



## Review Article

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### ROLE OF SWASAHARA SIDDHATAMA YOGAM IN TAMAKA SWASA WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA: A CONCEPTUAL STUDY

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#### ABSTRACT

In the current pandemic situation of COVID-19, the management of respiratory disorders is becoming a challenge to the medical world. Ayurveda, the ancient system of medicine, provides a lot of hope in the present condition by assuring better results in the field of prevention and management of respiratory disorders. Among the various respiratory ailments, *Tamaka swasa* has been selected here. *Tamaka swasa* is one of the five *swasa rogas* explained in the Ayurvedic classics. It is *vatakaphaja vyadhi* originating from the *amashaya* due to the vitiation of *Pranavaha srotas*. In contemporary science, it seems identical to Bronchial Asthma, one of the major health problems worldwide. In the present study, *Swasahara sidhatama yogam* has been selected from *Sushruta Samhita Uttarantra*. Further details regarding the ingredients are collected from various textbooks, PubMed, research articles, previous research articles work done, etc. When treated with *Swasahara Sidhatama Yogam*, Bronchial Asthma effectively relieves the symptoms. Ayurveda has a significant role to play in the field of respiratory disorders.

**Keywords:** *Tamaka Swasa*, Bronchial Asthma, *Swasahara Sidhatama Yogam*, Respiratory disorders.

#### INTRODUCTION

*Swasa roga* is one of the major diseases affecting the *Pranavaha Srotas*. In *Ayurvedic* classics, all the acharyas explained *swasa roga* and are classified into five types; *Tamaka Swasa* is one among them. *Swasa roga* originates from the site of *pitta*, that is, *amasaya* (stomach), and is caused by the simultaneous aggravation of *Kapha* and *Vata*.<sup>1</sup> According to Acharya Charaka, *Vayu*, located in the chest after afflicting the *pranavaha srotas*, gets aggravated and stimulates *Kapha*, which leads to the deadly disease called *swasa roga*.<sup>2</sup> At the same time, Acharya Vagbhata explains the involvement of *prana*, *udaka* and *annavaha sotases* in the pathogenesis of *swasa roga*.<sup>3</sup> *Vayu* moving in the *pratiloma gati* (the reverse direction) spreads through the respective channels, afflicts the neck and head, and then stimulates the *Kapha* (phlegm) to cause *peenasa* (rhinitis) which then shows the symptoms of *Tamaka swasa* such as *ghurghurakam* (wheeze), *swasakrichrata* (breathlessness), *kasa* (cough), etc.

*Tamaka swasa* in Ayurveda is like that of Bronchial Asthma in modern medicine. Asthma is defined as a disorder characterised by chronic airway inflammation and increased airway responsiveness resulting in the cardinal symptoms of wheeze, cough, chest tightness and dyspnoea.<sup>4</sup> It is characterised functionally by airflow obstruction, which is variable over short time intervals or reversible with treatment.

It is one of the significant health issues fought globally in the current pandemic. It affects people of all categories irrespective of their age, sex, socio-economic status, etc. and can impair the patient's quality of life. Asthma is reported in 1.2 – 6.3 % of adults in most countries. About 300 million people worldwide have Asthma, and the number has increased by nearly 50 % in the last few years. There are only a few studies from India on the epidemiology of Asthma. The overall burden of Asthma in India

is estimated to be more than 15 million patients. 5% of children under 11 years suffer from the ill effects of Asthma in India.<sup>5</sup>

On the modern side, there are limitations for treating Bronchial asthma, such as adverse effects of the drug, etc. In Ayurveda, *Tamaka swasa* is considered as a *yapya*<sup>6</sup> (pliable) disease, which becomes *sadhya* (easily curable) when it is in the primary stage and when the patient is strong (*balavan*). Early diagnosis and management are necessary to reduce further progress of the disease. Ayurvedic treatment can give promising results in various respiratory disorders.

#### LITERARY REVIEW

***Tamaka Swasa:*** Acharya Charaka explains *Swasa roga* in the 17th chapter of *chikitsa sthana*. In this, the complete pathogenesis of *swasa* & its treatment is explained. In *Sushruta Samhita*, *nidana panchaka* & *chikitsa* are explained in *Uttara tantra* chapter 51. In *Ashtanga Samgraha*, *nidana* & *chikitsa* are given in separate *sthanas* & it says that *kasaroga* is the cause of *swasa*, while in *Ashtanga Hridaya*, detailed description is shown in the 4<sup>th</sup> chapter of *nidana sthana* & 4<sup>th</sup> chapter of *chikitsa sthana*. In *Chakra Datta*, *hikka-swasa chikitsa* is explained in 12th chapter, *Bhavaprakasha* explains in *chikitsaparakaranam* 14 *Yogaratanakara* in chapter 14 *Swasadhikara*, *Vangasen Samhita* in chapter 50 *Swasadhikara* and *Bhaishajya Ratnavali* in chapter 16 *hikka-swasa chikitsaparakaranam*.

The word *Tamaka swasa* is composed of two words – *Tamaka* & *Swasa*. The word *Tamaka* is derived from “*Tamas*”, which means darkness & the second-word *Swasa* is from “*Swas jeevane*”, *dhatu* meaning life or living.<sup>7</sup> The main symptom is breathing difficulty in some severe conditions; it may be associated with darkness in front of the eyes. It occurs because of *Kapha* & *Vata prakopa nidana*, which can lead to *srothorodha* (obstruction of

the pathway) & *pratilomagati* (opposite direction) of *pranavayu* during *samprapti* and then *swasa roga* arises from the *amasaya*, that is the *pittasthana*. Various acharyas have different opinions regarding the involvement of the *srotases*. *Acharya Charaka* explains the involvement of *pranavaha srotas*, while *Vagbhata acharya* described the contribution of *prana, anna & udakavaha srotases* in the pathogenesis.

**Nidana<sup>8</sup>:** In Charaka Samhita, the *nidana* for all the five types of *Swasa roga* are given in common. For convenience, the etiological factors can be classified into

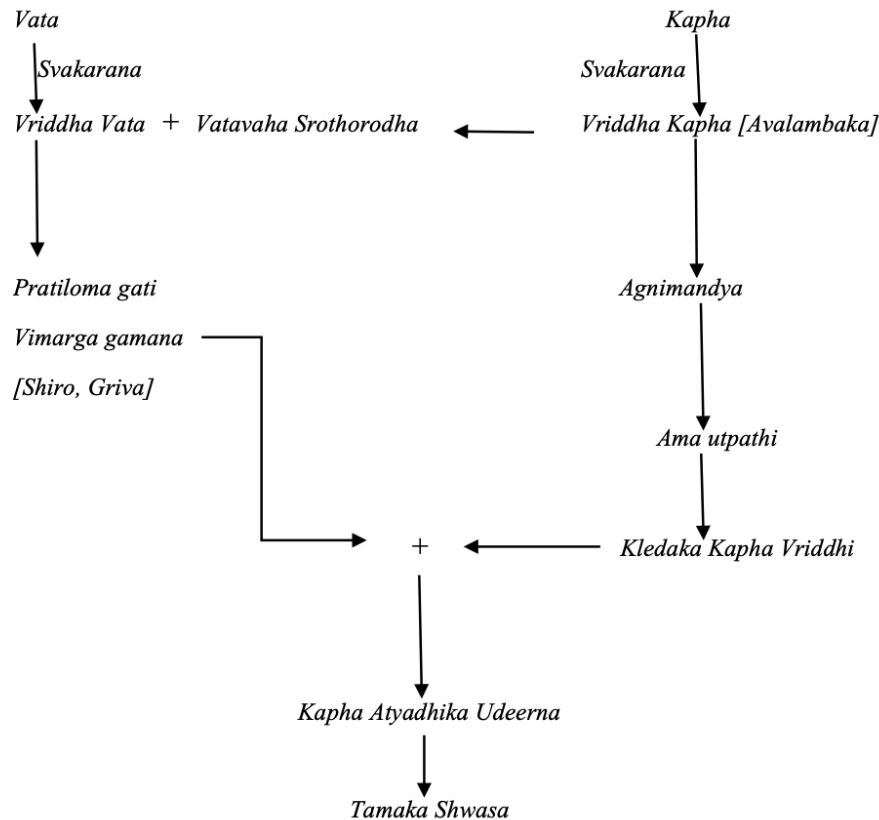
**Aharaja Nidana:** Habitual intake of *rukshanna* (ununctuous food), *vishamašana* (irregular intake of food); habitual intake of *nishpava, masha* (black gram), *pinyaka* (oil-cake), *tila taila* (sesame oil); intake of *pishta* (pastry), *shaluka* (rhizome of lotus), *vishtambhi-vidahi-guru bhojana* (gas-forming, burning sensation and heavy food), intake of *jalaja- anupa mamsa* (meat of aquatic and marshy animals & birds), *dadhi* (curd), *ama-ksheera* (unboiled milk), *abhishyandi ahara* (food obstructing the *srotases*), *shleshmala ahara* (*Kapha* aggravating food).

**Viharaja Nidana:** Excessive exposure to *rajas* (dust), *dhuma* (smoke) and *Vata* (wind); *seeta sthana ambu sevan* (residing in a cold place & use of cold water); excessive *vyayama* (exercise), *gramyadharm* (sexual intercourse), *Adhwa* (long-distance walking), *atyapatarpana* (extreme fasting), *Marmaghata* (injury to vital organs), *Shuddhi-atiyoga* (excessive administration of elimination therapies), *Kantha-ura pratighata* (injury to throat & chest).

**Nidanarthakara Rogas:** *Amapradosha* (product of improper metabolism), *anaha* (constipation), *daurbalya* (weakness), *atisara* (diarrhoea), *jwara* (fever), *chardi* (vomiting), *pratishyaya* (coryza), *kshata* (phtisis), *kshaya* (consumption), *udavarta* (upward movement of the abdominal gases), *visuchika* (cholera), *alasaka* (intestinal torpor), *pandu* (anaemia), *visha* (poisoning), *vibandha* (different types of obstruction to the *srotases*).

**Vyanjaka Hetu:** Aggravated by *megha* (cloudy weather), *ambu* (humidity), *seta-pragvata* (wind from east), *sleshmala* food and regimen.

**Samprapti<sup>9</sup>**



**Purvarupa:** According to Acharya Charaka, the *purvarupa* are: - *anaha* (constipation with flatulence), *parsvasula* (pain in the sides of chest), *hritpada* (pain in the cardiac region) & *prana-vilomata* (reversion of the respiratory functions).<sup>10</sup> The premonitory symptoms, according to *Vagbhata acharya*, the premonitory symptoms include *hrit-parswasula* (pain in the region of heart & flanks), *prana-vilomata*, *anaha & sankha-bheda* (splitting pain in the temporal region).<sup>11</sup>

**Rupa:** The symptoms are *pinasa* (rhinitis), *ghurghuraka* (wheezing), *atava tivra vega swasa* (dyspnoea with deep velocity), *pratamyati ativegat kasate sannirudhyate* (acute

spasms, tremors & cough so that patient becomes paused), *kasa* (cough), *pramoha* (fainting), *sleshma vimokshante muhurta labhate sukham* (a relief after the expulsion of sputum), *kanthodwamsa* (choaked throat), *krichhra bhashan* (difficulty to speak) *anidra* (unable to sleep, especially while lying down), *aseeno-labhatesaukhyam* (comfortable in sitting posture), *ushnabhinandan* (prefers hot things), *uchhritaksha* (prominent eye-balls), *lalatena swidhyata* (sweating on forehead), *visushkasya* (dryness of the mouth), frequent bouts of dyspnoea. There will be aggravation during exposure to cloudy weather, humidity, easterly wind, and food & regimen aggravating *Kapha*.<sup>12</sup>

**Ayurvedic Management of Tamaka Swasa in brief**

- **Nidana parivarjana:** Avoidance of etiological factors.
- **Samsodhana:** Snehana, Sweda, Vamana, Dhmapana, Virechana, Nasya.
- **Samsamana:** Samana yogas, following Pathya-apathyas.

In general, medicines, drinks & food preparations must be *Kapha-vatagna* (alleviating *Kapha* & *Vata*), *ushna* (hot in potency) and *vatanulomana* (downward movement of *Vata*) in nature. *Ekanthika Chikitsa* (drugs that exclusively pacify *Kapha* but aggravate *Vata* or vice versa, should not be used) should not be

done (since *Vata* and *Kapha* are opposite). The administration of ingredients that alleviate *Vata* but may aggravate *Kapha* can, if necessary, be used in exceptional circumstances.<sup>13</sup>

**Swasahara Siddhatama Yogam<sup>14</sup>:** Acharya Sushruta explained this *yogam* in *Uthara tantra* chapter 51, sloka no: 55. The ingredients are **Nidigdika** (*Solanum xanthocarpum*) and **Hingu** (*Ferula foetida*), which is administered along with **Madhu** (Honey) as *anupan* (adjuvant). *Nidigdika* & *hingu* should be taken in 2:1 ratio & consumed by the patient suffering from *swasa roga*, gets cured of it quickly within three days.<sup>15</sup>

**Rasapanchaka & Pharmacological action of drugs in Swasahara Siddhatama Yogam**

Drug	Rasa	Guna	Virya	Vipaka	Karma	Pharmacological action
<i>Nidigdika</i> <sup>16</sup> ( <i>Kantakari</i> – <i>Solanum</i> <i>xanthocarpum</i> )	<i>Katu,</i> <i>Tikta</i>	<i>Laghu,</i> <i>Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha vata samaka; kasaghna, swasaghna, kaphanisaraka, parswapidahara, sothaghna, raktasodhaka, jwaraghna, pinasahara, deepani, pachani, vedanasthapana.</i>	Antiasthmatic, anti-inflammatory, anti-tussive, antipyretic, antispasmodic, antihistaminic, hypotensive, hypoglycemia. <sup>17</sup>
<i>Hingu</i> <sup>18</sup> ( <i>Ferula foetida</i> )	<i>Katu,</i> <i>Tikta</i>	<i>Laghu,</i> <i>Tikshna,</i> <i>Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha vatahara; deepana, pachana, vatanulomana, ruchikaraka, krimighna, pittavardhaka, hridhya, swasahara, kasahara, jwaraghna, sulaghna.</i>	Antispasmodic, carminative, expectorant, anthelmintic, analgesic, nervine stimulant, feeble laxative. <sup>19</sup>
<b>Anupana:</b> <i>Madhu</i> <sup>20</sup> (Honey)	<i>Kashaya,</i> <i>Madhura</i>	<i>Guru,</i> <i>Ruksha</i>	<i>Seeta</i>	<i>Katu</i> <sup>21</sup>	<i>Chakshushya, swasahara, Kasahara, sleshmahara, chedi, trishnanigraha, atisaraghna, krimighna, pramehaghna, vrana-sodhana-sandhana-ropana</i> <sup>22</sup> .	Anti-inflammatory, anti-bacterial, anti-viral, anti-fungal, immunomodulator, anti-diabetic, anti-cancer, antimutagenic, substantial wound healing. <sup>23</sup>

**Modern Review**

Bronchial asthma is a chronic inflammatory disorder of the airways, in which many cells and cellular elements play a role. Chronic inflammation is associated with airway hyperresponsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night & in the early morning. These episodes are usually associated with widespread but variable airflow obstruction within the lung that is often reversible spontaneously or with treatment.<sup>24</sup>

Airway hyper-reactivity is integral to the diagnosis of asthma & appears to be related to airway inflammation. The relationship between atopy and asthma is well established & in many individuals, there is a clear relationship between sensitisation & allergen exposure, as indicated by elevated serum specific IgE, etc.<sup>25</sup> Examples for allergens are pollens, house dust mites, pets such as cats and dogs, pests like cockroaches and fungi, air pollution, occupational factors, certain food items, stress, etc.

The clinical features include recurrent episodes of wheezing, chest tightness, breathlessness & cough. Classical precipitants include exercise, cold weather, airborne allergens, viral upper respiratory tract infections, etc. Asthma shows a diurnal pattern, with symptoms & lung function being worse in the morning. If poorly controlled, cough and wheeze may disturb sleep. For the diagnosis of asthma, clinical history; FEV<sub>1</sub> ≥ 12% (& 200mL) increase following administration of bronchodilator; > 20% diurnal variation on ≥ 3 days in a week for two weeks on PEF diary & FEV<sub>1</sub> ≥ 15% decrease after 6 minutes of exercise, are considered.<sup>26</sup>

Asthma is a chronic condition but may be controlled with appropriate treatment in most patients. Unfortunately, surveys consistently demonstrate that most patients report suboptimal control, perhaps reflecting the poor expectations of patients & their clinicians. Avoidance of the aggravating or triggering factors is also critical in managing asthma.<sup>27</sup> The stepwise approach includes occasional use of inhaled short-acting β<sub>2</sub>-

adrenoceptor agonists (SABAs) bronchodilators; regular preventer therapy (preferably inhaled glucocorticoids, e.g., beclomethasone, budesonide, etc.); add-on therapy, that is, if a patient remains poorly controlled despite regular use of an inhaled glucocorticoid, the addition of a long-acting β<sub>2</sub>-agonist (LABA) provides more effective asthma control.<sup>28</sup> Poor control on a moderate dose of inhaled glucocorticoid & add-on therapy, a 4<sup>th</sup> drug can be chosen. A nasal glucocorticoid preparation may be used in prominent upper airway symptoms. Leukotriene receptor antagonists, long-acting antimuscarinic agents, theophylline, etc., can be considered. Continuous or frequent use of oral glucocorticoids prednisolone therapy should be prescribed. Patients on long-term glucocorticoid tablets (>3 months) or are taking >3 or more courses per year will be at the risk of side effects. Step-down therapy is given; once asthma control is established, the dose of inhaled/oral glucocorticoid can be reduced to the lowest at which effective asthma control is maintained. To manage mild to moderate exacerbations, short courses of 'rescue' glucocorticoids (e.g., prednisolone 30-60mg daily) are therefore most probably required to regain control.<sup>29</sup>

**DISCUSSION**

On analysing the above facts, it can be concluded that *Swasahara Siddhatama Yogam* will be an excellent choice in treating Bronchial Asthma. *Tikta rasa* of both the ingredients has *kaphashamana* and *kledahara gunas* (properties). The drugs have *katu rasa*, *ushna virya* and *katu vipaka*, which are beneficial in reducing excess *Kapha* and *kleda* and providing *Srothosodhana* (clearing the pathways). *Ushna virya* helps in bronchodilation, improving air circulation in the respiratory pathways. It also strengthens the *Agni* (digestive fire), necessary for normal body metabolism. The contents of the chosen medicinal preparation are mainly *Kapha-vatahara*, which pacify the predominant *doshas* in *Tamaka swasa*. Since *Ama* (product of improper digestion & metabolism) contributes a significant role in the *samprapti*, these drugs having *deepana*, *pachana* and *vatanulomana* properties will act effectively.

*Sothahara guna* will help reduce the airways' inflammation and make breathing effortless. Both the drugs have *swasahara* and *kasahara* properties. Pharmacological or therapeutic actions of drugs in *Swasahar Siddhatama Yogam*, which are significant in the treatment of *Tamaka Shwasa*, are: Anti-inflammatory action reduces airway mucosal inflammation. Anti-asthmatic action prevents asthma attacks or relieves the symptoms. Antispasmodic activity helps relieve, stop, or lower the incidence of bronchospasm. Bronchodilator action relaxes the muscles in the lungs and widens the airways, thereby alleviating asthma. Expectorants help in removing excessive secretions like sputum in the airways. Antitussive action prevents or relieves coughing. Antihistaminic and Antiallergic act relieves symptoms of allergy. Antioxidant activity helps protect the cells from the damage caused by the free radicals. Immunomodulatory action regulates or normalises the immune system of the body. From this, it is evident that *Swasahar Siddhatama Yogam* plays a significant role in managing *Tamaka swasa*.

## CONCLUSION

*Tamaka swasa* is *vatakaphaja vyadhi*, affecting the *pranavaha srotas*, which have *agnimandya* and *ama* contributing to the *samprapti*. The drugs of *Swasahara Siddhatama Yogam* are *kaphavatasamaka*, *deepana*, *pachana*, *kaphanisaraka* and *vatanulomana* which will act in the efficient management of *Tamaka swasa*. The pharmacological actions of the drugs of *Swasahara Siddhatama Yogam* like anti-spasmodic, anti-inflammatory, anti-histaminic, antiallergic, mast cell stabilization, a bronchodilator, expectorant etc., show the potency of the medicine, providing all the essential qualities required for a *Swasahara yogam*. Thus, we can conclude that the use of *Swasahara Siddhatama Yogam* will be fruitful in improving Pulmonary functions and improving the quality of life of patients suffering from Bronchial Asthma. In this pandemic situation, the role of Ayurvedic management is quite worthy and can provide a better alternative to other contemporary medications in treating *Tamaka swasa* (Bronchial Asthma).

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