



Ayurvedic Approach In The Management Of Tamakashwasa - A Clinical Case Study

Sanobar Mulani

Department of Kayachikitsa, CSMSS Ayurved Mahavidyalaya & Rugnalaya, Maharashtra, India

Yashashri Vitonde

Department of Kayachikitsa, CSMSS Ayurved Mahavidyalaya & Rugnalaya, Maharashtra, India

ABSTRACT :

Ayurveda, an ancient medical system, is renowned for its efficacy in managing chronic diseases through its foundational principles and promotion of healthy lifestyle choices. Tamaka Shwasa, a chronic respiratory disorder involving the Pranavaha Srothas, exemplifies this. It is categorized among the five types of Swasa Roga, primarily characterized by the involvement of Kapha and Vata doshas, and manifests with nocturnal exacerbation of wheezing and breathlessness. The symptoms of Tamaka Shwasa are comparable to those of bronchial asthma, a chronic inflammatory airway disorder marked by airway hyper-responsiveness, leading to recurrent coughing, and wheezing. These episodes typically involve widespread, yet reversible, airflow obstruction, which can resolve spontaneously or with treatment.

KEY WORDS : Tamaka Shwasa, Bronchial Asthma, Kapha dosha , Vata dosha

1. INTRODUCTION :

Chronic diseases, also known as non-communicable diseases (NCDs), are persistent health conditions characterized by slow progression and long-term impacts on individuals and their families. Unlike acute illnesses, NCDs like heart disease, diabetes, cancer, and respiratory diseases present significant challenges to physical health , and overall quality of life. Globally, these conditions have become a major public health concern, placing a substantial burden on healthcare systems.

Asthma, a prevalent chronic inflammatory disorder of the airways, is defined by airway hyper responsiveness and recurrent symptoms such as wheezing, breathlessness, chest tightness, and coughing. These episodes, often worsening at night or in the early morning, are typically linked to variable and widespread airflow obstruction that can be reversed spontaneously or through treatment^[1].

2. PATHOPHYSIOLOGY :

Asthma's pathophysiology involves a complex interaction of environmental triggers and the epithelial lining, causing mucosal inflammation and bronchial smooth muscle contraction, which narrows the airways."

When airways get filled with thick, sticky mucus, it becomes harder for air to flow through, and the airway lining can even get damaged. This increased difficulty in airflow reduces how much air you can breathe out, which can be seen in lung function tests. Fortunately, this issue can often be reversed with inhalers that open up the airways.

Significantly higher airway resistance and sticky mucus can lead to hyperinflation, meaning air gets trapped in the lungs (like an increased residual volume). This results in more effort to breathe, imbalances in oxygen exchange, and changes in the lungs' natural elasticity^[2].

Causes and Triggers

Allergic Triggers: Common allergens like molds, pollens, insects, animal dander, dust mites, cockroach particles, and some food additives or preservatives (like sulfites) can set off asthma attacks.

Non-Allergic Triggers: Irritants such as tobacco, smoke, indoor air pollution from burning fuels, room deodorizers, fresh paint fumes, household cleaning products, cooking smells, workplace chemicals, and outdoor air pollution (ozone, nitrogen oxides, sulfur dioxide) can trigger symptoms. Respiratory viral infections, especially in children (like RSV and parainfluenza) and adults (like rhinovirus and influenza), can also make chronic asthma worse for extended periods^[3].

3. CLINICAL FEATURES :

The clinical presentation of asthma includes recurring episodes of breathlessness, chest tightness, coughing, and wheezing. These symptoms are commonly triggered or exacerbated by factors such as physical activity, particularly in cold weather, exposure to airborne allergens or pollutants, and upper respiratory tract infections. In more severe instances, the cough and wheezing may significantly disrupt sleep. In some patients, a persistent cough may be the most prominent symptom, and the absence of wheezing or severe breathlessness can unfortunately lead to a delay in diagnosis.

Tamaka Shwasa is characterized by recurring episodes of difficulty breathing (Shwasa krichrata), cough (Kasa), and a gurgling sound in the chest (Ghurghuraka). The intensity of these symptoms can vary significantly between individuals and attacks.

4. TYPES OF TAMAKA SHWASA^[4] :

Acharya Charaka describes two distinct types of Tamaka Shwasa:

1. **Pratamaka Shwasa:** This form of Tamaka Shwasa is observed when the condition is accompanied by fever and fainting. It suggests an involvement of the Pitta dosha. Factors like dust, humidity (Kleda), suppression of natural urges, and Tamoguna (a quality inducing inertia) can aggravate it. Interestingly, despite cooling being a causative factor for general Tamaka Shwasa, cooling regimens provide relief in Pratamaka Shwasa due to the Pitta involvement.
2. **Santamaka Shwasa:** This type occurs when, in addition to the symptoms of Pratamaka Shwasa, the patient experiences a sensation of being submerged in darkness. While some scholars like Chakrapani considered Pratamaka and Santamaka as synonyms, Acharya Charaka differentiated them based on the varying intensity of the attacks, viewing them as two distinct stages or conditions within Tamaka Shwasa.

CASE REPORT:

Chief Complaint- C/O recurrent episodes of difficulty in breathing, wheezing and cough since 10 years.

Associated Complaint- Associated with fatigue, malaise, chest tightness and restricted movements of Left shoulder joint.

Past History-

K/C/O Bronchial Asthma since 10 years, on Asthalin (1-0-1 A/F) and nebulization

N/K/C/O- Hypertension/ DM

Addiction- Smoking

History of Present Illness- A 48-year-old male, with a 10-year history of bronchial asthma, reports being largely asymptomatic for the initial 8 years following diagnosis. For the past two years, however, he has experienced recurrent episodes of shortness of breath, wheezing, and productive cough. These respiratory symptoms are exacerbated by activities such as walking 100 meters and by lying down, especially at night, causing sleep disturbances due to increased breathlessness. He also describes a post-prandial burning sensation in his chest, which aggravates his respiratory condition and is accompanied by chest tightness, fatigue, and malaise. He was treated at the CSMSS Ayurved Rugnalaya with Vasadi kashayam^[5] and krishnadi churna^[6] over 45days period. Follow up on day 15, 30 and 45 showed significant clinical improvement.

GENERAL EXAMINATION:

PULSE	82bpm
RR	26/min
BP	130/90 mm of Hg
TEMPERATURE	98° F
HEIGHT	172 cm
WEIGHT	85 kg

ASTHAVIDH PARIKSHA :

Nadi	Hamsa Gati 82bpm
Mutra	Ishat Peeta
Mala	Malavasthabha
Jivha	Ishat saam
Shabda	Spashta
Sparsha	Anushna
Druka	Prakruta
Akruti	Sthula

TREATMENT PLAN

SR.NO.	NAME OF MEDICINE	DOSE WITH ANUPANA	TIME OF ADMINISTRATION
1	Vasadi Kashaya ^[5]	2pal(96ml)twice a day with lukewarm water	Before meal
2	Krishnadi churna ^[6]	5 gm twice a day with adrak swaras	After meal

CONTENT OF DRUGS GIVEN DURING THE TREATMENT^[7]

- 1) Vasadi Kashaya - Vasa (*Adhatoda Vasica Nees*), Haridra (*Curcuma longa linn*), Dhanyak (*Coriandrum sativum*), Guduchi (*Tinaspora cordifolia*), Bharangi (*Clerodendrum serratum*), Pippali (*Piper longum Linn.*), Nagar (*Zingiber officiale*), Kantakari (*Solanum surattense*), Marich (*Piper nigrum*).
- 2) Krishnadi churna - Pippali (*Piper longum Linn.*), Saindhav (*Rock salt*), Nagar (*Zingiber officiale*),

OBSERVATIONS AND RESULTS :

SR.NO	DATE	SIGN AND SYMPTOMS
1	Enrollment day	Difficulty in breathing, wheezing, productive cough, post prandial burning sensation in chest, chest tightness, fatigue, malaise
2	Follow up 1 (15 th day)	Difficulty in breathing, productive cough reduced, post prandial burning sensation in chest, chest tightness, fatigue, malaise
3	Follow up 2 (30 th day)	Mild relief in symptoms
4	Follow up 3 (45 th day)	Complete relief in symptoms

RESULT :

Based on Ayurvedic principles, Tamaka Shwasa is a chronic respiratory condition that is not completely curable but is manageable. In its early stages, with proper diagnosis and treatment, it is considered a manageable condition (Sadhya). However, if it becomes chronic, it is classified as a Yanya Vyadhi (palliative disease), meaning it requires continuous management and a strict lifestyle regimen. By the 45th day of Ayurvedic treatment, the patient showed noticeable improvement and experienced overall significant recovery.

DISCUSSION:

Bronchial asthma, a common chronic respiratory condition, involves airway inflammation and narrowing, leading to symptoms like coughing, chest tightness, and shortness of breath. This condition remarkably resembles the Ayurvedic concept of "Tamaka Swasa," a respiratory disorder marked by recurrent episodes of breathing difficulties and wheezing, often triggered by various factors. In Ayurveda, Tamaka Swasa, a sub-type of "Swasa Roga" (respiratory disorders), arises when vitiated Doshas (bioenergetic forces) disrupt the respiratory channels, causing breathlessness. This case study focuses on a 48-year-old man with a 10-year history of bronchial asthma presenting with symptoms including breathing difficulties, wheezing,

coughing, chest tightness, fatigue, general discomfort (malaise). These symptoms worsened after meals, with physical exertion, and in cold weather.

CONCLUSION :

Chronic conditions, such as asthma, necessitate continuous care to manage symptoms, prevent complications, and enhance patient well-being, largely due to their profound and lasting impact on quality of life and general health. Asthma, identified by airway inflammation and constriction, manifests in recurring episodes of wheezing, breathlessness, chest tightness, and coughing. The primary aim of asthma management is to achieve and sustain symptom control, avoid exacerbations, preserve optimal lung function, and empower individuals to live active, unhindered lives. In line with this, the ayurvedic approach effectively managed Tamaka Shwasa by addressing with Vasadi Kashaya Krishnadi churna demonstrating a promising strategy for this chronic respiratory condition

REFERENCES :

1. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no.355.
2. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, published by The Association of Physicians of India, Mumbai, volume 1 page no.355-336.
3. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India,
4. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17th chapter <2-64 verse, Varanasi: Chaukhamba Prakashan, 2014, pn. 535 of Agnivesha by Charaka V
5. Bharat Bhaishajya Ratnakar Bhaga 4th Shloka number 6508
6. Bhaishajya Ratnavali , chapter 16/20
7. Dr.Gyanendra Pandey Dravyaguna Vijnana(Materia medica- Vegetable drugs, Chawkhamba Krishnadas Academy Varanasi, Reprint 2004) Page no-798-808 Vol 3.
8. Davidson's Principles and Practice of Medicine. Edited by Brian. R. Walker, Ian D Penman, Nicki R. Colledge et al. 24th edition 2023. Pg.500.

9 . Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary Chakrapanidatta, chikitsasthana 17 chapter 75-76 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 536

10. Pardakara HSS (ed.), Astangahrdaya of Vagbhata. with the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Swathi N, Pooja 1, Ananta S Desai. Ayurvedic insights into Management of Tamaka Shwasa wrt Bronchial Asthma. AYUSHDHARA, 2024;11(6):275-282. Chikitsasthana, 4 chapter 3-4 verse, Choukamba Samskrit samstan, Varanasi: 2016, pn:603

11. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17th chapter 77-80 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 536

