

## TAMAKA SWASA (BRONCHIAL ASTHMA) CHIKITSA – A CASE STUDY

Daksha Rathod

Lecturer in G. J. Patel Institute in Ayurveda & Research Centre, New V V Nagar, Anand, Gujarat, India

Email: [daxarathod@yahoo.com](mailto:daxarathod@yahoo.com)

### ABSTRACT

*Tamakaswasa* is one among the five varieties of *swasa* explained in the classics of *Ayurveda*. Since centuries, *Tamakaswasa* remained to be a challenging and unremitting disease. In both the sexes it may occur at any age. The cardinal symptom of *tamakaswasa* is difficulty in breathing. None of the disease will take away the life as quickly as *Swasa roga* and hence described as *sheekrapranahaarini* (It causes emergency condition). *Tamakaswasa* is analogous with the bronchial asthma mentioned in modern medicine which is having the cardinal features of episodic attacks of breathlessness, polyphonic breathing and cough. A female patient of Age 35years with history of *Tamakswasa* from last 5 years on regular modern treatment is treated with Ayurveda line of treatment for *Tamakswasa*. The patient is having classical symptoms like *Gurghurkam* (audible wheezing), *Pinasa* (coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking). On examination it was found that patient is having more *kapha* predominant *Vata*. On auscultation of chest wheezing present bilaterally, patient walking with *Swasakricchta*. Patient was using short acting bronchodilator puffs. Which is almost 3-4 puffs in a day. So, this case of *Tamak swasa* is treated with *Shodhana chikitsa* i.e. *Virechana karma* followed by *Shaman chikitsa* for 3 months. All this was done after considering the *bala* of Patient. In this case it was observed patient got 50% relief in the cardinal features of *Tamakswasa*.

**Keywords:** *Tamaka swasa*, Bronchial Asthma, *Virechana*, *Shodhan chikitsa*

### INTRODUCTION

*Tamakaswasa* is one of the five types of disease *Swasa*. The signs, symptoms and etio-pathogenesis of bronchial Asthma explained in modern science have a lot of similarities with the disease entity *Tamakaswasa*. The main features of bronchial Asthma are breathlessness, chest tightness, wheezing and cough. Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. *Tamakaswasa* comprises of two words i.e. *Tamaka* and

*Swasa*. The word *tamaka* is derived from the *dhatu* (root) ‘*Tamaka Glanou*’ with *kwip pratyaya* (syllable). It suggests to choke, darkness, be suffocated<sup>1</sup>. Breathing difficulty is the main symptom of *tamakaswasa* and in severe cases it may be associated with darkness in front of eyes. *Acharya Charaka* has mentioned that *Tamakaswasa* is *kapha-vataja vikar* and site of its origin is *pitta sthana*. When going through the *lakshnas* of *Tamaka Shwasa* in our *Ayurvedic* literature our *acharayas* has told

*Gurghurkam* (audible wheezing), *Pinasa* (coryza), *Shirogurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc. All the *Lakshnas* showing *Kapha* predominancy. *Tamakswasa* in general is described as *yapya* (palliable) disease. A female patient of age 35 years came with the symptoms of *Gurghurkam* (audible wheezing), *Pinasa* (coryza), *Shirogurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking). On examination it was found that patient is having more *kapha* predominant *Vata*. On auscultation of chest wheezing was present bilaterally, patient walking with *swasakricchta*. Patient was using short acting bronchodilator puffs, Which is almost 3-4 puffs in a day, so in the present study *Shodhana* and *Shamana* was planned for the management of *Tamakswasa*.

#### A Case Report:

A 35 year female came with the chief complaint of *Swasakrucchata* from last 5 years on regular treatment (Bronchodilator puffs). Other associated complaints are *Shirashoola*, sleeplessness, generalized weakness from past 3 months. History of present illness - patient was apparently well before 5 years, problem started gradually when patient noticed the dust allergy. Initially taking some home remedies and got mild relief but with time condition was getting worsened. **Treatment History** - She was taking medicine from the rural doctor for more than 1 year but could not found better result in the condition. Local physician started with some steroid and anti-histamine drug as patient told. Then she started to take treatment from the civil hospital near to her village, where she was put on short acting bronchodilator puffs by then patient is taking medicine along with suggested puffs depending on severity of condition. There is no history of Diabetes, Hypertension. **Personal History** - by occupation patient is housewife, taking tea 3-4 times a day, and taking vegetarian diet. No such addiction was noticed. **Family History** - patient mother is also suffering from same

condition and taking Short acting Bronchodilator puffs.

**On Examination - Respiratory system** - On Auscultation wheezing was observed bilaterally (audible wheezing), with B.P 120/80 mm of hg. No abdominal tenderness, No organomegaly, CVS- nothing abnormal detected.

#### **Ashtasthana-gata Pariksha:**

*Nadi* (pulse) = 80/min, *Mala* (stool) = Normal, *Mutra* (urine) = Normal, *Jeeva* (tounge) = *Alipta Agni* = *Kshudhamandya*, *Shabda* (speech) = *kricchatbhashitum*, *Druka* (eyes) = *prakruta*, *Akruti* = *Sthula*, *Bala* = *Madhyama*.

After the proper examination patient was advised to undergo *Shodhana* treatment, which is followed by *Shamana chikitsa* for 3 months. The procedures were explained and advised to take *Aahara* as Advised during the course of *Shodhana*.

#### **MATERIAL AND METHODS:**

**Source of Data:** Patient suffering from symptoms of *Tamakswasa* is selected from O.P.D. of S.G.Patel Ayurvedic Hospital, New Vv Nagar, Anand.

O.P.D No: 4771

**Study Design:** A single case study

**Treatment:** *Shodhana chikitsa* followed by *Shamana chikitsa* for 3 months

**Total duaration:** *Virechana karma* + 3 months for *Shaman chikitsa* (The result of treatment was assessed before starting *virechana karma* and after *Shamana chikitsa* i.e. post 3 month)

#### **Procedure:**

1. **Virechana Karma:** *Deepana Pachana* was done with *Chitrakadi vati* 500mg twice a day before for 5 days. *Snehapana* was done with *Vasa ghrita* in *aarohana karma* till *samyak snehana lakshanas*. During *vishrama kala abhyana* was done with *sahachara taila*. For *virechana yoga trivruta avleha* is used in 50 gm of quantity. *Madhyama shuddhi* was achieved. It is followed by *Samsarjana karma*.

2. **Shaman chikitsa:** After *Shodhana chikitsa shaman chikitsa* was given for 3 months.

1. *Kanakasav* 10ml with equal quantity of water, twice in a day after food,
2. *Haridrakhanda* 6gms with warm water, before food, twice in a day,
3. *Swaskuthar rasa* 250mg, 2 tablets after the food, twice in a day,
4. *Shankh vati* 250mg, 2 tab after the food, twice in a day,
5. *Bharangyadi* kwath, 40ml, empty stomach, once in a day,
6. *Sthanik abhyanga* with *sahchar tail* for 15 minute in *pratilom gati* and *nadi swed* with

*dashmool kwath* on chest region for 5 min, was advised for 1 month. Follow up was taken after 3 months.

**Criteria for Assessment of Results:** Results were assessed from subjective parameters (cardinal signs) of base line data of before and after treatment.

**Subjective Parameter:** a) Night awakening; b) Morning worsening of asthma symptoms; c) Limitation of activity; d) Shortness of breath; e) Wheezing; f) Use of short – acting bronchodilator (puff) each day.

**Table 1:** Study design on Assessment grade for Subjective criteria

1	Night Awakening	Go	Never
		G1	A Few time
		G2	Many time
		G3	Unable to sleep because of asthma
2	Morning worsening of asthma symptoms	Go	No symptoms
		G1	Mild symptoms
		G2	Moderate symptoms
		G3	Severe symptoms
3	Limitation of activity	G0	Not limited at all
		G1	Slightly limited
		G2	Moderately limited
		G3	Severe limited
4	Shortness of breath	G0	None
		G1	A very little amount
		G2	A moderate amount
		G3	A great amount
5	Wheezing	G0	Not at all
		G1	Hardly any of the time
		G2	A moderate amount of the time
		G3	A lot of the time
6	Use of short – acting bronchodilator (puff) each day	G0	None
		G1	1-2 puffs in a day
		G2	3-4 puffs in a day
		G3	More than 5 puffs in a day

**Table 2:** Showing the effect of Virechana chikitsa along with shaman chikitsa on cardial symptoms

S. No.	Sign & Symptoms	BT (before treatment)	AT (after treatment)	Result in %
1	Night Awakening	2	1	50%
2	Morning Worsening Of Asthma Symptoms	3	1	66%
3	Limitation of activity	2	1	50%
4	Shortness of breath	3	1	66%
5	Wheezing	2	1	50%
6	Use of short – acting bronchodilator (puff) each day	2	1	50%

## DISCUSSION

*Tamaka swasa* disease is manifested by the aggravated *prana vayu* by the obstruction of *Kapha*<sup>(2)</sup>. The *Virechana* mentioned as a beat *shodhana* treatment for *tamaka swasa*. The origin of the pathogenesis said to be starts from *pittasthana* and aggravated *kapha* and *vata* are amenable to *virecana* at the level of *adho-amasaya*. In *Tamakas-wasa chikitsasutra* it is mentioned that *Kapha* obstructs the passage of *Vayu* and the obstructed *Vayu* traverses in reverse direction. In such condition drug and food which possess *Kapha* and *Vata* alleviating property and which is having *Ushna* and *Vatanulomana* property are helpful in relieving the *swasa*.

*Virechana* drugs having above said quality proves beneficial in the condition of *swasa*<sup>(3)</sup>.

*Virechana* can give best result when patient's *agni* is in *dipta* condition. First 3 days *chitrakadi vati* was given for *agni dipan*. Next 4,5,6 days *abhyantar snehapana vasagruta* which was given with the quantity of - 4<sup>th</sup> day 60ml, 5<sup>th</sup> day 100ml, 6<sup>th</sup> day 150ml. After the *samyak snehana lakshana* achieved next 7, 8, 9 days *sarvanga bahya abhyanga* with *sahachar tail* and *bashpa sweda* with *dhashmool kvath* was done. On 10<sup>th</sup> day *virechana* drug *trivruta avaleha* 50gm was given with *usnodak*. *Samyak suddhi* was observed after the procedure which is given in table no-3.

**Table 3:** Observation of *Sudhdhi* in *Virechan karma*

S.R.No	<i>Sudhdhi</i>	<i>Madhyama</i>
1	<i>Vaigiki sudhdhi</i>	15 vega
2	<i>Maniki sudhdhi</i>	3 prasth
3	<i>Antiki sudhdhi</i>	<i>Kaphanta</i>
4	<i>Laigiki sudhdhi</i>	<i>Strotovishudhdhi</i>
		<i>Indriya Prasad</i>
		<i>Laghuta</i>
		<i>Agni vrudhdhi</i>
		<i>Anaamayavama</i>

As above mentioned *samyak virechana* all *lakshana* were found in the patient. After that *samsarjan karma* was followed for 3days with *peya*, *vilepi*, *akrut yusha* and *krut yush*.

*Shaman chikitsa*: *Shamana* therapy meant to achieve *Dhatusamya* by use of drugs internally. Those Diets

and Drugs having *Kaphavataghna*, *ushna* and *vatanulomana* properties are useful in *Tamaka swasa*.

After proper *shodhan shaman* medicine was started.

1. *Kanakasav* 10ml with equal quantity of water, twice in a day after food,
2. *Haridrakhanda* 6gms with warm water, before food, twice in a day,

3. *Swas kuthar rasa*, 2 tablets after the food, twice in a day,
4. *Shankh vati*, 2 tab after the food, twice in a day,
5. *Bharangyadi kwath*, 40ml, empty stomach, once in a day,
6. *Sthanik abhyanga* with *sahchar tail* for 15 minute in *pratilom gati* and *nadi swed* with *dashmool kwath* on chest region for 5 min. This was advised for 1 month.

This above medicine was given for 3 months after *virechana karma*. Patient was also advice for *nidana parivarjana* and *pathya-apathya*. There was marked improvement in the sign and symptoms of *tamaka swasa* after 3 months follow-up. Patient felt relief in breathlessness, *pinas*, *anah*, *pashvashool*, *shirahshool*. Frequency of wheezing sound was decrease. Before treatment patient had to use breathing pump for 3times in a day but after 3 months, patient had to take breathing pump only once in a day and sometimes she doesn't need the pump. That was remarkable improvement which was found.

In *Swasa roga*, the basic pathogenesis is initiated by the diets and habits which provokes *kapha*. Vitiated *kapha* in the *pittasthana* (Lower part of the *amasaya*) circulate in the body as *ama*. *Ama dosa* can also circulate in the body following certain diseases like *jwara*, *vamathu*, *amatisara* and *visucika*<sup>(4)</sup>. On the other hand aggravation of the *vata* either by the diet and habits or by the systemic disease like *kshaya*, *urakshata*, *pandu* or *pratisyaya* also make the triggering effect for the *pranavaha sroto vaigunya* along with vitiated *kapha* or *ama*. *Pranavaha sroto vaigunya* can also directly result from suppression of natural urges like *udgara*, *adhovata*, *kapha* and *chardi*. Physical exertion can also contribute to the *pranavaha sroto vaigunya*. The functional derangement of *pranavaha srotas* will be accentuated to *sroto dusti* by the interaction of any of the precipitating causes like dust, smoke, wind, *marmaghata* and use of excessive cold water. Once the *srotodusti* is occurred the *prana vayu* gets ab-

normal by the *sanga* and *vimargagamana*. This in turn is manifested as *swasa roga*<sup>(5)</sup>.

*Charaka* emphasized that strong build patient with the dominance of *kapha* and *vata* should be treated with *samsodhana* therapy, i.e. *vamana* and *virecana* as per necessities. According to *charaka virecana* is very useful when it is combined with *vatahara* and *kaphahara* drugs<sup>(6)</sup>. *Caraka* and *vagbhata* described *swasa* as a disease indicated for *virechana*<sup>(7)</sup>. In *tamaka swasa chikitsa sutra* it is mentioned that *kapha* obstructs the passage of *vayu*, the obstructed *vayu* take the *pratiloma gati*. *Virecana* drugs having the quality of *vatanulomana*, *usna guna*, *kaphavataghna* may be more beneficial in the condition of *Swasa*<sup>(8)</sup>. *Dosahara* properties of *virecana* removes mainly *kapha* and *pitta dosas* and makes *vata* in *anuloma gati*. Keeping in view of origin of *swasa roga charaka* has mentioned that *udbhava sthana* of *swasa roga* is *pittasthana*<sup>(9)</sup>. *Chakrapani* has narrated that *adhoamasaya virecana* which purifies the *pitta sthana* which in fact is the site of origin of *swasa roga*, is an apt curative measure<sup>(10)</sup>. *Arunadatta* Comments that when the normal course of *vayu* is obstructed by *kapha*, it will get aggravated i.e., *vimargagamana* of *vayu* is due to the *avarana* of *Kapha*<sup>(11)</sup>. Then the treatment should have the quality of *kaphaghna* and *vatanulomana*. i.e., *virechana* removes *Kapha* and also corrects the direction of *vayu* to set it on normal course. Thus *virchana* after *snehana* and *swedana* is the best suitable line of treatment for *tamaka swasa*.

After *shodhan karma shaman* drugs and *sthanik abhyanga* with *swedan* advice to the patient which gave the best result. *Acharya charaka* mentined that *taila* mixed with *lavana* should be gently massaged on the chest to lose the tenacious sputum in the channels<sup>(12)</sup>. Also *acharya charaka* has mentioned about the *Swedana* by *nadi*, *prastara* and *sankara* method. It should be performed by these processes the *kapha* which has become insisted in the patient's body, gets dissolved in the body *srotas*, the body



*srotas* become softened and as a result, the movement of *vata* is restored to normal condition<sup>(13)</sup>.

Discussion on result in cardial symptoms:

Discussion on night awakening

Before the treatment patient was suffering with night awakening many a times which was grade 2, but after the follow up the patient was suffering with night awaking was so minimum which is grade 1. So result was found 50% in night awaking criteria.

Discussion on Morning Worsening Of Asthma Symptoms

Before the treatment patient was suffering with severe morning worsening of asthma treatment which was grade 3 but after the follow up of the complete treatment it was grade 1 which shows 66% relived in the morning worsening of asthma symptoms.

**Discussion on Limitation of activity**

Before treatment patient was suffering moderate limitation on activity which was grade 2, but after the follow up the result was grade 1 which is slightly limitation on activity .So result was 50%.

**Discussion on Shortness of breath**

Before the treatment patient was suffering with great amount of shortness of breath which was grade 3, but after the follow up it was very little amount that is grade 1. So it shows 66% relief.

**Discussion on Wheezing**

Before treatment moderate amount of wheezing was present which is grade 2, but after the follow up it is hardly found in patient which is grade 1. So result was found 50%.

**Discussion on Use of short – acting bronchodilator (puff) each day**

Before treatment patient was using 3-4 puffs of bronchodilator in day which is grade 2 , but after the treatment patient needs only 1-2 time puff of the bronchodilator in a day. So, result was found 50% relief.

## CONCLUSION

It can be conclude that *virechana* gives the best result in *tamakaswasa*. *Sthanik abhyanga* and *sthanik swedan* in chest region gives relief in *tamakaswasa lakshana*. In this case study, marked improvement (50% over all relief) found in the cardial symptoms of *tamaka swas* after 3 months follow up with *shodhan* along with *shaman* treatment.

## REFERENCES

1. Apte VS, The Students Sanskrit English Dictionary, Reprint, Delhi; Motilal Banarsidas:p.230
2. Vaidya Yadunandana, Astangahrdaya Of Vagabhata Edited With 'Vidyotini' Hindi Commentary By Kaviraja Gupta, Chaukhambha Prakashan, Varanasi, Reprint 2007, nidana sthana, 4th Chapter, 3rd Slokas, page no-603.
3. Gangasahaya Pandey, the Charaka Samhita of Agnivesha with Ayurveda Deepika Commentary of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary by Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-121, page no-432.
4. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-17, page no-418.
5. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-12,13,page no-418.
6. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-121, page no-432.
7. Vaidya Yadunandana, Astangahrdaya Of Vagabhata Edited With 'Vidyotini' Hindi Commentary By Kaviraja Gupta, Chaukhambha Prakashan, Varanasi, Reprint 2007, sutrasthana, 18th Chapter,3rd Slokas,page no-603.

8. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-147, page no-435.
9. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-8, page no-417.
10. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, sutra stana, 20th Chapter, Sloka No-8, page no-417.
11. Vaidya Yadunandana, Astangahrdaya Of Vagabhata Edited With 'Vidyotini' Hindi Commentary By Kaviraja Gupta, Chaukhambha Prakashan, Varanasi, Reprint 2007, cikitsa sthana,4th Chapter ,8<sup>th</sup> Slokas, page no 603,604.
12. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-71, page no-426
13. Gangasahaya Pandey, The Charaka Samhita Of Agnivesha With Ayurveda Deepika Commentary Of Chakrapani Dutta And With 'Vidyotini' Hindi Commentary By Pt Kashinath Shastri, Chaukhamba Sanskrit Sthana, 1997, Varanasi 5th Edition, Chikitsa Sthan, 17th Chapter, Sloka No-71-72, page no-426.

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Daksha Rathod: Tamaka Swasa (Bronchial Asthma) Chikitsa – A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited November, 2018} Available from: [http://www.iamj.in/posts/images/upload/1472\\_1478.pdf](http://www.iamj.in/posts/images/upload/1472_1478.pdf)