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ROLE OF SHUNGYAADI SHARKAR IN THE MANAGEMENT OF TAMAK SHWASA (BRONCHIAL ASTHMA)

AUTHORS

1. Meenakshi Verma, PG Scholar Department of Kayachikitsa Parul institute of Ayurveda Vadodara Gujarat-391760.
2. Nikunj Thakkar, Associate Professor, Department of Kayachikitsa, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat.

Abstract:

Tamaka shwasa is a disease in which patients experience severe symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. *Tamaka shwasa* is one among the *Pranavaha Srota Vikara*, characterized by cardinal symptoms due to vitiated *Vata* and *Kapha* which originates in *Pittasthana*, namely *Adhoamashaya*. It affects the *Hrudya* and *Rasadi Dhatu*. Due to the etiological factors as described in the *Nidana* of *Shwasa Vyadhi*, the increased *Vata Dosha* enters into the *Pranavaha Srotas* and gets vitiated. The vitiated *Vata* stimulates *Urastha Kapha Dosha* and produces *Shwasa Roga*, which can be life threatening. In the specific *Samprapti* of *Shwasa Roga*, obstruction in the *Pranavaha Srotas* is the prime pathology. When *Kapha* along with *Vata* obstructs the *Srotas*, as a result of which the *Vata* itself gets obstructed and moves in all directions in the body resulting in *shwasa roga*.

Asthma is defined as a disorder characterized by chronic air way. Inflammation and increased airway responsiveness to a variety of stimuli. It manifested physiological by a widespread narrowing of air passage which may be relieved spontaneously or as a result of therapy and, clinically by paroxysm of dyspnoea, cough and wheezing. Asthma is an episodic disease with acute exacerbation, interspersed with symptoms free episodes.

The drug *Shrungyadi Shaarkar* consists *Karkatashrungi*, *Sunthi*, *Pippali*, *Maricha*, *Kachura*, *Nagarmotha*, *Puskarmula*, *Sharkara* ingredients which excellently balancing each other in *Rasa-Panchaka* and enhancing the *Vatakaphahara*, *Deepana*, *Pachana* and *Vatanulomana* properties. The main factor in this disease as in many other diseases is *Ama* and the *Deepana-Pachana* properties of the drug will digest the *Ama* and *Sothaharatwa Karma*.

For Corresponds:

Name of Author: Dr. Meenakshi Verma
Email: meenvermabams@gmail.com

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INTRODUCTION:

Tamaka Shwasa comprises of two words i.e. *Tamaka* and *Shwasa*. The word '*Tamaka*' is derived from the Dhatu "*Tamglanou*" which means Sadness (Panini)¹. According to Vachaspatyam the word *Shwasa* is derived from the root word '*Shwas*' Dhatu by applying Ghanj Pratyaya². It implies for both *Vayu Vyapara & Roga Bheda*. It represents both physiological as well as pathological respiration and used for expression of word³.

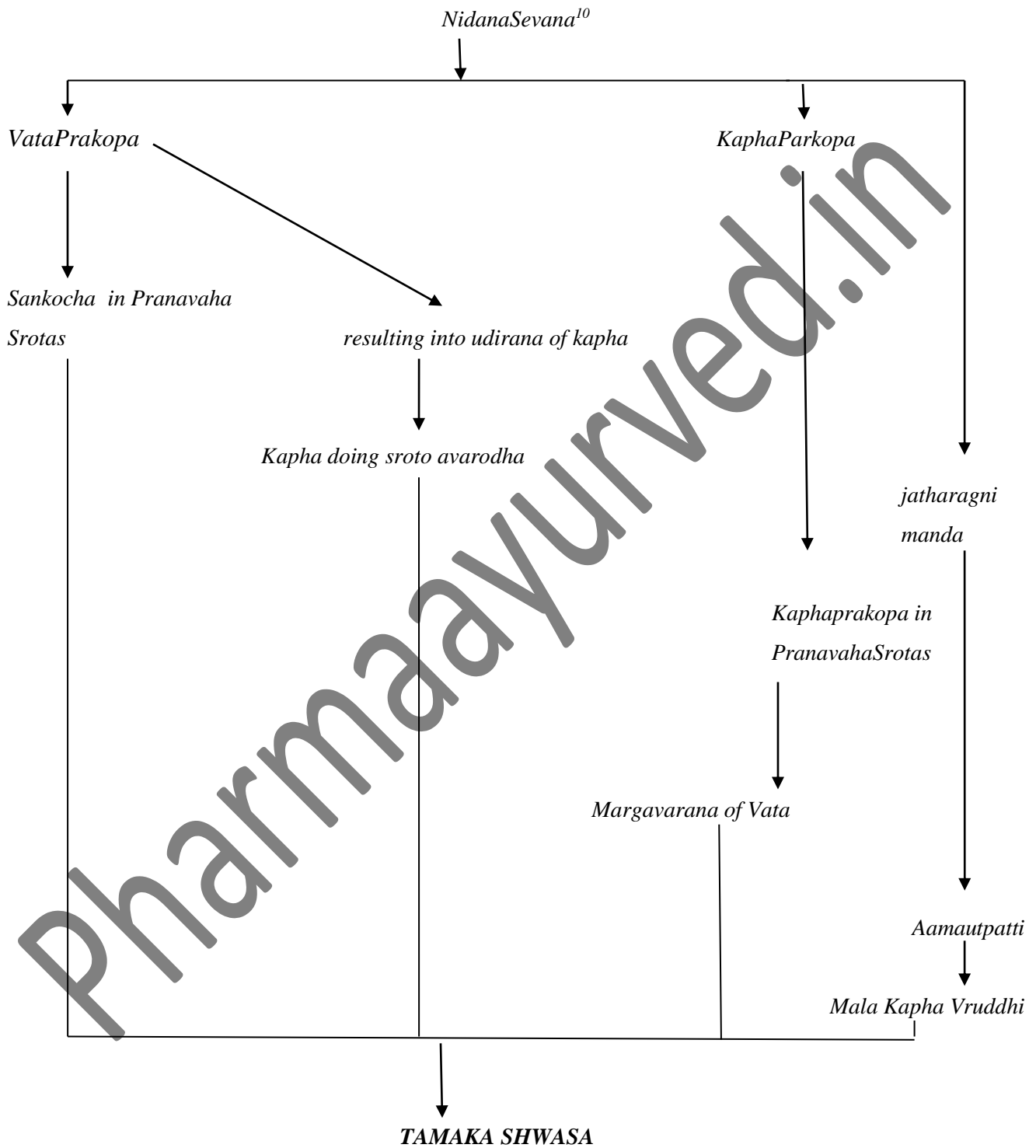
The name of *Tamaka Shwasa* is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (*Tama Pravesh*)⁴. Both the *Vata* and *Kapha* have been considered to be the chief *Doshas* involved in the pathogenesis of *Tamaka Shwasa*. Among the five types of *Sharira Vayu- Prana Vayu* get vitiated during this disease⁵.

When *Vata* is obstructed by vitiated *Kapha*, it get reverses and affect the *Prana Vaha Srotas* and producing Dyspnoea associated with wheezing sound, Cough, labored breathing etc.⁶ Due to constant coughing patient become unconscious, greatly distressed and feels comfort for a while when the sputum being expectorated. Throat of the patient is severely affected, and speaks hardly. He feels discomfort in lying down position, so unable to get a sleep. He feels comfort in sitting or in propped up posture. He likes to take hot things only. His eyes are protruded, forehead is covered with sweat and he feels a great distress all the times. His mouth becomes dry. These symptoms are intensified by cloudy, humid and cold weather, easterly winds, foul smelling and by taking *Kapha* increasing things. The *Tamaka Shwasa* (Bronchial Asthma) is *Yapya*⁷. It is curable if it is of recent origin.⁸

Asthma is defined as a disorder characterized by chronic air way. Inflammation and increased airway responsiveness to a variety of stimuli. It manifested physiological by a widespread narrowing of air passage which may be relieved spontaneously or as a result of therapy and, clinically by paroxysm of dyspnoea, cough and wheezing. Asthma is an episodic disease with acute exacerbation, interspersed with symptoms free episodes. This phase may mild with or severe obstruction persisting for weeks, the later condition is known as 'status Asthmaticus' a life threatening condition⁹.

As declared by 100-150 million of global populations are suffering from bronchial asthma, out of which 1/10th are Indians and the prevalence of asthma is increasing everywhere. Per data available, and Asthma is prevalent in 1.2 - 6.3% adults in the world. The number has risen by around 50% in the last decade.

Figure No: 1 - Flow chart showing the Samprapti of Tamakashwasa



METHODOLOGY:

- I) Critical study of Ayurvedic literature with aim to understand *Tamaka Shawasa*
 II) Probable mode of *Shrungyadi Shaarkar* in the management of *Tamaka Shawasa*

Ingredients of *Shrungyadi Shaarkar*

The drug *Shrungyadi Shaarkar*¹¹ consist *Karkatashrun*gi, *Sunthi*, *Pippali*, *Maricha*, *Kachura*, *Nagarmotha*, *Puskarmula*, *Sharkara* It is also known as *Shrungyadi Shaarka*.

SHRUNGYADI SHAARKAR:

Name	Gana	Rasha	Guna	Virya	Vipaka	Doshagnata	Rogagnata	Karma
<i>Karkatashrun</i> gi	<i>Kasahara</i> , <i>Hikka</i> <i>nigrahana</i> (ch.), <i>Kakolyadi</i> (Su.), <i>Haritakyadi</i> (BP)	<i>Tikta</i> , <i>Kashaya</i>	<i>Tikshna</i> ,	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-Vata</i> <i>Shamaka</i>	<i>Shwasha</i> , <i>Kasha</i> , <i>Jvarhar</i> , <i>Krimihara</i>	<i>Dipana</i> , <i>Vataanulo</i> <i>mana</i> , <i>Grahi</i>
<i>Sati</i>		<i>Katu Tikta</i> <i>Hikka</i>	<i>Laghu</i> <i>Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphaVata</i> - <i>shamaka</i>	<i>Kasa Shvasa</i>	<i>Dipana</i>
<i>Pushakarmu</i> <i>la</i>	<i>Hikkaanigrahan</i> , <i>Shwashahara</i>	<i>Katu</i> , <i>Tikta</i>	<i>Laghu</i> , <i>Tikshan</i> <i>a</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavata-</i> <i>Nashaka</i>	<i>Shwasha</i> , <i>kasa</i> , <i>Hikkaa</i> , <i>Paswa-</i> <i>Shool</i>	<i>Kashaghn</i> , <i>Shophaghn</i> <i>a</i>
<i>Nagarmotha</i>	<i>Triptighna</i> , <i>Trisnani</i> garhan <i>a</i> , <i>Lekhania</i> (Ch.)	<i>Katu</i> , <i>Tikta</i> <i>Kasaya</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>KaphaPitta-</i> <i>Shamak</i>	<i>Atisara</i> , <i>Aruchi</i> , <i>Trushana</i> , <i>Raktapitta</i>	<i>Pachana</i> , <i>Dipana</i> , <i>Grahi</i>
<i>Sunthi</i>	<i>Truptighna</i> , <i>Arsh</i> <i>ogna</i> , <i>Dipniya</i> , <i>Sh</i> <i>oolpRashaaman</i> , <i>Trisnani</i> garhan <i>a</i>	<i>Katu</i>	<i>Laghu</i> , <i>Snigdha</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Kaphavata-</i> <i>Nashaka</i>	<i>Shwasha</i> , <i>Kasa</i> , <i>Vami</i> , <i>Shool</i> , <i>Aanaha</i> , <i>Vibandh</i> , <i>Atisara</i> , <i>Arsha</i> , <i>Sopha</i> , <i>Hridroga</i> , <i>Slipada</i>	<i>Pachana</i> , <i>Rochana</i> , <i>Bhedhan</i> , <i>Shwarya</i> , <i>Dipan</i> , <i>Vrishya</i> <i>Grahi</i>

<i>Maricha</i>	<i>Dipaniya, Shulaprashaaman, Krimighna, Shirovirechana (Ch.), Pipalyadi, Trayshna (Su.), Haritakyadi, Trikatu(Bh</i>	<i>Katu</i>	<i>Laghu , Tikshana</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-vata shamaka, Pittakara</i>	<i>Shwasha , Kasa, Jvar, Agnimandhya, Krimihara</i>	<i>Dipana , Chhedana, Pramathi</i>
<i>Pippali</i>	<i>Kasahara, Hikkaa-Nigrahan</i>	<i>Katu</i>	<i>Laghu , Snigdha , Tikshana</i>	<i>Anushana – Shita</i>	<i>Madhu</i>	<i>Kaphavata-Nashaka</i>	<i>Shwasha, Kasa, Vami, Shool, Aanaha, Vibandh, Atisara, Arsha, Sopha, Hridroga, Slipada</i>	<i>Pachana, Rochana, Bhedni , Shwarya, Dipana, Vrishya, Grahi</i>
<i>Sharkara</i>	<i>Trnapancamulam (Susruta)</i>	<i>Madhura</i>	<i>Snigdha Guru</i>	<i>Sita.</i>	<i>Madhura</i>	<i>VataPitta samaka</i>		

STUDY OF RASHA IN COMPOSITION OF SHRUNAGYADI YOGA:

Rasa	No. of drugs	Percentage
<i>Katu</i>	6/8	75%
<i>Tikta</i>	3/8	37.5
<i>Kasaya</i>	2/8	25%
<i>Madhur</i>	1/8	12.5

STUDY OF VIPAKA IN COMBINATION:

Vipaka	No. of drugs	Percentage
<i>Katu</i>	5/8	62.5%
<i>Madhur</i>	3 /8	37.5%

STUDY OF GUNA IN COMBINATION

<i>Guna</i>	No. of drugs	Percentage
<i>Laghu</i>	4/8	50%
<i>Ruksha</i>	2/8	12.5%
<i>Tikshana</i>	5/8	62%
<i>Snigdha</i>	2/8	25%

STUDY OF VIRYA IN COMBINATION:

<i>Virya</i>	No. of drugs	Percentage
<i>Ushna</i>	5/8	62.5%
<i>Anushanashita</i>	1/8	12.5%
<i>Shita</i>	3/8	37.5%

STUDY OF KARMA IN COMBINATION:

<i>Karma</i>	No. of drugs	Percentage
<i>Dipana</i>	6/8	75%
<i>Pachana</i>	3/8	37%
<i>Rochana/Ruchya</i>	2/8	25%
<i>Vataanulomana</i>	1/8	12.5%
<i>Swasahara</i>	5/8	62%
<i>Kasahara</i>	1/8	12.5%
<i>Vrishya</i>	2/8	25%

STUDY OF DOSHAGHNATA IN COMBINATION

<i>Doshagnata</i>	No. of drugs	Percentage
<i>Kaphavathara</i>	3/8	37%
<i>Kaphpitthara</i>	1/8	12.5%
<i>Pittprakopaka</i>	1/8	12.5%

Probable Action of the *Shrungyadi Shaarkar*:

- 1) This is excellently balancing each other in *Rasa-Panchaka* and enhancing the *Vatakaphahara*, *Deepana*, *Pachana* and *Vatanulomana* properties.
- 2) The main factor in this disease as in many other diseases is *Ama* and the *Deepana-Pachana* properties of the drug will digest the *Ama* and *Sothaharatwa Karma*.
 - a) *Karkatshringi* is *kaphanissaraka-kaphaghna* and *katupaushtika* in nature¹².

- b) *Pushkarmula* is *kaphavata shamaka ushna virya* and *katupaushtika* in nature having *Dipana-pachana* and *Vatanulomana guna*.
- c) *Shati* is *Kaphavata Shamaka Ushna Virya* and having the property of *Dipana –Rochana* and *Shool Prashamana*.
- d) *Shunthi* is *Kaphaghna* and *Ushnavirya*.
- e) *Maricha* is having *Kaphagna* and *Kaphanissaraka guna*.
- f) *Pippali* is *Kaphavata Shamaka* and *Agnivardhini*.
- g) *Sharkara* is *Sheet virya, Balya* and *Poshaka* in nature.

All these Characteristics made these drugs to act on *Prana - Udaka and Annavaha Srotasa* so that the *Samprati Vighatana* occurs in a systemic manner starting from the *Aamashaya* where the *Dipana-Pachana* and *agni guna* of these drugs helps in the *Pachana* of *Ama* in the body. Also *Kaphaghna* and *Kaphanissaraaka guna* will helps in the removing of blocked channels of the body i.e. *Srotorodha* will be cured and *Vatanulomana* will be achieved so that the *Kupitavata* will attain its *Samyaka* state and there will be relief in the symptoms of *Tamaka Shwasa*. *Balya guna* of these medicines on the other hand will prevent the prakopa of *vayu* which may occur due to Continuous use of *Kapahnashak & Kaphanissaraka aushadh*. The pharmacological studies already reported on the individual drugs, also favours the effectiveness of various contents of *Shrungyadi Shaarkar* in disease *tamaka shwasa* as given below.

Anti-allergic: *Karkatshringi, Shati*

Anti-inflammatory: *Maricha, Pippali, Shunthi, Karaktshringi, Pushakarmula*

Anti-spasmodic: *Karkatshringi, Shati, Pippali, Maricha*

Bronchodilator: *Pippali, Shati, Pushkarmula*

Expectorant: *Karkatshringi, Shati*

Immunomodulatory: *Pippali*

Anti-Oxidant: *Shunthi, Maricha*

The probable action of *Shrungyadi Shaarkar* can be defiantly proved by the *Rasha panchaka* methodology of our ancient scientist on *Doshdusysamurchana* or *Samprapti* or action on the pathology of *Tamak Shwasha*.

DOSHA:

Tamaka Shwasha is *Khaphavatpradhan Vyadhi*. *Shrunyadi Shaarkar* Composition possesses *Kaphavatgna* property by *Rasha Panchaka* as below.

Kapha Dosha is subsided by *Katu, Tikta* and *Kashaya Rasha*.

The *Dravyas* of *Shrungyadi Shaarkar* contains *Katu Rasha* (75%), *Tikta Rasha* (37.5%) and *Kashaya Rasha* (25%), *Madhur*(12.5%) in proportion.

Guna like *Laghu, Ruksha, Tikshna* and *Snigdha* have *Kaphahar* property.

The *Dravyas* of *Shrungyadi Shaarkar* contain *Laghu* (50%), *Ruksha* (12.5%) *Snigdha* (25%) and *tikshna* (62%) in proportion.

Virya like *Ushna Virya* has also *Kaphahar* property. The *Dravyas* of *Shrungyadi Shaarkar* contains *Ushna Virya* (62.5%), *anushna*(12.5%) and *sita* (37.5%) in proportion.

Vipaka like *Katu vipaka* has also *Kaphahar* property. The *Dravyas* of *Shrungyadi Shaaarkar* has *Katu Vipaka* (62.5%) and *Madhur* (37.5%) in proportion.

The *Vata Dosha* is subsided by *Snigdha Guna* (25%), *Vataanulomana Karma* (12.5%) and *Madhur Vipaka* (37.5%) in proportions.

DUSHYAS:

Rasha Dhatu is the chief *dushya* in *Tamaka Shwasha*. *Rasha Dhatu dusti* is produced by *Rasha Dhaatvaagnimandya* and *Jatharaagnimadhya*. *Karma* like *Dipana, Pachana, Rochana* and *Rashayana* corrects *Agni* that produce proper *Rasha Dhatu* which ultimately correct *Kapha* as it is *Aasharaya* of *Rasha Dhatu*. *Hriday* is the *Srotomul* of *Rashavaha Srotasa*, as *Hridaya Karma* has also effect on *Rasha Dhatu*. Thus, the *Shrungyadi shaarkar* has property of the *Dipana* (75%), *Pachana* (37%), *Rochana* (25%), *kasahara*(12.5%), *vrishya*(25%).

AGNI & AAM:

In *Tamaka Shwasha*, *Jatharaagnimandya* and *Rashaagnimandya* is involved and also *Samata* of that's *Agni*. *Shrungyadi Shaarkar* has *Dipana* (75%) and *Pachana* (37%) properties which correct this condition of *Agnimandya* and also *Samata* of that *Agni*.

SHROTASA:

In *Tamaka Shwasha Pranvaha Srotasa, Udakvaha Srotasa, Annvaha Srotasa* and *Rashavaha Srotasa* are involved. It is *Amashaya samutha vyadhi* of *Mahasrotasa*. *Kaphaghna Dravyas* correct *Amashaya* as a seat of *Kapha Sthan & Vatagna Dravyas* correct *Pakyashay* as seat of *Vata sthan*, as *Pratilom Gati* of *Vayu* is mentioned. *Karma* like *Dipana* (75%), *Pachana* (37%), *Rochana* (25%),

Vataanulomana (12.5%), *Swashhara* (62%), *Kasahara* (12.5%), have definite effect on above *Srotasa*. It breaks pathology and corrects path physiology of *Shwasha*.

RUPA:

The clinical signs & symptoms of *Tamaka Shwasha* like *pinas*, *Ghughurakam*, *Shayane shwasha piditam*, *kasha*, and *aayashe swashkastata* are relieved as above *Srotasa* are corrected. *Shrungyadi Shaarkar* has some *vyadhi pratyani* property which cures symptoms of *Tamaka Shwasha* directly.

DISCUSSION:

Tamaka Shwasa is primarily a disease of *Prana vaha Srotas* (respiratory system) and is produced by vitiation of *Vata* and *Kapha*, in which vitiated *Kapha* obstructs the *Prana vaha Srotas* causing hindrance in the path of *vayu*, which then spreads in different directions causing disorders of respiration. *Acharya Charaka* specifically mentioned the *Samprapti* (Pathogenesis) of *Tamaka Shwasa* has said that “*Pratilome vayu*”. As a result of airway obstruction due to *Kapha* involving the head and neck. there will be increase in the *Shleshma* secretion and produces *Shwasa vega* (dyspnoea), *Peenasa* (coryza) and *Ghur-ghur Shabda* (wheezing sound) (*Charaka*, 200BC). Further, five varieties of *Shwasa roga* namely *Maha Shwasa*, *Urdhwa Shwasa*, *Chhinna Shwasa*, *Kshudra Shwasa* and *Tamaka Shwasa* have been described by *Acharyas*. *Tamaka Shwasa* can lead to *Pratamaka* and *Santamaka* if *Pitta Dosa* also gets vitiated in these patients (*Sushrut*, 2000BC). These could be considered as further stages of *Tamaka Shwasa*. In Ayurvedic texts various methods and Formulations have been described in the management of *Tamaka Shwasa roga*. Two types of *chikitsa* i.e. *Shodhana* and *Shamana Chikitsa* have been dealt in detail with description. In *Ayurvedic* literature no description of *Prana yama* has been mentioned but involvement of *Pranvayu* (Inhaled Air) in various respiratory disorders has been described. So, the present clinical trial was planned to study the effect of an indigenous compound, *Shrinyadi Shaarkar* with and without *Pranayama* in the management of *Tamaka Shwasa*.

CONCLUSION:

The causative factors are affecting the *Agni* and three *Srotas Pranavaha-Udakvaha-Annavaahasrotas*. The *Shrungyadi Shaarkar* has properties of *Shawasahara*, *Kasahahara*, *Kaphavatgna* property by *Rasha Panchak*, *Kapha Dosha* is subsided by *Katu*, *Tikta* and *Kashaya Rasha*. It Also corrects *Dhaatvaagnimandya* and *Jatha raagnimadhya*. It ultimately corrects *Kapha* as it is *Aasharaya* of *Rasha Dhatu*. *Hriday* is the *Srotomul* of *Rashavaha Srotasa*, as *Hridaya Karma* has also effect on *Rasha Dhatu*. It is *Amashaya samutha vyadhi* of *Mahasrotasa*. *Kaphaghna Dravyas* correct *Amashaya* as a seat

of *Kapha Sthan & Vatagna Dravyas* correct *Pakyashay* as seat of *Vata sthan*, as *Pratilom Gati* of *Vayu* is mentioned.

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