International Journal of Applied Ayurved Research ISSN: 2347- 6362

SHWASAHARA DASHEMANI – AYURVEDA CLASSICAL SHAMANA YOGA FOR MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHMA)

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ABSTRACT :

Tamaka Shwasa is one among the five types of *Shwasa Roga* explained in Ayurveda classic. *Tamaka Shwasa* shows close similarity with bronchial asthma. There are abundant preparations explained in Ayurveda for the treatment of *Shwasa Roga*. Acharya Charaka has classified the drugs into group of ten popularly known as *Mahakashaya* or *Dashemani*, according to therapeutic action on system and diseases. *Shwasahara Dashemani* is one among them and used for the treatment of *Tamaka Shwasa.* Treatment of *Tamaka Shwasa* is classified as *Shodhana* (purification) and *Shamana* (palliative). *Shwasahara Dashemani* is one of the best *Shamana* therapies for *Tamaka Shwasa*. All the drugs of *Shwasahara Dashemani* are reported for anti-inflammatory action of *Shathi* and *Tulasi*, expectorant action of *Shathi*, *Pooshkarmoola* and *Hingu*, mast cell stabilizing and antihistaminic property of *Shathi*, *Pooshkarmoola* and *Jivanti.* Antiasthmatic properties of *Shathi*, *Pooshkarmoola*, *Ela* and *Agaru* and antimicrobial property of *Shathi*, *Pooshkarmoola*, *Ela* and *Jivanti* also have been proven. All these drugs are *Agni Dipana*, *Vatanulomana*, *Kaphahara* and *Rasayana* property and therefore are good palliative treatment for *Tamaka Shwasa*. In addition these drugs are easily available and cost effective too. Nowadays increasing prevalence of asthma in all age groups with lacuna in long term management of asthma; in such a scenario *Shwasahara Dashemani* as palliative treatment looks very promising.

Key words: Ayurveda**,** *Rasayana*, *Shwashara Dashemani*, *Tamaka Shwasa*

INTRODUCTION: In broad sense diseases can be classified as communicable and non communicable one. Changing life style and environmental conditions increases the burden of non-communicable diseases (NCD) nowadays. In resource poor settings like India, lack of early diagnosis and management facilities, poverty, overcrowding etc. are additional contributory factors for increase in non communicable diseases. Hypertension, diabetes, bronchial asthma is leading troublesome non communicable diseases. Bronchial asthma is one such non communicable disease, although largely avoidable, asthma tends to occur in epidemics and affects young people; asthma attacks all age groups but often starts in childhood. Global estimate of asthma suggests that as many as 334 million people have asthma, and that the burden of disability is high[i]. As stated by

W.H.O, 100–150 million of global population is suffering from bronchial asthma.[ii] As most of non communicable diseases are of life style origin, World Health Organization (WHO) has recommended and promotes the research strategies in traditional medicine like Ayurveda. The disease named *Tamaka Shwasa* explained in Ayurveda goes hand in hand with today's Bronchial asthma. *Tamaka Shwasa* is *Yapya* (chronic manageable situation) disease. Ayurveda explained the treatment of *Tamaka Shwasa* as *Shodhana Chikitsa* (body purification processes) and *Shamana Chikitsa* (palliative treatment). *Shodhana Chikitsa* is difficult in children and chronic disabled individuals, while *Tamaka Shwasa* is *Yapya* condition requires multiple *Shodhana*. Therefore *Shamana Chikitsa* is more useful in many instances as compared with *Shodhana Chikitsa*. Despite this fact, *Tamaka Shwasa* is an episodic paroxysmal presentation with asthmatic attack with exposure to different triggering etiological factors. Therefore treatment of Tamaka Shwasa can also be categorized as *Vegakalina Chikitsa* (treatment during attack of asthma) and *Avegakalina Chikitsa* (treatment in between two attacks). Removal of obstruction followed by maintenance of patency of bronchial tree is the main goal of treatment during *Vegavastha*, while prevention of trigger factor and enhancing the immunity of individual is the cornerstone of therapy for *Tamaka Shwasa* in *Avegavastha* of disease. So it is very clear that maximum efforts has to be emphasized during *Avegavastha* to restore the physiology and maintain the normalcy of *Pranavaha Srotas* (Respiratory system) with *Rasayana* therapy (immunity enhancing) is the ultimate line of treatment of *Tamaka Shwasa*. There are certain herbal drugs available in Ayurveda classics which are curative as well preventive in the management of asthma. Acharya Charaka explained the combination of ten drugs known as *Shwasahara Dashemani* in the treatment of *Shwasa Roga*.

AIMS AND OBJECTIVES:

1. To validate the role of *Shwashara Dashemani* in the treatment of *Tamaka Shwasa* (bronchial asthma) with critical scientific review

MATERIAL AND METHODS:

Conceptual review: for that literature was thoroughly reviewed from Veda *Kala* (ancient time) to today's evidence based medicines era. Different classical texts of Ayurveda like Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhavaprakasha *Nighantu*, etc. different dissertation work on *Tamaka Shwasa* (bronchial asthma) and thesis on drugs of *Shwasahara Mahakashaya*, research article from different journals, monographs, electronic media, news papers, text books on *Dravya Guna* etc. are critically reviewed for the same.

Data processing: Data collected is analyzed and interpreted with discussion supported with evidence based researches.

***Shwasahara Dashemani*[iii]:** Acharya Charaka has classified the Ayurveda drugs into 50 groups according to the therapeutic actions on different disease and according to their action on physiological functions. As each group of drugs contains the unique ten drugs acting on particular system, these all groups are popularly known as *Dashemani* means a cluster of ten or termed as *Mahakashaya* means a most important combination useful to treat

disease. This classification of drugs is for the sake of simplicity of the physicians. Secondly, most of diseases are very complex in nature and there is involvement of multiple organs in pathogenesis of disease demanding the use of multiple potential drugs targeting all the aspect of disease pathology. Considering such complex nature of diseases Acharya Charaka had made a clusters of drug systematically. *Shwasahara Dashemani* is such combination containing ten drugs as shown in table number 1. Most of the drugs having *Ruksha* and *Ushna*, *Vatanulomana*, *Kaphahara*, and few have *Rasayana* properties (Table no. 2)

DISCUSSION: Bronchial asthma is the hyperreactive airway disease (HRAD) causes the inflammation and narrowing of airways leading to breathlessness. Such hypersensitivity reaction is because of many conditions like dust, pollen, cold, food allergens, clouds, air drafts etc. Incidence of bronchial asthma in children is goes on increasing. The reason for increase in childhood asthma is multifactorial like growing age, low immunity, genetic predisposition etc. Today humans have complex system of dietetic customs and cultures. Such a complex food produces different hypersensitivity reactions like urticaria, atopic dermatitis. Also environmental factor like dampness, pollens, dust etc. accelerates the hypersensitivity in particular subjects. As hypersensitivity is immune mechanism, major histocompatibility complex (MHC) and genetic predisposition plays very vital role in etiology and pathogenesis of Bronchial asthma. Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism[iv;v] Childhood Bronchial Asthma has multifactor causation. Geographical location, environmental, racial as well as factors related to behaviors and life-styles are associated with this disease. [vi,vii,viii] Treatment of bronchial asthma includes use of inhaled bronchodilators and oral medication containing antihistaminic, leukotrienes and oral bronchodilators. Moderate to severe cases of bronchial asthma required regular use of medication. Therefore use of traditional treatment modalities like Ayurveda medicines looks promising in the treatment of bronchial asthma along with conventional therapy. Disease entity known as *Tamaka Shwasa* explained in Ayurveda goes hand in hand with bronchial asthma.

Ayurveda considered *Shwasa Roga* as disease of *Pranavaha*, *Annavaha*, *Udakavaha Srotasa* and therefore treatment or *Chikitsa* should be targeting towards the strengthening/ and restoring the function of these *Srotas* and has been explained as *Shodhana* and *Shamana Yoga*. According to attacks of disease treatment can be classified as *Vaigikakalina* and *Avaigikakalina Chikitsa*. On the other hand, *Tamaka Shwasa* is *Yapya* disease require long term management even after *Shodhana* therapy. As *Shodhana* is indicated in less cases and *Vega* or attacks occurred in paroxysms, large number of patients comes in *Avega Avastha*. Therefore administration of *Shamana Yoga* is very important step in the management of *Tamaka Shwasa*. Considering these all facts it is very clear that, *Shamana* therapy is very important treatment modalities, in the management of *Tamaka Shwasa*. *Shamana* therapy

should be pointing towards improving the immunity to prevent the hypersensitive response and allergic attack, and for that purpose drug used should be of *Rasayana* properties which enhance the immunity. Ayurveda classics indicate ample of combination for *Shwasa Roga*. *Shwasahara Dashemani* is one of such combination used as *Shamana Yoga* for *Tamaka Shwasa*. The drugs of *Shwasahara Dashemani* are known for their actions like anti-inflammatory action of *Shathi*[ix] and *Tulasi*[x], expectorant action of *Shathi*, *Pushkarmoola*[xi] and *Hingu*, mast cell stabilizing and antihistaminic property of *Shathi*[xii], *Pushkarmoola* and *Jivanti*. Antiasthmatic properties of *Shathi*[xiii], *Pushkarmoola*[xiv], *Ela* and *Agaru* and antimicrobial property of *Shathi*[xv], *Pushkarmoola*[xvi], *Ela*[xvii] and *Jivanti* also have been proven. The carminative action of *Ela*, *Hingu*, *Agaru*[xviii] and *Surasa* helps in *Vatanulomana* (Table no.3 and figure no. 1).

CONCLUSION: "The combination of the ten herbs of *Shwasahara Dashemani* shows Antiasthmatic, Antimicrobial, Anti-inflammatory, Analgesic, Mast Cell Stabilizing, Antihistaminic, Carminative, Antispasmodic, Expectorant, Antioxidant, Immunostimulant and Immunomodulator properties. Due to all these properties these drugs restore the function and *Gati* of Vayu in *Pranavaha*, *Udakavaha* and *Annavaha* Srotasa, gives strength to *Dhatu* and enhance immunity. Therefore combination *Shwasahara Dashemani* is useful in the treatment of *Tamaka Shwasa*."

TABLE AND GRAPHS

Table no.1-*Shwasahara Dashemani*[xix] -

Sr. No.	Sanskrit Name	Scientific Name	Part Used	Ratio
1	***Shathi***	*Hedychium spicatum.* Ham ex smith	*Shushka Kanda*	1 Part
2	***Pushkaramoola***	*Inula racemosa.* Hook.	*Moola*	1 Part
3	***Amlavetasa***	*Rheum emodi.* Wall	*Patra*	1 Part
4	***Ela***	*Elettaria cardamomum* Maton	*Phala*	1 Part
5	***Hingu***	*Ferula narthex* Boiss	*Niryasa*	1 Part
6	***Agaru***	*Acquilaria agallocha* Roxb.	*Kashtha*	1 Part
7	***Surasa***	*Ocimum sanctum* Linn.	*Panchanga*	1 Part
8	***Tamalaki***	*Phyllanthus niruri* Linn.	*Panchanga*	1 Part
9	***Jivanti***	*Leptadenia reticulata* W & R	*Panchanga*	1 Part
10	***Chanda***	*Angelica glauca* Edgw.	*Moola*	1 Part

Table no. 2: *Rasapanchaka* of ten drugs of *Shwashara Dashemani*[xx]

Sr. No.	Sanskrit Name	***Rasa***	***Veepaka***	***Virya***	***Guna***	***Doshghnata***
1	***Shathi***	*Tikta, Kashaya*	*Katu*	*Anushna*	*Laghu, Tikshna, Grahi*	*Vata-Kaphahara*
2	***Pushkaramoola***	*Katu, Tikta*	*Katu*	*Ushna*	*Laghu, Ruksha*	*Vata-Kaphahara*

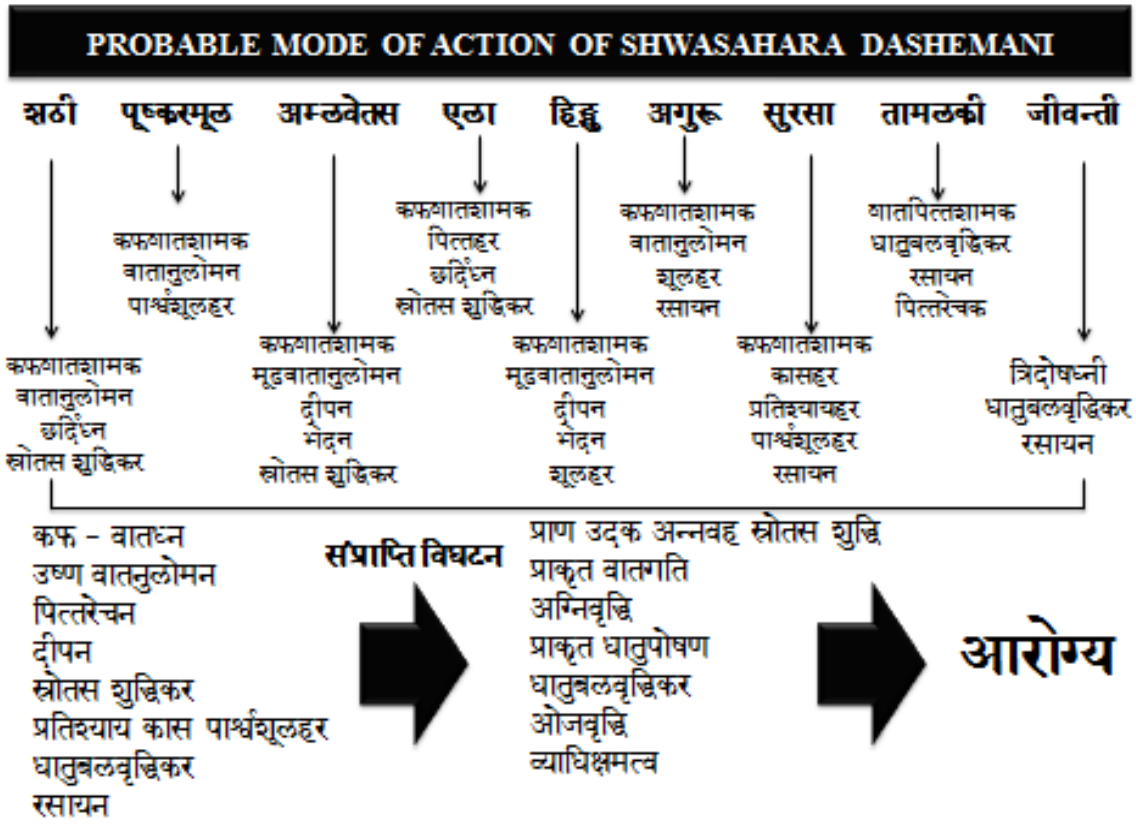
3	***Amlavetasa***	*Atyamla*	*Amla*	*Ushna*	*Laghu, Ruksha, Bhedana, Dipana*	*Vata-Kaphahara, Pittakara*
4	***Ela***	*Katu, Tikta*	*Katu*	*Sheeta*	*Laghu, Ruksha, Dipana*	*Vata-Kaphahara*
5	***Hingu***	*Katu, Tikta*	*Katu*	*Ushna*	*Laghu, Tikshna, Ruksha*	*Vata-Kaphahara*
6	***Agaru***	*Katu, Tikta*	*Katu*	*Ushna*	*Laghu, Tikshna, Ruksha*	*Vata-Kaphahara, Pittakara*
7	***Surasa***	*Katu, Tikta*	*Katu*	*Ushna*	*Laghu, Tikshna, Ruksha*	*Vata-Kaphahara, Pittakara*
8	***Tamalaki***	*Tikta, Kashya*	*Madhura*	*Sheeta*	*Laghu, Ruksha, Sheeta*	*Kapha-Pittahara, Vatakara*
9	***Jivanti***	*Tikta, Madhura*	*Madhura*	*Sheeta*	*Snigdha, Laghu, Grahi, Rasayani*	*Tridoshahara*
10	***Chanda (Choraka)***	*Katu, Tikta, Madhura*	*Katu*	*Sheeta*	*Laghu, Ruksha, Tikshna*	*Vata-Kaphahara*

Table no. 3: *Shwasahara Dashemani* – Pharmacological Properties

Sr. No.	Sanskrit Name	Pharmacological properties
1	***Shathi***	Expectorant, Antiasthmatic, Antihistaminic, Anti-inflammatory, Antimicrobial, Mast cell stabilizer, Anti spasmodic
2	***Pushkaramoola***	Antihistaminic, Expectorant, Anti spasmodic, Mast cell stabilizer, Immuno-stimulant
3	***Amlavetasa***	Astringent, Cooling, Cardiotonic, Antimicrobial
4	***Ela***	Antiasthmatic, Antimicrobial, Anti-septic, Anti spasmodic, Carminative
5	***Hingu***	Expectorant, Anti spasmodic, Laxative, Carminative, Sedative, Antioxidant
6	***Agaru***	Antiasthmatic, Astringent, Carminative
7	***Surasa***	Anti-inflammatory, Antiviral, Anti-septic, Bacteriostatic, Carminative
8	***Tamalaki***	Antipyretic, Anti spasmodic, Antiviral, Diuretic, Bactericidal

9	***Jivanti***	Antimicrobial, Antihistaminic, Mast cell stabilizer
10	***Chanda (Choraka)***	Antiasthmatic, Antimicrobial, Anti-inflammatory

Figure number 1: Probable mode of action of *Shwasahara Dashemani*



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Email: neharpatelkb@gmail.com, Source of support :Nil, Conflict of interest: None Declared.