



TAMAKASHWASA : A DETAIL DISEASE REVIEW

Dr.Jyothilal.S,Associate Professor ,Department of Roganidana, Immanuel Arasar Ayurveda Medical College &Hospital,Nattalam,Marthandam,Kanyakumari Dt. Tamil Nadu.

ABSTRACT

Difficulties in breathing, cough are common health complains which everyone experiences throughout their life with different magnitude. Such complains are found in every age group. Dyspnea due to respiratory diseases comes under *Shwasa Roga*. *Maha- Urdhva- Chinna-Tamaka* and *Kshudra* are the types of *Shwasa Roga*. Bronchial asthma is a chronic inflammatory disease of airways characterized by cough, difficulty in breathing and wheeze. Exposure to dust, smoke, recurrent respiratory infections and climatic changes are chief triggering factors of this disease. Bronchial asthma and its associated features clinically correspond to the *Tamaka Shwasa* described in *Ayurveda*.

Keywords: Bronchial asthma, Nocturnal asthma, *Shwasaroga* and *Tamakashwasa*

INTRODUCTION

Ayurveda is a science of life and longevity. Over the past few years, our lifestyle has changed and we often tend to ignore the importance of healthy living in one way or the other. The main causes behind poor health conditions are diseases, improper diet, injury, mental stress, lack of hygiene, unhealthy life-style, etc. Physical, mental and spiritual well being is the appropriate meaning of health in true sense. Proper breathing is essential for good health. Breathing brings both oxygen and the vitality to every cell in the body. Shortness of breath, cough are those common health complains which everyone experience throughout their life with different magnitude. Such complains are found in every age group. In *Ayurvedic* text, the clinical entity described with cardinal feature of difficulty in breathing is *Shwasa Roga*. There are five types of *Shwasa Roga* described in *Ayurveda*. *Tamaka shwasa* is one of the types of *Shwasa Roga*.

DISEASE REVIEW

Shwasa Roga

It is characterized by pathological changes in the respiratory system and thus causing labored breathing or difficulty in breathing. Difficulty in breathing or labored breathing is explained by the term *Bhastrikadhmanasame* which means the chest moves like bellows of blacksmith threatening the course of life¹. *Acharya Su- shruta* described that normal *Prana Vayu* gets vitiated and its movement is obstructed by *Kapha*. This leads to increased and labored breathing, results in *Shwasa Roga*². Normally, *Prana Vayu* governs the process of breathing. It provides life, nourishment and also performs *Jatharagni Deepana*³. It may be the reason that patients of *shwasa roga* usually suffers from *Agni* disorder. The causative factors of *shwasa roga* are described as *raja- dhuma- vata-shita sthana-shita ambu- Vyayama*⁴. It is evident that difficulty in breathing occurs or triggered on exposure to dust, smoke, wind, after intake of cold water or

other items and after doing exercise. *Ama Pradosha* is also considered as causative factors for *shwasa roga*⁵. The prodromal features of *shwasa roga* are *Anaha* (Abdominal distension), *Parsvashoola* (pain in costal region), *Hridaya pida* (pericardial pain) and *Pranasya Vilomatvama*. *Acharya Chakrapani* has explained the term *Pranasya Vilomatvama* as *Pranasya Paryakulatvam* which means disorder of life or breathing⁶. The specific pathogenesis of *Shwasa Roga* is described as exposure to etiological factors leads to vitiation of *Kapha* along with *Vata* which causes obstruction of *Pranavaha Srotas*. This generates movement of *vayu* in all direction in *Pranavaha Srotas* and body, ultimately causes *Shwasa roga*⁷. *Acharya Vagbhata* added involvement of *Udakavaha* and *Annavaha Srotas* along with *Pranavaha* in the *Samprapti* (pathogenesis) of *Shwasa Roga*⁸. In the pathogenesis of *Shwasa Roga*, consideration of these *Srotas* can be coherently understood by observing *Moola* of these *Srotas*. *Moola* (root) of *Udakavaha Srotas* is *Talu* and *Kloma*⁹. *Talu* is palate¹⁰ and *kloma* is tracheal tree and attached lungs¹¹, which are important parts of respiratory system. *Ama* is also said to be the causative factor of *Udakavaha Sroto Dusti*¹², similar to *Shwasa roga*. *Annavaha srotas* have *Amashaya* and *Vama Parshvas*

its *Moola*¹³. *Amashaya* is the main site of *Pitta Dosha*¹⁴ and *Shwasa Roga* is also said to have its origin from *Pitta Sthana*¹⁵.

Shwasa Roga is chiefly caused by *Vata* and *Kapha Dosha* but the site of origin of this disease is *Pitta Sthana*¹⁵. Five types of *Shwasa Roga* are *Maha Shwasa*, *Urdhva Shwasa*, *Chinna Shwasa*, *Tamaka Shwasa* and *Kshudra Shwasa*¹⁶. Among these, *Maha Shwasa*, *Urdhva Shwasa* and *Chinna Shwasa* are *Asadhya* (incurable) whereas *Kshudra Shwasa* is not that much annoying¹⁷. *Tamaka Shwasa* is a *Sayapya* disorder¹⁸. Thus, it is difficult to cure and prevention of the causative factors as well as treatment is needed throughout the life. **Tamaka Shwasa**

Tamaka shwasa consists of two words viz. *Tamaka* and *shwasa*. 'Tama' means dark-ness or to choke¹⁹. There is no separate description for prodromal features of *Tamaka Shwasa* but distinguished pathogenesis has been described. Aggravated *vata* due to exposure to causative factors leads to its *Pratiloma gati* or reverse movement. Vitiating *vata* runs through channels and reaches head – neck region. It exaggerates the regional *Kapha* by increasing epithelial secretion and produces *pinasa*. These secretions or *malarupi kapha* obstructs the passage of air and produces *ghurgurshabda* or wheezing sound²⁰.

Clinical Features of Tamaka Shwasa²⁰-

- (1) *Pinasa* – Vitiating of *Vata* due to obstruction in *Pranavaha Srotas* due to *Kapha* causes *pratilomagati* of *vayu* along with *kapha* and produces *Pinasa*.
- (2) *Griva-Sirasa Sangraha* – Vitiating *Vata* causes spasm and rigidity of neck muscles. It causes stiffness of neck and restricts movement of neck and head.
- (3) *Ghurghurkama shabda* - *Ghurghur shabda* or wheezing is abnormal sound during breathing. Due to obstruction of *srotas* by *kapha*, vitiating *udana vayu* results in *ghurghur shabda*. Narrowing of *srotas* due to vitiating *prana* and *vyana* also results in wheezing sound.
- (4) *Pramoha* – Persistence of compromised blood supply to the organs results in slow heart rate and fall in blood pressure. This results in failure of peripheral blood circulation and ultimately causing fainting and shock.
- (5) *Kanthodhwansa* – *Madhukosa* commentary on *Madhav Nidana* interpreted *Kanthodhwansa* as "itching in *kantha*" which can be due to repeated attacks of cough and vitiating *Kapha*.
- (6) *Parshvasgraha* – It is due to fatigue of respiratory muscles resulted from increased breathing and repeated cough.
- (7) *Ushnam abhinandite* – Predominant *doshas* in *Tamaka shwasa* are *vata* and *kapha* having 'Shita' as their *guna*. Use of *ushna guna* through hot drinks, food and atmosphere does *kapha-vilayana* and *vata-anulomana*. Thus, this causes relief in symptoms of *Tamaka Shwasa*.
- (8) *Meghambushita Pragvatah Shlesh-machabhivardhate* – These are triggering factors mainly vitiating *vata* and *kapha doshas* and provoke the pathology of disease.
- (9) *Lalata sweda* – It is seen in acute exacerbation of asthma when patient is exhausted due to rapid breathing. *Lalata sweda* signifies sweating due to exhaustion and rapid breathing.
- (10) *Slesmani vimokshante Mahuratam Sukham*- After expectoration patient feels better because of the sticky sputum is expectorated and the frequency of cough is reduced and easy ventilation is facilitated for a short time.
- (11) *Vishushkashyate* – Oral breathing in the condition of *Pinasa* can lead to dryness of mouth.
- (12) *Muhur Shwasa* – In patients of *Tamaka shwasa*, to compensate decreasing oxygen level in blood, the respiratory rate in patient increases and results in rapid breathing.
- (13) *Muhushchiva Avadhmyate* – The body moves along with respiration during attack. While during inspiration the trunk is raised and during expiration lowered. As per *Madhukosa* commentary, it is shaky movement of the body due to increased breathing and it looks as if patient is riding on an elephant.
- (14) *Bhrusum Artimana*- During the attack of *shwasa*, patient experiences repeated episodes of cough and dyspnea. Therefore, he cannot breathe properly and he is under great distress.

In Ayurveda, two subtypes of *Tamaka Shwasa* have been described²¹-

- **Pratamaka shwasa** - When *Tamaka Shwasa* is associated with symptoms like *Jwara* and *Murcha*, it is known as *Pratamaka shwasa*. It is caused by *Udavarta*, *raja*, *ajirna*, *kinna kaya* and suppression of natural urges. According to *Madhukosa* commentary, association of *Pitta dosha* with *vata* and *kapha* causes *pratamaka shwasa*.
- **Santamaka Shwasa** - This subtype of *Tamaka Shwasa* increases during night time and is relieved by cold things. It is known as *Santamaka Shwasa* because the patient feels as if he is drowning in the darkness usually the attacks precipitate early in the morning. *Acharya Chakrapani* and *Jejjata* described only *Pratamaka Shwasa* as a subtype of *Tamaka shwasa* and according to *Madhukosa* commentary; *Pratamaka Shwasa* is synonym of *Santamaka Shwasa*.

Chikitsa of Tamaka Shwasa

According to *Acharya Charaka*, any drug or dietary regime etc. which alleviates *Kapha* and *Vata*, have *ushna* property and promotes downward movement of *vata*, should be used in the patient of *shwasa roga*. Things which pacify *Kapha* only but aggravate *vata* or things which pacify *vata* but aggravate *kapha* should not be used in the treatment of *Shwasa roga*. Best among both of these

istousesthesedrugs,medicines and dietary regime which alleviates *vata* but may ag- gravate *kapha*. *Vatahara* treatment is bet- ter than *kaphahara* treatment because *va- tahara*treatmentmayaggravates*kapha* but it minimizes the complications asso- ciated with disease and also improves the prognosis, whereas *kaphahara* treatment pacifies *kapha* but also causes depletion of *dhatu* and produces serious side effects ²².

- *Nidana Parivarjana* –Avoidance of etiological, aggravating and triggering factors is *Nidana parivarjana*. If pre- cautions are taken against causative factors, then initiation of pathology can be prevented. Exposure to dust and smoke, cold and rainy weather, intakeof cold drinks and other cold fooditems, excessive exercise and other physical activity are some of the fac- tors that should be avoided by patients of *shwasa roga*.
- *Snehana & Swedana*-Use of *Swe-dana* locally or throughout whole body helps in liquefaction of viscous *mala- rupi Kapha* and also does *vataanulo- mana*. *Acharya Charaka* specially in- dicated following type of *swedana* inthe treatment of *Hikka* and *Shwasa – Nadi sweda, Prastara sweda* and *San- kara sweda*.*Snehana karma* prepares body for the *shodhana karma*. *Acharya charaka* indicated the use of *Tila taila* and *Saidhava Lavana* for the massage over chest region in the patients of *shwasa roga* ²³.
- *Vamana karma* – It should be thechoice of treatment in *Kapha* predomi- nant state of *shwasa roga (Tamaka shwasa)* as it expels the stagnant *mala- rupi Kapha* from the *srotas* and nor- malize the movement of *vata*. After proper *swedana, snigdha odana* (rice), with soup of fish or pig flesh and the supernatentofcurdmaybegivento the patients for *kapha-utklesha*. The- reafter, *vamana* should be performed with the help of *Madanaphala pipali*, mixed with *saindhava* and *madhu* (ho- ney), taking care of to see that such an emetic is not antagonistic to *vata* ²⁴.
- *Virechana karma* - The site of origin of *Shwasa roga* is *Pitta sthana*. *Vire- chana karma* is indicated as the best treatment for the aggravated *Pitta do- sha*. Therefore, *virechana* helps in maintaining the normal levels of *pitta dosha*. Although, *Basti* is the best treatment for *vata dosha* but *Acharya Charaka* has explained that if *Vata* is associated with other *doshas*, then*mridu samshodhana* or *mridu vire- chana* should be done with oilation ²⁵. So, *Virechana karma* also pacifies *vata dosha* which is associated with *kaphain* patients of *Shwasa roga*.
- *Shamana chikitsa* - Procedures like *Vamana* and *Virechana* cannot be done in old age patients, emaciated patients, patients suffering from other co-mor- bid conditions along with *shwasa roga* etc. In such cases, *shamana chikitsa* (treatment with medicines only) is the choice of treatment.

Bronchial asthma

Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbor a special type of in- flammation in the airways that makes them more responsive than non-asthmatics to a wide range of triggers, leading to exces- sive narrowing with consequent reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patientswith chronic asthma there may be an ele- mentofirreversibleairflowobstruction

²⁶.Nocturnal asthma refers to asthma symptomsthatseemworseinthemiddle of the night, typically between 2 AM and 4 AM. Interestingly, nocturnal asthma can affect someone with any type of asthma. Factors that can cause your asthma symp- toms to worsen at night may include sinus infections or postnasal drip caused by al- lergens such as dust mites or pet dander. The body makes adrenaline and corticoste- roids, which protect against asthma. Levels of these two substances are lowest be-tween midnight and 4AM, making it more likelytoexperiencesymptomsduring these times ²⁷.

DISCUSSION

It is evident that types of *Shwasa Roga* in *Ayurveda* have been described on observ- ing the breathing pattern, pathological changes and clinical features. On this ground, *Tamaka Shwasa* can be nearly cor- responds with Bronchial Asthma. *Ghurg- hurshabda, Kanthodhwansa, Parshva- shoola, Meghambushita Pragvatah Shleshmachabhivardhate, Slesmani vimok- shante Mahuratam Sukham* and *Vishush- kashyate* are cardinal features found in Bronchial asthma. *Pinasa* (coryza or aller- gic rhinitis) is usually found as an asso- ciated feature with Bronchial asthma. Clinical features like *Pramoha, Lalata sweda, Muhuschiva Avadhamyate, Bhru- sum Artiman* are related to acute exacer- bation of bronchial asthma.*Pratamaka shwasa* is triggered by environmental al- lergens and seasonal variation. On the ba- sis of disease pattern, *Pratamaka shwasa* corresponds to allergic asthma with supe- radded seasonal viral or bacterial infection. Besides this, *Santamaka Shwasa* is said to be aggravated by *tama* or darkness orduring night. It is evident that *Santamaka Shwasa* corresponds to Nocturnal asthma.

CONCLUSION

Dyspnea or difficulty in breathing due to respiratory diseases is related to *Shwasa Roga*.Itisevidentthat*Tamakashwasais* a disease of respiratory tract. Formation of *Ama* plays an important role in the pathol- ogy of *Tamaka shwasa*. Along with *Pra- navaha Srotas, Udakavaha* and *Annavaaha Srotas* are also involved in the pathogene- sis of *Tamaka Shwasa*. On the clinical grounds, *Tamaka Shwasa* very much cor- responds to a disease known as Bronchial Asthma.Clinical features and types of *Tamaka shwasa* are similar to pattern and associated features found in Bronchial asthma

REFERENCES

1. Tripathi Brahmananda, Madukosha commentary on Madhava Nidanam By Sri Madhavakara, Chapter 12, verse no.16, Varanasi, Chaukhambha Sanskrit Sansthan p. 384, Reprint 2007.
2. Shastri Ambika Dutt commentary on Sushruta Samhita of Maharishi Sushruta, Uttara sthana, Chapter 51, verse no. 4, Varanasi, Chaukhambha Sanskrit Sansthan p. 372, Reprint 2007.
3. Srivastava shailaja commentary on Sharngadhar samhita of Acharya Sharngadhar, Chapter 5, verse no. 51, Varanasi, Chaukhambha Orientalia, p. 45, Reprint edition 2009.
4. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 11, Varanasi, Chaukhambha Surbharti Prakashan, p. 533, Reprint 2011.
5. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 12, Varanasi, Chaukhambha Surbharti Prakashan, p. 533, Reprint 2011.
6. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 20, Varanasi, Chaukhambha Surbharti Prakashan, p. 533, Reprint 2011.
7. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 45, Varanasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
8. Gupta Kaviraj Atrideva, Astanga Hridayam By Vagbhata, Nidana sthana, Chapter 4, Verse no. 3, Varanasi, Chaukhambha Prakashan, p.315, Reprint 2009.
9. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Vimana sthana, Chapter 5, Srotaovimana, Verse no. 8, Varanasi, Chaukhambha Surbharti Prakashan, p. 250, Reprint 2011.
10. Gaur Damodar Shastri, Abhinav Sharir, Ist part, Pratham Khanda, p- 165, Nagpur, Shree Baidyanath Ayurved Bhawan Ltd., 1982.
11. Gaur Damodar Shastri, Abhinav Sharir, Ist part, Pratham Khanda, p- 171, Nagpur, Shree Baidyanath Ayurved Bhawan Ltd., 1982.
12. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Vimana sthana, Chapter 5, Srotaovimana, Verse no.11, Varanasi, Chaukhambha Surbharti Prakashan, p. 251, Reprint 2011.
13. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Vimana sthana, Chapter 5, Srotaovimana, Verse no. 8, Varanasi, Chaukhambha Surbharti Prakashan, p. 250, Reprint 2011.
14. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Sutra sthana, Chapter 20, Maharogaadhyaya, Verse no. 8, Varanasi, Chaukhambha Surbharti Prakashan, p. 113, Reprint 2011.
15. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 8, Varanasi, Chaukhambha Surbharti Prakashan, p. 533, Reprint 2011.
16. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Sutra sthan, Chapter 19, Ashtaodariya adhyaya, Verse no. 4, Varanasi, Chaukhambha Surbharti Prakashan, p. 110, Reprint 2011.
17. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 65-67, Varanasi, Chaukhambha Surbharti Prakashan, p. 536, Reprint 2011.
18. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 62, Varanasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
19. Vaman Shivram Apte, The Practical Sanskrit-English Dictionary, Delhi, Motilal Banarasi Publishers Private Limited, Revised edition 2004.
20. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 55-62, Varanasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
21. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 63-64, Varanasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
22. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 147- 157, Varanasi, Chaukhambha Surbharti Prakashan, p. 539, Reprint 2011.
23. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasachikitsa, Verse no.71, Va-

- ranasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
24. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikit- sasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 72-74, Varanasi, Chaukhambha Surbharti Prakashan, p. 536, Reprint 2011.
 25. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikit- sasthan, Chapter 28, Vatavyadhi chikitsa, Verse no. 86, Varanasi, Chaukhambha Surbharti Praka- shan, p. 620, Reprint 2011.
 26. Harrison's Principle of Internal Medicine, McGraw Hill, 17thedi- tion.
 27. <http://www.lung.org/associations/states/colorado/asthma/Asthma.html>

