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AN AYURVEDIC MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHMA) - A CASE STUDY

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ABSTRACT

Tamaka Shwasa is one of the five types of *Shwasa Roga* described in Ayurveda. Its clinical features in Ayurvedic classics seems to be resemble with the description of Bronchial Asthma; a very distressing disease of respiratory system producing dyspnoea, discomfort and making life miserable. An estimated 100 million additional persons would be affected by 2025 with the projected growth in urban population. Morbidity rate is 65 million and mortality is 5.7 lacs per year. The incidence of the illness is too high in India as the cities here are exposed to some of the highest air pollution level in the world. So, it is necessary to find an effective medicine in Ayurveda which can give relief to great extent with minimal side effects. *Shatyadi churna* is taken from *Charaka Samhita hikka shwasa chikitsa* chapter. Most of the drugs of *Shatyadi Churna* like *Shati, Tulsi, Twak, Sunthi* etc. are having v*ata kaphahara guna* and *Ushna* property. In current study clinical experience with this drug is placed and at the end of the treatment 66.66% improvement was observed in overall effect of therapy.

INTRODUCTION

Asthma is life threatening condition which can seriously impair one's ability to breath. For most of us, the process of breathing in and out is effortless; thus, it is hardly noticeable and therefore often taken for granted. People suffering from snuffy nose due to hay fever or cold say "I cannot breathe" but they have option of mouth breathing. Asthmatics however know what "I cannot breathe" really means. Instead of their nasal passage it is bronchial tubes in their lungs that become swollen and clogged.

WHO estimates that there are 15 to 20 million people with asthma in India. In the year of 2006 the prevalence of asthma was on the rise with growing urbanization. It effects 300 million children and adults worldwide. An estimated 100 million additional persons would be affected by 2025 with the projected growth in urban population. Morbidity rate is 65 million and mortality is 5.7 lacks per year. The incidence of the illness is too high in India as the cities here are exposed to some of the highest air pollution level in the world.

Medications used to treat asthma are divided into two general classics:

1) Quick relief medications to treat acute symptoms and

2) Long term control medications to prevent further exacerbation.

In modern science management of bronchial asthma is carried out with β-2 agonists, anticholinergic, corticosteroids, and mast cell stabilizers. Many side effects have been noted of long acting β-2 agonists and glucocorticoids.

British medical journal has reported that by the meta-analysis of 34000 patients in 19 clinical trials the death rate by long acting β-2 agonists 3.5 times more and 2.5 times more patients are likely to be hospitalized. In November 2005 the American food and drug administration released an advisory alerting the public that use of long acting β-2 agonists can lead to worsening of symptoms and in some cases death. Growth impairment, disturbed glucose tolerance and increased risk of osteoporosis are the side effects of glucocorticoids.

So, it is necessary to find an effective medicine in Ayurveda which can give relief to great extent with minimal side effects. Many research works have been carried out to solve this challenging and burning problems. *Acharya Charaka* has described the treatment principle of *Tamaka Shwasa* that:

य" $ त् कफवात मुं वातानुलोमनम्।
भेषजं पानमं वा त$ तं ासि=ह? ने।।१४७।।[1]

The medicines and diet should be *Kaphavata hara, Ushna* and *Vatanulomana* property.

Shatyadi churna[2] is taken from *Charaka Samhita hikka shwasa chikitsa* chapter. Most of the drugs of *Shatyadi Churna* like *Shati, Tulsi, Twak, Sunthi* etc. are having *Vatakaphahara guna* and *Ushna* property. So, it is selected as drug of choice in this study.

CASE REPORT

A 36 year old male patient named Amitbhai Shah came to the OPD of Govt. Akhandanand Ayurveda Hospital, Ahmedabad on 10th December 2020 with the complaints of *Shwasa Kashtata* since 12 years, cough with expectorant in the morning, Shwasa Kashtata increases in cold and rainy seasons, *Parshwashoola, Asino Labhate Saukhyam.* H/O steroid pump 4-5 times par day. Family history was negative. Patient was having specific allergy to
Banana, Orange, Curd, Milk, Onion, Sesame, Chickoo, Gauva etc.
No any previous medical history was noticed. For these symptoms he was under supervision of an allopathic physician since 10 year and was prescribed Bronchodilators and Steroid pump for Inhalation.

On examination the vital data including Pulse (80/min), Respiration (18/min) and Temperature (98^{o}F) were normal with clear respiratory and cardiac observation. He was not having complaints related to oropharyngeal or urinary tract. He was not having abdominal tenderness and any organomegaly. He was not having other life style disorders.Routine hematological investigations like Hb, DLC, total leukocyte count, Erythrocyte Sedimentation Rate (ESR), C-reactive protein (CRP) etc were done. Biological investigations like FBS, PPBS, SGPT and SGOT etc. were also carried out for any underlying pathology. PEF through Peak Flow meter was within normal limits. Improvement in *Shwasa Kashtata, Parshwashoola* were observed before and after treatment.

TREATMENT:

Shatyadi Churna was given in dose of 5gms empty stomach twice a day with lukewarm water.

Table No.1. Drugs of *Shatyadi Churna*:

Name of drug	Latin Name	Part used	Proportion
Shati	Hedychium spicatum Ham.	Rhizome	1 Part
Choraka	Angelica glauca Edgw.	Root	1 Part
Jivanti	Leptadenia reticulate W&A	Root	1 Part
Twak	Cinnamomum zeylanica blume	Leaf	1 Part
Musta	Cyperus rotundus Linn.	Tuber	1 Part
Pushkara Moola	Inula racemosa Hook.f.	Root	1 Part
Tulsi	Ocimum sanctum Linn.	Leaf	1 Part
Bhumi Amalaki	Phyllanthus raternus Webst.	Whole Plant	1 Part
Ela	Elettaria cardamomum Maton.	Seeds	1 Part
Pippali	Piper longum Linn.	Fruit, Root	1 Part
Agaru	Aqualari agollacha Roxb.	Aromatic resinous Wood	1 Part
Ushira	Vetiveria zizanoides Linn.	Root	1 Part
Sunthi	Zingiber officinale Roscoe.	Root	1 Part
Sharkara	-	Powder	8. Part

DISCUSSION

Tamaka Shwasa is a disease in which *Vayu* is vitiated and obstructed by *Kapha*, moves in reverse direction instead of its normal flow. The disease is predominantly caused by *Pranavaha Srotodushti*[3]. The clinical features of *Pranavaha Srotodushti* described by *Charaka* can be seen as signs and symptoms in typical cases of Asthma. The airway pathology in Asthma in modern science corresponds literally with the *Sangapurvaka Vimargagamana* and *Sankochapurvaka Vimargagamana*, resultant *Atipravriti* of *Shwasa. Charaka* has prearranged list of *Vata & Kapha Prakopaka Nidana* discretely.

These *Nidanas* act on the different level in the body- *Dosha Prakopaka Hetu, Ama Pradoshaja Hetu, Khavaigunyakara, Nidanarthakara Roga,* and Iatrogenic & *Preraka Hetu.*

The *Shatyadi Churna* in *Tamaka Shwasa* is expected to work on *Pranavaha-UdakavahaRasavaha* and *Annavaha Srotasa* and should provide *Deepana-Pachana, Vatanulomana, Anulomana, Vata-Kaphahara* property. In *Shatyadi Churna* most of the dravyas are having predominance of *Laghu, Ruksha* and *Tikshna* Guna. All these *guna* help in increasing *Dhatwagni*, by enhancing the basal metabolic rate. This also helps in digestion of *Aam.*

Tikshna guna due to predominance *of Agni Mahabhoota* acts on the channel immediately and remove the obstruction by pacifying the *Kapha. Ruksha guna* helps in absorption of excessive secretion and thereby helps in removing obstruction caused by thick mucus plug. *Laghu* and *Ruksha guna* are mainly *Kaphahara.*

The probable mode of action of all drugs in *Shatyadi Churna* can be divided into following groups.

1) *Deepana-Pachana* drugs: *Choraka, Bhumi amalaki, Tulsi, Pippali, Musta, Ela, twak.* These drugs help at the level of *Agni* in *Samprapti Vighatana.*
2) *Srotoshodhana* drugs: *Sunthi, Tulsi, Ela, Twak.* These drugs clean the various channels of *Pranavaha Srotas* which leads to *Anuloman gati* of *Vata*. In this manner these *Srotoshodhaka* drugs help in *Samprapti Vighatana.*
3) *Aamanashak* Drugs: *Sunthi, Pippali, Twak*. These drugs help in destruction of *Rasagata Kapha.* Aam is one of the important milestones in *Samprapti* of *Tamaka Shwasa,* hence these drugs help in *Samprapti Vighatana.*
4) *Vata-Kapha nashak* drugs: *Shati, Choraka, Twak, Musta, Tulsi, Pushkarmoola, Ela, Pippali, Agaru, Sunthi.*
5) *Shwasahara* action: Most of the drugs have *Shwasahara* action due to their *Tikta katu rasa, Laghu Tikshna guna* and *Vatakaphaghna* property.

GRADATION OF *TAMAKA SHWASA*

Frequency of *Shwasavega*	
0	Normal life / Good quality / can enjoy everything
1	Dyspnoea after exertion only /can't bear Sheeta /can't go in *Raja, Dhooma, Pravata*
2	Dyspnoea without exertion but can-do routine work
3	Needs rest or medication for routine work due to dyspnoea.
4	Needs total rest and can't do routine work due to dyspnoea
No. of emergency medicine taken/week	
0	No need
1	0 – 5 doses
2	5 – 10 doses

3	10 – 15 doses/Inhaler/Inj.
4	15 – 20 doses/Inhaler/Inj.
5	>20 doses
***Kasa* (coughing)**	
0	No cough
1	Dry cough without pain/wet with easy expectoration
2	Dry cough with pain/expectoration with slight difficulty
3	Dry cough with severe pain/feeling of restlessness because of difficulty in expectoration
4	Frequent coughing patient becomes unconscious/fainting
***Kaphanisthivanam* (sputum)**	
0	No *Kaphanisthivanam*
1	Only in the morning
2	4-5 times/day
3	Always
***Shleshma Vimokshante Sukham* (get relief after expel out the sputum)**	

0	No such feeling
1	During attack
2	Very often
3	Always
***Parsve Avagrihyate* (Chest tightness)**	
0	No such feeling of chest tightness
1	Mild chest tightness during attack.
2	Moderate chest tightness during attack
3	Severe chest tightness during attack

Wheeze (*Ghurghurukam*)	
0	Normal breathing sounds heard
1	Wheezing heard only on localized part of chest with stethoscope at time of attack.
2	Wheezing heard on localized part of lung with stethoscope without attack
3	Wheezing heard on whole lungs with stethoscope
4	Wheezing heard even without stethoscope
Pinasa	
0	No *Pinasa*
1	During attack & subsides 1-2 days after attack
2	During attack and persist for a week after attack
3	Very often without attack
4	Always persist
***Parshwashoola* (pain in thoracic region)**	
0	No *Shoola*
1	Along with attack/cough
2	Very often without attack, relieved by *Snehana / Swedana*
Shayane Shwasa Pidita	
0	No *Shwasa Pidita* during Sleep
1	Occasional *Shwasa Pidita* during Sleep
2	Very often *Shwasa Pidita* during Sleep
3	Always *Shwasa Pidita* during Sleep
***Asino Labhate Saukhyam* (get relief with sitting posture)**	
0	No effect
1	Temporary feels better

2	Sitting posture gives relief
3	Spontaneous sitting posture/can't sleep
***Kanthodhvansanam* (throat irritation)**	
0	No
1	Occasional
2	Very often
3	Always
***Trita* / *Vishushkasyata* (increased thirst during attack)**	
0	No
1	Occasional
2	Very often
3	Always

CONCLUSION

Based on the preliminary observation in clinical presentation it is concluded that *Shatyadi Churna is* effective in the management of *Tamaka Shwasa* as patient had improvement in signs and symptoms and the quality of life is better than previous. This result was observed after 3 months of treatment in only 1 patient in which patient has not to take steroid pump for inhalation after treatment, it should be planned for longer duration depending upon the chronicity of disease in more number of patients for getting more significant data. This conclude,

1. In *Samprapti* of *Tamaka Shwasa* mainly two processes are involved (1) *Swanidana Prakupita Vata* reaching to *Pranavaha Srotasa* and get obstructed by *Sama Kapha* leading to *Vata Pradhana Tamaka Shwasa.* (2) *Swanidana Prakupita Kapha* causes obstruction to *Sthanika Kapha* leading to *Vata Prakopa* and *Kapha Pradhana Samprapti*.
2. Two main mechanisms of the pathogenesis in modern science i.e., bronchoconstriction (bronchospasm) and obstruction due to mucous plug formation can be correlated as *Vatika Samprapti* and *Kaphaja Samprapti* respectively where *Sankocha* is due to *Vata* and *Srotorodha* is due to *Kapha*.
3. Management principle diverges in both *Vata* dominating & *Kapha* dominating pathogenesis hence diagnosis of disease is important otherwise it will worsen condition.

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