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## EFFICACY OF AYURVEDIC MANAGEMENT IN TAMAKA SHWASA W.S.R. TO BRONCHIAL ASTHMA – A CASE STUDY

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**ABSTRACT:** At present era, Many Chronic recurrent Airway disorders are increasingly seen all over the global population. Tamaka Shwasa is one of such disorder among the Pranavaha Srotovikara described in Ayurveda having Vata and Kapha dominancy in Samprapti. Shwasa word indicate both physiological and pathologic state of Respiration. Ayurvedic text have mentioned Tamak Shwasa under the various types of Shwasa Roga and as a disease entity through its Signs and Symptoms, Pathogenesis and Prognosis can be correlated with Bronchial Asthma in Modern Science. It is prevalent in India at a rate of 3.5% of the Global incidence. According to Acharya Charak, it is considered as Yapya Vyadhi (Palliative disease) means incurable but manageable and persisted for long time during life period with a repetitive nature, While Acharya Sushruta considered it as Krichchra Sadhya Vyadhi (Difficult to cure), therefore proper line of treatment and implementation of Excellent lifestyle is necessary for better quality of life. Bronchial Asthma managed with contemporary treatment modalities include use of Bronchodilators, Corticosteroid, Anticholinergics and several other drugs which cause long term side effects and Dose dependency. Here, a case report of 42 years male was having complaints of Shwasa kashtata, kasa, Pratishtay and Dhaurbhalya since 1 year. This patient was effectively treated with combination of Ayurvedic formulations Kaphaghan, Vata anuloman and Deepan paachan properties and Snehan Swedan chikitsa.

**KEYWORDS:** Tamaka Shwasa, Ayurveda, Bronchial Asthma, Vata, Kapha, Pranavaha Srotovikara, Shwasa Roga, Yapya Vyadhi, Krichchra Sadhya Vyadhi, Ayurvedic formulations, Snehan Swedan chikitsa, Bronchodilators, Corticosteroid, Anticholinergics.

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**INTRODUCTION:**

The disease *Tamaka Shwasa* has been broadly described almost in all the *Ayurvedic* classics. It is stated that none other disease kills as instantaneously as *Hikka* and *Shwasa*. The prevalence of Respiratory disorders like *Tamaka Shwasa* is increasing due to Excessive pollution, Overcrowding and Poor hygiene. It is a 'Swatantra Vyadhi' having its own Etiology, Pathology and Management. *Tamak Shwasa* is a disease of Shwasa which mainly involves Pranavaha Srotasa, On the basis of signs and symptoms this disease can be correlated to the Bronchial Asthma as per the modern science. In India, Bronchial Asthma is major health problem and Hyperventilation, Cold air, Tobacco smoke, dust, Respiratory Viral Infection, Emotional stress, Aspirin, Beta blockers are some of the trigerring factors. *Tamaka Shwasa* is one of the *Shwasa Vyadhi* amongst the five types of *Shwasa* i.e. *kshudra*, *Chinna*, *Maha*, *Urdhava* and *Tamak*<sup>1</sup>. It is Characterised via *Shwasakastata*, *Pratiloma Vayu* (Prolonged Expiration), *Ghurughuraka* (Wheeze), *Ativa Tivra vgam Shwasam Pranaprapidakam* (Dyspnea of surprisingly deep speed, which turned into immensely injurious to existance). The name of *Tamaka Shwasa* is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness<sup>2</sup>. According to *Acharya Charak*, both *Vata* and *Kapha dosha* has been considered to be the chief *Doshas* which are involved in the Pathogenesis of *Tamaka Shwasa*. When *Vata* is obstructed by Vitiated *Kapha*, it get reverses and affect the *Pranavaha Srotasa*<sup>3</sup>. But In *Sushruta Samhita*, *Madhav Nidana*<sup>4</sup> and *Yogratanakar*<sup>5</sup>. It is mentioned that *Tamaka Shwasa* is the *Kapha pradhan vyadhi*. According to Modern Medical Science, Bronchial Asthma is mainly a Chronic Inflammatory disease, affecting the

air tubes leading to Laboured Breathing. Asthma is an Episodic disease manifested clinically by Paroxysms of Dyspnoea, Chest tightness with Wheezing sound and coughing particularly at night or early morning Both *Ayurved* and Modern Medical Science agree regarding the *Nidana* of the disease as Host factors (*Nija hetus- Dosha dushti and Aama*) and Environmental factors (*Agantuj Hetus - Raja, Dhuma, Sheet ambhu sevan, Pragvata* etc). *Nidana Parivarjan* hence plays a key role in the management strategy in both Sciences. The Current Management of *Tamaka Shwasa* (Bronchial Asthma) by Modern Medicine is only providing Short term Symptomatic relief and also prolonged use of them are not safe. However, Ayurvedic treatment seems promising for treating *Tamaka Shwasa* without any causing side effects.

**Material and Method** – Present work is based on a reveiw of Classical information, relevant Published research work and modern literature.

**Case Report** – A 42 years old male patient visited the OPD of Kayachikitsa department with Chief Complaints of –

1. *Shwasa Kashtata* (Breathlessness)
2. *Kasa* (Coughing during night)
3. *Dhaurbhalya* (Weakness)
4. *Pratishyay* (Running nose)

**History of Present Illness** –

Patient was Asymptomatic before 1 year. Since then Patient has been suffering from the above Complaints. He had taken the Modern medication and symptoms got reduced temporarily but recurrency of symptoms occur. Then He came to our Hospital in *Kayachikitsa* OPD for *Ayurvedic* treatment.

**History of Past illness :-**

K/C/O Asthma (Stop medication by Doctor)  
 No H/O of DM, HTN, thyroid  
 No H/O Alcoholism  
 No H/O Major illness

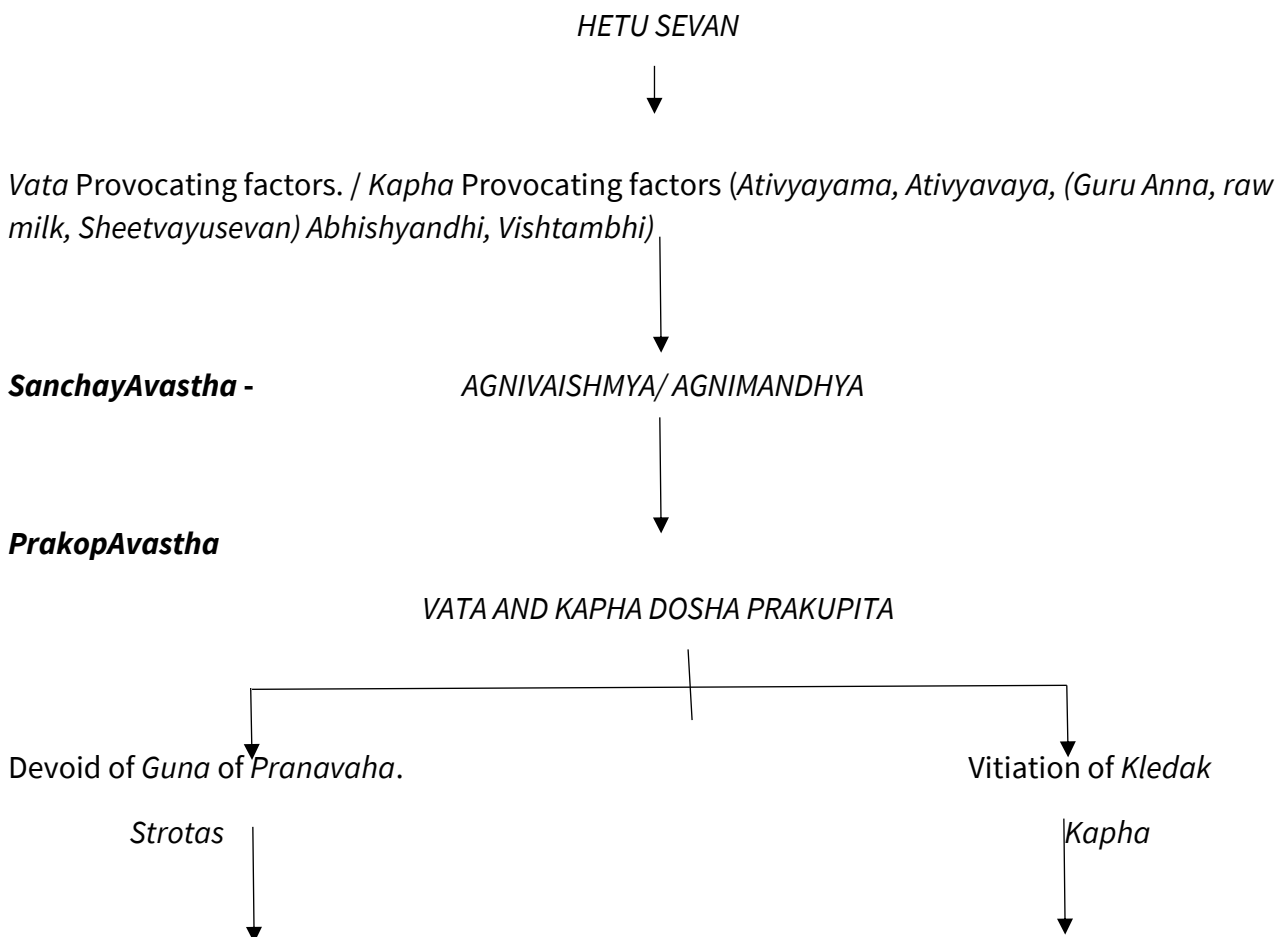
**Rugnaparikshan -**

- Nadi- 90/min
- Mala- Asamyaka
- Mutra- Samyaka
- Jihwa- Sama
- Shabda- Prakrut, Spashta
- Sparsh- Samshitoshna
- Druka- Shwetabh, Pallor +
- Aakriti- Madhyama
- B.P. - 110/70mmHg
- R.R. - 20/min
- Temperature- Afebrile
- Height - 162cm
- BMI. - 19.12

**Systematic Examination -**

- CNS - Conscious, Well Oriented
- CVS - S1S2 sound audible, no murmur
- Per Abdomen - Non tendor, Soft
- **Respiratory System -**  
**Inspection** - On inspection of the chest - Bilateral symmetrical. Accessary muscles used for respiration is present i.e. Sternocleidomastoid muscles. Types of breathing - Abdominothoracic, No any chest deformity, No any scars.  
**Palpation** - Tenderness - absent, Position of thr trachea is Centerally Placed, Movement of chest - Bilaterally Symmetrical.  
**Percussion** - Resonant all over the Lung field. Hepatic and Cardiac dullness noted.  
**Auscultation** - Ronchi was observed Bilaterally. Vocal resonance was bilaterally symmetrical.

**Samprapti -**



Obstruction in movement of  
*Pranavayu, Udanavayu*

Production of *Aam*  
and *Vikruta Kapha*



### **PrasaraAvastha**

*Vinmargagamana* in *Pranavaha Strotasa* where already *Khavaigunya* is there



*Pratiloma Vata* and *Kapha prasara* manifestation of *Arochaka, Avipaka, Angasada* and *Chardi* occurs

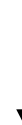


### **SthanSanshraya**

*Prasarit Vikrut doshas* interact with *Sthanika dosha* as well as the *Dhatus* including *Mala* (*Doshadushya Sammurchana*)



*Rukshata, Kharata, Kathinya* in *Pranavaha Strotasa, Annavaha* and *Udakavaha Strotodushti*



Vitiated *Kapha* leads to *Strotorodha* (Obstruction) in the path of *Vata (Pranavayu)*



### **VyaktaAvastha**

The Cardinal Signs and Symptoms of *Shwasa vyadhi* become manifest Abnormality in the Breathing pattern, which is Episodic.



Others are *Haridaya Pidana* (Chest tightness), *Ghurghurukam* (Wheezing sound), *Shayana Shwasapidita* (Breathlessness increase in lying position) etc.



**BhedaAvastha:**

When it may become Chronic and Complicated or severe (i.e. Manifestation of *Upadrava*)

**Samprapti Ghatak -**

**Dosha** – KaphaAnugata Vata (Prana Vayu, Kledak kapha)

**Dushya** – Rasa, Pranavayu

**Strotas** – Pranavaha, Annavaha, Udakavaha

**Strotodushti** – Sang and Vimargaman

**Adhishthan** – Amashaya

**Swabhav** – Chirkari

**Agnidushti** – Agnimandhya

**SadhyaAsadhyata** – krichchraSadhya

**Treatment Details –**

A) **Abhyanga** with Tila tail followed By **Nadi Swedan** for 8 days

B) **Sanshaman Chikitsa**

| Dravya                        | Matra  | Aushada Sevankala | Anupana    |
|-------------------------------|--------|-------------------|------------|
| 1. Tribhuvana kirti Rasa      | 250 mg | Vyanodhane        | Koshanjala |
| 2. Shwasakuthar Rasa          | 250 mg | Vyanodhane        | Koshanjala |
| 3. LakshamiVilasa Rasa        | 250 mg | Vyanodhane        | Koshanjala |
| 4. AroghyaVardhini            | 250 mg | Vyanodhane        | Koshanjala |
| 5. Punarnava Mandoor          | 125 mg | Vyanodhane        | Koshanjala |
| 6. Sitopaladhi Ch.            | 1gm    | Vyanodhane        | Koshanjala |
| 7. Trikatu Churan             | 1gm    | Vyanodhane        |            |
| 8. Gandharav Haritaki Churan  | 3gm    | Nishikala         | Koshanjala |
| 9. Vasa Bharangi Bharar Kwath | 30ml   | Vyanodhane        | Koshanjala |

**Pathya (Do's)** – Godhum (Wheat), Mudga, Yava (Barley), use of Garlic, Turmeric, Ginger, Black pepper, Lukewarm water, Goat milk, Madhu, Pranayama, Yoga.

**Apathya (Don'ts)** – Heavy, Cold diet, Masha (Black gram), Deep fried food, Sweets, Chilled water, Curd, Stored food items, Suppression

of natural urges, Physical exertion, Exposure to smoke, dust, pollen and pollutants.

**Assessment Criteria** - Results were assessed from Subjective Parameters (Cardinal Signs) of baseline data of Before and After treatment.

**TABLE 2: Study design on Assessment Grade for Subjective Criteria.**

|   |    |                                   |
|---|----|-----------------------------------|
| 1. Night Awakening                      | G0 | Never                             |
|   | G1 | A few time                        |
|   | G2 | Many times                        |
|   | 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. Shortness of Breath                  | G0 | None                              |
|   | G1 | A very little Amount              |
|   | G2 | A moderate Amount                 |
|   | G3 | A great Amount                    |
| 4. Wheezing Sounds                      | G0 | Not at all                        |
|   | G1 | Hardly any of time                |
|   | G2 | Moderate amount of time           |
|   | G3 | A lot of the time                 |

**Results and Observations -****Table 3: Showing the Effect of Abhyanga and Nadi Swedan and Shamana Chikitsa on Cardinal Symptoms**

| Signs & Symptoms                       | Before treatment | After treatment | Results in % |
|--|------------------|-----------------|--------------|
| 1. Night Awakening                     | 2                | 1               | 60%          |
| 2. Morning worsening of Asthma symptom | 2                | 0               | 70%          |
| 3. Shortness of Breath                 | 2                | 0               | 70%          |
| 4. Wheezing Sounds                     | 3                | 1               | 60%          |

**DISCUSSION:**

- *Tamaka Shwasa* is manifested due to Obstruction of *Pranavaha Strotas*. Vitiated *kapha* obstruct the passage of *Vayu* and Obstructed *Vayu* moves in Reverse direction. It stimulates the *Kapha* in the throat and head causing Rhinitis. Further it manifests Wheezing Sounds and feeling of darkness in the eyes. In such condition, Drug and food which is having *Ushna* and *Vatanulomana* property are helpful in relieving the *Shwasa Roga*.
- In this case, we found the patient is having remarkable improvement and time period between 2 successive episodic

breathlessness is increased. During this course we observed that the patient had partial relief of symptoms. Lesser the chronicity greater the relief and improvement in chronic condition was observed.

**Chikitsa Sutra -**

“ हिवका क्ष्वासादितम् स्निग्धैरादौ स्वेदैरुपाचरेत् ।

आक्तं तवणतैलेन नाडीप्रस्तरसंकरैः ॥” (च.चि.

१७/७१)४

After Nidana Parivarjana, Abhyanga with Saindhav lavan and Tila tail should be done and followed by Nadi Sweda, Prastra and

Sankar Sweda is the Main Chikitsa Siddhant in Shwasa Roga.

• **Mode of Action of given treatment –**

**Abhyanga** with Saindhav lavan and Tila tail for 8 days on the Chest and back of the Patient followed by **Nadi Sweda**. In this therapy, Suksham and Tikshan guna of Saindhav lavan renders the adhered kapha in the channels (Strotas) of circulation and break down the morbid dosha and Mala Sanghatan and soften thereby. Swedan karma rectifies the function of Jathra Agni and fasten the Pakakarma which causes Strotomukhshodhan.

**Tribhuvan Kirti Rasa** – Contains Shudha Hingul, Shusha Vatsanabh, Trikatu and Pippali mula etc mentioned in Yogratnakar. Contents of Tribhuvan kirti rasa having properties such as Expectorants, Antiviral, Immunomodulator and reducing infection of Upper Respiratory tract.

**Shwasakuthar Rasa** – Its most of the ingredients are Vatakapha shamak and directly act on Pranavaha strotas. It mainly acts on Agnimandhya and break down the Kapha Pradhan Samprapti. Maricha helps in mucous drainage and Vatsanabh act as AntiSpasmodic, stimulant for mucous membrane and removes the Kapha.

**Lakshamivilas Rasa** – Ingredients are mostly Ushnavirya and KaphaVatahara in action. It helps to neutralize or destroy Vitiated Kapha and helps to clear unwanted things which resulting in formation of Kleda, Dushta kapha. Abhraka Bhasam, Shudha Parada, Gandhak, Shatavari and Atibala all act as Rasayana and Balya. Datura is ideal for the treatment of Asthma and having Antispasmodic properties.

**Sitopaladhi Churan** – Ingredients work as a potent Immunomodulator. Pippali and Cinnamon act as bio enhancer while Cardamom exhibit strong Antioxidant characteristics. Mishri calms Vata and kapha dosha. Vanshlochan having healing properties.

**Trikatu Churan** – works by stimulating Agni i.e. Digestive fire, improves the assimilation of nutrients and reduces the kapha and also regulates the path for the Vata.

**Vasa Bharangi bharar Kwath** – It enhance the Vatakaphahara, Vatanulomana and Deepan Pachan properties which will digest the Ama. It will neutralize the Strotorodha in Pranavaha Strotas. It act as AntiSpasmodic, Anti tussive, Expectorant and Bronchodilator.

**CONCLUSION :**

On the Premise of the Findings, it is able to be concluded that Abhyanga with Saindhav Lavan and Tila tail (Chest and back) followed by Nadi Sweda and Abhyantar Sanshaman Chikitsa are effective in the management of Tamaka Shwasa and Marked improvement found in the Cardinal symptoms of Tamaka Shwasa.

**REFERENCES:**

1. Sushrut Samhita of Maharasi Sushruta edited with Ayurved Tattav Sandipika by Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, Sushrut Uttartantra, Ch. 51, Shlok no.- 4
2. Charak Samhita of Agnivesa elaborated by Acharya Charak and redacted by Drudhbala with Vidyotini Hindi Commentary by Pt. Kasinatha Sastri, Dr. Gorakh Natha Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Reprint 2017, Chikitsa Sthan, Ch. 17, Shlok no. – 56, Page no.- 516.
3. Charak Samhita of Agnivesa elaborated by Acharya Charak and redacted by Drudhbala with Vidyotini Hindi Commentary by Pt. Kasinatha Sastri, Dr. Gorakh Natha



- Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Reprint 2017, Charak Chikitsa Sthan, Ch. 17, Shlok no.- 56.
4. Madhav Nidana commented by VijayRakshit and ShrikanthaDatta, Madhukosh Teeka by Madhavkara, Chaukhambha publication, Varanasi, HikkaShwasa Nidanam Adhyaya, Ch. 12, Shlok no.- 27-34, Page no.- 331.
  5. Yogaratnakara with Vidyotini Hindi Commentary by Vaidya Laksmipati Sastri edited by BhisagRatna Brahmasankar Sastri, Chaukhambha Sanskrit Sansthan, Varanasi, HikkaShwasa Nidanam, Page no.- 429.
  6. API textbook of Medicine, Editor in Chief Siddharth N. Shah, edited by Yashpal Munjal, ninth edition, Jaypee Brothers Medical Publisher, Ch.- 23.5, Page no.- 1704.
  7. Vani Nayak, Gopikrishna S. Tamaka Swasa: A Case Study. J Ayurveda Integr Med Sci 2021; 4:353-357.
  8. Charak Samhita of Agnivesa elaborated by Acharya Charak and redacted by Drudhbala with Vidyotini Hindi Commentary by Pt. Kasinatha Sastri, Dr. Gorakh Natha Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Reprint 2017, Chikitsa Sthan, Ch. 17, Shlok no. – 71.

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