



Science

A CRITICAL REVIEW: TAMAKA SHWASA (BRONCHIAL ASTHMA)



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Abstract

Out of most morbid disorders, the disease shwas is also becoming a major health problem of the society. Difficulties in breathing, cough are common health complains which everyone experiences throughout their life with different magnitude. Such complains are found in every age group. Dyspnea due to respiratory diseases comes under ShwasaRoga. Maha- Urdhva-Chinna-Tamaka and Kshudra are the types of ShwasaRoga. Bronchial asthma is a chronic inflammatory disease of airways characterized by cough, difficulty in breathing and wheeze. Exposure to dust, smoke, recurrent respiratory infections and climatic changes are chief triggering factors of this disease. Bronchial asthma and its associated features clinically correspond to the Tamaka Shwasa described in Ayurveda.

Keywords: Bronchial Asthma; Nocturnal Asthma; Shwasaroga and Tamakashwasa.

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1. Introduction

Ayurveda deals with preventive, promotive as well as curative aspects. *Ayurveda* is a science of life and longevity. Over the past few years, our lifestyle has changed and we often tend to ignore the importance of healthy living in one way or the other. The main causes behind poor health conditions are diseases, improper diet, injury, mental stress, lack of hygiene, unhealthy lifestyle, etc. Physical, mental and spiritual wellbeing is the appropriate meaning of health in true sense. Proper breathing is essential for good health. Breathing brings both oxygen and the vitality to every cell in the body. Shortness of breath, cough are those common health complains which everyone experience throughout their life with different magnitude. Such complains are found in every age group. In Ayurvedic text, the clinical entity described with cardinal feature of difficulty in breathing is *ShwasaRoga*. There are five types of *ShwasaRoga* described in *Ayurveda*. *Tamakashwasa* is one of the types of *ShwasaRoga*.

2. Disease Review

ShwasaRoga

It is characterized by pathological changes in the respiratory system and thus causing labored breathing or difficulty in breathing. Difficulty in breathing or labored breathing is explained by the term *Bhastrikadhmanasame* which means the chest moves like bellows of blacksmith threatening the course of life¹. *Acharya Sushruta* described that normal *Prana Vayu* gets vitiated and its movement is obstructed by *Kapha*. This leads to increased and labored breathing, results in *Shwasa Roga*². Normally, *Prana Vayu* governs the process of breathing. It provides life, nourishment and also performs *Jatharagni Deepana*³. It may be the reason that patients of *shwasaroga* usually suffers from *Agni* disorder. The causative factors of *shwasaroga* are described as *raja-dhumavata-shitasthana-shitaambu-Vyayama*⁴. It is evident that difficulty in breathing occurs or triggered on exposure to dust, smoke, wind, after intake of cold water or other items and after doing exercise. *Ama Pradosha* is also considered as causative factors for *shwasa roga*⁵. The prodromal features of *shwasaroga* are *Anaha* (Abdominal distension), *Parsvashoola*(pain in costal region), *Hridayapida* (pericardial pain) and *Pranasya Vilomatvama*. *Acharya Chakrapani* has explained the term *Pranasya Vilomatvama* as *Pranasya Paryakulatvam* which means disorder of life or breathing⁶. The specific pathogenesis of *Shwasa Roga* is described as exposure to etiological factors leads to vitiation of *Kapha* along with *Vata* which causes obstruction of *Pranavaha Srotas*. This generates movement of *vayu* in all direction in *Pranavaha Srotas* and body, ultimately causes *Shwasa roga*⁷. *Acharya Vagbhata* added involvement of *Udakavaha* and *Annavaaha Srotasa* along with *Pranavaha* in the *Samprapti*(pathogenesis) of *Shwasa Roga*⁸. In the pathogenesis of *Shwasa Roga*, consideration of these *Srotas* can be coherently understood by observing *Moola* of these *Srotas*. *Moola*(root) of *UdakavahaSrotas* is *Talu* and *Kloma*⁹. *Talu* is palate¹⁰ and *kloma* is tracheal tree and attached lungs¹¹, which are important parts of respiratory system. *Ama* is also said to be the causative factor of *UdakavahaSrotoDusti*¹², similar to *Shwasaroga*. *Annavaahasrotas* have *Amashaya* and *VamaParshva* as its *Moola*¹³. *Amashaya*¹⁴ is the main site of *Pitta Dosha* and *Shwasa Roga* is also said to have its origin from *Pitta Sthana*¹⁵. *Shwasa Roga* is chiefly caused by *Vata* and *Kapha Dosha* but the site of origin of this disease is *Pitta Sthana*¹⁵. Five types of *Shwasa Roga* are *MahaShwasa*, *UrdhvaShwasa*, *ChinnaShwasa*, *TamakaShwasa* and *KshudraShwasa*¹⁶. Among these, *MahaShwasa*, *UrdhvaShwasa* and *ChinnaShwasa* are *Asadhya* (incurable) whereas *KshudraShwasa* is not that much annoying¹⁷. *TamakaShwasa* is a *yapya* disorder¹⁸. Thus, it is difficult to cure and prevention of the causative factors as well as treatment is needed throughout the life.

TamakaShwasa

Tamakashwasa consists of two words viz *Tamaka* and *shwasa*. ‘*Tama*’ means darkness or to choke¹⁹. There is no separate description for prodromol features of *TamakaShwasa* but distinguished pathogenesis has been described. Aggravated *vata* due to exposure to causative factors leads to its *Pratilomagati* or reverse movement Vitiated *vata* runs through channels and reaches head - neck region. It exaggerates the regional *Kapha* by increasing epithelial secretion and produce *pinasa*. These secretions or *malarupikapha* obstructs the passage of air and produces *ghurgur shabda* or wheezing sound²⁰.

Clinical Features of *Tamaka Shwasa*²⁰

- 1) *Pinasa* - Vitiating of *Vata* due to obstruction in *Pranavaha Srotas* due to *Kapha* causes *pratilomagati* of *vayu* along with *kapha* and produces *Pinasa*.
- 2) *Griva – Sirasa Sangraha* – Vitiating *Vata* causes spasm and rigidity of neck muscles. It causes stiffness of neck and restricts movement of neck and head.
- 3) *Ghurghurkamashabda* – *Ghurghur shabda* or wheezing is abnormal sound during breathing. Due to obstruction of *srotas* by *kapha*, vitiating *udanavayu* results in *ghurghur shabda*. Narrowing of *srotas* due to vitiating *prana* and *vyana* also results in wheezing sound.
- 4) *Pramoha* - Persistence of compromised blood supply to the organs results in slow heart rate and fall in blood pressure. This results in failure of peripheral blood circulation and ultimately causing fainting and shock.
- 5) *Kanthodhwansa* - *Madhukosa* commentary on *Madhav Nidana* interpreted *Kanthodhwansa* as "itching in *kantha*" which can be due to repeated attacks of cough and vitiating *Kapha*.
- 6) *Parshvasgraha* - It is due to fatigue of respiratory muscles resulted from increased breathing and repeated cough.
- 7) *Ushnamabhinandte* – Predominant *doshas* in *Tamakashwasa* are *vata* and *kapha* having '*Shita*' as their *guna*. Use of *ushnaguna* through hot drinks, food and atmosphere does *kapha-vilayana* and *vata-anulomana*. Thus, this causes relief in symptoms of *TamakaShwasa*.
- 8) *Meghambu shita Pragvatah Shleshma chabhivardhate* - These are triggering factor mainly vitiates *vata* and *kapha doshas* and provoke the pathology of disease.
- 9) *Lalatasweda* - It is seen in acute exacerbation of asthma when patient is exhausted due to rapid breathing. *Lalatasweda* signifies sweating due to exhaustion and rapid breathing.
- 10) *Slesmanivimokshante Mahuratam Sukham* - After expectoration patient feel better because of the sticky sputum is expectorated and the frequency of cough is reduced and easy ventilation is facilitated for a short time.
- 11) *Vishushkashyate* - Oral breathing in the condition of *Pinasa* can lead to dryness of mouth.
- 12) *Muhur Shwasa* - In patients of *Tamakashwasa*, to compensate decreasing oxygen level in blood, the respiratory rate in patient increases and results in rapid breathing.
- 13) *MuhushchivaAvadhmyate* – The body moves along with respiration during attack. While during inspiration the trunk is raised and during expiration lowered. As per *Madhukosa* commentary, it is shaky movement of the body due to increased breathing and it looks as if patient is riding on an elephant.
- 14) *BhrusumArtimana* - During the attack of *shwasa*, patient experiences repeated episodes of cough and dyspnea. Therefore, he cannot breath properly and he is under great distress. In Ayurveda, two subtypes of *TamakaShwasa* have been described²¹.
 - *Pratamaka Shwasa* - When *Tamaka Shwasa* is associated with symptoms like *Jwara* and *Murcha*, it is known as *Pratamaka shwasa*. It is caused by *Udavarta*, *raja*, *ajirna*, *klinna kaya* and suppression of natural urges. According to *Madhukosha* commentary, association of *Pittadosha* with *vata* and *kapha* causes *pratamaka shwasa*.
 - *Santamaka Shwasa* - This subtype of *Tamaka Shwasa* increases during night time and is relieved by cold things. It is known as *Santamaka Shwasa* because the patient feels as if he

is drowning in the darkness usually the attacks precipitate early in the morning. Acharya Chakrapani and Jejjata described only Pratamaka Shwasa as a subtype of Tamakashwasa and according to Madhukosha commentary; Pratamaka Shwasa is synonym of Santamaka Shwasa.

Chikitsa of TamakaShwasa

According to *Acharya Charaka*, any drug or dietary regime etc. which alleviates *Kapha* and *Vata*, have *ushna* property and promotes downward movement of *vata*, should be used in the patient of *shwasaroga*. Things which pacifies *Kapha* only but aggravates *vata* or things which pacifies *vata* but aggravates *kapha* should not be used in the treatment of *Shwasaroga*. Best among both of these is to use those drugs, medicines and dietary regime which alleviates *vata* but may aggravate *kapha*. *Vatahara* treatment is better than *kaphahara* treatment because *vatahara* treatment may aggravates *kapha* but it minimizes the complications associated with disease and also improves the prognosis, whereas *kaphahara* treatment pacifies *kapha* but also causes depletion of *dhatu* and produces serious side effects²². *Nidana Parivarjana* - Avoidance of etiological, aggravating and triggering factors is *Nidana parivarjana*. If precautions are taken against causative factors, then initiation of pathology can be prevented. Exposure to dust and smoke, cold and rainy weather, intake of cold drinks and other cold food items, excessive exercise and other physical activity are some of the factors that should be avoided by patients of *shwasaroga*.

Snehana & Swedana - Use of *Swedana* locally or throughout whole body helps in liquefaction of viscous *malarupi Kapha* and also does *vata anulomana*. *Acharya Charaka* specially indicated following type of *swedana* in the treatment of *Hikka* and *Shwasa* - *Nadisweda*, *Prastara sweda* and *Sankara sweda*. *Snehana karma* prepares body for the *shodhana karma*. *Acharya charaka* indicated the use of *Tila taila* and *Saidhava Lavana* for the massage over chest region in the patients of *shwasa roga*²³.

Vamana Karma - It should be the choice of treatment in *Kapha* predominant state of *shwasaroga*(*Tamakashwasa*) as it expels the stagnant *Malarupi Kapha* from the *srotasa* and normalize the movement of *vata*. After proper *swedana*, *snigdhaodana* (rice), with soup of fish or pig flesh and the supernatant of curd may be given to the patients for *kapha - utklesha*. Thereafter, *vamana* should be performed with the help of *Madanaphala pipali*, mixed with *saindhava* and *madhu* (honey), taking care of to see that such an emetic is not antagonistic to *vata*²⁴.

- **Virechana karma** - The site of origin of *Shwasaroga* is *Pitta sthana*. *Virechana karma* is indicated as the best treatment for the aggravated *Pitta dosha*. Therefore, *virechana* helps in maintaining the normal levels of *pittadosha*. Although, *Basti* is the best treatment for *vata dosha* but *Acharya Charaka* has explained that if *Vata* is associated with other doshas, then *mridu samshodhana* or *mridu virechana* should be done with oilation²⁵. So, *Virechana karma* also pacifies *vata dosha* which is associated with *kapha* in patients of *Shwasaroga*.
- **Shamana chikitsa** - Procedures like *Vamana* and *Virechana* cannot be done in old age patients, emaciated patients, patients suffering from other co-morbid conditions along with *shwasaroga* etc. In such cases, *shaman chikitsa* (treatment with medicines only) is the choice of treatment.

Bronchial Asthma

Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbor a special type of inflammation in the airways that makes them more responsive than non-asthmatics to a wide range of triggers, leading to excessive narrowing with consequent reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patients with chronic asthma there may be an element of irreversible airflow obstruction²⁶. Nocturnal asthma refers to asthma symptoms that seem worse in the middle of the night, typically between 2 AM and 4AM. Interestingly, nocturnal asthma can affect someone with any type of asthma. Factors that can cause your asthma symptoms to worsen at night may include sinus infections or postnasal drip caused by allergens such as dust mites or pet dander. The body makes adrenaline and corticosteroids, which protect against asthma. Levels of these two substances are lowest between midnight and 4AM, making it more likely to experience symptoms during these times²⁷.

3. Discussion

It is evident that types of *Shwasa Roga* in *Ayurveda* have been described on observing the breathing pattern, pathological changes and clinical features. On this ground, *Tamaka Shwasa* can be nearly corresponds with Bronchial Asthma. *Ghurghur shabda*, *Kanthodhwansa*, *Parshvashoola*, *Meghambushita Pragvatah Shleshmachabhivardhate*, *Slesmanivimokshante*, *Mahuratum Sukham* and *Vishushkashyate* are cardinal features found in Bronchial asthma. *Pinasa* (coryza or allergic rhinitis) is usually found as an associated feature with Bronchial asthma. Clinical features like *Pramoha*, *Lalatasweda*, *Muhuschiva Avadhamyate*, *Bhrusum Artiman* are related to acute exacerbation of bronchial asthma. *Pratamaka shwasa* is triggered by environmental allergens and seasonal variation. On the basis of disease pattern, *Pratamaka shwasa* corresponds to allergic asthma with super added seasonal viral or bacterial infection. Besides this, *Santamaka Shwasa* is said to be aggravated by *tama* or darkness or during night. It is evident that *Santamaka Shwasa* corresponds to Nocturnal asthma.

4. Conclusion

Dyspnea or difficulty in breathing due to respiratory diseases is related to *Shwasa Roga*. It is evident that *Tamakashwasa* is a disease of respiratory tract. Formation of *Ama* plays an important role in the pathology of *Tamakashwasa*. Along with *Pranavaha Srotasa*, *Udakavaha* and *Annavaaha Srotas* are also involved in the pathogenesis of *Tamaka Shwasa*. On the clinical grounds, *Tamaka Shwasa* very much corresponds to a disease known as Bronchial Asthma. Clinical features and types of *Tamakashwasa* are similar to pattern and associated features found in Bronchial asthma.

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