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## ***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 & 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. *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.*, *Vamana 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*



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## 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.<sup>1</sup>

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.<sup>2</sup> 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<sup>3</sup>. 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 Haritki 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. ***Vamana Karma*** : *Vamana* was planned and *deepana-pachan* started with *Chitrakadi vati* 500mg twice a day before food for 5 days and *Snehapana* was done with *Murchita taila* in *Aarohana karma* till *samyak snehana lakshanas*. On sixth day *vishramakala* was given during which *saryanga abhyanaga* 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. *Snehapana* was done with *Murchita Ghrita* in *Aarohana karma* till *samyak snehana lakshanas*. During *Vishramakala Abhyanang* was performed with *Moorchitatilataila*. 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**

भस्त्रावल्लोहकारस्य रेचपूरौससंभ्रमौ ।

कपालभातिर्विख्याता कफदोषविशोषणी ॥ (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.

**4. Composition of *Agastya Haritaki Rasayana*.<sup>[4]</sup>**

*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.*

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 were assessed form subjective parameters (cardinal signs ) of base line data of before and after treatment.

**SUBJECTIVE PARAMETERS**

a) Night awakening; b) Worsening of asthma symptoms in morning. c) Limitation of activity; d) Shortness of breath; e) Wheezing; f) Use of short – acting bronchodilator (puff) each day.

**Table 1** Assessment Grade for Subjective Criteria

**Study design on Assessment grade for Subjective criteria**

1. Night Awakening	G0	Never
	G1	A few time
	G2	Many time
	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. Limitation of activity	G0	Not limited at all
	G1	Slightly limited
	G2	Moderately limited
	G3	Very limited
4. Shortness of breath	G0	None
	G1	A very little
	G2	A moderate amount



5. Wheezing	G3	A great deal
	G0	Not at all
	G1	Hardly any of the time
	G2	A moderate amount of the time
	G3	A lot of the time
6. Use of short – acting bronchodilator (puff) each day	G0	None
	G1	1 – 2 puffs most days
	G2	3 – 4 puffs most days
	G3	More than 4 puffs most days

## RESULTS

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

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

The overall effect after taking *Shodhana* and *Agastyaharitiki 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. *Pratiloma Gati* 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. Vitiating *Kapha* in the *Uraha Pradeshha* (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*<sup>5</sup>. Use of *Swedana* locally or throughout whole body helps in liquefaction of viscous *malarupi Kapha* and also does *vata anulomana*. *Acharya Charaka* specially indicated such *swedana* in the treatment of *Hikka* and *Shwasa* 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*<sup>6</sup>. *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*, *snigdhaodana* (rice), with



soup of fish or pig flesh and the supernatant 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*<sup>7</sup>.

**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<sup>8</sup>. 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 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 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 haritiki* possess *vata-kapha shamak* property and *Haritiki* 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* move in its normal tone. The properties of the drug counter act the symptoms due to anti oxidant, anti inflammatory actions<sup>9</sup>.

*Chitraka*, *Bharangi*, *Pushkarmoola* 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- apathya* 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



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