

## SHAMANA CHIKITSA IN TAMAKA SHWASA: CASE REPORT

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## ABSTRACT

*Shwasa Roga* (breathing difficulty) is one of the most prevalent chronic health conditions with a longstanding duration that requires lifetime management. *Shwasa* word is used to denote respiration and the exchange of air in the body. *Shwasa Roga* is classified into five types. *Tamaka Shwasa* is one among them, *Shwasa* is a *Pranavaha Sroto Vikara* and is a *Vegavasthika Vyadhi* (episodic). *Tamaka Shwasa* is considered as a *Yapya Vyadhi*. *Shwasa Roga* is characterized by pathological changes in the respiratory system and causing difficulty in breathing. *Acharayas* described that normal *Pranavata* gets vitiated and hence attains *Pratiloma Gati*, its movement is obstructed by *Kapha*. Here an attempt is made to explain the case of a 75-year-old male with complaints of difficulty in breathing since 10 years and cough with sputum for 6 months. The patient was treated with *Shamana Oushadis* and *Sthanika Abhyanga-Sweda* and found improvement.

**Key words:** *Tamaka Shwasa, Shwasa Chikitsa, Shamana Chikitsa*

## INTRODUCTION

*Tamaka Shwasa* is one among the five types of *Shwasa* having *Pranavaha Srotas* involvement<sup>1</sup>. *Tamaka Shwasa* comprises two words *Tamaka* and *Shwasa*. *Tama*<sup>2</sup> means darkness or to choke or suffocated or unease and to be distressed, '*Tamayati Atra Tama*'<sup>3</sup>. According to *Vachaspatyam* the word *Shwasa* is derived from the root word '*Shwas*' *Dhatu* by keeping

*Ghanji Pratyaya*<sup>4</sup>. It represents both physiological and pathological respiration. In normal physiology of respiration, the *Pranavata* which is situated in *Nabhi* comes to *Hridaya* and from *Hridaya* goes out to the environment through the throat to drink *Vishnupadamritam*<sup>5</sup>. After taking atmospheric air it enters the body again through *Pranavaha Srotas*, to nourish the

whole body and to stimulate the digestive fire for proper digestion of food. In pathological conditions like *Tamaka Shwasa* on exposure to *Nidanas* for longer duration shows the *lakshanas*<sup>6</sup> like *Gurgurakam* (wheeze), *Asino Labhate Sukham* (on sitting only feels better), *Vimokshanate Muhurta Labhate Sukha* (feels relief after spitting out the sputum) and shortness of breath, cough are common complaints. The main aim of *Tamaka Shwasa* is to remove the excess *Kapha* from the body and normalize the *Vata*. Normally, *Pranavata* governs the process of breathing, it provides life, nourishment and also performs *Jatharagni Deepana*. *Tamaka Shwasa* is a *Vegavasthika Vyadhi* based on the *Avastha*, *Shodhana* or *Shamana* is indicated.

### CASE REPORT

A 75-year-old male patient came with a chief complaint of difficulty breathing since 1 week. Which was associated with cough along with whitish sputum. The patient also complained of sleeplessness for 1 week.

### History of present illness

The patient was apparently healthy 1 week back, 75-year-old male patient who is Not a K/C/O with Diabetes Mellitus or Hypertension or CVA or coronary artery disease. Patient had developed difficulty in breathing suddenly, associated with cough, the cough sound was noisy with mucous mixed for 1 week and had pain in both the flanks. Also, he complained of Headaches in the past 2 days. The patient worked as a security guard in the night-time for 30 years which altered his sleep cycle resulting in night wakefulness. Majority of the time the symptoms used to aggravate at midnight and early morning. On drinking lukewarm water patient used to find temporary relief. And he used to sit for a while at the midnight. For these complaints the patient visited SDM Ayurveda Hospital, Hassan for better treatment.

**Treatment history:** Asthalin Nebulisation, expectorants, anti-tussive

**Past history:** H/O Smoking (Bidi half pack per day) for 30 years

### Personal history:

Appetite – Reduced

Bowel – Regular/once a day

Micturition – 3-4 times/day, 2 times /night

Sleep- Disturbed – 5-6hrs

**Family history:** No member of the family have similar complaints and are said to be healthy.

### Examination:

#### Systemic examination:

**Cardio-vascular:** Inspection, palpation, percussion, and auscultation within normal limits

**Per-Abdomen:** Inspection, palpation, percussion, and auscultation within normal limits

**Central nervous system:** Higher mental function, cranial nerves, motor system, sensory system and reflexes within normal limits.

#### Respiratory examination:

##### Upper respiratory tract:

✓ Nostril: No abnormality

✓ Sinus tenderness: Absent

✓ Nasal septum: Not deviated.

##### Lower respiratory tract:

#### • Inspection

Shape and Symmetry of Chest: B/L symmetrical

Position of the trachea: Centrally placed.

Respiratory movements: Abdominothoracic

Visible veins and scar marks: Absent

Visible pulsation: Absent

Chest deformity: Absent

#### • Palpation

Expansion of Chest: Symmetrical

Intercostal and Rib Tenderness: Absent

Vocal fremitus: Equal intensity

#### • Percussion

Lung resonance: Resonant

Cardiac dullness: Present

Liver dullness: Present

#### • Auscultation

Breathing pattern: Vesicular breathing

Vocal resonance: Increased.

Added sounds: Wheeze + +

Area: All lobes involved, Polyphonic wheeze, Lobe involvement: superior and inferior lobe, Heard on both inspiration and expiration

#### Ayurvedic examination:

##### Ashtasthana Pariksha:

Nadi – Vata Pittaja nadi (70bpm)

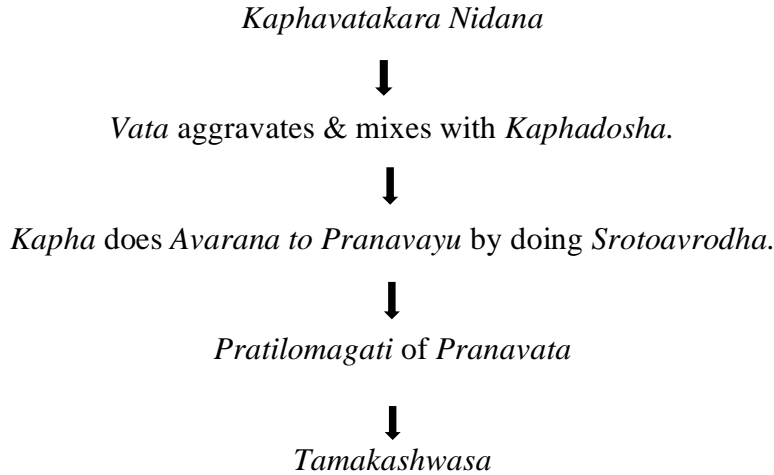
*Mala* – Grathita(1times/day)  
*Mutra* – Peeta varna (3-4times/day & 2times/night)  
*Jihwa* – Aipta  
*Shabda* – Gambheera Shabda  
*Sparsha* – Oily due to (Sthanika Abhynga with Brihat Saindhava Taila)  
*Druk* – Doosara varna  
*Akruti* – Madhyama  
**Dashavidha pariksha:**  
*Prakruti* – Vatapittaja  
*Vikruti* –kapha(Kledaka)- Vata(prana vata)  
*Sara* – Madhyama  
*Samhanana* – Madhyama  
*Pramana* – Madhyama  
*Satva* – Madhyama

*Aharashakti* – Abhyvaranashakti-Madhyama, Jarana-shakti-Madhyama  
*Vyayama shakti* – Madhyama  
*Vayaha* – Vriddha  
**Nidana Panchaka:**  
**Nidana:**

- **Sannikrishta:** Kapha pradhana vata dosha
- **Viprakrishta:** Aharaja- Rukshahara, Guru ahara and sheeta vihāra, Viharaja- Atapa sevana, nidranasha/alpa nidrata
- **Vyabhichari hetu:** Sheeta vihāra
- **Pradhanika hetu:** Sheetala ahara

**Poorvarupa:** Parshwashula  
**Rupa:** Gurgurakam, Shleshmani Vimokshante Muhurte Sukham, Asinolabhate sukham

### Samprapti:



**Upashaya:** drinking lukewarm water, on sitting posture, *Bharangi arka* nebulization.

### Materials and methods:

#### Source of Data

The patient suffering from *Tamaka Shwasa* was admitted to the I.P.D of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital Hassan.

#### Study design

A single case study.

#### Treatment – for 7 days

1. *Sthanika Abhyanga with Brihat Saindhava Taila F/B Nadi Sweda* over chest and back region – 2 times/day
2. Tab *Shivagulika* for chewing 1 TID
3. Cap GRAB 1 TID, A/F
4. *Chitraka Haritaki Lehya* 2tsp BD, B/F
5. *Talisadi Choorna* -1/4 tsp, BD with honey
6. *Pushkaramoolasava* 10ml with equal quantity warm water- BD, A/F
7. *Bharangi Arka* for nebulization 6<sup>th</sup> hourly
8. Steam with Halin capsule 2 times a day.

#### Criteria for assessment of Results:

Results were assessed based on cardinal signs of before and after treatment parameters.

**Subjective parameter:**

**Table No-1**

SL.NO	PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1	Night wakefulness	Present	Present
2	Cough with sputum	Present	Absent
3	Wheeze	Present	Absent
4	Pain in flanks	Present	Absent

**DISCUSSION**

Tamaka Shwasa is a disease in which the vitiated Vyana Vayu gets obstructed by kapha and moves in a reverse direction instead of moving in its normal flow. The disease is mainly caused due to the Pranavaha Srotodushti due to its Dosha Prakopa Nidana leading to Sanga and Vimargagamana of the Doshas and takes Sthana-Samshraya in Uraha Pradesha. And it started showing up with the symptoms like Gurgurakam, Shleshmanam Vimokshante Muhurta Sukham symptoms are reduced and the discussion regarding the treatment below,

**Sthanika Abhyanga With Brihat Saindhava Taila<sup>7</sup>:** over chest region and back followed by Nadi Sweda. Nadi Sweda liquifies the obstructed kapha and eases the movement of Vata in Anuloma Gati. Abhyanga relieves and controls vitiated Vata dosha in the body.

**Shivagulika<sup>8</sup>:** is Balya, Vrishya and Santanotpadaka (Aphrodisiac) immune booster (Ojo vriddikara) and is Sarvarogahara.

**Cap Grab:** ingredients are Vranapahari Rasa, Triphala Guggulu, and Gandhaka Rasayana.

Arogyavardhini Vati, Guduchi, and Manjistha. It does anti-microbial and anti-inflammatory activity, Action is Kandugna(prevents itching), and lekhana(cleansing). Triphala Guggulu gives Shodhana(detoxifying effects) and Rasayana(Rejuvenating) effects. Arogyavardhini vati increases digestive fire.

**Chitraka Haritaki Lehya<sup>9</sup>:** have the qualities of Ama Pachana and Agni deepana followed by removal of obstruction from the channels i.e Srotoshodhaka and gives Rasayana effects.

**Talisadi Choorna with honey<sup>10</sup>:** It contains Maricha, Pippali and Shunthi and acts on digestive fire to improve the Agni and is Vatahara and Kaphahara.

**Pushkaramoolasava:** has antimicrobial properties, antipyretic activity and has Tikta, katu rasa, Laghu, Tikshna Guna and Ushna Virya which does the kapha Vilayana Karma.

**Bharangyadi arka<sup>11</sup>:** for nebulization which helps to reduce Vata and Kapha Dosha and has anti-inflammatory, antiallergic action and bronchodilator action.

**Diagnostic criteria:**

**Laboratory Investigations:**

BEFORE TREATMENT -05/02/23

**Table No-2**

**LABORATORY REPORT**

Test	Result	Units	Reference Range
<b>BLOOD &amp; URINE ROUTINE</b>			
HAEMOGLOBIN	14.2	gm%	(f)12-14 gm% (M)13-16 gm%
TOTAL W.B.C. COUNT	4,400	Cells/CMM	4000-11000 Cells/CMM

E.S.R. {WESTERGREN'S METHOD}	14	mm/hour	(F)0-7mm/hr (M)0-10mm/hr
<b><u>HAEMATOLOGY REPORT</u></b>			
AEC	675	Cells/CMM	40-440 Cells/CMM

**AFTER TREATMENT- 10/02/23**

**Table No- 3  
LABORATORY REPORT**

Test	Result	Units	Reference range
<b><u>HAEMATOLOGY REPORT</u></b>			
E.S.R { WESTERGREN'S METHOD }	12	mm/hour	(F)0-7mm/hr (M)0-10mm/hr
AEC	375	Cells/CMM	40-440 Cells/CMM

**X-RAY:** Apical scarring  
**CT -THORAX**  
**IMPRESSION:**

- **B/L apical pleuropulmonary scarring. Scarring in basal segments of left lower lobe. Finding are likely secondary to prior granulomatous infection**
- **Emphysematous lungs**
- **No evidence of consolidation or effusion**





## CONCLUSION

*Tamaka Shwasa* is an episodic disease where the act of breathing is disturbed in the patient. Keeping in consideration the age of the patient *Shodhana i.e Vaman or Virechana* was not advised whereas the patient had remarked improvement only by administration of the following *Shamana Chikitsa - Sthanika Abhyanga with Brihat Saindhava Taila, Shivagulika, Cap Grab, Chitraka Haritaki Lehya, Talisadi choorna* with honey, *Pushkaramulasava, Bharangi arka* for nebulization and halin capsule for steam.

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