Tamakswasa Management with Rasayana and Pranayama: 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 & etiopathogenesis. 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. Shodhana procedures and use of internal medication not only detoxifies the body but also provides nutrition & increases the elasticity of lung tissue also helps in developing natural immunity of the body thus decreasing episodic recurrence of the disease and providing long term relief to the patient. Here a sincere effort has been made using shodhana chikitsa and Agastya Haritiki as Rasayana. The current management of Tamaka Shwasa (Bronchial Asthma) by modern medicine is only providing short term symptomatic relief but does not provide any long term relief to the patient. Rasayana plays an important role in rejuvenation of body tissues and providing strength to patient. A case of Tamak swasa is treated with Shodhanachikitsai.e., Yamana karma and Virechana karma followed by Rasayana for 3 months and daily Pranayama. In this case it was observed patient got good relief in the cardinal features of Tamak shwasa.

KEYWORDS
Rasayana, Shodhanachikitsa, TamakSwasa, Pranayama
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 etio-pathogenesis 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.\(^1\)

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.\(^2\) 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. In the present study role of Shodhana, Rasayana & Pranayama is planned for the management of Tamakswasa.

MATERIALS AND METHODS

Source of Data: Patient suffering from symptoms of Tamak Shwasa is selected from O.P.D. of C.D.L. Ayurvedic medical college and Hospital, Jagadhri, Haryana

Study Design: A single case study

Posology: Shodhana chikitsa followed by Rasayana (Agastaya Haritiki Rasayana), and Pranayama for 3 months

Total duration: Vamanakarma + Virechana karma + 3 months for Rasayana sevana+ Pranayama (3 months)

(The result of treatment is assessed before starting vamana karma and after Rasayana sevana and Pranayama, i.e. post 3 month)

Procedures:

1. Vamanakarma: Vamana was planned and deepana-pachan started with Chitrakadi vati 500mg twice a day before food for 5 days and Snehapan was done with Murchita taila in Aarohana karma till samyak snehana lakshanas. On sixth day Vishramakala was given during which saryanga abhyana and swedana is done. And Vamanakarma was given with Madanphala yoga (Madanphalachurna 4grams, Vacha 2gram, saindhava 2gram, Madhu as per the requirement). Madhyamshuddhi was done.

..And after Samsarjana karma again patient asked to undergo preparation for Virechana karma.

2. Virechana Karma: Post vamana karma, Virechana was 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 Vishramakala Abhyangan was performed with Moorchitatilaila. For virechana yoga Trivruta Avleha was used in 50 gm of quantity. Again Madhyama shuddhi is done. It was 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

Pranayama: Kapalbhati Duration 10 minutes

कपालभातितिर्विर्विहारा कक्षदोषविशोषणी ॥ (ह. यो. प्र. 2/35)

Perform Rechaka and Puraka rapidly like the bellows of a blacksmith. This is called Kapalbhati. It destroys diseases of the phlegm.

Advocated technique:

- Sit in a comfortable meditation Asana.
- The head and spine should be straight with the hands resting on the knees in either chin or Gyana Mudra.
Close the eyes and relax the whole body.

Exhale through both nostrils with a forceful contraction of the abdominal muscles.

The following inhalation should take place passively by allowing the abdominal muscles to relax. Inhalation should be due to effortless spontaneous recoil of the abdominal muscles.

After completing 10 rapid breaths in succession inhale and exhale deeply. Allow the breath to return to normal. This is practiced for 10 minutes.

Beginners may take several free breaths between rounds.

The number of inspiration may be increased from 10 to 50, as the abdominal muscles become stronger.

The rapid breathing should be from the abdomen; the shoulders and face should remain relaxed.

Precautions:

Kapalbhati should be performed empty stomach, 3 to 4 hours after meals.

If practiced late at night it prevents sleep.

If pain and dizziness are experienced, stop the practice and sit quietly for some time.

Contra-indications:

Kapalbhati should not be practiced by those suffering from heart disease, high blood pressure, vertigo, epilepsy, stroke, hernia or gastric ulcer.

It is not recommended during pregnancy.

Benefits:

It balances and strengthens the nervous system.

It purifies the Nadis, and removes sensory distractions.

It energizes the mind for mental work and removes sleepiness.

Anuloma – Viloma Pranayama:

DURATION 10 minutes

Anuloma-Viloma Pranayama is a simpler form of NadiShodhanaPranayam but not described in Yogic text by name. The technique, which has been selected, resembles with the technique in Hath Yoga Pradipika. Now, a day it is termed as Anuloma-Viloma Pranayama in society. In the present study following technique was selected during the trail-

Advocate Technique:

Sitting comfortably in any Dhanatmaka Asana with eyes closed and keeping the spine erect, patient was asked to close the right nostril with thumb and inhale slowly through the left nostril.
After complete inhalation, closing the left nostril with the ring and middle finger of *(Apana Mudra)* the right hand, right nostril was opened and exhaled slowly.

After completion of the exhalation, it was advised to again inhale through the right nostril and fill the lungs and closing the right nostril by pressing it with right thumb, breath was released slowly and completely from left nostril.

This constitutes one round of *Pranayama*. Same rounds were repeated for 5 minutes minimum.

**Duration:** 5 minutes minimum

**Precaution:**

Those suffering from high or low blood pressure should not do *Kumbhaka* for longer period in this *Pranayama*. However they can practice *Pooraka* and *Rechaka* slowly.


<table>
<thead>
<tr>
<th>Study design on Assessment grade for Subjective criteria</th>
<th>G0 Never</th>
<th>G1 A few time</th>
<th>G2 Many time</th>
<th>G3 Unable to sleep because of asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Night Awakening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Morning worsening of asthma symptoms</td>
<td>G0 No symptoms</td>
<td>G1 Mild symptoms</td>
<td>G2 Moderate symptoms</td>
<td>G3 Severe symptoms</td>
</tr>
<tr>
<td>3. Limitation of activity</td>
<td>G0 Not limited at all</td>
<td>G1 Slightly limited</td>
<td>G2 Moderately limited</td>
<td>G3 Very limited</td>
</tr>
<tr>
<td>4. Shortness of breath</td>
<td>G0 None</td>
<td>G1 A very little</td>
<td>G2 A moderate amount</td>
<td></td>
</tr>
</tbody>
</table>
RESULTS

Table 2 Effect of Shodhana followed by Rasayana on various Cardinal Features

<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>

The overall effect after taking Shodhana and Agastyharitiki Rasayana was found to be 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. PratilomaGati of Vata plays an imported 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. 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 Shwas 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. 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.
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*. 

**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. 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 *dushit Kapha*, followed by *Virechana Karma*. This is planned with *trivrut avleha*, *Vata-Kapha shaman* *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 needs to be regulated and strength of patient plays an 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 *Pippali* 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 airways is freed letting the Pranavata to move in its normal tone. The properties of the drug counter act the symptoms due to antioxidant, anti inflammatory actions. *Chitraka, Bharangi, Pushkarmooola* also acts as bronchodilators and helps in *tamakswasa*. During the course of treatment there was no complication appeared. *Vamana karma* and *virechana karma* was 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 bhojanaduring rasayana sevana*, which also
helps in Tamakswasa. It was observed in the case, that patient respond in all its subjective parameter. Patient responds 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 a good line of treatment as 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. Ritu-anusara Shodhana followed by Rasayana therapy can be opted for several such conditions.
REFERENCES


