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## CLINICAL STUDY OF *VIRECHANA* AND *SHAMANA CHIKITSA* IN *TAMAKA SHWASA* (BRONCHIAL ASTHMA)

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### Abstract

*Tamaka Swasa* is one among the *Pranavaha Srotho Vikara*. It is a *Swatantra Vyadhi* (independent disease) which is having its own etiological factors, pathophysiology and management. According to *Charaka* it is considered as *Yapya Vyadhi* (palliative disease), while *Sushruta* considered it as *Krichchra Sadhya Vyadhi* (difficult to cure), therefore proper line of treatment and implementation of excellent lifestyle is necessary for better quality of life. Currently an attempt has been made to explore the efficacy of such formulations in reducing the signs and symptoms of *Tamaka Swasa*. A case of 47-year-old male patient who presented with the symptoms of difficulty in breathing, chest pain, cough with whitish colour sputum and generalized weakness of *Tamaka Swasa* was treated by internal Ayurvedic medicines and marked improvement was seen. After 4 weeks of follow up no episodes of above complaints have been reported. In this study patient were treated with *Samshodhana*, particularly with *Virechana Karma*. And also, patient received *Abhyantara Snehana* with *Tila Taila* followed by *Bahya Snehana* with *Tila Taila* and *Saindhava Lavana*. followed by *sweda*. After observations of proper signs of *Snehana*, *Virechana Karma* was performed with *Aragvadha Phala Majja*. *Samsarjana Krama* was followed for five days.

**Keywords:** *Aragvadha Phala Majja*, Bronchial Asthma, *Tamaka Shwasa*, *Virechana Karma*.

### INTRODUCTION

*Tamaka Swasa* is a type of *Shwasa Roga* (respiratory disease) among five types of *Shwasa roga*'s.[1] It affecting the *Pranavaha Srotas* and characterized by *Pratiloma Vayu* (prolonged expiration), *Ghurghuraka* (wheeze), *Ativa Tivra Vagam Ca Shwasam Pranapradakam* (dyspnoea of exceedingly deep velocity, which was immensely injurious to life) and so on. [2,3] *Tamaka Swasa* comprise of two words i.e. *Tamaka* and *Swasa*. The word *Tamaka* is derived from *Dhatu* 'Tamalganou' which means Sadness (Panini) According to *Vachaspathyam* the word *Swasa* is derived from the root word 'Shwas' *Dhatu* by applying *Ghanj Pratyaya*. It implies for both *Vayu Vyapara* and *Roga Bheda*. [4,5] It represents both physiological and pathological respiration. *Acharya Charaka* has mentioned that *Tamaka Swasa* is *Kapha-Vataja Vikara* and site of origin is *Pittasthana*. In *Sushruta Samhita*, *Madhava Nidana* and *Yogaratanakara* it is mentioned that *Tamaka Swasa* is *Kapha predominant disorder*. The *Lakshanas* are *Ghurghurakam* (audible wheezing), *Pinasa* (coryza), *Shirogourava* (heaviness in head region), *Aasine Labhate Soukhyam* (relief in sitting posture) *Shayanah Shwasa Peedita* (symptoms get aggravated in supine position). [6] *Tamaka Swasa* is analogous with bronchial asthma which is mentioned in modern medicine which is having cardinal features of episodic attacks of breathlessness, polyphonic wheeze and cough.

### CASE REPORT

A 47 year old male patient came with the chief complaints of difficulty in breathing aggravated since 15 days associated with intermittent fever, coughs with whitish colored sputum, and generalized weakness.

### Treatment history

He was taking *Sitopaladi choorna* whenever he gets the symptoms since 6 months. There is no history of diabetes, hypertension.

### Past history

k/c/o bronchial Asthma since 18 years.

### Personal history

By occupation patient works in ITI College as a Lecture, and taking vegetarian diet. non-Alcoholic, coffee-1-2 times/day, no h/o smoking



## Family history

His son suffering from bronchial asthma since birth. All other family members are said to be healthy.

## Examination

Table 1: Assessment of general condition of the patient

|             |           |
|-------------|-----------|
| Appetite    | Normal    |
| Bowel       | Regular   |
| Micturation | Regular   |
| Sleep       | Disturbed |

## Respiratory System

•**O/E:** Inspection: Inspection of the chest –bilateral symmetrical. Accessory muscle used for respiration is present i.e. sternocleidomastoid muscle. Type of breathing - abdomino thoracic, No any chest deformities, No any scars.

Respiratory rate: 16/min.

•**Palpation:** Tenderness -absent, position of the trachea is centrally placed. Transverse diameter-33cm. movement of chest bilaterally symmetrical, Inspiration-89cms, expiration-85cms.vocal fremitus -bilaterally symmetrical.

•**Percussion:** Resonant all over the lung field. Hepatic and cardiac dullness noted.

•**Auscultation:** Polyphonic wheeze was observed bilaterally (more in right lung compared to left). Vocal resonance is bilaterally symmetrical. CVS-nothing abnormality is detected.

## Ashta sthanagata Pariksha

**Nadi(pulse)** –80b/min Vataja Nadi, Mala(stool) –once in a day, Mootra (urine)-3-4 times a day, Jihwa(tongue) –**Alipta**, **Shabda(speech)** –Krichatbhashitum, Sparsha (touch) - Abhyanga with Tila taila and Saindava lavana (chest and back) once in a day, Druk (eyes)-Doosara Varna, Akriti (built) - moderate.

## Dashavidha Pariksha

**Prakruti** –Pitta-Kapha, Vikruti –Prana Vata and Avalambaka Kapha, Sara –Madyama, Samhanana –Madyama, Pramana–height 158cm,weight-58 kg,BMI –24kg/m<sup>2</sup> Satwa –Avara, Satmya –Madyama,Aharashakti –Madyama, Vyayama Shakti –Madyama, Vaya –Madyama

## MATERIALS AND METHODS

### Source of data

Patient suffering from Tamaka Swasa is selected from I.P.D of NAMAMC ( Ayurveda Hospital) ANKALI. IP No 047929 (WARD-MGW-1)

**Study design** -A single case study

## Treatment

*Abhyantara Snehana* with Tila Taila followed by *Bahya Snehana* with Tila Taila and Saindhava Lavana, Nadi Sweda, Virechana karma and Shamana Chikitsa for 10 days.

- 1.Chitraka Haritaki Lehya10gm before food twice in a day.
- 2.Abhyanga with Tila Tailam(chest and back) once in a day.
- 3.Bharangyadi Arka nebuliization 1.5ml (S O S)

## Criteria for assessment of results

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

## A. Subjective parameter

Presence of symptoms of *Tamaka Shwasa*. The symptoms were based on textual references like *Pratiloma Vayu* (prolonged expiration), *Ghurghuraka* (wheeze), *Ativa Tivra Vegam Ca Shwasam Pranaprapidakam* (dyspnea of exceedingly deep velocity, which was immensely injurious to life), *Shlesmanyamucyamane Tu Bhramam Bhavati Duhkhita* (as the phlegm does not come out, the patient became more restless), *Uddhvamsate Kantha* (choked throat), *Asino Labhate Saukhyam* (comfortable in orthopnea position), *Tasyaiva Ca Vimoksante Muhurtam Labhata Sukham* (patient found momentary relief after the expulsion of phlegm), *Shayanah Shwasapiditah* (patient had more dyspnea when lying down), *Ruksha Bhasana* (hoarseness of voice).



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**B. Objective criteria:** As objective criteria, the following investigations were carried out –

(a) Blood: Total leucocytes count, differential leucocyte count, hemoglobin percentage, Erythrocyte Sedimentation Rate (ESR), (b) Stool: Routine microscopic examination of the stool., (c) Urine: Routine urine examination, (d) Radiological examination: X-ray of the chest, (e) Pulmonary Function Tests: (i) Breath Holding Time and (ii) Peak Expiratory Flow Rate.

### Plan of study

Patient received *Samshodhana* therapy (*Virechana Karma*). *Snehana* (oleation therapy) with *Tila Taila* in increasing dose (1<sup>st</sup> day – 40 ml, 2<sup>nd</sup> day – 80 ml, 3<sup>rd</sup> day – 120 ml, 4<sup>th</sup> day – 160 ml and 5<sup>th</sup> day – 200 ml) was administered to produce the optimum *Snehana* effects. The duration of intake of *Snehapana* in this case was five days. On the 5<sup>th</sup> day the features of proper oleation were observed. Along with internal oleation, external oleation of the patients was done with *Tila Taila* added with *Saindhava Lavana* particularly over the chest and back was done.

After observing the features of appropriate oleation like *Snigdha Tvaka* (smoothness of the skin), *Snigdha Purisha* (oleous motion) and *Utklesha* (nausea); *Svedana* was followed for one day. For *Svedana* (fomentation), patients were advised to wrap 6 to 10 blankets till perspiration is observed. After observation of the features of proper *Snehana* and *Svedana*, the patients were considered ready for the *Virechana Karma*. On the next day at 9 a.m. (*Kaphakala Atigame*), the patients were given decoction of *Aragvadha Phala Majja* on empty stomach for *Virechana Karma*. *Samsarjana Karma* was followed for five days. Thereafter, *chitaka haritaki lehya* 10 gm and *vasa swarasa* 10 ml before food were administered, orally, twice a day, morning and evening, for a period of 60 days.

### DISCUSSION

Tamaka Swasa disease is manifested due to obstruction of Pranavaha Srotas, Vata moves in reverse order and pervades the entire Pranavaha Srotas and stimulates the Kapha in the throat and head causing rhinitis. Further it manifest wheezing sound, greater enhancement of respiration in relation to rate and rhythm; feeling of darkness in front of the eyes. Paroxysmal attack of this disease is severe enough to put the patient in distress. In such condition drug and food which possess Kapha and Vata alleviating property are helpful in relieving the Swasa.

### Probable mode of action of the drug

*Charaka* has advised *Samshodhana* in *Tamaka Swasa* & has given more emphasis on *Virechana Karma* (7) to correct the de-arranged *Doshas* (*Vata* and *Kapha*). In addition, ingredients that alleviate *Vata* and *Kapha* (*Kapha-Vataghnani*), *Ushna Virya* (hot in potency) and which cause a downward movement of *Vata* (*Vatanulomanam*) are useful as medicines (*Bhesaja*), *Pana* (drinks), and *Anna* (food) for a patient suffering from asthma. (8) A number of drugs are described for *Virechana Karma* in classical texts. But in present study *Aragvadha* (*Cassia fistula* Linn) was selected. *Charaka* has considered it as the best *Mridu Virechana Dravya* (9,10) and Govinda Das *Tila taila* is best among the group of oils and due to *tikshna*, *lekhana*, *ushna* and *vyavayi* gunas, it penetrates into minute channels. It is *Ushna Virya* and not increases *kapha* (11) *Aragvadha* (12) is *Madhura*, *Tikta Rasa*; *Guru*, *Mridu*, *Snigdha Guna*; *Shita Virya* and *Madhura Vipaka*. Hence, the drug is useful as *Vata-Pitta Shamaka*. Due to *Madhura*, *Snigdha Guna* it helps in *Vatashamana* as well as *Kaphanihsarana* and due to *Sransana* (13,14) property it excretes *Kosthagata Kapha* and *Pitta*. In *Ashtanga Hridaya*, *Aragvadha* is described in the *Kaphaghna Gana* (15) and in *Sushruta Samhita*, *Aragvadha* has been described as the *Adhobhagadosahara Dravya*. (16) As per *Charaka Samhita*, *Aragvadha* is the best *Mriduvirecana* drug. Therefore, it helps in *Kapha Nirharana* along with *Vatanulomana*. Thus, the drug helps in *Dosha-Dushya Vighatana* in the disease *Tamaka Shwasa*.

### Chikitsa Sutra

Tamaka Swasa is considered as *Yapya Vyadhi* [5] In *Tamaka Swasa* *Kapha* obstructs the passage of *Vayu* and obstructed *Vayu* moves in reverse direction. In such condition drug and food which possess *Vata* and *Kapha* alleviating property and which is having *Ushna* and *Vatanulomana* property are helpful in relieving the *Swasa*. [6]

### Shamana Chikitsa

*Shamana Chikitsa* is mainly to achieve *Dhatu samya* by use of drugs internally. *Arunadatta* opined that drugs which are having *Deepana* – *Pachana* properties are used for the management of *Tamaka Swasa*. [7].

1. *Chitrika Haritaki Lehya* 10gm before food twice in a day
2. *Vasa swarasa* twice a day
3. *Abhyanga* with *Tila taila* and *Saindhava lavana* (chest and back) once in a day



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The above medicine was given for 4 weeks. Patient was also advice for Nidana Parivarjana and Pathya-Apathya. There was marked improvement in the sign and symptoms of Tamaka Swasa after 4 weeks follow-up. Patient felt relief in breathlessness, wheezing, shortness of breath.

Chitraka Haritaki Lehya is administered in this condition because the main aim is to remove the obstruction made by Kapha and normalize the function of Vayu. Most of the drugs used in Chitraka Haritaki Avaleha having Rasa -Katu, Tikta, Kashaya, Virya -Ushna, Vipaka -Katu, Guna -Laghu, Ruksha, Tikshna.This combination does Amapachana and Kaphahara also Srotoshodhana, Srotomukha Vivritakara property (dilatation of channels). The drug also acts as Rasayana which regularize the Dhatwagni. Pharmacological properties of all drugs of Chitraka Haritaki Avaleha having antiallergic, anti-inflammatory, antitussive, expectorant, antihistaminic and immunomodulatory actions.[8]. Tila Taila having Ushna Guna and Kapha –Vata Shamaka properties. Abhyanga with Tila taila and Saindava lavana(chest and back) followed by Sweda this therapy renders the adhered Kapha dissolved in the channel of circulation and soften there by. These therapies also cause downward movement of Vata (Vatanulomana). The stable Kapha in the body get dissolved on account of the heat generated by these fomentation therapies.[10]

Bharangyadi Arka nebulization was selected considering Katu, Tikta, Kashaya Rasa, Laghu Guna, Ushna Veerya which helps to pacify the aggravated Vata and Kapha Dosha.[13]The phytochemical and pharmacological profiles of Bharangi has been reviewed for its anti-inflammatory, anti-allergic, anti-asthmatic, and bronchodilator. Aqueous extract of Bharangi has also been proved for its anti-inflammatory and bronchodilator.[14] Among various forms of inhalation therapy, nebulization is a process which involves suspension of fine vaporized liquid droplets otherwise known as aerosol, to administer medication directly in to the respiratory system.[15].

## CONCLUSION

After analysis of all data, it is concluded that Chitraka Haritaki Lehya, Vasa swarasa, Abhyanga with Tila taiala and Saindava lavana(chest and back), Bharangyadi Arka nebulization are effective in management of TamakaSwasa, marked improvement found in the cardinal symptoms of Tamaka Swasa.

## References

1. Acharya Yadavji trikamji, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda deepika (sans), Chikitsa stana 17/55-57, chaukambha Sanskrit series office, Varanasi, Edition reprint-2011,pp:533-539
2. Agnivesha, charaka, Dridabala, charaka samhita, chikitsa stana, Hikkashwasa chikitsa adhyaya.in:1717, yadavji Trikamji Acharya, editor. Varanasi: Chaukambha orientalia; 2011. p.533.
3. Vagbhata, Ashtanga Hrudaya, Nidhana sthana, shwasa Nidhana Adhyaya. In: 4/2.9<sup>th</sup> ed. Harishastri Paradkar, editor. Varanasi: Chaukambha Orientalia; 2005. p.472.
4. Vachaspatyam (Brihata sanskritabhidhanam), Sanskrit dictionary, Edited by Tarka Vachaspati shri Taranath Bhattacharya, Published by Chaukambha Krishnadas Academy, Varanasi, Year of publication 2003: part-6; 5/9
5. Vachaspatyam (Brihata sanskritabhidhanam), Sanskrit dictionary, Edited by Tarka Vachaspati shri Taranath Bhattacharya, Published by Chaukambha Krishnadas Academy, Varanasi, Year of publication 2003: part-6; 5/9
6. Acharya Yadavjitrikamji, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda deepika (sans), Chikitsa stana 17/55-57, chaukambha Sanskrit series office, Varanasi, Edition reprint-2011, pp:533-539
7. Madhavanidana commented by vijayrakshit and shriknthadatta, madhukosha teeka by madhavakara chapter 12 hikkaswasa nidana ,27-34, Varanasi: choukambha publication, 2012: 115
8. Acharya Yadavjitrikamji, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurvedadeepika (sans), Chikitsa stana 17/71-72, chaukambha Sanskrit series office, Varanasi, Edition reprint-2011, pp:626-627
9. Shastri HS, editor. Vagbhata; Ashtanga Hridaya. Varanasi: Choukambha Sanskrit Prakashan :1997. P. 602-608
10. Smita S. Chaudari, G.S. Chaudhari –A Review on Plumbago zeylanica Linn. –A Divine Medicinal plant: A Research Article, IJPSRR, Article no 20, Jan-Feb 2015, pp:119-127
11. Sharma P, Sushruta Samhita of Dalhana, Shree gayadasa acharya virachita (sans), Chikitsa sthana 24/25-26, chaukambha Sanskrit series office, Varanasi, Edition reprint-2011, pp:488-489
12. Acharya Yadavjitrikamji, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda deepika (sans), Chikitsa stana 17/55-57, chaukambha Sanskrit series office, Varanasi, Edition reprint-2011, pp:533-539
13. S. Kamalakar Pulipanda, MN. Patrudu, K. Sahithi –A Breief Review on Ayurvedic concept of corona with special reference to janapadodhwamsa: A Review Article, IJAPR, Vol 8, june 2020
14. Dr Sastry J.L.N. Dravyaguna vignana. 2012<sup>th</sup> ed. Varanasi. Chaukambha Orientalia; 2012: 54, 98, 419



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15. Sharma PC, Yelne MB, Dennis JJ, Database on medicine plants used in Ayurveda, New Delhi: central council of research in Ayurveda and Siddha; 2000. Vol 1st, pp:73-4
16. Praveen kumar A, K Nishteshwar: Phytochemical and Pharmacological Profiles of Cleodendrum serratum Linn (Bharangi): A Review Article, IJRAP.4(2), Mar-Apr 2013
17. Kjaria Divyakumari, Tripathi J S, Tiwari S K, Nebulization therapy –A Novel Approach to Drug Delivery System in Ayurveda. IRJP 2011-2(11), 18-20