

## AYURVEDIC UNDERSTANDING AND MANAGEMENT OF TAMAKA SWASA (CHILDHOOD ASTHMA) IN CHILDREN - A CASE REPORT

Kannan Sagar<sup>1</sup>, Shailaja. U<sup>2</sup>, Anoop. A. S<sup>3</sup>, Reshma K. Raj<sup>4</sup>, Jugal Kishore<sup>5</sup>

<sup>1</sup>Assistant Professor; <sup>2</sup>Professor & H.O.D; <sup>4,5</sup>Post Graduate Scholars, Department of Kaumarabhritya; Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

<sup>3</sup>Assistant Professor, Department of Kaumarabhritya, Sri Jayendra Saraswathi Ayurveda College, Nazarethpettai, Chennai, Tamil Nadu, India

Email: [kannansagar@gmail.com](mailto:kannansagar@gmail.com)

Published online: March, 2019

© International Ayurvedic Medical Journal, India 2019

### ABSTRACT

*Swasa roga* is a condition wherein the patient experiences an abnormal or distressful breathing. An association of *Vata* and *Kapha dosha*, causes obstruction to the *Srothas* and results in *Swasa*. *Tamaka Swasa* is one among the five types of *Swasa roga*, in which the patient feels darkness in front of eyes and considered as an *Asadhya roga*. *Parthiloma gati* of *Vata* is resulting in a series of manifestations. Symptoms precipitates during cold, rainy and cloudy climate and when gets exposed to cold wind and intake of *Kaphakara aharas* as well. Bronchial asthma is a disease characterized by increased responsiveness of the airways to stimuli. Prevalence of asthma has increased globally over the last three decades and the peak incidence is seen in the age group of 5-10 years. Various triggering factors are responsible for the causation of asthma which needs to be understood for prevention aspect. The clinical presentation of asthma varies from recurrent cough to severe wheezing. An 11 year old male patient was admitted to the In Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan with complaints of difficulty in breathing since 3 years. Associated with productive cough and running nose since last 3 weeks. Aggravates during exposure to cold wind, during night hours and during rainy season. Disease aggravates during supine position and subsides during sitting posture and intake of hot drinks. This condition can be understood as *Tamaka Swasa*. After a thorough clinical examination and evaluation, started with *Deepana Pachana*, *Snehapana* and then, *Abhyanga*, *Swedana* and *Virechana*. There were significant improvements in the condition of the patient. Later, he was discharged with medicines, especially the one with *Rasayana* effect to be continued at home.

**Keywords:** *Tamaka Swasa*, *Virechana*, *Rasayana*

### INTRODUCTION

*Swasa roga* is a condition wherein the patient experiences an abnormal or distressful breathing. When *Vata dosha* gets associated with *Kapha* and does the obstruction to the channels of circulation and then being itself obstructed, the aggravated *Vayu* thus results in *Swasa*<sup>1</sup>. On the basis of clinical features, *Swasa* can be classified into five types. They are *Urdhva Swasa*, *Maha Swasa*, *Chinna Swasa*, *Tamaka Swasa* and *Kshudra Swasa*<sup>2</sup>. On the basis of prognosis, *Swasa* can be again categorized into *Sadhya* (Curable)-*Kshudra Swasa*, *Yapya* (Palliable)-*Tamaka Swasa* and *Asadhya* (Incurable)-*Maha Swasa*, *Urdhva Swasa* and *Chinna Swasa*<sup>3</sup>.

The word *Tamas* means darkness. In *Tamaka Swasa*, the patient experiences darkness in front of eyes<sup>4</sup>. *Tamaka Swasa* is an *Amasayasamuttha Vikara*. *Tamaka Swasa* is again divided into two types; *Santhamaka* and *Prathamaka Swasa*<sup>5</sup>. *Vayu*, which moves in *Prathiloma gathi* (reverse order) reaches the *Srothas* (Channels of breath), afflicts *Greeva* (neck) and *Shiras* (Head) and stimulates the *Sleshma* to result in *Peenasa* (Rhinitis). This obstructed *Vata* produces a series of manifestations, which includes *Ghurghuraka* (Wheezing sound), *Atheeva theevra vegam cha swasam pranapravedakam* (Difficulty in breathing and takes breath with a deep velocity). Patient gets tremors and *Kasa* (Cough). *Pramoham kasamanascha sagachathi muhurmu* (Fainting again and again while coughing). As the *Sleshma* does not come out easily, the patient becomes *Dukhitha* (restless). Once the phlegm comes out, they will feel the relief. Because of the disturbance in the *Kanta pradesha* (Throat), there will be inability to speak properly. *Na chaapi Nidram labhate* (Sleep will be disturbed), on lying down posture breathing difficulty aggravates and *Aaseeno labhate saukhyam* (relieves in sitting posture). *Ushnam chaiva abhinandathi* (Develops likeness towards hot things), excess of sweating occurs in forehead region and person becomes restless. Dried mouth and occurrence of episodes of breathing difficulty is specific to this disease. Disease aggravates when *Megha* (Clouds appears in sky) and exposure to *Ambu* (wa-

ter), *Sheetha* (cold), *Vata* (Blowing wind) and *Kapha vardhaka ahara vihara*<sup>6</sup>.

*Swasaroga* is diagnosed when the clinical manifestation suggests the vitiation of *Vata* and *Kapha* dosha, affliction of *Rasa dhatu* in *Pranavaha srotas*<sup>7</sup>. Treatment of *Tamaka Swasa* can be understood according to four different conditions of patients. *Balavaan* (Strength), *Durbala* (Weakness), *Kaphadhikyatha* (Predominance of *Kapha*) and *Vatadhikyatha* (Predominance of *Vata*). In *Kaphadhikya avastha* and *Rogi is Balavaan*, can be given wholesome food and can be administered *Vamana* (Emesis) and *Virechana* (Purgation), followed by *Dhuma* (Smoking) and *Leha* (electuaries).

Bronchial asthma is a chronic inflammatory disorder of the lower airway characterized by paroxysms of dyspnea, wheezing and coughs as a result of temporary narrowing of the bronchi by the trio of bronchospasm, mucosal edema and thick secretions<sup>8</sup>. The prevalence of asthma has increased globally for over three decades. The peak incidence is seen in the age group of 5-10 years. When compared with girls, boys suffer twice as much as them. Even the severity of illness is also more severe in them. <sup>9</sup>In school-going age group, it is about 2%. <sup>10</sup>The prevalence is 25.6% in 2009 which is under 18 years and near about 75% of asthma occurs in children under 5 years of age. Current estimates suggest that asthma affects 300 million people world-wide and there will be an additional 100 million people will be diagnosed by 2025<sup>11</sup>. There are various triggering factors for the causation of asthma which includes infections, exercise, weather, emotions, food and endocrine causes<sup>12</sup>.

Children being the most vulnerable group are estimated to have an incidence and recurrence much more than adults because of their specific anatomical and physiological peculiarities and immature immune response, which make them more susceptible to respiratory disorders<sup>13</sup>. Nowadays, the prevalence of bronchial asthma is increasing due to excessive pollution, occupational conditions, stress, overcrowding and poor hygiene<sup>14</sup>. The clinical presentation of asthma varies from recurrent cough to severe wheezing.

When seasonal changes occur, symptoms of asthma get manifested. Usually the condition aggravates during exercises and at night time. The drug for asthma should be with properties like Bronchodilator, Anti allergic, Antitussive and expectorant<sup>15</sup>. Asthma, when poorly controlled is always associated with significant morbidity and socio-economic problems like absenteeism from school or work, loss of productivity and wages and thereby a poor quality of life<sup>16</sup>. A poorly controlled asthma can become fatal<sup>17</sup>.

### CASE HISTORY:

An 11 year old male patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by his parents with complaints of difficulty in breathing since 3 years and associated with productive cough and running nose since 3 weeks. Aggravates during exposure to cold wind, during night hours and during rainy season. Breathing difficulty was associated with wheezing.

### HISTORY OF PRESENT ILLNESS:

The patient was apparently healthy 3 years back. Then he developed difficulty in breathing associated with mild cough during initial days. Condition aggravates

during climatic variations, especially during cold climate and when exposed to cold wind and intake of sweet and oily food items in excess. Disease aggravates during supine position and subsides during sitting posture and intake of hot drinks. In the beginning, the parents have taken the child for consultation in a hospital in Bengaluru, where they have given a course of medications, which they have started and continued for few months, but did not get any satisfactory relief. As days passed, he faced more difficulty in breathing associated with wheezing. He used to get a minimum of 2 to 3 attacks every month. The condition got aggravated since last 3 weeks with an associated productive cough and running nose as well. Then, the parents have decided to bring the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan. After a thorough interrogation with the parents regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, he was admitted to the inpatient department of our hospital and planned for *Deepana pachana*, *Snehapana* and Planned for *Virechana*.

### EXAMINATION:

**Table 1:** Assessment of general condition of the child:

Bowel	Regular
Appetite	Normal
Micturition	Regular
Sleep	Sound

**RESPIRATORY SYSTEM:** O/E: Inspection: Inspection of the chest- No any chest wall deformities, No scars. Respiratory Rate: 18/min.

**Palpation:** Chest expansion-normal and range and symmetry of movements-normal on both sides.

**Percussion:** Percussion notes-resonant.

**Auscultation:** Breath sounds- Polyphonic wheeze was present bilaterally.

**Table 2:** Chief Complaints

SL No.	Complaints
1	<i>Sakapha Kasa</i> (Productive cough)
2	<i>Pinasa</i> (Running nose)
3	<i>Gurghuraka</i> (Wheezing or murmuring sound)
4	<i>Kanthodhwamsa</i> (Soreness of throat)
5	<i>Vishuskasya</i> (Dryness of mouth)
6	<i>Lalatasweda</i> (Sweating in forehead region)

**TREATMENTS GIVEN:** A single course of treatment which comprises of *Deepana Pachana*, *Snehapana*, *Abhyanga*, *Nadi Sweda* and *Virechana* was given.

**Table 3:** Treatments Given:

DAY-1:	<i>Deepana paachana</i> with: <i>Chithrakadi vati</i> (1-1-1) before food. <i>Panchakola phanta</i> (35ml-35ml-35ml) before food.
Day-2	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (30ml) <i>Ushna jala pana</i>
Day-3:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (70ml) <i>Ushna jala pana</i>
Day-4:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (110ml) <i>Ushna Jala pana</i>
Day-5:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (150ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Dadimadi Ghrita</i> (180ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i> <i>Virechana</i> with <i>Trivrit leha</i> (60gm) & <i>Draksha Rasa</i> (100 ml) Total number of Vegas: 10

**Table 4:** Advice at the time of discharge:

SL No.	TREATMENT
1	<i>Samsarjana Krama</i> for 5 days
2	<i>Swasakutara Rasa</i> (1-0-1) after food
3	<i>Agasthya Rasayana</i> (1tsp bd) before food
4	<i>Kanakasava</i> 7.5ml bd after food with equal amount water
5	Avoid the use of cold food & drinks, oily and sweet food items, excess exposure to dust and fumes, cold wind.
6	<i>Ushnajala pana</i>
Discharge medicines were given for a period of 1 month and again proper evaluation and assessment was done even 1 month after treatment.	

### OUTCOME OF THE TREATMENTS:

#### PATIENT AND CARE TAKER'S FEEDBACK:

- As per the mother's statement, Patient was having the complaints of breathing difficulty associated with cough since 3 years, but on and off attacks. Even though they have started with medications from a hospital in Bengaluru, but could not get any satisfactory relief. But, here after the course of treatment his condition has improved a lot.
- Breathing difficulty has reduced significantly. Child was finding better and easy while breathing after treatment.
- Productive cough has reduced and running nose also reduced.
- He was straining a lot while breathing initially, but after treatment he finds casual way of breathing pattern.

- Appetite has improved considerably well and in general health status of the child has improved.
- Even after slight exposure to cold climate and rainy season, there were no attacks like before for a minimum of 5 to 6 months as per mother's statement.
- Child was able to focus on studies and play activities much better than before. He was not able to attend classes regularly and not able to even play with friends due to the fear of exposure to cold climate, dust etc.

#### CLINICIAN ASSESSED OUTCOMES:

- Breathing difficulty associated with wheezing, productive cough and running nose which was persisting since 3 years with on and off attacks was the presentation of the child at the outset.

Wheezing has reduced remarkably after *Virechana*. Chest was clear.

2. Productive cough and running nose has reduced.
3. Child was getting relief in sitting posture and while drinking hot water etc. But, without these elements as well, child is better and healthy.
4. Appetite has increased well and breathing became easy like others.
5. General health and immunity power has improved considerably well, as the child was totally well without even a single attack for near about 6 months.
6. Child gradually developed interest in surroundings, friends, studies, which once was compromised once because of his illness.
7. Sustained effect of *Shodhana*, with medications given after it as a preventive method has good clinical outcomes.

## DISCUSSION

In the present case, the patient presented with *Lakshanas* like *Sakapha Kasa*, *Peenasa*, *Ghurghuraka*, *Kandodhwamsa*, *Vishushkasya* and *Lalatasweda*. The condition was diagnosed as *Tamaka swasa* in *Tridosha Avastha*. *Sakapha Kasa* and represented *Kapha Aadhikya*. *Kandodhwamsa* and *Lalata sweda* indicated *Pitta dushti*. *Ghurghuraka* and *Vishushkasya* represented *Vata Dosha Dushti*. The condition was considered as *Yapya* due to its *Puranatva*. *Virechana* was planned as the main line of treatment. Since *Tamaka swasa* has its *Udbhava* in the *Pitta sthana* i.e *Adho amashaya*, *Virechana* helped in bringing relief to the complaints. *Phuphusa* has *Shonita phena prabhvatvam* in its *Utpatthi*. Hence *Rakta Prasadana* and *Pitta Shamana chikitsa* like *Virechana* has a crucial role in the management of *Tamaka swasa*. More over the *Rogi* was suitable for *Shodhana* as he was *Balavan* and in *Kaphadhika avastha*. Before starting *Snehapana*, *Pachana* and *Deepana* were done with *Chitra-kadi Vati* and *Panchakola phanta*. Both the medicines were *Ushna ruksha* in *Swabhava* and helped in *Koshta Agni deepana*. *Snehapana* was performed with *Dadimadi ghrita*. Though *Dadima* is having *Amla rasa*, it could bring *Pitta Shamana*. *Pratiloma gati* of *Apana*

*Vata* had a crucial role in the pathogenesis of *Tamaka swasa*. *Dadimadi ghrita* brought *Mooda Vata Anulomanam* and thereby helped in *Samprapti vighatanam*. *Dadimadi ghrita* is mentioned as *Swasaghna*, *Kasaghna* and *Deepana* in its *Phala sruthi*. After obtaining *Samyak snigdha lakshanam*, *Sarvanga abhyanga* was done with *Brihat Saindhavadi taila* as it contains *Lavana*. *Saindhava lavana* is *Sukshma Ushna* and *Vyavayi* and it helped in bringing *Sroto mukha vivaranam*. Due to the crucial involvement of *Vata dosha* in the *Samprapti*, *Snigdha Virechanam* was done with *Trivrut lehyam* and *Draksha rasam*. The patient was discharged with *Swasa Kutara Rasa* and *Kanakasava* to be taken after proper *Samsarjana karma*. *Agasthya Rasayana* being a *Naimittika rasayana* was administered to prevent the relapse.

## CONCLUSION

The disease was diagnosed as *Tamaka swasa* in the *Tridosha avastha*. The *Rogi* was *Balavan* and *Kapha Pitta Adhikyata* was present. Hence *Virechana* was adopted as the mode of *Shodhana*. After *Virechana* there was significant reduction in all the complaints. To prevent the *Punarudbhava* of the *Vyadhi* and to attain *Dhatu Satmya*, *Rasayana therapy* was administered after *Shodhana*.

## REFERENCES

1. R. K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009. Volume IV. p.128
2. R. K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009. Volume IV. p.128-132
3. R. K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009. Volume IV. p.128-132
4. Dr. Nisha Kumari, A text book of Roga Nidana and Vikriti Vijnana, Chaukambha Orientalia Varanasi, first edition 2016, Volume II. p.346
5. R.K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009. Volume IV. p.133
6. R. K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009. Volume IV. p.131

7. Gopikrishna S, Shrinivas Acharya S, Diagnostic approach to diagnose the type of Swasa, IAMJ: Volume 6, Issue 9, September - 2018
8. Suraj Gupte. The Short Textbook of Pediatrics, Jaypee Brothers Medical Publishers, 12th Edition: 2016.p.441
9. Suraj Gupte. The Short Textbook of Pediatrics, Jaypee Brothers Medical Publishers, 12th Edition: 2016.p.441
10. Karen J. Marcadante, Robert M. Kliegman. Nelson Essentials of Pediatrics, Elsevier, first South Asia edition.2016.p.267
11. Dr. P S Byadgi, Parameswarappa's Text book of Ayurvediya Vikriti-Vijnana and Roga Vijnana, Volume-II, Chaukambha publications, First edition: 2017.p.409.
12. Vinod K Paul, Arvind Bagga. Ghai Essential Pediatrics, CBS Publishers and Distributors Pvt Ltd, Ninth Edition: 2019.p.382
13. Bakhtyar Asharafi, Sonia, Vinod Bhardwaj, Importance of Panchkoladi avaleha in the management of Tamaka Swasa in children: A review, Int. J. Res. Ayurveda Pharm. 8(3), 2017.
14. Kimmi Seth, Nitesh Anand, An Ayurvedic Review on management of Tamaka Shwasa, International Journal of Pharma Sciences and Research (IJPSR), Vol. 7 No. 6 Jun 2016.
15. Bakhtyar Asharafi, Sonia, Vinod Bhardwaj, Importance of Panchkoladi avaleha in the management of Tamaka Swasa in children: A review, Int. J. Res. Ayurveda Pharm. 8(3), 2017.
16. Jindal SK, Gupta D, Aggarwal AN, Aggarwal R; World Health Organization; and Government of India. Guidelines for management of asthma at primary and secondary levels of health care in India (2005). Indian J Chest Dis Allied Sci, 2005; 47: 309-43.
17. Sagar Bhut, Dr. Mukesh Auropremi and Dr. Sunil Changle, A review article on Tamaka Shwasa w.s.r. to Childhood Asthma, World Journal of Pharmacy and Pharmaceutical Sciences, Vol 6, Issue 8, 2017

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Kannan Sagar et al: Ayurvedic Understanding and Management of Tamaka Swasa (Childhood Asthma) In Children - A Case Report. International Ayurvedic Medical Journal {online} 2019 {cited March, 2019} Available from:

[http://www.iamj.in/posts/images/upload/1679\\_1684.pdf](http://www.iamj.in/posts/images/upload/1679_1684.pdf)