

TAMAKA SHWASA (BRONCHIAL ASTHMA) - A CASE STUDY

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ABSTRACT

Tamaka Shwasa is listed as one of the variety among five types of *Shwasa Roga*. *Tamaka Shwasa* is a 'Swatantra Vyadhi' and having its own specific aetiology, pathology and management. Hence, *Acharya Charaka* has given separate *Samprapti* of *Tamaka Shwasa* in addition to general *Samprapti* of *Shwasa Roga*. *Kshudra Shwasa* is present as symptom in most of the diseases & does not require any medication. And other types are difficult to cure. Bronchial asthma mentioned in Modern Medicine closely resembles with the *Tamaka Shwasa* on the basis of its clinical features and etiopathogenesis. Here, I am presenting a case study of a 33-year-old male patient with history of *Tamaka Shwasa* since last 2 years. The Patient was having symptoms

as shortness of breath especially at night time (*Shwasa Kricchrata Ratrikale*), coughing with expectoration (*Sakapha Kasa Pravriti*), Rhinitis (*Pratishyaya*) and heaviness of chest region (*Urah Gauvaravata evum Shleshma Purna Urah Anubhuti*) feeling comfort in sitting posture (*Aasine Labhte Saukhyama*). On examination of chest wheezing was present bilaterally on auscultation. Patient was taking bronchodilator. He was using inhaler 3-4 times per day. In *Tamaka Shwasa*, *Kapha* obstructs the passage of *Vayu*, the obstructed *Vayu* have in upward direction (*Pratiloma Gati* of *Vayu*). So, destroy this pathogenesis is a line of treatment, *Shodhana Chikitsa* along with *Shamana Chikitsa* was adopted. Here used *Virechana* drugs having quality of *Vatanuloman*, *Ushnaguna*, *Kapha-vataghna* properties. As they are more beneficial in condition of *Shwasa*. *Virechana* remove mainly *Pitta* and *Kapha Dosha* and makes the downwards movement of *Vayu*. After 45 days of treatment patient got 60% relief in asthmatic symptoms. Here, the present paper endeavours to enunciate the concept based on

classical references as well as scientific studies carried out in recent years by research scholars.

KEYWORDS: *Tamaka Shwasa*, Bronchial asthma, *Shodhana chikitsa*, *Shamana Chikitsa*.

INTRODUCTION

Among all respiratory tract diseases, Asthma is serious global health problem. It is one of the burning problems of our society which is seen in all age group. The *Shwasa* is the *Vyadhi* of *Pranavaha Srotasa*. In *Ayurveda* “*Prana*” word refers to ‘*Prana Vayu*’ (oxygen) or ‘Life’. As per *Acharya Charaka* the roots of *Pranavaha Srotas* are located in *Hridaya & Mahasrotasa*. Respiration is the vital process through the environmental air (Oxygen) is inhaled inside the lungs & Carbon dioxide is exhaled outside from the lungs. When *Pranavayu* loses its normal physiological function and become vitiated (*Viguna*). And when gets obstructed by *Kapha* and moves upwards, it results into *Shwasa Roga*.^[1] *Tamaka Shwasa* is one among the five types of *Shwasa Roga* described in *Ayurveda*. It originated from the *Pittasthana*^[2] & It is caused due to the various *Vata Prakopaka & Kapha Prakopaka Nidanas* mentioned in classical text which leads to the vitiation of *Kapha Dosha & Vata Dosha* & It results in obstruction in *Pranavaha Srotasa* & manifest as the *Shwasa Roga*. *Tamaka Shwasa* is a ‘*Swantantra Vyadhi*’ & having its own etiology, pathology & management. It is chronic in nature. *Acharya Charaka* has described the five types of *Shwasa Roga*. In *Ayurveda* Classical text, *Maha*, *Urdhva*, and *Chhinna Shwasa* are terminal stages and having extremely bad prognosis (*Asadhya*). In these conditions any type of *Chikitsa* is not effective. *Kshudra Shwasa* is present as symptom in most of the diseases & does not require any medication. *Tamaka Shwasa* is *Sadhya* in initial phase & if not treated in early condition it becomes *Yaapya Vyadhi*. So, *Tamaka Shwasa* is important among the five types as far as management is concerned. It can be treated with the appropriate treatment.

Santamaka and *Pratamaka* are the variants of the *Tamaka Shwasa*. Whenever *Tamaka Shwasa* is associated with *Jwara* (Fever) and *Murccha* then it termed as *Pratamaka Shwasa*. One is which caused by reverse movement of *Vayu* (*Udavarta*), dust, indigestion, humidity and suppression of natural urges, aggravates severely in darkness and subsides quickly by cold things known as *Santamaka* because the patient feels as if sinking in darkness.^[3]

Bronchial asthma mentioned in Modern Medicine closely resembles with the disease entity *Tamaka Shwasa* on the basis of its clinical features and etiopathogenesis. Bronchial asthma is

common and potentially serious illness characterized by chronic inflammation of airways and hyper-responsiveness leading to symptoms of breathlessness, bronchoconstriction, wheezing, and difficulty in expectoration & feeling little comfort in erect posture. It occurs due to the mainly increased exposure to air borne allergen, particularly house dust mites, exposure to occupational allergens, pollutants etc. Worldwide prevalence rate is about 339 million people have asthma.^[4] The prevalence of asthma has increased over time and an additional 100 million people worldwide are expected to develop asthma by the year 2025.

As far as the management is concerned among all the therapeutic measures *Charakacharya* emphasizes the importance of *Vamana* and *Virechana karma*, thus reaffirming the involvement of GI tract in *Shwasa roga*. The drug having *Deepana*, *Pachana*, *Kapha-Vatahara*, *Shwasahara*, *Vatanulomana* properties are used for treatment of Asthma. *Acharya Charaka* has clearly mentioned about the indication of *Virechana Karma* in *Tamaka Shwasa*.

CASE REPORT

A 33-year-old male patient was consulted in outdoor patient department of Kayachikitsa at Govt. Akhandanand Ayurved Hospital (O.P.D. Reg. No.- 6386) dated 12 March, 2022. He had complain of the shortness of breath especially at night time, coughing with expectoration, Rhinitis and heaviness of chest region since last 2 years.

▪ History of present illness

Patient was Suffering from shortness of breath in lying down position and heaviness of chest, rhinitis, coughing with expectoration in beginning, then as slowly progression symptoms get worsen over time. The symptoms got aggravated with the smoke, dust, fumes, cold season and cold things exposure. So, Pt was under treatment at nearby hospital. He was taking Asthalin inhaler on daily basis 3-4 puffs per day. He had 4-5 episodes of dyspnoea per week. The episodes were only relieved with the use of inhaler. He got temporary relief in above symptoms. but didn't get completely relief. So, patient come at Govt. Akhandanand Ayurved Hospital for his further treatment.

▪ Treatment History

He was taking Asthalin inhaler whenever he got asthma attack.

▪ Past History

K/C/O bronchial Asthma since 2 years.

P/H/O covid 19 infection in April, 2021.

No H/O HTN, DM, Fever, TB infection.

▪ **Personal history**

- Diet - Vegetarian
- Appetite – Good
- Bowel habit - Once in morning)
- Micturition - 4 to 5 time in a day & 1-2 time at night
- Sleep - 6 to 7 hrs, sometimes h/o disturbed sleep due to Asthmatic episode.
- Addiction – Not any

▪ **Family history**

Not significant.

▪ **Examination**

On examination vitals were normal. Pulse- 78/min, B.P. is 124/86 mm of hg. CVS - no abnormality detected. Per abdomen is soft and non-tender, no organomegaly. CNS function is intact.

Respiratory system examination

Inspection: inspection of the chest- bilateral symmetrical. No use of accessory muscle during respiration. Type of breathing is abdomino-thoracic. No chest deformity, No scar or discoloration over chest. Respiratory Rate was 24/min.

Palpation: No Tenderness, Trachea is centrally placed. Bilaterally chest expansion is equal. Vocal Fremitus is bilaterally symmetrical.

Percussion: Resonant all over the lung field. Hepatic and cardiac dullness was noted.

Auscultation: Bilaterally expiratory wheezing was noted. Vocal Resonance was bilaterally symmetrical.

Asthta-Sthanagata Pariksha

- *Nadi*(pulse): 78/min, Regular, *Manduka Gati Nadi*
- *Mala*(stool): Once in morning
- *Mutra* (Micturition): 4-5 times in day & 1-2 times in night

- *Jihva*(Tongue): Coated
- *Drika*(Eyes): *Prakrita*
- *Sabda*(Speech): *Prakrita*
- *Sparsh*(Touch): *Anushna-sheeta*
- *Aakruti*: *Madhyama*

MATERIALS AND METHOD

Source of Data

Patient suffering from complaints of *Tamaka Shwasa* is selected from O.P.D. of GAAC, Ahmedabad. O.P.D. registration no. 6386.

Study design: A Single case study.

Treatment: *Shodhana Chikitsa* followed by *Shamana Chikitsa*.

Procedure

➤ **Virechana Karma:** *Deepana, Pachana* was done with *Shivakshara Pachan Churna*- 2 gm twice in a day for 3 days. After proper *Agni deepati lakhshna* were found, *Snehapana* was done with *Go-ghrita* for 7 days till *Samyaka Snehana Lakshnas* like smooth skin (*Snigdha Twaka*), oiliness in stool (*Snigdha Purisha*) and Nausea (*Utklesha*). During *Vishram kala Abhyanaga* was done with *Tila Taila* followed by *Nadi Sweda*. After observation of the features of proper *Snehana* and *Swedana*, patient is considered ready for *Virechana Karma*. For *Virechana yoga Shyama Trivritta Churna* 5gm, *Triphala Kwatha*-150 ml and *Eranda Sneha*- 50 ml was given on empty stomach. *Madhyama Suddhi* was achieved. It was followed by *Samsarjana krama*.

➤ **Shamana chikitsa:** After *Shodhana Chikitsa Shamana Chikitsa* was given for 1 month.

1. *Sitopaladi churna*- 3gm+ *Vasa churna*- 2gm with natural honey TDS
2. *Dashmula kwatha*- 20 ml BD
3. *Saindhavadi Taila* for *Uraha Abhyanga* f/b local *Swedana*

Above treatment is advised for 1 month. Follow up was taken after 1 month

Assessment of result criteria

Before and after treatment result were assessed from subjective parameters.

Subjective parameter

- 1) *Shwasakricchrata*(Shortness of breath)
- 2) Respiratory Rate
- 3) *Kasa*(Coughing)
- 4) *Kapha nisthivana*(Cough with expectoration)
- 5) *Peenas*(Rhinitis)
- 6) *Ghurghurakam* (Wheezing)
- 7) *Aasino labhate saukhyam*(Feeling comfort in sitting posture)
- 8) AEC count
- 9) Peak flow meter rate
- 10) Use of Bronchodilator

Table no. 01: Subjective parameters of *Tamaka Shwasa*.

SUBJECTIVE PARAMETERS GRADATION
1. <i>Shwasakricchrata</i> (Difficulty in breathing) 0-Not troubled by shortness of breath on level or uphill 1-Troubled by shortness of breath on level or uphill 2-Walks slower than the persons of the same age 3-Stops for breath after walking about 100 meters / stops after few minutes of walking on ground level 4-Breathlessness on dressing or undressing/ too much breathlessness
2. Respiratory Rate (c/m) 0-Respiratory rate 14-20/m 1-Respiratory rate 21-25/m 2-Respiratory rate 26-30/m 3-Respiratory rate 31-35/m 4-Respiratory rate >35/m
3. <i>Kasa</i>(Cough) 0-No cough 1-Dry cough without pain/wet with easy expectoration 2-Cough with mild pain & slight expectoration 3-Cough with severe pain, Restlessness & difficulty in expectoration 4-Frequent coughing & Fainting
4. <i>KaphaNisthivanam</i> (expectoration) 0-No <i>kaphanisthivana</i> 1- <i>Kaphanisthivana</i> only in early morning 2- <i>Kaphanisthivanam</i> 2-3 times /day 3-Frequent <i>kaphanisthivanam</i>
5. <i>Peenasa</i> (Rhinitis) 0-No <i>peenasa</i> 1- <i>Peenasa</i> during attack & subsides after some times. 2- <i>Peenasa</i> during attack & persist 3- <i>Peenasa</i> very often without attack 4- <i>Peenasa</i> always persisting

6. Ghurghurakam (Wheezing) 0-No wheezing 1-Wheezing heard only on localized part of chest with stethoscope at time of attack 2-Wheezing heard only on localized part of chest with stethoscope without attack 3- Wheezing heard on whole lung with stethoscope 4-Wheezing heard without stethoscope
7. Asino labhate Soukhyam (feeling better in sitting position) 0-Relief on lying position 1-Temporarily feels better in sitting posture 2-Sitting posture gives relief 3-Spontaneous Sitting posture cannot sleep
8. AEC Count (Cells/cumm) 0-AEC < 450 cells/cumm 1-AEC 451 -550 cells/cumm 2-AEC 551 -650 cells/cumm 3-AEC 651 -750 cells/cumm 4-AEC > 751 cells/cumm
9. Peak Flow Meter Rate in Lit/m 0-Peak expiratory flow meter rate more than 300 Lit/m 1-Peak expiratory flow meter rate 200 –300 Lit/m 2-Peak expiratory flow meter rate 80—200 Lit/m 3-Peak expiratory flow meter rate less than 80 Lit/m
10. 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 No.02: effectiveness of treatment.

Sr. No.	Signs and Symptoms	Before treatment (B.T.)	After Virechana Karma	7 th Day	15 th Day	21 st Day	30 th Day	After treatment (A.T.)
1.	ShwasaKricchrata(Shortness of Breath)	3	2	1	1	1	1	1
2.	Respiratory Rate	1	1	1	1	1	1	1
3.	Kasa(Coughing)	3	2	2	1	1	0	0
4.	Kaphanisthivana (Expectoration)	3	2	1	1	1	1	1
5.	Peenas(Rhinitis)	4	1	1	1	1	1	1
6.	Ghurghurakam(Wheezing)	3	2	2	2	1	1	1
7.	Aasino labhate saukhyam (Feels better in sitting position)	2	1	1	1	1	1	1
8.	AEC count	2	0	0	0	0	0	0
9.	Peak flow meter rate	1	0	0	0	0	0	0
10.	Use of Bronchodilator	2	0	0	0	0	0	0

Table no. 03: Result of investigation B.T. and A.T.

Sr. No.	ASSESSMENT	B.T.	A.T.
1	P.E.F.R.	350 Lit	500
2	Hb	13 g/dL	16.7
3	Neutrophil	60%	53%
4	Eosinophil	7.5%	5%
5	X-ray	Broncho-vascular markings are prominent	Broncho-vascular markings are prominent

DISCUSSION

In *Ayurveda*, various *Acharyas* has given general line of treatment for the disease which includes *Nidana Parivarjana*, *Shodhana & Shamana Chikitsa*. According to *Acharya Charaka*, 'Tamake tu Virechanam- Ch. Chi. 17/121' is the specific management of *Tamaka Shwasa*. *Tamaka Shwasa Roga* originates from the *Pitta Sthana* and the site of its expression is *Uraha Pradesh* which is mainly *Kapha Sthana*. Here *Dosha* involvement is of *Kapha & Vata* as *Kapha* obstructs the pathway of *Vayu* and causing aggravation of *Vata Dosha*. The *Pratiloma Gati* of *vayu* must be brought to *Anulomana*. The *Pitta Sthana* disturbance leads to indigestion & production of *Aam Dosha* which is the cause of production of *Vikruta Kapha dosha*. So, it is of prime importance to treat the root cause of *Shwasa Roga* i. e. *Pitta Sthana*. Hence *Virechana* is the main treatment to eliminate the *Dushta Pitta* and to downward the movement of *Vayu*.

Virechana can give good result when the *Agni* is in good state. First 5 days, *Shivakshar Pachan Churna* was given for *Agni Deepana*. Next 6th to 12th days Internally *Snehapana* with *Go-ghrita* was given in increasing quantity of-6th day 30 ml, 7th day 60 ml, 8th day 90 ml, 9th day 120 ml, 10th day 150 ml, 11th day 180 ml, 12th day 210 ml. After getting *Samyaka Sneha Jirna Lakshana* next 13th, 14th & 15th days *Sarvanga Abhyanga* with *Tila Taila* was done. It was followed by the *Dashmoola kwatha Nadi Swedana*. Then on next day *Virechana* drug (*Shyama Trivritta Churna* 5gm, *Triphala Kwtha*-150 ml and *Eranda Sneha*- 50 ml) was given with *Ushnodaka*. 11 vega, *Aantiki suddhi -Kaphanta* with *Samyaka Madhyama Suddhi* was observed after the procedure.

Acharya Charaka has mentioned that *Kapha* and *Vata* are the predominant *Doshas* for development of *Tamaka Shwasa*, so the medicines and the dietetic regimen which can control the *Kapha* and *Vata* with their *Ushna Guna* and *Vata Anulomana* properties were advised. After *Shodhana chikitsa Shamana chikitsa* was given for 1 month. In that *Sitopaladi churna*- 3gm with *Vasa churna*- 2gm were mixed with honey. Which is beneficial in *Shwasa* (which

cures asthma), *Kasa*(which can cure coughing), Flank pains(*Parshwashoola*). Also, it acts as *Agni Deepana* i.e., improves digestion power and reduce the burning sensation in body. Also, *vasa* was mixed with it, is having light and dry properties and also *Katu Vipaka* which reduces the productive cough. And thus improvise the symptoms of Asthma. *Dashmula Kwatha*- 20 ml BD was given on empty stomach. Which is *Balya*(Increase strength), *Ama Nashaka*(removes toxins), *Shwasahara*(treat asthma), *Deepana*(enhance digestion power), *Pachana*(Helps in digestion) and also *Kapha-Vata Hara* and *Anulomaka* and *Sothahara*. *Saindhavadi Taila* used for *Uraha Abhyanga* f/b local *Swedana*. It can loosen the mucus plugs in the chest region so, obstruction is removed and easy movement of *Vayu* occurs. After these medication patients got 60% relief in Asthma symptoms. And use of the bronchodilators was stopped after starting the *Ayurveda* Medicine.

CONCLUSION

From the above case study, it was proved that *Ayurveda* management provides complete relief in 1 month of treatment. It can be concluded that with applying classical *ayurvedic* principles & following proper *Pathya-apathya* by patient, the case of *Tamaka Shwasa* (Bronchial Asthma) shows excellent improvement and no any side effects were seen.

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