



# CHILDHOOD *TAMAKA SHWASA*- AN *AYURVEDIC* REVIEW

Dr. Ankita Joshi \*<sup>1</sup>, Prof. (Dr.) Keerti Verma<sup>2</sup>, Dr. Reena Dixit<sup>3</sup>

1. M.D scholar, P.G Department of Kaumarbhritya, Rishikul Campus,UAU, Haridwar
2. Head of Department, Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar
3. Professor, Department of Kaumarbhritya, Rishikul Campus,UAU, Haridwar

## ABSTRACT

Asthma is one of the most common chronic non-communicable diseases worldwide and is characterised by variable airflow obstruction, causing dyspnoea and wheezing.. Asthma is an episodic disease manifested clinically by paroxysms of dyspnoea, chest tightness with wheezing sound and coughing particularly at night or early morning. Asthma is associated with mast cells, eosinophils and T Lymphocytes. According to ayurveda it is analogous to "*Tamaka Swasa*." There are five classes of *Swasa*: *Kshudra*, *Tamaka*, *Chhinna*, *Maha* and *Urdhava*. *Tamaka Swasa* is a type of *Swasa Roga* affecting the *Pranavaha Srotas* and characterized by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is immensely injurious to life. *Vata* moving in the reverse order pervades the channels (of vital breath), afflicts the neck and head, and stimulates *Kapha* (phlegm) to cause *Margavarodha* (blockage of respiratory passage) by producing broncho constriction.

Key words: *Kshudra*, *Tamaka*, *Chinna*, *Maha*, *Urdhava*, *Vata*, *Kapha*, *Margavarodha*

## INTRODUCTION

*Ayurveda* described five types of *Shwasa Roga* and among these, *Tamaka Shwasa* is one. *Tamaka Shwasa* is a "*Swatantra*" *Vyadhi* i.e. independent disease entity and having in own etiology, pathophysiology and management. It is mentioned as *Yapya Vyadhi* i.e. a disease of chronic and difficult to cure in nature. *Tamaka Shwasa* is basically a disorder of *Pranavaha Srotas* while other *Srotas* are also vitiated. In this condition *Vayu* gets vitiated from its normal state (due to obstruction made of *Kaphadosha*).

Bronchial asthma is a chronic inflammatory condition of the lungs airways resulting in episodic airflow obstruction. Childhood Bronchial asthma has multifactor causation.

As per *Archarya Charaka* both the *Vata* and *Kapha Dosh* has been considered to be the chief *Doshas* which are involved in the pathogenesis of *Tamak Shwasa*. But in *Sushruta Kapha Pradhan Vyadhi*. During this disease *Prana Vayu* is dearranged among the five types of *Sharir Vayu*. This disease is originated from *Pitta Sthana* i.e. *Amashaya* and the involved *Srotas* is *Pranvaha Srotas*, *Udhkavaha* and *Annavaaha Srotas*.

In the pathogenesis of *Tamaka Shwasa*, when *Vata* is obstructed by vitiated *Kapha*, gets reverses and afflicting the *PranavahaShrotas* and producing *ShwasaKricchta*(dyspnoea), *Kasa*(cough),*Ghurghurahat*

(wheezing sound), difficulty in breathing especially on lying position and patient feel comfortable on sitting posture etc.

## MATERIAL AND METHOD

The materials were collected from the classical *Ayurvedic* literatures and modern text books.

## NEED OF STUDY

- As stated by WHO, around 235 millions people are living with asthma. It is the most common chronic disease among children worldwide.
- Bronchial asthma disease is chronic and interferes with dialy working. It can affect on any age or gender and depends upon environmental and hereditary factors.

## *Nidana of Tamak Shwasa:*

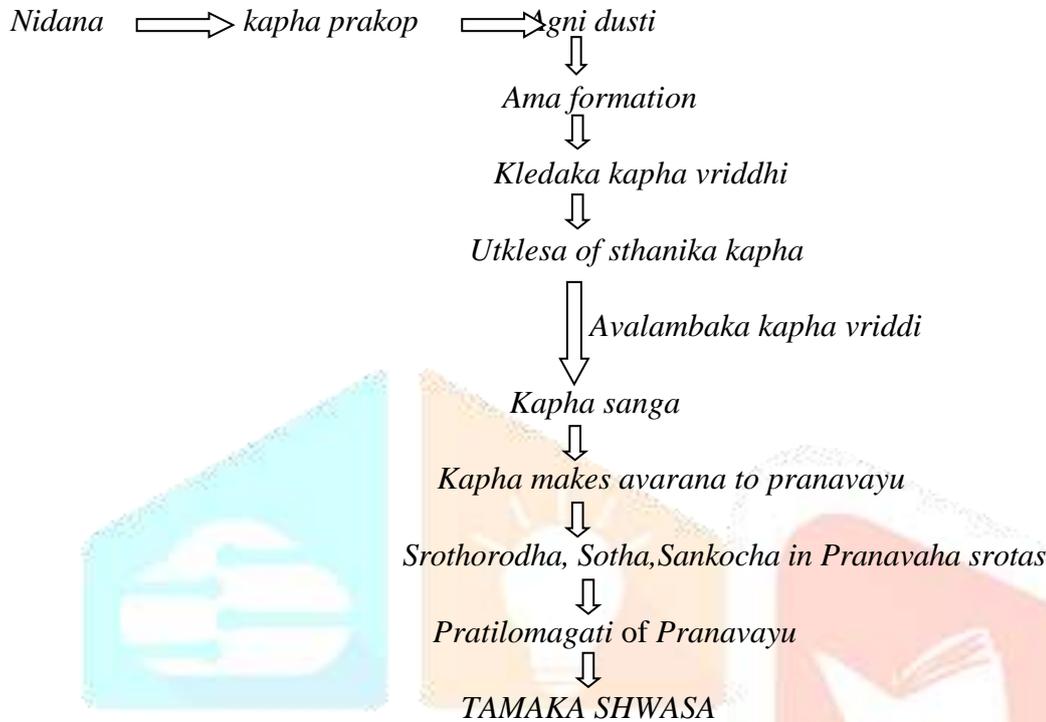
In 17<sup>th</sup> chapter of *Charak Chikitsa Sthana* provides complete description of *Shwasa Roga* with its etiology, pathology, symptomatology, complication and treatment. Here the specific *Nidana*, *Samprapti*, *Lakshana* and types of *Tamak Shwasa* have been described in detail <sup>[1][2][3]</sup>

1. *Aharaj Nidana*- Use of *Ruksha, Guru, Vidahi, Abhishyandi, Sheeta Padarth*( *Sheetal Peya Padarth, Chawal, Dadhi, Makka, Uras etc*).
2. *Viharaj Nidana*- *Sheetal sthan nivas, sheetal jal sevan, dholi-dhoom-tivravayu sevan, ativyayaam, vegaavorodh, aptarpan, deevaswapan etc*.
3. *Nidanarthak Nidana*- *KanthUrahPradesh Per Aghat, Vibandha, Atisara, Pandu, Chardi, Visuchika, Alsak, Pratishyaya, Raktpitta, Udavarta, Visha Evum Jwar*.

SR.NO.	SYMPTOMS	C.S	S.S	A.S	A.H
1.	<i>Pinasa</i> – Running nose	+	+	+	+
2.	<i>Shwasa</i> – Dyspnoea	+	+	+	+
3.	<i>Tivravegs Shwasa</i> –Rapidly of breathing	+	+	+	+
4.	<i>Amuchyamanae Tu Brihsam</i> – severe breathlessness, if sputum is not expectorated	+	+	+	+
5.	<i>Vimokshante Sukham</i> –Slight relief in breathlessness on spitting out the sputum	+	+	+	+
6.	<i>Anidra</i> –Breathlessness disturb sleep	+	-	-	+
7.	<i>Pratamyati Ati Vegat</i> –Deterioration of consciousness	+	-	+	+
8.	<i>Kasa</i> – Cough	+	+	+	+
9.	<i>Pramohan Kasamanascha</i> –Frequent deterioration of consciousness during paroxysm of cough	+	-	+	+
10.	<i>Kantha Ghurghuraka</i> –Rattling	+	-	-	-
11.	<i>Kanthodhwamsa</i> –Soreness of the throat	+	-	-	-
12.	<i>Utshoonaksha</i> –edema around the eyes	+	-	+	+
13.	<i>Vishushkasya</i> –Dryness of mouth	+	-	+	+
14.	<i>Lalata Sweda</i> –Sweating in the forehead	+	+	+	+
15.	<i>Sheeta Ambu</i> –Coldwater	+	-	+	+
16.	<i>Pragvata</i> – Breeze	+	-	+	+

17.	<i>Shleshmals– Kaphakara</i>	+	-	+	+
18.	<i>Aruchi– Anorexia</i>	-	+	+	+
19.	<i>Trishna–Excessive thirst</i>	-	+	+	+

### **Samprapti (Pathogenesis) Of Tamaka Shwasa:**



### **Samprapti Ghataka :**

<b>Dosha</b>	<i>Vata – Kapha</i>
<b>Dushya</b>	<i>RasaDhatu</i>
<b>Agni</b>	<i>Jatharagni</i>
<b>Agnidushti</b>	<i>Mandagni</i>
<b>Srotasa</b>	<i>Pranavaha, Udakavaha, Annavaha</i>
<b>Srotodushti</b>	<i>Sanga and Vimarg Gamana</i>
<b>UdhbavaSthana</b>	<i>Amashayautha</i>
<b>Prognosis</b>	<i>Yapya</i>

### **REVIEW OF MODERN LITERATURE<sup>[4]</sup>:**

Bronchial asthma is a chronic inflammatory disease of airways characterized by hyper responsiveness of trachea bronchial tree to the multiplicity of the stimuli. Clinically it is characterized by episode of dyspnea, cough, wheezing which revolves either with Bronchodilator or without bronchodilator.

### **FACTORS PRECIPITATING ASTHMA <sup>[5]</sup>:**

- Allergens–
  - Inhale dust, pollen, house dust mite
  - Ingested: fish, nuts, strawberries
  - Food additives: Tartrazine, meta bisulfite preservatives, monosodium
  - Occupational allergens: grain-dust, wood dust

2. Cold air & hyperventilation.
3. Air pollution e.g. NO<sub>2</sub>, SO<sub>2</sub>, smoke from fire.
4. Emotional stress, anxiety, premenstrual tension and psychological upset.
5. Respiratory infections (viral, bacterial)
6. Strenuous exercise (exercise induced asthma)
7. Drugs–a) NSAIDs (Especially aspirin) b) Beta blockers
8. Chemicals: Sulfating agents like Na or K bisulfate, Sulphur dioxide etc.

## TYPES OF ASTHMA:

**1. ATOPIC ASTHMA / EXTRINSIC ASTHMA / EARLY ONSET ASTHMA**– It occurs in atopic individuals who readily form IgE antibodies in response to allergens. Atopic patients can be identified by skin sensitivity tests. Asthmatic inflammatory reaction is characterized by acellular infiltrate rich in eosinophils. This type of asthma is commonly associated with families, persons with history of allergic diseases such as rhinitis, urticaria, eczema etc.

**2. NON-ATOPIC ASTHMA / INTRINSIC ASTHMA / LATE ONSET ASTHMA**–It can begin at any age, especially in late adulthood. There is no role of allergens in the production of the disease and there is no family or personal history of atopic diseases.

## CLINICAL FEATURES <sup>[6]</sup>:

- Episodic breathlessness
- Wheezing
- Cough
- Chest tightness
- Increased mucous production, which is thick, mucous and difficult to expectorate

## ASSESSMENT OF SEVERITY OF ASTHMA ACCORDING TO GINA GUIDELINES <sup>[7]</sup> : -

	INTERMITTENT	MILD	MODERATE
Symptoms	Less than once a week	More than once a week	Daily
Sensorium	Normal	Normal	Anxious
Peak expiratory flow rate ( PEFr)	80-100%	≥80%	60-80%
Force expiratory volume (FEV)	<20%	20-30%	≥30%
Blood Oxygen Saturation (SPO <sub>2</sub> )	95-98%	≥95%	90-95%

## DISCUSSION AND CONCLUSION:

*Tamaka Shwasa* is basically a disorder of *Pranavaha Srotas* while other *Srotas* are also vitiated. In this condition *Vayu* gets vitiated from its normal state due to obstruction made by *Kapha Dosha*. Ayurvedic asthma is a well-established illness that shares similarities with contemporary bronchial asthma in terms of risk factors, etiopathology, and clinical manifestations. *Ayurveda* uses *Panchkarma*, modified lifestyle practices like yoga, and Rasayana medications to strengthen the host's defenses. *Vamana* softened the viscous secretion from the bronchi, aiding in extrication (the removal of *Sama Kapha Dosha*); on the other hand, *Verechana* assisted in eliminating

aggravating factors, such as allergies, poisons, and *Sama Dosh*. *Tamaka swasa Vyadhi* is very well managed by *Vamana* and *Virechana*, who also alleviate the symptoms and signs of *Tamaka Swasa*. The liquefying of thick bronchial secretions and aiding in cough expectoration are the effects of these herbs and Hebo-minerals medications. They are employed in *Kasa* and are the pacifying qualities of *Vatta*, *Pitta*, and *Kapha*. The drug's gunas, Laghu and Tikshna, are opposed to the gunas of vata, while sheeta guna, or cold in nature, is the guna of vata. By using ushna virya (hot potency), all medications have the ability to either normalize or suppress the vitiated vata dosa. Pillai corrects agni mandya, or reduced digesting strength. Pranavahasrotas, or vitiated srotas, are rectified by all medications because they lessen coughing and respiratory dyspnea. Srotodusti, or "the mechanism of manifestation of diseases," is sanna, or occlusion, which balanced out Kapha Dosh and returned it to normal. Because of the drug's ushna (hot) qualities as well as its Swasahara qualities, this medication has ushna (hot) virya.

## REFERENCES:

1. Ramharsh Singh, P. Introduction of Kayachikitsa Part-II. Varanasi: Chaumkhambha Subharti Prakashana. Page 423.
2. Ramharsh Singh, P. Introduction of Kayachikitsa Part-II. Varanasi: Chaumkhambha Subharti Prakashana. Page 423.
3. Ramharsh Singh, P. Introduction of Kayachikitsa Part-II. Varanasi: Chaumkhambha Subharti Prakashana. Page 423.
4. Parashar, S. 2008. Sharangdhara Samhita - Purvakhanda. Varanasi: Chaumkhambha Subharti Prakashana Chapter-
5. J. 2018. Harrison's Principles of Internal Medicine vol-II. McGraw-Hill Education page no- 1508.
6. Vinod K Paul, A. 2019. Ghai Essential Pediatrics. New Delhi: CBS Publishers page no- 382.
7. World Health Organization. Global Initiative for Asthma (GINA) Guidelines. New York: Global Strategy for Asthma Management, 2021