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Emergency Management of Respiratory Distress (Tamak Shwasa) Shirgave R.

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ABSTRACT:

Ayurveda, the ancient system of medicine, emphasizes treating the root cause of diseases while maintaining the balance of body, mind, and spirit. Although the term “emergency” is not explicitly mentioned in classical Ayurvedic texts, the concept of *Atyayika Chikitsa* (urgent management) indicates the necessity of prompt and effective treatment in life-threatening conditions. Respiratory distress is one such critical condition characterized by difficulty in breathing, inadequate oxygenation, and potential threat to life if not managed immediately. From an Ayurvedic perspective, respiratory distress can be correlated with conditions involving aggravated *Vata* and *Kapha dosha*, which obstruct the normal functioning of *Pranavaha Srotas* (respiratory channels). The present review aims to study Ayurvedic principles of emergency management and to explore Ayurvedic interventions applicable in respiratory distress. For this purpose, literary materials were compiled and critically analyzed from classical Ayurvedic texts and related scholarly literature. The study focuses on understanding Ayurvedic therapeutic approaches including *Atyayika Chikitsa*, *Shodhana* and *Shamana Chikitsa*, use of herbal formulations, and supportive measures that help restore the normal function of the respiratory system. The discussion highlights that Ayurveda provides a holistic and supportive framework for managing respiratory emergencies by addressing underlying doshic imbalance and improving respiratory function. It can serve as a complementary approach alongside modern emergency care. Thus, it is concluded that Ayurvedic interventions may play a beneficial role in the supportive management of emergency conditions such as respiratory distress.

Key words: *Ayurveda*, *Atyayik chikitsa*, Emergency management, Respiratory distress, *Tamak shwasa*

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Introduction:

Ayurveda is an ancient science which deals with every aspect of human health. Ayurveda not only deals with treatment of disease but also have grate contribution in maintaining life standards in all aspects physical, mental, social, spiritual, health promotion and prevention. [1]

Respiratory distress syndrome is a critical breathing disorder affecting premature infants due to deficiency of lung surfactant, a substance that keeps air sacs from collapsing. Bronchial asthma is a chronic inflammatory disorder of the airways.

Shwasa is a disease of pranavaha strotas. The disease in which air moves upward is called shwasa. Here the word air supposed to mean breath. Shwasa is very serious disease. There are many disease that takes life but among them shwasa is the most leading disease in taking life. Tamak shwasa is a one of the type of shwasa vyadhi. It can correlate with asthma (dama). It is common disease and frequent shortness of breath is an important symptom of tamak shwas. [2]

As we know that there is various emergency treatment protocol in modern science but there are various emergency protocol available in Ayurveda also. Ayurveda offers a holistic approach to managing emergency such as respiratory distress. In tamak shwasa, there are various procedures that balances doshas, promote lifestyle and cure disease. Vamana, Virechana and dhuma are the Panchakarma procedures mentioned in Ayurveda for vegakalin tamak shwasa disease. These procedure balances doshas and promote health and prevent diseases. [3] So, in this review we understood the emergency management of respiratory distress in Ayurveda.

Aim and Objectives -**Aim -**

1. To study the emergency Ayurvedic management

OBJECTIVES -

1. To review the literature of respiratory distress.

2. To review the literature of *tamak shwasa vyadhi*.

3. To study the emergency Ayurvedic management of respiratory distress.

Material and Method -

For this review, literary material compiled, explored and analyzed in critical manner from Ayurvedic text, E- Journal, internet data and research paper etc.

Review of Literature -

Respiratory distress is a severe condition, at a time it is life threatening, progressive respiratory insufficiency which involves pulmonary tissues diffusely, acute respiratory distress syndrome exits in two forms such as neonatal and adult. It is clinically characterized by severe rapidly developing dyspnea and hypoxemia. [4]

Bronchial asthma is common disease of respiratory system. It occurs due to bronchospasm of smooth muscles in the wall of bronchioles. Patient has difficulty especially during expiration. It is accompanied by wheezing. [5]

Shwasa is a disease of pranavaha strotas. Tamak shwasa is a one of the type of shwasa vyadhi. It can correlate with asthma (dama). It is common disease and frequent shortness of breath is an important symptom of tamak shwas. The symptom of these disease is worsen during night time. There are two types such as *vegaavstha* and *avegaavstha*. In *vegaavstha* there is symptoms occur like entry of *tama pravesha*. *Tamak Shwas* is characterized by *pratiloma vayu* (reversed air movement) and *ghurghurta* (wheezing). [6]

Vamana, *Virechana* and *Dhuma* are the *Panchakarma* procedures mentioned in *Ayurveda* for vegakalin tamak shwasa disease. These procedure removes obstruction of kapha on the airway, gives proper direction to *vata* and balances the *pitta*.

In condition where *vata* and *kapha* vitiated, therapeutic measures should be directed toward facilitating the proper downward movement of *vata* i.e. *vatanuloman* and it eliminating accumulated *kapha* i.e. *sleshma shodhana*.

These measure alleviate dyspnea (*Shwasa*) and Cough (*kasa*), and focuses on regulating abnormal airflow dynamics (*vatanuloman*). *Dhumapana* (Medicated smoking) procedure facilitates liquefaction and expulsion of kapha from the airway. [7], [8]

Discussion:

Respiratory distress is condition which lead to life threatening and it can treat with *Ayurveda* with the help of various treatment protocol as *shaman*, *shodhana chikitsa* in which the *shaman chikitsa* includes various *ahar vihar vidhi* and *Aushdhi dravya chikitsa Panchakarma* according to respective *doshadusti* as the *Vamana*, *Virechana* and *dhupan* removes obstruction of kapha on the airway, gives proper direction to vata and balances the pitta. Classical Ayurvedic literature describes certain fundamental *Shaman Chikitsa* (palliative measures) implemented through regulation of *Ahara* (dietary modifications) and *Vihara* (lifestyle modifications), which are considered essential in stabilizing the patient during the *Vega Avastha* (acute exacerbation phase) of *Tamaka Shwasa*. These measures aim to pacify aggravated *Vata* and *Kapha doshas*, improve airway patency, enhance digestive and metabolic function (*Agni*), and prevent further progression of respiratory distress. Appropriate dietary interventions—such as the use of warm, light, easily digestible, *Kapha-Vata* alleviating foods—along with lifestyle adjustments including avoidance of cold exposure, dust, exertion, and suppression of natural urges, are described as supportive strategies to maintain physiological stability during acute episodes.

Thus, *Ahara-Vihara* based *shaman Chikitsa* serves as an important non-pharmacological therapeutic approach that contributes to symptomatic control and overall stabilization of patients experiencing acute attacks of *Tamaka shwasa* [9]

Charak samhita chikitsa sthan 17/147

This verse emphasizes the therapeutic principle that interventions possessing *Kapha-Vata* mitigating properties, thermogenic pharmacodynamics action (*Ushna Virya*), and carminative–prokinetic activity facilitating downward movement of *Vata* (*Vatanuloman* effect) are indicated in the treatment of respiratory distress disorders (*Shwasa*) and hiccup syndrome (*Hikka*). Even small therapeutic doshas (*Panamatra*) are considered clinically effective when aligned with these pharmacological attributes.

(*Charak samhita chikitsa sthan 17/57-58*) This verse describes orthopnea, a classical clinical feature of respiratory distress (*Shwasa Roga*), where in the patient prefers a sitting posture due to improvement in ventilator mechanics. Supine positioning aggravates dyspnea due to compromised diaphragmatic excursion and increased pulmonary congestion. [10]

In *Aushdhi dravya chikitsa* as : **Vasa** (*Adhatoda vasica*)[*Rasa – Tikt, Kashya, Guna – Laghu, Ruksha, Virya – shita, Vipaka – Katu, Prabhava – Raktapittahara, shwasahara*, Pharmacological correlation : Vasicine alkaloid, Bronchodilator, Expectorant, Anti-inflammatory, Emergency Use : *Vasa Swarasa + Madhu, Vasa Ghrita* (in sub-acute stage)], **Kantakari** (*Solanum xanthocarpum*), [*Dravyaguna, Rasa – Katu, Tikt, Guna – Laghu, Ruksha, Virya – Ushna, Vipaka – Katu, Karma – Kapha-Vatahara, swshaahara*, Action : Liquefies *Kapha*, Reduces bronchial inflammation, Mild Bronchodilator, Used in : *Dasamula kwath & Shwsakuthara Rasa*] **Puskarmula** (*Inula racemosa*), [*Dravyagun : Rasa – Tikt, Katu, Guna – Laghu, Virya – Ushna, Vipaka – Katu, Karma – Hradya, Shwasahara*, Pharmacological correlation : Anti-asthmatic, Coronary dilator, relieves chest tightness] **Shunthi** (*Zingiber officinale*), [*Rasa – Katu, Guna – Laghu, Snigdha, Virya – Ushna, Vipaka – Madhura* Role, *Amapācana, Kapha*

Vilayana, Improves Agni, Anti-inflammatory]^[11] *Rasaushdhis* like *Shwsakuthara ras*, *Kankasav*, *Darakshasav*, *Pimpalyasav*, *Kaphakuthar ras*, *Kasa kuthar ras*. Help to reduces all the symptoms of *shwas vyadhi* more effective in *Tamak shwas*.^[12]

This all approach reflects an individualized, stage-specific management protocol aimed not only at symptomatic relief but also at preventing recurrence by correcting the underlying pathophysiological imbalance. Such a framework provides a classical rationale for integrative management of bronchial asthma (*Tamak Shwas*) through Ayurvedic interventions.

Conclusion:

From all above interpretation of various literature we can conclude that, *Tamaka Shwasa* clinically comparable to bronchial asthma is described as a chronic, Vata-Kapha predominant disorder characterized by episodic dyspnea, wheezing, and orthopnea. With the different treatment protocols like *shaman* and *shodhana chikitsa* we can treat the emergency situations related with respiratory distress such as *tamak shwas* by eliminating aggravated *kapha* and giving proper direction to dusht *vata* through procedure which include in *shodhana* as *Vamana*, *Virechana*, in *Upkram* as *Dhupan*, and also by various *shaman chikitsa*

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