CONCEPTUAL STUDY OF SHWAS IN CHILDRENS

Dr. Jaybhay Vikas Bharat*
BAMS M.D (Balrog), Asst. Professor, Department of Balarog, Tilak Ayurved Mahavidyalaya, Pune, Maharashtra.

*Corresponding Author: Dr. Jaybhay Vikas Bharat
BAMS M.D (Balrog), Asst. Professor, Department of Balarog, Tilak Ayurved Mahavidyalaya, Pune, Maharashtra.

ABSTRACT
Shwasroga 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. Shwasedescribed in Ayurveda is having its own importance. Children’s suffering from shwasroga become apathetic and come into the stage of restlessness. In comparison with modern pediatrics this notorious pediatric disorder has been emphasized much by Ayurvedic Acharya. There are five types of shwas. Shwas in which upward movement of vayu is increased, Shwas one of the major disease in which involvement of pranahasrotas, rasahasrotas is observed. Adhyashan (excessive eating), vishamashan (faulty eating), vishambh & shita (cold) food stuff, personal habits of patients such as divaswap (daytime sleeping) are responsible to vitiate kapha. Kaphaprakopak and vataprapakhetu(cause) are responsible for shwas. Shwas is most common disorder observed in pediatric age group. This gradually affects health in children’s.

INTRODUCTION: Shwasroga Shwas in which upward movement of vayu is increased.

Shwasroga described in Ayurveda is having its own importance. Clinically it is observed in every age group of the patients, but in pediatric age group this is commonest and can’t be ignored because it hampers growth and development of the child. Shwas is usually seen being associated with other diseases as symptom and sometimes it develops as an independent disease. Children suffering from shwasroga become apathetic & restless.

Shwasroga is described by all the authors of Ayurveda from both the corners curative as well as preventive. In comparison to modern pediatric this disorder has been emphasized much by Ayurvedic Acharya, but in present study our aim is to highlight Tamak Shwas, which is a common asthmatic disease. Tamakshwas is one of the specific form of shwasroga.

ETYMOLOGY OF TAMAK & SHWAS
The word shwas indicates one of the disease named as shwas. While it is also used as one of the symptom in various diseases such pandu(anemia), hridroga (heart diseases), etc.

The word shwasis masculine in gender. It has been mentioned that shwas is the basic word to which ‘Ghaya’ preposition is added (shabdakalpadrum part5). It is further explained in vachasaaptyam that shwas which confines the different vayavyapare (vachasaaptyam part6).

The word shwascan be used for many functions of vayu-rogabheda and shitotto (means that act of enumerating the sound) is also the meaning of the shwas. It confines us that it is one type of disease which is troublesome to the life of the patient. Exhalation and inhalation have been used for shwasuchhwasa while asthma is used for shwasa-kasa. Tamak is also masculine in gender as shwas. Charak has mentioned five types of shwas. According to vachasaaptyam the word tamak is derived as follows-

Tamak-Pu-Tasyatvam Tam Wa Wan
Shwas-Rog-Bheda-Tritisved
According to ShriTaranath ‘Tam’ is also a part of tamak. Tamak means a kind of ‘asthma’.

HISTORICAL BACKGROUND
Ayurveda the science of life has come forward to serve, the mankind, since the time, immemorial, which is nourished by different vedas. Some of the phenomenon’s describing Ayurveda are available in the references in vedas.

Prevedic period- During this period no single reference regarding shwasroga is available.
**Vedic period- Ayurveda is upanga of Atharveda. A chapter Pranavidyā has been mentioned in Atharveda. Atharveda described shwasrog treatment in details in fourth shukta of fifth kanda.**

Period of Upanishada- The word shwas used for respiration in Amanakopanishad (A-1/33). In Garudpuranadanof shwas has been described.

**SAMHITAKALA**

- AacharyaCharakhas described Hikka and Shwas disease together in the 17th chapter of chikitsasthana. Charak has mentioned two types of Tamak-shwas i.e. samtamanak and pratamak.
- AacharyaShushrut has described shwas in separate chapter in uttarsthana. He has given only one type of tamaks that is pratamak.
- Aacharya Vagbhatta has discussedhikka and shwas together.
- Harita has described shwas along with kasa. He opines thirteen types of pappryadh which are caused by papkarma. Shwasroga is one of them.
- In Ashtanghridaya detail description of shwas is available in fourth chapter of Nidan-sthana and principles of treatment elaborated in the chikitsasthana.
- In Ashtang Sangrahadiagnosis and treatment of shwas is explained in nidan and chikitsasthana respectively.
- In kashyapamhitashwasrog is not described but treatment is mentioned along with kasa.
- Madhavanidandescribed panch-nilanof shwasroga in hikkhwasnilanachapter.
- ChakrapanAyurved Dipikais very famous commentary on charaksamhita commentators by chakrapanidutta. Shwas is explained in seventeenth chapter of chikitsasthana. He has considered Audho-amasayas pitta sthana, which is the site of initiation of shwas.
- Vangasen has written chiksasara-sangrahreview of panchnidan andchikitsaof shwasroga is available in the twelfth chapter.
- Rasartnasamuchaya- In this samprapti(pathology) of shwasas been explained. In which amashay has been considered the main site of the pathology of shwas.
- In Sharangdharsamhithaphysiological phenomena of breathing is explained.
- Yogratnakar has described dietetic regimen for the patients suffering from shwas.
- Bhavprakashgiving detail description of shwasrog fourteen chapter.

Specific Shwas in pediatric age group is not discussed in samhitas but treatment of shwasin pediatric patients is explained.

**Hetu (etiological factors)**

Hetu are responsible factors to produce the any disease. Vitiated dosha and dashya are responsible to produce disease.

Some of the causes are related to the habits of the patients towards the food stuff, such as adhyashana, vishamashana, visthambhi and shita. Divasvapais a personal habit of the patients causing shwas. They are responsible to vitiate kapha, while some of them are vitiating vayu. Other causes are Nidanarthakararogasuch as kasa, panduare responsible to produce the shwas.

Adibalaapavririt(hereditary factor) is an important etiological factor causing Tamakshwas.

**Samprapti**

When the aggravated vayu along with kapha obstructs the channels of circulation and moves in different directions in the body, then the process of breathing gets obstructed, as a result of which shwasa is manifested (C.C.45).

**Types of shwas**

Shwasroga which is a serious ailment is characterized by breathlessness and therefore represents a single entity. It is however of five varieties namely Mahashwas, Urdhvaswahas, Chinnashwas, Kshudrashwas and Tamakshwas.

**Mahashwas**

In Mahashwas patient’s condition looks miserable raises his chest upward for expiration with loud sound. Due to obstruction patient takes deep breathing. He struggles day and night breath like mad bull. He loses the power of understanding and senses. His mouth and eyes remain open. He looks frustrated; he can’t pass urine and stool. The voice of patient becomes feeble. The breathing sound is so loud that it can be heard from a long distance. The patient of mahashwas succumbs to death quickly.

**Urdhvaswahas**

In urdhvashwasapatient feels difficulty to perform inspiration as the aggravated vayu along with kapha obstructs the channel of circulation. The expiration is prolonged, inspiration is short. Due to excruciating pain the patient becomes unconscious. Due to excessive ventilation mouth becomes dry. Eyeballs remains fixed upwards.

**Chinnashwas**

Characteristic of china shwas is interrupted breathing. Patient experiences pain at vital organs, because of this he becomes incapable to breathing. The patient suffers from sweating, fainting and anaha. His eyes remain open and one of his eyes become red, mouth becomes dry and the patient goes in the state of delirium. There
is discoloration of the complexion. The patient loses consciousness.

Kshudraswad
This type of shwas is produced due to aggravation of vayu in a small measure in the koshta. The aggravation of vayu takes place due to excessive work, intake of unctuous food. It is a very minor type of painful condition. It does not obstruct the normal passage of food and drinks.

Tamakshwas
Samprapti- Tamakshwas is type of shwas where vitiated kapha is responsible for the obstruction so that vayu is vitiated. Deranged kapha is responsible to vitiate the Pranavahsrotas, udanavahsrotas and annavahsrotas. The derangement of pranavahsrotas might be occurring due to 'vimargagamana' of vitiated kapha, i.e. vimargagaman of kapha from Amashaya to pranavahsrotas and produces the obstruction to normal function of prana and udanavayu.

Six stages of shatkriyakal of sushruta correlating with asthma of modern medicine.

1. Sanchayavastha
It is described as the initial stage of beginning of disease prolong exposure to nidana(etiological factors) causes accumulation of doshas at their own sites. In modern view single and first exposure to the allergen cannot induce asthma in a susceptible person but a prolonged exposure is required for production of antibody against the allergen.

2. Prakopavastha
In sanchayavastha if doshasare not controlled as well as person continue toexpose himself to etiological factors the doshaswill be further provoked leading to their maximum accumulation i.e. kapha in the urahac(chest) region. In correlation modern medicine says that sensitiation lymphoid tissues takes place due to prolonged exposure to the allergen, which results in the production of antibodies against the allergens specially the immunoglobulin’s of IgE type.

3. Prasaravastha
Preventive measures must be taken in sanchayaand prakopavastha in order to control doshas, otherwise doshas will be further provoked by nidan.

4. Sthanasanshraya
It is the condition where the circulating doshas settles down in the organ or srotas which has got least resistance power and start the mischief there.

In this stage the doshasexhibit certain prodromal features (purvarupa) the most common are frequent attacks of sneezing in the early morning, frequent and prolonged attacks of common cold characterized by running and choking of nose. In our day to day practice it is interesting to observe that most of the allergic asthmatic before having the first attack of asthma gives an old history of above complaints.

5. Vyakti
The precipitation of disease with all its cardinal clinical features is called vyakti.

Once most cells get sensitized more exposure to allergens causes the bridging of IgE molecules at the surface of mast cells resulting in their rupture and thus releasing chemical mediators of anaphylaxis in the system which in turn causes edema of mucus membrane as well as excessive secretion of mucous from the cells and bronchospasm. All the signs and symptoms of disease are seen in this stage.

6. BhedaAvastha
This is the stage of specific differentiation according to doshay types. Modern medicine states that recurrent attacks of asthma may develop emphysema and cor pulmonale.

Purva Rupa
Purvarupa is important symptom of a clinical manifestation by which pathological alarming conditions are signaled so that idea regarding probable disease can be achieved. At this stage we can administer particular line of treatment to avoid further manifestation of disease.

Rupa
Rupa is defined as the vyaktaavasthaof purvarupa. The different symptoms of vyaktaavasthaare called rupaof the disease.

DISCUSSION
There are five types of shwasexplained in samihita but Tamakshwas is commonly observed in childhood/pediatric age group.

Vitiated kapha and vayuvitiate the pranavahsrotas, Annavahsrotasand Udakvahsrotas. Vimargagaman of vitiated kapha i.e. vimargagaman to kapha from amashaya to pranavahsrotasand produce obstruction to normal function of prana and udanavayu. Anulomagatof vayu is obstructed by which a vitiation of vayutakes place. This vitiated vayuis having the key role of impair the pranavahsrotasleads to shwas.

Stomach, lungs and heart are interlinked together. Heart pumps oxygenated blood through aorta and it’s brought out body and collects the venous blood from superior and inferior vena cava. Mesenteric veins collects blood from intestine which is mixed with bhukta rasadigested juice) and sends it to liver and then to inferior vena cava through which it goes to heart. Pulmonary artery takes the venous blood to lungs where the transfusion O₂and CO₂takes place and
oxygenated blood returns to left atrium through pulmonary vein.

As these organs are interlinked the saum or dashikapha from aamashaya is carried to lungs making avalambakakaphasaam. This kapha blocks the srotas causes vataprkopa. Due to nidansevanvatavridhi is taking place which causes dryness, constriction and rigidity in pranvahasrotas. Due to agnimandya digestion procedure gets disturbed and also excretion of waste material does not takes place properly which causes apanvayupprakopa. The upward movements of apanavyu creates udana and pranavayupprakopa more prominent leading to tamakshwas. Thus the vayu which is obstructed by kapha (kleda) gets excited and spreads in the whole lungs; manifest the symptoms of shwasroga.

CONCLUSION
In pediatric age group Tamakshwas commonly get observed. Ayurveda described tamakshwas from both the corners curative as well as preventive. In comparison to modern pediatrics this pediatric disorder has been emphasized much by Ayurvedic Aacharya. It is one type of disease which is troublesome to the life of the patient. It hampers the growth and development, day by day activity and school performens of the child.

REFERENCES