
Aanaha	+	-	-	-
Atisara	+	-	-	-
Aamapradoshaja	+	+	-	-
Daurbalya	+	-	-	-
Kshatkshaya	+	-	-	-
Udavarta	+	-	-	-
Visuchika	+	-	-	-
Alasaka	+	-	-	-
Panduroga	+	-	+	+
Visha Sevana	+	-	+	+
Vibandha	+	-	-	-
Dhatu Kshaya	-	-	-	+
Kshaya	-	+	-	-
Aavarana	-	-	-	+
Dosha Pidana	-	+	+	+

PITTA PRAKOPAKA				
Rakta Pitta	+	-	-	-
Jvara	+	-	-	-
KAPHAPRAKOPAKA				
Kaasa	-	-	+	+
Aama Pradoshaja	-	+	-	-
Aamatisara	-	-	+	+
Chardi	+	-	+	+
Pratishyaya	+	-	-	-

#### 14. Poorvarupa

**Table 5: Purva rupa of Shvasa roga (prodromal symptoms).**

Purvarupa	CH	SU	VA	MA
Aanaha	+	+	+	+
Parshvashula	+	+	+	+
Pidanam Hridayasya	+	+	+	+
Pranasya Vilomata	+	-	+	+
Bhakta Dvesha	-	+	-	-
Arati	-	+	-	-
Vadanasya Vairasyata	-	+	-	-
Aadhmana	-	-	-	+
Shankh Nistoda	-	-	+	+
Shula	-	-	-	+

#### 15. Samprapti

To understand pathogenesis of disease Shvasa few points should be taken into consideration i.e. Avarana of Vayu and Pittasthana.

For normal functions of Vayu Charaka has explained three basic requirements: (*Cha.Chi.28/3*).

- (1) Vata should have unobstructed freemovement
- (2) It should be in its natural habitat i.e. present in its ownplace.
- (3) It should be normal qualitatively and quantitativelyboth.

Three types of pathological conditions are mentioned regarding Vata Dosha i.e. Kshaya, Vriddhi and Avarana (*Cha.Chi.28/247*). Avarana is a unique concept confined to Vayu only due to its Amurta nature. Hence to understand pathological conditions of Vayu, knowledge of Aavarana is essential. Diagnosis as well as management of disease also depends on same. Numbers of references are available in Samhita regardingthis.

**As per the references available in Charaka Samhita along with available commentary of Chakrapani there may be three routes of Vataprakopa**

- (1) SwanidanaPrakopa
- (2) AavaranatvenPrakopa
- (3) DhatukshayajanyaPrakopa

It is a generalized misbelieve that Vata Prakopa occurs only due to Dhatukshaya and Margavarodha. But numbers of references are available where Acharya mentions Swanidana Prakopa. In Vatavyadhi chapter itself while mentioning Nidana of Vataprakopa,

Dhatukshaya is listed as one of the cause along with other factors. He has narrated Dhatukshaya as separate Nidana. Secondly, while commenting on Dhatukshayajanya Vataprakopa Chakrapani opines that Dhatukshaya should be at level of Saarakshaya that takes a long period. Further in many cases symptoms of Vataprakopa occur directly after Nidana Sevana. e.g. Kaama, Shoka, Bhaya etc directly leads to Vataprakopa .Excessive Vyayama, Adhvasevana, Ratrijagrana also leads to Vataprakopa which explains Swanidan Prakopa of Vayu. Various textual references are available in Samhita i.e. Gulma, Parinamashula, Vatarakta to support this hypothesis.

Further on the basis of commentary of Chakrapani, following threetypes of Avarana can belisted

- (1) *PrakupitaVata Avrita by Sama DoshaDushya(Normal)*
- (2) *Samavata(Normal) Avrita by PrakupitaDosha*
- (3) *PrakupitaVata Avrita by Prakupita Dosha and Dushya*

This hypothesis is based on textual references available in Samhita.

#### **Prakupita Vata**

##### *Avrita by Sama DoshaDushya(Normal)*

In Gulma Chikitsa Chakrapani opines that in pathogenesis of Gulma vitiation of Vayu takes place due to its own etiological factors. This vitiated Vayu brings out normal Kapha & Pitta leading to Avarana of Vayu . In this case Kapha& Pitta are normal which causes Aavarana of Vayu. (*Chakr. on Cha. Chi.5/6-7*)

#### **Samavata(Normal)**

##### **Avrita by PrakupitaDosha**

In Pathogenesis of Madhumeha, Guru, Snigdha, Amla, Navanna, Nidra Aasyasukha etc results into vitiation of Kapha, Pitta, Meda& Mansa. This vitiated Dosha Dushya causes Aavarana on normal Vayu leading to Aavarana of Vayu. (*Cha.Su. 17/78-80*).

#### **PrakupitaVata**

##### **Avrita by Prakupita Dosha and Dushya**

In pathogenesisof Vatarakta vitiation of Vayu takes place due to its own etiological factors and vitiation of Rakta occurs due to Rakta Dushtijanya Ahara and Vihara. Here gati of vitiated Vata obstructs vitiated Rakta leading to Vata Rakta. (*Chakr.on Cha. Chi.29/10*).

**Samprapti ghataka**

Samprapti Ghataka which are involved in Pathogenesis are as follows:

**Dosha** : Vata - Especially PranaVayu

Kapha - Kledaka and Avalambaka Kapha

**Dushya** : Rasa, Udaka, Rakta

**Agni** : Mandagni, Vishamagni

Ama - Rasa Dhatvagnimandya

**Srotasa** : Prana, Anna, UdakavahaSrotasa

**Udbhavasthana**: Pittasthana(Charaka) Aamashaya (Vagbhata)

**Vyaktisthana** : Urah, Phupphusa

**Srotodusti** : Sanga, Vimargamana andAtipravitti

**Rogamarga** : Abhyantara UDBHAVA

**Airway inflammation in asthma**

Mechanism of airway inflammation in asthma involves a cascade of events with the release of immunological mediators in both IgE dependant and independent T-lymphocyte dependant mechanism. The net result is the recruitment of inflammatory cells from the circulation which involves up regulation of endothelial adhesion molecules & their reciprocal ligand expanded on leukocytes.

**15. Immunologic Mechanism**

In majority of cases asthma is primarily an allergic disorder i.e. a disease that develops & manifests itself dominantly through IgE mechanism.

The immune system is functionally separable into Antibody-mediated immunity & Cell mediated process, B-lymphocyte produces & secretes specific antibodies, where as T-lymphocytes in addition to controlling B lymphocyte function, have pro inflammatory actions through the expression of cytotoxic activity & the secretion of cytokines.

A pivotal step in the generation of an immune response is the activation of T-lymphocytes by antigen appropriately presented to them by accessory cells (e.g. dendritic cells, Macrophages & B-lymphocytes) involving major histocompatibility complex (MHC class II molecules)

A cognate interaction between allergen presenting B lymphocytes & allergen specific T lymphocytes involving an array of cell surface receptors & adhesion molecules is responsible for the switching of B lymphocyte synthesis from IgG, IgM to allergen specific IgE. This process engages CD-40 & CD-40 ligand on B lymphocyte & T-lymphocyte resp. It is predominantly mediated by interleukin- 4.

**Inflammatory Mediators**

The immunological cascade & the subsequent inflammatory reaction results from an interaction of inflammatory mediators & cytokines released both by the resident & the infiltrating cells. Together these

mediators contribute to the broncho constriction, airway hyper secretion & mucosal edema that are characteristic of asthma exacerbation. The role of each mediator of the interaction among different mediator is under investigation.

**IgE - Dependant, T-lymphocyte Dependant Mechanism**

B lymphocytes secrete specific IgE under control of a specific T lymphocyte subtype (Th-2) clone developed after exposure of antigen presented by accessory cells once sensitized to a specific allergen reexposure of the tissue to the same augments, the production of specific IgE that binds to specific receptors on the membrane of mast cells also of basophil, eosinophils, macrophages & platelets. Allergens cross linking specific IgE on cell surface leads to activation with the release of both preformed & newly generated mediators that are considered to orchestrate the inflammatory cascade. Recently both human mast cells & basophils have been shown to support B lymphocyte IgE synthesis through a combination of IL-4 release and CD 40 engagement.

**IgE Independent T-lymphocyte Dependant Mechanisms**

In addition to involving IgE, upon appropriate antigen presentation T- lymphocyte may release cytokines which causes accumulation & activation of leukocytes particularly eosinophils. In this way they may directly provoke the inflammatory cascade. Thus activated T-lymphocyte is pro-inflammatory cells & they help cells for promotion of IgE production by B lymphocyte. In addition to protein products capable of stimulating leukocytes activated T-lymphocyte are a major source of other cytokines belonging to five-gene cluster, including granulocyte macro phase colony stimulating factor (GM, CSF), IL-3, IL-4, IL-5, IL-9, IL- 13, which have pronounced effects on inflammatory cells & particularly on eosinophils which dominate inflammatory picture of asthma.

**Inflammatory Mediators**

The immunological cascade & the subsequent inflammatory reaction results from an interaction of inflammatory mediators & cytokines released both by the resident & the infiltrating cells. Together these mediators contribute to the broncho constriction, airway hyper secretion & mucosal edema that are characteristic of asthma exacerbation. The role of each mediator of the interaction among different mediator is under investigation.

**IgE - Dependant, T-lymphocyte Dependant Mechanism:**

B lymphocytes secrete specific IgE under control of a specific T lymphocyte subtype (Th-2) clone developed after exposure of antigen presented by accessory cells once sensitized to a specific allergen reexposure of the tissue to the same augments, the production of specific IgE that binds to specific receptors on the membrane of mast cells also of basophil, eosinophils, macrophages &

platelets. Allergens cross linking specific IgE on cell surface leads to activation with the release of both preformed & newly generated mediators that are considered to orchestrate the inflammatory cascade. Recently both human mast cells & basophils have been shown to support B lymphocyte IgE synthesis through a combination of IL-4 release and CD 40 engagement.

#### ***IgE Independent T-lymphocyte Dependant Mechanisms***

In addition to involving IgE, upon appropriate antigen presentation T- lymphocyte may release cytokines which causes accumulation & activation of leukocytes particularly eosinophils. In this way they may directly provoke the inflammatory cascade.

Thus activated T-lymphocyte is pro-inflammatory cells & they help cells for promotion of IgE production by B lymphocyte. In addition to protein products capable of stimulating leukocytes activated T-lymphocyte are a major source of other cytokines belonging to five-gene cluster, including granulocyte macro phase colony stimulating factor (GM, CSF), IL-3, IL-4, IL-5, IL-9, IL-13, which have pronounced effects on inflammatory cells & particularly on eosinophils which dominate inflammatory picture of asthma.

#### ***Adhesion Molecules***

The increase of neutrophils, eosinophils lymphocytes in the airway mucosa during exacerbation is paralleled by increased expression of specific adhesion molecules on post capillary venular endothelial cell. These include E-selectin inter cellular adhesion molecule - 1 (ICAM-1), a vascular cell Adhesion molecule - I & Endothelial adhesion molecules engage the activated form of complementary ligands on activated leukocytes. e.g. L.F.A-1 & MaC-1 on T-lymphocyte & eosionphil interact with ICAM-1 & ULA-4 with VCAM-1. The up regulation of these molecules by mediators & cytokines is the first step of a cascade & that enables leukocytes to marginate, cross the post capillary venule walls & subsequently migrate to mucosa.

***Constitutive Cells:*** Interestingly it is recognized that in asthma normal resident cells of airways are able to generate an array of cytokines that may contribute to the Chronicity of airways inflammation, so characteristic of human Asthma as opposed to allergen sensitized asthma. The epithelium is a source of IL-6, IL-8, and GM-CSF, IL- $\beta$  IL- $\alpha$ . The endothelium can generate IL-8, IL-5, GM-CSF & fibroblast are an important source of mast cell growth factor, C kit ligand (stem cell factor) & GM, CSF, IL-8, and together these cytokines may provide a non-immunological mechanism. For augmenting & maintaining the inflammatory response.

#### ***Neural control of airways***

Several non-specific stimuli (e.g. dust, cold air) provoke reflex bronchoconstriction by stimulating the sensory receptor in the airways. This physiological defense

mechanism may provoke bronchoconstriction in normal & asthmatic persons both. But in asthmatic it develops at lower level of stimulation another possibility that an increased activity of parasympathetic autonomic nervous system may be responsible for airway hyper responsiveness The demonstration of an extensive network of nerve fibers containing potent peptides, in addition to classic neurotransmitter, has revived interest in the possible abnormalities of neural control of airways in the pathogenesis of asthma.

Substance p(sp), neurokin A (NKA), neurokinin B (NKB) calcitonin gene-related peptide (CGRP) & vasoactive intestinal peptide (VIP) are the best characterized neuropeptides. Some irritants stimulate sensory nerves especially the non myelinated sensory c-fibre endings, to release neuropeptide with wide ranging effects in the airways such as mucus hyper secretion, smooth muscle contraction, plasma extravasations, inflammatory cell activation & adhesion.

VIP has been localized in airways efferent cholinergic nerves where it acts as co-transmitter with acetyl choline & may function as braking system for cholinergic bronchoconstriction. In the airways of patients with asthma, inflammatory cells such as eosinophils, neutrophils & mast cells may release a variety of peptidases that have capacity to degrade VIP. The consequent exaggerated reflex cholinergic bronchoconstriction may contribute to the development of airway hyper responsiveness which is associated with airway inflammation.

Nitric oxide is a reactive gas formed from arginine both in neuronal & non-neuronal tissue through the action of nitric oxide synthesis. NO is potent vasodilator & also bronchodilator. NO is probably the neurotransmitter of non-adrenergic non-cholinergic inhibitory nerves which may be involved in the regulation of airway pulmonary blood flow in immune regulation. Thus abnormality of its production may have role in asthma.

### 16. Rupa of Shvasa Rog

Rupa means signs and symptoms of the disease. It appears in the 5<sup>th</sup> Kriyakala i.e. Vyaktavastha in which sign and symptoms of a disease are completely manifested. All the symptoms of Tamakashvasa described in Ayurvedic texts are shown as per below:

Sr	Sign/Symptom	CH	SU	A.H.	A.S.	MN
1	Peenasa	+	-	+	+	+
2	Tivra Vega Shvasa	+	-	+	+	+
3	Prana Prapedaka Shvasa	+	-	+	+	+
4	Kaasa	+	+	+	+	+
5	Muhurmuhu Shvasa	+	-	+	+	+
6	Ruddha Shvasa	+	-	-	-	+
7	Ghurghurakama	+	+	+	+	+
8	Kasati Vegatah Pratamyati	+	-	-	-	+
9	Kasate Sanniruddhyate	+	-	-	-	+
10	Kasate Muhu-Muhu Pramohanam	+	-	+	+	+
11	Shlesma Vimokshante Muhurtam Sukham	+	-	+	+	+
12	Shlesma Amuchyamane Bhrisama Bhavati Dukhitam	+	-	-	-	+
13	Kanthoadhvasanama	+	-	-	-	+
14	Greeva Shiraso Sangrahanama	+	-	+	-	+
15	Kricchrata Bhasitam	+	-	-	-	+
16	Shayante Shvasapiditam	+	+	+	+	+
17	Shayante Parshva Graha	+	-	-	-	+
18	Mahat Ghoshavan Shvasa	-	+	-	-	+
19	Sakapha Shvasa	-	+	-	-	-
20	Kaphe Hine Shamyati	-	+	-	-	-
21	Urah Pida	-	-	+	+	+
22	Parshva Pida	-	-	+	+	-
23	Trit	-	+	+	+	-
24	Sweda	-	+	+	+	-
25	Vamathu	-	+	-	-	-
26	Moha	-	-	+	+	-
27	Latate Sweda	+	-	+	+	+
28	Vishushkasyata	+	-	+	+	+
29	Ucchritaksha	+	-	+	+	+
30	Pratamyate	+	-	-	-	+
31	Bhrisham Aratimana	+	-	-	-	+
32	Annadvesha	-	+	-	-	-
33	Abala	-	+	-	-	-
34	Aruchi	-	-	+	+	+
35	Ushnabhinandati	+	-	+	+	+
36	Meghambu Vardhate	+	-	+	+	+
37	Shitena Vardhate	+	-	+	+	+
38	Pragvatena Vardhate	+	-	+	+	+
39	Durdine Shvasa	-	+	-	-	-
40	Shesmalai Vardhate	+	-	+	+	+
41	Asino Labhate Saukhyama	+	-	+	+	+

### 17. Upashaya and anupashaya

Upashaya and Anupashaya may be considered as a therapeutic test. The diet, drugs & activity, which increase symptoms and attack, are known as Anupashaya. & Those, which relieve the symptoms, are known as Upashaya.

#### Anupashaya for Tamaka Shvasa are as follows

- (1) Durdina (2) Meghambu
- (3) SheetaRitu (4) Sheetambu

- (5) Pragvaten (6) Shlaismalai
- (7) Shayanama (8) Cold food, medicine and place

#### Upashaya for Tamaka Shvasa are as follows

- (1) ShlesmaVimokshante (2) Ushnabhinandati
- (3) Asino labhateSaukhyam

#### Sadhyasadyatva

Tamakashvasa in general is described as Yapya (palliable) disease. However in individual with recent

origin of disease person Pravara bala or both said to be Sadhya (*Ch. Chi. 17/62*).

While mentioning prognosis of any disease following characters are mentioned in case of Yapyadisease.

- ✓ Disease has affected the deep seated Dhatus
- ✓ Disease involving many Dhatus
- ✓ If affects vital organs and joints
- ✓ Affects patient continuously for longer period
- ✓ Disease is caused by two Doshas.

In disease Tamakashvasa 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. Rasaadi Dhatu gets involved in Tamaka Shvasa, which is suggestive of the involvement of more than one Dhatu. Pranavaha Srotasa is mainly involved. This Srotas is having direct exposure to environment hence persons are more exposed to Nidana like Raja, Dhuma etc. Disease Tamakashvasa is having Multifactorial origin along with diet, environmental and meteorological factors like rains, cloudy weather, chilly wind etc & patients can not avoid this Nidana. According to Charaka Hikka & Shvasa appearing as a complication of other disease have worst prognosis (*Cha. Chi. 17/6-7*)

Sushruta opines Kasa, Shvasa and Vilambika are very difficult to cure like setting in together of fire, wind and thunder. (*Su.Utt. 51/56*) Regarding Tamaka Shvasa he says that it is a disease, which can be cured with much difficulty. If it appears in a debilitated individuals its prognosis becomes very difficult (*Su. Ut. 51/15*). Among five varieties of Shvasa Urdhva, Maha and Chinna Shvasa are mentioned as Asaadhya and hence their treatment is not advised by Acharyas. Kshudra Shvasa is described as one of the Shvasa in which the symptoms it produces are not those of care but disease. It is not much troublesome as compared to other types and requires only rest. Tamaka Shvasa is mentioned as Yaapya /Kashtasaadya, it requires treatment for longer period hence Chikitsa described by Acharyas is formulated by keeping Tamaka Shvasa in view. Tamakashvasa is considered as Nija Vyadhi. In the management of Nija Vyadhi three types of treatment has been prescribed by Charaka.

- (i) Antahparimarjana
- (ii) BahiParimarjana
- (iii) ShastraPranidhana

**Antahparimarjana:** Drugs are used internally to pacify vitiated doshas. In the Tamaka Shvasa following modalities have applied (I) Shodhana (ii) Shamana.

- (i) **Shodhana**
  - (a) MriduVamana
  - (b) MriduVirechana
  - (c) Nasya
  - (d) Dhoomapana

## (ii) Shamana

Different drugs are prescribed by various Acharyas.

## Bahiparimarjana

- (1) *Snehana* - especially with Salavantail
- (2) *Swedana* - Snigdha Sweda, Upanaha, Nadi Swedae

**Shastra Pranidhana** Chikitsa is not applied in case of Tamakashvasa. As per opinion of Charaka disease is nothing but the Dhatuvaishmya and prime goal of management is to achieve Dhatusaamyas. According to Kaarya Kaarana Siddhanta Dhatuvaishmya is due to Nidana, Indulgence of various Nidana leads to Dhatuvaishmya.

## Importance of immediate management in shvasa roga

The Agni (fire) blown up by Air and Vajrastra shot by Indra are difficult to control, similarly Shvasa roga is also difficult to control. If Saadhya and Yaapya Shvasa are neglected it will destroy the body as fire destroys the house hence due consideration should be given by every physician during management of Shvasa. Thus three treatment modalities mentioned by our ancient seers in case of Tamaka Shvasa. *Nidana Parivarjana Shodhana Shamana*

## Nidana parivarjana

*Importance of Nidana Parivarjana in Tamakashvasa:*

## Sankshapatana kriyayoge Nidana parivarjanam

Tamaka Shvasa is considered as Yaapya Vyadhi. So treatment must be continued for longer period. As far as the treatment is going on, patient gets relief but if treatment is discontinued it will aggravate the disease pathology. It is not possible for every person to spend lot of money and time for management of disease. It is 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 Parivarjana i.e. preventive aspects mainly includes following measures.

- (1) Avoidance of Vataprakopaka and Kaphaprakopaka Aahara, Vihara
- (2) Follow dietetic code to avoid formation of Ama.
- (3) Avoidance of Preraka Nidana like Raja Dhuma etc. to avoid acute exacerbation
- (4) To Follow Ritucharya mentioned in classics particularly during Ritu Sandhikala as this period aggravates Asthmatic attacks.
- (5) Shodhana therapy in appropriate period i.e. Vamana during VasantaRitu and Virechana during SharadaRitu.

## 18. CONCLUSION

*Tamaka Shwasa* is a kind of *Shwasa Roga* distressing the *Pranavaha Srotas*, which is ominously distressing and a fatal disorder of the present-day-life. *Tamaka*

*Shwasa* has been defined in various Ayurvedic classics and seems to be identical to bronchial asthma. On comparative enquiry of the data, it appears that *Shodhana Chikitsa* is more effective than *Shamana Chikitsa* in *Tamaka Shwasa*. On the basis of the findings it can be concluded that *Virechana Karma*, a purification therapy is the potential procedure for the treatment of *Tamaka Shwasa*. three types of treatment has been prescribed by Charaka: Antahparimarjana, BahiParimarjana & ShastraPranidhana. Antahparimarjana: Drugs are used internally to pacify vitiated doshas. In the Tamaka Shvasa following modalities have applied (I) Shodhana (ii) Shamana. Bahiparimarjana are *Snehana* - especially with Salavantail & *Swedana* - Snigdha Sweda, Upanaha, Nadi Sweda. *Shastra Pranidhana* Chikitsa is not applied in case of Tamakashvasa. As per opinion of Charaka disease is nothing but the Dhatuvaishmya and prime goal of management is to achieve Dhatusaamya. According to Kaarya Kaarana Siddhanta Dhatuvaishmya is due to Nidana, Indulgence of various Nidana leads to Dhatuvaishmya.

## REFERENCES

1. Chakrapani. *Charaka Samhita of Charaka with Ayurveda Dipika* commentary *Chikitsasthana* 17/55-60. Delhi: Rastriya Sanskrit Sansthana, 2006; 533: 535. [Google Scholar]
2. Murthy K, Srikantha R. *Madhava Nidana of Madhavakara*, 12/17-34. Varanasi: Chaukhambha Orientalia, 1993; 50-1. [Google Scholar]
3. Agarwal AN, Chaudhry K, Chhabra SK, D'Souza GA, Gupta D, Jindal SK, et al. Prevalence & Risk Factors for Bronchial asthma in Indian Adults: A multicentre study. *Indian J Chest Dis Allied Sci.*, 2006; 48: 13-22. [PubMed] [Google Scholar]
4. Viswanathan R, Prasad M, Thakur AK. Epidemiology of asthma in an urban population: Random morbidity survey. *J Indian Med Assoc*, 1996; 46: 480-3. [PubMed] [Google Scholar]
5. Peat JK, Gray EJ, Mellis CM, Leeder SR, Woolcock AJ. Differences in airway responsiveness between children & adults living in the same environment: An epidemiological study in two regions of New South Wales. *Eur Respir J.*, 1994; 7: 1805-13. [PubMed] [Google Scholar]
6. Peat JK, Haby M, Spijker J, Berry G, Woolcock AJ. Prevalence of asthma in adults in Busselton, Western, Australia. *BMJ.*, 1992; 305: 1326-9. [PMC free article] [PubMed]