

Pharmacological Approach of *SwasaharaMahakasaya* in the Management of *Swasa* (Ayurvedic View)

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Abstract

The disease *Swasa* has been described vividly in the Ayurvedic classics. *Ayurveda* has given importance to it as a disease as well as a symptom. All the aspects, starting from the *nidan* to the *chikitsa* are well explained in *Charaka samhita*, *Chikitsasthan*, seventeenth chapter. The *chikitsa* has been dealt in two ways depending upon the *rogibala*. The patients having good built, that is, *balwana rogi* and having the predominance of *kapha dosha* should be treated with *shodhana chikitsa* and after that *shaman chikitsa* is to be done. In the patients of poor built, that is *durbalarogi* and having the predominance of *vata dosha*, they should be treated with *shaman* therapy, drugs having alleviated properties of *vata*. Also the children, females, very old persons are advised *shamana* therapy. Here, an attempt has been made to evaluate the pharmacological mode of action of *swasaharamahakasaya* in the management of the disease, *swasa*, as *shaman chikitsa*. The pharmacological study was done as far as possible by taking references from various Ayurvedic books. Later a co- relation was made among the properties of *swasaharamahakasaya* and the *chikitsasiddhanta* of *swasa* mentioned in *CharakaSamhita*. It was found that the relation could be well established. Details has been summarised in the paper.

Keywords

Swasa, SwasaharaMahakasaya, ShamanaChikitsa



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INTRODUCTION

The word *Swasa* means respiration both physiological and pathological. Looking into Sanskrit origin of the word; “*Swasa*” is derived from the root word “*Swasa jivane*” which means - existence of life through *Pranvayu*. It is a disease of the *pranavaha srotas*¹ and it is originated from *Pittasthan*². The disease is caused due to the aggravation of *kapha* and *vata* dosha. *Acharyas* have commented the *chikitsa* of the disease to be basically *doshapratyanik* that is *vata* and *kaphashamaka*. The *shaman chikitsa* is by the use of drugs which cause the alleviation of both the *doshas*. The *Swasahara Mahakasaya*³ described in the classics play an important role in the alleviation of the disease.

AIMS AND OBJECTIVES

To evaluate the Pharmacological Actions of *SwasaharaMahakasaya* in the management of *Swasa*.

MATERIALS

This article is based on a review of Ayurvedic texts. Materials related to *Swasa* and *SwasaharaMahakasaya* are collected to the utmost. References were taken from *Charaka Samhita*, *Sushruta Samhita*,

Astanga Hridaya along with the commentaries and textbooks of *Dravyaguna*.

DISCUSSION

The *Swasa* disease is caused by both *vata* and *kapha prakopaka ahar* and *vihar* along with *nidanaarthakara roga* which can be summarised as⁴

1. *Rajasadhuma* *vata* *vayam*
2. *Seetasthanambusevanat*
3. *Vyayama*, *gramyadharm*, *adhwa*
4. *Rukshaannasevana*
5. *Vishamasana*, *amapradosha*, *anaha*, *apatarpana*
6. *Jalaja*, *anupamamsasevana*
7. *Dadhi*, *amaksheerasevana*
8. Due to the consequences of diseases like *atisara*, *jwar*, *chardi*, *pratisyayetc*

Samprapti:

The *vayu* aggravated due to the above *nidana*, enters into the *pranavaha srotas* and itself becomes vitiated. It then stimulates the *kapha* in the *urah Pradesh* and obstructs the *pran vayu*⁵.

If *vata* associated with *kapha*, obstructs the *srotas*, it gets circulated all over the body, then being itself obstructed in the circulatory course, causes the disease

Swasa⁶.Astanga hridaya commented the srotas as prana, anna and udakavaha⁷

Chikitsasutra of Swasa:

Hitakara dravya- Dravyas should alleviate both vata and kapha and should be usna in nature. Vata anulomana medicines, drinks and food preparations should be used⁸.

Doshanusar chikitsa- Dravya which alleviate kapha and aggravate vata or which alleviate vata and aggravate kapha should be used. But only kapha or vatanashaka should not be used alone. Out of the two, the vata alleviation is the best⁹.

Brimhana and shaman chikitsa-In brimhana chikitsa, the possibilities of upadrava is less, that is, the strength of the patient is regained and treatment of the disease becomes sadhya. In shaman chikitsa also there are less chances of upadravas. So both these type of treatments should be advised¹⁰.

Swasahara Mahakasaya-The Swasahara Mahakasaya as given in Charaka Samhita are as follows-Sati, Pushkarmoola, Amlavetas, Ela, Hingu, Agar, Surasa, Tamalaki, Jivanti, Chanda.

Table 1 Rasa, Guna, Virya, Vipaka, Karma of Swasahara Mahakasaya

Name	Rasa	Guna	Virya	Vipaka	Karma
Sati ¹¹	katu, tikta, kasaya	laghu, tikshna	anushna	katu	kaphavataashamaka, grahi
Pushkar-moola ¹²	tikta, katu	Laghu, tikshna	usna	katu	kaphavatahara, deepana
Amlavetas ¹³	amla	Laghu, ruksha	usna	amla	kaphavatahara, pittala, deepana, bhedana
Ela ¹⁴	katu, madhura	Laghu, ruksha	usna	katu	kaphavatahara, deepana, rochana, sukrashaka
Hingu ¹⁵	katu	Laghu, snigdha, tikshna	usna	katu	kaphavatahara, pittavardhaka, pachana, anulomana, bhedana
Agar ¹⁶	Katu, tikta	Laghu, tikshna	usna	katu	vata-kaphahara, pittala, twachya, rasayana
Surasa ¹⁷	katu, tikta	Laghu, ruksha	usna	katu	kaphavatahara, pittavardhaka, deepana
Tamalaki ¹⁸	tikta, kasaya, madhura	guru, ruksha	seeta	madhura	kaphapittahara, vatahara, rechana
Jivanti ¹⁹	madhura	laghu, snigdha	seeta	madhura	tridosahara, rasayana, grahi, balya

Chanda- Description are hardly available in the Ayurvedic classics. So it is omitted from the study

*Table showing the pharmacological actions of the SwasaharaMahakasaya

RESULTS

From the table, it is observed that the drugs with common properties can be grouped under various headings as-

Drugs having *katurasa, katuvipaka and usnavirya-*

Pushkarmoola, Ela, Hingu, Agaru, Surasa,

Drugshaving *Katu rasa, Katuvipaka and Anusnavirya-Sati*

Drugspossessing *Tikta rasa- Sati, Pushkarmoola, Ela,*

Agaru, Surasa, Tamalaki

Drugs possessing *Kasaya rasa- Sati, Tamalaki*

Drugs possessing *Madhura rasa- Ela, Tamalaki, Jivanti*

Drugs possessing *Amla rasa and Amlavipaka- Amlavetasa*

Drugs possessing *Laghu guna- Sati, Pushkarmoola, Amlavetasa, Ela, Hingu, Agaru, Surasa, Jivanti*

Drugs possessing *Tikshna guna - Sati, Pushkarmoola, Hingu, Agaru*

Drugs possessing *Ruksha guna- Amlavetasa, Ela, Surasa, Tamalaki*

Drugs having *Seeta virya- Tamalaki, Jivanti*

Drugs having *Madhura vipaka- Tamalaki, Jivanti*

Drugs having *Snigdha guna- Jivanti, Hingu*

Kaphavatahara drugs- all the drugs

Rasa karya of Swasahara mahakasaya²⁰

Madhura- satmya to the *sareera*, increases all the *dhatu, ayushya, pitta marutaghna, balya, brimhana, snigdha, guru, seeta*

Amla-rochaka, agnidipak, vataanulomaka,

brimhayati, laghu, usna, snigdha

Katu- agnidipak, rochayati,

marganvivrinoti, snehswedamalaupahanti,

slesmashamayanti, laghu, usna, ruksha

Tikta-itself arochak but when taken acts as

aruchaghna, vishaghna, krimighna,

jwaraghna, dipaka, pachaka, pitta

slesmaupashoshaka, ruksha, seeta, laghu in

nature

Kasaya-samshamaka, sangraha, shoshaka,

stambhaka, sleshmarakta pitta prashamaka

Guna karya of the drugs of Swasahara mahakasaya²¹

Laghu- does the function of *langhana*

Ruksha- does the function of *shoshana*

Tiksna- does the function of *shodhana*

Usna- does the function of *swedana*

Seeta- does the function of *stambhana*

Vipaka karya²²

Katuvipaka- malamutrastambhaka,

vatavardhaka

Amlavipaka- pitta karak, mala mutrarechaka

Madhuravipaka- mala mutrapravartaka,

kapha karaka

Swasnashakagana from other *Samhitas*-
Vidarigandhadigana and
Dashamuladigana mentioned in *Sushruta*
Samhita are *vyadhi pratyanyika*. Both are
*swasanashaka gana*²³
Vidaryadigana and *Surasadigana* given in
Astanga Hridaya are also *swasanashaka*²⁴

CONCLUSION

From the above discussion, it can be concluded that all the properties of the *Swasahara Mahakasaya* acts against the pathology of the disease *Swasa*. Almost all are *vata kapha hara* and *vata* and *kapha* are the only aggravated *doshas*. Also due to *kapha vriddhi*, *agni* becomes *mandya*. It is seen that many of the drugs are *agnidipaka* and *pachaka*. The *Chikitsa Siddhanta* of *Swasa* implies to use the *Vata anulomaka* drug which is also present in the *Mahakasaya*. The *usna guna* drugs can produce *swedana*. Through *swedana*, the *srotas* become dilated and the *kapha* which

gets adhered in the *srotas* of the *urahsthana*, is melted and comes out through expectorant. There is also *Vayu anulomana* through *swedana*²⁵. The *katu rasa* drugs are *Srotashodhak* which helps to relieve the *Srotoabarodh*. For *Brimhana*, *kapha vardhak* drugs can be used and also the *rasayanas* can as well be applied.

Again it is also known that the result of a *karma* of a *dravya* depends upon its *guna*, *prabhava*, its *virya*, *karma*, *adhikarana*, *kala*, *upay*²⁶. Similarly the *swasahara mahakasaya* also depends upon the above factors. Thus, from all the above discussion, according to *Prakritisamasamavetasiddhanta*²⁷, it can be well established that the pharmacology of *Swasahara Mahakasaya* can be applied in the management of *Swasa*. Also, it can be commented that out of the five types of *Swasa*, the *Shamana Chikitsa* can be applied mostly to the *Tamaka Swasa* only, which can also be seen practically.

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