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Tamaka Shwasa in Ayurvedic Literature: A Comprehensive Literary Review

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ABSTRACT

This literary review delves into the Ayurvedic understanding of Tamaka Shwasa, a distinctive respiratory ailment categorized among the five types of Shwasa Rogas. The analysis navigates through ancient Ayurvedic texts to illuminate the unique etiological factors, pathophysiology, and therapeutic perspectives associated with Tamaka Shwasa. Characterized by disturbances in the Pranavah Srotas, particularly the vitiation of Prana Vayu, this condition manifests as respiratory distress, persistent cough, wheezing, and chest tightness.

The review explores Ayurvedic literature to unravel the multifaceted origins of Tamaka Shwasa, encompassing genetic predispositions, environmental influences, drug-related considerations, infections, smoking, and the interplay of psychological elements such as anxiety.

This literary exploration aims to provide a detailed understanding of Tamaka Shwasa, contributing to the body of knowledge within Ayurvedic literature. The review offers valuable insights for practitioners, scholars, and enthusiasts interested in comprehending Tamaka Shwasa within the broader context of Ayurveda.

Key Words *Tamaka Shwasa, Shwasa, Chikitsa, Respiratory Illness*

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INTRODUCTION

Tamaka Shwasa stands out within Ayurvedic literature as a distinct type of Shwasa Rogas, presenting its own origins, pathophysiology, and therapeutic approaches. It disrupts the Pranavah Srotas, specifically affecting Prana Vayu and leading to respiratory distress, cough, wheezing, and chest tightness. Ayurvedic texts attribute Tamaka Shwasa to a complex interplay of genetic, environmental, drug-related, infectious, smoking, and psychological factors.

A literary review of Ayurvedic texts deepens our understanding of Tamaka Shwasa, revealing its unique features and the intricate relationships between its causes. Ayurveda's rich literature provides a comprehensive exploration of this respiratory condition, laying the groundwork for a holistic understanding of Tamaka Shwasa within the broader context of Ayurvedic knowledge.

Historical Review:

Vedic Period (5000 Bc To 1500 Bc)

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The word 'Prana' is used frequently in all four Vedas but more specifically in *Atharvaveda*.

• Rigveda

The word *prana* is used for *vayu*:
"pranadavayurjayta"

Ayu is because of *Prana*: "Ayurna pranah"¹

• **Yajurveda:** There is a reference of respiration available as

"Vatam pranena Nasike"²

• Atharvaveda:

In the fourth suktha of first kanda of *Atharvaveda* a clear description regarding *Shwasa* is found.

The word *Prana* has been used many times. Chapter "*Prana vidya*" mainly deals with physiology & importance of respiration³.

Prana is considered as a cause of birth & death: "*Prano mrityupranastakama*".

Upanishad Kala:

Word *Shwasa* is used for the first time in *Upanishad*. There is mentioning of word "Shwasa" and concept of respiration in *Amanashakopanishad*, *Yoga Chudamanya Upanishad*, *Bhrihadaranyaka Upanishad*, *Chandogya Upanishad* etc

Samhita Kala [2000 BC To 800 AD]

The first detailed description of *Shwasa* is available in *Charaka Samhita*. The disease is explained in other samhitas like *Susrutha Samhita*, *Bhela Samhita*, *Harita Samhita*, *Astanga Sangraha*, *Astanga Hridaya*, *Madava Nidana* etc.

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Etymology

Tamaka Shwasa is made up of two words i.e, *Tamaka* and *Shwasa*. The etymology of these two words is as follows:

Derivation of Tamaka

• The word *Tamaka* is derived from the *dhatu* 'Tum glanou' which means sadness⁴.

• The word *Tamaka* is derived from the root 'Tam' meaning oppression in the Chest⁵.

• The Sanskrit English dictionary by Monier Williams gives the different meanings to the word Tam i.e., to choke, to be suffocated, to be exhausted, to be unease, to be distressed⁶.

• *Tamaka - Tamyati Atra Tama*. It is described as one variety of disease *Shwasa* in *Vachaspathyama*⁷.

• *Tamyati Anena Iti Tama*. The word *Tama* denotes *Andhakara*, *Nishacharma*, *Divantaka*, *Dinantarama*, *Andhakam*⁸.

Derivation of Shwasa

• "Shwasiti Anena iti shwasa"⁹

The process by which exchange of air takes place that is *Shwasa*.

• "Tatparya pranaha"¹⁰

The word *Shwasa* is used as synonym of *Prana* (Life).

• In Sanskrit English Dictionary the meaning of term *Shwasa* is given as breathing¹¹.

Paribhasha

Shwasa Roga can be defined as a disease in which the respiration and exchange of air is disturbed.

• *Sushruta* has mentioned the definition of *Shwasa roga* in *UttaraTantra* as:

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vihaya prakruti vya pranatha khaphasamyutah | shwayaturdhvago bhutva tam shvasam parichakhate |¹²

• *Dalhana*, while commenting the above text explains,

Prano vayu prakritim vihaya viguno bhutvetyarthah, urdvago bhutva tatha kaphasamyuthah san yada shvasayati tam bhudhah shvasam parichakshate kathayanti ¹³

Thus, *Shwasa roga* can be defined as a disorder of respiration where, the *pranavayu* is disturbed and obstructed by *Kapha dosha*, moves upwards and because of the air pathway obstruction; the inspired air fails to reach the lungs causing difficulty in breathing. This definition seems to be very scientific and describes all the aspects of dyspnoea.

The word *Shwasa* refers to expiration of the air, producing sound similar to the one generated while blowing the air with a blower used by the blacksmith. This refers to the forceful labored breathing, probably with the wheezing sound. The description conceals the pathological expression of breathing and it is the cardinal symptom of *Shwasa Roga*. It can be compared to

a pathological condition with increased respiratory effort¹⁴.

Bhuyo bhuyo shvasati yasmin roga sa shvasah |

It is a disease characterized by rapid respiration¹⁵.

Nidana Panchaka

Ahara Sambandhi Nidana of Shwasa Mentioned in Ayurvedic Texts are mentioned in Table no 1.

Viharaja Nidana of Shwasa are mentioned in Table no 2

3. Vyadhi/Avastha Sambandhi Nidana

Acharyas have also listed the diseases which can cause *Tamaka Shwasa* or trigger an attack of *Tamaka Shwasa* as mentioned in Table no 3. Among them *kasa* has been said to be causing *Tamaka Shwasa*- "*Kasa Vrudhya Bhaveth Shwasa*"²⁴

Agantu karana of Tamaka Shwasa are mentioned in Table No 4

Purvarupa (Prodromal Symptoms)

Purvarupa acc to different authors is mentioned in Table no 5

ROOPA

The Lakshanas according to various *Acharyas* are mentioned in table no 6

Table 1 Ahara Sambandhi Nidana of Shwasa Mentioned in Ayurvedic Texts

Nidana	C.S ¹⁶	S.S ¹⁷	A.S ¹⁸	A.H ¹⁹	Y.R ²⁰	B.P ²¹	M.N ²²	G.N ²³
Sheetapana	+	+	+	+	+	+	+	+
Sheeta ashana	-	+	-	-	+	+	+	+
Guru bhojana	+	+	-	-	+	+	+	+
Abhishyandi Bhojana	+	+	-	-	+	+	+	+
Rooksha Bhojana	+	+	-	-	+	+	+	+
Vishtambi ahara	+	+	-	-	+	+	+	+
Vidahi ahara	+	+	-	-	+	+	+	+
Adyashana	+	+	-	-	-	-	-	-
Sleshmala Ahara	+	-	-	-	-	-	-	-
Jalaja mamsa	+	-	-	-	-	-	-	-
Anupa mamsa	+	-	-	-	-	-	-	-

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Ama ksheera	+	-	-	-	-	-	-	-
Dadhi	+	-	-	-	-	-	-	-
Shaluka	+	-	-	-	-	-	-	-
Masha	+	-	-	-	-	-	-	-
Nishpava	+	-	-	-	-	-	-	-
Vishamashana	+	+	-	-	-	-	-	-
Pinyaka	+	-	-	-	-	-	-	-
Tila taila	+	-	-	-	-	-	-	-
Pista padartha	+	-	-	-	-	-	-	-
Ama rasa	-	+	-	-	-	-	-	-

Table 2 Viharaja Nidana of Shwasa

Nidana	C.S	S.S	A.S	A.H	Y.R	B.P	M.N	G.N
Sheeta Vata sevana	+	+	+	+	+	+	+	+
Raja sevana	+	+	+	+	+	+	+	+
Dooma sevana	+	+	+	+	+	+	+	+
Vyayama	+	+	+	+	+	+	+	+
Vega dharana	+	+	-	-	-	-	+	+
Sheeta sthaana	-	+	-	-	+	+	+	+
Bhara vahana	-	+	-	+	+	+	+	+
Stree sevana	-	-	-	-	+	+	-	-
Atapa sevana	-	-	-	-	+	-	+	+
Abhishyandi upachara	+	-	-	-	-	-	-	-
Seetasana	-	+	-	-	-	-	-	-
Adhwagamana	+	-	-	-	-	-	-	-
Dwandwa sevana	+	-	-	-	-	-	-	-

Table 3 Nidanarthakara Vyadhis as per various authors

Disease	C.S.	S.S.	A.H.	Y.R.	M.N.
Atisara	+	-	+	+	-
Jwara	+	-	+	+	-
Chardi	+	-	+	+	-
Pratishyaya	+	-	-	-	-
Kshata Kshaya	+	-	-	-	-
Raktapitta	+	-	-	-	-
Udavartha	+	-	-	-	-
Visuchika	+	-	-	-	-
Alasaka	+	-	-	-	-
Pandu	+	-	+	+	-
Kasa	-	+	+	+	+

Table 4 Agantu karana of Tamaka Shwasa

Agantu karana	C.S.	S.S.	A.S.	A.H.	Y.R.	B.P.	M.N.	G.N
Marmaghata	+	+	+	+	+	-	-	-
Visha	+	-	+	+	+	-	-	-
Kantorasa pratighata	+	-	-	-	-	-	-	-

Table 5 Purvarupa acc to different authors

Purvaroop	C.S ²⁷	S.S ²⁸	A.H ²⁹	A.S ³⁰	M.N ³¹	B.P ³²	Y.R ³³	G.N ³⁴
Anaha	+	+	+	+	+	+	+	+
Adhmana	-	-	-	+	+	+	+	+
Arathi	-	+	-	-	-	-	+	+
Bhaktadwasha	-	+	-	+	-	-	-	-

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Vairasya	-	+	-	-	+	+	+	+
Hrutpeeda	+	+	+	+	+	+	+	+
Parshwashoola	+	+	+	+	+	-	-	-
Pratilomatva	+	-	+	+	-	-	-	-
Shankabheda	-	-	-	+	+	+	+	+

Table 6 Lakshanas according to various Acharyas

Lakshana	C.S ³⁵	S.S ³⁶	A.S ³⁷	A.H ³⁸	M.N ³⁹	Y.R ⁴⁰
Shwasa Krichrata	+	+	+	+	+	+
Ghurghuraka	+	+	+	+	+	+
Kasa	+	+	+	+	+	+
Pratamyana	+	+	+	+	+	+
Sannirudhyatha	+	-	-	-	+	+
Pramoha	+	+	+	+	+	+
Kantodhwamsa	+	-	-	-	+	+
Kruchra Bhashana	+	-	-	-	+	+
Anidra	+	-	-	-	+	+
Ushnabhinandana	+	-	+	+	+	+
Uchritaksha	+	+	+	+	+	+
Lalata Sweda	+	+	+	+	+	+
Bhrusham arti	+	-	+	+	+	+
Shushkasyata	+	-	+	+	+	+
Peenasa	+	-	+	+	+	+
Aruchi	-	+	+	+	+	+
Shleshmanya mucchyamane tu bhrusham bhavati dukhah, tasyeva cha vimokshante muhurtham labhate sukham	+	+	+	+	+	+
Aasine labhate sukham	+	+	+	+	+	+
Parshwe tasya avagruhnati shayaanasya Sameeranaha	+	-	+	+	+	+
Muhurshwaso muhurshaiva avadhamyate	+	+	+	+	+	+
Meghambu sheeta pragvatai shleshmalaishya abhivardhate	+	-	+	+	+	+
Thrishna	-	+	+	+	-	-
Vepathu	-	-	+	+	-	-

SAMPRAPTI

Samanya Samprapti of Hikka and Shwasa

Due to *Nidana sevana*, vitiated *Vata* enters the *pranavaha srotas*, triggering the aggravation of *urasthana Kapha*. This provoked *Kapha* obstructs the *pranavaha srotas*, giving rise to five types of *Hikka* and *Shwasa*⁴¹. Gangadhara's commentary highlights that "*Kaphamuddhuya urdhwam neetwa anaha*,"⁴² signifying the upward movement of *Kapha* from *uras* towards the *pranavaha srotas*, thereby causing *Shwasa*.

Vishista Samprapti of Shwasa

When the vitiated *Vayu* along with *Kapha* causes the obstruction to the respiratory channels, then

vayu itself gets obstructed and spreads in the whole body making abnormal movements and producing *Shwasa roga*. The *pranavayu* which has lost its *prakruthavashta* when get obstructed by dominant *Kapha dosha*, then attains *vimargagathi*, i.e., it will move in all directions in the *uras* there by impairing the respiration and thus leading to *shwasa*⁴³.

The word "*vishwag vrajati*" has been commented by *Chakrapani* as "*Sarvato Gacchati*"⁴⁴, while *Arunadatta* has restricted the movement only within *uras* or chest.

Vishista Samprapti of Tamaka Shwasa

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The *nidana* leads to *pratiloma gathi*. This, in turn will vitiate the *Kapha dosha*. As a result excessive *Kapha* will be secreted leading to *peenasa*. *Vata* moving through the *Kapha avrutha pranavahasrotas* will produce *ghurghuraka*, along with intense attacks. *Charaka* explains *Tamaka Shwasa* as *Vata-Kaphatamaka* and origin from *pittastana*. The pathologic derangement takes place in six phases known as *kriyakala*.

Bhedha⁴⁵:

1. **PraTamaka Shwasa:**

It is caused by *udavartha* (upward movement of *Vata* in abdomen), *Raja* (dust), *Ajirna* (indigestion) or *Ajirna Klinna* (food if taken in indigestion), *Kaya nirodha* (suppressing natural urges).

The patient is afflicted with *jwara* (fever) *moorcha* (fainting) and *shwasa* is aggravated by *tamas* (darkness) and subsides by *Sheetopachara* as it is *pittapradhana*.

2. **SanTamaka Shwasa:**

If the patient is feeling as if submerged in darkness, then the condition is called *santamaka*.

Upashaya – Anupashayas:

Upashaya for *Tamaka Shwasa* are as follows:

1. *Slesma vimoksante* (Feeling better after expectoration of Phlegm)
2. *Asino labhate saukhyam* (Feeling comfort in sitting position)
3. *Usnabhinandati* (Feeling better by warm conditions)

Anupashaya:

1. *Sleshma Amokshna* (stagnation of the Phlegm)
2. *Shayanam*: lying posture which aggravates the condition of breathlessness
3. *Megha, Ambu, Seeta*, and *Pragvata*: cloudy atmosphere, cold water and weather.
4. *Sleshmala Ahara*: foods which are cold, oily and heavy for digestion.
5. *Sleshmala Vihara*:

Sadhyasadhya

Charaka opines that *Navotita* i.e, newly manifested *Tamaka Shwasa* is *sadhya* and will be *yapya* once it becomes chronic⁴⁶. *Sushrutha* opines that *Tamaka Shwasa* is *kruchra sadhya* and if the patient is *durbala* then the disease is incurable⁴⁷. *Dalhana* mentions that *Tamaka Shwasa* with *jwara* and *murcha* is *asadhya* or incurable.

According to *Vagbhata*, *Tamaka Shwasa* is *yapya*, but can be *Sadhya* if it is treated in early stages in the strong persons. As per *Arunadatta* *Tamaka Shwasa* treated in the early stage is curable whereas fully fledged disease will take away the life of the patients⁴⁸.

Chikitsa

Charaka said *shwasa roga* as “*Sheegrpranaharinam*” i.e. the diseases takes away the life as quickly as possible. They can cause emergency condition at any time (*Ashukarinam*). Hence they should be attended very quickly with intensive care (*Shkipram Bhishagupachareth*), if delayed the patient will die within minutes like the dried tree reduces to ashes by fire within few minutes. It is because of

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this reason *Sushruta* has termed *shwasa rogas* as *Mahavyadi* and *Charaka* opines as *Ghoravyadi*.

Chikitsa siddhanta:

❖ Nidana parivarjana

Patient should avoid the known etiological factors such as house dust, smoke, fumes, *Kapha* aggravating food, cold food and the *shwasa* aggravating medicines etc. *Nidana parivarjana* is especially very useful to prevent the attacks of the disease like *Tamaka Shwasa*.⁴⁹

❖ Management of *Shwasa rogi* depends on:

1. *Bala bala* (*Balawan or Durbala*)
2. *Doshadhikya* (*Kaphadhikya or Vatadhikya*)

If the patient is *Kaphadhikyata* and *balawan rogi* - *Doshas* has to be expelled by *vamana* and *virechana karma*. After this *pathya ahara, vihara* and later followed by *Shwasa nashaka dhuma, avaleha* etc has to be administered.

If the patient is *Vatadhikyata* and *durbala, Baala, vruddha rogi*- *Vata* has to be alleviated by *Vatanashaka dravyas, tarpana, Sneha; yusha, mamsarasa* etc are to be administered.

If the *samshodhana karma* is performed in condition *anutklistha Kapha dosha, durbala* and those who have not undergone *swedana, Vata* gets highly provoked; becomes fatal with causing *marma samshoshana*.

In case of *balawan, Kaphabahula rogi*- Before performing the *Vamana karma anoopa* and *jalaja mamsa rasa* and *swedana* are to be given. Contradictory to it, in *durbala, alpa-Kaphavastha*, he has to be treated with *brumhana chikitsa*. *Shwasa rogi* having *ruksha shareera*,

suffering from *shushkata* in *uras, kantha* and *talv* has to be treated by *ghrita*.

❖ Doshanubandhi Shwasa Chikitsa

In case of *Vatanubandhi Shwasa*, the *ghrita* prepared by *mamsa* of *shasha, shallaka* etc. or *ghrita* prepared by *pippali, mamsa* and *shonita* has to be administered. In case of *Vatapittanubandha Shwasa, Shali Odana* prepared with *Suvarchala swarasa, dugdha, ghrita* and *trikatu* has to be administered. *Gangadhara* commented on this *suvarchala swarasa, dugdha, ghrita* can be administered separately with *trikatu churna* after food⁵⁰.

▪ In case of *pittanubandhata utkarika gritha* are to be administered.

▪ In case of *Kaphapittanubandha Shwasa shirisha pushpa swarasa* or *saptaparna swarasa*, mixed with *pippali choorna* and *madhu* has to be administered.

❖ According To Doshas Shwasa Chikitsa⁵¹

1. **Vatakruddha Kaphahara:** The *upakramas* those aggravate *Vata* and mitigate *Kapha*.

2. **Kaphakruddha anilapham:** The *upakramas* those aggravate *Kapha* and mitigate *Vata*.

Both the principles can be used differently according to the condition, but treatment aiming towards single *Dosha* must not be performed i.e. *Vata karaka, Kapha karaka, Vata shamaka* or *Kapha shamaka*, in indispensable condition to implement one amongst the above four. It is superior to go for *Vatashamaka upakramas*.

Line of treatment:

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1. Local *Snehana* (external oleation) and *swedana* (sudation) on the chest are adapted first⁵².
2. Although patient is strong enough to tolerate *shodhana* procedures *Mridu Vamana* and *Mridu Virechana* are adopted.
3. *Dhooma pana* is recommended in whom *doshas* are not eliminated properly even after *vamana karma*.
4. *Shamana Aushadis* are indicated in case of weak patients (Durbalo Shamanam matham. Chakradatta)⁵³
5. In case of weak, *Vata* predominant, old aged and in children *Shamanoushadi*, *Yusha*, *Mamsarasa*, *Sneha* etc are advised.
6. In case of *Kapha* predominant patients *shodhana*, *dhooma pana* and *pathya* food are recommended.
7. In all the varieties of *shwasa roga* correction of *Vata* and *Kapha* line of treatment adopted.

The medicines the food and drinks designed in such a way that it should not be antagonistic to *Kapha* and *Vata dosha*. Besides this *ushna*, *anulomaka* and *Vata* specifying measures are adopted⁵⁴.

❖ **Snehana and Swedana**

In this context *Snehana* refers to external oleation. *Sarshapataila* is mixed with salt and applied on back as well as on the chest externally. And then *swedana* by *sankara*, *prastara*, *nadisweda* (any one of these) is conducted on the same region⁵⁵. The action of *Sneha* and *sweda* is explained below.

Karmukatha\ Action of external Snehana and swedana on shwasa roga:

Thick and sticky mucus which is inspissated in the *pranavaha srotas* get dissolved by *Snehana* and *swedana*.

“Srotasvapi grathita shleshma (sthira shleshma) vilayati”⁵⁶

The manner in which the snow lying on hilly forest melts by the heat of sun rays, the thick sticky mucus in the *pranavaha srotas* get liquified by the heat of *swedana*, so that it comes out easily “*Kapha dravathi neethah*”⁵⁷

When the block caused due to *Kapha* is cleared in the passage, the trapped air also get eliminated, the functions of *Vata* returns to normal course and free movements of air takes place (*tato vātānulomanam - māruta svamārgagāmitva*) and this gives comfort to the patient.

The passage of *pranavaha srotas* (bronchi and bronchioles) get relaxed and dilated by *Snehana* and *swedana* procedures which act as bronchodilator (*khāni - randrāēi mārḍavamāyanti - Gangadhara*).

Vamana

Almost all the *shwasa rogas* are predominant of *Vata* and *Kapha*, hence to eliminate the sticky mucus from the *pranavaha srotas* *vamana* is induced. Almost all the authors and commentator’s opinion is to induce *mridu vamana* in *shwasa roga*. At the same time *teekshna vamana* is contraindicated⁵⁸. Commenting on the same, *Dalhana* says that the

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process of *vamana* should be conducted in such a way that it should not produce any complications (*apeedakaram*), and also it should not cause aggravation of *Vata* says *Charaka* (*Vata avirodiyat*). Hence *mridu vamana* is ideal in *shwasa roga*.

Before *vamana* procedure, *Snehapana* of increasing order is not advised as followed in routine, instead patient is given *Kapha* aggravating food such as fish soup, pork soup or rice mixed with *dadhisaara* in large quantity, and then *vamana* is induced with *pippali*, *saindhava* and *honey*. Here *madanaphala* is not recommended to induce *vamana*. The combination of *pippali*, *saindhava* and *madhu* helps to induce *vamana* in milder form that gives desired effect in *Tamaka Shwasa*.

Ullekhana- *Charaka* has advised other method of conducting *vamana* in the same context. Salt mixed water is recommended to drink full stomach, to induce *vamana* "*ullekhanam karayet lavanambuna*"⁵⁹ the meaning of *ullekhana* is *vamana* says *Chakrapani*. Such type of *vamana* is called *Vamana dhouti* or *Kunjali kriya* in *yoga*.

Karmukata \ Mode of action of vamana

Vamana helps in eliminating *Kapha dosha* collected in bronchi; this statement seems to be irrational, but any emetic drug given in sub emetic dose increase the bronchial secretions by producing less tenacious sputum so that it becomes easier to expectorate. In this way *vamana* helps in expulsion of thick sputum that facilitates free movement of air and gives comfort to the patient.

Virechana

Virechana is important therapy in *shwasa*, particularly in *Tamaka Shwasa* (*Tamaketu virechanam*) *Sushruta* recommends *mridu virechana* in *shwasa* with the drugs that have *Vatahara* and *Kaphahara* properties. As the main seat of *shwasa* is *pitta sthana*, *mridu virechana* is beneficial to eliminate the *doshas* from the body (*Kapha Vataatmakavetau pitta sthana samudhbhavavau*)⁶⁰

Role of Virechana In Tamaka Shwasa

- ❖ *Acharya Charaka* has given the *chikitsa* sutra of *Tamaka Shwasa*: "*Vata sleshma hareyuktum tamakatu virechanam*"⁶¹
- ❖ He said that the intelligent physician should give *vamana* medicated with drugs alleviating *Vata* and *Kapha* to patient suffering from cough and hoarsness of voice and to *shwasa rogi* one should give purgation medicated with drug alleviating *Vata* and *Kapha*.
- ❖ *Charaka* and *Vagbhata* described *Shwasa* as a disease in which *Virechana* is indicated.
- ❖ *Chikitsa Sutra* in *Tamaka Shwasa- Kapha* obstructs the *marga* of *vayu*. The obstructed *vayu* take the *pratiloma gati* and *virechana* drugs have a quality of *Vatanulomana*, *KaphaVataghna karma*, *ushna veerya* may be more beneficial in the condition of *Shwasa*⁶².
- ❖ *Virechana* drugs remove mainly *Kapha* and *pitta doshas* and make *Vata* in *anulomana gati*.
- ❖ *Arundatta* comments that when the normal course of *vayu* is obstructed by *Kapha*, it will get aggravated i.e. *vimargagamana* of *vayu* is due to the *avarana* of *Kapha*⁶³. Then the treatment

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should have the quality of *Kaphaghna* and *Vatanulomana*⁶⁴ i.e. *Virechana* removes *Kapha*, also corrects the direction of *vayu* to set it on normal course.

❖ The origin of *Shwasa roga* is *pittasthana*. *Chakrapani* has narrated that *adhoamashaya*⁶⁵ and *Virechana* purifies the *pitta sthana* which in fact is the site of origin of *Shwasa roga*. Hence, it acts as curative measure.

❖ *Harita Samhita* has quoted ‘*Navaten venna Shwasa*’ which means that without *Vata* vitiation, the *Shwasa* is not produced. In *Vata chikitsa* it is mentioned that *Snehana*, *Swedana* and *Mrudu Virechana* are the line of treatment to be adopted.

❖ Patients of *Tamaka Shwasa* fall under two categories: Weak patients and strong patients. In weak patients *Virechana* is more suitable than *Vamana karma*.

Dhoomapana \ Therapeutic smoking

Even after *vamana* the deep seated sticky mucus is not completely eliminated from the bronchi, *dhoomapana* is indicated with the following drugs. The drugs and the procedure mentioned in *kasa* for *dhoomapana* are followed in *shwasa roga* too: “*hikka shvasayorapi kasa samanavat*”⁶⁶

Drugs used in dhoomapana

❖ *Haridra* leaves, *eranda* roots, *laksha*, *manashila*, *devadaru*, *haratala* and *jatamamsi* are powdered together and *vartis* are prepared, smeared with ghee and advised to smoke.

❖ *Padmaka*, *guggulu*, *shallaki*, *agaru*, *syonaka* etc are also used for *dhoomapana*.

Action of dhoomapana

In the process of *dhoomapana* the fumes of medicinal drugs are inhaled by the patient through the mouth. It is aimed at delivering the drugs to the site of action directly into bronchioles- “*tam urah kevalam praptam.*”⁶⁷

Therefore the action of the drug is very quick.

The drugs used in *dhoomapana* possess *teekshna* properties, so that they help in *chedana* of *Kapha* situated in the lungs. In this context *chedana* means the drugs which root out *Kapha dosha* that has stuck in the *pranavaha srotas*. Similarly the drugs mentioned for *dhooma pana* act by liquifying the thick and tenacious sputum situated in the lungs (*Sthira* and *Ghana Kapha*), and facilitates its removal by coughing which gives comfort to the patient. (*Thaikshnyat vichidhya shleshmaanamurasi stiram*⁶⁸) This is called “*Vairechanika dhooma*”. The *chedana* of *Kapha* in the lungs is compared to mucolytic action.

Charaka stresses more on cleansing the *anila marga* daily. Here *anila marga* refers to respiratory passage. In this backdrop, it is necessary to recall the pathophysiological changes that occur in *Tamaka Shwasa*.⁶⁹ There will be congestion in the lungs due to secretion of *Kapha*, besides this *Tamaka Shwasa* is *yapya* disease, which is incurable and needs regular medication and diet. Such condition requires cleansing of respiratory passage regularly with the drugs which facilitate free movement of air during respiration. The above said concept i.e. *anila margam nityam vishodhayet* is suggestive of the drugs and the measures that are

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recommended in *Tamaka Shwasa* act as bronchodilator and expectorant.

Concept of Rasayana

Charakacharya advocated *Rasayana* therapy in addition to the *panchakarma* procedures in the pathological conditions which occur among large population simultaneously, involving environmental factors as aetiology. Considering *Tamaka Shwasa* as the manifestation due to industrial pollutants, the treatment through *Rasayana Oushadha* as mentioned in *Janapadodhwamsa chikitsa* is planned, giving the disease a status of epidemic and Industrial hazard.

Rasayana chikitsa is a disease modifying and prophylactic therapy, which aims at fortifying the ultimate natural resistance of an individual i.e., the innate immunity.

Rasayana therapy has multidimensional and positive impact on the health of an individual. The concept of *Rasayana* in *Tamaka Shwasa* involves utilizing rejuvenation therapies. *Rasayana* aims to promote respiratory health through herbal formulations, dietary adjustments, and lifestyle modifications. These practices, tailored to individual constitutions, seek to balance doshas, strengthen the respiratory system, and enhance overall well-being.

CONCLUSION

In conclusion, Ayurveda's approach to managing *Tamaka Shwasa* showcases a meticulous understanding of individual constitutions and

doshic imbalances. The diverse range of therapeutic interventions, from purification procedures to personalized herbal remedies, highlights the holistic nature of Ayurvedic treatments. Emphasizing lifestyle modifications and dietary choices, Ayurveda underscores the importance of addressing the root causes of asthma, not just its symptoms. By integrating traditional wisdom with modern insights, Ayurveda offers a comprehensive framework for respiratory health, acknowledging the intricate interplay of physical, mental, and environmental factors.

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