

MANAGEMENT OF TAMAKSWASA WITH SHODHANA AND RASAYANA: A CASE STUDY

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ABSTRACT

Tamaka shwasa is a disease in which the patient experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental gloominess. *Tamaka Shwasa* can be correlated with the disease Bronchial Asthma on the basis of its features & etio-pathogenesis. *Tamaka Shwasa* is considered as *Yapya* (palliable) because this type of *Shwasa roga* is not only difficult to treat but also has a repetitive nature. Here the sincere effort has been made using *shodhana chikitsa* and *Agastya Haritiki* as *Rasayana*. *Rasayana* plays an important role in rejuvenation of body tissues and providing strength to patient. A female patient of Age 56years with History of *Tamakswasa* from last 15 years on regular modern treatment is treated with Ayurveda line of treatment for *Tamakswasa*. The patient is having classical symptoms like *Gurghurkam* (audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking). On examination it was found that patient is having more *kapha* predominant *Vata*. on Auscultation of chest wheezing present bilaterally, patient walking with *Swasakricchta*. Patient was using short acting Bronchodilator puffs. Which is almost 3-4 puffs in a day. So, this case of *Tamak swasa* is treated with *Shodhana chikitsa* i.e. *Vamana karma* and *Virechana karma* followed by *Rasayana* for 3 months. All this was done after considering the *Bala* of Patient. In this case it was observed patient got good relief in the cardinal features of *Tamak shwasa*.

Keywords: *Rasayana, Shodhana chikitsa, Tamak Swasa*

INTRODUCTION: *Rasayana* is a unique branch of Ayurveda. It promotes the inner healing power of an individual and helps him in over taking the pain and disease while promoting the immunity. *Tamaka Shwasa* is one of the five types of disease *Shwasa*. The signs, symptoms and etio-pathogenesis of Bronchial Asthma explained in modern science have a lot of similarities with the disease entity *Tamaka Shwasa*. The main features of Bronchial Asthma are breathlessness, chest tightness, wheezing and cough. Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. *Tamaka Shwasa* comprises of two words i.e. *Tamaka* and *Shwasa*. The word ‘*Tamaka*’ is derived

from the Dhatus “*Tamglanou*” which means Sadness (Panini). According to *Vachaspatyam* the word *Shwasa* is derived from the root word ‘*Shwas*’ Dhatus by applying *Ghanj Pratyaya*. It implies for both *Vayu Vyapara* & *Roga Bheda*. It represents both physiological as well as pathological respiration and used for expression of word According to our Ayurvedic literature *vata* is captured by the *Aavrana* of *kapha* in this disease. Acharya Charaka has mentioned that *Tamaka Shwasa* is *kapha-vataja vikar* and site of its origin is *pitta sthana*. In *Sushruta Samhita*, *Madhava Nidana* and *Yogratnakar* it is mentioned that *Tamaka Shwasa* is *Kapha* predominant disorder. When going through the *lakshnas* of *Tamaka Shwasa* in

our Ayurvedic literature our Acharayas has told *Gurghurkam* (audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc.¹ All the *Lakshnas* showing *Kapha* predominancy. *Tamaka Shwasa* in general is described as *yapya* (palliable) disease. While describing the management *Acharya Charaka* has clearly mentioned the importance of *Nidana parivarjana* along with *Shodhana* and *Shamana* chikitsa as mentioned below. In *Ayurveda*, *Nidana parivarjana* (avoidance of causative factors) is given foremost importance in the management of any disease. *Nidana* (cause), *dosha* (humor) and *dushya* (impaired tissue elements) are the inevitable factors in the manifestation of disease. The inter-relationship between these three factors decides manifestation and non-manifestation of the disease.² Bronchial Asthma currently affects approximately 300 million persons worldwide. The prevalence of asthma has risen over the last 30 years, with approximately 10-12 % of the adults and 15% of children affected by the disease³. A female patient of Age 56 years came with the symptoms of *Gurghurkam* (audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking). On examination it was found that patient is having more *kapha* predominant *Vata*. On Auscultation of chest wheezing was present bilaterally, patient walking with *Swasakricchta*. Patient was using short acting Bronchodilator puffs. Which is almost 3-4 puffs in a day ,So in the present study *Shodhana* and *Rasayana* is planned for the management of *Tamakswasa*.

A Case Report: A 56 year old female came with the chief complaint of *Swasakrucchata* from last 15 years on

regular treatment (Bronchodilator puffs). other associated complaints are *Shirashoola*, sleeplessness, generalized weakness from past 6 months. History of present illness - patient was apparently well before 15 year , problem started gradually when patient noticed the dust allergy. Initially taking some home remedies and got mild relief but with time condition was getting worsened. **Treatment History** - She was taking medicine from the rural doctor for more than 1 year but could not find better result in the condition. local physician started with some steroid and antihistamine drug as patient told. Then she started to take treatment from the civil hospital near to her village , where she was put on short acting Bronchodilator puffs. by then patient is taking medicine along with suggested puffs depending on severity of condition. there is No history of Diabetes , Hypertension. **Personal History** - by occupation patient is Housewife, taking tea 3-4 times a day, and taking vegetarian diet. No such addiction was Noticed. **Family History** - patient mother is also suffering from same condition and taking Short acting Bronchodilator puffs.

On Examination - Respiratory system - On Auscultation wheezing was observed Bilaterally (audible wheezing), with B.P 110/70 mm of Hg. No abdominal tenderness, No organomegaly, CVS- nothing abnormal detected.

Ashtasthana-gata Pariksha:

Nadi (pulse) = 80/min

Mala(stool)=Normal.

Mutra(urine)=Normal.

Jeeva(tounge)=*Alipta*

Agni=*Kshudhamandy*.

Shabda(speech)=*kricchatbhashitum*

Druka(eyes)=*prakruta*

Akruti=*Sthula*

Bala =*Madhyama*

After the proper examination patient was advised to undergo *Shodhana* treatment, which is followed by *Agastaya Haritaki Rasayana sevana*. the procedures were explained and advised to take *Aahara* as Advised during the full course of *Shodhana*.

MATERIAL AND METHODS:

Source of Data: Patient suffering from symptoms of *Tamak Shwasa* is selected from O.P.D. of Babe ke Ayurvedic medical college and hospital Daudhar, District – Moga (Punjab)

Study Design: A single case study

Posology: *Shodhana chikitsa* followed by *Rasayana (Agastaya Haritaki Rasayana)*

Total duration: *Vamanakarma* + *Virechana karma* + 3 months for *Rasayana sevana* (The result of treatment is assessed before starting *vamana karma* and after *Rasayana sevana* i.e post 3 month)

Procedures:

1. ***Vamana Karma:*** *Vamana* is planned. And *deepana-pachan* started with *Chitrakadi vati* 500mg twice a day before food for 5 days and *Snehanapa* was done with *Murchita taila* in *Aarohana karma* till *samyak snehana lakshanas*. One day *vishrama kala* is given during which *saryanga abhyanga* and *swedana* is done. And *Vamanakarma* is given with *Madanphala yoga* (*Madanphala churna* 4grams, *Vacha* 2gram, *saindhava* 2gram, *Madhu* as per required). *Madhyam shuddhi* was done. And after *Samsarjana karma* again patient asked to undergo preparation for *Virechana karma*.

2. ***Virechana Karma:*** post *vamana karma*, *Virechana* is planned and *deepana*

– *Pachana* was done with *Chitrakadi vati* 500mg twice a day before for 5 days. *Snehanapa* was done with *Murchita Ghrita* in *Aarohana karma* till *samyak snehana lakshanas*. During *Vishrama kala Abhyana* was done with *Moorchita tila taila*. For *virechana yoga Trivruta Avleha* is used in 50 gm of quantity. Again *Madhyama shuddhi* is done. It is followed by *Samsarjana karma*.

3. ***Shaman chikitsa:*** After *Shodhana Agastaya Haritaki rasayana* 6 gm with milk started after food twice a day for 3 months

Composition of Agastya Haritaki Rasayana:^[4] *Bilva, Syonaka, Gambhari, Patala, Agnimantha, Shalparni, Prushnaparni, Brihati, Kantakari, Gokshura, Atmagupta, Shankhapushpi, Sathi, Bala, Hastha Pipli, Apamarga, Pippalimula, chitraka, Bharangi, Pushkarmoola, Yava, Haritiki, Guda, Ghruta, Taila, Pippali, Madhu.* Collection of Raw material was done from local market of Moga and preparation of medicine was done at college *Rasashastra* department.

Criteria for Assessment of Results: Results are assessed from subjective parameters (cardinal signs) of base line data of before and after treatment.

Subjective Parameter: a) Night awakening; b) Morning worsening of asthma symptoms; c) Limitation of activity; d) Shortness of breath; e) Wheezing; f) Use of short – acting bronchodilator (puff) each day.

TABLE NO. 01: Assessment Grade for Subjective Criteria.

Study design on Assessment grade for Subjective criteria			
1. Night Awakening	G0	Never	
	G1	A few time	
	G2	Many time	
	G3	Unable to sleep because of asthma	
2. Morning worsening of asthma symptoms	G0	No symptoms	
	G1	Mild symptoms	
	G2	Moderate symptoms	
	G3	Severe symptoms	
3. Limitation of activity	G0	Not limited at all	
	G1	Slightly limited	
	G2	Moderately limited	
	G3	Very limited	
4. Shortness of breath	G0	None	
	G1	A very little	
	G2	A moderate amount	
	G3	A great deal	
5. Wheezing	G0	Not at all	
	G1	Hardly any of the time	
	G2	A moderate amount of the time	
	G3	A lot of the time	
6. Use of short – acting bronchodilator (puff) each day	G0	None	
	G1	1 – 2 puffs most days	
	G2	3 – 4 puffs most days	
	G3	More than 4 puffs most days	

RESULT: Table no 2: Showing the effect of *Shodhana* followed by *Rasayana* on various Cardinal Features

Sr.No.	Signs and Symptoms	BT	AT	% of relief
1	Night Awakening	2	1	50%
2	Morning worsening of asthma symptoms	2	1	50%
3	Limitation of activity	3	1	66.66%
4	Shortness of breath	2	1	50%
5	Wheezing	3	1	66.66%
6	Use of short – acting bronchodilator (puff) each day	2	1	50%

Over all the effect after taking *Shodhana* and *Agastya haritiki Rasayana* is good. Patient shows marked improvement in two subjective parameters i.e wheezing and Limitation of activity.

DISCUSSION: The disease *Tamaka Swasa* is predominantly caused by

Pranavaha Sroto Dusti and its pathogens is *Pratiloma Gati* of *Vata* plays an imported role along with *Srotorodha* produced by *Kapha*. In one of the pathogenesis of *Tamaka Swasa*, *Vata* is in the normal state and *Kapha* is vitiated with its own etiological factors. Vitiated *Kapha* in the *Uraha*

Pradesha (chest region) causes the obstruction in the normal path of Vata (Prana). This further leads to *Avaranajanya Vata Prakopa* and *Pratiloma Gati* of Vata which can be stated as *Kapha* dominant pathogenesis of *Tamaka Swasa*⁵. Use of *Swedana* locally or throughout whole body helps in liquefaction of viscous *malarupi Kapha* and also does *vataanulomana*. *Acharya Charaka* specially indicated such *swedana* in the treatment of *Hikka* and *Shwasa* like *Nadi sweda*, *Prastara sweda* and *Sankara 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*⁶. *Vamana karma* should be the choice of treatment in *Kapha* predominant state of *shwasa roga* (*Tamakshwasa*) as it expels the stagnant *malarupi Kapha* from the *srotas* and normalize the movement of *vata*. After proper *swedana*, *snigdha odana* (rice), with soup of fish or pig flesh and the supernatent of curd may be given to the patients for *kapha-utklesha*. Thereafter, *vamana* should be performed with the help of *Madanaphala pipali*, mixed with *saindhava* and *madhu* (honey), taking care of to see that such an emetic is not antagonistic to *vata*⁷.

Virechana karma The site of origin of *Shwasa roga* is *Pitta sthana*. *Virechana karma* is indicated as the best treatment for the aggravated *Pitta dosha*. 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 virechana* should be done with oilation⁸. So, *Virechana karma* also pacifies *vata dosha* which is associated with *kapha* in patients

of *Shwasa roga*. *Shodhana* therapy was planned considering the *Bala* of patient. *Vamana karma* was planned first, which was helpful in removing *margavarodha* by *dushit Kapha*, followed by *Virechana Karma*. Which is planned with *trivrut avleha*, *Vata-Kapha shamak Virechana yoga* should be planned for *Tamakshwasa*. But also here considering *bala* of patient the *virechana yoga* is selected. For every auto immune diseases, immune system need to be regulated and strength of patient plays important part. *Ayurveda* also suggest the role of *Agni* in *Rasayana chikitsa*. Here *Agastaya haritiki* is planned as *Rasayan* which is continued for 3 months. *Shodhana* is essential part for any *Rasayana* therapy, to remove *Avarana*. The maximum content of *Agastya haritki* possess *vata-kapha shamak* property and *Haritaki* also possess *Rukshana* property and *Vatanulomana prabhava*. The role of *Pippali* is well known for its *Rasayana* effect. *Ushna veerya & Tikshna guna* of *Apamarga* acts on *jatharagni* to counter act of *ama* and help for *ama pachana* which play main role in the pathogenesis of *Tamaka Swasa*. Due to its *vata* relieving properties, the congestion of the air ways is freed letting the *Pranavata* to move in its normal tone. The properties of the drug counter act the symptoms due to anti oxidant, anti inflammatory actions⁹.

Chitraka, *Bharangi*, *Pushkarmoola* also acts as bronchodilators and helps in *tamakswasa*. During the course of treatment there was no complication appeared. *Vamana karma* and *virechana karma* is planned by considering the health status of patient. During *Rasayana kala pathya-apathy* was advised like to avoid curd, banana, *diwaswapanna* and all *garishtha drava bhojana* during *rasayana sevana*, which also helps in *Tamakswasa*. It was

observed in the case, that patient respond in all its subjective parameter. Patient respond well in Limitation of activity and wheezing.

CONCLUSION: There are many treatment modalities for *Shwasa roga*. Here an effort was made to show the effect of *Agastaya Haritaki Rasayana* on *swasa roga*. Now the day modern science is showing its limitations towards some diseases, here *Rasayana* can be best option for upgrading the treatment schedule for any patient. *Shodhana* followed by *Rasayana* is good line of treatment proved in this case. Regular intake of *Shodhana* and *Rasyana* can be adopted, also Nitya *Shodhana* helps effectively in reducing the severity of attack of *Tamakswasa*. *Rituanusara* *Shodhana* followed by *Rasayana* therapy can be opted for several such conditions

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