

REVIEW ARTICLE

A Review Article on the Role of *Virechana Karma* in the Management of *Tamak Shwasa* (Bronchial Asthma)

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ABSTRACT

Bronchial asthma is an inflammatory disease of the small airways characterized by episodes of dyspnea, chest tightness, wheezing, and coughing, particularly at night or early morning. Environmental conditions such as extreme changes in weather, pollution, smoking, allergens, and many more, it is also a genetically predisposed disease. A similar clinical condition with the name of *Shwasa Roga*, a disease of *Pranava Srotas*, had been mentioned way back in ancient textbooks of Ayurveda. There are five types of *Shwasa Roga* mentioned in our classics, in which *Tamak Shwasa* is elaborately explained with its own etio-pathogenesis, symptoms, aggravating factors, and various treatment modalities. *Tamak Shwasa* is caused when vitiated *Vata* gets reversed from its normal direction, i.e., *Pratiloma gati* of *Vayu* which vitiates *Kapha* and causes obstruction of *Srotas*. For the management of *Tamak Shwasa*, Ayurveda emphasizes the *Samsodhana Chikitsa*, especially *Virechana Karma*.

1. INTRODUCTION

Bronchial asthma has become a major global health problem affecting the population irrespective of age, sex, economic status, etc. The incidence varies globally but research studies suggest a prevalence ranging from 3% to 20% in children and 2.4% in adults in India. Globally, approximately 235 million people have asthma, with an estimated increase of 100 million by 2025. It seems to be increasing massively in India due to several factors such as pollution, food additives, extreme changes in weather, smoking, and allergens. Asthma is a chronic inflammatory disease of small airways that are characterized by hyper-responsiveness (associated with mast cells, eosinophils, and T lymphocytes) of the tracheobronchial tree to a variety of stimuli, resulting in spasmodic narrowing of the airway. It is an episodic disease clinically presented with symptoms such as paroxysms of dyspnea, chest tightness with wheezing sound, and coughing, particularly at night or early morning.^[1] Similar to conditions like bronchial asthma, *Shwasa Roga* is mentioned in our ancient science.

The word “*Shwasa*” refers to both *Prakruta* and *Vikruta* conditions of *Shwasa Kriya*. In Ayurveda classics, the physiology of respiration, i.e., *Shwasa Prashwasa Prakriya*, is not mentioned under *Bruhatrayi* but in *Laghutrayi*, *Acharya Sharangdhar* has elaborately explained *Shwasa Prashwasa Kriya*.^[2] *Shwasa Roga* is a disease of *Pranava Srotas* and *Moola Sthana* of *Pranava Srotas* is *Hridaya* and *Mahasrotas*.^[3] It is *Kapha Vatatmaka Pitta Sthana Samudbhava Vyadhi*.^[4] *Shwasa Roga* is caused as a result of obstruction in the *Srotas* due to vitiated *Vata* along with *Kapha*.^[5] It is an independent disease and is also found as a symptom or complication of other diseases. In *Ashtang Hridaya*, *Shwasa* is *Pravardhmanavastha* (advanced stage) of *Kasa Roga*.^[6] There are five types of *Shwasa Roga*^[7] mentioned in our classical textual reference where *Tamak Shwasa* is broadly described. The word *Tamak* means darkness or to choke or to be suffocated.

It is clinically manifested as symptoms such as *Peenas* (running nose), *Ghurghurkama* (wheezing), *Kasa* (cough), *Parshwagraha* (chest tightness), *Shwasakasthata* (breathlessness), and *Asseno Labhate Saukhyama* (relief in recumbent position). These are exaggerated due to cold wind, rainy season, *Kaphavardhaka Aahara*. *Tamak Shwasa* is generally described as a *Yapya* disease in chronic condition but in the initial phase is considered as *Sadhya*.^[8] *Acharya Sushruta* considered *Shwasa roga* as *Mahavyadhi* and has mentioned *Mrudu Samsodhana Chikitsa* in *Shwasa Roga*.^[9] *Vaatsileshmahare Yuktam Tamake Tu*

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Virechanam as it is *Kapha Vatamak Pittasthana Samudbhava Vyadhi* so for all three *Doshas*, especially for *pitta Virechana* is considered best *Chikitsa*.^[10]

1.1. Aims and Objectives

- To explore the concept of *Tamak Shwasa* in classical texts
- To evaluate the effect of *Virechana Karma* in the management of *Tamak Shwasa*.

2. MATERIALS AND METHODS

- Literature on the *Tamak shwasa* and *Virechana* will be collected from the central library of Ayurvedic College and from authentic research journals, websites, digital publications, etc., excluding citations and patents.

2.1. Nidana

Raja (dust), *Dhooma* (smoke), *Anala* (wind), *Atapa*, intake of *Sheeta Jala* and residing in *Sheetal Sthana*, *Ativyayama* (excessive physical exertion), *gramya dharma* (excessive sexual intercourse), *Adhvagamana* (excessive walking), *Vishama bhojana* (intake of irregular meals), vitiation of *Ama*, *Aadhma* (distention of bowels), *Ruksha anna* (roughness), debility, *Marma Aaghata*, use of *Ushna* and *Sheeta Dravya* simultaneously, *Dosha Prakopa*. It is also mentioned as a symptom and complication of various diseases such as *Amatisara*, *Jwara*, *Chardi*, *Pratishyaya*, *Kshata*, *Raktapitta*, and upward movement of *Vayu*, *Visuchika*, *Alasaka*, *Panduroga*. Along with it, intake of *Nispava*, *Udad* (black gram), *Pinyaka* (oil cake), sesamum oil, *Pishta anna* (refined flour preparations), *Vidahi anna* (spicy and heavy food), *Anoopa* (aquatic and marshy meat), *Dadhi* (curd), excessive intake of unboiled milk, *Abhishyandi* (channel blocking regimens), and use of *Kapha* aggravating things leads to obstruction in the throat and chest.^[11]

2.2. Purvarupa

The *Purvarupa*, mentioned by *Acharyas* in *Brihat Trayi*, is *Anaha*, *Parshwashula* (pain in the side of the chest), *Hridpeeda*, *Prana Vilomatva*, *Adhma* (flatulence), *Arati* (restlessness), and *Vairasya* (bad taste in the mouth).^[12]

2.3. Rupa

Peenas (running nose), *Ghurghurkama* (wheezing), *Shwasa Pranapeedkam*, *Asinolabatesaukhyam* (patient feels comfortable while sitting), *Lalatesweda* (sweating on forehead), *Meghambupragvatevridhi* (symptoms get worse in rainy and winter season), *Ghuraghurakam* (wheezing), *Ativativravega Pranapidaka Swasa* (having severe bouts of dyspnoea), *Kasate Sanni Rudhyate*-(inactive due to coughing), *Slesmani Amuchamana Bhurusham Dukhitaha* (inability to expectorate, he feels greatly distressed), *Slesmani Vimokshante Muhuratam Sukhum* (after expectoration gets temporary relief), *Kanthodhvasa* (pain in the throat), *Anindra* (insomnia), *Sayana Shwasa Pidita* (aggravated in lying posture), *Ushnabhinandati* (desires hot things), *Visuskasyata* (dryness of mouth), *Vamathu* (vomiting), *Meghachhanna Shwasa Vridhi* (aggravated by cloudy weather), *Sitakale Vridhi* (aggravated by cold weather), *Prasveda* (perspiration), *Abala* (weak), *Vepathu* (tremor), *kasa* (accompanied with cough), *Bhakta Dwesha* (anorexia), *Aruchi*, *Moha* (fainting).^[13]

2.4. Chikitsa

In Ayurveda, basically, *Chikitsa* is divided into *Samsodhana* and *Shamshamana Chikitsa*. *Samsodhana* is considered the *Shrestha*

Chikitsa as it ends the root cause of *Roga* so there is no or minimal chance of re-occurrence of *Roga*. *Samsodhana* is eliminating accumulated morbid *Dosha* from the body by the nearest possible natural route.

2.4.1. Virechana karma

It is *Samsodhana Chikitsa* one among the five *Karmas* (procedure) of *Panchakarma*. It expels out the *Doshas* from *Adhobhaga*, i.e., *Gudamarga* (anal route).^[14] It is less complicated and less effort is required in comparison to *Vaman Karma*. It is considered the *Shrestha Chikitsa* in *Pittaja Vyadhi*. As well as *Virechana* is even a treatment for *Pitta Samsargaja Vata Kaphaja Vyadhi* and also for *Pitta Sthanagata Kapha*. As *Amaashaya* is *Sthana* of both *Pitta* and *Kapha*, *Virechana* is good for both and even it is considered *Prashasta* for *vata dosha* also. *Virechana Dravyas* are *Ushna*, *Teekshna*, *Sukshma*, *Vyavayi*, *Vikashi*, and so with all its property they get absorbed by their *Veerya* and reaches *Mahasrotasa*, i.e., *Hridaya* and enters the macro and micro channels through *Dhamani* and expels *Dosha* accumulated in *Kostha* with *Prithvi* and *Jala Mahabhoota Pradhanta* and *Adhobhaghara Prabhava*.^[15]

Before performing any karma, there are three steps to be followed *Poorva Karma*, *Pradhana karma*, and *Paschata Karma*. Under *Poorva Karma*, many things are to be done but the most essential is *Snehana Bahya* and *Abhyantara* (oleation) and *Swedana* (sudation) because *Ama* along with vitiated *Dosha* in the form of toxins accumulated in the body get liquefies and collects in the *Kostha* (from *Shakha* to *Kosthagaman*). *Paschata Karma* includes *Samsarjana karma*, *Rasayanadi karma*, and *Shamana prayoga*. *Samsarjana karma* has its own importance, it is a method to enhance *Jathragni* and *Sharira Bala* by *Ahara Kalpana*, and *Astamahadoshaka Bhava* should be followed as both *Ahara Vihara* after *Pradhana karma*.

2.5. Tamake tu virechanam

Acharya Charaka has described two conditions when *Shwasa* is associated with *Kasa* and *swarabhanga*, *vamana* should be done and when the diseased is affected by *Tamak Shwasa* then *Virechana* is done with *Vatakapaha Hara Dravya*^[16] whereas *Acharya Sushruta* has described *Mridu Samsoshadhana Chikitsa* for *Shwasa Vyadhi*. Here, *Virechana* is opted because *Tamak Shwasa* is a *Pitta Sthana Samudbhava* and *Vatakapahaatmaka Vyadhi*, *Kapha* obstructs the *Marga* (passage) of *Vayu* and the obstructed *Vayu* takes the *Pratiloma Gati* (*Vimargagamana*). *Virechan* is a *Shrestha Chikitsa* for *Pittaja Vyadhi* as it is not *Viruddha Chikitsa* for *Kapha* and has a quality of *Vatanulomana*. *Aantaki Lakshana* of *Virechana* is *Kaphanta* so it works on the root of origin of *Shwasa Roga*, i.e., *Pitta Sthana* and also eliminates the causative factor *Kapha* for the obstruction.

Drug chosen for *Virechana* is *Aaragvadha Phalmajja Kwath* (decoction) because it is *Mriduvirechaka* as *Acharya Charaka* explains in their *Agraya Prakranam Aaragvadha* as a *Mridu virechananam*^[17] and also satisfies *Acharya Sushruta chikitsa sutra*. Due to its *Madhura* and *Snigdha* quality, it pacifies *Vata* and its *Sheeta Virya*, it pacifies *pitta Dosha* from *Kostha* through *Adhomarga*, and with its *Sranshana* effect, i.e., *Rechana karma*, it eliminates *pitta* and *Kapha Dosha*. *Acharya Bhavprakasha* explains *Aaragvadha Kosthashuddhi Karam Param*.^[18]

3. DISCUSSION

Shwasa Roga is a disease of *Pranavaha*, *Udakavaha*, and *Annavaha Srotas*.^[19] When aggravated *vata* enters *pranavaha srotas*, *Kapha* obstructs the flow of *Prana Vayu*, the *Vayu* moves in *Pratilomagati*

vitiat *pranavaha srotas* and surrounds the neck and head and causes excess secretion of *Dushta Kapha* which produces various symptoms of *shwasa roga*. Symptoms of *Tamaka Shwasa* which are helpful in diagnosis are as follows: *Ateeva-teevra vega Shwasa*, *Ghurghurkama*, *Kasa*, *Asinolabhatesaukhyama*, *Muhur-muhur shwasa*, *Lalatesweda shwasa pranapeedkama*. *Shwasa Roga* originates from the *Pittasthana* and the site of its expression is *Uraha Pradesh*. *Dosha* involvement is *Kapha* and *Vata*. The *Pratilomagati* of *Vayu* must be brought to *Anulomana* by *virechana*. The *Pittasthana* disturbance leads to indigestion and production of *Aama Dosha* which is the cause of the production of *Vikrut Kapha Dosha*. Hence, it is of prime importance to treat the root cause of *Shwasa Roga*, i.e., *Pittasthana*. Hence, *Virechana karma* is the best to eliminate the vitiated *pitta*, *kapha* and does *vaatanulomana*.

4. CONCLUSION

Tamak shwasa is one among the five *shwasa rogas* mentioned in our ancient science. It is a disease of *Pranvaha Srotas*. *Tamak shwasa* mentioned in our classics is a similar presentation of Bronchial Asthma. Its origin is *pitta sthana*, and dosha predominancy is *Vata* and *Kapha*. *Amashya* is the sthana of *Pitta* and *Kapha*, so it is concluded that *Virechana Karma* is the best, i.e., *Samsodhana Chikitsa* plays a significant role in *Tamak Shwasa* as it is *Pitta-nisharaka Kapha-shamaka* and *Vata-anulomana*.

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8. ETHICAL APPROVALS

This study does not require ethical clearance as it is a review article.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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