



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Vol.13 | Issue 1 | Jan - Mar -2025

www.ijamscr.com

ISSN: 2347-6567

DOI : <https://doi.org/10.61096/ijamscr.v13.iss1.2025.66-70>

Case Report

Management Of TamakaSwasa With Bhastrika Pranayama And Agastya Hareetaki: A Case Study

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	<h3>Abstract</h3>
<p>Published on: 07 Mar2025</p>	<p>TamakaShwasa, also known as TamakaSvasa or Asthma, is a respiratory disorder characterized by recurrent episodes of breathlessness, wheezing, and coughing. It is a chronic condition that affects the airways, causing them to narrow and become inflamed, leading to difficulty in breathing. BhastrikaPranayam is an important breathing exercise. It is sometimes treaded as a kriya or cleaning action to clean the airway in preparation for the Pranayama. Bhastriakinvolves a rapid and forceful nhalation powered by the movement of the diaphragm. Pranayama generally helps in bringing the sympathetic and parasympathetic nervous system into harmony. Here sincere effort had been made using BhastrikaPranayam a shodhanachikitsa and Agastya Haritki as Rasayana for the management of TamakaShwasa. Rasayana is a term used in Ayurveda to describe a class of therapeutic interventions aimed at rejuvenation, promoting longevity, and enhancing overall well-being. A female patient of Age 56 years old with history of Tamakashwasa from last 5 years was selected. The Patient had all classical symptoms like Shwasakastata, Kasa, Kaphashteevan, Aruchi, Parshvashula, AsinoLabhateSaukhyam, Ghurghuraka comes at O.P.D of J.P Institute of ayurveda medical sciences, patna. On Auscultation of chest wheezing present bilaterally in lungs. Patient was using Bronchodilator puffs which was mostly steroids 3-4 puffs times in a day. So this case of Tamakashwasa was treated with bhastrikaPranayam a Yogic Shodhana Karma which was done empty stomach daily in the morning time followed by Rasayana for four weeks. In this case it was observed patient got good relief in the all cardinal symptoms of Tamakashwasa.</p>
<p>Published by: DrSriram Publications</p>	<p>Keywords: Rasayana,BhastrikaPranayam,TamakaShwasa.</p>
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INTRODUCTION

Ayurvedic system of medicine promotes positive health and maintains resistance against infection by establishing the body's equilibrium and conditioning the body tissues. At present, many chronic recurrent airway

disorders are increasingly seen all over the global population. Ayurveda has described one of such disorder as TamakaSwasa. The parallel in western medicine to this disorder i.e. Bronchial Asthma calls the attention of Medical world due to significant burden in terms of health care costs as well as lost productivity and reduced participation in family life.

Bronchial Asthma is a major global health problem, which can affect the population irrespective of age, sex, economic status, etc. Asthmatic problem is increasing day by day due to environmental smoke and air pollution resulting from urbanization. Tamaka Shwasa¹ is classified as a Vata-Kapha disorder, where the imbalance of the Vata and Kaphadoshas (energies) in the body contributes to the manifestation of the condition. The vitiated Vata and Kaphadoshas obstruct the flow of Prana (life force) and disrupt the normal functioning of the respiratory system. The symptoms of TamakaShwasa may vary in severity and can be triggered by various factors such as exposure to allergens, respiratory infections, physical exertion, stress, and environmental factors. During an asthma attack, the airways become inflamed, the muscles around them constrict, and excess mucus is produced, resulting in breathing difficulties, wheezing sounds, and coughing.

AharyaCharaka has described five types of Shwasarogai.e.MahaShwasa, UrdhvaShwasa, ChinnaShwasa, TamakaShwasa and KshudraShwasa. Tamakashwasa is one among them and it is predominantly vata-kaphajavyadhi, The disease TamakaShwasa is predominantly caused by pranavahaSroto Dusti and in its pathology pratilomaGati of Vata²plays an important role along with Srotoavrodha produced by kapha, Vitiated Kapha in the UrahaPradesha (chest region) causes the obstruction in the normal path of vata, this further leads to Avaranajanyavataprakopa and pratilomagati of vata which can be stated as kapha dominant pathogenesis of TamakaSwasa. Tamakashwasa at initial is Sadhya (curable) and in chronic case it is Yapya(Manage able). Tamakashwasa is characterized by dyspnoea (swasakrichrata), chest tightness (urashula), wheeze (Gurgaruktvamhm) and cough (kasa). Bhastrika Pranayama is a yogic breathing technique that involves forceful and vigorous inhalation and exhalation. The word "bhastrika" translates to "bellows" in Sanskrit, referring to the bellows-like action of the breath during this practice. It is also known as "Bellows Breath" or "Breath of Fire." In Bhastrika Pranayama, the breath is intentionally intensified to create a rhythmic and vigorous pattern of breathing. This practice aims to cleanse and energize the body, increase oxygen supply, and balance the flow of vital energy or prana. It is believed to purify the nadis (energy channels) and awaken the dormant energies within by forcefully inhaling and exhaling,

Bhastrika Pranayama helps to clear the respiratory passages, strengthen the lungs, and improve lung capacity. It also stimulates the digestive fire, increases circulation, and generates heat in the body, thus promoting vitality and alertness, eliminates the excess of kaphadosha which is the main causes of increase in congestion in the lungs, bronchitis, cold, and cough. This cleansing procedure is easy to perform, cost effective, good result oriented and very effective to cure the etiological factor responsible for Tamakashwasa. Agastayaharitiki was planned as Rasayana which is continued for four weeks. Acharya Charaka has given the importance of Shodhana karma before Rasayana therapy because shodhana karma removes avarana and we get full benefits of rasayana therapy.

The maximum content of Agastya haritki³possess vata-kaphashamak property. So present study has been designed which was to evaluate the efficacy BhastrikaPranayam an shodhana kriya and Agastya Haritki as rasayana in the management of Tamakashwasa (Bronchial Asthma).

Source of Data: Patient suffering from symptoms of TamakaShwasa selected from O.P.D of J.P Institute of ayurveda medical sciences, Patna.

Study Design: A single case study

Duration of study: Total duration 28 days. BhastrikaPranayam was done daily in the morning time empty stomach for four weeks and Agastya haritkirasayana was given 5gm twice a day with warm water after food for four weeks.

A Case Report

A female patient of Age 56 years old having classical symptoms like Shwasakashtata, kasa, kaphashteevan, aruchi, parshvashula, Asinolabhatesaukhyam, ghurghuraka with history of Tamakashwasa from last 5 years was selected for study.

History of present illness

Patient was apparently well before 5 year, when patient started work in a printing press then patient got the attacks of Asthma which get cured after immediate use of allopathic emergency treatment with bronco dilators, antibiotics and steroids. Now when the condition gets worsened with time so patient came to J.P Institute of ayurveda medical sciences, Patna for further ayurvedic management. There is no history of Diabetic mellitus, hypertension, epilepsy, tuberculosis, anemia etc.

Personal History

Occupation: Labor class

Addiction : H/o smoking , tobacco chewing from last10 years.
Ahar: Mostly irregular diet, hotel food, oily, spicy, fast food.
Family History: father had also history of Tamakashwasa.

AshtavidhPariksha:

Nadi : Vat kaphaj; Mutra : Sam ,Mala : Krishna peeta Sam ,Jivha: Sam
Shabda:kricchatbhashitamha,Sparsha;Khara,Druka:Prakritika ,Akruti: Samanya

On Examination

Systemic Examination:
RS: On auscultation wheezing was observed bilaterally in lungs.
Respiration Rate -22/min
CVS: No e/o any murmur
B.P 130/80 mm of Hg, Pulse -76/min
CNS:Conscious well oriented to time, place and person.
P/A:Soft, Nontenderness, No e/o of organomegaly.

Lab Investigations

Blood: TLC -7000mm³, DLC – N 76%,L 23%,E 7% B 0%,Hb% - 11.5gm, ESR-30mm in 1st Hour AEC-610cumm.
Radiological examination: X-ray chest: e/o pulmonary hyperinflation, bronchial wall thickening present.
Pulmonary function test: Peak flow meter test -Yellow zone 50% to 70%

RESULTS AND DISCUSSIONS

Bhastrika Pranayam^{5,6}

Sit in a comfortable meditation posture with the hands resting on the knees or gyan mudra.
Time: The best time to do the practice is early in the morning before sunrise.

Procedure

Bhastrika Pranayama is a breathing exercise in the practice of yoga. It involves deep and forceful inhalation and exhalation to energize the body and mind. Here is a step-by-step procedure for practicing Bhastrika Pranayama.

Preparation

Find a quiet and clean place to practice where you can sit comfortably in a cross-legged position on a yoga mat or cushion. Ensure that your spine is erect, and your body is relaxed.

Relaxation: Take a few moments to relax and calm your mind. You can close your eyes and focus on your breath, taking a few deep breaths to let go of any tension or distractions.

Deep inhalation: Begin Bhastrika Pranayama by taking a deep breath in through your nose, expanding your chest and filling your lungs completely. The inhalation should be forceful and energetic, but without straining. Your abdomen should also expand as you breathe in.

Forceful exhalation: Exhale forcefully through your nose, emptying your lungs completely. The exhalation should be quick and powerful, with a slight contraction of your abdominal muscles. Focus on pushing out the air from your lungs.

Rhythm and pace: Continue the pattern of deep inhalation and forceful exhalation, maintaining a steady rhythm and pace. The breaths should be rapid and continuous, but avoid hyperventilating or straining yourself. Start with a moderate speed and gradually increase it as you become more comfortable.

Repetitions: Practice Bhastrika Pranayama for a predetermined number of rounds or repetitions. Beginners can start with 10 rounds and gradually increase the number with regular practice.

Rest and observation: After completing the desired number of rounds, release the forceful breathing and return to normal breathing. Sit quietly for a few moments and observe the sensations in your body, noticing any changes in energy, warmth, or calmness.

Cooling breath: To balance the intense heating effect of Bhastrika Pranayama, you can end the practice with a

few rounds of gentle cooling breaths. Inhale slowly and deeply through your nose, and exhale slowly and completely through your mouth. Repeat this for a few breaths to restore a sense of calmness.

Shaman chikitsa: AgastyaHaritakirasayana 5 gm with warm water started after food twice a day for four weeks.

Treatment Follow up: BhastrikaPranayam was done daily in the morning time Empty Stomach for four weeks and Agastya haritkirasayana given 5gm twice a day with warm water after food for four weeks.

Assessment criteria: Assessment criteria before and after treatment was taken from which significant improvement were noted.^{7,8}

S.No.	Parameters	G0	G1	G2	G3
1	Breathlessness	Absent	Mildwhilewalking	Whileatrest-Prefer sitting	Whileatrest-Sits Upright
2	Wheeze	Absent	Moderate onlyatendofExpiration	Loud throughout Expiration	Loud throughout Inhalation&Expiration
3	Frequencyof Shwasavega	Absent	Symptoms lasting for<1hour	Symptoms lastingfor1-3hours	Symptomslasting formorethan1-3hour
4	Cough	Absent	After exercise	Continuous disturbwork	Continuous disturb Normalactivity
5	Sputum	Absent	Onlyinmorning	4-5timesaday	continuously
6	Chest Tightness	Absent	mild	moderate	severe
7	PulseRate	<80	80-100	100-120	>120
8	RespirationRate	18-23	24-30	31-40	>40
9	PeakExpiratory Flow Rate	>80%	70-80%	61-70	<60

The disease TamakaShwasa is predominantly caused by Pranavahasrotodusti and in its pathogenesis is Pratilomagati of vata plays an important role along with Srotorodha produced by kapha, vitiated kapha in the UrahaPradesha (chest region) causes the obstruction in the normal path of Vata (Prana), this further leads to Avaranajanyavataprakopa and Pratilomagati of vata which can be stated as kapha dominant pathogenesis of TamakaShwasa. Bhastrika pranayama also improves the capacity of the thoracic compartment by creating negative and positive pressures in the respiratory process and increases the expiratory as well as inspiratory muscle performance. Bhastrika Pranayama involves forceful and vigorous inhalation and exhalation, leading to increased oxygen intake. This oxygenates the blood and enhances the supply of oxygen to the body's cells and tissues, promoting overall vitality and energy. BhastrikaPranayam aims to balance and harmonize the flow of prana (life force energy) within the body. The rhythmic and vigorous breathing activates and moves prana throughout the subtle energy channels (nadis), promoting a balanced and harmonious state.

S.no	Parameters	Before Treatment	After Treatment
1	Breathlessness	2	1
2	Wheeze	2	0
3	Frequency of swasvega	2	0
4	Cough	1	0
5	Sputum	2	0
6	Chest Tightness	1	0
7	Pulse Rate	2	0
8	Respiratory rate	1	0
9	Peak Expiratory flow rate	1	0
10	Total Score	14	1

Agastyaharitiki was given 5gm twice a day with warm water after food for four weeks. The maximum content of Agastya haritki possess vata-kaphashamak property. During rasayana kala pathya- apathya was advised like to avoid curd, banana, diwaswapanna and all garishthadravabhojana during rasayanasevana kala. It was observed in the case, that patient get improvement in all its parameters. Total score before treatment is 15 and after treatment of four weeks score is only 1, So there is a significant improvement in all Parameters. During the course of treatment there was no complication appeared.

CONCLUSION

There are many treatment modalities for TamakaShwasa . Here an effort was made to show the effect of

BhastrikaPranayam and AgastayaHaritakirasayana on Tamakashwasa. In this case it is proved that BhastrikaPranayam followed by rasayana is goodline of treatment in Tamakashwasa.

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