



Review Article

## A CRITICAL REVIEW ON 'TAMAKE TU VIRECHANAM' IN THE MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHMA)

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### ABSTRACT

In Ayurveda, *Tamaka Shwasa* has been described as the *Kapha-vataj vikara* of *Pranavaha srotas* and its site of origin is mainly *Pitta*, where pathway of *Prana vayu* is obstructed by *Vikrut kapha*, that leads to the *Pratiloma gati* of *Prana vayu* and shows the cardinal symptoms like *Shwaskricchata*, *Kasa*, *Pinasa*, etc. It may be caused and get aggravated by various factors like exposure to dust, cold, fumes, inhalation of smoke etc. *Avarudha Marga* of *Pranavayu* is the principal pathology and course of the illness reveals episodic nature. Prognostically it is described as a *Yapya Vyadhi*. On the basis of its etiology, pathogenesis and clinical features, *Tamaka Shwasa* can be correlated with the disease of the respiratory tract i.e., bronchial asthma. Its prevalence is increasing day by day due to urbanization and westernization. Its management is totally based on symptoms in conventional medicine but in Ayurveda, main principle for the management of *Tamaka Shwasa* is *Nidana parivarjana* along with purification therapies (*Samshodhana chikitsa*) specially '*Virechana Karma*' along with *Shamana Chikitsa* which has to be administered to the patient on the basis of *vyadhi bala*, *rogi Bala* and *Vegavastha* of the disease *Tamaka Shwasa*.

### INTRODUCTION

In Ayurveda, *Shwasa* word signifies both the physiological and pathological states of respiration. *Tamaka Shwasa* is a disease of *Pranavaha srotas* and one among the five types of disease *Shwasa*. The disease is called *Tamaka* because most of the times, episode of the disease precipitate during night time and during the episode, breathlessness becomes so severe that patient feels as if entering into the darkness. Respiration is the evident feature of life, which got obstructed/disturbed in this disease. In *Tamaka Shwasa*, movement of *Prana vayu* is hampered mainly due to host factors (mainly *Vata-kaphaj nidana*) and aggravating factors. Main causative factors responsible for *Tamaka Shwasa* are *Dhooma* (smoke), *Raja* (dust), *Ativyayama* (excessive exercise/work), *Sheeta sthana nivasa* (residing in cold

areas), *Guru bhojana* (heavy diet) and *Sheeta bhojana* (cold food/drinks). These factors lead to the vitiation of *Vata* which in turn vitiates *Kapha* leading to vitiation of *Rasa* and impeding the function of *Prana vata*. According to our Ayurvedic literature *Vata* is captured by the *Aavrana* of *Kapha* in this disease. Acharya *Charaka* has mentioned that *Tamaka Shwasa* is *Kapha-vataj vikar* and site of its origin is *Pitta sthana* [1]. In *Sushruta Samhita*, *Madhava Nidana* and *Yogratnakar* it is mentioned that *Tamaka Shwasa* is *Kapha* predominant disorder. When going through the *Lakshnas* of *Tamaka Shwasa* in our Ayurvedic literature our *Acharayas* has told *Gurghurkam*, *Pinasa*, *Shirogaurava* etc. all the *Lakshnas* showing *Kapha* predominancy. *Tamaka Shwasa* in general is described as *Yapya* (palliable) disease. However, in individual with recent origin of disease, person of *Pravara bala* or both said to be *Sadhya* [2].

On the basis of its etiology, pathogenesis and clinical features, *Tamaka Shwasa* can be correlated to the disease bronchial asthma of the conventional medicine. According to the Global Initiative for Asthma (GINA) "Asthma is defined as a chronic inflammatory disorder of the airways which is associated with

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airway hyper-responsiveness. It leads to recurrent episode of wheezing, breathlessness, chest-tightness and coughing particularly at night or early morning. These episodes are usually associated with widespread but variable airflow obstruction within the lungs that is often reversible [3].

The prevalence of respiratory disorders is increasing due to faulty eating habits and lifestyle along with urbanization, industrialization, air pollution, occupational conditions and stress etc. It is estimated that 300 million (30 crore) people worldwide have asthma and approximately 250,000 asthma related deaths occur yearly many of which are believed to be avoidable, Exacerbations are the cause of morbidity and mortality in asthma [4].

While describing the management of *Tamaka Shwasa*, *Acharya Charaka* has clearly mentioned the importance of *Nidana parivarjana* along with *Samshodhana* and *Shamana Chikitsa* according to the *Roga* and *Rogi bala* and various treatment modalities on the basis of *Vegavastha* and *Avegavastha* for the management of *Tamaka Shwasa* wherein prime importance has been given to the *Virechana Karma* [5]. So many researchers have contributed towards the efficacy of *Virechana Karma* in the management of *Tamaka Shwasa*. Here, a critical review has been undertaken with the aim to enhance the knowledge of researchers and practitioners to understand the concept of 'Virechana' in true sense for the management of *Kaphaavrita vata* condition in *Tamaka Shwasa*.

## AIMS AND OBJECTIVES

1. To study Ayurvedic aspect of *Tamaka Shwasa*.
2. To study the importance of *Virechana Karma* in the management of *Tamaka Shwasa*.

## MATERIAL AND METHODS

- Ancient Ayurvedic literatures related to *Tamaka Shwasa* and *Virechana karma*.
- Previous work done related to *Tamaka Shwasa*.
- Previous work done related to the role of *Virechana karma* in the management of *Tamaka Shwasa*.

## Nidana

*Nidana* plays the most important role for the development and prevention of any disease. It is very well documented by *Acharya Charaka* that a single cause may produce a single disease or many factors can produce a disease and vice-versa [6]. *Tamaka Shwasa* is a disease where multi factorial causation is responsible for its development. Its *nidana* is mainly of two types:

1. *Bahya* (Extrinsic)- Like *Raja*, *Dhuma*, *Vata* etc.
2. *Abhyantar* (Intrinsic)- *Kapha* & *Vata dosha* vitiation.

*Tamaka shwasa* can also result as a *Nidanarthkara Roga* for diseases like *Kasa*, *Atisara*, *Jwara* & *Pandu* (A.S.Ni.4/1). *Megha* (cloud), *Ambu* (water), *Sheeta* (cold), *Shleshmavardhaka* things (*Kapha* increasing articles) are *Vyanjaka Hetus* for *Tamaka Shwasa*. *Vyanjaka hetu* is stimulating, precipitating or aggravating factors. These also cause aggravation of the symptoms in an existing disease or precipitation of the *Samprapti* of the disease. *Tamaka shwasa* is an episodic disease, where role of *Vyanjaka hetu* is more for the prevention and management of the disease.

The knowledge of these *Hetus* is useful in preventing the aggravation of disease. *Acharya Sushruta* has also emphasized the importance of *Nidana* as disobeying the *Nidana* (etiological factors) is the treatment itself. *Tamaka Shwasa* is mentioned as *Kashtasadhya* or *Yapya vyadhi*. *Nidana* has got much importance in such diseases which remain for longer period. *Vyadhi* goes on as long as patients get exposed to these *Nidana*. Hence their thorough knowledge is essential to avoid *Nidana*.

These etiological factors either in the form of the faulty dietetic habits, behavioral errors, or due to the abuse by the environmental factors causes vitiation of *Kapha* and *Vata Dosha*, promoting the *Agnimandya* or upsetting the functioning of *Prana vayu*, that leads to the establishment of the lingering disease of *Pranavaha srotas* i.e., *Tamaka Shwasa*. Due to the detrimental effects of *Nidana* there occurs accumulation of the *Kapha Dosha* in the *Pranavaha srotas*, which in turn obstructs the free channel of the *Pranavayu* leading to *Prana vilomata* and that is how the attack of *Tamaka Shwasa* begins.

## Purvarupa (Prodromal symptoms)

No specific *Purvarupa* has been explained for *Tamaka Shwasa* but the *Purvarupa* explained in the context of *Shwasa* holds good for *Tamaka Shwasa* also. *Acharya Sushruta* has described *Hritpada*, *Shoola*, *Adhmana*, *Anaha*, *Vaktra vairasya*, *Shankh nistoda* as the prodromal symptoms of *Shwasa* [7]. These prodromal symptoms occur as a result of *Dosh-dushya samoorchana* at *Urah Pradesh*.

## Rupa (Symptoms)

*Vata* as well as *Kapha Dosha*, *Rasa Dhatu* and *Pranavaha srotas* are the primary factors concerned in the pathogenesis of *Tamaka Shwasa* and for evident reasons, these factors decide the course and clinical manifestation of the disease.

*Teevravega shwasa*, *Prana prapedaka shwasa* (Dyspnoea of exceedingly deep velocity which is immensely injurious to life), *Ruddha shwasa* (obstructed breath), *Ghurghurka* (wheezing or murmuring sound), *Ativegatcha pratamyati* (The patients get frequent paroxysms of dyspnoea),

*Shleshmaamuchajanya dukha* (since the phlegm does not come out, he becomes more restless), *Shlesma vimokshana janya sukham* (the patient is relieved (of restlessness) for some time soon after the phlegm comes out), *Kanthodhvamsa* (patient throat is choked because of which he is unable to speak freely), *Peenasa* (rhinitis), *Pramoha muhra-muhra* (the patients faints again and again while coughing;), *Aseenolabhate soukhyam* (the patient does not get sleep while lying down (for sleep) he gets (more of) dyspnoea because the side of chest in that position get afflicted by *Vayu*. But he is relieved of this discomfort in sitting posture), *Alpa nidrata* (insomnia), *Utchhipta aaksha* (the patient eye-balls become prominent (project outside)), *Lalate sweda* (too much of sweating appears in his forehead and he becomes restless), *Bhrusam arati* (depression), *Visashushkasya* (the patient's mouth becomes dry frequently;), *Shareera vedana* (body ache), *Usnabhinandati* (patients develops special liking for hot things;), *Meghambuna vardhate* (the attack gets aggravated when clouds appear in the sky, *Sheetena vardhate* (when he is exposed to water (Humidity)and cold), *Pragvatena vardhate* (when the easterly wind blows, and when he resorts to *Kapha* aggravating food and regimens) [8].

### **Samprapti (Pathogenesis)**

In Ayurveda, *Samprapti Vighatana* is considered as the process of management of *Vyadhis*. The unique nature of *Samprapti* of *Tamaka Shwasa* determines the clinical presentation of the illness like episodic attacks, rapid development, chronicity and perpetuation. In *Charaka Samhita* the *Samprapti* of *Tamaka Shwasa* has been explained under three occasions.

- Common *Samprapti* of *Hikka* and *Shwasa*
- Specific *Samprapti* of *Shwasa*
- *Samprapti* of *Tamaka Shwasa*

The morbid *Vata* which is obstructed by *Kapha* makes the vitiation of *Prana*, *Udaka* and *Annavaha Srotas*, and finally lodges in the chest region causing *Shwasa* and *Hikka* disorder. This is the common pathogenesis of *Hikka* and *Shwasa* which is elaborated in the literature [9].

As per the common *Samprapti* of all five types of *Shwasa*; when the *Kapha* along with *Vata* obstructs the *Srotas*, the hindered *Vayu* trying to overcome the obstacle moves in all directions results in *Shwasa* [10].

### **Specific Samprapti of Tamaka Shwasa:**

With reference to the development of *Tamaka Shwasa* a special *Samprapti* has been offered by *Acharya Charaka*, when the flow of *Prana vayu* is reversed due to obstruction of *Srotas* (channels) by *Vikrut kapha*, it gets vitiated and surrounds the neck and head leads to excess secretion of *Dushta kapha*

which leads to *Pinasa* and *Ghurghurukam* sound is produced. This condition leads to acute onset of dyspnoea which suffocates the *Prana*. He has a feeling of entering into darkness, thirst develops and faints, becomes unconscious. Paroxysmal attack of *kasa* occur. Unable to expectorate, he feels irritation and once the expectoration of *Dushta kapha* occurs, gets relief for moment. Hoarseness of the throat develops and there is difficulty in speaking. Patient suddenly wakes up with a sense of suffocation. Dyspnoea increases and he has to sit on the bed. So, he feels comfortable while sitting and desires for hot things. His eye is raised upward; there is profuse perspiration on forehead and remains in state of distress. His mouth dries and suffers from paroxysmal attack of dyspnoea. This condition is exacerbated due to clouds, rain, cold winds and air coming directly. The other psychosomatic factors like *Chinta*, *Shoka*, *Bhaya* also aggravate the *Shwasa roga*. This condition is known as *Tamaka Shwasa*. It is *Yapya* disease (i.e., it can be only managed), if it is of recent origin then totally curable [11].

### **Samprapti Ghatak of Tamaka Shwasa [12]**

**Dosha:** *Kapha*, *Vata* (dominances) and *Pitta* {*Kapha* (*Avlambaka & Kledaka*); *Vata* (*Prana, Udana, Samana*), *Pitta* (*Pachaka pitta*)}

**Dushya:** *Rasa dhatu*

**Srotas:** *Pranavaha srotas; Udakavaha srotas; Annavaaha Srotas*

**Udbhava sthana:** *Pittasthana* (*Acharya Charaka*.)  
*Amashaya* (*Ashtanga hridayakara*)

**Adhithana:** *Uraha, Phuppusa* (*Kapha sthana*)

**Sroto dushti lakshana:** *Sanga, Vimarga gamana, Atipravritti*

**Ama:** *Ras gata* (*Agni mandya janya Ama*)

**Agni:** *Jathargni* (*Vishama*)

**Vyadhi:** *Amashayotha*

**Swabhava:** *Ashukari* and *Chirkari*

**Vyadhi marga:** *Abhyantra Marga*.

### **Description of Tamaka Shwasa on the basis of types of Samprapti**

#### **Sankhya Samprapti [13]**

Classification of disease according to its types and subtypes are detailed under the heading of *Sankhya samprapti*. According to *Sankhya*, *Tamaka shwasa* can be classified into two subtypes as (1) *Pratamaka shwasa* (2) *Santamaka shwasa*.

#### **Vikalpa Samprapti Amnshansha kalpana (i.e., degree of each Dosha involvement)**

- The *Vayu* with *Ruksha*, *Sheeta* and *Chala guna* is the cause of constipation, thirst, hoarseness of voice,

craving for hot things, *Ghurghurukam* and increased respiration.

- *Pitta dosha* with *Drava* and *Sara guna* causes *Agni-mandya* and *Aam-rasotpatti*.
- *Kapha Dosha* with *Snigdha*, *Sthira*, *Slakshana Guna* causes *Pinasa* and *Kasa*.

#### **Pradhana Samprapti**

In *Tamaka shwasa*, there is equal predominance of *Kapha* and *Vata doshas*. Where as in *Pratamaka shwasa* there is predominance of *Pitta dosha*<sup>[14]</sup>, and in *Santamak shwasa* there is *Anubandhatva* of *Manasika doshas*<sup>[15]</sup>.

#### **Bala Samprapti**

Description of diseases according to their strength is known as *Bala samprapti*. Strength of disease depends upon the strength and predominance of *Nidana*, *Purvarupa* and *Rupa*<sup>[16]</sup>. *Tamaka Shwasa* is curable within one year. If chronic, it can be maintained only.

#### **Kala Samprapti**

The circadian rhythm-annual and diurnal variations of the *Doshas* in relation to diet and disease. *Tamaka Shwasa* is aggravated early in the morning, winters, change of season, intake of heavy food and cold water.

#### **Vidhi Samprapti**

According to *Vidhi samprapti*, *Tamaka shwasa* is classified as *Nija* and *Agantuja*<sup>[17]</sup>. On the basis of *Mridu*, *Daruna*, *Sadhya* and *Asadhya* classification of disease, *Tamaka shwasa* comes under the heading of *Daruna* and *Kastasadhya vyadhi*<sup>[18]</sup>.

#### **Types of Tamaka Shwasa**<sup>[19]</sup>

*Maharshi Charaka* has mentioned two-allied stages of *Tamaka Shwasa* known as two types or further complication of disease proper i.e., *Pratamaka* and *Santamaka*. *Sushruta* and *Vagbhata* have only mentioned the name as *Pratamaka*, which includes clinical manifestation of *Santamaka*.

#### **Pratamaka Shwasa**

Patients suffering from *Tamaka Shwasa* when gets afflicted with fever and fainting, the condition is called as *Pratamaka Shwasa*. It is suggestive of involvement of *Pitta dosha* in *Pratamaka Shwasa*. It is aggravated by *Udavarta*, dust, indigestion, humidity (*Kleda*), suppression of natural urges, *Tamoguna*, darkness and gets alleviated instantaneously by cooling regimens. As a matter of fact, cooling regimen is one of the causative factors of *Tamaka Shwasa* but in *Pratamaka Shwasa*, the patient gets relief by administering cooling agents due to *Pitta Dosha* involvement<sup>[20]</sup>.

#### **Santamaka Shwasa**

When the patients of *Pratamaka Shwasa* feels submerged in darkness, the condition is called as *Santamaka Shwasa*. Though *Chakrapani* has mentioned these two as synonyms of each other *Charaka* refers them as two different ailments representing two different stages of *Tamaka Shwasa*, these two conditions differ from each other according to intensity of attack. This can be taken as the severe stage of *Pratamaka*<sup>[21]</sup>.

#### **Upashaya - Anupashaya in Tamaka Shwasa**

*Upashaya* and *Anupashaya* in *Tamaka Shwasa* can be summarized as<sup>[22]</sup>:

<b>Upashaya</b>	<b>Anupashaya</b>
<i>Ushna Ahara Vihara</i>	<i>Sheeta Ahara Vihara, Sheeta Ambu-cold water</i>
<i>Asino Labhate Saukhyam</i> —feels comfortable to breath in sitting position	<i>Shayanasya Shvasa Peditaha</i> — discomfort worsens on lying
<i>Shleshma Vimokshante Sukham</i> —slight relief in breathlessness on spitting out the sputum	Presence of <i>Kapha</i> in the <i>Pranavaha srotas</i> worsens difficulty in breathing
Dry sunny weather relieves the symptoms	<i>Meghabhi Abhivardhate</i> — cloudy weather worsens the attack
Quiet atmosphere is favourable	<i>Pragvata</i> – breeze
Clear atmosphere, devoid of smoke and dust helps in reducing the symptoms	Exposure to dust or smoke worsens the attack of <i>Tamaka Shwasa</i>
Factors, that reduces the <i>Kapha</i> vitiation brings out relief	<i>Sleshmala</i> - <i>Kapha</i> aggravating factors add to the disease

#### **Sadhyata-Asadhyata (Prognosis)**

*Tamaka Shwasa* in general is described as *Yapya* (palliable) disease. However, in individual with recent origin of disease, person of *Pravara bala* or both said to be *Sadhya*<sup>[23]</sup>. *Acharya Sushruta* has opined that *Kasa*, *Shwasa* and *Vilambika* are very difficult to cure

like setting in together of fire, wind and thunder<sup>[24]</sup>. Regarding *Tamaka Shwasa* he says that it is a disease which can be cured with much difficulty. If it appears in debilitated individuals its prognosis becomes very difficult<sup>[25]</sup>. According to *Acharya Charaka*, *Hikka* and

*Shwasa* appearing as a complication of other diseases have worst prognosis<sup>[26]</sup>.

### Chikitsa

**Nidana Parivarjana:** Ayurveda basically being emphatic about “*Swasthyarakshanam*” give priority to prophylactic management. According to *Acharya Sushruta*, *Chikitsa* is defined as avoidance of causative factors<sup>[27]</sup>. This is very much applicable in the case of *Tamaka Shwasa*. The “*Aagantukahetu*” have to be avoided in the first place. Being a *Yapyarogah*, avoidance of triggering factors and providing quality of life with minimum medication is the aim of asthma management. *Acharya Charaka* also says that those patients of *Hikka* and *Shwasa* who wants disease free life must avoid the causative factors of these diseases<sup>[28]</sup>.

Hence the primary importance in *Shwasa Chikitsa* is the avoidance of causative factors. Both Ayurveda and modern scientist agree to this fact.

The management of *Tamaka Shwasa* has two aspects:

1. Management of *Vegavastha* of *Tamaka Shwasa*; i.e. acute exacerbations, and
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.

### Vegavastha

In *Vegavastha*, *Acharya Charaka*, *Sushruta*, *Vagbhata*, all the *Acharyas* have emphasized on the administration of *Samshodhana* therapy in the early phase of *Vegavastha* as an emergency treatment and after that *Shamana yoga* are can be administered to the patient.

Patient who is in *Vegavastha* should be first anointed with salted oil and then subjected to sudation either by methods of steam (*Nadi Sweda*), hot bed sudation (*Prastara*) or mixed sudation. This is a specific condition where *Sneha* with *Lavana* is indicated. In *Shwasa Grathita Kapha* (mucous plug) is present; and *Salavana Sneha* is useful in *Vilayana* of this *Grathitha Kapha*, thereby removing the *Sanga* (obstruction of airway). Once the *Kapha* is removed from airways, it flows back to its base in *Amashaya* from where it can be expelled out by *Vamana*. After a classical *Vamana therapy*, the left-out *Dosha* has to be eliminated by fumigation therapy or *Dhupana*<sup>[29]</sup>.

### Avegavastha

In *Avegavastha* due consideration should be given to avoid pathogenesis which further leads to exacerbations. However, *Acharya Charaka* has divided the patients of *Shwasa* into two categories<sup>[30]</sup>.

1. Those who are strong and with predominance of *Kapha*.

2. Those who are weak and with predominance of *Vata* and who are un-unctuous.

It has been suggested that for a *Kapha* dominant and strong patients *Samshodhana* in the form of *Vamana* and *Virechana* can be advocated, and after that *Hikka shwasa nashaka dhoom*, *Avaleha* etc can be used<sup>[31]</sup> and for *Vata* dominant and weak un-unctuous patients, *Tarpana* in the form of *Vatanashaka sneha*, *Yusha*, *Mansarasa* etc can be advised<sup>[32]</sup>. Thus, it can be inferred that the choice of management of *Shwasa*, *Alpabala* patient is *Tarpana* and *Shamana*. *Samshodhana* therapy should be administered only if extremely essential, if the patient is having good *Dehabala* and *Satwabala*, and when all other measures fail. *Acharya Charak* has given the following principles for the management of *Shwasa*.

For the *Shamana Chikitsa*, the used drugs should be *Vatakaphaghna*, *Ushna* and *Vatanulomana*<sup>[33]</sup>. Also, *Acharya* has said that, any remedy which aggravates *Vata* and pacifies *Kapha* or which pacifies *Vata* and aggravates *Kapha* or which pacifies both *Vatakapha* or which pacifies only *Vata* should be used for the management of *Tamaka Shwasa*<sup>[34]</sup>.

*Acharya Sushruta* has described different medicated *Ghruta-kalpana* for *Shamana Chikitsa*.

*Acharya Sushruta* has advised to do both *Vamana*, *Virechana* in *Shwasa* management<sup>[35]</sup> while *Acharya Charaka* has described first *Vamana* in *Shwasa* may be as an emergency and after that *Virechana* with *Vata-shleshmahara dravya* especially for *Tamaka Shwasa* in between the two attacks or *Avegavastha*. *Virechana* is best for *Srotoshodhan* and as *Pitta Shamaka Chikitsa*.

### Virechana and Virechana Karma

The word *Virechana* is derived by adding ‘*Vi*’ prefix and ‘*Lut*’ suffix to the *Sanskrit* root ‘*rich*’ [*Vachaspatyam*]. It means evacuation of waste material. In *Tamaka Shwasa*, free flow of *Prana vayu* is hampered due to *Vikruta Kapha*, *Pratiloma gati* of *Prana vayu* is responsible for inducing *Shwasakrichhata*, *Kasa*, *Peenasa*, *Parshvashula* etc. symptoms of *Tamaka Shwasa*. *Virechana* in the form of *Anulomana*, *Sramsana*, *Bhedana* and *Rechana* can be used wisely so that *Srotoavarodh* can be eliminated and free flow of *Prana vayu* is achieved.

*Virechana Karma* is a part of *Samshodhana chikitsa* one among the five *Karmas* (procedure) of *Panchakarma*. It expels out the *doshas* from *Adhobhaga*, i.e., *Gudamarga* (anal route)<sup>[36]</sup>. 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*. It is less complicated procedure and less effort is required as compared to *Vamana*

*Karma*. 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*, *Vikasi*, 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* (*Virechana*) is obtained [37].

### Role of Virechana Karma in Tamaka Shwasa (Tamake Tu Virechanam)

For any disease process to occur, the involvement of *Dosha*, *Dushya*, *Adhishtana*, status of *Agni*, and type of *Srotodushti* is important. From the *Nidana-sevana*, till the expression of a disease, this complete cycle is studied under *Samprapti*. The line of treatment of any disease is to break this cycle of pathogenesis. While describing the *Samprapti* of *Hikka Shwasa* *Acharya Charaka* has clearly emphasized that both the diseases are mainly having *Vata-kapha nidana* and origin of these diseases is from *Pitta sthana* [38] where *Chakrapani* explains here *Pitta sthana* as *Amashaya*, the space between *Hridaya* and *Nabhi*. *Acharya Vagbhata* has also mentioned that it is to be *Amashaya samudhbhava* disease, "Urasthah kuruti shvasa amashaya samudhbhavam" but *Amashaya* is also considered as the seat of *Kapha* along with *Pitta*. Further workers developed the concept that *Urdhva amashaya* is the seat of *Kapha* and *Adha amashaya* is the seat of *Pitta*. In *Shwasa*, *adho amashaya* is being involved upto *Grahani*. Lower parts of stomach secrete more histamine and HCl and further with intestine, it takes parts in the formation of *Ama* which sometimes related to allergy stimulating phenomenon. *Sthanic dosha* is stronger than the other at its site of origin. So, it is wise to treat the root cause i.e., origin site of a disease. [39] So, for the treatment of *Tamaka Shwasa*, *Charaka* has clearly indicated *Virechana Karma*.

### Benefits of Virechana Karma in Tamaka Shwasa

- Dislodging of mucus/excess secretions from respiratory airways thereby promoting free flow of *Prana vayu* due to its '*Rechana*' property.
- Promotes *Vatanulomana* (prevents *Pratiloma gati* of *Vata*)
- Maintains *Agni*
- Acts as *Rakta Prasadaka*
- Reduces intraabdominal pressure (alleviates spasm and respiratory movements).
- Reduces inflammation
- Reduces absorption of histamine-like substances and other toxins and prevents bronchospasm
- Prevents hyperventilation

- Less complicated procedure as compared to *Vamana Karma* in chronic patients of *Tamaka Shwasa* (*Dhatu Kshaya - Vata prakopa*)

### DISCUSSION

*Tamaka shwasa* is a disease of respiratory system having its own etiology, pathogenesis and clinical features. It is one among the five types of disease *Shwasa*. Its site of origin is *Pitta sthana*. It is mainly a *Kapha vataj* disorder of *Pranavaha srotas* which mainly affects the respiration. Etiological factors in the form of *Vata* and *Kapha prakopaka Aahara*, *Vihara* and *Vyanjaka hetu* participates in the pathogenesis of *Tamaka Shwasa*, etiological factors lead to the development of *Mandagni* and *Ama* formation which later on leads to formation of *Vikrit kapha* as a *Mala* of *Rasa dhatu dushti*. This *Vikrit Kapha* is responsible for obstructing the free flow of *Prana vayu* in *Pranavaha srotas* and leads to attack of *Shwasakrichhata* and other symptoms like *Kasa*, *Pinasa* etc. *Tamaka shwasa vyadhi* is *Yapya* in nature. On the basis of its etiology and clinical features it can be correlated to bronchial asthma. *Nidana Parivarjana* has been given the importance primarily for the prevention and management of the disease *Tamaka Shwasa* along with *Samshodhana* and *Shamana chikitsa*. *Vamana* and *Virechana Karma* have been indicated under *Samshodhana chikitsa* as per the *Roga* and *Rogi bala*. Prime importance has also been given to the *Virechana karma* in the management of *Tamaka Shwasa* as it is *Pitta sthana samudhbhava* and *Kapha avaritta vata janya vyadhi* and *Virechana* is mainly indicated for *Pittaja vikara*, *Vata* and *Kapha* related disorders along with *Avarana janya vikaras* in Ayurveda. *Samshodhana purvaka shamana chikitsa* aims to provide long lasting results to the patients and aids in better absorption of *Shamana aushadhi* by enhancing the *Agni*, removal of *ama* and promoting *Vatanulomata*.

### CONCLUSION

*Tamaka shwasa* is a *Kapha vataj* disease of respiratory system with its own specific etiology, pathogenesis and clinical features. Ayurveda is the best way to effectively and safely manage the condition without any drug dependency, where various *Samshodhana* procedures specially *Virechana karma* and use of internal medication not only detoxifies the body but also provides nutrition and increases the elasticity of lung tissue and develops natural immunity of the body.

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