

MANAGEMENT OF TAMAKSWASA WITH VIRECHANA KARMA AND RASAYANA: A CASE STUDY

¹Basotra Sahil,

²Sharma Rimpay

¹Assistant professor, department of Panchakarma, Punjab Ayurvedic Medical college and Hospital, Morjhanda Khari, Sri Ganganagar (Rajasthan).

²P.G. scholar, Department of Shalya Tantra, Jammu Institute of Ayurveda and Research jammu.

ABSTRACT

AS Acharya charka mentioned that *virechana karma* is best *shodhana karma* among all the *panchakarma TamakaShwasa* is considered a *Yapya* (palliable) *vyadhi* because this type of *Shwasa roga* is not only difficult to treat but also has a repetitive nature. *Tamaka shwasa* is a disease in which the patient experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. *Tamaka Shwasa* can be correlated with the disease Bronchial Asthma on the basis of its features & etio-pathogenesis. 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 male patient of Age 49 years with History of *Tamakswasa* from last 13 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 *Shodhanachikitsa* i.e. *Virechana karma* followed by *Rasayana* for 3 months. All this was done after examination of *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: Respiration is a vital sign of life. When it gets hampered, there is sensation of uncomfortable-ness all over the body due to no proper supply of oxygen to all cells. Main reason for hampering can be anything ranging from dust to any pathology. Here we're discussing about a disease by which almost 6 out of every 10th person is affected- *Tamaka Shwasa*, which classically is one of the five types of disease *Shwasa*. The signs, symptoms and etio-pathogenesis of this entity is a lot similar to the modern pathology- Bronchial Asthma. Bronchial Asthma is a

major global health problem, which can affect the population irrespective of age, sex, economic status, etc. Incidence of Bronchial Asthma – more than 10 million cases per year in India. The classical symptoms of Bronchial Asthma in relation to *Tamaka Shwasa* are- breathlessness, chest tightness, wheezing and cough *Gurghurkam* (audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc.^{1,2}. *Tamaka Shwasa* comprises of two words i.e. *Tamaka* and *Shwasa*. The word 'Tamaka' is derived from the *Dhatu* "Tamglanou"

which means Sadness (*Panini*). According to *Vachaspatyam* the word *Shwasa* is derived from the root word 'Shwas' *Dhatu* 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 disorder³.

Tamaka Shwasa in general is described as *yapya* (palliable) disease⁴. 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.⁵ A male patient of Age 49 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 2-3 puffs in a day, So in the present

study *Shodhana* and *Rasayana* is planned for the management of *Tamakswasa*.

A CASE REPORT: A 49 year old male came with the **chief complaint** of *Swasakrucchata* from last 13 years on regular allopathic treatment (Bronchodilator puffs). Other associated complaints are *Shirashoola*, sleeplessness, generalized weakness from past 8 months.

History of present illness - patient was apparently well before 13 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 - He 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 he started to take treatment from the civil hospital near to her village, where he 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 labor class, taking tea 3-4 times a day, and taking non-vegetarian diet. No such addiction was noticed. **Family History** - patient grandfather 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 130/90 mm of Hg. No abdominal tenderness, No organomegaly, CVS- nothing abnormal detected.

Ashtasthana-gata Pariksha:

Nadi (pulse) = 90/min

<i>Mala</i>	(stool)	=	Normal.
<i>Mutra</i>	(urine)	=	Normal.
<i>Jeeva</i>	(tongue)	=	<i>Alipta</i>
<i>Agni</i>	=	<i>Kshudhamandya</i> .	
<i>Shabda</i> (speech)	=	<i>kricchat bhashitum</i>	
<i>Druka</i> (eyes)	=	<i>prakruta</i>	
<i>Akruti</i>	=		<i>Sthula</i>
<i>Bala</i> = <i>Madhyama</i>			

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 Punjab Ayurvedic medical college and hospital Morjhanda Khari, District –Sri gananagar (Rajasthan)

Study Design: A single case study

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

Total duration: *Virechana karma* + 3 months for *Rasayana sevana*

(The result of treatment is assessed before starting *virechana karma* and after *Rasayana sevana* i.e post 3 month)

Procedures:

1. ***Virechana Karma:*** *Virechana* is planned and *deepana* – *Pachana* was done with *Chitrakadi vati* 500mg twice a day before for 6 days. *Snehabana* was done with *Murchita Ghritain Aarohana karma* till *samyak snehana lakshan*. During

Vishrama kala Abhyana was done with *Moorchita tila taila*. For *virechana yoga Trivruta Avleha* is used in 55 gm of quantity. Again *Madhyama shuddhi* is done. It is followed by *Samsarjana karma*.

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

Composition of AgastyaHaritaki Rasayana:^[6] *Bilva, Syonaka, Gambhari, Patala, Agnimantha, Shalparni, Prushnaparni, Brihati, Kantakari, Gokshura, Atmagupta, Shankhapushpi, Sathi, Bala, Hastha Pippli, 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 form subjective parameters (cardinal signs) of base line data of before and after treatment.

Subjective Parameter

- Night awakening;
- Morning worsening of asthma symptoms;
- Limitation of activity;
- Shortness of breath;
- Wheezing;
- 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

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

S. 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*.⁷ 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*⁸. *Virechana karma* should be the choice of treatment in *shwasa* as per our classics.

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 oilation⁹. 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. *Virechana Karma* is planned with *trivrut avleha*, *Vata-Kapha shamak* *Virechana yoga* 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 *Rasayana* which is continued for 3 months. *Shodhana* is essential part for any *Rasayana* therapy, to remove *Avarana*. The maximum content of *Agastya haritiki* 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*. *Ritu-anusara Shodhana* followed by *Rasayana* therapy can be opted for several such conditions

REFERENCES:

1. Agnivesha: Charaka Samhita, elaborated by Charaka & Dridhabala with the Ayurvedadipika Commentary by Chakrapanidatta, edited by Vaidya Yadavaji Trikamji Acharya, reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011. Chikitsa sthana Chapter 17, verse, 55-57 and 121.
2. Fauci AS, Lango DL, Kasper DL, Jameson L, Hauser SL, Loscalzo J, et.al., editors. Vol. 2. Harrison's Principles of Internal Medicine. 18th ed. Newyork: McGraw Hill; 2012. p.2102.
- 3 Sushruta samhita "Ayurvedtataavvsandeeepika" edited by Ambikadut shastri uttartantra ch no 41 shloka no 9 pp702.chakumba Sanskrit samatha,reprint 2011.
4. Charak samhita " Vidyotani " edited by kashinath shastri and gorek nath chaturvedi, chikitsa sthana ch 17 shlok no.62 p.no 516 pp.1208. chakumba Sanskrit samstha,reprint 2011.
5. The Ayurvedic formulary of India, Part 1, Second edition, Government of India, Ministry of Health and Family Welfare, Department of Indian system of Medicine and Homeopathy, New delhi, page 33..
6. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita ,Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka- Shwasa chikitsa, Verse no. 71, VaranasiChaukhambha Surbharti Prakashan, p. 535, Reprint 2011.
7. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, Hikka-Shwasa chikitsa, Verse no. 72-74, Varanasi, Chaukhambha Surbharti Prakashan, p. 536, Reprint 2011.
8. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita, Chakrapani Commentary, Chikitsasthan,Chapter 28, Vatavyadhi chikitsa, Verse no. 86, Varanasi, Chaukhambha Surbharti Prakashan,p. 620, Reprint 2011.
9. Truong-Tran AQ, Carter J, Ruffin R, Zalewski PD, New insights into the role of zinc in the respiratory epithelium, PMID: 11264713.

Corresponding Author:

Dr. Sahil Basotra, Assistant professor, department of *Panchakarma*Punjab Ayurvedic Medical college and HospitalVillage – MorjhandaKhari, Dist.– Sri Ganganagar (Rajasthan)
Email: sahilbasotra2@gmail.com

Source of support: Nil

Conflict of interest: None

Declared

Cite this Article as : [Basotra Sahil et al: Management of Tamakswasa with Virechana Karma and Rasayana: A Case Study] www.ijaar.in : IJAAR VOLUME III ISSUE V NOV-DEC 2017 Page No:977-982