



Review Article

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ROLE OF NIDANA PARIVARJANA IN TAMAKA SHWASA WITH SPECIAL REFERENCE TO AMA

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ABSTRACT

Bronchial asthma is a chronic respiratory disease characterized by recurring episodes of wheezing, coughing and breathlessness. Inflammation and airway hyperresponsiveness lead to airflow limitation which can be triggered by allergens, irritants, or respiratory infections. Inhaled corticosteroids, bronchodilators, avoiding triggers and lifestyle modifications are some treatment modalities. In Ayurveda, bronchial asthma is correlated with Tamaka Shwas, a disease caused by imbalance of Kapha and Vata doshas. Incidence of Tamak Shwas has increased due to air pollution, pollen, mold, animal dander etc., but this is not the only cause. Ayurvedic texts identify Ama as a fundamental cause of disease. Tamak Shwas, an Ayurvedic condition, parallels bronchial asthma in its symptoms and characteristics. In pathogenesis of Tamak shwas, Ama plays an important role, it is considered as a byproduct of impaired digestion and metabolism produced by irregular dietary habits like Adhyashan (overeating), Vishamashan (irregular or inappropriate eating habits) and impairment of digestive fire. Ama is a substance which remains uncooked, unripe and undigested. It signifies impaired metabolism due to Agnimndya (weakened digestive fire). Ama vitiates doshas and disturbs the dhatu samya avastha in body and leads to manifestation of many diseases like Amavata, Grahni, Tamaka Shwasa etc. Nidan parivarjan is one of the diseases important concepts in Ayurveda. It is in fact considered as the first line of treatment. Sushruta and Charaka both highlight importance of Nidan Parivarjan in case of Tamak Shwas can play great role in preventing its recurrence. It is important to educate the patient to avoid the causes which lead to formation of Ama. If the factors which produce Ama controlled then frequency of attack would be lower, making patients life better.

Keywords Shwas, Asthma, Ama, Nidana Parivarjan

INTRODUCTION

Respiratory disease is responsible for a major burden of morbidity and untimely death.¹ The increasing prevalence of allergy, asthma and chronic obstructive pulmonary disease (COPD) contributes to burden of chronic disease in community.² Asthma is a chronic inflammatory disorder of the airways, in which many cells and cellular elements play a role. It is a syndrome of variable airflow obstruction. Infection, Cigarette smoke, Allergens, dust, gastroesophageal reflux are some major factors that can precipitate the disease. Various types of Asthma have been mentioned in modern science. Clinical features of bronchial asthma are often correlated with Tamak Shwas. According to Ayurveda, Shwas is classified into five distinct categories. Among the five Shwas types, Tamak Shwas is notable one. Ayurvedic science emphasizes the significance of dietary factors in triggering and managing Shwas. Ama is considered one of the contributing factors to Tamak Shwas. Ama accumulation exacerbates Kapha imbalance, leading to respiratory issues. There are many separate causes which lead to production of Ama given in text. Nidan parivarjana is mentioned as a first line of treatment. If factor that led to production of Ama is controlled by Nidana parivarjana than it will significantly lower the frequency of episodes and ultimately making patients life better.

Tamak Shwas

Acharya Madhukosh has defined Shwas as the harsh respiratory sound resembling the sound which is produced while pumping the air in firepot.³ Tamak Shwas is one of the five types of Shwas mentioned in Brihatrayi. When Vata gets obstructed due to Kapha in respiratory tract and moves upwards then it give rise to Shwas Vyadhi.⁴ Vayu which is involved in pathogenesis of Tamak shwas is Prana Vayu. It is characterized by tachypnoea, frequent breathing, forceful expiration and coughing, patients feel better on expectoration and in sitting position. Dyspnea gets aggravated on lying flat, rhinorrhea, giddiness, stridor or wheezing is common. Conditions get difficult on cloudy day, there is cough, increased thirst, marked sweat on forehead, anorexia, insomnia are common.⁵ It is considered as Yasya meaning patient feel good as far as they are taking medicine.⁶

Pratamak Shwas

Whenever the Tamak Shwas is associated with fever and giddiness, it is called Pratamak Shwas. It is suggestive of involvement of Pitta dosha in Pratamak Shwas. It is aggravated by Udavarta (reverse movement of Vata), Dust, Indigestion, Humidity (Kleda), suppression of natural urges, Tamo guna (darkness), gets alleviated instantaneously by cooling regimens.⁷

Santamak Shwas

When dyspnea gets aggravated in the night and relieved by cold than it is called as Santamak shwas.⁸

Bronchial Asthma

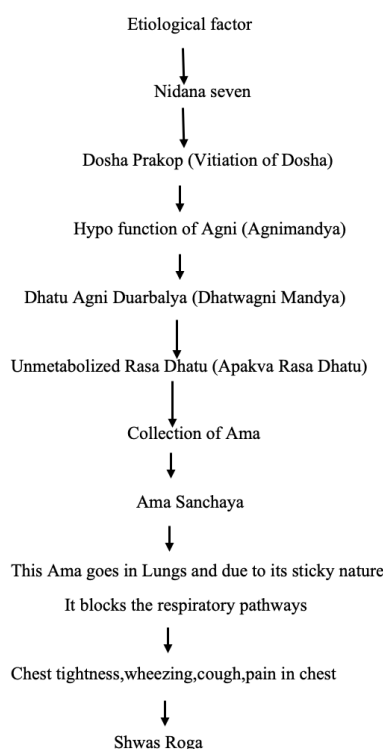
Bronchial Asthma is a chronic inflammatory disease of airways characterized by bronchial hyper reactivity and a variable degree of airway obstruction.⁹ Extrinsic, Intrinsic, and mixed are three types of Asthma¹⁰. Asthma is a syndrome of variable airflow obstruction. Symptoms include recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night and in the early morning.¹¹ These episodes are usually associated with widespread but variable airflow obstruction within the lung that is reversible. Classical precipitants include exercise, particularly in cold weather, exposure to air born allergens or pollutants and viral upper respiratory tract infection. Home peak flow monitoring, bronchodilator responsiveness, response to corticosteroid therapy are some objective assessment criteria.¹² Management of Asthma include bronchodilators, anti-inflammatory drugs, corticosteroids and anti-leukotrienes.

Concept of Ama

Ama is a fundamental principle in Ayurvedic pathology, playing a key role in disease development and progression. It is formed by a defect at Jathar Agni (macro fire), Bhuta Agni (micro fire/sub-Agni) and Dhatwagni (Tissue Agni) level. It is also referred as Amavish (toxins) because its action is like that of toxic substances¹³. It is defined as the incompletely digested food juice in Amashaya (stomach) due to diminished Agni is referred as Ama¹⁴. It is described as Apachyaman(undigested), Shuktatvam (Acidic), Durgandhamy (Foul smelling), and Bahupicchilam (sticky in nature).¹⁵

Nirukti

The word "Ama" is, the combination of "Am" dhatu with "Nich" Pratyaya forms the word Ama, which is subjected to digestion i.e. undigested or unprocessed matter. Symptoms of Ama: General characteristic of Ama are, Srotorodha (obstruction of channels), Balabhransha (loss of strength), Gaurava (felling of heaviness), Anilmudhata (obstruction of vayu), Alasya (laziness), Apakti (indigestion), Nisthiva (excessive salivation), Malasanga (constipation), Aruchi (anorexia), and Klama (fatigue).¹⁶



Causes of Ama

Taking Guru (heavy), Ruksha (dry food), Sheeta (cold), Shushka (dried foods), Dwishta (disliked food), Vishtambhi (food that causes obstruction), Viruddha (incomplete food) and Vidahi (food that cause burning sensation) Annapan is seen as primary causes of Ama. Kaam (desire), Krodha (anger), Lobh (greed), Moha (confusion), Shoka (grief), Bhaya (fear), Ershya (jealousy) is some of the Mansik causes of Ama formation¹⁷. Acharya Charak has mentioned Ama as one of the underlying reasons of Tamak shwas. He also goes on to describe the name of food which are Amajanya in Hikka Shwas Vyadhi like Nishpava (*Dolichos lablab*), Masha (Black gram), Pinyak (sesame paste), Til Tail (sesame oil), Pishta Sevan (grinded grains), Jalaj Mams Sevan(aquatic meat), Anoop Mams(meat of marshy animals), Dadhi sevan (curd intake), Ama Ksheer (unboiled milk).¹⁸

Nidana Parivarjan

In charka vimansthana 7th chapter, charka has mentioned.¹⁹ Three main principles for treatment of Krimi Roga, 1) Apakarshan (extraction), 2) Prakruti vighata (counter acting treatment), 3) Nidana parivarjan (avoidance of disease-causing factors). Acharya Sushrut has also mentioned the importance of Nidana Parivarjan. It is the most important principle as Ayurveda gives importance to Aahara, Vihara as treatment. It is considered as first line of treatment. Nidana Parivarjan is to avoid the known disease-causing factors in diet and lifestyle of the patient. It also encompasses the idea to refrain from precipitating or aggravating factors of the disease. It inhibits the prognosis of disease. Hetu is the main factors for the causation of disease. Acharyas Charak and Sushrut have advised to avoid the etiological factors, and it is the primary and a basic step in the management of any disease. In Shwas formation of Ama could be controlled by Nidana Parivarjan likewise use of breathing exercise, Pranayama and mask can also help in reducing the frequency of diseases. By applying principles of Nidana Parivarjan, we can decrease the number of episodes significantly.

DISCUSSION

The cases of bronchial Asthma have risen significantly due to increase in pollution, dust, change in dietary habits, stressful lifestyle, especially in metro cities. Ayurveda has mentioned Ama as one of the major causes of bronchial Asthma. Cheese, milk products, curd, Maida and fermented food are included in day-to-day life which leads to Ama formation. Factors that increase Ama can also increase the Vega Avastha of disease. If the food which produces Ama is controlled by using concept of Nidana Parivarjan the frequency of episodes can be reduced significantly and patients' dependency on bronchodilators can be controlled. Tamak Shwas, a respiratory condition requires a comprehensive management approach. Nidana Parivarjan plays a vital role in alleviating symptoms and improving quality of life. Avoiding trigger foods which forms an Ama and incorporating easy to digest foods helps in this regard. Nidana Parivarjan can significantly impact symptoms by reducing its frequency and severity improving lung function and overall respiratory health. Enhancing quality of life and reducing reliance on medication. With its focus on prevention and lifestyle modification, Nidana Parivarjan offers a holistic approach to managing Tamak Shwas.

CONCLUSION

After detailed discussion of Tamak shwas, Ama, causes of Ama, role of Ama in samprapti of Tamak shwas and Nidana Parivarjan it could be concluded that if we control the formation of Ama by avoiding etiological factors and making dietary and lifestyle modification then we can control the disease significantly without much medication. Treatment of Tamak Shwas could be done by

Pachana of existing Ama and Shodhana. Further making of Ama could easily be avoided by Nidana Parivarjan. If patients continue to indulge in Apathya Ahara Vihara (inappropriate food) which leads to production and accumulation of Ama then recurrence of disease will happen, and patients will get trapped into vicious cycle. So, to treat disease from its root cause it is important to do Pachana (digestion of Ama), Agni deepan (stimulating digestive fire), Shodhana (Vamana, Virechana) and Apunarbhava chikitsa (non-recurring therapy).

REFERENCES

1. Stuart H Ralston, Ian D Penman, Mark WJ Strachan & Richard P Hobson, Davidson's Principles and Practice of Medicine, Respiratory Diseases, 23rd edition 2018, P. 548.
2. Davidsons essential of medicine, respiratory disease, 2nd edition, Elsevier 2016, p -277-278.
3. Brahmadutta T., Madhav Nidana, Hikka Shwas Nidanam Adhyaya, Chaukhamba Prakashan, Reprint 2023, p. 357/3.
4. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.454/55.
5. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.454/56-61.
6. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.454/62.
7. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.455/63.
8. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.456/64.
9. Davidsons principle and practice of medicine, Respiratory medicine, 23rd edition, Elsevier 2018, p.567.
10. Golwallas Medicine for Students, A Reference Book for the Family Physician, Respiratory System, Jaypee Brother Medical Publishers, 26th edition 2024, p. 116.
11. Davidsons principle and practice of medicine, Respiratory medicine, 23rd edition, Elsevier 2018, p. 568.
12. Golwallas Medicine for Students, A Reference Book for the Family Physician, Respiratory System, Jaypee Brother Medical Publishers, 26th edition 2024, p 117.
13. Kushwaha H., Charaka Samhita, Chikitsasthana, Grahnidosha Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.390/44.
14. Kushwaha H., Ashtanga hrudya, Sutrasthan, Doshupkramaniya Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.603/25.
15. Brahmanand Tripathi., Madhav Nidan, Amavata Nidanam Adhyaya, Chaukhamba Surbharati Prakasan, Reprint 2023; p.574/3.
16. Kushwaha H., Ashtanga hrudya, Sutrasthan, Doshupkramaniya Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.602/23.
17. Kushwaha H., Charaka Samhita, Vimansthana, Trividhukukshiya Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.603/8.
18. Kushwaha H., Charaka Samhita, Chikitsasthana, Hikka Shwas Chikitsa Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.446/11-13.
19. Kushwaha H., Charaka Samhita, Vimansthana, Vyadhitrupiya Adhyaya, Chaukhamba Orientalia Varanasi, Reprint 2022; p.649/15.

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