MANAGEMENT OF BRONCHIAL ASTHMA THROUGH AYURVEDA:
A CRITICAL REVIEW

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ABSTRACT
Difficulty in breathing may be simply termed as Swasa (Asthma). It is Aamashaya Samudbhawa disease and when the vitiated Pranvayu combines with deranged Kapha Dosha in the lungs causing obstruction in the Pranavaha Srotasa (Respiratory passage). Bronchial asthma is a disease involving the diffuse inflammation of the airways presented with the complaints of breathlessness, cough, tightness in chest and wheezing particularly at night or early morning. Bronchial asthma as per the fundamentals of Ayurveda, based on the clinical features of the disease, this is usually correlated with Tamaka Swasa. Swasa is mainly caused by the Vata and the Kapha Doshas. Swasa is broadly classified into five types in Mahaswasa (Dyspnoea major), Urdhawaswasa (Expiratory Dyspnoea), Chhinna Swasa (Chynestroke respiration), Kshudra Swasa (Dyspnoea minor), Tamaka Swasa (Bronchial Asthma). The present paper will review the detail concept of Ayurveda in the management of Bronchial asthma.

Keywords: Bronchial asthma, Tamaka Swasa, Ayurveda.

INTRODUCTION
Bronchial asthma is a disease. Characterized by variable air flow obstruction, air way inflammation and bronchial hyper responsiveness, the disease manifests wide variations on air way obstruction over a short period of time until recently, bronchospasm was considered cardinal feature of asthma but now in addition to bronchospasm, air way inflammation is recognized as an essential component of the disease¹. Among all respiratory tract disease, Asthma is serious global health problem. It is one of the burning problems of our society which is seen in all age group. Globally 100-150 million people suffer from asthma and this number is rising. World-wide, deaths from this condition have reached over 180,000 annually. India has an estimated 15-20 million asthmatics. In India, rough estimates indicate a prevalence of between 10% and 15% in 5-11 year old children². The incidence of Swasa as a disease is an increased at the present time due to various reasons like, environmental pollutions, altered food habits; changed life style, stress and strain, etc are discussed in detail at the literary review. Controlling these factors can make a prophylaxis for the disease, but it is necessary to offer natural effective non chemo-therapeutic management modalities for the ailed. Economic burden for India for treating this disease 2294.73 crore/year in acute asthma and 388.94 crore/year in chronic asthma³. Asthma is considered to increase direct and indirect medical expenditures.
Ayurveda is the base of all medical sciences. History of medicines reveals the fact that Ayurveda has made enormous contribution to the mankind. Respiration is the process from the first breath of new born till the last breath is sign of life. Any disturbance in this process leads to Swasa Roga. Tamaka Swasa is one of important disease of such disturbance of Pranavaha Srotasa. Its similarities with the bronchial asthma according to the contemporary sciences are well known. The prevalence of respiratory disorders like Tamaka Swasa is increasing due to excessive pollution, over crowding and poor hygiene. Tamaka Swasa is a variety of Swasa Roga associated with difficulty in breathing as a result of which the patient sits in bed to get relief from his discomfort. Movement of air through the Pranavaha Srotasa is hampered in this disease resulting in the cry of the organ heading towards complete failure for want of air. Tamaka Swasa is well known for its episodic and chronic course which comes under the life threatening disease which afflicts the human race.

Tamaka Swasa is a disease, characterized by Swasakricchata, Ghurghuratwata, Kasa, Peenasa etc., with patient feels as if entering darkness. During the paroxysm which is due to where on holy association of Vata with Kapha obstructing the passages of Prana Vata leads to excitement of Vata to produce upward movement or abnormal expiratory dyspnoea. Which vary in severity and frequency from person to person is in an individual, they may occur from hour to hour and day to day.

The main objective of this study is to describe the detail concept of the management of Bronchial asthma through Ayurveda.

MATERIAL AND METHOD
This concept is based on a review of Ayurvedic and modern medical text. Materials related to Bronchial Asthma, Tamaka Swasa and other related topics have been collected and compiled from various Ayurvedic classical texts. The references were compiled, analyzed and discussed. The Samhitas used in the present study were Charaka Samhita, Shushruta Samhita, Astanga Hridaya, Yogaratnakar with commentaries on them.

Nidana of Tamaka Swasa:
Chakrapani commenting on the Nidanas of the Tamaka Swasa classified them into two heading like– Vata Prokopaka Nidana: The Nidanas which vitiates Vata are grouped here. e.g.: Sheetapana and Ashana, Ruksha Bhojana, Sheetavata Sevana, Raja Sevana, Vyayama and Vegadharana etc. Kapha Prakopaka Nidana: The Nidanas which vitiates kapha are grouped here. e.g. Gurubhojana, Adhyashana, Shleshmala Ahara, Sheetapana etc. Amotpadaka Nidana and Agni Mandyakara: The causative factors by their virtue suppress the Agni there by resulting in the Amotpadana. As all the diseases are produced by Ama, Tamaka Swasa is not exception to this e.g. Abhishyandi Bhojana, Adyashana, Amaksheera, Dadhi etc.

Khavaigunyotpadaka Nidana: Some causative factors apart from their action on the Dosha, cause damage to the Srotas resulting in susceptibility of that Srotas. In Tamaka Swasa the Pranavaha Srotas particularly cause the airways damage by the causative factors resulting in hyper-responsiveness of the airways. e.g.: Raja, Dhooma etc.

Signs and symptoms:
Breathlessness along with forcible expiration, Cough, Wheezing, Tightness of
chest, Thick mucus sputum, Aggravation of above symptoms during night and early morning, Fainting during the bought of cough, Sleeplessness, discomfort increases when lied down on bed, Gets comfort in sitting posture, Sweating on the forehead. The symptom specific Tamaka Swasa is considered as Vishistha/Pratyatma Lakshana of Tamaka Swasa. Those Lakshana are Swasakricchata, Kasa, and Ghurgurakam etc.

Tamaka Swasa is of two types namely Pratamaka Swasa associated with fever, fainting, distention of abdomen and indigestion. Santamaka Swasa is pacified by taking of cold regimen.

1. **Pratamaka Swasa**: When a patient of Tamaka Swasa suffers with fever and fainting, then the condition is called as Pratamaka Swasa. Tamaka Swasa is a Kaphapradana Vyadhí but whenever which is suggestive of involvement of Pittadosha in it. Pratamaka Swasa can be considered as the condition of superimposed infection in bronchial asthma.

2. **Santamaka Swasa**: When the patient of Tamaka Swasa feels submerged in darkness, the condition is called as Santamaka Swasa. This can be taken as the severe stage of Pratamaka. These both conditions are aggravated by Udavarta, dust, indigestion, humidity in body and suppression of natural urges⁵. Though cooling regimen is one of the causative factor of Tamaka Swasa but in Pratamaka and Santamaka Swasa, the patient gets relief by administering cooling agents due to Pitta Dosha involvement.

### Diagnostic tests:

1. Pulmonary function tests include Spirometry and peak flow which estimate the narrowing of the bronchial tubes and how fast an individual can breathe.

2. Chest X-ray is useful in differentiating the asthma from other lung diseases.

3. Allergy tests helpful in finding the allergen causing the asthma.

4. Methacoline challenge test and Nitric oxide tests are confirmatory tests in Bronchial asthma.

### Management of Bronchial Asthma

The effective treatment of Tamaka Swasa cannot be unified, as the pathology involves multiple varying factors. Vitiated Vata and Kapha Dosha stem from Pitta Sthana, afflicting the Rasa Dhātu in the Pranavaha Srotas produces the illness. Therefore, the procedures aimed at the rectification of the imbalances of Vata Dosha, as well as Kapha Dosha forms the sheet anchor of treatment of Tamaka Swasa, which is individually quite opposite. Thus, the unique pathogenesis poses complexity in planning the treatment. The final treatment planned should pacify the Vata as well as Kapha Dosha effectively, simultaneously not causing any further addition to the imbalance of Vata and Kapha Dosha. With the due consideration of this, following principles of treatment are advocated in the Ayurvedic classics.

1. *Abhyanga* and *Swedana*: Application of the oil over the chest followed by sudation.


7. **Dhoomapana**: Therapeutic inhalation of the smoke from the burning herbs.
8. **Kaphahara Chikitsa**: Pacification of vitiated Kapha Dosha.
9. **Vatahara Chikitsa**: Elimination of vitiated Vata Dosha.
10. **Kapha Vilayana Chikitsa**: Liquefaction of the sputum.
11. **Srotomardavakara Chikitsa**: Softening of the channels of respiration.
12. **Kaphanissaraka Chikitsa**: Expectoration of sputum.
13. **Manasa Dosha Chikitsa**: Correction of emotional disturbances.
14. **Rasayana Chikitsa**: Rejuvenating the Pranavaha Srotas and body.

For the prevention and cure of any disease so many remedies are mentioned in Ayurvedic classics according to the Vyadhi, Vyadhibala, Rogibala, Doshavastha, Doshanubandhata etc. The proper management of Tamaka Swasa seems to be difficult by observing these points. For the proper management of this disease exclusively Charaka has explained so many different management and treatment principles.

**Nidana Parivarjana:**

The disease Tamaka Swasa has wide range of etiologic factors, it becomes difficult to identify the specific cause and avoid it. More ever it is a typical disease where in the initial sensitizations by specific factor, sets a platform for the onset of acute episodes, with exposure to even smallest or mildest stimuli. Hence it is difficult to manage the condition only by Nidana Parivarjana.

One has to be very precise regarding the precipitating or triggering factors. Avoid exposing to that particular factor, which mostly helps to prevent the onset of acute episodes or acute attacks. Acharyas have clearly explained Nidanas of the Swasa Roga are to be avoiding as a Nidana Parivarjana.

**Management of Swasa Rogi:**

It depends on:
1. Balabala (Balawan or Durbala).
2. Doshadhihya (Kaphadhhihya or Vatadhhihya).

If the patient is Kaphadhhihya and Balawan Rogi - Doshas are to be expelled by Vamana and Virechana. After Pathya Ahara, Vihara and later followed by Swasa Nashaka Dhuma, Avaleha etc are to be administered.

If the patient is Vatadhhihya and Balawan Rogi - Vata has to be alleviated by Vatanashaka Dravyas, Tarpana, Sneha, Yusha, Mamsarasa etc are to be administered.

If the Samshodhana Karma is performed in condition Anutklistha Kapha Dosha, Durbala and those who have not undergone Swedana, Vata gets grossly provoked; becomes fatal with causing Marma Samshoshana.

In case of Balawan, Kaphabahula Rogi- Before performing the Vamana Karma Anoopa and Jalaja Mamsa Rasa and Swedana are to be given. Contradictory to it, in Durbala, Alpa Kaphavastha, he has to be treated with Brimhana Chikitsa.

Swasa Rogi having Ruksha Shareera, suffering from Shushkatva in Uras, Kantha and Talu has to be treated by Ghrita.

**Doshanubandhi Swasa Chikitsa:**

In case of Vatanubandhi Swasa, the Ghrita prepared by Mamsa of Shasha, Shallaka etc or ghrita prepared by Pippali, Mamsa and Shonita has to be administered.

In case of Vatapittanubandha Swasa Shali Odana prepared with Suvarchala Swarasa, Dugdha, Ghrita and Trikatu has to be administered.
Gangadhara commenting on this Suvarchala Swarasa, Dugdha, Ghrita can be administered separately with Trikatu Churna after food.

In case of Pittanubandhata Utarika Gritha are to be administered.

In case of Kaphapittanubandha Swasa Shirisha Pushpa Swarasa or Saptaparna Swaras, mixed with Pippali Choorna and Madhu has to be administered.

According to Doshas Swasa Chikitsa:

Acharya Charaka explained a special line of treatment in managing the Swasa Rogi, with respect to Doshas.

1. Vatakridha Kaphahar.
The Upakramas those aggravate Vata and mitigate Kapha.

2. Kaphakridha Anilapham.
The Upakramas those aggravate Kapha and mitigate Vata.

Both the principles can be used differently according to the condition, but treatment aiming towards single Dosha must not be performed. Vata Karaka, Kapha Karaka, Vata Shamaka or Kapha Shamaka, in indispensable condition to implement one amongst the above four. It is superior to go for Vatashamaka Upakramas.

Snehana and Swedana:

Acharyas have considered Bahya Snehana on Uras by Tila Taila with Lavana as an initial treatment and it is followed by Swedana either of Nadi, Prastara or Sankara, with the help of Snigdha Dravyas. This helps for liquefaction of the Grathita Kapha i.e. facilitating easy expelling of vitiated Kapha. It also helps for Vata Anulomana and leads for smoothness of Srotas.

Swedana Karma is contraindicated for the Swasa Rogi in case of Pittaja Prakrati, Pitta Dosha Pradhanayata and persons suffering from Daha, Raktapitta, Atisweda, Dhatu Ksheenata, Bala Ksheenata, Garbhini or the persons with Ruksha Prakrati.

If the Swedana is necessary in above said persons Mridu Swedana has to be performed for a short period i.e. Pariseka by Ushna Snehas; Sharkara Yukta Ushna Utarika or Upanaha. Swasa Rogis suffering with associated Swaraksheena, Atisara, Raktapitta and Daha; they are to be treated with Madhura, Snigdha, Sheetal Dravyas.

Swasa Rogis suffering with Navajwara or Amadosha, they have to be treated with Ruksha Sweda, Langhana or Vamana has to be performed by administering Ushnajala and Saindhava Lavana. After Samyak Swedana, Snigdha Odana, Matsya / Shukara Mans Saras or Dadhi Manda has to be administered, which help for Sleshma Vardhana.

Kosta Shodhana with Vamana and Virechana:

After Snigdham Bhojana, when Kapha gets increased sufficiently, then Vamaka Yogas such as Pippali Choorna, Saindhava Lavana and Madhu have to be administered. Thus the vitiated Kapha is expelled. Also obstruction to Vata is relieved facilitating its normal movements and Srotas becomes clear. The Vamaka Dravyas should not be Vata Virodhi. Chakrapani commenting on Vata Avirodhi word, he says not to use Ruksha and Teekshna Vamaka Yogas. That indicates to use Mridu Vamaka Dravyas.

For the proper management of Swasa some more clues are given by the Acharyas as, to expel vitiated Doshas by Vamana, if patient is suffering from Swasa along with Kasa, Swarabheda and for Tamaka Swasa Kapha-Vatahara Dravyas are to be used for Virechana. Gangadhara comments as - in Swarabheda Yukta...
Swasa and Tamaka Swasa Virechana and Swatantra Kasa, Swarabheda Vamana has to be administered. If Vata gets aggravated due to Atiyoga of Vamana, patient has to be treated by Vatashamaka Upakramas. Patinet has to be provided food along with Mamsa Rasa, Abhyanga with Vata Nashaka Dravyas which are neither too hot nor too cold. If Swasa Rogi is suffering from Udavarta and Adhmana Vatanulomana has to be performed with Matulunga, Amlavetasa, Hingu, Pilu and Bida Lavana. Abnormal response of patients for simple factors like dust is said to be due to Khavaigunya of the Pranavaha Srotas. In the modern counterpart, this is described as hypersensitivity or allergy of the respiratory system. This may be said as Khavaigunya, or else called as Asatmya or even may be named as faulty Vyadhikshamatva. And the fact is that, the patient unfavorably responds to simple factors like dust, atmospheric change, or food. The friendly environment in which the patient has to live becomes hostile to him and is like the enemy of the patient. The interaction in such a situation between the patient and the environment is just like the two mirrors facing each other. The mirrors facing each other produce infinite number of images and quite similar to this, the patient suffers from innumerable attacks of Tamaka Swasa. Charaka pronounced this as “Tamake Tu Virechanam”. The Virechana procedure may not be much use during the attack of Tamaka Swasa. But when employed in between the attack, prevents the attacks of Swasa, reduces its severity, and minimizes the duration of illness. After Virechana, Samasarjana Karma is advised for about 3 to 5 days. This procedure eliminates Doshas in Tamaka Swasa as is told in the classics; Doshas stemming out from Pitta Sthana is best eliminated by Virechana procedure. It is worth mentioning here that; Vata Dosha is the predominant Dosha involved in the Samprapti of Tamaka Swasa. Virechana normalizes the course of Vata Dosha and thus helps in the reversal of the Vilomagati of Pranavata. Distension of the abdomen, constipation and such other symptoms may be associated in some patients and these symptoms are best treated by this procedure. Rasayana Chikitsa in Tamaka Swasa: The one more answer for such a nature of illness is Rasayana Chikitsa. Even in some patients, Virechana in combination with Rasayana Chikitsa brings about complete cure. Dhumapana: After completion of Vamana Karma smaller quantity of vitiated Dosha will remain in the Srotas. To expel such Leena Doshas, Dhumapana has been explained. For the purpose of Dhumapana; Haridradi Dhuma Varti is generally indicated in classics. Nasya: Different Yogas; such as Rasona, Palandu, Grinjanaka Swarasa, Madhura Varga Dravyas Siddha Ghrita are indicated for Nasya Karma for Hikka in the context of Hikka and Swasa Chikitsa, but it is not directly indicated in Swasa; Vagbhata also supports the same; where as Arunadatta commenting on the same indicates Nasya Prayoga in Swasa also. Susruta explains the utility of Bhringraja Siddha Taila as Nasya, Abhyanga and Acchapana in Swasa and Hikka. Kshara Prayoga: If Kapha obstructs the path of Pranavata; Kshara has to be administered, in order to relieve the obstruction of Pranavata. It makes the Kapha Vilayana and Vata Anulomana. Brimhana and Shamana Chikitsa:
If Swasa Rogi are treated with Brimhana; the complication that take place due to treatment are milder in nature and can be easily managed as Brimhana leads to increase in Bala and Kapha. If the same has been treated with Shamana Chikitsa, there is a least possibility of complication due to Chikitsa as it pacifies both Kapha and Vata; on contrary Karshana will lead to decrease the Bala of Rogi, also aggravates the Vata and the complications due to treatment are difficult to manage.

Apart from all Chikitsa modalities Charaka says even though the Swasa Rogi is Shodhita or Ashodhita, he has to be treated with Shamana and Brimhana Chikitsa.

Sushruta says Nidigdhikadi yoga as Swasa, Kasahara Siddhatama Yoga, containing Kantakari Kalka of Amalaka Pramana; half the quantity Hingu has to be administered for three days along with Madhu, which will positively relieve the patient from the Swasa Roga.

Vagbhata has explained the use of Pippalyadi Takra in treating Swasa and Hikka.

With all the above principles of management of Tamaka Swasa, there are still many number of Swasahara Yogas explained in the context of Swasa Chikitsa by the various authors.

Pathya-Ahara-Vihara:

Pathya-Ahara- Purana Shali, Tandula, Shashtika, Yava, Godhuma, Mudga, Kulatha, Guduchi, Patola, Rasona, Bimbi, Shigru, Kasamardana, Jambira, Draksha, Mathulunga, Amalaka, Bilwa, Madhu, Gomutra, Aja Kshira, Purana Sarpi, Yusha, Yavagu, Peya, Sattu, Varuni, etc.

Pathya-Vihara- Virechana, Swedana, Dhoomapana, Prachardana, Swapanam Diva, etc.

CONCLUSION:

Bronchial asthma is an episodic illness of respiratory system manifests in any age group in both genders. The individuals suffering from bronchial asthma are presented with airway hyper responsiveness, cough, breathlessness and wheezing. By observing the above clinical features, we can infer the involvement of Vata and Kapha Dosha in the pathogenesis of the disease in the Pranavaha (channel involved in respiration) and Rasavaha Srotas (channel responsible for circulation) with the involvement of Rasa Dhatu (plasma tissue). Ayurvedic lexicons have defined Tamaka Swasa under Kapha–Vata Pradhana and Pitta Sthana Samudbhavah Vyadhi. Tamaka Swasa is one of the most distressing diseases and is quite common among in all age groups. Instead of Vamana Karma, it is very effective in Tamaka Swasa in Durbala Rogi and who are contraindicated for Vamana Karma. Tamaka Swasa is treated with “Tamaketu Virechanam” otherwise understood, as Nitya Shodhana administration. The ingredient of Virechana (Nitya Shodhana) Churna acts as Deepana, Pachana, Sukha Virechana and Vatanulomana. Muhur Muhur Aushadhi Sevana in Tamaka Swasa can be tried. Research can do on the combination of Ayurvedic therapy and Yoga for better treatment of Tamaka Swasa.

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