

Role of Nasya Karma and Dhoomapana Karma in Management of Tamaka Shwasa

Dr. Kanaka Lakshmi R¹, Dr. Vinay Kumar K N²

¹2nd Yr PG Scholar, Department of Panchakarma, Reader, SKAMCH & RC, Vijayanagra, Bangalore, India

²HOD, Department of Panchakarma, SKAMCH & RC, Vijayanagra, Bangalore, India

Abstract: *Respiration is evident feature of life which is carried out by Prana Vayu. Disease are manifesting due to the Asathmya Ahara and vihara(nidhana). Acharya Charaka has been explained after Kasa roga, leads to Swasa condition if its left untreated. Here Prana and Udhana Vayu gets affected due to various reasons leading to difficulty in breathing, heaviness in the chest, here sole sign of life is affected leading to Tamaka Swasa and it can be correlated with the disease Bronchial Asthma on basis of its feature and Etiopathogenesis. If disease is acute origin then condition is curable (sadhya) and in chronic stage its manageable (yapya). Acharya Charaka says according to Sthana, Karana and Moola, Chikitsa to be adopted. Prana vayu stana is 'murdha'(shiras), hence Tamaka Swasa can be treated by Nasya Karma followed by Dhoomapana as Nasa (noistril) is considered as Shiraso Dhvara will be effective to reduce symptoms and controlling Prana Vayu.*

Keywords: Tamaka Shwasa, Pranavata, Nasya Karma, Dhoomapana

1. Introduction

Human body requires air for the maintenance of healthy, so the *Prana Vata* plays main role. Nowadays the period of respiratory diseases is still a challenge in front of health care workers. Unlike many diseases which can be attributed to the lifestyle of modern man, *Tamaka shwasa* (bronchial asthma) is one such condition is life threatening.

Bronchial Asthma calls the attention of medical World due to significant burden in term of health care cost as well as lost productivity in family life. According to recent survey WHO estimation 334 million people suffer from Asthma, India has an estimated 15-20 million asthmatics. Its rough estimates indicate a prevalence of between 10% and 15% in 5-11 year old children. It occurs all over countries regardless of level of development over 80% of Asthma deaths occurs in low & lower-middle income countries.(2)

According to clinical course of disease both *kapha* and *vata* seems to be predominant. *Vata* holds prime importance in management as disease is consider to be *yapya* therefore, proper planning of treatment and implementation of excellent life style is necessary for better quality of life.

Charaka has explained *Samshodhana* in *Tamaka Swasa*. *Ayurveda panchakarma chikitsa* plays important role in managing life style disorders, like by adopting *Vamana, Virechana, Nasya, Basti and Rakta mokshana*. *Nasya and Dhoomapana* being less importance in treatment of *tamaka swasa*, but better effective as *atyayika chikitsa*, *sheshsa dosha harana and brimhanartha*.

Nirukthi of Tamaka Swasa:

Swasa means dyspnoea-difficulty in breathing. The word *Tamo* means 'Andakara', during acute attack the patient of *Tamaka Swasa* feels as if they entering in darkness and other opinion of *Tama* mean *Tamoguna*.

Vishesha Nidana of Tamaka Swasa

In *Tamaka Swasa* mainly 2 varieties of *Nidana* were explained (3) .i.e

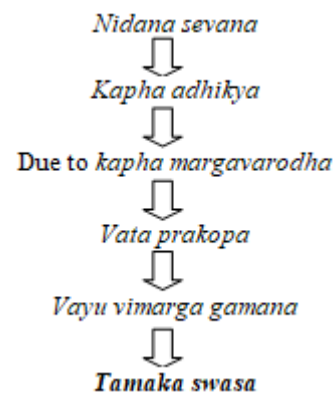
Sannikrusta Nidana: *vata-kapha prakopaka ahara* Due to intake of *ruksha, sheeta* food items. Using *sheeta jala* and *guruahara* like marshy meat curd, unboiled milk

Viprkrusta Nidana: Inhalation of dust, smoke, *sheeta rutu, varsha rutu, prtaha kala*. Leading to channel blocking /obstruction in throat and chest leading to *Kaphavarodha*.

Samprapti

"Pratilomam yadha srotamsi pratipadyate"(4)

According to *Charakacharya* in *Tamaka Swasa*, their will be obstruction path way of *Prana Vayu* in *Pranavaha Srotas*, leading to its *Vimarga gamana* reaching to, *Greeva* and *Shira Pradesha* due to *Sleshma Samudirata*. then *Vayu* starts moving upwards by making 'Gurgurak' sound causing *Swasa Roga*.



Swasa Purvaroopo

Tamaka Swasa is also called as *Pranapravedaka* as it causes increased respiration along with palpitation, *Anaha* and pain in *shanka* region. (5)

Tamaka Swasa Samanaya Lakshana

When going through the *lakshnas* of *Tamaka Shwasa* in our *Ayurvedic* literature our *Acharayas* has told *vayu* taking sever course reaches respiratory passages seizing neck and head and aggravating phlegm it produces coryza which creates obstruction and troublesome dyspnoea, *Gurghurkam*(audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc. all the *Lakshnas* showing *Kapha* predominance.(6)

Bedha:

Tamaka Swasa are of 2types according to their clinical presentations. (7)

Pratamaka swasa: when *Tamaka Swasa* having all *lakshanas* along with *jawara* and *murcha*. Usually this verity of *Swasa* will be arising as *nidanarthaka roga* to *udavarta*, *rajakana*, *ardita* and *vega dharana*. By *sheeta dravya upachara* this will subside.

Santamaka swasa: Where condition still aggravates in darkness and the condition usually subsides by *sheeta dravya upachara*. Patient of *santamaka swasa* feels the he falling into darkness (*Tamaha Pravesha*),mainly its having *Manasika* dosha involvement along with *Sharirika*.

Sadhya Asadhyata

Swasa Roga having involvement of both *Kapha*,*Vata dosha* and its *Uthpattistana* is *Pittastana*(*adho amashaya*) cause *hridaya* and *rasadi dhatu shoshana*,hence *swasa* in *samanaya roopa* also will become difficulty to cure.

In acute stage (*nutana avasta*) it is *sadhya*, in chronic (*jeernavasta*) becomes *kricchra sadhya /yapya*. (8)

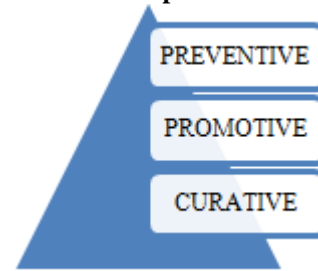
Tamaka swasa is not manifested with all *lakshanas* then according to *avastanusara* can be treated. If all *lakshanas* are manifested then condition turns into *prana nashaka*, as this usually seen in *mrithyukala*.

Samanya Chikitsa of Tamaka Swasa

First and foremost important *Chikitsa* is *nidhana parivarjana*.*Dravya* which should have properties of *kapha vata hara*,*ushna veerya*,which does *vatanulomana*.*Aushada*, *Anna* and *Pana* also to be posses same properties, which does *kapha nashaka* and *vata vardhaka* or visaversa. Then in acute stage to be managed by adopting *snigdha sweda* in form of *Nadi*, *Prastara* or *Sankara Sweda* methods after person is massaged with salted oil.(9)

Avastanusara Snehana and *Sweda* to be done, by this *Kapha Uthkleshana* taking place, then person given with emesis and purgation therapy with *Pippali*, *Saindava* and *madhu*.Special attention to be given that *dravya* should not cause *vata vriddhi*. (10)

Nasya Karma and Dhoomapana In Tamaka Swasa



Nasya Karma

“Tama andhakara tamoguna aushadham, aushadha sidham sneham vaa nasikabhyam diyate iti nasyam” Any *Aushadha/aushada sidda sneha* which use to administer through nostrils /*nasamarga* called as *nasya karma*. (11)

Nasya is one among *panchakarma* therapy as it s used for the treatment of *Urdhwajatugata rogas*. *Nasya* not only beneficial for *Urdhwajatrugata roga* but also for some systemic diseases, in that *Swasa* is one such disease.

Type of *Nasya* used in *Tamaka Swasa*

- 1) *Navana (snidgha nasya)*
- 2) *Rechaka nasya*

1) As **Preventive aspect** in *Tamaka Swasa* after *Shodanadi Karma* for *Shamanartha* or in *Alpa Kapha* condition one should go for some *Snigha Nasya* administration. The drug administered through nose as *Nasya* reaches the brain and eliminates only the morbid dosha responsible for producing the disease.

a) *Nasya* can be given with equal quantity of *Guda* and *Shunti*.

b) *Nasya* can be given with *Stree Dugdha* with *Chandana* or *Sukoshna* with *Ghritha Manda*. Here in this case *Ushna then Sheeta Dugdha Prayoga* to be adopted. This will help to remove *Alpa Kapha* or *Shesha Kapha* from the *lipta srotas*. (12)

2) As a **Curative Nasya** can be administered anytime with *Palandu Swarasa* in acute/emergency conditions or frequently administration of drugs recommended to relieve the respiratory distress.

Dhoomapana

Intake of medicated fumes through nostrils is *Dhoomapana Vidhi*.

Dhoomapana is told in *Dinacharya* (Daily Regimen) and also in Treatments. It is smoking, which helps to maintain good health and also to cure Respiratory diseases.

As a promotive aspect *Madhya* type of *dhoomapana* is used, as a *Pashat karma* to *vamana dhooma* and *nasya karma* for *shesha dosha vinasharta*. As *Tamaka Swasa* is predominant of *kapha-vata dosha*, hence according to *Vagdhata Acharay*, *madhyama* type *doomapana* helpful in treating *vata-kapha* alignments.

In certain condition it can be given as *Pradana Karma* as curative also, like where in *Sharira Kapha Prakopa* seen in *Alpavasta* where *Vamana* is not indicated then one can adopt *Tiksha* type of *dhoomapana*.

Drugs used in *dhoomapana* (13)

- 1) *Haridrapatra, eranda mula, laksha, devadaru, manashila, haratala and jatamansi(varti)* for *shesha dosha vinasharta*.
- 2) *Dhooma* to be given one should take *dhooma* with barely grains mixed with ghee.
- 3) As a *pradhana karma nasya* can be given with powder of *haratala*.

Procedure

8-10 inches long tube which is specially made for *Dhoomapa* is selected. The drugs which are to be used for smoking are roughly powdered and filled in tube. The patient is advised to smoke; the smoke should be inhaled from the mouth and also exhaled from the mouth.

Time duration for administration of *dhoomapana*

1) <i>Snigha dhooma</i>	Once in a day.
2) <i>Madhyama dhooma</i>	Twice in a day.
3) <i>Rechaka dhooma</i>	trice/four times in a day

Mode of Action of *Nasya* and *Dhoomapana*

Drugs used for *Nasya Karma* which helps in stimulation of vasodilator nerves which are spread out on the superficial surface of *Urdhwanga*, this increases the blood circulation to the brain. These drugs are considered as Bronchodilators dilates the bronchial tubes that are constricted due to muscular spasm. These drugs act upon the bronchial tubes and dilate them thus making the breathing easy.

When the head is kept in lower position, it aids retention of medicine in nasopharynx and help in providing sufficient time for local drug absorption.

This medication is meant for expelling the mucous and other allergic materials from the lungs, bronchi, and trachea. Commonly we can term it as expectorant, which promotes drainage of mucus from the lungs by thinning the mucus and also lubricates the irritated respiratory tract. When the *Nasya Dravya* are administered through the nasal cavity, the drug gets absorbed by the passive process across the cell wall directly through the cell membrane as lipid soluble medicine has greater passive absorption.

Then the later transverse may be carried through capillaries and veins which stimulate Olfactory nerve which is connected with the higher centres of the brain like Limbic system, Basic ganglia and Hypothalamus which in turn stimulates endocrine and nervous system.

Here *Dhooma* is given as *Paschath Karma* to *Nasya Karma* which does the *Shesha dosha nirharana*. The smoke of these drugs reaches lungs, bronchi and alveoli. Due to *Teeksha* property of drug, the tenacious sputum get liquefy and comes out easily giving comfort to the patient. These drugs act as expectorants.

The drugs used in *Dhoomapana* posses' *teekshna* properties, so that they help in *Chedana* of *Kapha* situated in lungs, the drugs used for *dhoomapana* act by liquefying the thick and

tenacious sputum situated in lungs and facilitate its removal by coughing which gives comfort to the patient.

2. Discussion

- 1) The first step to be taken is to find out the causative factor for *Tamaka Swasa* and its stages, then according to that treatment adopted.
- 2) Here in *Swasa Roga* main *doshas* involved are *vata* and *kapha*. so the treatment should be mainly be emphasised on *vatahara* and *kaphakruth* or *kaphahara* and *vatakruth*.
- 3) *Navana* type of *nasya*(*snigdha* and *shodana*) type is described to be best in acute conation to pacify *vata* and clear srotas which is occluded by *kapha*.
- 4) Drugs used for *Nasya Karma* which helps in stimulation of vasodilator nerves which are spread out on the superficial surface of *Urdhwanga*, this increases the blood circulation to the brain. These drugs are considered as bronchodilators dilate the bronchial tubes that are constricted due to occlusion by sputum.
- 5) *Dhoomapana* act as bronchodilators and expectorants in *Tamaka Swasa*, the drugs used in *dhoomapana* possess *teekshna* properties, so that they help in *Chedana* of *Kapha* situated in lungs.

3. Conclusion

As described in ancient literature, *Swasa* is one such disease which takes *Prana* in less time and it's also mainly seen at time of last breath of patient, hence its need to be treated/managed as early as possible (*Athyayika Chikita*). *Nasya* and *Dhoomapa* gives promising result in managing this condition by breaking pathophysiology and alleviating *Kapha dosha* and doing *Vatanulomana*. Also the treatment acts as stimulant along with expectorant. Hence, there is vast scope for further research in this context.

References

- [1] Kumar, text book of kayachikitsa, vol 1, page no -231
- [2] www.who.int/mediacentre/factsheets/fs206/en/.
- [3] Professor Ajay kumar Sharma
- [4] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/55; page no.454.
- [5] Madhava nidhana, ayurvedachrya shrisudharshanashastri, edited by ayurvedacharya shriyedhunandhanopadhyaya, Chaukhambha Subharati Prakashan, Varanasi reprint 2014, prathama bhaga 12/16; page no.324.
- [6] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/55-58; page no.454.
- [7] Madhava nidhana, ayurvedachrya shrisudharshanashastri, edited by ayurvedacharya shriyedhunandhanopadhyaya, Chaukhambha Subharati Prakashan, Varanasi reprint 2014, prathama bhaga 12/35-36; page no.334-335.
- [8] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati

- Prakashan, Varanasi reprint 2012, Chikitsasthana 17/68-69; page no.457.
- [9] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/71-72; page no.457.
- [10] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/75; page no.457.
- [11] Sushruta Samhita edited by Vaidya Yadavaji Trikamji, Chaukhambha Subharati Prakashan, Varanasi print 2010, Chikitsa sthana 40/21; page no.143.
- [12] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/131; page no.466.
- [13] Ācārya Agnivesha, Charaka Samhita, edited by Acharya sidhinandhan mishra, Chaukhambha Subharati Prakashan, Varanasi reprint 2012, Chikitsasthana 17/77-80; page no.458.