

APPLICABILITY OF PREVENTIVE MEASURES IN THE MANAGEMENT OF TAMAKA SVASA

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Major changes are needed in the health care arena to solve the health care crisis. With the growing emphasis on prevention of disease, the preventive paradigm is needed to be reviewed to address individual metabolic differences and regulation of ideal daily and seasonal routines to maintain the optimum health.

The present study highlights the significance of the applied role of the preventive aspect of the disease along with the therapeutic management in 61 cases of Tamaka Svasa. On the basis of the study, it can be concluded that the preventive management brought about a substantial improvement within a relatively short span of time in the long standing cases of Tamaka Svasa perceptible by freedom from attacks even without the loaded prescriptions of drugs and also a remarkable improvement in Agnibala, Dehabala and Cittabala of the cases under study.

Introduction

Ayurveda is an ageold prevention oriented health system. The goal of Ayurveda is the achievement of self sufficiency in health care enabling the individual to maintain a stable state of mind, body balance which naturally resists disease and upholds the ideal health. Ayurveda holds the view that the primary factor in the causation of the disease is imbalance resulting form the disruption of the body's own self repair mechanism, including homeostatic and immune functions. It identifies the fundamental cause of imbalance and disease as violation of natural law-for example, through improper diet, stress promoting behaviour and unhealthy food habits.

Therefore, all therapeutic and preventive methodologies of Ayurveda aim at bringing physiological and psychological

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function in accord with natural law, thereby maintaining balance and promoting the optimal functioning of the body. The approaches of Ayurvedic system of medicine focuses on enabling the body's intrinsic, integrative and purification system to eliminate imbalance at its earliest stages earlier than diagnosed by modern system and before it progresses to overt disorder.

Ancient Ayurvedic texts reveal a detailed under-standing of practical therapeutic approaches to most of the diseases that we experience in modern society. These texts identify the accumulation of metabolic waste products as an important factor in the pathogenesis of many disorders.

As in *Tamaka Svasa*, *Vata* undergoing a change to upward movement in the passages of respiration, makes for increase of *Kapha* in throat and head; together they produce running of nose, bubbling sound in the throat, thus increase the respiration greatly¹. Although, the *Svasa Roga* is manifested in respiratory system yet the seat of its actual occurrence is in GIT².

No doubt *Tamaka Svasa* is an emergent medical condition which deserves

immediate attention and the management aims at restoring the normal breathing process. But it is only a part of the total treatment concept as has been discussed in texts wherein stress has been laid on so may other significant measures of equal or more importance which are normally not taken into account in the day to day clinical practice.

It is a common experience that *Tamaka Svasa* appears in recurrent episodes because the treatment given to such patients relieves them of their symptoms without alternating their disease process which has never been the aim of the Ayurvedic system of medicine.

The aetiological factors of this disease, may they be related to improper diet, non observance of daily and seasonal routines, faulty digestion, continuously affect the system of the victim which is already faulty (*Khavaigunyat*). Unless a perceptible change is brought regarding diet, observance of daily and seasonal routines and digestion, the goal of successful management of the disease cannot be achieved. The elimination of physiological and pathological impurities such as toxins and metabolic waste products is an other important aspect of the management.

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1. Pratilomama Yada Vayu Srotamsi Pratipadhyate, Grivama Sirasca Samgraha Sleshm Anam Samudirya Ca, Karoti Pinasama Tena Ruddho Ghurghurkam Tatha, Ativa Tivravegama Ca Svasam Pranaprapidakam.
 2. Kafavatatmakavetau Pittasthana Samudbhavau.

C. Ci. 17 : 56

C.Ci : 17 : 8.

In consideration to these aspects of treatment which have been detailed in the texts, the preventive *Paradigm* was reviewed to address individual metabolic differences and regulation of ideal daily and seasonal routines, a clinical study was started to explore the usefulness of the applied role of the preventive and purificatory aspect in order to achieve a substantial and sustained relief in the cases of *Tamaka Svasa* in the shortest possible time frame so that the use of drugs may be reduced or even curtailed. For this purpose a preventive and purificatory management course comprising of diet programme, regulation of daily and seasonal routines and purificatory therapy was undertaken.

Materials and Methods

Total 169 known patients of *Tamaka Svasa* of either sex were randomly selected for study from the out patients department of Regional Research Centre for Ayurveda, Jammu. All the patients were between the age group starting from 30 years to 60 years. The patients below 30 years and above 60 years of age and who were weak, emaciated and having the history of cardiac involvement were excluded from the study. The study was conducted at O.P.D. level between July '1993 to May '1995.

Alongwith the present and past family history of the disease, the diet habits, daily and seasonal routines, living conditions and addictions of the patients were also recorded. Thorough physical examination, routine pathological investigations and X-ray of posterio-anterior view of chest of the patients were also assessed before and

after course of management. The duration of the management course was of 6 weeks.

The assessment of the results was made on the basis of symptomatic improvement, freedom from attacks, clearance of respiratory tract and improvement of digestive capacity, physical and psychological status (stress due to disease condition) of the patients. Routine pathological investigations and radiological examination of the patients were also taken in to account. A score system was adopted for the evaluation of the percentage of the results. The following categorisation was done for the assessment of the results of the study.

1. Complete relief	100%
2. Marked relief	75 to 99%
3. Moderate relief	50 to 74%
4. Mild relief	25 to 49%
5. No relief	Below 25%

Preventive and purificatory management course : Ayurveda maintains that no approach to health can be effective unless proper preventive and purificatory measures and observed simultaneously to restore the normal physiological health.

This preventive and purificatory management course included the diet programme, regulation of daily and seasonal routines and purification therapy was prescribed to all of the patients of *Tamaka Svasa* who were included in the study.

Diet programme:A special dietary programme which consisted of general instructions and the types of food items which could better be avoided and which have to be given preference to, were advised to the patients.

General instructions

- Take diet a bit less than the appetite.
- Take meal at proper time.
- Prefer freshly cooked seasonal diet articles.
- Eat in sitting posture.
- Eat in a pleasant, quite atmosphere without watching T.V., reading, talking and doing business.
- Sit quietly and respire deeply for five or more minutes after eating.
- Do not eat again until the previous meal has been digested and you feel hungry.
- Do not take cold after taking hot.

Regulation of daily and seasonal routines : Instructions regarding the observance and regulation of ideal daily and seasonal routines consisted of some simple but effective rules of living, especially for the patients of *Tamaka Svasa*.

Ideal daily routines

Morning

- Wake up with the sun (from 5.30 am. to 6.30 am.).

- Evacuate bowels and bladder.
- Clean teeth.
- Gargle with lukewarm salt water.
- Clean tongue with tongue scraper.
- Take walk or light exercise for neuro-muscular integration.
- Practise deep breathing exercise.
- Give yourself a warm oil massage.
- Take bath (with warm water during cold weather).
- Take a light break fast.
- Work or study.

Noon

- Take the main meal of the day.
- Take rest (not sleep) for 15 or more minutes.

Afternoon

- Work or study.

Evening

- Gargle with lukewarm salt water.
- Take a light supper, the earlier the better but not latter than 7.30 pm.
- Take a brief walk for 15 minutes.
- Practise deep breathing exercise.
- Enjoy the relaxing activities. music reading, chatting etc.
- Go to sleep before 10.00 pm. (in a cosy room in winter).

Food articles to be given preference	Food articles to be avoided
Non-irritant	Irritant
Non-constipating	Constipating
Light	Heavy
Hot	Cold
A bit lubricated	Dry
Less in quantity	Much in quantity
Compatible	In-compatible
Non-mucilagenous	Mucilagenous
Wheat (whole some floor)	Rice, Maize
<i>Munga, Kultha</i>	<i>Masa, Rajamasa</i>
Carrot, Spinach, Fenugreek leaves, Bitter gourd, Onion, Garlic, Ginger	Soyabean, Brinjal, Mustard leaves, Potato, Sweet potato, Turnip, Lady finger.
Cardamom, Black pepper, Clove, Cumin.	Jaggery, Pickles, Sauces, Nuts.
Cow's milk	Curd, Cheese, Sweets.
Grapes, Pappaya, Apple, Dates	Banana, Mango, Orange
Chicken	Fish, Egg, Mutton
Ghee (as cooking medium)	Refined oils, Tinned, preserved and Synthetic food articles.
Luke warm water	Cold drinks, Ice cream, Alcohol, Tobacco chewing and Smoking.

General instructions

- Do not reside in humid, damp, dusty and smoky atmosphere.
 - Do not indulge in heavy work or exercise.
 - Avoid excessive sexual indulgence.
 - Do not walk very long distances.
 - Avoid cool breeze.
- Concept of *Usnam Caivabhinandati* was clarified to all of the patients under the study.

Purificatory therapy : To eliminate the intra and extra cellular impurities which have accumulated in the respiratory and other systems, purificatory processes i.e. *Vamana* and *Virecana* after proper *Snehana* and *Svedana* were undertaken in all the cases under the study at the very beginning. Then after in order to maintain the daily bowel habits in the constipated patients, laxatives were advised.

To maintain the clarity of respiratory passages³, steam inhalation with mint and *Tulsi* leaves was advised. However, as the attacks of dysponea and cough were managed with *Sitopladi* and *Somalata Curna* along with *Kanakasava* and *Draksasava*.

Observations and Results

Total 169 known patients of *Tamaka Svasa* who were included in the study, 63

patients left against the medical advice at the very outset of the management and 45 patients did not completely follow the advice whereas, only 61 patients completed the prescribed management. The final data of the study is compiled only on the basis of the observations made in 61 completed patients.

Of the total 61 patients, 9.84% were having family history of *Tamaka Svasa*. It was noted that 86.11% males and 6.56% females were previously or presently addicted either of smoking or alcohol or of both. In almost all the patients, disturbed diet habits, daily and seasonal routines were observed to be the main aetiological factors of the disease. The polluted and damp atmosphere of their dwellings and their liking towards fried and heavy foods alongwith the stress were found to be the disease aggravating factors.

Table 1
Age and sex wise classification

Age group (in years)	Sex				Total	
	Male		Female		No.	Percentage
	No.	Percentage	No.	Percentage		
30-40	5	8.20	1	1.64	6	9.84
41-50	12	19.67	9	14.75	21	34.42
51-60	19	31.14	15	24.6	34	55.74

Age and sex wise classification of the patients with percentage. (Table I). Out of total 61 patients, 36 were males and 25 were females. The maximum number of patients i.e. 34 (55.74%) were between the age group of 51-60 years.

3. Udiryate Bhrsataram Margarodhatvajjalam, Yatha Tatha Anilastya Margam Nityam Visodhayeta.

Table 2**Signs and symptoms before and after the course of management**

Signs and symptoms	No. of patients before the course (gradewise)				No. of patients after the course (gradewise)			
	G-3	G-2	G-1	G-0	G-3	G-2	G-1	G-0
Dyspnoea	18	39	4	0	0	2	10	49
Cough	34	21	2	4	0	5	12	44
Difficulty in expectoration	15	11	6	14	0	0	5	55
Wheezing	17	34	3	7	0	1	5	55
Loss of appetite	9	24	6	12	2	9	4	57
Gen. weakness	8	5	39	9	0	0	12	49
Psychological depression	19	29	13	9	9	9	5	56
Constipation	21	8	27	5	0	0	0	61

G-3 = Markedly present, G-2 = Moderately present, G-1 = Mildly present, G-0 = Not present. Different signs and symptoms present in the number of patients before and after the course of management. Almost all the cases have shown remarkable positive change in their signs and symptoms after the course of management. The relief in the complaints of the loss of appetite, general weakness and psychological depression indicates the increase of *Agnibala*, *Dehabala* and *Cittabala* of the patients. And relief in other complaints indicates a perceptible disintegration of the pathogenesis (*Samprapti-Vighathana*) of the disease.

Discussion and Conclusion

The purpose of the study was to investigate that as to what extent the preventive and purificatory techniques can bring about an improvement or possible cure in the cases of *Tumaka Svasa* in a short period of six weeks. The results indicated that with this management modality clearly positive results could be obtained in most of the cases. From the analysis of the treatment taken by these patients in the past, it can be concluded that this type of

management has a significantly better effect. However, in view of the short period of the research, no definite conclusion can be drawn with respect to the long term effects. A majority of the cases under study obtained a clearly positive results which is apparent from the symptomatic improvement as evidenced by the freedom from the attacks of dyspnoea along with a perceptible change in digestive ability, physical and psychical make up (*Agnibala*, *Dehabala* and *Cittabala*). This is further

Table 3
Results in relation of the duration of disease

Duration of disease (in years)	Assessment of result														
	Total patients	Complete relief	Marked relief	Moderate relief	Mild relief	No relief	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.
Upto 1	5	8.20	5	8.20	-	-	-	-	-	-	-	-	-	-	-
1 - 2	3	4.92	3	4.92	-	-	-	-	-	-	-	-	-	-	-
2 - 5	12	19.47	9	14.75	3	4.92	-	-	-	-	-	-	-	-	-
5 - 10	9	14.75	4	6.56	5	8.19	-	-	-	-	-	-	-	-	-
10 - 15	14	22.95	10	16.39	1	1.64	2	3.28	1	1.64	-	-	-	-	-
Above 15	18	29.51	7	11.47	6	9.84	4	6.56	1	1.64	-	-	-	-	-
Total	61	100.00	38	62.29	15	24.59	6	9.84	2	3.28	-	-	-	-	-

Results of the course of management in the patients in relation to the duration of the disease. The percentage of incidence of relief in the patients with less duration of disease was more in comparison to the patients with longer duration of the disease.

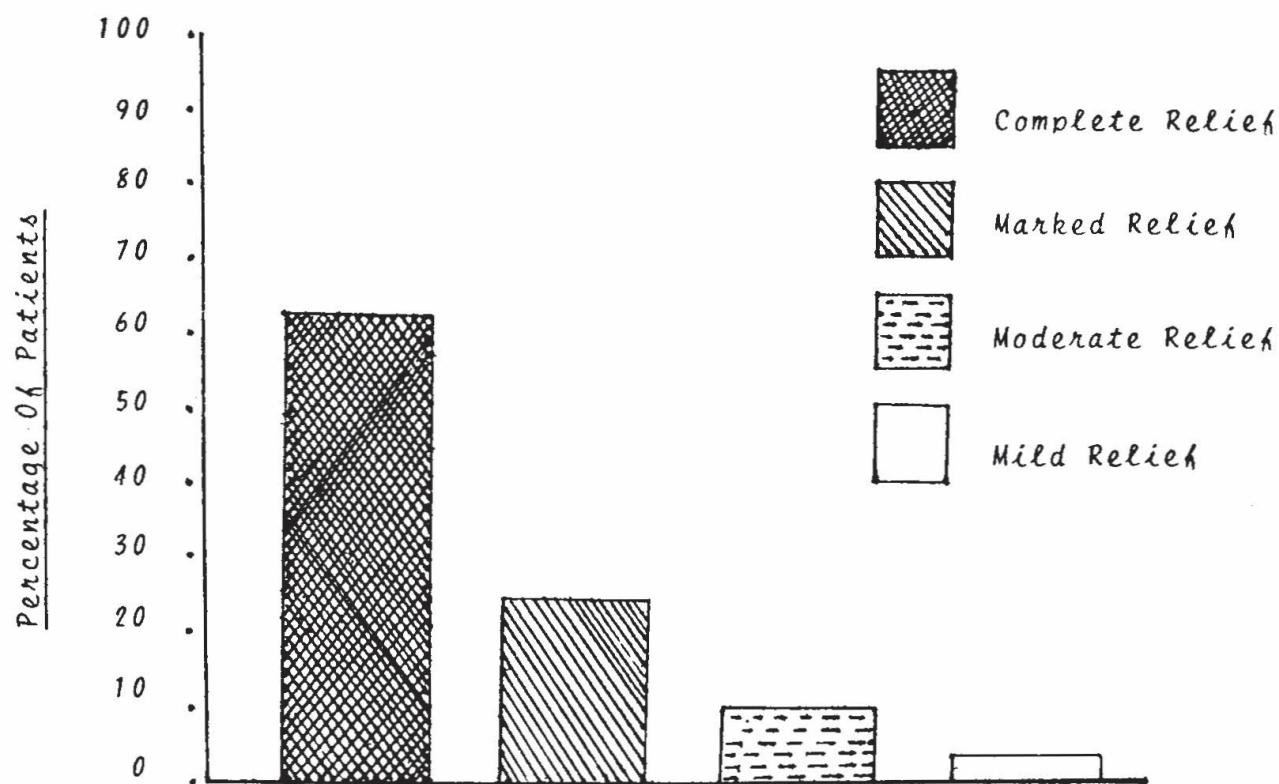


Fig.I. Assessment of result of the *Tamaka Svasa* cases

corroborated by the fact that a number of patients who were on treatment earlier were able to reduce the use of medication within a short time or could even discontinue it. This was the case for 38 of the 61 cases under study.

The duration of the research study was too short to provide a decisive answer as to what extent patients could actually be cured with this method. However, it is salient that most of the case became free from complaints during the period under this management and some of them could even entirely discontinue the medication.

With regard to the patients who did not show remarkable improvement after six weeks, it should be noted that the average

length of their disease condition was more than ten years. As a matter of fact, it is not possible to except a complete transformation of the biological model within this short span of management.

The fatty number of dropouts of the study is noteworthy. Out of total 169 patients, 108 were dropouts. It was because of the fact that 63 cases who left against medical advice at the outset of the management course were mostly from the affluent class. They never wanted to change their life style according to the advice. Most of the cases from the other 45 dropout group belonged to middle or lower socio economic status. They found it practically impossible to adhere to the management advice due to their hard pressing socio

economic living conditions. However, they were continued under the medical treatment.

A clear limitation of this pilot study is the fact that no randomization procedure could be applied. Since there was no control group, the patients were compared with themselves in the period before the beginning of this management course. However, this can be called acceptable in every way, since the long history of more than ten years on average forms a clear baseline with which any occurring change can be compared.

Furthermore, within the framework of the limited setup of the study, it was

unfortunately not possible to record the results by more objective means due to lack of the required facilities.

Moreover, for further research on the effect of this set of management, it is advisable to make the research range over a longer period, to work with control group along with all the required facilities to reach a definite conclusion.

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REFERENCES

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| Agnivesa | 1978 | <i>Caraka Samhita</i> , 6th Ed., (Commentary by Sastri, K.N. and Chaturvedi, G.N.), Cikitsasthana, 17 : 8, 56, 121-122. |
| Debey, C.B. | 1979 | <i>Tamaka Svasa</i> DAYM Thesis, B.H.U., Varanasi. |
| Janssen, G.W.H.M. | 1989 | The Maharishi Ayurveda treatment of ten chronic diseases- A Pilot study, <i>Netherlands Tijdschrift Voor Integrale Geneeskunde</i> ; Vol. 5(35) P. 586-94. |
| Madhavakara | 1995 | <i>Madhava Nidana</i> , 2nd Ed., English translation by Prof. K.R. Srikanta murthy, P. 51. |
| Murthy, A.R.V. et al. | 1987 | Kafavatatamakavetau Pittasthana Samudhavau, <i>JRAS</i> Vol. VIII, No. 3-4, PP 106-112. |

APPLICABILITY OF PREVENTIVE PARADIGM IN THE MANAGEMENT OF TAMAKA SVASA

Shukla, C.P.

1980 Methodology of Research for Assessment of results of a Clinical Trial in the cases of *Tamaka Svasa*, *JRAS*, Vol. I, No. 3, P. 386-98.

सारांश

तमक श्वास के प्रबन्धन में प्रतिषेधात्मक उपायों की उपादेयता

अनिल कुमार एवं नरेश कुमार

स्वास्थ्य समस्याओं के समाधान हेतु स्वास्थ्य की देखभाल के क्षेत्र में मुख्य परिवर्तनों की आवश्यकता है। स्वास्थ्य सावधानी के बढ़ते हुए पक्ष के परिणामस्वरूप इस प्रतिरूप का वैयक्तिक चय अपचय प्रक्रिया में असमानता, आदर्श दैनिकचर्या एवं ऋतुचर्या के आधार पर उत्तम स्वास्थ्य की प्राप्ति हेतु पुनरावलोकन करने की आवश्यकता है।

प्रस्तुत अध्ययन तमक श्वास रोग में सावधानियों की उपादेयता एवं श्वास रोग से पीड़ित ६१ रोगियों के चिकित्सीय प्रबन्धन को प्रस्तुत करता है। अध्ययन के आधार पर यह निष्कर्ष निकलता है कि रोग में सावधानी प्रबन्धन से इस रोग के जीर्ण रोगियों में कम समय में महत्वपूर्ण लाभ होता है जोकि अध्ययनान्तर्गत रोगियों में बहुसंख्यक औषधियों के बिना रोग के दौरों में कमी एवं रोगियों के अग्निबल, देहबल और चित्तबल में वृद्धि द्वारा परिलक्षित होता है।