



# THE EFFECT OF RASAYANA IN TAMAK SHWASA (BRONCHIAL ASTHMA) -AN AYURVEDIC PROSPECTIVE

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**ABSTRACT:** Nowadays, a variety of heterogeneous reasons, including smoking, air pollution, environmental factors, and genetics, are contributing to the daily rise in airway disorders. Tamak Shwasa, or bronchial asthma, is one of the five varieties of shwasa, according to ayurvedic medical research. Tamak is a compound term that combines the words tamaka and shwasa. The term "tamaka" comes from the word "tamglanou," which is Panini for "sadness." The illness is known as Tamaka because the sufferer has a sense of darkness at night and their breathing becomes more difficult. According to Acharya Charaka, the root of bronchial asthma, or Tamak Shwasa, lies in Pitta Shana and is classified as kapha vataja vikar. Tamak Shwasa (bronchial asthma) is described as kapha Pradhan vata Vikara (prana evam udan vayu) in Sushruta Samhita, Madhav Nidana, and Yogaratnakara. Smoke (Dhuma), dust (raja), excessive exercise (ativyayama), living in a cold climate (Sheta Sthanivasa), a heavy diet (Guruda Bhojana), and cold food and beverages (Sheta Bhojana) are the causes. These elements aggravate vata, which aggravates kapha further, causing rasa dushti and delaying the action of pranavata. Tamak Shwasa (Bronchial Asthma) is typified by the sound "Ghurghurukam" and is characterized by breathing difficulties brought on by kapha restriction in the vata's route, vata vitiation, and the acquisition of Vayu's Pratiloma Gati. According to Ayurveda, Bronchial Asthma, or Tamak Shwasa, is Pitta sthana udbhav vyadhi. Therefore, the goal of pharmacological therapy is also based on the location of doshas so that vata and kapha may be automatically managed.

**KEYWORD:** Tamaka shwasa, Rasayana, etc.

**INTRODUCTION:** Tamak Shwasa (Bronchial Asthma) is vata Kaphaj and pitta sthan udbhav vyadhi, as per Acharya Charaka. Ayurvedic physiology describes the two phases of shvasana kriya as nishwasana (inspiration) and uchhwasana (expiration), with prana and apana being the forms in which air enters and exits. The entire shwasana process depends on pranavayu for nishwasana, udana vayu for uchhwasana, and avalambaka kapha to keep the aardra (wet), supply bala, and stop foreign bodies from entering. According to Acharya Sharangdhara, breathing begins with nabhi and occurs when the diaphragm contacts the hrit kamalantaram during inspiration and expiration. The symptoms of Tamak Shwasa (Bronchial Asthma) include wheezing, pinasa (coryza), shirogaurava (heaviness in the head area), krichat bhashitum (difficulty in speaking), and ruksha and shit ahar vihar, as well as ativayayama and atimehun.<sup>1</sup>

As to the teachings of Acharya Charaka, there are two varieties of Tamak Shwasa (Bronchial Asthma): Santamaka Shwasa and PraTamak Shwasa. PraTamak Shwasa, also known as bronchial asthma, is characterized by a patient experiencing a cough, dyspnea, fever, and fainting as a result of pitta doshas involvement. The condition is exacerbated by udavarta, dust, indigestion, humidity (kleda), suppression of natural urges, tamoguna, and darkness and is immediately relieved by cooling regimens. Santamaka Shwasa is the term for the state that occurs when people with praTamak Shwasa (bronchial asthma) feel as though they are engulfed in darkness. This might be considered a severe Pratamaka stage.<sup>2</sup>

## CONCEPT OF TAMAK SHAWAS

The illness is known as Tamaka because attacks occur at night, and when they do, the patient's dyspnoea is so bad that they feel as though they are going into the dark. Tamak Shwasa (Bronchial Asthma) is a separate illness entity with its own origin, pathophysiology, and therapy, also known as a "Swatantra" Vyadhi. It is believed that Shwasa Roga is a Yapy Vyadhi (palliative).<sup>3</sup> It is closely associated with bronchial asthma, which arises from a disturbance of Pranavah Srotasa (respiratory system), whereby Prana Vayu becomes vitiated and becomes obstructed through coughing, causing it to travel upward (Pratilom Gati).<sup>4</sup>

## TYPES OF TAMAK SHWASA

Pratamaka and Santamaka, two sorts or additional complications of the sickness proper, are the two linked conditions of Tamak Shwasa (Bronchial Asthma) that Charaka stated. Only one term, Pratamaka, which contains the clinical manifestation of Santamaka, has been referenced by Sushruta and Vagbhata.<sup>5</sup>

## PRATAMAKA SHWASA

The condition known as Pratamak Shwasa is experienced by patients with Tamak Shwasa (Bronchial Asthma) who also experience fever and fainting. It implies Pitta dosha's involvement in Pratamaka Shwasa. It is made worse by Udavarta, Dust, Indigestion, Humidity (Kleda), Tamoguna, Darkness, and the inhibition of natural desires. Cooling regimes instantly relieve it.<sup>6</sup> In actuality, a cooling regimen is one of the causes of Tamaka Shwasa; but, in Pratamaka Shwasa, the Pitta Dosha is involved, therefore the patient receives relief by cooling treatments.

## SANTAMAKA SHWASA

The condition known as Santamak Shwasa is experienced by Pratamak Shwasa sufferers who feel as though they are engulfed in darkness. Despite the fact that Chakrapani has referred to these two as synonymous, Charaka describes them as two distinct illnesses that correspond to two separate Tamak Shwasa (Bronchial Asthma) situations; the degree of attack on each of these disorders varies.<sup>7</sup>

## NIDANA (CAUSATIVE FACTORS)

The following table compares five treatises with respect to the existence of different risk variables.

**Table 1: Showing Hetu of Tamaka Shwasa<sup>8</sup>**

Factors	C.S. <sup>9</sup>	S.S. <sup>10</sup>	A.H. <sup>11</sup>	A.S. <sup>12</sup>	M.N. <sup>13</sup>
<b><i>Vata Parakopaka Ahara</i></b>					
<i>Rukshana</i> (dry food)	+	+	-	-	+
<i>Vishamashana</i> (irregular eating habits)	+	+	-	-	+
<i>Adhyashana</i> (frequent eating)	-	+	-	-	-
<i>Anasana</i> (very long gap between two meals)	-	+	-	-	+
<i>Dvandvatiyoga</i> (mutually contraindicating foods)					
<i>Sheetashana</i> (cold foods)	-	+	-	-	+
<i>Visha</i> (food poisoning)	+	+	-	-	+
<i>Sheetapana</i> (cold drinks)	-	+	-	-	+
<b><i>Pitta Prakopaka Ahara</i></b>					
<i>Tila Taila</i> (sesame oil)	+	-	-	-	-
<i>Vidahi</i> (food causing burning sensation)	+	+	-	-	+
<i>Katu</i> (spicy food)	-	-	-	+	-
<i>Ushna</i> (hot food)	-	-	-	+	-
<i>Amla</i> (sour)	-	-	-	+	-

<i>Lavana</i> (salt)	-	-	+	+	-
<b><i>Kapha Prakopaka Ahara</i></b>					
<i>Nishpava</i> ( <i>dolichos lablab</i> )	+	-	-	-	-
<i>Masha</i> ( <i>vingaradiates</i> )	+	-	-	-	-
<i>Pistanna</i> (food prepared using very fine flours)	+	-	-	-	-
<i>Shaluka</i> (rhizome of lotus)	+	-	-	-	-
<i>Guru Dravyas</i> (food that is very heavy to digest)	+	+	-	-	+
<i>Jalaja Mamsa</i> (meat of aquatic animals)	+	-	-	-	-
<i>Aanoopa Mamsa</i> (meat of marshy animals)	+	-	-	-	-
<i>Dahi</i> (curd)	+	-	-	-	-
<i>Amakshir</i> (un-boiled milk)	+	-	-	-	-
<i>Utkleda</i> (food that generates more waste products)	+	+	-	-	+
<i>Vishtambhi</i> (food that generates constipation)	+	+	-	-	+
<b><i>Vata Prakopaka Vihara</i></b>					
<i>Rajas</i> (dust, pollens)	+	+	+	+	+
<i>Dhuma</i> (smoke)	+	+	+	+	+
<i>Vata</i> (cold breeze)	+	+	+	+	+
<i>Sheeta Sthana</i> (cold places)	+	+	-	-	+
<i>Sheeta Ambu</i> (cold water)	+	+	+	+	+

<i>Ativyayam</i> (excessive exercise)	+	+	-	-	+
<i>Gramya Dharma</i> (excessive sexual intercourses)	+	-	-	-	+
<i>Apatarpana</i> (excessive emaciating)	+	-	+	-	+
<i>Shuddhi Atiyoga</i> (excessive purification)	+	+	-	-	+
<i>Kanth / Urah Pratighata</i> (injury to throat / chest)	+	-	-	-	+
<i>Bharakarshita</i> (emaciation due to lifting heavy weights)	+	+	-	-	+
<i>Adhwahata</i> (excessive walking)	+	+	-	-	+
<i>Karmahata</i> (excessive work)	+	+	-	-	+
<i>Veganirodha</i> (suppression of natural urges)	-	-	+	-	-
<i>Abhigata</i> (injury)	-	+	+	+	-
<i>Marmabhigata</i> (injury to vital structures)	+	-	-	-	+
<b><i>Pitta Prakopaka Vihara</i></b>					
<i>Ushna</i> (hot environment)	-	-	-	+	-
<b><i>Kapha Prakopaka Vihara</i></b>					
<i>Abhishyandi Upchara</i> (administration of substances which obstruct the channels)	+	-	-	+	-
<b><i>Avastha Sambandhi Nidana</i></b>					

<b><i>Vata Prakopajanya Vyadhi</i></b>					
<i>Anaha</i> (flatulence)	+	-	-	-	-
<i>Dourbalya</i> (weakness)	+	-	-	-	-
<i>Atisara</i> (diarrhea)	-	-	-	-	+
<i>Kshaya</i> (tuberculosis)	+	+	-	-	-
<i>Kshatakshaya</i> (bronchiectasis)	+	-	-	-	-
<i>Udavarta</i> (eructation)	+	-	-	-	-
<i>Visuchika</i> (dysentery)	+	-	-	-	-
<i>Panduroga</i> (anemia)	+	+	+	+	-
<i>Visha sevana</i> (poison intake)	+	+	+	+	-
<i>Vibandha</i> (constipation)	+	-	-	-	-
<b><i>Pitta Prakopajanya Vyadhi</i></b>					
<i>Raktapitta</i> (bleeding disorders)	+	-	-	-	-
<i>Jwara</i> (fever)	+	-	-	-	+
<b><i>Kapha Prakopajanya Vyadhi</i></b>					
<i>Kasa</i> (bronchitis)	-	-	+	+	-
<i>Amapradosha</i> (autoimmune disorders)	+	+	-	-	-
<i>Chardi</i> (vomiting)	+	-	+	+	-

<i>Pratishyaya</i> (corhyza)	+	-	-	-	-
<i>Amatisara</i> (diarrhea)	-	-	+	+	-
<b>Vyanjakahetu</b>					
<i>Megha</i> (cloudy weather)	+	-		+	+
<i>Ambu</i> (rainy season)	+	-		+	+
<i>Sheeta</i> (cold atmosphere)	+	-		+	+
<i>Shleshmkara</i> things ( <i>Kapha</i> aggravating factor)	+	-		+	+

**SAMPRAPTI<sup>14</sup>**

Raja, Dhuma, Prag-Vatasevana, Marmaghata, Vata-Kapha Prakopaka Ahara Vihara, and so on are examples of Nidana Sevana

Sanchaya of Kapha occurs in Uras, and that of Vata occurs in Pranavaha Srotas.

Sanchita Doshas will be aroused by Sheeta Kaala, Durdina, and other individuals. Consequently, the Vata Dosha in Pranavaha Srotas and the Kapha in Uras attempt to relocate

Doshas that have been vitiated impair Agni, lead to Agnimandya, which in turn results in Ama. Vata and Kapha both start to migrate throughout their Aashaya.

The Kha-Vaigunyatha is caused by the exacerbated Dosha, which is Vata and Kapha, which are traveling throughout the body and in Pranavaha Srotas. The movement of Vata will be obstructed, which will manifest the prodromal symptoms of the illness.

When Kapha obstructs Prakupita Vata, it will achieve Pratiloma Gati, which leads to Kapha's Vimarga Gamana from the Annavaha and Udakavaha Srotas. The most noticeable symptoms of peenasa and ghurghuraka, etc.

Without appropriate care, the Srotas will permanently alter, leading to problems (Deerghakaala Anubhandhatwa).

## POORVARUPA<sup>15</sup>

**TABLE NO. 2 POORVARUPA OF TAMAK SHWASA**

Symptoms	C.S. <sup>16</sup>	S.S. <sup>17</sup>	A.H. <sup>18</sup>	M.N. <sup>19</sup>
<i>Anaha</i> (Distension of the abdomen)	+	+	+	+
<i>Adhmana</i> (Fullness of the abdomen)	-	-	-	+
<i>Arati</i> (Restlessness)	-	+	-	-
<i>Bhaktadwesa</i> (Aversion to take food)	-	+	-	-
<i>Vadanasya Vairasya</i> (Abnormal taste in mouth)	-	+	-	-
<i>Parshwa Shoola</i> (Pain in the sides of the chest)	+	+	+	+
<i>Peedanam Hridaayasya</i> (Tightness of the chest)	+	+	+	+
<i>Pranasya Vilomata</i> (Sinusitis or Rhinitis)	+	-	+	+
<i>Shankha Nistoda</i> (Temporal headache)	-	-	+	+



RUPA<sup>20</sup>

TABLE NO. 3 RUPA OF TAMAK SHWASA

Symptoms	C.S. <sup>21</sup>	S.S. <sup>22</sup>	A.S. <sup>23</sup>	A.H. <sup>24</sup>
<i>Peenas</i> (Running nose, sneezing, stuffiness of the nose)	+	+	+	+
<i>Shwasa</i> (Dyspnoea)	+	+	+	+
<i>Tivravega Shwas</i> (Rapid breathing)	+	+	+	+
<i>Amuchyamane Tu Bhrisham</i> (Severe breathlessness if sputum is not expectorated out)	+	+	+	+
<i>Vimokshante Sukham</i> (Slight relief in breathlessness on spiting out the sputum)	+	+	+	+
<i>Anidra</i> (Breathlessness disturbs sleep)	+	-	-	-
<i>Sayanah Shwas Peeditaha</i> (discomfort worsens on lying)	+	+	+	+
<i>Aseeno Labhate Soukhyam</i> (Feels easy to breath in sitting position)	+	+	+	+
<i>Pratamyati Ati Vega</i> (Deterioration of consciousness)	+	-	+	+
<i>Kasa</i> (Cough)	+	+	+	+
<i>Pramoham Kasamanashcha</i> (Frequent deterioration of consciousness during paroxysm of cough)	+	-	+	+
<i>Kanth Gurghurak</i> (rattling)	+	-	-	-
<i>Kanthodhwamsa</i> (Soreness of the throat)	+	-	-	-

<i>Utshoonaksa</i> (Oedema around the eyes)	+	-	+	+
<i>Vishushkasya</i> (Dryness of mouth)	+	-	+	+
<i>Lalat Sweda</i> (Sweating on the forehead)	+	+	+	+
<i>Meghaihi Abhivardhate</i> (Cloudy weather worsens the attack)	+	-	+	+
<i>Sheeta Ambu</i> (Cold water)	+	-	+	+
<i>Pragvata</i> (breeze)	+	-	+	+
<i>Shleshmala</i> ( <i>Kaphakara</i> )	+	-	+	+
<i>Ushnabhinandate</i> (Likes hot things)	+	-	+	+
<i>Aruchi</i> (Anorexia)	-	+	+	+
<i>Trishna</i> (Excessive thirst)	-	+	+	+
<i>Vepathu</i> (Tremors)	-	-	+	+
<i>Vamathu</i> (Expectoration)	-	+	-	-

## CHIKITSA SUTRA

### ROLE OF RASAYANA IN TAMAK SHWASA<sup>25</sup>

Over time, recurrent bouts of the sickness might cause the patient's Dhatu to run out, rendering them severely disabled. During Tamak Shwas' assault, this Dhatukshaya impedes the use of energetic therapy and contributes further to the pathogenesis. As such, the use of Rasayana therapy is required in order to preserve the patient's physical strength. Moreover, the disease has a protracted, chronic history. Rasayana Chikitsa may be used to treat this type of sickness as effectively as possible. Thus, patients with Tamak Shwas are claimed to benefit from the use of Rasayana Chikitsa.

Rasayana, is the best regimen. Both the symptoms and the likelihood of more Tamak Shwas episodes are greatly reduced by these treatments. To treat Tamak Shwasa, formulations that have the potential to regulate Vata Kapha while also enhancing the strength of tissues and organs, managing remodelling, and boosting immunity against risk factors are chosen.

## MODERN CO-REALTION WITH BRONCHIAL ASTHMA

Asthma is an airway condition that can be treated with medication or left untreated. It is characterized by an enhanced tracheobronchial tree response to various stimuli, which causes a broad spasmodic constriction of the air passageways. The clinical manifestation of asthma is characterized by recurrent episodes of dyspnoea, coughing, and wheezing. Status asthmaticus, a severe and persistent manifestation of the illness, can, however, be deadly.

### PREVALENCE RATE

Worldwide, the prevalence of asthma is believed to be between 5 and 10 percent of the population. Reported numbers are comparable to those from other nations. All ages are affected by bronchial asthma, however early childhood is the most common time. Roughly 50% of instances start before the age of 10, and 33% start before the age of 40. There is a 2:1 male to female preponderance in childhood, but by the age of 30, the sex ratio equalizes.

### ETIO-PATHOGENSIS

Two basic etiologic kinds of bronchial asthma are generally identified based on the stimuli that cause it: extrinsic (allergic, atopic) and intrinsic (idiosyncratic, non-atopic). A mixed pattern, which does not neatly fit into either of the two primary kinds, is the third category.

### DISCUSSION

Both Laghutrayee and Brihatrayee provide descriptions of Shwasa. Tamak Shwasa (Bronchial Asthma) is an illness with a Kapha predominance, according to Sushruta. Tamak Shwasa (Bronchial Asthma) is the only one of the five types with "Swatantra" nature. Maha, Urdhva, and Chinna Shwasa were present at the end of their lives, but Kshudra Shwasa can appear as a symptom in a variety of diseases and does not need medicine. The description of bronchial asthma in contemporary literature corresponds with Tamaka Shwasa's literary simulation. Pratamaka and Santamaka are the two associated circumstances of Tamak Shwasa (Bronchial Asthma) that Charaka described.<sup>26</sup>

Pitta Dosha's role in pathogenesis is demonstrated by Pratamaka Shwasa. A severe form of Pratamaka Shwasa, SanTamak Shwasa (Bronchial Asthma) is characterized by the patient feeling as though he is immersed in darkness. As noted by Chakrapani, Santamaka and Pratamaka are synonymous but have varying intensities of assault; Charaka clarifies this by stating that they are two distinct illnesses. The Samhita described many Nidanas. Vata and Kaphaprakopaka Nidana are listed individually by Charaka. The many risk factors that are discussed in contemporary research may be divided into two categories: those that function as predisposing factors and those that aggravate asthma attacks suddenly. Whereas Vagbhata stated as Aamashaya Samudbhava Vyadhi in the etiology, Charaka explained as Pittasthana Samudbhava Vyadhi.<sup>27</sup>

According to Chakrapani, Pittasthana and the top region of Aamashaya are connected. But the Samhita offers no precise account of Pittasthana. It is still debatable whether Pittasthana as a whole should be taken into account

or if it should simply apply to Aamashaya. Various viewpoints and research projects are undertaken in regard to this subject. Since both hyperchlorhydria and achlorhydria are linked to asthma, the association between stomach juice HCL and these disorders appears to be debatable. Vitiated Kapha and Pratiloma Vayu are significant factors in the etiology, and inflammatory conditions of the airways are the consequence of Saama Vayu (vitiating bodily humor), which results in Shotha (inflammation) & Srotorodha (obstruction). Therefore, patients with Tamak Shwasa (Bronchial Asthma) should be categorized generally under Samprapti (pathogenesis) as Vata Pradhana (chronic) and Kapha Pradhana (acute). Rasayana therapy are best type of Chikitsa in Tamak Shwasa.<sup>28</sup>

### **MODE OF ACTION OF RASAYANA IN TAMAK SHWAS**

Rasayana is mentioned in Shwasa Roga's administration. Rasayana has properties that may help improve lung function in Tamak Shwasa (Bronchial Asthma) patients, including Katu Rasa, Laghu, Snigdha, Tikshna Guna, Anushna-Sheeta Virya, Madhura Vipaka, Kapha-vata Shamak. Because of Ushna Virya, the drug reaches the Sukshma Srotas, clearing the Kapha-related Srotorodha and preparing them for smooth Vata functioning. These characteristics include anti-asthmatic and anti-inflammatory qualities, and they may also aid in the relief of Pratyatma Lakshana (Cardinal Feature) of Tamaka Shwasa, which includes persistent cough, dyspnea, and sputum production.<sup>29</sup>

Rasayana contain Madhura Rasa, Snigdha, Guru Guna, Sheet-Virya and Madhura Vipaka and Tridosha Shamaka, Yogavahi, Agnidepana are said to have properties that might strengthen the Pranavaha Srotas and soothe the vitiating Vata Dosha, potentially easing symptoms like dyspnea.

### **CONCLUSION**

Treatment options for Shwasa Roga are numerous. In this instance, an attempt was made to demonstrate how Rasayana affected Shwasa Roga specially Tamak Shwasa. Today's science is demonstrating its limitations when it comes to some ailments; in these cases, Rasayana may be the greatest choice for improving a patient's treatment plan. Shodhana followed by Rasayana is a suitable course of therapy. Frequent use of Rasayana is recommended. Nitya Sevana of Rasayana also plays a useful role in lessening the intensity of Tamak Shwasa (Bronchial Asthma) attacks. For a number of these disorders, Rasayana treatment combined with Ritu-Anusara may be used.

### **CONFLICT OF INTEREST -NIL**

### **SOURCE OF SUPPORT -NONE**

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