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MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHMA) IN CHILDREN THROUGH AYURVEDA

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ABSTRACT:
Bronchial Asthma is a chronic inflammatory condition of the lung airways resulting in episodic airflow obstruction.[1] and Ayurveda address it as "Tamaka Shwasa." Tamaka Shwasa is a type of Shwasa Roga affecting the Pranavaha Srotas. Pranavilomata (abnormal breathing pattern), Hridaya Pidana (chest tightness), Ruddha Shwasa (difficulty in breathing), wheeze and Kasa (cough) are the cardinal features of the disease. [2] So the sign and symptom of Tamaka Shwasa are very similar to Bronchial Asthma. In Ayurveda there is various Aushadhi and formulations were available and are found very effective. Aushadhi Kalpa like chitraka haritaki avaleha those having RASA- katu, tikta, kasaya, Virya- ushna, Vipaka- katu, Guna- laghu, ruksha, tikshna were effective in various vyadhiavastha in tamakshwasa.

Key Words: Tamakshwas, Bronchial Asthama, Pranvaha srotas etc.

INTRODUCTION

Bronchial asthma is a common and life-threatening problem affecting school children and adolescents. The flare-up of asthma may lead to impaired daily function and absence from school. Asthma is the most common chronic lower respiratory disease in childhood throughout the world and Ayurveda address it as "*Tamaka Shwasa*." There are five kinds of *Shwasa*: *Kshudra, Tamaka, Chhinna, Maha* and *Urdhava*. *Tamaka Shwasa* is a type of *Shwasa Roga* affecting the *Pranavaha Srotas*. *Vata* moving in the reverse order pervades the channels (of vital breath), afflicts the neck and head, and stimulates *Kapha* (phlegm) to cause *Margavarodha* (blockage of respiratory passage) by producing broncho constriction. *Tamaka Shwasa* classified as *Vata Pradhana* and *Kapha Pradhana*. *Tamaka Shwasa* is a "*Swatantra*" *Vyadhi* having its own etiological factors, pathophysiology and management. It is mentioned as *Yapya Vyadhi* [3] i.e., a disease of chronic nature in Charaka Samhita, while Sushruta considered it as *Krichchra Sadhya Vyadhi*. The parallel disease entity in contemporary medical science to this disorder is Bronchial Asthma. The prevalence of Bronchial Asthma has increased continuously since the 1970s, and now affects an estimated 4 to 7% of the people worldwide. At the age of six to seven years, the prevalence ranges from 4-32%. Apart from being the leading cause of hospitalization for children, it is one of the most important chronic conditions causing elementary school absenteeism. Though environmental control measures are important to avoid or eliminate factors that induce or trigger asthma flare-ups; various formulations are available in Ayurvedic classics to manage the condition. The treatment should be aimed to remove the obstruction made by *Kapha* and normalize the function of Vayu. [8] The drug selected in this study are having properties to remove the obstruction made by *Kapha* in the *Pranavaha Srotas* and related system and normalize the functioning of Vayu. By virtue of *Rasayana* (immunomodulator) properties of drug, that regularize the *Dhatwagni* and promote the normal condition of the child.

Literary review- *Asyodhvansate Kantha* (Hoarseness of voice), *Muhu shwaso Muhuschaiva Avadhamyate* (Intermittent chocking of breathing), *Megha-Ambu-Shita-PragvataiShleshmalescha Abhivardhate* (Severity increases during cloudy, rainy, cold, airy and humid day/season) were the Associated complaints of *Tamaka Shwasa*. Present history with the chronic onset of duration 1-5 years. Progression was gradual with the seasonal and diurnal variation. On asking regarding *Purva vyadhi vritta* (past disease history) mother said that child was having repeated colds, cough and recurrent viral lower respiratory tract infections. On asking *Kulaja vyadhi vritta* (family history) no history of *Tamaka shwasa* (asthma), allergic manifestation and skin allergy. On asking birth history child ever breast fed for less than 6 months. Immunization was done proper as per schedule. *Vaiyaktika Itivritta* (personal history)- in this *Aharaja* (Dietic History)- diet was vegetarian, dietic habits were *Vishamashana* and *Viruddhashana*. Dominance of rasa in diet were Madhura, Amla and *Lavana* and *dominace* of *guna* in diet were guru, *sheeta* and *snigdha* and cold beverages aggravated

the symptoms. In the *Viharaja* (life style)- *Nidra* (sleep) was unsatisfactory, Mal *Pravruti* (Bowel Habit)- Irregular and current/past exposure of dust. Emotional make up was irritative. *Nidana* (Triggering factors) a. Dietic (*Aharaja*): *Vishamashana* (Irregular diet), *Dvandatiyoga* (Mutually antagonistic), *Shitashana* (cold diet), *Pishtanna* (fried diet) and *Dadhi* (Curd). b. Environmental exposure/Physical activities (Viharaja): Raja (dust), Dhuma (smoke), Vata sevana, Shitasthana Sevana (cool place) and Vega Vidharana (suppression of urges). c. Aggravating diseases (Nidanarthakara Roga): Vibandha (Constipation), Pratishyaya (Coryza), Kasa, Daurbhalya (Weakness) and Chhardi (Vomiting). General Examination: Vitally stable and oriented. Prakriti (constitution) was Vatakaphaja. Sara, Samhanana, Pramana was Madhyama. Satmya and Satva were Avara. Abhyavarana Shakti and jarana Shakti were avara. Body weight and height were 9k.g and 72c.m. respectively. BMI were 17.36 kg./m2. Systemic examination A. Respiratory system: (a) Inspection- respiration rate 22 per minute, character of respiration Abdominothoracic, inspiration deep and expiration short. (b) Palpitation- no any deformity (c) Percussion- Resonant node (d) Auscultation-broncho-vesicular sound, Adventitious sounds- generalized wheezing was found, chest was found congested, Air entry bilaterally equal. X-ray chest shows no any structural abnormality.

The treatment should be aimed to remove the obstruction made by Kapha and normalize the function of Vayu. Most of the drugs used in Chitraka haritaki avaleha having the RASA- katu, tikta, kasaya, Virya- ushna, Vipaka- katu, Guna- laghu, ruksha, tikshna. Majority of the drugs of Chitraka Haritaki Avaleha have Tikta and Katu Rasa. Therefore, combination has strong Amapachana and kaphahara property along with Srotoshuddhikara and Srotomukha Shodhana and Srotomukha Vivritakara property (dilatation of channels including bronchial tree). The drug also has the rasayana properties which regularize the dhatwagni. Pharmacological properties of all drugs of chitraka haritaki avaleha having the Antiallergic, anti-inflammatory, Antitussive, Expectorant, antihistaminic and immunomodulatory actions. Therefore, the above drugs are useful in the treatment of Tamaka Shwasa (Bronchial Asthma) in children without any adverse reactions.

The word Tamas means darkness. In Tamaka Swasa, the patient experiences darkness in front of eyes4. Tamaka Swasa is an Amasayasamuttha Vikara. Tamaka Swasa is again divided into two types; Santhamaka and Prathamaka Swasa5. Vayu, which moves in Prathiloma gathi (reverse order) reaches the Srothas (Channels of breath), afflicts Greeva (neck) and Shiras (Head) and stimulates the Sleshma to result in Peenasa (Rhinitis). This obstructed Vata produces a series of manifestations, which includes Ghurghuraka (Wheezing sound), Atheeva theevra vegam cha swasam pranaprapeedakam (Difficulty in breathing and takes breath with a deep velocity). Patient gets tremors and Kasa (Cough). Pramoham kasamanascha sa gachathi muhurmuhu (Fainting again and again while coughing). As the Sleshma does not come out easily, the patient becomes Dukhitha (restless).

Once the phlegm comes out, they will feel the relief. Because of the disturbance in the Kanta pradesha (Throat), there will be inability to speak properly. Na chaapi Nidram labhate (Sleep will be disturbed), on lying down posture breathing difficulty aggravates and Aaaseeno labhate saukhyam (relieves in sitting posture). Ushnam chaiva abhinandathi (Develops likeness towards hot things), excess of sweating occurs in forehead region and person becomes restless. Dried mouth and occurrence of episodes of breathing difficulty is specific to this disease. Disease aggravates when Megha (Clouds appears in sky) and exposure to Ambu (water), Sheetha (cold), Vata (Blowing wind) and Kapha vardhaka ahara vihara6. Swasaroga is diagnosed when the clinical manifestation suggests the vitiation of Vata and Kapha dosha, affliction of Rasa dhatu in Pranavaha srotas7. Treatment of Tamaka Swasa can be understood according to four different conditions of patients. Balavaan (Strength), Durbala (Weakness), Kaphadhikyatha (Predominance of Kapha) and Vatadhikyatha (Predominance of Vata). In Kaphadhikya avastha and Rogi is Balavaan, can be given wholesome food and can be administered Vamana (Emesis) and Virechana (Purgation), followed by Dhuma (Smoking) and Leha (electuaries). Bronchial asthma is a chronic inflammatory disorder of the lower airway characterized by paroxysms of dyspnea, wheezing and coughs as a result of temporary narrowing of the bronchi by the trio of bronchospasm, mucosal edema and thick secretions8. The prevalence of asthma has increased globally for over three decades. The peak incidence is seen in the age group of 5-10 years. When compared with girls, boys suffer twice as much as them. Even the severity of illness is also more severe in them. 9 In school-going age group, it is about 2%. 10The prevalence is 25.6% in 2009 which is under 18 years and near about 75% of asthma occurs in children under 5 years of age. Current estimates suggest that asthma affects 300 million people world-wide . There are various triggering factors for the causation of asthma which includes infections, exercise, weather, emotions, food and endocrine causes.Ayurvedic treatment in this disease is useful for betterment of the patient.

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