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 glooming. 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 etiopathogenesis 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 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 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.\textsuperscript{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.\textsuperscript{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 disease.\textsuperscript{3} 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 found 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.

Ashtasthan-gata Pariksha:
\begin{itemize}
  \item Nadi (pulse) = 80/min
  \item Mala(stool)=Normal.
  \item Mutra(urine)=Normal.
  \item Jeeva(tounge)=Alipta
  \item Agni=Kshudhamandya.
  \item Shabda(speech)=kricchatbhashitum
  \item Druka(eyes)=prakruta
  \item Akruti=Sthula
  \item Bala =Madhyama
\end{itemize}
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 Snehapan was done with Murchita Ghrita in Aarohana karma till samyak snehana lakshanas. One day vishrama kala is given during which saryanga abhyanaga 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. Snehapan 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:**

<table>
<thead>
<tr>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

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**

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

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

<table>
<thead>
<tr>
<th>Sr.No.</th>
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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 import-ed 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 Swasa 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 (Tamakashwasa) 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 oilation\(^8\). 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 dashit Kapha, followed by Virechana Karma. Which is planned with trivruta 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 Pipanni 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 card counter act the symptoms due to anti oxidant, anti inflammatory actions\(^9\). Chitraka, Bharangi, Pushkarmoolo 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

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\(^5\) Pareek Tribhuvan: Management of tamakswasa with shodhana and rasayana: A case study

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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. Ritus anusara Shodhana followed by Rasayana therapy can be opted for several such conditions.

REFERENCES:

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Email :drtribhuvanpareek@gmail.com
Source of support: Nil
Conflict of interest: None
Declared

Cite this Article as: Pareek Tribhuvan :Management of tamakswasa with shodhana and rasayana: A case study, www.ijaar.in
IJAAR VOLUME III ISSUE 1 MAR-APR 2017 page No: 1-6