

**AYURVEDIC PRINCIPLES AND MANAGEMENT OF TAMAK SWASA
WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA; A
REVIEW**

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Article Received on
29 March 2018,
Revised on 18 April 2018,
Accepted on 09 May 2018
DOI: 10.20959/wjpr201810-12379

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ABSTRACT

Difficulty in breathing or shortness of breath may be termed as *Swasa*. *Vata* and *Kapha Dosha* vitiated in *Swasa* as per *Ayurveda*. *Swasa* broadly classified in five types as *Maha swasa* (major dyspnoea), *Urdhava swasa* (expiratory dyspnoea), *Chhinn swasa* (chyne stroke breathing), *Tamak swasa* (bronchial asthma), *Kshudra swasa* (minor dyspnoea). *Tamak swasa* closely resembles with bronchial asthma. Bronchial asthma is major world- wide issue which growing as dragon as growing Pollution. In modern era there is no effective and curative treatment of Bronchial asthma. However we need to find curative, cost effective and satisfactory treatment of Bronchial asthma in alternative medicine. *Acharya Charak* mentions various formulations and procedures.

KEYWORD: *Ayurveda*, Bronchial asthma, *Tamak swasa*.

INTRODUCTION

Tamak swasa is very broad term which includes many more diseases. Dyspnoea is the prominent symptom in *Tamak swasa*. It is divided into two types, which are *Santamak* and *Pratamak swasa*.^[1]

Bronchial asthma is major non communicable disease which is characterized by recurrent attack of breathlessness and wheezing which vary in severity and frequency from person to

person in and individual they may occur from home to home and day to day. This condition is due to inflammation of the air passage in the lungs and affects the sensitivity of the nerve ending in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow the reducing the flow of air in and out of the lungs.

According to W.H.O, 235 million people currently suffer from asthma. It is common disease among the children, most asthma deaths occurs in low and lower middle income countries. Latest WHO estimates, released in December 2016, there were 383000 deaths due to Asthma in 2015.

Asthma is not just a public health problem for developed countries. In developing countries, however, the incidence of the disease varies greatly. India has estimated 15-20 million asthmatics. In India, rough estimates indicate a prevalence of between 10% and 15% in 5-11 years old children.^[2] The current management of *Tamak swasa* (Bronchial Asthma) by modern medicine is only providing short term symptomatic improvement but does not provide any long term treatment to the patient. On the other hand prolonged use of these drugs are not good for health, as it has many adverse effect with systemic manifestation.^[3] In present scenario *Ayurveda* is the best way to provide effective & safe management in Asthma without inducing any drug dependency where use of various *Samshodhana* procedures and use of internal medication not only detoxifies the body but also increases the elasticity of lung tissue & provides nutrition and boots up the natural immunity of the body. Thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

AIMS AND OBJECTIVE

To highlight the key factors that is common to many of the existing guidelines. Critically reviewing and to assess the effectiveness of oral as herbal and herbo-minerals drugs (*Shamana chikista*) as well as *Panchakarma* therapy (*Shodhana chikista*) for the treatment of *Tamak-swasa*.

MATERIALS AND METHODS

This critically review was done by compiling the classical *Ayurvedic* literature, modern literature, Pharmacology (*Dravyaguna* text) and *Rasashastra* text, magazines and research journals as well as various database. Based on the collected information, logical interpretation

was done to review efficacy and mode of action of *Vamana*, *Virechana*, and herbal and herbo-minerals drug in the management of *Tamak swasa*.

AYURVEDIC REVIEW

Derivation of the word *Swasa*

In *Madhukosha* commentary on *Madhava nidana*, *Vijayarakshita* has furnished a quotation, describing the feature of *Swasa roga*.

"*Swasastu Bhastrikaadhamana Samvatordhva Gamita*"

With this description it can be clearly differentiated from increased rate of respiration in physiological condition.^[4]

Definition of *Swasa*

Vijayarakshita has explained the term *Swasa as*.

'*Swasatvam–vegavad –urdhvavatatvam*'

i.e. the *Gati* of *Urdhva swasa* is more i.e. distressful expiration. *Sushruta* has mentioned the detailed description of *Swasa roga* in *Uttartantra*.^[5]

Classification of *Swasa roga*

Swasa roga has been classified basing on its signs and symptoms, pathogenesis and also severity of the disease. The *Doshika* predominance is secondary in this case.

The *Pancha swasa rogas*^[6] are.

1. *Maha swasa*
2. *Urdhva swasa*
3. *Chhinna swasa*
4. *Tamak swasa*.
5. *Kshudra swasa*

Tamak swasa

The disease is called *Tamak* as attack of the disease precipitates during night and during the state of attack, Dyspnoea becomes so severe that the patient feels as if entering into darkness. Due to indulgence in *Vata prakopak ahara* and *Vihara*, *Vayu* gets vitiated all over body and *Vayu* leaves its normal path, takes a reverse course and it reaches the respiratory passages i.e. *Pranavaha srotas*, 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 supervene and while coughing he becomes unconscious frequently. In the 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 likes to have hot things. His eyes are always looking in upward direction. Sweating over forehead and dryness in mouth, he is very much distressed and suffers frequently from paroxysms of dyspnoea which gets aggravated by clouds, water, cold, wind and *Kapha*. As long as the patient is exposed to the *Nidana*, the disease will persist. Therefore, a thorough understanding of the causative factors is essential in the management. In *Ayurvedic texts*, *Nidana* of *Tamak Swasa* as such were not mentioned separately but *Nidana* of *Swasa roga* in general were given.^[7]

Nidana

Ahara

Vata prakopak- *Rukshana, Adhyasana, Vishamasana, Dvanadva athiyoga, Vistambhi*^[8], *Visha*.^[9]

Pitta prakopak- *Tila tailam*^{ix}, *Vidaahi*^{viii}.

Kapha prakopak^[10] - *Nisphava, Maasa, Pistanna, Saluka, Guru dravya, Jalajamsa, Anupa mamsa, Dadhi, Amaksheera, Pinyaka, Abhisyandhi, Shleshmala.*

Vihara

Vata prakopak vihar-*Raja, Duma, Prag Vata, Sheeta Vata, Vyayama, Gramya darma, Athi apatharpana, Suddi athi yoga*^{ix}, *Kantaparigraha, Urah parigraha, Karmahata, Adhvahata, Marmabhighata, Sheeta ambhu*^{viii}.

Pitta prakopak vihar-*Rakthapitta, Jwara*^x.

Kapha prakopak vihar-*Chhardi, Prathisyaya*^x.

Vyanjaka hetu of Tamak swasa

These are stimulating, precipitating or aggravating factors.

The *Bahya nidanas* are *Aagantuka nidana* that cause irritation the body. Eg *Raja*, *Dhooma*, *Asatmya ahara* etc. These are the Environmental factors.

Abhyantara nidanas or *Nija hetus* are the intrinsic factors within the body, *Ayurvedically*, the *Doshas* and *Sroto dushti*. These are called the Host factors.^[11]

Purvarupa (premonitory signs and symptoms)

These premonitory clinical manifestations are found before the attack of *Tamak swasa*. So, these can be classified into two ways- 1. Before onset of disease 2. Before attack of acute exacerbation. In *Ayurvedic* classics *Purvarupa* of *Tamak swasa* has not been described

separately, so the *Poorvarupa* of *Swasa Roga* may be considered as the *Purvarupa* of *Tamak swasa* as *Anaha*, *Parsvasoola* (pain in flanks), *Hritpeeda* (pain in myocardium), *Pranasya vilomata* (death).^[12]

Rupa

During the evaluation of disease process, clear manifestation of subjective symptoms and physical signs are termed as *Rupa* of that particular disease which are *Teevravega swasa*, *Prana prapeedaka swasa* (Dyspnoea of exceedingly deep velocity which is immensely injurious to life), *Rudda swasa*(obstructed breath), *Ghurghurka* (wheezing or murmuring sound), *Ativegatcha pratamyati*(The patients get frequent paroxysms of dyspnoea), *Shleshmaamuchajanya dukha* (Since the phlegm does not come out, he becomes more restless), *Shlesma vimokshana janya sukham* (The patient is relieved (of restlessness) for some time soon after the phlegm comes out), *Kantodhvamsa* (Patient throats is choked because of which he is unable to speak freely), *Peenasa* (rhinitis), *Pramoha muhra-muhra* (The patients faints again and again while coughing;), *Aseenolabhate soukhyam*(The patient does not get sleep While lying down (for sleep) he gets (more of) dyspnoea because the side of chest in that position get afflicted by *Vayu*. But he is relieved of this discomfort in sitting posture), *Alpa nidrata* (insomnia), *Utchhipta aaksha* (The patient eye-balls become prominent (project outside)), *Lalate sweda* (Too much of sweating appears in his forehead and he becomes restless), *Bhrusam arati* (depression), *Visashushkasya* (The patients' mouth becomes dry frequently;), *Shareera veedana* (bodyache), *Usnabhinandati* (Patients develops special liking for hot things;), *Meghambuna vardhate* (The attack gets aggravated when clouds appear in the sky, *Sheetena vardhate* (when he is exposed to water (Humidity)and

cold), *Pragvatena vardhate* (when the easterly wind blows, and when he resorts to *Kapha* aggravating food and regimens).^[13]

Samprapti Ghataka of Swasa roga^[14]

Udbhava sthana- Pittasthana

Dosha -Kapha, Vata, Pitta (Vata – Apana, Prana, Udana & Pitta – Pachaka Pitta & Kapha – Kledaka, Avalambaka)

Dushya -Rasa Dhatu

Srotas- Pranavaha, Annavaha, Udakavaha

Adhisthana -Urah pradesh

Srotodushti prakara -Sanga, Vimargagamana, Atipravriti

Rogamarga -Abhyantara (Koshta)^[15]

Sadhyasadyata -Chirkari and Yapyu.^[16]

Description of Tamak swasa according to types of Samprapti

Sankhya samprapti^[17]

Classification of disease according to its types and subtypes are detailed under the heading of *Sankhya samprapti*. According to *Sankhya*, *Tamak swasa* can be classified into three subtypes as (1) *Tamak swasa* (2) *Pratamak swasa* (3) *Santamak swasa*.

Vikalpa samprapti

Amshamsh kalpana of *doshas* in diseases are known as *Vikalpa samprapti*.^[18] *Tamak swasa* as told by *Acharya Charaka* is *Kaphavataja vyadhi*.^[19] In *Tamak swasa Shita*, *Ruksha*, *Khara* and *Chala guna* of *Vata* are vitiated as well as *Shita*, *Guru*, *picchila* & *Sthira gunas* of *Kapha* are exaggerated. Due to increased *Guru Picchila* & *Sthira gunas* of *Shleshma* it causes *Srotosanga* and due to *Chala guna* of *Vata* it produces *Swasa* (dyspnoea).^[20] *Shita guna* leads to bronchoconstriction (*Srotosankocha*) and malmucocillary functions. Due to *Ruksha and Khara gunas* of *Vata*.^[21] it produces *Khavaigunya* leading to dry cough.^[22]

Pradhanya samprapti

Classification of disease according to predominance of *Dosha* into dependent and independent one is known as *Pradhanya samprapti*.^[23] In *Tamak swasa*, there is equal predominance of *Kapha* and *Vata doshas*. Where as in *Pratamak swasa* there is predominance of *Pitta dosha*^[24], & in *Santamak swasa* there is *Anubandhatva* of *Manasika doshas*.^[25]

Bala samprapti

Description of diseases according to their strength is known as *Bala samprapti*. Strength of disease depends upon the strength and predominance of *Nidana*, *Purvarupa* and *Rupa*.^[26]

Kala samprapti

The *Samprapti* according to which diseases are described on the basis of change in diurnal phase, change in season, change after digestion, before digestion, during digestion etc. come under the heading of *Kala Samprapti*.^[27] As *Tamak swasa* is mainly *Kapha-vatatmaka vyadhi*, thus it is exaggerated at the beginning and end of day as well as at night, just after taking meal and after digestion as these are the time of vitiation of *Kapha* and *Vata*. Similarly *Tamak swasa* mainly aggravates in *Varsha*, *Sharada*, *Hemanta*, and *Shishir ritu* (Aug-Oct and Dec- Jan).^[28]

Vidhi samprapti

This *Samprapti* shows the difference in various types of a particular disease.^[29] According to *Vidhi samprapti*, *Tamak swasa* is classified as *Nija* and *Agantuja*.^[30] On the basis of *Mridu*, *Daruna*, *Sadhya* and *Asadhya* classification of disease, *Tamak swasa* comes under the heading of *Daruna* and *Kastasadhya vyadhi*.^[31]

PRATAMAK AND SANTAMAK SWASA

Acharya Charaka describes *Pratamak* and *Santamak swasa* as subtypes of *Tamak swasa*.^[32] Whereas *Acharya Chakrapani* and *Jejjata* have described only *Pratamak swasa* as a subtype of *Tamak swasa* and according to their opinion *Santamak* and *Pratamak swasa* are same. *Sushruta*^[33] and *Vagbhatta*^[34] also described only *Pratamak swasa*. Now question arises that whether *Santamak* and *Pratamak swasa* are same or different. According to *Madhukosha teeka*, *Pratamak swasa* is synonym of *Santamak swasa* as evident from his verse " *Santamak eva pratamak* ". According to *Madhukosha teeka* when *Tamak swasa* becomes associated with *Jwara* and *Murcha* due to *Anubandha* of *Pitta* it is called *Pratamak swasa*. The causes of *Pratamak swasa* are *Udavarta*, *Raja & Dhuma* (dust particles), *Ama* (indigestive material), *Klinna kaya* and *Vegavarodha* etc. It is aggravated by darkness or mental disorders. Although it is produced mainly due to *Vata* and *Kapha* but due to *Pitta anubandha*, it is pacified by *Shitopachara*.^[35]

UPASHAYA-ANUPASHAYA

According to *Acharya Charaka* suitable application of drug, diet and behaviors, which are contrary to both, is known as *Upashaya*. The application of drug etc. which gives unfavorable results and aggravates the disease is called *Anupashaya*. Both the *Upashaya* and *Anupashaya* are used for the diagnosis of disease.^[36]

Upashaya in *Tamak swasa* as any diet or behaviors that alleviates *Vata* and *Kapha* is *Upashaya* in *Tamak swasa*. Thus *Upashaya* are in *Tamak swasa* as Hot diet and regimens, *Vamana karma*, Sitting posture, *Virechana karma*, *Snehana* and *Swedana*, Medicated *Ghee*, Honey and *Anupashaya* for *Tamak swasa* are as 1. *Shita ritu*, 2. *Durdin* (Cloudy day), 3. *Meghambu*, 4. *Apatarpana*, 5. *Shitambu*, 6. *Ajirna*, 7. *Pragvata*, 8. *Virudha sevana*, 9. Cold food, place etc.^{viii,ix}

SADHYASADHYATA OF SWASA ROGA

In general, prognosis of *Swasa* is not good. *Charaka* described it as most fatal disease and no other diseases are capable of taking away life as quickly as hiccup and dyspnoea.^[37] Moreover, in the person suffering from other various disorders, severe hiccup or dyspnoea may end up the life. All *Swasa* are *Sadhya*, if their *Rupa* are not clear and if totally not manifested and also if they occur in *Balwan* person.^[38]

CHIKITSA

According to *Ayurveda* the actions which bring about equilibrium of *Dhatus* (*Tridosha*) constitute treatment of Disease. By avoiding discordant causing factors and adopting those responsible for the maintenance of equilibrium, discordance of *Dhatu* is automatically prevented and their normal state of equilibrium is maintained.^[39]

BEST TREATMENT ACCORDING TO AYURVEDA

The therapy, which while curing one disease provokes another is not the correct one, the correct therapy, is the one, which while curing a disease, does not provoke the manifestation of another *disease*. This shows the depth of treatment based on *Ayurvedic* principles.^[40]

All the efforts of the four, - physician, medicament attendant and patient, possessing requisite qualities for the revival of the equilibrium of *Dhatu* in the event of their disturbed equilibrium is known as therapeutics. Principally there are three types of *Chikitsa* according to *Acharya Charaka* as 1. *Nidana parivarjana* 2. *Samsodhana* 3. *Samsamana*.

1. *Nidana parivarjana*

According to *Acharya Sushruta*

First line of treatment is to avoid the causative factors, because disease is nothing but disturbed equilibrium of *Dhatus* which are produced due to intake of etiological factors.^[41]

"Elimination of the causative agent(s) from the environment of an allergic individual with asthma is the most successful means available for treating this condition."^[42] In treatment of *Tamak swasa* (Bronchial asthma) avoidance of causative factor or triggering factors plays an important role. The causative factors for *Tamak swasa* as told by *Acharya Charaka* include all those factors, which are able to provoke the asthmatic attack.^[43] According to modern medical science all these factors such as-1. Exposure to dust, smoke and wind 2. Residing in a cold place and use of cold water; comes under the seven major categories of stimuli that incite acute episodes of asthma i.e. 1) Allergic causes that include smoke, pollen grain, dust, wind etc. 2) Exercise related causes, which include exercise, excessive sexual intercourse etc.^[44]

Comparative Study of Etiological Factors of *Tamak swasa* & Bronchial Asthma

Etiological factors according to *Ayurveda*, provoking *Tamak swasa* as Exposure to dust, smoke and wind which is same as allergic etiologic factor of bronchial asthma and Exercise, sexual intercourse, excessive long walk beyond one's capacity, fasting in excess in *Ayurveda* which is same as exercise related etiologic factor of asthma.

SAMSHAMANA AND SAMSHODHANA CHIKITSA

The line of treatment based on these therapies described by *Acharya Charaka* can be subdivided as.

- 1) *Samanya chikitsa krama* (General principles of treatment)
- 2) *Vishista chikitsa krama* (Specific treatment of *Tamak swasa*)

1. *Samanya chikitsa krama* (General principles of treatment)

According to *Acharya Charaka* factors which cause alleviation of *Vayu* and *Kapha*, which are hot in potency, and which cause *Vatanulomana* (downward movement of *Vayu*) are useful as medicines, drinks and food preparations for the patients suffering from hiccup and asthma.^[45]

Ingredients, which exclusively alleviate *Kapha* but aggravates *Vayu* or which exclusively alleviate *Vayu* but aggravates *Kapha* must never be used in the treatment of hiccup and asthma. Between these two categories of treatment, however, the latter category i.e. the administration of drugs, which alleviate *Vata* but may aggravate *Kapha* can, if necessary, be used in exceptional circumstances. Here *Acharya Charaka* told that *Vatahara* treatment is more suitable than *Kaphahara* treatment. *Vatahara* treatment leads to aggravation of *Kapha* also *Vatahara* ingredients have *Brimhana* properties thus they cause minimal adverse effect and their use helps in making disease curable as they don't lead to progress of the disease in various circumstances (which may arise due to *Vatavridhi* and make disease difficult to treat). Whereas *Kaphahara* treatment only causes alleviation of *Kapha* along with that it causes depletion of *Dhatu* leading to *Karshana*, which produces serious adverse effects (due to *Vatavridhi*) that are difficult to treat. Thus there are three categories of therapy for the treatment of the patients suffering from Hiccup and Asthma which are as follows.

- 1) Therapy which alleviates both *Kapha* and *Vata*;
- 2) Therapy which alleviates *Kapha* but aggravates *Vata* and
- 3) Therapy which alleviates *Vata* but aggravates *Kapha*

Of the above-mentioned three categories of Therapies the first type should always be preferred. Out of the remaining two categories, the last one can, however be administered, if found essential in exceptional circumstances. The second category of therapy should be avoided. The therapy, which alleviates *Vata*, is generally nourishing (*Brimhana*). Administration of such therapy may produce some adverse effects, but such adverse effects would be minimal and not difficult to cure because the patient will gain strength by the nourishing therapy as a result of which he can easily overcome these adverse effects.⁴¹ The depletion therapy (*Karshana*) on the other hand, would create tremendous amount of adverse effects (because of the weakening effect of this therapy) which are incurable. It is only the alleviation (*Shamana*) therapy which is absolutely free from these adverse effects, and such Category of therapy should be preferred for the treatment of Hiccup and Asthma. Keeping the above general principle in view, the first (*Vata-kaphahara*) and the third (*Vata-hara* but *Kapha kara*) categories of therapy can be administered in order of preference. *Arundatta* in his commentary on this told that medicine which alleviates *Kapha* and *Vata* have naturally *Ushna guna* then what is the necessity for using the word *Ushna* separately. He may be of the opinion that excessive *Ushna* drugs should be preferred to ordinary *Ushna gunayukta* drugs. Similarly drugs which act as *Kaphavataghna* are normal *Vatanulomaka*, so what is the

importance of using *Vatanulomana* word separately. This shows the etiology and disease or which produces effects *Swasa* obstruction wants to give stress on the fact that those medicine are taken for *Vatanulomana* purpose which are *Snigdha* in nature. Thus for the treatment of *Swasa* and *Hikka* such medicines should be selected which have *Snigdha* and excessive *Ushna gunas*.^[46]

2). *Vishista chikitsa krama/sutra* (Specific treatment of *Tamak swasa*)

According to *Acharya Charaka* patients suffering from *Swasa* and *Hikka* can be subdivided into four categories as follows.^[47]

1. Those who are strengthly.
2. Those who are weak
3. In whom *Kapha* is predominant and
4. Those in whom *Vayu* is predominant and who are unctuous. If *Kapha* is predominant and the patients have strength, then he should be given emesis and purgation therapies followed by other therapies like *Dhumapana*(smoking) and *Leha* (linctus) for the alleviation of doshas.^[48] If *Vayu* is aggravated and patient is weak, or if patient is either an infant or old, then he or she should be treated with *Vayu*-alleviating drugs and nourishing recipes prepared with ghee (Fat), vegetable soup and meat soup. The above description represents a brief statement of the line of treatment for all the four categories of patients. If however, there is a permutation and combination of these conditions (e.g., a person who is strong but having the predominance of *Vayu*), then at the discretion of the physician, the person can be given mixed and alternative therapies.^[49]

CONTRAINDICATIONS OF ELIMINATION THERAPY

Samshodhana therapy is contraindicated in following conditions.

1. Person, who do not have prominence of *Doshas*.
2. Person, who is not, administered fomentation therapy.^[50]

Administration of Depletion therapy (*Karshana*) is likely to produce serious adverse effects, which are difficult to cure. Thus, it is always better to use *Brimhana chikitsa*, in *Hikka* and *Swasa* than to use *Karshana chikitsa*.^[51]

‘*Tamake Tu Virechane*’

Acharya Charaka advocated use of *Virechana* in the management of *Tamak swasa*. Now the question arises that *Tamak swasa* is said to be *Vatakaphatmaka vyadhi*, then why *Acharya* suggested *Virechana* and now a question arises what actually the term *Virechana* means,

whether it signifies total *Samshodhana* by both *Vamana* and *Virechana* or simply it signifies *Virechana* (*Adhasamshodhana*). *Swasa* is *Pittasthana samudabhava vyadhi* and thus according to the site of origin *Virechana* is most suitable treatment for any type of *Swasa*, then what is cause of mentioning it specially in the context of *Tamak swasa*, the probable answer for this question lies in the following facts.

- 1) In *Tamak swasa*, *Kapha* obstructs the passage of *Vayu* and the obstructed *Vayu* traverses in reverse direction. In addition, *Virechana* is more suitable than *Vamana*.
- 2) Although *Basti* is the best therapy for *Vatanulomana* even *Mridu virechana* can be used for alleviating *Vata* as.

Basti is the best therapy if only *Vata* is vitiated but when *Vata* is associated with other *doshas*, then *Mridu samshodhana* or *Mridu virechana* (with oleation) is the best. In *Tamak swasa* there is *Samavayu*. For alleviating *Vata*, and elimination of *Vata* a patient who is strong and who *Ama* from body, *Virechana* is most appropriate. *Mridu virechana* not only helps in eliminating *Ama* from body, but simultaneously it also helps in *Vata anulomana*. Thus if *Vata* is associated with *Ama*, *Virechana* is most appropriate.^[52]

- 3) In the context of *Vatika kasa*, *Acharya* advised *Basti* if *Vata* is only vitiated and *Virechana* when *Vata* is associated with *Kapha* or *Pitta*. In *Tamak swasa* there is obstruction of *Vata* by *Kapha* thus there is *Kaphavrita vata* and *Virechana* is mentioned in the treatment of *Kaphavrita vata* Thus it is clear that from the word *Virechana* *acharya* means *Adhasamshodhana*.^[53]

3) *Shodhana therapy*

In treatment of *Tamak swasa*, *Acharya Charaka* advocated the use of *Snehana* and *Swedana* firstly, before any other procedure, as these procedures are helpful in relieving obstruction of *Grathita kapha*.^[55]

Acharya Charaka has described properties of Snehana as

Snehana Anilam Hanti ... Malanam Vinihanti (Ch.Si.1/7)

The word ***Malanam*** not only refers to *Mala*, *Mutra* or *Sweda* but it also signifies *Mala rupi dosha*. Here it is *Grathita* and *lina Kapha* in *Srotas*. Application of *Snehana* especially with *Lavana* is indicated in *Vegavastha*. Properties of *Salavana lavana* as described in *Ayurvedic* text are – *Sukshma*, *Ushna*, *Vyavayi* and *Dosha sanghata vichedakara*. Due to these properties, it enters the channel and disrupts the underlying pathogenesis by dissolving the

Mala rupi kapha and making *Srotas mirdu*. *Swedana* should follow *Snehana*. *Swedana* liquifies *grathita Kapha* present in *Srotas* so that it can be eliminated easily. In *Vatapradhana avastha*, where *Srotosankocha* is considered *Snehana* and *Swedana* are helpful by relieving *Srotovarodha*. After *Snehana* and *Swedana* *Kapha* gets liquefied and softening of *Srotas* takes place leading to *Vatanulomana*. *Snigdha ahara*, *Dadhi*, *Anupa mamsa* is given before *Shodhana* to increase the *Kapha* quantitatively and it is then expelled out by *Vamana karma*. After removal of *Kapha* from *Srotas*, *Vayu* travels through its normal course. After this process *Dhuma* is given to remove all remaining *Doshas* from body. *Acharya* patient with *Swasa roga* should be given *Urdhwa* as well as *Adhosamshodhana* and he restricted the use of *Sneha basti*.^[56]

CONTRAINDICATION FOR SNEHANA AND SWEDANA

- 1) *Swedana* is contraindicated in those persons who suffer from *Pittaja vyadhi* such as *Atisara*, *Rakta pitta*, and *Daha* etc.^[57]
- 2) In *Swasa* associated with *Navajwara* or *Amadosha* one should go for *Ruksha sweda* and *Vamana* with salt water.^[58]

4).MANAGEMENT IN VEGAVASTHA AND AVEGAVASTHA

Tamak swasa is having episodes of exacerbations hence successful management of *Tamak swasa* involves application of two broad principles as follows.

- 1) Proper management of acute exacerbation of the *Tamak swasa*.
- 2) Management between attacks to prevent further attacks.

Vegavastha^[59]

Patient who is in *Vegavastha* should be first anointed with salted oil and then subjected to sudation either by method of steam (*Nadi- sweda*), hot bed sudation (*Prastara*) or mixed sudation. In response to above mentioned procedure *Kapha* which has become stagnated and attached to the *Srotas* gets softened and liquefy which is then eliminated from the body by *Shodhana* procedure as *Sadhyo-vamana*.^[60] (Salt water, sugarcane juice, decoction of *Yastimadhu*), *Abhyanga*, *Swedana* and *Dhoomapana* (*Ardraka arka*^[61]) or *Shamana aushadhi* (*Muhurmuhar- Prayoga* of *Pushkarmul asava*^[62]), Nebulization by 'Amritdhara'-A mixture of Menthol, Thymol and Camphor used as an aerosol.^[63]

Avegavastha

In *Avegavastha* particularly *Deepana-pachana* and *Vatanulomana chikitsa* should be adopted.^[64] *Deepana-pachana*^[65] treatments are useful in maintenance of *Agni*, as *Kapha dosha* aggravation results due to *Mandagni* vitiation of *Dosha*'s does not occur if *Agni* is in proper state. Hence *Deepana-pachana* along with *Brimhana* therapy should be given in such condition. *Virechana* signifies *Vatanulomana* which can be done by mala *Virechniya dravya* in bronchial asthma. *Mridu anulomaka virechana* used for *Kosthashuddhi*^[66]

Rasayana chikitsa

It increases the strength of *Pranavaha srotas*. These medications should be used as

1. *Chyavanprashsa*-It alleviates cough, asthma, and bronchospasm of seasonal and non-seasonal origin, smooth functioning of the trachea-bronchial tree, maintain the adequate hydration of respiratory system, increasing the strength of respiratory system.^[67]
2. *Vardhaman pippali*- Provide strength to the *Pranavaha srotas*. Adopted in *Vata* type asthma, chronic cough and bronchitis.^[68]
- 3 *Chausashta prahari pippali*- Improves lung Parenchyma. It adopted for detoxification of lung.^[69]

5) SHAMANA THERAPY^[70]

Shamana therapy based on following principles

- 1) *Amanasaka chikitsa* and *Agni vardhaka chikitsa* – *Langhana*, *Deepana-pachana*.
- 2) *Srotoshodhaka chikitsa*: *Kaphanasaka chikitsa* – *Chhedana* (Mucolytic, expectorant) *Vata-samaka chikitsa* – (Bronchodilators)
- 3) *Vatanulomana chikitsa*

Single drug therapy

Acharya Charaka has described 10 drugs under *Swasahara-kashaya* for the management of *Swasa roga*. They are.^[71]

1. *Kachur* 2. *Pushkarmoola* 3. *Amlavetas* 4. *Choti ela* 5. *Hingu* 6. *Agar* 7. *Tulsi* 8. *Bhumyاملaki* 9. *Chanda (Chorpushpi)* 10. *Jeevanti* Some other drugs, which are now-a-days used commonly for treatment of *Tamak swasa*, are – *Shirish*, *Vasa*, *Kantakari*, *Madhuyasti*, *Haridra*, *Anantamula*, *Shati*, *Karchur*, *Amlavetas*, *Puskarmula*, *Tulsi*, *Agar*, *Lahasuna*, *Dhatura*, *Bharangi*, *Vacha*, *Dugdhika*, *Vibhitaka* etc.

Kashaya (decoction)

Puskarmuladi kashaya^[72]

Churna

Shatyadi^[73], *Muktadi*^[74], *Talishadi*^[75], *Sitopaladi*^[76]

Gutika

Eladi^[77]

Avaleha

Chyavanprash^[78], *Gudardha*^[79]

Ghrita

Manahshiladi ghrita^[80], *Vasa ghrita*^[81], *Dasmuladi ghrita*^[82], *Tejovatyadi ghrita*^[83],
Kulatthadi ghrita^[84]

Kshara (Especially for *Kaphaja swasa roga*)

Ashwagandha kshara^[85]

Samshodhana Therapy

Snehana, *Swedana*^[86], *Vamana*^[87], *Virechana*^[88], *Nasya*^[89], *Dhumapana*^[90]

Pathya:^[91]**1. Aahara**

Shashtika shali, *Raktashali*, *Godhuma*, *Yava*, *Shigru*, *Mulaka*, *Patol*, *Draksha*, *Amalaka*,
Lahshuna, *Purana sarpi*, *Aja ghrita*, *Gomutra*, *Sura*, *Madira* etc.

1. Vihara

Some special breathing exercise and exercise recommended for decrease the intensity of Bronchial Asthma as swimming, as a complimentary therapy for asthmatic children.^[92]

Aasana

Ushtrasana, *Simhasana*, *Sarvangasana*, *Matsyasana*, *Uttanasana* (Standing Forward Bend Pose), *Shavasana* (cadaveric Pose), *Pranayama* (Yogic breathing exercise) also help for management of Bronchial asthma.^[93]

*Avoid constipation, *Regular use of Ginger juice with honey etc.

Apathya

Fried, chilly, too cold, sour, heavy preparations, over eating, taking milk at bed time, fasting for long time, day time sleep, *Vegavarodha* (Suppression of urges), bread, burger, pizza, cheeses etc.

DISCUSSION

Asthma is a well-described disease in *Ayurveda* which is correlate with modern disease bronchial asthma on the basis of risk factors, etiopathology, clinical manifestations and treatment principles. *Panchkarma*, *Pathya ahara*, *vihara* including *Yoga* and *Rasayan* medicines serves as the immunity modulator. *Vamana* liquefied the thick sticky bronchial secretion and help in expectoration (Removal of *Sama kapha dosha*); and *Virechana* eliminate aggravating factors (*Sama dosha* and allergens, toxins). *Vamana* and *Virechana* are shows good efficacy in management of *Tamaka swasa* by subside the signs and symptoms of *Tamaka-swasa* and decrease the precipitation. The effects of these herbs and *Rasaushdhies* are to liquefy the thick bronchial secretion and help in cough expectoration. They have *Vatta*, *Pitta* and *Kapha* pacifying properties and are used in *Kasa* and *Swasa*. The herbal and herbo-minerals are pacify *Vata* and *Kapha Dosh*a by *Tikta*, *Katu Rasa*, *Laghu Guna*, *Ushna virya* (hot potency) and. The *Gun*as of the drug are *Laghu*, *Tikshna* which are antagonistic to the *Gun*as of *Vata* which is *Sheeta guna* (cold in character) and *Ushna virya* (hot potency) normalize or suppress the vitiated *Vata dosa*. *Agni mandhya* (diminished digestion power) is corrected by *Pippali*. *Srotas* vitiated are *Pranavaha srotas*, which are corrected all the drugs as they, Reduce Expiratory dyspnea and decrease cough. *Sanga srotodusti* (The mechanism of manifestation of diseases) is *Sanga* (occlusion), which relieved *Kapha Dosh*a, thereby normalizing *Kapha dosha*. The *Virya* (potency) of this drug is *Ushna* (hot), by the *Ushna* (hot) properties of the drug and *Shwasahara* properties. They help in reducing inflammation of the bronchioles. These drugs also useful in recurrent rhinitis, chronic cough and reducing the cough and relieving chest pain. The benefits of these herbs and Herbo-minerals drugs are highly praised in *Ayurvedic* classical and *Rasashatra* books for conditions like breathlessness, cough and cold, which act by making the secretion thin and helps in expectoration, reduce the inflammation of the respiratory system, signs and symptoms of *Tamaka-swasa*. All herbal drugs and herbo-mineral compound are having anti-inflammatory and immune-modulator properties. These properties of drugs help in inflammation in bronchial lumen, increase strength of respiratory system. Herb and Herbo-minerals compound pacifies *Dushita vata*, *Pitta* and *Kapha dosha* and control asthmatic problems and improves immunity. Healthy

lifestyle, breathing exercise like *Yoga, Panayama*, and meditation is play important role to reduce symptoms and improve the lung function.

CONCLUSION

Prevalence of Bronchial Asthma is increasing alarmingly due to excessive pollution, population, occupational hazards, anxiety etc. These etiological factors acts as aggravating factors in developing acute attacks of asthma mostly in atopic individuals. Therefore, *Nidana parivarjana* has significant role in the management of *Tamak swasa*. As per *Samprati* flow of *Prana vayu* obstructed so that *Srotorodha* removal is necessary for curing the attack of disease *Tamak swasa* so that Various principles of *Ayurveda* and various formulations can be adopted according to *Roga & Rogi bala*, during *Vegavastha & Avegavastha*.

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