

Conceptual study of *shwas vyadhi* in children- an *ayurvedic* review

Pallavi More^{*1}, Sadhana Babel², Kiran Shinde ³, Yogesh Surse⁴

1. P.G. Scholar
2. Guide, H.O.D. and Professor
3. Assistant Professor
4. Associate Professor

P.G. Scholar of Department of Kumarbharitya Shree Saptashrungi Ayurved Mahavidyalaya and Hospital , Nashik, Maharashtra, India

***Corresponding author:** gangurdesayali@gmail.com

Abstract:

From the first breath of newly born till the last breath i.e. Shwasochhwas Kriya is the sign of life. Any disturbance in this process leads to Shwas Vyadhi. Shwas word indicates both physiological and pathological state of respiration. Shwasvyadhi which is compared with Asthma or Reactive airway disease in modern medical science remains one of the most common ailments affecting an estimated 4-5% of the population as per statistical

national survey of the population is concerned. The rate of asthma especially in children is increasing. Apart from being the leading cause of hospitalization for children, it is one of the most important conditions causing elementary school absenteeism. There are five types of shwas vyadhi. Shwas in which upward movement of vayu is increased. Shwas vyadhi is one of the major disease in which involvement of Pranvahastrotas, Rasavahastrotas as is observed.

Dhuma(smoke), Raja(dust), Sheeta sthana nivasa(residing in cold areas), Adhyashan(excessive eating), Vishmashan(faulty eating), sheeta(cold) and ruksha(dry) food stuff are responsible to vitiate kapha. Kaphaprakopak and Vataprakopak causes are responsible for shwas vyadhi. Shwas is most common disorder observed in pediatric age group.

Keywords: Shwas vyadhi, Asthma, Ayurveda, Tamak shwas

Introduction:

Shwas vyadhi is one among the major disease explained in Ayurveda. Clinically it is observed in every age group of the patients, but it is commonest in pediatric age group and can't be ignored because it hampers growth and development of the child. Shwas is usually seen being associated with other disease as a symptom and sometimes it develops as an independent

disease. It is caused due to vitiation of kapha and vata dosha originating from pittasthana¹. When the normal passage of Pranavayu is obstructed by kapha, it gets vitiated and starts moving in opposite direction, due to which it is unable to perform its normal physiological work and produce Shwas vyadhi².

Shwas vhydhi is described by all the Acharyas of Ayurveda from both the corners curative as well as preventive. Acharya Kashyap also described purvarupa of shwas in Vedanaadhyay³. There are five types of shwas vyadhi. Tamak shwas is one of the specific form of shwas vyadhi which is highlighted in present study.

Hetu (etiological factors)⁴:

Hetus are responsible to produce the any disorder. Vitiated doshas and dushya are responsible to produce vyadhi. Some of the hetus are related to the habits of the patient towards food i.e. adhyashana,

vishamashan, rukshanapan, shita aanasevan. Adibalapravritti (hereditary factor) is an important etiological factor causing Tamak shwas.

Samprapti Ghataka (Pathological factors):

1. Dosha: Kapha and Vata
2. Dushya: Rasa
3. Srotas⁵: Pranvaha srotas, Udakvahasrotas, Annavaahasrotas
4. Udbhava sthan: Amashaya
5. Adhishtana: Urah, Pranvahasrotas
6. Rogmarg: Abhyantara
7. Vyadhi swabhava: Daruna, Chirkari(chronic)

Bheda(Types of shwas vyadhi):

Shwas vyadhi which is a serious ailment is characterized by breathlessness and therefore

represents a single entity. It is of five types namely- 1. Mahashwas

2. Urdhvaswas
3. Chinnashwas
4. Kshudrashwas
5. Tamakshwas

1. Mahashwas: In Mahashwas patient's condition looks miserable. Because of upward movement of aggravated vayu a patient take deep breath associated with loud sound continuously like an intoricated bull, on obstruction to the respiratory channel. He loses the power of understanding and senses. It is Asadhya in nature. The patient of mahashwas succumbs to death quickly.

2. Urdhvaswas: In Urdhvaswas following symptoms are seen, Prolonged expiration and inability to have inspiration. Adhesion of mouth and breathing channels with phlegm, affliction with aggravated vayu. Due to excruciating pain the patient

becomes unconscious. Due to excessive ventilation mouth becomes dry, eyeballs remains fixed upward. It is also Asadhya in nature.

3. Chinnashwas: Characteristic feature of chinna shwas is interrupted breathing. Patient feels pain at vital organs, because of this he becomes incapable to breathing. He suffers from fainting, sweating, anaha. His eyes remain open and one of his eyes become red, mouth becomes dry and the patient goes in the state of delirium. This is also Asadhya in nature.

4. Kshudrashwas: In this shwas Vayu mildly aggravated in Kosta on account of exertion and unctuous food regimen which cause kshudra shwas It is a very minor type of painful condition. It is Sadhya in nature.

5. Tamak shwas: Tamak shwas is a type of shwas in which there is excessive difficulty in respiration and feeling of drowning in the dark. It is

commonly observed in pediatric age group. According to Acharya Charaka- Vata dosha moves in the opposite direction, pervades the channels, afflicts head and neck and stimulates the kapha to cause rhinitis, wheezing, cough, faintness, disturbed sleep etc. The attacks gets aggravated in cloudy season, on exposure to cold air and cold water and with restoration of kapha aggravating food and regimens⁶.

It is in general described as Yapya (palliable) disease. Acharya Charaka has mentioned two-allied stages of Tamak shwas known as two types or further complication of disease i.e. Pratamaka and Santamaka. While describing the management Acharya Charaka has clearly mentioned the importance of Nidan parivarjana along with Shodhana and Shamana chikitsa as mentioned below.

MANAGEMENT OF TAMAK SHWAS:

Being a Yasya vyadhi, avoidance of triggering factors and providing quality of life with minimum medication is the aim of Asthma management. Acharya Charaka says, the primary importance in Shwas chikitsa is the avoidance of causative factors.

The management of Tamak shwas has two aspects:

1. Management of Vegavastha of tamak shwas i.e. acute exacerbations.
2. Chronic management of the Avegavastha.

Beside avoidance of causative factors, Acharya Charaka advocates use of both Vamana and Virechana therapy. Acharya Charaka has specifically mentioned 'Tamake Tu Virechane' in management of Tamak shwas⁷. In the Shaman chikitsa the used drugs should be Vatkaphaghna, Ushna and Vatanulomak⁸.

According to Vagbhata

following are main principle of the treatment:

1. Balvana-kaphadhika-karshan chikitsa
2. Durbala bala- Brimhana
3. Vridha- Shamana chikitsa

Other Shaman yoga for management of Shwas vyadhi Kantakari avaleha, Chyavanprasha, Kankasav, Chitrakharitaki avaleha, Talisadi churna etc.

Conclusion:

In pediatric age group Tamakshwas commonly get observed. Prevalence of Asthma is increasing alarmingly due to excessive pollution, stress, poor hygiene and faulty food habits etc. These etiological factors acts as aggravating factors in developing acute attacks of asthma. Ayurveda described tamakshwas from both the corners curative as well as

preventive. Therefore, Nidanparivarjana has got a significant role to play in the management of the disease tamakshwas. Also, various principles of Ayurveda and may formulations can be used according to vegavastha and avegavastha and as per palatability of the patient for free flow of prana vayu so that srothorodha is removed and thereby curing the attack of tamak shwas.

References:

1. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-8
2. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-17
3. Hemraj Shrama, Kashyapsamhita, elaborated by Shri Satypal Bhisagacharya Chaukhambha Sanskrit Sansthan, 5th edition 1998-Sutrasthana, adhyay no-25, shlok no-17
4. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-9-14
5. Dr. Ganesh Krushna Garde" Sarth Vagbhat, Marathi translation of Asthang Hruday of Vagbhat", Pune, Anmol prakashan, Nidansthana, adhyay no-4, shlok no-3
6. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with

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| <p>Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-55-62</p> <p>7. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-119</p> | <p>8. Acharya Vidyadhar Shukla, Agnivesha," Charaksamhita elaborated by Charaka and Drudhbala" edited with Vaidhyamanorama Hindi commentary, Varanasi-Chikitsa sthana adhyay no-17, shlok no-143</p> |
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