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MANAGEMENT OF *TAMAKA SHWASA*: A CASE STUDY

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ABSTRACT
Tamaka Shwasa is one of the Pranavaha Sroto Vikara which is generally described as Yapya Vyadhi or Krichra Sadhya. However, the patient has Pravara Bala, recent origin of disease or both said to be Sadhya. Therefore, proper line of treatment and proper lifestyle is required for this disease. It is analogous to Bronchial Asthma which is prevalent in 13.1% of population all over the world. This is a single case study of a 27-year-old male patient came with difficulty in breathing since 1 year. He also complaints of repeated sneezing, acidity, cough, nasal congestion and wheezing at night. According to patient, he was apparently well before 1 year and gradually he developed breathing difficulty. It was treated by internal Ayurvedic medicines and got significant improvement. Present case study emphasizes the effect of Vyadhihara Chikitsa like Tab Shwasa Kutara Rasa, Tab Amlant, Cap Grab, Tab Allerin and external medications like Sthanika Abhyanga with Brihat Saindhava Taila and Nadi Sweda with Dashamoola Kwatha, Nasya with Anutaila, Avagundana, Nebulization with Helin capsule and Shodhana by means of Sadyo Vamana for its effect on expelling out the vitiated Kapha Dosha and Pranayama for providing symptomatic relief in Tamaka Shwasa.

KEY WORDS: *Tamaka Shwasa, Bronchial Asthma, Vyadhihara Chikitsa, Shodhana, Sadhyo Vamana*

INTRODUCTION

Tamaka Shwasa is one among the *Pancha Vidha Shwasa*. The word Tamaka is derived from *Dhatu Tamalganou* which means sadness. *Tamaka Shwasa* is *Kapha Vataja Vikara* and site of origin is *Pitta Sthana*[1].The main *Lakshanas* of *Tamaka Shwasa* are *Ghurguraka Shabda, Peenasa, Shiro Gurutwa, Aaseene Labhate Sukham, Shayanaha Shwasa Peeditha*[2]. Its analogues with bronchial

asthma where remarkable features are wheezing, breathlessness and cough. Bronchial asthma is one of the most distressing diseases and it is quite common among all socio-economic status people, in all age groups. That's an insightful perspective from *Ayurveda* on the pathogenesis of *Tamaka Shwasa*.

The concept of *Agni* plays a crucial role in *Ayurveda* and when it is weakened due to faulty food habits, it can lead to various health issues including respiratory problems like *Tamaka Shwasa*. In this context, *Annanaha Srotodushti* refers to the imbalance or impairment of the channels responsible for digestion and metabolism due to improper food habits. This disturbance in the digestive process leads to the accumulation of toxins (*Ama*) and aggravation of *Doshas* particularly *Pitta* and *Kapha. Tamaka Shwasa* is believed to originate primarily from the *Pitta Sthana* and then localizes in the *Kapha Sthana*[3]. This condition is characterized by an imbalance of both *Kapha* and *Vata Doshas* with *Kapha* dominating. According to *Ayurvedic* principles, when there is an imbalance in these *Doshas* particularly aggravated *Kapha* and *Vata*, it leads to respiratory issues like asthma. The vitiation of *Kapha* and *Vata* ultimately affects the *Pitta Sthana*, contributing to the manifestation of *Tamaka Shwasa*.

Ayurveda offers holistic approaches to manage such conditions, focusing on balancing the *Doshas* through lifestyle modifications, dietary changes, herbal remedies, and practices like *Yoga* and *Pranayama* to strengthen the respiratory system and improve overall health. The treatment of *Shwasa Roga* emphasizes the importance of medicines and dietary regimens that have the properties of *Ushna* which helps to balance *Kapha* and *Vata Doshas*. These remedies should also possess *Vatanulomana* properties to effectively manage the condition. In *Ayurveda*, treatment approaches are categorized into different levels based on their intensity and purpose. *Brhmana*, which refers to nourishing and strengthening therapies is considered the foremost and most effective level of treatment. These therapies aim to build up the body's strength and immunity which is crucial in managing chronic conditions like *Tamaka Shwasa*. While modern medications may provide temporary symptomatic relief, they often fall short in providing long-term relief without dependency. *Ayurveda* on the other hand, offers a comprehensive approach that not only addresses the symptoms but also focuses on restoring balance to the

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body's systems. By incorporating *Sodhana* treatments alongside internal medications, *Ayurveda* aims to detoxify the body, provide essential nutrition, and enhance the patient's immunity.

These treatments not only alleviate the symptoms but also improve the elasticity of lung tissues, contributing to long-term relief and well-being. *Ayurveda's* holistic approach to managing *Tamaka Shwasa* can offer patients a safe and effective alternative, reducing the need for drug dependency and promoting overall health and vitality. Hence *Ayurveda* treatment by *Vyadhihara Chikitsa* and *Shodhana Karmas* needs to be evaluated. So, in this particular case *Vyadhihara Chikitsa* like *Shwasakudara Rasa*, Tab Amlant, Cap Grab, Tab Allerin were advised and external medications like *Sthanika Abhyanga* with *Brihat Saindhava Taila* and *Nadi Sweda* with *Dashamoola Kwatha*, *Nasya* with *Anutaila*, *Mukha Avagundana*, Nebulization with Helin capsule and *Sadhyo Vamana* was given as *Shodhana Chikitsa.*

CASE STUDY

A 27-year-old male was reported to fever and respiratory outpatient department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan on 10th February 2024 with complaints of breathlessness, acidity, repeated sneezing, wheezing at night since 1 year.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy 1 year back. He had an acute onset of repeated sneezing and difficulty in breathing associated with cough and nasal congestion and wheezing at night for which patient took allopathic medication and symptoms get reduced temporarily. He used to suffer on and off with same complaints and get temporary relief on medications. As the recurrence of symptoms, he consulted SDM Ayurveda hospital Hassan on 10th February 2024 and patient was advised to undergo admission for treatments.

PAST HISTORY

N/K/C/O DM and Hypertension.
K/C/O Grade 2 Fatty liver

PERSONAL HISTORY

Appetite: Altered
Bowel: 1-2 times per day
Micturition: Regular
Sleep: Disturbed due to Wheezing
Habits: Regular intake of Curd, Fried oily foods, Alcohol
Habitat: Lives in dusty area

FAMILY HISTORY

Nothing specific

LOCAL EXAMINATION

1. External nose
   Inspection: No visible scar, swelling
   Palpation: No tenderness
   Nasal septum: No deviation
   Vestibule: No fissure and crusting
2. Anterior Rhinoscopy
   Nasal passage: Narrow on right nose
   Floor: No defects
   Roof: Not visible
   Lateral wall: Mucosa-Congested
   Turbinate-Hypertrophy of right inferior turbinate
   Discharge-Yellow mucopurulent nasal discharge
3. Respiratory system
   Inspection: Chest- Bilateral symmetrical

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No any chest deformities
No any scars
Respiratory rate-18 per min

Palpation: Tenderness absent
Percussion: Resonant all over the lung field
Auscultation: Polyphonic wheeze bilaterally (wheezing is more evident in Right lung than Left lung)

4. Sinus Examination
Maxillary sinus: Little tenderness present
Frontal sinus: Tenderness and swelling present
Ethmoid sinus: Tenderness in the root of nose and above the upper eyelids

ASHTASTHANA PAREEKSHA

Nadi: 75bpm
Moothra: 3-4 times per day
Mala: 1-2 times in a day
Jihwa: *Alipta*
Shabda: Madhyama
Sparsha: Anushna sheeta
Druk: Madhyama
Aakruti: Madhyama

DASHAVIDHA PAREEKSHA

Prakruti: Pitta Kapha
Vikruti: Dosha- Prana Vata, Avalambaka Kapha
Dooshya- Rasa, Rakta

Saara: Madhyama
Samhanana: Madhyama
Pramana: Height-150 cm
Weight-65 kg
BMI-28.9
Satwa: Avara
Satmya: Sarva rasa satmya
Aahara sakthi: Madhyama
Vyayama sakthi: Madhyama
Vaya: Madhyama

MATERIALS AND METHODS

- Source of data
  Patient suffering from Tamaka shwasa is selected from IPD of SDMCAH, Hassan
  IP No: IP 073187, Ward: Charaka Male ward
- Study design
  A single case study

TREATMENT

Vyadhihara Chikitsa
1. Tab.*Shwasa Kutara Rasa* 1 TID after food
2. Tab.Amlant 1 BD after food
3. Tab. Allerin 1 TID after food
4. Cap. Grab

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Shodhna Chikitsa
1. Sthanika Abhyanga with *Brihat Saindhava Taila* followed by *Nadi Sweda* with *Dashamoola Kwatha*
2. Nasya with *Anutaila*
3. Nebulization with Helin capsule
4. Mukha Avagundana
5. Sadhyo Vamana

The previous night before *Sadhyo Vamana, Kapha Utkleshakara Ahara* such as curds and sweets were given to the patient and instructed to sleep for 6-8 hours. On the day of *Vamana,* after assessing the vitals and bowel movements, patient was explained about the procedure. *Vamana* was given using *Yashti Madhu Phanta* and 7 *Vegas* were observed. *Ushna Jala Kabala* and *Haridra Varti Dhumapana* were given as post treatment regimen. Patient was advised not to do *Divaswapna, Sheeta Vata Sevana*, *Vegadharana* and to take *Ushna Jala Pana* and *Laghu Ahara* in the afternoon and evening.

Discharge Medicines (For 15 days)
1. Tab *Shwasa Kutara Rasa* 1 TID after food
2. Cap GRAB 1 TID after food
3. Tab Allerin 1 TID after food
4. Tab Amlant 1 BD after food

RESULTS AND DISCUSSION

Patient had irregular dietary habits of excess use of curds and intake of alcohol. He lives in a place which is polluted, smoky and dusty. This might be the probable cause for developing *Tamaka Shwasa*. The medicines and procedures which mainly acts on alleviating *Vata-Kapha Dosha* were chosen.

***Shwasa Kutara Rasa*-** counteracts the symptoms of *Tamaka Shwasa* due to the action of its ingredients which directly act on *Pranavaha Srotas*. *Shwasakuthar Rasa* is a herbomineral drug

and it contains minerals such as *Parada* (mercury), *Gandhaka* (sulphur), *Tankana* (borax) and *Manahshila* (arsenic sulphide) in purified form and herbs like purified *Vatsanabha* (aconitum ferox), *Pippali* (piper longum), *Maricha* (piper nigrum) and *Shunthi* (zingiber officinale) as per *Ayurvedic* text. All the drugs of *Shwasa Kutara Rasa* have *Ushna Veerya* and *Vata-Kaphahara* properties. *Vata* and *Kapha* are the main *Doshas* which are involved in *Tamaka Shwasa Samprapti* and this formulation is having *Kapha-Vatashamaka Karma* due to its *Katu Rasa, Tikshna-Vyavayi-Vikasi Guna, Katu Vipaka* and *Ushna Veerya*. Its most of the ingredients are mainly *Kapha-Nihsaraka* with *Laghu, Ruksha* and *Ushna Guna*, therefore it mainly acts on *Agnimandhya* and breaks the *Kapha Dosha Pradhana Samprapti* of *Tamaka Shwasa* and makes relieve in symptoms of *Tamaka Shwasa*[4].

Cap Grab- Contains *Vranapahari Rasa, Triphalaguggulu, Gandaka Rasayana, Arogyavardhini Rasa, Guduchi, Manjishta*. It controls viral infections, reduces respiratory stress, combats infections intensely, *Guduchi* enhances immunity, *Arogyavardhini* promotes digestive fire, *Gandaka Rasayana* act as immuno modulator, *Vranapahari Rasa* mainly indicated in *Shwasa, Kasa Chikitsa*[5].

Tab Allerin- It is a combination of formulations like *Gandhaka Rasayana* and *Kaishora Guggulu* along with *Manjishtadi Gana, Udichya, Anantamoola, Chopachini* and *Bakuchi. Kaishora Guggulu contains Guduchi, Pippali, Maricha* and *Shunti* and *Guggulu. Guduchi* is antiallergic, immunomodulatory, anti-oxidant and anti-inflammatory *Gandhaka Rasayana* contains *Gandhaka, Twak, Ela, Patra, Nagakesara, Guduchi, Triphala, Bhringaraja, Ardraka* triturated with Cow's milk. *Gandhaka is Kaphavatahara. Twak* has anti-inflammatory and anti-microbial property. *Ela, Patra and Nagakesara* are anti-inflammatory, analgesic and antibacterial. *Triphala* is potent analgesic. *Bhringaraja* is analgesic and anti-bacterial. *Ardraka* is anti-inflammatory[6].

Tab.Amlant- It is a natural antacid and anti-ulcerative tablet that helps in treating hyper acidity. The tablet contains *Sunti, Pippali, Haritaki, Swetha Parpati,Muleti* etc which balancing *Pitta Dosha* and reducing inflammation and promoting digestive health.

***Sthanika Abyanga* with *Brihat Saindhava Taila* followed by *Nadi Sweda* with *Dashamoola Kwatha*-** This therapy renders the adhered *Kapha* dissolved in the channel of circulation and soften there by. These therapies also cause downward movement of *Vata* (*Vatanulomana*). The stable *Kapha* in the body get dissolved on account of the heat generated by these fomentation therapies.

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***Nasya* with *Anutaila*-** *Pratimarsha nasyam* is given with *Anu Taila* because *Anu Taila is Sneha Virechanam.* It reduces vitiated *Vata* and *Kapha Doshas.*

Nebulization with Helin Capsule-It is specifically formulated to support respiratory health. Ingredients are *Sugandha Pathram* (Eucalyptus globulus), *Pudina* (Mentha piperita), *Lavanga* (Sizygium aromaticum), *Karpooram* (Cinnomomum camphiora), *Pudina satwam* (Mentha piperita). It relieves congestion and cough, supports respiratory health, promotes clear breathing,Helps in expelling mucus and phlegm from the respiratory tract and reduces inflammation in the airways. It has broncho dilatory properties to ease breathing.

Mukha Avagundana- *Avagundana*- A pouch containing crushed *Dhanyaka*, *Tulasi* and *Haridra* dipped *in Dhanyamla* was used to apply over the facial areas where patient experienced pain and tenderness to relieve the above symptoms.

Sadhyo Vamana- During the time of admission, the patient was given *Sadhyo Vamana*, with *Yashtimadhu Phanta* and *Saindhava Lavana* since all the *Doshas* are in *Utkleshaavastha* where *Shodhana* can be done without doing any *Poorvakarma*.

CLINICAL ASSESSMENT

Assessment Criteria:

Subjective Parameters

The symptoms are graded as 0 to 3, 0 being absence of the clinical feature and 3 being severe.

Objective Parameters

Signs	Before Treatment	After Treatment
Inferior turbinate hypertrophy	Severe	Mild
Tenderness in frontal and ethmoid sinus	Moderate	Mild
Nasal mucosa inflammation	Severe	Mild
Wheezing	Severe	Mild

Symptoms	Before treatment	After treatment
Nasal obstruction	3	1
Nasal discharge	2	1
wheezing	3	1
sneezing	3	1
Night awakening	3	1

CONCLUSION

After analysis of all data, it is concluded that, Tab.*Shwasa Kutara Rasa*, Cap Grab, Tab Allerin, Tab Amlant, *Sthanika Abhyanga* with *Brihat Saindhava Taila* followed by *Nadi Sweda* with *Dashamoola Kwatha*, *Nasya* with *Anutaila*, Nebulization with Helin capsule, *Mukha Avagundana*, *Sadhyo Vamana* are effective in management of *Tamaka Shwasa*.

LIST OF REFERENCES

1. *Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, HikkaShwasa chikitsa, Verse no. 8, Varanasi, Chaukhambha Surbharti Prakashan, p. 533, Reprint 2011.*
2. *Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita Chakrapani Commentary, Chikitsasthan, Chapter 17, HikkaShwasa chikitsa, Verse no. 55-62, Varanasi, Chaukhambha Surbharti Prakashan, p. 535, Reprint 2011.*
3. *Agnivesha, Charaka Samhita Ayurveda Dipika Commentary of Chakrapanidatta, By Kashinath Shastri & Gorakhnath Chaturvedi, Chikitsasthana, Hikkashwasa adhyay 17/149, reprint, Chaukambha Bharti Prakashan, Varanasi 2004. p.- 517.*
4. *A Verma, M Mishra, R Ninama Therapeutic role of shwasa kuthar rasa in management of tamaka shwasa(bronchial asthma):a single grouprandomized clinical trail,International jounal of health and research 2021;vol 11;issue 12*
5. *S.Kamalakar Pulipanda,MN.Patrudu,K.Sahithi – A Breief Review on Ayurvedic concept of corona with special reference to janapadodhwamsa: A Review Article, IJAPR,Vol 8, june 2020*
6. *Sharma U, Bala M, Kumar N, Singh B, Munshi RK, Bhalerao S. Immunomodulatory active compounds from Tinospora cordifolia. J Ethnopharmacol. 2012; 141: 918–26. [PubMed] [Google Scholar]*