

**TAMALAKI IN TAMAKA SHVASA- AN OVERVIEW**Neelam<sup>1</sup>, Poonam Sharma<sup>2</sup>, K N Dwivedi<sup>3</sup> B Ram<sup>4</sup><sup>1</sup>Junior Resident III, <sup>2</sup>Senior Resident, <sup>3</sup> Professor, <sup>4</sup> Assistant Professor

Deptt. of Dravyaguna, Faculty of Ayurveda, I.M.S. B.H.U, Varanasi Uttar Pradesh, India

**ABSTRACT**

The word *Shvasa* (dyspnoea) is found first time in *Upanishadas*. *Shvasa roga* (dyspnoea) is mainly due to vitiation of *Kapha* and *Vata doshas* and arises from *pittasthana*. In *Ayurvedic* classics, *Shvasa roga* (dyspnoea) is described with its five types, in which *Tamaka shvasa* (bronchial asthma) is one of them. *Tamaka shvasa* (bronchial asthma) may be explained as lack of *Prana-vayu*, patient is exhausted and desires for the *prana-vayu* to get relief. Though *Tamaka shvasa* (bronchial asthma) is not life threatening except in few patients, but other need long term medication to relieve from the breathlessness. For the cure of *shvasa roga* (dyspnoea), *Caraka* has described *Shvasahara Mahakashaya* in which “**Tamalaki**” is one of them. *Tamalaki* is a herbaceous medicinal plant, described in *Ayurvedic* literatures in many references with different properties, actions, uses and synonyms. Regarding its *Gunakarma*, it has *tikta, kashaya, madhura rasa; laghu, ruksha guna; sita virya* and *madhura vipaka*. *Tamalaki* is effective in *Tamaka shvasa* by virtue of its *Dravyaprabhava* and *Gunaprabhava* i.e *Dravyagunaprabhava*.

**Key Words** - *Dravyagunaprabhava, Dravyaprabhava, Gunaprabhava, Pittasthana, Tamaka shvasa, Tamalaki.*

**INTRODUCTION**

In *Ayurvedic* literatures detailed description of *Shvasa roga* (dyspnoea) is mentioned. It is described in *Brihatrayi, Laghutrayi, Nighantus* as well as in *Chikitsagranthas*. In *Ayurvedic* classics, *Shvasa* (dyspnoea) is described as a disease and also as a symptom of many disorders in their *purvarupa* (*prodromal symptoms*), *rupa* (*symptoms*), *upadrava* (*complications*) and *arista lakshana* (*fatal sign*) stages. *Shvasa roga* (dyspnoea) is mentioned along with *Kasa* (cough) in many text because *Kasa* (cough) is mentioned as *Nidanarthakar roga* of *shvasa roga* (dyspnoea) in *Ashtanga hridaya*<sup>[1]</sup>. In all texts, *Shvasa roga* (dyspnoea)

is described with its five types. *Tamaka shvasa* (bronchial asthma) is seen both *svatantra* (primary) as well as *partantra* (*secondary*) *vyadhi* but *Maha* (great dyspnoea), *Urdhva* (*stertorous respiration*) and *Chinna shvasa* (*cheyne stokes respiration*) are always *paratantra vyadhi* (*secondary disease*). *Kshudra shvasa* (dyspnoea on effort) is due to excessive exercise or excessive intake of *Ruksha ahara*. *Maha* (great dyspnoea), *Urdhava* (*stertorous respiration*) and *Chinna shvasa* (*cheyne stokes respiration*) are *Asadhya* (noncurable) while *Tamaka shvasa* (bronchial asthma) is considered as *Krcchrasadhya* (severe curable) by

*Sushrut*<sup>[2]</sup> and *Yapya* (mild incurable) by *Caraka*<sup>[3]</sup>, but if it is recently originated (less than one year) then it may be *Sadhya* (curable), it is *Asadhya* (non curable) for weak patients. *Kshudra shvasa* (dyspnoea on effort) does not require any medication i.e. *Sadhya*, so the treatment modalities are only concerned for *Tamaka shvasa*.

**TAMAKA-** *Tamu + krita* (*Tamu kank-sayamkhede ca*) (*Vyakarana siddhanta kaumudi*)

So *Tamaka shvasa* may be explained that due to lack of *Prana-vayu*, patient is exhausted and desires for *prana-vayu* to get relief. *Caraka* has mentioned two subtypes *Pratamaka* and *Santamaka* in which *pitta dosha* gets involved along with initial *doshas vata* and *kapha*<sup>[4]</sup>.

*Tamalaki* is an important drug of *Samhita* period. It is mentioned in the group i.e. *Dashemani* of *Caraka*, the drugs which are useful in *Shvasa*<sup>[5]</sup> (dyspnoea) and *Kasa roga*<sup>[6]</sup> (cough), though several *ghrita* preparations containing *Tamalaki* and other drugs are seen in the chapters dealing with the treatment of *Rajayakshma*<sup>[7]</sup> (tuberculosis), *Hridroga*<sup>[8]</sup> (heart disease), *Gulma*<sup>[9]</sup> (abdominal lump) and *Vatarakta*<sup>[10]</sup> (gout). Due to inclusion of this drug in *Dashemani* of *Caraka*, it is evident that its main use is for the treatment of *Shvasa* (dyspnoea) and *Kasa* (cough).

*Samhitas*, are the oldest original basic texts of *Ayurveda* available to-day, no other synonyms are observed for *Tamalaki*<sup>[11]</sup> in these literatures. Literally, the word *Tamalaki* means thinner and smaller plant than *Amalaki* (*Emblia officinalis* Gaertn.)<sup>[12]</sup>. As the time passed new synonyms were added for *Tamalaki*, as *Bhumyamalaki* or *Bhudhatri* which also have the similar meaning. In

*Ayurvedic* texts, botanical names have been ascribed for medicinal plants, the *Ayurvedic* scholars have given the botanical name of *Tamalaki* or *Bhumyamalaki* as "*Phyllanthus urinaria* Linn"<sup>[13]</sup>.

*Phyllanthus urinaria* Linn. is a diffusely branched herb, met with as a weed of cultivated areas throughout India. Leaves distichously imbricate, oblong; flowers minute, yellowish; capsules globose, scarcely lobed; seed transversely furrowed. The plant is used medicinally in the same way as *P. fraternus*, often as a substitute for it<sup>[14]</sup>. The fruit and the plant are acrid, sour, cooling, bitter, sweetish; alexipharmic; useful in thirst, bronchitis, leprosy, anaemia, urinary discharges, anuria asthma and hiccough. The plant is much used as a diuretic in dropsical affections, also in gonorrhoea and other genitor-urinary troubles<sup>[15]</sup>. In *Nighantus*, *Koshas* and *Chikitsagranthas*, the word *Tamalaki* stands for generic epithet, which signifies more than one species having almost similar morphological character and useful in different ailments<sup>[16]</sup>. Other species of *Phyllanthus* such as *P. fraternus*, *P. amarus*, *P. simplex* and *P. maderaspatensis* are also known<sup>[17]</sup>.

## MATERIAL AND METHOD

Literary review and therapeutic actions of *Tamalaki* were explored from classical texts viz. *Caraka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha*, *Ashtanga Hridaya*, *Chikitsagranthas* and *Nighantus* viz. *Raja nighantu*, *Dhanvantari nighantu*, *Bhaishajya Ratnavali* and articles published in various journals.

## RESULT

In Vedic literatures there are no references of *Tamalaki* or *Bhumyamalaki*. However, some names like *Amala*, *Mala*, *Tamala*, *Ad-*

hyanda and Tali are available, which though mentioned as synonyms of *Bhumyamalaki* by *Nighantus*.

In *Samhitas*, only *Tamalaki* is mentioned and no other its synonyms are found. In *Caraka samhita*, *Tamalaki* has been used mainly for cough and asthma. Most of the preparations are in *Ghruta* form. In *Sushrut samhita*, only *Tamalaki* is mentioned, which is used in asthma. *Ashtanga Sangraha* has followed *Caraka* in prescribing the preparations. Here also we find that *Tamalaki* is mentioned in group of drugs which are useful for cough and asthma. *Ashtanga Hridaya* has followed *Ashtanga Sangraha* and *Caraka* by mentioning similar preparations. There are no references of *Tamalaki* or *Bhumyamalaki* in *Bhel Samhita* and *Kashyapa Samhita*.

**Samprapti (Pathogenesis):**

*Samprapti* of *Shvasa roga*(dyspnoea) along with *Hikka*(hiccough) is as follows – *Shvasa* (dyspnoea) is mainly due to vitiation of *Kapha* and *Vata dosha*, and arises from the *Pittasthana*. In this disease *Rasadi dhatu* and *Hridaya* (heart) are involved<sup>[18]</sup>.

Vitiation of *Vata* takes place due to its own etiological factors and after reaching to the *Pranavaha shrotas*, it deranges the *Kapha* in *Urah* and this vitiated *Kapha* obstruct natural flow of *Pranavayu* leading to *Shvasa* (dyspnoea) and *Hikka* (hiccough)<sup>[19]</sup>.

**Chikitsa sutra (Principle of treatment):**

*Caraka* has mentioned different treatment on the basis of predominance of *Dosha* and strength of patient. The patient of *Shvasa* (dyspnoea) are classified into two groups –

a. On the basis of predominance of *Dosha*- Having predominance of *Vata Dosha*. Having predominance of *Kapha Dosha*.

b. On the basis of body constitution – *Balavan* (good body built) *Durbala* (poor body built)

According to predominance of *Doshas* and body built (Bala of rogi) two types of therapies are mentioned –

- a. *Shodhana chikitsa*
- b. *Shamana chikitsa*

**Shodhana chikitsa:** Patient having good body built (*Balavana*) with predominance of *Kapha* treated by *Vamana* and *Virechana* followed by *dhuma*, *leha* and other *Shamana chikitsa*.

**Shamana chikitsa:** Patient of poor body built (*Durbala*) with predominance of *Vata*, children and old age, should be treated by *Shamana chikitsa*.

Treatment which alleviates the disease and aggravates another is not proper. Proper treatment is that which pacify the aggravated disorder without creating any other<sup>[20]</sup>.

There are three types of treatment -

- a. *Kapha-vatahara*
- b. *Kaphahara*
- c. *Vatahara*

Preference should be given to the *Kapha-vatahara chikitsa* but if we have to choose one out of the remaining two then *Vatahara chikitsa* is more efficient.<sup>[21]</sup>

In the patient of *Tamaka Shvasa* (bronchial asthma), *virechana* should be done with the drug having *Vatashleshma hara* properties.

**Table No.1 TAMALAKI IN BRIHAT-TRAYI**

S.No	Preparations	Caraka samhita	Sushruta Samhita	Ashtanga Samgraha	Ashtanga Hridaya
1.	Aveleha	Chyawanprasha (Su 1-1/63-69)	-	Chyawanprasha (Ut 49/39-45)	Chyawanprasha (Ut 39/33-41)

2.	Ghrita	Pippalyadi (Ci 3/219-221)	Pippalyadi (Ut 39/219)	Nidigdihikadi (Ci 2/9-10)	Pippalyadi (Ci 1/90)
3.	Ghrita	Baladi (Ci 3/225-226)	Kalashyadi (Ut 39/225)	Baladi (Ci 2/13-14)	Trayamanadi (Ci 13/15)
4.	Ghrita	Jivantyadi (Ci 8/111-113)	Talishadi (Ut 51/27)	Kashmaryadi (Ci 4/9)	Jivantyadi (Ci 5/16-17)
5.	Ghrita	Kantakari (Ci 18/127)	-	Kantakari (Ci 4/80)	Kantakari (Ci 3/59-62)
6.	Ghrita	Amritaprasha (Ci 11/35-43)	-	Amritaprasha (Ci 5/39)	Amritaprasha (Ci 3/94-101)
7.	Ghrita	Tejovatyadi (Ci17/141-144)	-	Kanadi (Ci 6/65)	Tejovatyadi (Ci 4/52-54)
8.	Ghrita	Duralabhadi (Ci 8/106-110)	-	Dashamula (Ci 7/25)	-
9.	Ghrita	Tryushanadya (Ci 18/39-42)	-	Tryushanadi (Ci 8/29)	-
10.	Ghrita	Mahamayur (Ci26/166-174)	-	Mahamayur (Ut 28/71-77)	-
11.	Churna	Shatyadi (Ci17/123-124)	-	Punarnavadi (Ci 5/130)	Shatyadi (Ci 4/46)
12.	Churna	-	-	Jiwantyadi (Ci 6/52-53)	Jivantyadi (Ci 4/43-44)
13.	Yavagu	Dashmuladi (Ci17/102-103)	Dashmuladi (Ci 6/26-27)	-	-
14.	Kshirapaka	Sthiradi (Ci 8/101)	-	-	-

## DISCUSSION

According to different scholars, the vitiation of *Vata* takes place due to its own etiological factors (*Nidana sevana*) and after reaching to the *Pranavaha-srotas*, it deranges the *Kapha* and this vitiated *Kapha* obstruct natural *gati* of *Prana-vayu* i.e. fresh oxygen, then it moves *pratiloma* in *pranavaha-srotas*, resulting in *Tamakaasvasa* (bronchial asthma). *Caraka* has mentioned

that the seat of origin of *shvasa roga* (dyspnoea) is *pittasthana*, but *Vagbhata* mentioned *Amashaya* as *Udbhavasthana* of *shvasa roga* (dyspnoea). *Caraka* has explained different drugs, on the basis of predominance of *dosha* and constitution of patient. For curing *shvasa roga* (dyspnoea), *Caraka* has indicated *Tamalaki* in diseases of respiratory system and as *Rasayana*. In this context it is mentioned that though *rasa* and other factors are antagonistic to each other

in accomplishing their functions, they do not act against each other just as *guna* and *do-shas* exist together. Later on apart from above indications and actions it is used as diuretic and hepatoprotective also. It is natural that by the name *Tamalaki* more than one plant has been taken by the physician because of similarity in morphological characters and multiple therapeutic indices.

## CONCLUSION

Though *Tamaka shvasa* (bronchial asthma) is not life threatening except in few patients, but other need long term medication to relieve from breathlessness. Depending upon the *Bala* (strength) of patient and disease, *Shodhana* and *Shamana chikitsa* have been mentioned in *shvasa roga* (dyspnoea). In *Shodhana* therapy *Vamana* (emesis) and *Virechana* (purgative) are prescribed to the patients and after that *kapha-vatahara* drugs are indicated. *Tamalaki* is capable to pacify *kasa* (cough), *shvasa* (dyspnoea), *pippasa* (thirst) and *aruchi* (anorexia) and other symptoms. The probable mode of action of *Tamalaki* can be concluded by observing the above results. The drug is active due to *Dravyaprabhava*, *Gunaprabhava* and *Dravyagunaprabhava* at a particular time, on reaching particular locus, with a particular mechanism and objectives.

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#### CORRESPONDING AUTHOR

**Dr. Neelam**

Department of Dravyaguna, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

**E-mail:** neelam.839@gmail.com

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