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Review study on medical emergency and their management in Tamakshwasa w.s.r. Bronchial asthma.

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Abstract:

Today, population is moving with modernization in the 21th centaury a lot of new diseases emerge out; many are life style disorders out of them Asthma is the most common chronic lower respiratory disease in adults and childhood throughout the world and *Ayurved* addresses it as *Tamakshwasa*.

Respiration is the evident feature of life which is carried out by *Prana vayu*. This sole sign of life is affected in the disease *Tamakshwasa*, causing in the impediment to the respiratory function. *Tamakashwasa* is correlated with Bronchial *Ashtama* on the basis of its feature and *etiopathogenesis*.

As Prevalence of Asthma is increasing steadily over the lateral part of the last century, first in the developed and developing world.

This Article Represent the review study on the emergency management of *Tamakshawasa* (Bronchial Asthma) through ayurved with supporting evidences from studies conducted which includes combination of *shaman chikitsa* and life style management. **Keywords:** *Ayurveda*, Emergency, *Atyayik avstha*, *Vegavstha*, *Darun*, *Sadya*, *Ashu*, *Bronchial Asthama*, *Tamakshwasa*. **Introduction:**

In modern science Tamakshwasa can be Corelated with Bronchial Asthma which is a chronic inflammatory disease of Airway . In modern medicine there is no cure for Asthma symptoms can be typically be improved. At present several chronic recurrent respiratory disorders are increasingly seen all over the global population . In ayurveda described one of such disorder as Tamakshwasa (Bronchial Asthma).

Development of large industrial complexes has increased the air pollution. Mass industrallization and urbanization has destroyed the ecological balance of environment. Weak exposure to flour or cotton dust, animal fur, smoke, and wide variety of chemicals has been linked to increased risk of Asthma, this express the *'Pranavaha Strotas.*¹

Modern medicine is much advanced in treating the infectious diseases, but limitations in treating disease like asthma provides only palliative treatment. The current management of Tamakshwasa (Bronchial Asthma) is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand prolonged use of this drug are not safe, as it has many adverse effect with systemic manifestation and as the chronicity increases drug dose dependency increases and dialates the lung tissue to such an extent that at last it leads to respiratory failure.

The management of Tamakshwasa in ayurveda comprises Shodhan and Shaman Chikitsa, this concept depends on (power,ability,streantg,immunity); Bala Shodhana indicated in Balawan Rugna of Shwasa and Shaman Chikitsa in Durbala Rugna. In ayurveda Ashtma can be effectively and safely manage the condition without inducing any drug depending where Panchkarma procedures and use of internal medication detoxifies the body, provides nutrition and increases the elasticity of lung tissue it also developes natural immunity of the body thus decreasing episodic recurrences of the disease.

Ayurvedic Aspect of Tamakshwasa (Bronchial Asthma):

Causes Of Asthma:

1) Allergens: Pollen , grass ,skin dander , hair , dust and fog.

2) Irritants: Cold air , sudden climatic change , cigarette , chemical fumes, paint and scentded products.

3) Diet: Junk foods , processed potatos , beer, wine, preservatives and additives.

4) Medicines : Aspirin And Beta Blockers

Management of Tamakshwasa:

Nidaan-Parivarjanam:

Chikitsa is defined as "Nidanparivarjan" avoidance of causative factors. or Ayurveda basically being emphatic about "swasthyarakshan" give priority to prophylactic management. This is very much applicable in the case of Tamaka Shwasa. The "agantuk hetu" have to be avoided in the first place. Being a "Yapya roga", avoidance of triggering factors and providing quality of life with minimum medication is

the aim of Asthma management. *Charaka* says, the primary importance in *Shwasa Chikitsa* is the avoidance of causative factors. Both *Ayurveda* and Modern scientist agree to this fact.

The management of *Tamaka Shwasa* has two aspects:

1. Management of *Vegavastha* of *Tamaka Shwasa*; i.e. acute exacerbations, and

2. Chronic management of the *Avegavastha*, where the frequency, duration and intensity of the attacks are minimized / totally cured to give a quality life to the patient.

1. VEGAVASTHA:

Vegavastha Charaka, Sushruta, In Vagbhata, all the Acharyas have emphasized on the Shodhana therapy in the starting of *Chikitsa* and after that use of Shamana yogas. Patient who is in Vegavastha should be first anointed with salted oil and then subjected to sudation either by methods of steam (Nadi Sweda), hot bed sudation (Prastara) or mixed sudation. This is a specific condition where Sneha with Lavana is indicated. In Snehadhaya

Charaka has mentioned properties of *Salavana Sneha*. It supervenes within short period of time because both of them are having *Sukshma* property hence having

greater penetration power. It is also having Doshasanghata Vicchedakara property. Taila is having Ushna property, and thus alleviates Vata, and does not increase Kapha, therefore it is better for Abhyanga. In Shwasa Grathita Kapha (Mucous plug) is present; and Salavana Sneha is useful in Vilayana of this Grathitha Kapha, thereby removing the Sanga (Obstruction of airway). Once the Kapha is removed from airways, it flows back to its base in Amashaya from where it is expelled out by Vamana. After a classical Vamana therapy, the left out Dosha has to be eliminated by fumigation therapy or Dhupana.

2. AVEGAVASTHA:

In *Avegavastha* due consideration should be given to avoid pathogenesis which further leads to exacerbations. However, *Acharya Charaka* has divided the patients of *Shwasa* into two categories.

1. Those who are strong and with predominance of *Kapha*.

2. Those who are weak and with predominance of *Vata* and who are un-unctuous.

The choice of management of *Shwasa* in *Alpabala* patient is *Tarpana* and *Shamana*. *Shodhana* therapy should be administered only if extremely essential, if the patient is having good *Dehabala* and *Satwabala*, and when all other measures fail. In the last *shloka* of *Shwasa chikitsa*, *Acharya Charaka* says *Brimhana* is considered the best option compared to *shamana* and *karshana* when treating *Tamaka Shwasa* patient. In the *Shamana Chikitsa* the used drugs should be *Vatakaphaghna*, *Ushna* and *Vatanulomana*. Also he said that, any remedy which aggravates *vata* and aggravates

kapha or which pacifies both vatakapha or which pacifies only vata should be used for the management of Tamaka Shwasa. Sushruta has described different medicated ghrita-kalpana for Shamana Chikitsa. Acharya Sushruta has advised to do both Vamana, Virechana in Shwasa management while Acharya Charaka has described first Vamana in Shwasa may be as an emergency and after that Virechana with Vata-shleshmahara dravya especially for Tamaka Shwasa in between the two attacks or avegavastha. Virechana is best for Srotoshodhan and Pitta Shamaka Chikitsa and the Pitta sthana Samudbhava of Shwasa Roga can be explained in the terms of the importance of Ama in the Samprapti, which is produced in Adho-Amashaya, may be duodenum- the main site of digestion, which is explained as the Pitta Sthana by Chakrapani-datta. Hence, the specific management of Tamaka Shwasa according to Charaka is Virechana. Keeping in mind the Samprapti of Tamaka Shwasa, the ultimate aim of treatment should be to clear out the Pranavaha Srotasa, pacify

Vata and remove the blockage due to *Kapha*. According to *Vagbhata* following is main principle of treatment:

- 1. Balvana -kaphadhika Karshana chikitsa
- 2. Durbala- bala- Brimhana
- 3. Vriddha (old person) Shamana Chikitsa

The author of *Yogaratnakar* has mentioned that except *Snehavasti*, all other methods of *Shodhana Chikitsa* should be adopted in *Tamaka Swasa*. (Yoga Ratnakar. Swa.chi.1)

Shamana Yoga

For the management of *Shwasa*, *Acharya Charaka* has given 10 drugs under *Shwasahara Mahakashaya:*

Kachur, Pushkarmoola, Amlavetas, Chotiela, Hingu, Agar, Tulsi, Bhumyalaki, Chanda (Chorpushpi) and Jeevanti and 10 drugs in Kasahara Mahakashay: Pippali, Kasamarda, Kantakari, Brihati, Agastya, Karkatshringi, Tulsi, Vasa, Vanshlochana, Dalchini, Talispatra

Acharya Sushruta has described various kind of drugs under Vidarigandhadi varga, Sursadi gana and **Dashmul gana** for the management of Shwasa roga. Different forms of commonly used preparations, given in different Ayurvedic samhitas, for the management of Tamaka Shwasa can be summarised as follows:

- Churna: Sitopaladi Churna, Talisadi Churna,Muktadya Churna, Sauvarchaladi churna, Shatyadi Churna, Krishnadi Churna, Paushkaradi Churna,Shunthyadi Churna etc.
- *Kwatha:*kulathyadhi kwath Dashmuladi Kwatha, Bharangyadi Kwatha, Vasadi Kwatha, Sheerishadi Kwatha, Amritadi Kwatha etc.
- Vati: Vyoshadi Vati, Marichyadi Vati, Khadiradi Vati, Lavangadi Vati etc.
- Awaleha & Leha: Kantakari avaleha, Chyavanprasha, Vasa haritakya leha, Chitraka –haritaki avaleha, Haridradi leha etc.
- Ghrita: Manahshiladi Ghrita, Vasa Ghrita, Shatpala Ghrita,Tejovatyadi Ghrita, Dashmuladi Ghrita.

- Kshara: Arka Kshara, Apamarga Kshara, Ashvagandha Kshara etc.
- Aasava-Arishta: Kanakasava, Pathadyasava, Somasava etc.
- Bhasma-Rasa: Abhraka bhasma, Shringa bhasma,Shwasa kuthar rasa, Shwasa-kasa-chintamadi rasa,Laxmivilas rasa etc.
- Yavagu & Yusha: Dashmuladi Yavagu, Hingvadi Yavagu, Pushkaradi Yavagu,Rasnadi Yusha,Kasmarda Yusha.
- Dhumpana & Nasya: Chandana dhumpana, Guggulu dhumpana, Haridradi dhumpana, Lashunadi nasya.

Herbs For Asthma:

- 1. Bala offer Bronchodilator effect.
- 2. Yastimadhu prevents airway obstruction.
- 3. Pepper +Honey + Little onion juice.
- 4. Garlic also reduces the asthmatic severiety.
- 5. Gotu Kola and Vasa Relief Pitta type Ashtma.
- 6. Herbal tea of ajwain, tulsi, pepper and ginger acts as natural expectorant.
- 7. Ephedra, thyme, pepper and cayenne help to reduces kapha type Asthma.
- 8. Gum of Asfetida + Honey is also useful in Asthma.

Ayurveda Formulation For Asthma:

- Sitopalati Churna Reduces chest congestion
- ≻ Kantkari Avleha reduces frequency of asthmatic attacks.
- Talisadi churna offers relief allergic bronchitis.
- ► Vasarishta acts as expectorants.
- Padmapatradi yoga increased peak expiratory flow rate.

- Shwaskuthar Rasa reduces obstruction.
- Swasa Sudharna helps to maintain normal respiration.

Formulation To Relief Childhood Asthma:

- Bharangyadi Avleha
- Shirishavleha
- ✤ Nayopayam Avleha
- Vasa Haritaki Avleha
- Kantkari Avleha

Pathya-Apathya In Tamakshwasa: Pathya:

- Annavarga: Mudaga, Yava, Kullathha, Purana shashtik,Rakta shalidhanya, Wheat.
- Shakvarga: Padwal, Jivanti, Chawali
- Phalvarga: Nimbu,Draksha, Amalki, Amlavetes,Bilva, Amlarasa, Pakvakushmanda etc
- Dugdhavarga: Ajadugdha, Ghrita, Puranghrita.
- Maanssvarga: Janagla maans rasa, maans of tittar,lava,deer,rabbit
- Peya:Ushna jala, Madhu, Arishta, Gomutra,sauviraka.
- Vihara: Diwaswpna, Pranayama, Ushnajala snana, Avaghaswedana, Abhyanga, Dhoompna.

Apathya:

- Annavarga: Rukshanna, Guru and vishtambhi Aahara, Kapha-vata vardhak Ahara.
- Shakvarga: Kadwa shaka, Surasava.
- Phalvarga: Apakvakushmanda.
- Dugdhavarga: Dadhi, Unboiled milk.
- Maansvarga:Matsya,Anuo maans.
- Peya: Sheetal, Dushit jal
- Vihara:Exposure to cold, dust, poluution, vyayama,excess

indulgence in sexual activities, tension and suppression of natural urges.

Conclusion:

Prevalence of Bronchial Asthma is increasing due to excessive pollution overcrowding occupational conditions stress and poor hygiene etc these etiological factors acts as aggrevating factors in developing acute attacks of asthma mostly in atopic individuals. Therefore, Nidanparivarjana has got a significant role to play in the management of the disease Tamakshwasa Also, various principles of ayurveda and many a formulations can be used according Roga and Rogi Bala, during Vegavstha and Avegavstha and asper palatability of the patient for free flow of *prana vayu* so that srothorodha is removed and free flow of prana vayu may occur therby curing the attack of disease Tamakshwasa.

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