



Review Article

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IMPORTANCE OF PANCHKOLADI AVALEHA IN THE MANAGEMENT OF TAMAKA SWASA IN CHILDREN: A REVIEW

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ABSTRACT

Tamaka Swasa can be defined as a disorder of respiration, where the prana vayu vitiated and obstructed by kapha, moves upward, and because of the air pathway obstruction, the inspired air fails to reach the lungs causing difficulty in breathing. This condition resembles with the childhood asthma, which is a major, chronic and non-communicable disease characterized by recurrent attacks of breathlessness and wheezing. India has an estimated 15-20 million asthmatics. Rough estimates indicate a prevalence of between 10% - 15% in 5-11-year-old children. Various allopathic drugs like corticosteroids, anticholinergic, mast cell stabilizers, leukotriene antagonists, B2 receptor agonist etc., are in use for the treatment for asthma. In the most extents, these drugs have been helpful in the symptomatic relief, treatment and prophylaxis of asthma. But the involvement of debilitating side effects is a major drawback of these drugs. Moreover, Ayurvedic formulations are having no side effects or after effects, as compared with allopathic drugs and also offers a unique insight into comprehensive approach to asthma management through proper care of respiratory tract. A large number of single and compound formulations are available in the classics of Ayurveda, for the treatment of common ailments like respiratory infections. Drugs which have capacity to break the pathogenesis, arrest the progression and also give symptomatic relief should be used. The drug should be Vata kapha shamaka, Kapha nissarak, Anti-inflammatory and Strotoshodhak. Keeping this in mind, Panchkoladi Avaleha having mainly Kapha-Vatahara, Vatanulomana, Deepana-Pachana and Swasa-Kasahara properties should be used.

Keywords: Swasa, Asthma, Pippalyadi Avaleha, Deepana-Pachana, Vata-Kapha Shamaka

INTRODUCTION

Respiration is the first physical sign of life, is also a sign of consciousness. This unique indicator of life is affected in the disease Tamaka Swasa (Bronchial Asthma). Tamaka Swasa continues to be a distressing and alarming disease in the present world. Swasa roga in children is very similar with the childhood asthma. Tamaka Swasa denotes a pathological state where a sense of darkness prevails due to movement of Prana Vayu in reverse direction. It is mentioned as one of the variety among five types of Swasa. Increasing prevalence of child-hood asthma is a global issue. There is enough data globally that the prevalence of severity of asthma is increasing. Child-hood asthma is an important cause of morbidity, school absentees and frequent visits to the pediatricians, clinic or hospital. There has been an increase in mortality as well, particularly in young age group. Children being the most vulnerable, are reported to have an incidence and recurrence much more than adults due to specific anatomical and physiological peculiarities and immature immune response, become more susceptible to respiratory disorders. The health burden of asthma is increasing globally at an alarming rate, providing a strong impetus for the development of new therapeutics. Environmental factors, including increasing exposure to pollution, allergies, environmental tobacco smoke and sedentary life style have been identified as risk factors for asthma.

TYPES OF TAMAKA SWASA

Pratamaka Swasa

In this condition there is association of Fever and Syncope. This condition develops due to Udavarta (reversible natural urges of body), dust, indigestion, old age or excess humid environment; here the Pitta aggravates.¹

Santamaka Swasa

When this condition is aggravated due to darkness or due to mental stress but relieved by cold and feels that he is drowning in the darkness. Usually the attacks precipitate early in the morning.²

Nidana

Tamaka Swasa is a disease where multi factorial causation is responsible for its development. Its nidana is mainly of two types³:

1. Bahya (Extrinsic) – like Raja (Dust), dhuma (Smoke), vata, etc.
2. Abhyanatra (Intrinsic) – Kapha and Vata Dosha vitiation.

The Bahya nidana⁴ acts through following three factors: Asatmendriyarth Samyoga: Sparshaendriya (Skin), Rasanendriya (Tongue) and Ghranendriya (Nose) are the factors which precipitate Tamaka Swasa.

Pragyaparadha is another important, conscious or unconscious indulgence in harmful activity. It is of 2 types:

- Sharirik: Factors are excessive physical work, sex and sleeplessness etc.
- Mansik: These factors are anxiety, excitement, fear,

sorrow, anger etc.

- Parinam: Clouds, rainy season, cold air, early morning breeze, winters and sudden climatic changes aggravates Tamaka swasa.

Rupa of Tamak swasa

Table 1: Rupa

Rupa	C.S.	S.S.	A.S.	A.H	M.N.	Y.R
Pinasa(Rhinorrhoea)	+	-	+	+	+	+
Ghurghurka(wheezing)	+	+	+	+	+	+
Tivra vega swas(tachypnea)	+	+	+	+	+	+
Pranprapidakam (tachycardia)	+	-	+	+	+	+
Vegayukta kasa (bouts of cough)	+	+	+	+	+	+
Pratamyati	+	-	+	+	+	+
Shleshmanyamuchyamane bhrisham bhavti dukhitah	+	-	-	-	+	+
Vimokshante muhurt labhate sukham	+	-	+	+	+	+
Kantheadhwansa	+	-	-	-	+	+
Speech difficulty	+	-	-	-	+	+
Anidra (sleep disturbance)	+	-	-	-	+	+
Ashino labhate saukhyam (orthopnea)	+	+	+	+	+	+
Ushnabhinandan	+	-	+	+	+	+
Shyan shwas peedit	+	+	+	+	+	+
Uchhritaksha	+	-	+	+	+	+
Lalate sweda	+	+	+	+	+	+
Arati (restlessness)	+	-	+	+	+	+
Vishushkasya (dry mouth)	+	-	+	+	+	+
Muhur swas(paroxysm of dyspnea)	+	-	+	+	+	+
Muhu avdhamyate	+	-	-	-	+	+
Vamthu (vomiting)	-	+	-	-	-	-
Trishna (thirst)	-	+	+	+	-	-
Vepathu (tremors)	-	-	+	+	-	-
Annadwesa (loss of appetite)	-	+	+	+	-	-
Jwara	+	+	+	+	-	-
Murchha (syncope)	+	+	+	+	+	+
Sarvang sweda	-	+	-	-	-	-
Sakapha kasa	-	+	-	-	-	-
Parshvasula	+	-	+	+	+	+
Moha	+	-	+	+	+	+

Anupashaya (Aggravating factors of Tamaka swasa)

Sleep⁵

Durdina⁶ (abnormal atmospheric condition)

Lying position⁶

Megha (cloudy atmosphere), cold water, Pragvata⁷(eastern air)

Factors producing Kapha dosha⁷

Dust, Smoke⁸

Tama⁸ (darkness or Mansik dosha)

Nidana sevana

Upashaya (Relieving factors)

“Kapha heene⁹” (decreased Kapha dosha)

Sitting position

Hot diet and regimen¹⁰

Sheetalaharvihar¹¹ (cold regimen in case of Santamakashwas)

Snehana, Swedana

Vamana

Dhumapana

Samprapti of Tamaka swasa

The vitiated Vata is Pratiloma (reverse) in its course in Tamaka Swasa, which influences neck & head region and due to this, secretion of Sleshma takes place resulting in Pinasa. This again

causes obstruction and as a result of these “Ghurghurka” or wheezing manifests along with increased rate of respiration.

Chakrapani opines that both Vata and Kapha Dosha get vitiated separately due to their own etiological factors.

1. Vata is in normal state, Kapha is either vitiated with its own etiological factors like Sheeta, Guru, Dadhi, Amakshira etc. or Vishmashana, Vishtambhi bhojana etc. produces Mandagni and Mandagni produces Ama and this Ama produces Malarupa kapha. This vitiated Kapha in the Urah pradesha causes the obstruction in the normal path of Vata (Prana); it further leads to Avaran janya vata prakopa and Pratiloma gati of vata (Kapha pradhan samprapti)
2. Vata is vitiated through its own etiological factors like Apatarpana, Raja, Dhuma, Vegavarodha, etc. and by Dhatukshaya (due to chronic disorders); vitiated Vata causes contraction of Pranavaha srotas. This further produces Pratishtyaya by excitation of Kapha dosha. Thus, leading to the presentation of Swasa (Vatapradhana samprapti).

Arishta lakshana of Tamaka Swasa

The Aristalakshana of Tamaka Swasa are not described specifically but generally for Swasa.

- Asthmatic patient is complicated with diarrhoea, fever, vomiting, & swelling in testis and penis, then he will die¹².
- Patient with Prakujan, Prashwasiti shithilum (very weak respiration) excessive diarrhoea, Balaheen (week), thirsty and with dry oral cavity¹³.
- Patient with very weak respiration, activity like Vyavidha (discomfort like piercing body)¹⁴.
- The Patient having very short or very long or foul smelling or good smelling (Sugandhit) Ucchhwas is also Aristalakshana.

Management

The line of treatment is described as below:

1. Patient having predominance of Kapha dosha with strong body built is advised Samshodhana therapy which includes Vamana and Virechana, followed by Samshamana karma like Dhumpana and Leha¹⁵.
2. In patients having predominance of Vata dosha with weak body built, Samshamana therapy is advised, which includes Sneha, Yusha, Mamsa Rasa etc. having Brimhana and Vata shamaka properties. Same therapy is advised for both, children and elders¹⁶.

Giving general guidelines to the management of Swasa, Charaka states that the drugs which pacify Kapha and Vata and have Vatanulomana properties are beneficial in Swasa and Hikka¹⁷. Further the management of Tamaka Swasa in practical sense has two aspects:

1. Management of Vegavastha of Tamaka swasa; i.e. acute exacerbations
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.

In both cases, the therapy should focus on alleviating Vata without agitating kapha, and balance the kapha, liquefy it and expel it from the pranavaha srotas, without agitating vata.

Vegavastha

The first and foremost measure for the Vegavastha should be anointing with salted oil followed by sudation either by methods of Nadi Sweda (steam), Prastara (hot bed sudation) or both. In this condition Sneha along with Lavana is indicated. Charaka has mentioned properties of Salavana Sneha in Sneha-adhaya¹⁸. It is having greater penetration power so, supervenes within short period of time. Taila alleviates Vata, and does not increase Kapha because of its Ushna property. Therefore, it is better for Abhyanga¹⁹.

Because of Grathita Kapha (Mucous plug) Salavana Sneha is very useful for its Vilayana, and it removes the Sanga

(Obstruction of airway) also. Once the Kapha is removed from airways, it flows back to its base in Amashaya from where it is expelled out by Vamana. After this, Dhoopana is to be done to eliminate the left out Dosh.

Avegavastha

Pathogenesis further leads to exacerbations, so consideration should be given to avoid them.

Acharya Charaka has divided the patients of Swasa into two categories.

1. With Predominance of Kapha (Strong)
2. With predominance of Vata (Weak)

In Alpabala patient, Tarpana and Shamana are the choice of management. Shodhana therapy should be administered only when all other measures fail and the patient is having good Dehabala and Satwabala. The drugs or diet should not alleviate one Dosh & aggravate the other. The drug which alleviates Vata should be preferred over the other.

Single drugs for Swasa roga

Charaka has mentioned 10 drugs under Swasahara Mahakashaya.

Sushruta mentioned Surasadi gana and Dashmula gana, which are indicated in Swasa roga.

Commonly used single drugs in the management of Swasa are Haridra, Vasa, Pushkarmula, Shati, Shirisha, Kantakari, Dhatura, Bharangi, Vacha, Bibhitak, Pippali, Madhuyashti, Kushmanda, Somalata.

Non-Drug therapy

Ashtanga hridya has mentioned specifically non-drug therapy to control the abnormal movement of Vata which indirectly controls the Swasa rog²⁰ such as Sheetambu pariseka, Sahsa trasa, Vikshepa, Bhaya, Shoka, Harsha, Irshya, Ucchhwas avarodha and Kita dansa

SELECTION OF FORMULATION

Disease Tamaka swasa is having Kapha, Vata predominance. While mentioning management, Acharyas explained that those Diet and Drugs having Kaphavataghna, Ushna & Vatanulomana properties are useful in Tamaka Swasa²¹ Arundutta further says – Drugs having Deepana, Pachana activities are used for the management of Tamaka Swasa²². The biggest challenge in pediatric practice is the acceptance of drug by the child under treatment. It is very commonly seen that powders (Churna), tablets (Vati, Gutika) and kwatha etc. are lesser and lesser acceptable in children of smaller age group. Avaleha's acceptance is more when compared to other variety of Ayurvedic Dosage forms because it's easily consumable, having good taste and also possesses dietetic values.

Rasa panchaka of Panchkoladi avaleha

Table 2: Rasa Panchaka

SL.No.	Drug	Rasa	Guna	Virya	Vipaka	Karma
1.	Pippli (<i>Piper longum</i> Linn)	Katu, Madhura	Katu, Madhura	Anushnas heeta	Madhura	VK↓
2.	Pippli Mula (<i>Piper longum</i> Linn)	Katu	Laghu, Ruksa	Ushna	Katu	VK↓
3.	Chavya (<i>Piper retrofractum</i> Vahl)	Katu	Laghu, Ruksa, Tikta	Ushna	Katu	VK↓
4.	Chitraka (<i>Plumbago zeylanica</i>)	Katu	Laghu, Ruksa, Tiksan	Ushna	Katu	VK↓
5.	Sunthi (<i>Zinziber officinale</i> Roxb)	Katu	Laghu, Singdha	Ushna	Madhura	VK↓
6.	Brihati (<i>Solanum indicum</i> Linn)	Katu, Tikta	Laghu, Ruksha, Tikshna	Ushna	Katu	VK↓
7.	Kantkari (<i>Solanum Surattance</i>)	Katu, Tikta	Laghu, Ruksha, sara	Ushna	Katu	VK↓
8.	Bharangi (<i>Clerodendrum serratum</i> Linn)	Tikta, Katu, Kasaya	Laghu, Ruksha	Ushna	Katu	VK↓
9.	Vanshlochana (<i>Bambusa arundinacea</i>)	Madhura, Kashaya	Ruksha, Laghu, Tiksna	Sheeta	Madhura	VP↓
10.	Ghritha	Madhura	Guru, Snigdha, Sara	Sheeta	Madhura	VP↓
11.	Madhu	Madhura, Kshaya	Laghu, Ruksha, Suksham	Sheeta	Katu	K↓

Mode of action of Panchkoladi avaleha

- Vata-Kaphahara property of most of the content: Panchkola, Brihati, Kantkari, Bharangi acts on the main Doshas which contribute to the Samprapti viz. Vata and Kapha.
- The main factor in this disease as in many other diseases is Ama and the Deepana-Pachana properties of Panchkola, Brihati, Kantkari, Bharangi digest Ama.
- Sothahara Karma of Bharangi, Shunthi, Pippali, Kantkari

will neutralize the Srotorodha in Pranavaha srotas due to Sotha created by Sama Vata.

- Vatanulomana property of Pippali, Pippalimula, Sunthi, Bharangi maintains the normal flow of Vata.
- Swasa, Kasa Prabhava: Bharangi, Shunthi, Pippali, Kantkari act on the symptoms.
- Honey has good Kaphahara action and Yagavahi property.
- The Ushna veerya: neutralises the doshik pathogenesis.

The pharmacological properties of the individual drugs also favour its effect in disease tamaka swasa

Table 3: Pharmacological properties of formulation

Action	Drugs
Anti-allergic	Pippali, Kantakari, Bharangi,
Anti-inflammatory	Pippali, Chavya, chitrak, Shunthi, Kantkari, Vanshlochan
Antitussive	Pippali, Chavya, Shunthi
Bronchodilator	Pippali, Vanshlochan
Expectorant	Pippali, Pippalimul, Sunthi, Brihati, Vanshlochan
Immunomodulator	Pippali

CONCLUSION

The drug Panchkoladi Avaleha consists of many ingredients which excellently balance each other in Rasa-Panchaka and enhance the Vatakaphahara, Deepana, Pachana and Vatanulomana properties. The drug for asthma should have many properties like Bronchodilator, Anti allergic, Anti tussive and expectorant. Most of the drugs of Panchkoladi Avaleha fulfill the required criteria for an anti-asthmatic formulation. Thus, Panchkoladi Avaleha has very good effect on childhood asthma; also, Avaleha is the most easily acceptable form of drug and it can be easily taken by children as compared to other forms like churna, tablets, inhalers etc.

Abbreviations

- VK↓ – Vatakapha Shamaka
- VP↓ - Vatapitta Shamaka
- K↓ - Kapha Shamaka
- Ch.- Charaka
- chi. - Chikitsa
- Su. - Sushruta
- Utt - Uttartantra
- vi. - Vimana
- Va. - Vagbhatta
- Ni. – Nidana

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