



Review of Previous Research Works Done on *Tamak Shwasa* Conducted Across India and Role of Different Treatment Modalities in *Tamak Shwasa*

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ABSTRACT:

At present era, many chronic recurrent airway disorders are increasingly seen all over the global population. *Tamak Shwasa* is one of such disorder described in *Ayurveda*. It is one of the variety among five types of *Shwasa roga* characterized by prolonged expiration, wheeze, dyspnoea of exceedingly deep velocity, which is immensely injurious to life. In modern science, it can be correlated with bronchial asthma. According to *Ayurveda* *Tamak shwasa* is a *Yapya vyadhi*. It is not serious as *Maha*, *Urdhva* and *Chhinna shwasa* but it is a very troublesome disease and long lasting with frequent episodes (attacks) difficult to bring under control unless quick and prompt treatment is not provided. *Shodhana* and *Shaman chikitsa* are the important line of treatment described in *Ayurvedic* classics. *Shodhana karma* is studied to be a necessary prerequisite in managing *Shwasa roga*, particularly in patients with sufficient strength, because the disease is manifested by the aggravated *Prana vayu* and by the obstruction of *Kapha*. Similarly there are lots of herbal drugs and *rasa* preparation having *Vatakaphashamak*, *Ushna*, *Vatanulomana*, *Shwasahar* and *Kasahara* properties which seems to be very effective in the treatment of *Tamak shwasa*. So there are many research studies were done by various previous scholars on *Shodhana karma*, *rasa* preparation and herbal drugs to analyse their efficacy and effectiveness on the disease *Tamak shwasa*.

Keywords – *Tamak shwasa*, Bronchial asthma, *Shodhana karma*, *Shaman* drugs, Previous research work

INTRODUCTION

The disease *Tamak shwasa* has been broadly described almost in all the *Ayurvedic* classics. It is stated that none other disease kills as instantaneously as *Hikka* and *Shwasa*.¹ It is a *Swatantra vyadhi* and having its own etiology, pathology and management.

According to *Acharya Charaka* both the *Vata* and *Kapha dosha* has been considered to be the chief *doshas* which are involved in the pathogenesis of *Tamak shwasa*.² But in *Sushruta samhita*,³ *Madhav Nidana*⁴ and *Yogratanakar*⁵ it is mentioned that *Tamak Shwasa* is the *Kapha pradhan*



vyadi. During this disease “*Prana vayu*” is deranged among the five types of *Sareera vayu*. This disease is originated from *Pittasthan* i.e. *Amashaya* and the involved strotas is *Pranvaha strotas*. Type of *Strotodusti* is *Sanga* and *Vimarghagan*.

The nomenclature of the *Tamak shwasa* is due to the fact that, the symptoms or the attack of this disease precipitates at night and during the time of attack, the breathing difficulty is so severe that the patient feels going into the darkness.

It is a *yapya* disease. However in individual with recent onset i.e. approximately 1 year, person of *pravara bala* or both is said to be *sadhya*.⁶

As *Vata* and *Kapha* are the main doshas involved in the pathogenesis of disease, so drugs having *Kapha vataghna*, *Ushna* and *Vatanulomana* properties are prescribed for *shwasa*.⁷ *Arunadutta* has advised *Deepana - Paachana* drugs in the management of *Shwasa*.

Shodhana procedure has given a due importance in this disease by almost all *Acharyas*. Among *Shodhana*, *Vamana* & *Virechana* is indicated in *Tamak Shwasa*. This disease is manifested by aggravated *Praana vayu* due to obstruction of *Kapha*. *Acharya* in case of *Tamaka Shwasa* advises *Virechana*. Drugs having *Vata Kaphahar* property are indicated for *Virechana Karma*. “*Vata sleshma hareyuktum tamakatu virechanam*”⁸

Several drugs have been described in *Samhita's* as single / compound Drugs. More than 175 thesis level research work was done on herbal drugs & *Rasa* preparation at various *Ayurvedic* Post Graduate Centres.

AIMS AND OBJECTIVES

1. To screen and analyse the research studies on *Tamak shwas* conducted across India.
2. To assess the efficacy of different single or compounds drugs and *Shodhana chikitsa* in the management of *Tamak shwas*.

MATERIAL AND METHODS

Previous research work and their conclusions

In the year 2002, *Sangeeta G* from IPGT&R, Jamnagar, Gujarat work on the topic ‘*Clinical Study on the effect of Pippalyavaleha and Virechana karma in the Management of Tamak Shwasa.*’⁹

In this study she took total 39 patients of *tamak shwasa* and divided randomly into two groups.

In Group A (*Virechana-Pippalyavaleha* group) – 18 Patients of *Tamak shwasa* were first given *Virechana* with

trivrit and *draksa* after proper *snehana* with *suddha ghrita* and 3 days *vashpa sveda*. After completion of *Samsarjana karma*, patients were given *Pippalyavaleha* in dose of 10 gm with milk, twice daily for 1 month. Out of these, 16 patients had completed the course. In

Group B (*Pippalyavaleha* group) – 21 Patients of *Tamak shwasa* were treated with *Pippalyavaleha*, in dose of 10gm with milk twice daily for 1 month as *Samana* therapy. Out of these, 17 patients had completed the course. Table 1 Effect of treatment on cardinal features of *Tamak shwasa*
Overall effect of treatment .(Table 2)

Results of this work have undoubtedly established the superiority of *shodhana purva samana* over *samana* alone. It can be concluded that the study scientifically proves the efficacy of traditionally practiced *ayurvedic* compound drug in *tamak shwasa*

In the year 2003, Dr. Prakash Panchal from IPGT&R, Jamnagar, Gujarat also worked on *Tamak shwasa* entitled ‘*A comparative study of Shodhana (virechana)-Poorvaka Shamana and Shamana Chikitsa in the management of Tamak Shwasa.*’¹⁰ He also described the importance of *Shodhana (virechana)* over *Shaman chikitsa*.

He took 30 patients and randomly divided into 2 groups, each group contain 15 patients. In one group, he gave *Shodhana (virechana) purvak shamana chikitsa* in which after *Deepan-pachana*, *Shrungyadi siddha ghrita* was given for *Snehapana* in *vardhman krama* upto 7-days. After that *Virechana karma* was performed with “*Snuhibhavit katuki churna*”. Then *Shaman chikitsa* i.e. *Shrungyadi vati* 6gm/day (3 tabs- 4 times) was given. The total duration of course was 12weeks. In another group only *Shaman chikitsa* was done where *Shrungyadi vati*” in dose of 6gm/day (3 tabs- 4 times) was given for the same duration with *Ushnodaka anupana*.

Overall effect of treatment .(Table 3)

Thus, he observed that *Shodhana (virechana) purvak shaman* treatment pacify almost entire range of signs & symptoms associated with the disease so the efficacy of this treatment in comparison to *Shaman* therapy is much better. So, results of this work have undoubtedly established the superiority of *Shodhan purvak shaman chikitsa* over the *Shaman chikitsa*

Dr. Pavan Mali from IPGT&R, Jamnagar, Gujarat done another study in the year 2004 on the topic: *A clinical study on effect of Shireeshavaleha & Virechana karma in the management of Tamak Shwasa.*¹¹

He took 34 patients for his study and divided randomly into two groups. First group is

Virechana-avaleha group in which 12 patients were given *Shirishadyavaleha* in dose of 10gm bid for duration of 1 month after performing *Virechana karma*. Out of these 10 had completed the course. Second group is *Avaleha* group in which 22 patients were given *Shirishadyavaleha* in dose of 10gm bid for 1 month. Out of these 13 had completed the course.

Effect of treatment on cardinal features of *Tamak shwasa* .(Table 4)

So, total improvement observed in *Virechana-avaleha* group was 51.93% where as in *Avaleha* group it was only 37.46%. It showed that drug will be more effective when it is used after *Shodhana* therapy particularly after performing *Virechana Karma*.

Umesh.S.Kumbar from D.G.Melmalagi Ayurvedic Medical College, Gadag in the year 2004, had done a study on the topic “Evaluating the efficacy of *Brihat Katphaladi Yoga* in comparison with *Vyoshadi Gutika Nitya Shodhana* in *Tamak Shwasa*.”¹²

He took 15 patients in group A who were treated with *Brihat katphaladi yoga* 3gms/per day in divided doses. Another 15 patients who comes in Group B were treated with *Vyoshadi gutika* 500mg daily morning at 6 AM. The study duration for each group was 14 days.

In the subjective parameters like *tivravega shwasa*, *kasa*, *greeva sirha sangraha*, *krucherena bhashita* and *shayana shwasa pedita*, Group A who were treated with *brihat katphaladi yoga* shows highly significant result than Group B who were treated with *vyoshadi gutika nitya virechana*. Both the groups show equal highly significant result in *peenasa* and *dhukhena kapha nissaranam*. Among objective parameters like AEC, ESR, Hb%, patients who were treated with *brihat katphaladi yoga* are more highly significant than patient treated with *vyoshadi gutika nitya virechana*. Peak expiratory flow rate and breath holding time shows more highly significant result in group B.

Overall effect of treatment .(Table 5)

So it can be concluded that *Brihat Katphaladi yoga* in Group A and *Vyoshadi Gutika* in Group B are effective at their functional area to relieve *kapha* from the *pranavaha sroatas* and to eliminate in terms of *Nitya Shodhana* by *Vyoshadi Gutika*

In year 2008, Shweta Agarwal also worked to assess the ‘Effect of *shireeshadi ghanavati* in the management of *tamaka shwasa* w.s.r. to bronchial asthma’ in IPGT&R, Jamnagar, Gujarat.¹³

She took total 35 patients and divided randomly into the groups. In Group A, 19 patients were treated with

Shireeshadighanavati 1 gm 4 times a day with *ushnodaka* upto 30 days and 4 patients left the treatment against medical advice. In Group B, 16 patients were treated with *Shwasakuthara Rasa* 250mg 3 times a day with *ushnodaka* upto 30 days and 2 patients left the treatment against medical advice.

Effect of treatment on cardinal features of *Tamak Shwasa* . (table 6)

Thus, it has been seen that the *Shireeshadighana Vati* showed good results over *Shwasakuthara Rasa* in the management of the disease *Tamaka Shwasa*.

Vinod Kumar Yadav from IPGT&R, Jamnagar, Gujarat, done a study in 2009 on the title: A clinical study of *virechana karma* in the management of *tamaka shwasa*.”¹⁴

He took 20 patients of *Tamak shwasa* and divided randomly into 2 groups. In one group, 10 patients were treated with *Virechana karma* and then after following the *Sansarjana krama*, the *Shamana chikitsa* is prescribed to the patient *Vasadi vati* in a dose of 6 grams per day (i.e. 3 tab. * 4 times / day) in divided doses with *Ushnodaka* as an *anupana* for the remaining days. During the follow up period no medicine is given. In another group, 10 patients were treated with only *Shamana* therapy i.e. *Vasadi vati*, 6 grms per day (i.e. 3 tab. * 4 times / day) in divided doses with *Ushnodaka* as an *anupana* for 1 month.

Effect of treatment on cardinal features of *Tamak Shwasa*(Table 7)

Overall effect of treatment .(Table 8)

So it can be concluded that the *virechana karma* has maximum effect to pacify the almost entire range of signs and symptoms associated with the disease. So it can be said that the efficacy of *Shodhana purvaka shamana therapy (vasadi vati after virechana karma)*, in comparison to *Shamana therapy* is far more better.

In IPGT&R, Jamnagar, Gujarat, Dr Manisha R Sharma in the year 2010 worked on the topic: A comparative study of *shvasahara leha* and *vasa haritaki avaleha* in the management of *Tamak shwasa* w.s.r. to Bronchial asthma”¹⁵

She took 40 patients of *Tamak Shwasa* and randomly divided into two groups. Out of that 31 patients had completed the course of treatment. In **Group A (*Shvasahara Leha* group)**- 17 patients were given *Shvasahara Leha (Anubhuta Yoga)* (5gm twice a day) with *Anupana* of *Godugdha* for 2 months. In **Group B (*Vasa Haritaki Avaleha* group)** – 14 patients were given *Vasa Haritaki Avaleha* (5gm twice a day) with *Anupana* of *Godugdha* for 2 months.

Effect of treatment on cardinal features of tamak shwasa (Table 9)

Overall effect of treatment .(Table 10)

Thus, it can be understood that patients treated with *Shvasahara leha* got mild and moderate improvement in maximum number of patients while those treated with *Vasa Haritaki Avaleha* got marked and moderate improvement in maximum patients. So, it can be concluded from the study that both the trial drugs i.e. *Shvasahara Leha* and *Vasa Haritaki Avaleha* can be successfully used in the patients with *Tamaka Shwasa*. No any adverse effect noted in both the trial drugs but further *Vasa Haritaki Avaleha* proves more effective in the patient of *Tamaka Shwasa*.

Dr. Pallavi.C.P. from Government Ayurveda Medical College, Mysore in the year 2010, worked on “Management of *Tamak Shwasa* w.s.r. to Bronchial Asthma – A Clinical Study”.¹⁶

Total 100 patients were selected for her study and assigned in single group treated with *Kantakari Ghrita* as *Shamana shneha* 30 ml with *ushnodaka* once in the morning given orally, *Ghrita bhrishta Haridra* 3-6gms given twice daily with *ushnodaka*, *Simhyadi kashaya* 15 ml with luke warm water *muhurmuhu prayoga*. The treatment duration was 48 days.

Table 11- Relief percentage

Thus her study showed that *Shaman* line of treatment i.e. *Kantakari ghrita*, *muhurmuhu prayoga* of *shwasahara kashaya* like *simhyadi kashaya* and anti allergic and immuno modulator drug like *Ghrita bhrishta Haridra* are very effective in tamak shwasa.

Another study was done in the year 2010 by Jatan Mehta on the topic: A Comparative Study of *Bharangyadi Vati* & *Shrungyadi Vati* in the Management of *Tamak Shwasa* w.s.r to Bronchial Asthma in IPGT&R, Jamnagar, Gujarat¹⁷

It will be done on 20 patients of *Tamak Shwasa* and randomly divided into 2 groups. Each group contains 10 patients. One is controlled group in which *Bharangyadi vati* was given in dose of 6gm/day (in divided dose) or 4 tab./3 times (each tab. contain 500m.g.) with *anupana ushnodaka* for 8 weeks. Other group is treated group in which *Shrungyadi vati* was given in dose of 6gm/day (in divided doses) or 4tab./3 times (each tab. contains 500mg) with *ushnodaka anupana* for 8 weeks.

Overall effect of treatment.(Table 12)

This clinical comparative study shows that the role of *Shrungyadi Vati* in the management of *Tamak Shwasa* (w.s.r. to Bronchial Asthma) has excellent effects in

relieving the cardinal sign & symptoms as compared to *Bharangyadi Vati*.

The *Srungyadi Vati* is ideal drug for long term management of *Tamak Shwasa* as it has expectorant, mucus production inhibitory, broncodilatory, *Vataanulomana*, digestive property, immunomodulative and antiinfective property. The *Rashayana* and *Vayastapan Dravya* (provide longevity) enhance immune system of the body. It is working in the both type of asthma, intrinsic as well as extrinsic type of asthma. The improvement in PEFR values shows improvement in the cardinal pathology of airway obstruction is improved with improvement in normal physiology of lungs. The *Bharangyadi Vati* has above property with less percentage.

Kundan Gadhvi from IPGT&R, Jamnagar, Gujarat also worked on the topic- A comparative study between the efficacy of *Vaman* and *Virechana karma* in the management of *Tamak Shwasa* (Bronchial Asthma) in the year of 2011.¹⁸

In this study total 31 patients of *Tamak Shwasa* were registered by him and divided randomly divided under two groups. One is *Vamana* group in which 14 patients of *Tamaka Shwasa* were treated with classical *Vamana karma* followed by *Drakshadi Leha*. Other group is *Virechana* group in which 17 Patients were treated with classical *Virechana karma* followed by *Drakshadi leha yoga*, out of which 2 were left against medical advice.

Effect of treatment on cardinal features of tamak shwasa (Table 13)

The statistical analysis showed that, *Vamana* gave better result in *Shwasa kashtata* and rhonchi in comparison to *Virechana karma*. Further the obtained difference between the two groups found statistically significant ($p < 0.01$) and statistically highly significant ($p < 0.001$) in *Shwasa kashtata* and rhonchi respectively. While the difference in other symptoms and investigation like PEFR, AEC between both the groups was statistically insignificant ($P > 0.10$).

Overall effect of treatment .(Table 14)

In this study the *Vamana* gave better result in *Shwasakashtata*, *Kaphashthivanam*, *Ghurghurkam*, Orthopnea and Rhonchi while *Virechana* gave better result in Frequency of *Shwasa kashtata* and to reduces dose of emergency medicine. PEFR was increased in both the groups.

In the year 2011, Dr.Jyothi B Halli, had done a study on *Tamak Shwasa* in IPGT&R, Jamnagar, Gujarat. Her

topic name was- “A study on etiopathogenesis of *Tamak shwasa* w.s.r. to Bronchial Asthma & its *samprapti vighatana* by *sauvarchaladi choorna*.¹⁹

Total 44 patients were registered and randomly divided into two groups. 23 patients were in Group A (trial group) who were treated with *Sauvarchaladi choorna* in 12gm (four doses per day) with *Ushnambu* along with *Pathya ahara & vihara*. Out of which 20 patients were completed the course. In Group B (control group) 21 patients were registered who were given only *Pathya ahara & vihara*. Out of which 20 patients were completed the course. Total duration of course was 30 days.

Effect of treatment on cardinal features of *Tamak Shwasa* (Table 15)

Overall effect of treatment-.(Table 16)

By observing objective criteria like wheezing, respiratory rate, pulse rate, it was found that trial group showed significant result after treatment whereas control group showed less significant result. In parameters like *Shwasteevravega*, *Kasa*, *Parshwashoola*, *Shayanante shwasadhikam*, *Asinolabatesukham* also showed highly significant results in trial group as compared to control group

So it can be concluded that *Sauvarchaladi choorna* with *Pathya ahara vihara* showed excellent measure for *Samprapti vighatana* of *Tamak shwasa*.

Kimmi Seth from Rishikul Campus U.A.U. Haridwar, also done a study on *tamak shwasa* in the year 2015 whose topic was “ A Comparative Clinical Evaluation of *Shringyadi Churna* and *Guduchyadi Kwatha* in the Management Of *Tamak Shwasa* w.s.r. to Bronchial Asthma.²⁰

She took 60 patients of *tamak shwasa* and randomly divided into 3 groups, each group contains 20 patients. 20 patients in Group 1 were treated with *Shringyadi Churna* 5gm BD with *ushnodaka* as *anupana dravya* 1 hour before meal for 2 months. Next 20 were treated with *Guduchyadi Kashya* 40ml BD 1 hour before meal for 2 months. Another 20 patients were treated with *Shringyadi Churna* 5gm BD and *Guduchyadi Kashaya* 40 ml as *anupana dravya* 1 hour before meal for 2 months.

Effect of treatment on cardinal features of *Tamak Shwasa* (Table 17)

Overall effect of treatment - Table 18

This above data ascertains the effectiveness of synergistic effect of *Shringyadi churna* along with *Guduchyadi kwath* as *anupana dravya* in Group 3. Also this data reveals the efficacy of *Shringyadi churna* with *ushnodaka* as *anupana dravya* in group 1 is more as compared to Group 2 where

Guduchyadi kwatha is the only *Shamana aushadha* used. In the year 2019, Ajit Kumar Singh from Rishikul Campus, UAU, Haridwar, Uttarakhand work on the topic “Evaluation of the efficacy of *Bharangi guda* and *Vasaadi kwatha* in the management of *Tamak Shwasa* w.s.r. to Bronchial asthma.²¹

For his study he took total 40 patients which were randomly divided into two groups. In Group 1, 20 patients were treated with *Bharangi guda* 5gm BD with luke warm water for 2 months. In Group 2, another 20 patients were treated with *Vasaadi kwatha* 40 ml BD for 2 months.

Effect of treatment on cardinal features of *Tamak shwasa* (Table 19)

Overall effect of treatment- Table 20

So it can be concluded that both drugs showed excellent result in different parameters and very effective in breaking the pathogenesis of *Tamak shwasa*.

In year 2020, Harsha Radhakrishnan worked on the topic “Role of *Amritadi Kwath* in *Tamaka Shwasa* (Bronchial Asthma)” in Rishikul Campus, U.A.U. Haridwar.²²

She took 27 patients of *tamak shwasa* for her study and treated with *Amritadi Kwath* 40ml twice daily for 45 days. Among 27 patients only 25 patients completed the trial for the period of 45 days and 2 patients left the trial in between.

Effect of treatment on cardinal features of *Tamak shwasa* (Table 21)

Overall effect of treatment. Table -22

From above study she concluded that *Amritadi kwath* was very effective drug as *Shaman aushadhi* in *Tamak shwasa* and it can also be used in other respiratory diseases with reduced pulmonary capacities.

DISCUSSION

More than 175 thesis level research work was done on *Shodhana karma*, herbal drugs & *Rasa* preparation at various *Ayurvedic* Post Graduate Centres for the management of *Tamak shwasa*. The main line of treatment of *tamak shwasa* is to use the *dravya* having *Vatakaphaghana*, *Ushna* and *Vatanulomaka* properties which is described in classical texts. So the physician should treat the patient suffering from *shwasa* in the beginning, with unctuous fomentation procedures, like *Nadi sweda*, *Prastara sweda*, *Sankara sweda* after proper *Snehan* of the body with medicated oil. Due to this, the adhered *kapha* will dissolved in the channels of circulation and softened thereby. These therapies also cause downward movement of *Vayu* (*vatanulomana*). After that

the patient will be treated with *Shodhana* and *Shaman* drugs. Above research trials were completely done according to the *Ayurvedic* line of treatment of *Tamak shwasa* and showed incredible results. By looking at the above research work on *Tamak shwasa* some trials showed the importance of *Shodhana karma*.

Shodhana is one of the important *Chikitsa* of *Ayurveda* which deals mainly with elimination of the aggravated doshas from the body. According to *Charak Samhita*, *Vamana* and *Virechana* are the two procedures which come under *Shodhana chikitsa*. With the help of *Vaman karma*, the vitiated and stagnant *kapha* has been removed out from the body through the upper channel (mouth) and the patient attains ease and *strotas* are purified. *Vamana karma* is indicated in specific conditions i.e. when *Shwasa* is associated with *Kasa* and *Swarabhanga* etc. Other *Shodhana chikitsa* is *Virechana karma*. *Virechana* eliminates mainly *Pitta dosha* along with *kapha* and makes *Vata anulomana*. As *Acharya* had described the *Udbhava sthana* of *shawsa roga* is *Amashaya* i.e. *Pittasthana*, disturbance of which leads to indigestion and production of *Aam* which is the cause for production of *Vikruta kapha dosha*. *Virechana* purifies and corrects the *Pittasthana* and causes *Vatanulomana*, hence effective in *Tamak Shwasa*. From previous trail we observe that *Vamana* gave better result in *Shwasakashtata*, *Kaphashthivanam*, *Ghurghurkam*, Orthopnea and Rhonchi while *Virechana* gave better result in Frequency of *Shwasa kashtata* and to reduce dose of emergency medicine. So we can definitely say that *Shodhana chikitsa* is the primary line of treatment in *Shwasa roga* which is also justified in our classical texts. After proper *Shodhana chikitsa*, *Shaman* drugs for *Tamak shwasa* gives better response to the patient which is seen in previous trials. Drugs which are having *Ushna*, *Kaphavataghana*, *Vatanuloman*, *Shwasahar* and *Kasahar* properties are used for *Tamak shwasa*. Various formulations are there for the management of *Tamak shwasa* like *Puskaramuladi Churna*, *Vasa Avaleha*, *Vasa Haritaki Avaleha*, *Bharngyadi Avaleha*, *Swasakasachintamani Ras*, *Mahalaxmivilasa Ras*, *Swasakuthara Ras*, *Lavanagadi Vati*, *Abhraka Bhasma*, *Godanti Bhasma*, *Samirapannaga Rasa*, *Padmapatradi Yoga*, *Kantakari Kwatha*, *Dasmool Kwatha*, *Pippalyavaleha*, *Amritadi Kwath*, *Shringyadi Churna*, *Guduchyadi Kashaya*, *Bharangi Guda*, *Vasaadi Kwatha*, *Shireeshavaleha*, *Bharangyadi Vati* & *Shrungyadi Vati* etc. The effectiveness of these drugs is proved by previous clinical trials.

In previous research trial, we observe that the *Srungyadi*

Vati has expectorant, mucus production inhibitory, bronchodilatory, *vatanulomana*, digestive, immunomodulative and antiinfective property so it is ideal drug for long term management of *Tamak Shwasa*.

Bharangyadi Vati has above property with less percentage. Similarly *Kantakari Kwatha*, *Dasmool Kwatha*, *Vasaadi Kwatha* etc. have *Kaphanisharak*, *Swashara*, *Kasahara*, *Vatanulomana* properties which help in breaking the pathogenesis of *Tamak shwasa*. *Shireeshadighana vati* consist many ingredients which are having *Vatakaphahar*, *Deepana*, *Pachana* and *Vatanulomana* properties. *Shireeshadighana vati* also has antiallergic, anti inflammatory and antispasmodic properties. So it will be effective in management of *Shwasa roga*.

Shwasakuthar ras is also one of the ideal drug in *Tamak shwasa* as its most of the contents are *Vata-kaphashamaka* and mainly *Kapha nihsaraka* with *Laghu*, *Ruksha* and *Ushna guna* means it mainly acts on *Agnimandhya* and breaks the *Kapha dosha pradhan samprapti*. It acts on *Tamak shwasa* due to its action directly on *Pranavaha srotas*.

In *Vasa Haritaki Avaleha*, *Vasa* and *Haritaki* are the main contents which are having anti spasmodic, purgative, expectorant, anti-inflammatory actions which are useful in breaking the pathogenesis of *Tamak shwasa*.

Similarly *Shwasahara leha* controls the initial *Ama* formation and corrects *Pratiloma gati* of *Vata* due to its *Vatanulomana* property. In addition, its anti-inflammatory, immunomodulatory, anti-allergic, bronchodilator and anti-oxidant properties regarding this drug have shown in various documented data. By looking at above collected data of previous research work on *Tamak shwasa* done by various scholars we observe that most of the drugs used in *Swasa roga* were in *Avaleha* form like *Pippalayavaleha*, *Shireeshavaleha*, *Shwasahara Leha*, *Vasa Avaleha*, *Vasa Haritaki Avaleha*, *Bharngyadi Avaleha* etc. As disease *Shwasa* results due to vitiation of *Prana vayu* hence *Avaleha kalpana* is useful to act on *Prana vayu* so *Acharya* indicates *Avaleha kalpana* in *Shaman therapy*. *Avaleha* is also having long self- life and good taste. It produces quick action with low doses, having capacity to reach every *Srotasa* and remove the obstruction. Moreover, its metabolism and absorption starts from the mouth itself. As *acharya Charaka* also mentioned the use of *Avaleha kalpana* in *Tamak shwasa*.^{23,24}

Hence, one clinical trial is going on *Tamak Shwasa* in Gurukul Campus U.A.U. Haridwar, in 2021 on the topic “Evaluation of the effect of *Kullatha guda* in *Tamak shwasa* (Bronchial Asthma)”. In this trial, the drug is also

in the *Avaleha* form and its contents are having *Shothhar*, *Ushna*, *Vatanulomana*, *Vatakaphaghna*, *Shwasahar* and *Kasahar* properties. So it will be assumed to be effective in *Tamak shwasa* (bronchial asthma).

CONCLUSION

By looking at above collected data it will be concluded that *Shodhana*, *Shaman*, herbal and herbomineral drugs are very effective in the treatment of *Tamak shwasa*. After proper *Shodhana* treatment, *Shaman* drugs used for *Tamak shwasa* gives better result as compared to *Shaman* drugs given alone. *Shodhana chikitsa* is useful in eliminating the impurities and unbalanced doshas of body. As *Shwasa roga* is *Pittasthana udbhava vyadhi* and due to vitiation of *Kapha* and *Vata doshas* so *Shodhana chikitsa* is quite effective in management of *Tamak shawsa*. *Shaman* drugs having *ushna*, *Vatanulomana*, *Kaphavataghna*, *Sothahara*, *Shwasahara* and *Kasahar* properties are also effective in *Shwasa roga*. But by looking at previous trials we observe that treatment by only *Shodhana karma* or by only *Shaman* drugs are not much as effective as compared to the treatment by *Shaman* drugs after proper *Shodhana karma*.

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Table 1 Effect of treatment on cardinal features of *Tamak shwasa*

S.No.	Symptoms	Group A (<i>Virechana-Pippalyavaleha</i> group) (% of relief)	p value	Group B (<i>Pippalyavaleha</i> group) (% of relief)	p value
1.	<i>Swasakrichrata</i>	77.7%	Highly significant (p<0.001)	66.6%	Highly significant (p<0.001)
2.	<i>Pinasa</i>	79.3%	Highly significant (p<0.001)	73.5%	Highly significant (p<0.001)
3.	<i>Kaphashtheevana</i>	77.4%	Highly significant (p<0.001)	66.6%	Highly significant (p<0.001)
4.	<i>Kasa</i>	75.6%	Highly significant (p<0.001)	36.2%	Highly significant (P<0.001)
5.	<i>Ghurghuraka</i>	69.4%	Highly significant (p<0.001)	43.7%	Highly significant (P<0.001)

Table 2 Overall effect of treatment

	Group A (<i>Virechana-Pippalyavaleha</i> group)	Group –B (<i>Pippalyavaleha</i> group)
Marked improvement	8 patients	2 patients
Moderate improvement	6 patients	9 patients
Mild improvement	2 patients	5 patients
No improvement	Nil	1 patient

Table 3 Overall effect of treatment

	Group A(<i>Shodhan purvak shaman</i>)	Group –B (<i>Shaman chikitsa</i>)
Complete remission	Nil	Nil
Marked improvement	20% cases	66.6% cases
Moderate improvement	53.33% cases	40% cases
Mild improvement	26.66% cases	46.66% cases

Table 4 Effect of treatment on cardinal features of *Tamak shwasa*

S.No.	Symptoms	Group A (<i>Virechana-avaleha</i> group) (% of relief)	p value	Group B (<i>Avaleha</i> group) (% of relief)	p value
1.	Frequency of <i>shwasa vega</i>	52.77%	Highly significant (p<.001)	36.36%	Highly significant (p < .001)
2.	Asino labhate saukhyam	61.90%	Highly significant (p<.001)	32.80%	Significant (p<.05)
3.	Kaasa	54.90%	Highly significant (p<.01)	51.51%	Highly significant (p<.001)
4.	Kaphanishtivanam	49.77%	Highly significant (p<.001)	33.14%	Significant (p<.05)
5.	Shleshma Vimokshante Saukhyam	50%	Insignificant (p>.05)	18.18%	Insignificant (p>.05)
6.	wheezing	66.66 %	Highly significant (p<.001)	45.67%	Highly significant. (p<.001)
7.	Ushnabhinandati	46.40%	Insignificant (p>.05)	20%	Insignificant (p>.05)

Table 5 Overall effect of treatment

	Group A	Group B
Marked improvement	2 patients	3 patients
Moderate improvement	4 patients	4 patients
Mild improvement	8 patients	5 patients
No improvement	1 patient	3 patients

Table 6 Effect of treatment on cardinal features of *Tamak Shwasa*

S.No.	Symptoms	Group A (<i>Shireeshadigh anavati</i>) (% of relief)	p value	GroupB (<i>Shwasakutha ra Rasa</i>) (% of relief)	p value
1.	<i>Asino Labhate Saukhyam</i>	73.68%	Significant (p<0.05)	60%	Significant (p<0.05)
2.	<i>Kasa</i>	54%	Significant (p<0.05)	55.55%	Significant (p<0.05)
3.	<i>Kaphanishthivanam</i>	20%	Insignificant (p>0.05)	35.24%	Insignificant (p>0.05)
4.	<i>Shleshma Vimokshante Saukhyam</i>	36.84%	Insignificant (p>0.05)	15%	Insignificant (p>0.05)
5.	Wheezing	10.52%	Insignificant (p>0.05)	20%	Insignificant (p>0.05)
6.	<i>Peenasa</i>	48.14%	Highly significant (p<.01)	50%	Highly significant (p<.01)
7.	<i>Parshva Shula</i>	23.52%	Insignificant (p>0.05)	66.66%	Insignificant (p>0.05)

Table 7 Effect of treatment on cardinal features of *Tamak Shwasa*

S.No.	Symptoms	Group A (% of relief)	p value	Group B (% of relief)	p value
1.	<i>Pranapidakativra shwasa</i>	78.94%	Highly significant (p<0.001)	66.66%	Significant (P<0.01)
2.	<i>Ghurghurkam</i>	84.61%.	Highly significant (p<0.001)	80%	Significant (P<0.01)
3.	<i>Shleshma amokshante dukham</i>	83.33%	Highly significant (p<0.001)	71.42%	Significant (p<0.01)
4.	<i>Asinolabhate saukhyam</i>	87.5%	Highly significant (p<0.001)	84.61%	Significant (p<0.01)
5.	<i>Mhurmhur shwasa</i>	68.75%).	Highly significant (p<0.001)	100%.	Significant (p<0.05).
6.	<i>Ativegat kaste</i>	70.58%	Highly significant (p<0.001)	71.42%	Highly significant (p<0.001)

Table 8 Overall effect of treatment

	Group A(Shodhan purvak shaman)i.e Virechana karma + Vasadi vati	Group –B (Shaman chikitsa) i.e. Vasadi vati
Complete remission	Nil	Nil
Marked improvement	70% cases	40% cases
Moderate improvement	30% cases	50% cases
Mild improvement	Nil	10% cases

Table 9 Effect of treatment on cardinal features of tamak shwasa

S.No.	Symptoms	Group A (Shvasahara Leha group) (% of relief)	p value	Group B (Vasa Haritaki Avaleha group) (% of relief)	p value
1.	<i>Swasakrichrata</i>	58%	Highly significant (p<0.01)	53%	Highly significant (p <0.001)
2.	<i>Parshvashula</i>	67%	Insignificant (p<0.1)	100%	Highly significant (p<0.001)
3.	<i>Shleshma Vimokshante Labhate Sukham</i>	41%	Significant (p<0.05)	65%	Highly significant (p <0.001)
4.	<i>Ghurghurukam</i>	59%	Highly significant (p<0.001)	62.50%	Significant (p <0.05)
5.	<i>Ushnabhinandati</i>	14%	Insignificant (p<0.1)	17%	Insignificant (p<0.1)

Table 10 Overall effect of treatment

	Group A(Shvasahara leha)	Group –B (Vasa Haritaki Avaleha)
Complete remission	Nil	7.14 % cases
Marked improvement	11.76% cases	21.42 % cases
Moderate improvement	41.17% cases	50% cases
Mild improvement	41.17 % cases	14.28% cases
No improvement	5.88 % cases	7.14 % cases

Table 11 Relief percentage

Symptoms	Complete relief	Moderate relief	Mild relief
<i>Shwasakrichrata</i>	61% patients	7% patients	32% patients
<i>Kasa</i>	63% patients	3% patients	34% patients
<i>Ghurghuraka,</i>	62% patients	4% patients	34% patients

Table 12 Overall effect of treatment

	Group A (Bharangyadi vati)	Group –B (Shrungyadi vati)
Complete remission	Nil	Nil
Marked improvement	40 % cases	70 % cases
Moderate improvement	50 % cases	30 % cases
Mild improvement	10 % cases	Nil

Table 13 Effect of treatment on cardinal features of tamak shwasa

S.No.	Symptoms	Group A (Vaman karma) (% of relief)	Group B (Virechana karma) (% of relief)
1.	<i>Shwasakashata</i>	56.60 %	43.59%
2.	Ghurghurukam	77.78%	55.56%
3.	<i>Asine Labhate Saukhyam</i>	68.09%	53.13%

Table 14 Overall effect of treatment

	Group A(Vaman karma)	Group –B (Virechana karma)
Complete remission	Nil	Nil
Marked improvement	21.42 % cases	Nil
Moderate improvement	28.57 % cases	46.66 % cases
Mild improvement	35.71 % cases	33.33 % cases
No improvement	14.28 % cases	20 % cases

Table 15 Effect of treatment on cardinal features of *Tamak Shwasa*

Symptoms	Group A (<i>Sauvarchaladi choorna</i>)	Group B (only <i>Pathya aahar vihar</i>)
<i>Shwasateevravega</i>	18 patients got relief	4 patients got relief
<i>Kasa</i>	16 patients got relief	4 patients got relief
Wheezing	16 patients got relief	4 patients got relief

Table 16 Overall effect of treatment

	Group A(<i>Sauvarchaladi choorna</i>)	Group –B (only <i>Pathya aahar vihar</i>)
Marked improvement	55% patients	Nil
Moderate improvement	35% patients	15% patients
Mild improvement	5% patients	80% patients
No improvement	5% patients	5% patients

Table 17 Effect of treatment on cardinal features of *Tamak Shwasa*

S.No.	Symptoms	Group 1 (<i>Shringyadi Churna</i>) (% of relief)	Group 2 (<i>Guduchyadi Kashya</i>) (% of relief)	Group 3 (<i>Shringyadi Churna + Guduchyadi Kashya</i>)
1.	<i>Pinasa</i>	92.92%	86.33%	95.45%
2.	<i>Kapha nishthivana</i>	91.40%	81.85%	95.91%
3.	<i>Ghurghurukam</i>	90.56%	84.92%	96.49%
4.	<i>Kasa</i>	90.44%	86.92%	98.11%
5.	<i>Parshvashula</i>	89.62%	77.20%	93.33%
6.	<i>Shwasakrichhata</i>	88.49%	75.07%	96.96%

Table 18 Overall effect of treatment

	Group 1	Group 2	Group 3
Complete remission	Nil	Nil	7 patients
Marked improvement	17 patients	11 patients	13 patients
Moderate improvement	1 patient	6 patients	Nil

Table 19 Effect of treatment on cardinal features of *Tamak shwasa*

S.No.	Symptoms	Group 1 (<i>Bharangi guda</i>) (% of relief)	Group 2 (<i>Vasaadi kwatha</i>) (% of relief)
1	<i>Ghurghurukam</i>	77.60%	82.50%
2	<i>Kasa</i>	75%	77.5%
3	<i>Shwasakrichhata</i>	78%	81.20%
4	Frequency of <i>Shwasa vega</i>	86.70%	81.50%.
5	Rhonchi	81.10%	75%
6	Crepitation	80.30%	76.70%

Table 20 Overall effect of treatment

	Group 1(<i>Bharangi guda</i>)	Group 2 (<i>Vasaadi kwatha</i>)
Marked improvement	85% patients	72% patients
Moderate improvement	14.05% patients	28% patients

Table 21 Effect of treatment on cardinal features of *Tamak shwasa*

S.No.	Symptoms	Group (<i>Amritadi Kwath</i>) (% of relief)
1	<i>Ghurghurukam</i>	84%
2	<i>Kasa</i>	67.86%
3	<i>Shwasakrichhata</i>	82.46%
4	<i>Sleshma vimokshante labhate sukham</i>	92.31%
5	<i>Kapha nishtivana</i>	88.46%
6	<i>Ushnaabhinanditi</i>	84.91%
7	Frequency of <i>Shwasavega</i>	81.25%
8	Intensity and duration of attacks.	52.86%

Table 22 Overall effect of treatment

	Group
Complete remission	Nil
Marked improvement	14 patients
Moderate improvement	7 patients
Mild improvement	2 patients
No improvement	2 patients