



## Review Article

### AN APPRAISAL ON NIDANA PANCHAKA OF SHWASA ROGA

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#### ABSTRACT

A detailed explanation on *Shwasa roga* can be traced in *Ayurveda* literature. This article is based on review on *Nidana panchaka* of *Shwasa roga* from Ayurvedic text such as *Charaka samhitha*, *Sushruta Samhita*, *Astanga Hrudaya*, *Astanga Sangraha* and *Madhava nidana* along with commentaries. *Shwasa roga* is characterized predominantly with difficulty in breathing. Majority of *Nidanas* are *Vata* and *Kapha janaka hetus*. These *Nidanas* causes *Kapha Prakopa* causing obstruction to movement of *Vata* resulting in *Shwasa kruchratha* manifesting as *Shwasa roga*. *Prana* and *Udakavaha srotas* are chiefly involved in pathogenesis. Manifestation of *Prana vayu vilomatva*, *Anaha* and *Parshwashoola* are important *Poorva roopa*. Five types of *Shwasa* may be clearly differentiated based on the following pathognomonic symptoms. *Urdhwa shwasa* manifest with *Deergha shwasana* and *Urdhwa dristi*. *Maha shwasa* presents with *Ucchai shwasananammattha hrushabha iva* and *Vivruthaksha*. *Chinna shwasa* presents with *Vicchinna shwasa* and *Vipluthaksha*. *Kshudra shwasa* presents with mild self limiting symptoms that do not interfere in daily activities. *Tamaka shwasa* presents with *Ghurghuraka shwasa*, *Muhu teevra vega shwasa*. Only *Tamaka* and *Kshudra shwasa* are curable or manageable, others are incurable. Hence *Upashaya* and *Anupashaya* are limited mainly to *Tamaka* and *Kshudra shwasa*. A detailed review of *Nidana panchaka* of above paves way for clear understanding of minute aspects connected to disease and aids in diagnosis and treatment with high precession.

**KEYWORDS:** *Nidana panchaka*, *Maha shwasa*, *Urdhwa shwasa*, *Chinna shwasa*, *Tamaka shwasa*, *Kshudra shwasa*.

#### INTRODUCTION

A detailed explanation on *Shwasa roga* can be traced in *Ayurveda* literature. *Shwasa roga* is mentioned to originate from *Pittasthana*<sup>(1)</sup> (abode of *Pitta*). A detailed review of *Nidana panchaka* (i.e., *Nidana*, *Purvarooopa*, *Roopa*, *Upashaya* and *Samprapthi*) paves way for clear understanding of minute aspects connected to disease thereby reflects natural history of the disease. This aids in diagnosis and treatment of a disease with high precession. Therefore in this article *Nidana panchaka* of *Shwasa roga* is reviewed from authoritative *Ayurveda* literature with rational approach to elucidate different attributes connected to *Shwasa roga*.

#### MATERIALS AND METHODS

This article is based on review on *Nidana panchaka* of *Shwasa roga* from Ayurvedic text such as *Charaka samhitha*, *Sushruta Samhita*, *Astanga Hrudaya*, *Astanga Sangraha* and *Madhava nidana* along with commentaries.

#### *Nidana panchaka* of *Shwasa roga*

*Nidana* mentioned by *Acharya Charaka*, *Acharya Shushruta* and *Acharya Vagbhata* in *Astanga Sangraha* and *Astanga Hrudaya* simulates each other.<sup>(2-5)</sup> Further in *Madhava nidana* view expressed by *Shushruta* is mentioned.<sup>(6)</sup> A detailed review on *Nidana* mentioned in *Bruhat trayee* shows that *Vata* and *Kapha dosha* play a pivotal role in pathogenesis of *Shwasa roga*. Hence the

*Nidanas* can be broadly classified as *Vata* and *Kapha janaka nidanas*.

*Vataja nidana* includes *Raja* or as commented by *Chakrapani rajo dhoolihi*<sup>(7)</sup> (Inhalation of dust), *Dhumavata* is commented by *Chakrapani* as *Dhumavath-nasadi praveshath karananm*<sup>(8)</sup> (Inhalation of fumes through nostrils etc), *Sheet-sthana-ambu-sevana* (inhabitation in cold places or indulgence in cool water). *Arunadatta* opines that indulgence in *Sheeta gunayukta aushadha aharadi*<sup>(9)</sup> (Intake of food items and medicines possessing cold qualities or cold in potency), *Vyayama* (exercise more than threshold), In this context *Dalhana* comments as *Dhanur-akarshanadi vyapara*<sup>(10)</sup> (strenuous physical exercise involving bending of bow etc), *Acharya Gangadhara* indicates *Asamyak sevana* (improper indulgence) in *Gramya dharma* (sexual indulgence) and *Adhva*<sup>(11)</sup> (Walking long distance) as *Nidana*. *Ruksha ahara sevana* (food items possessing dry quality), *Dalhana* illustrates the example of *Chanakadi*<sup>(12)</sup> (chick pea etc) for *Ruksha ahara*. *Vishamashana* (intake of less or more quantity of food at irregular intervals), *Ama pradoshath* (excessive accumulation of toxins), *Anaha* (abdominal dissention), *Apatharpana* (emaciating measures), *Madhukosha* opines *Anashanadi*<sup>(13)</sup> (refraining from food) and *Acharya Gangadhara* opines on it as *Langhanadi atiyogath*<sup>(14)</sup> (excessive indulgence in emaciating food and regimen). *Dourbalya* (general debility), *Marmaghata* (injury to the vital energy centers of the body), *Ati-shuddhi*

(excessive indulgence in *Panchakarma* procedures), *Atisara* (diarrhoea), *Jwara* (raise in body temperature), *Chardi* (vomiting), *Prathishyaya* (coryza), *Kshatha* (injury), *Kshaya* (decrease of bodily tissues), *Rakthapitta* (bleeding disorders), *Udavartha* (ascending movement of *Vata*), *Vishoochika*, *Alasaka* and *Pandu* (anaemia) are considered as *Vatajanaka nidanas* for *Shwasa*.

*Kapha dosha janaka Nidanas* of *Shwasa roga* includes *Nishpava* (flat pea), *Masha* (black gram), *Pinyaka* (residual part left after extraction of *Sneha* from seeds), *Tila taila* (sesamum oil), *Pishtha* (food prepared from rice flour), *Shalooka* (root or stalk of lotus), *Vistambhi* (food that causes constipation) like *Kareera* (bamboo shoot), *Vidahi* (substances that causes burning sensation) like *Maricha* (pepper), *Sarshapa* (mustard), *Madya* (alcoholic beverages) as mentioned by *Dalhana*. *Guru bhojana* (food which is heavy) either *Gunathaha* (qualitatively) or *Pakathaha* (heavy for digestion). *Jalaja mamsa* (meat of Aquatic animals), *Anoopa mamsa* (meat of animals inhabiting in marshy land), *Dadhi* (intake of curd), *Ama ksheera sevana* (intake of un-boiled milk), *Abhishyanda* (one which increases secretion) and *Dalhana* opines *Matsya* (fish), *Masha* (black gram), *Phanitha*<sup>(15)</sup> (half boiled sugarcane juice) etc to possess *Abhishyanda* property. *Shlemajanam cha sevanath* (all food items that causes increase of *Kapha Dosha*), *Kantorasaha pratheghatat* (injury to the throat and chest region). Along with above *nidana*, *Astanga sangraha* has added *Vamathu*<sup>(16)</sup> (vomiting) as *Nidana* of *Shwasa roga*. Apart from above *Nidanas* *Charaka* mentions *Visha*<sup>(17)</sup> (poison) as *Nidana* of *Shwasa roga*.

*Samprapthi* or Pathogenesis of *Shwasa roga* according to *Bruhatrayees*<sup>(18-21)</sup> can be traced as follows. *Shwasa roga* results due to *Vata Prakopa* in *Pranavaha srotas*. This is resulted due to *Ura-sthitha kapha* causing obstruction to *Gathi* of *Vata* leading to *Pranoparodha*. As a squeal it travels all over the *Pranavaha srotas* (respiratory system) manifesting with difficulty in breathing. *Tridoshas* are involved in the pathogenesis.<sup>(22)</sup> An analysis into the *Sthana* of manifestation of *Shwasa roga* and inference on possible *Doshas* involved shows, involvement of *Prana* and *Udana vata* in pathogenesis along with *Avalambaka kapha*, *Shleshaka kapha* and *Pachaka pitta*. *Dalhana* opines that *Vata* curbs its *Prakrutha guna* (natural qualities) and attains *Vigunata*<sup>(23)</sup> (attains abnormal qualities). *Dushyas* predominately involved are *Rasa* and *Raktha*.<sup>(24)</sup> *Jataragni* involvement and *Jataragni-janya ama* also forms part of *Samprapthi gataka* in *Shwasa roga*. *Arunadatta* considers *Shwasa* as *Amashaya samudhbhava vyadhi*<sup>(25)</sup> (originated from *Amashaya*). *Charaka* highlights the involvement of *Pranavaha* and *Udakavaha srotas*<sup>(26)</sup> in this disease. Further *Acharya Charaka* considers *Shwasa* as *Pitta-sthana-samudhbhava vyadhi*.<sup>(27)</sup> In this context *Chakrapani* comments *Pittasya urdhwa sthana sambhandha*.<sup>(28)</sup> This points towards the involvement of *Urdhwa Amashaya*. *Pranavaha srotas* is identified as *Sancharasthana*.<sup>(29)</sup>

*Poorvaroopa* (prodromal symptoms) of *Shwasa roga* includes *Anaha* (abdominal dissention), *Parshwa shoola* (pain in the flanks), *Hrudaya peedana* (a feeling of compression in cardiac region), *Prana vayu vilomathva*<sup>(30-33)</sup> (impairment in breathing at onset of *Shwasa roga*),

Commented by *Arunadatta* as *Shwasa nirgamanam tasya vilomatwam*<sup>(34)</sup>. Here *vilomata* refers to *Vipareethata*<sup>(35)</sup>, *Sushrutha*, *Madhava nidana* and *Astanaga hrudaya*<sup>(36-38)</sup> added *Shankha bheda* (headache), *Vaktra vairasya* or *Vadana vairasya* (tastelessness) as premonitory symptom. *Astanga hrudaya* added *hruth shoola*<sup>(39)</sup> (pain in cardiac region) and *Sushrutha* added *Bhakta dwesha* (aversion to food) and *Arathi*<sup>(40)</sup> (disinclination to food) among *Poorva roopa*.

*Shwasa roga* is classified into five subtypes by *Charaka*<sup>(41)</sup>, *Sushrutha*<sup>(42)</sup>, *Astanga hrudaya*<sup>(43)</sup>, *Astanga sangraha*<sup>(44)</sup> and *Madhava nidana*<sup>(45)</sup> as *Maha shwasa*, *Urdhwa shwasa*, *Chinna shwasa*, *Tamaka shwasa* and *Kshudra shwasa*. Their *Roopa* or *Lakshanas* (signs and symptoms) are enlisted as follows.

*Maha shwasa* is characterized by *Uddhoyamana vata* or according to *Chakrapani Urdhwa dhooyamana vata*<sup>(46)</sup> indicating *Vata* moving in upward direction. In this context *Arunadatta* comments on *Uddhoyamana* and *samrabdhaha* as *Uthkampamana* and *Sankshipthaha*<sup>(47)</sup> (constant upward movement of *vata*). *Ucchihai shwasathi* commented by *Chakrapani* as *Dheerghaihi shwasiti*<sup>(48)</sup> (prolonged expiration), *Mattha-rshabha ivanisham* commented by *Chakrapani* as *Atighoshavath*<sup>(49)</sup> (breathing sound is very loud, resembles that of intoxicated ox and can be heard from distance). *Samshabdaha dukhitho naraha* (painful expiration with loud sound), *Vivrutha-akshaha* (wide opened eyes), *Vibhrantha lochana* commented by *Madhukosha* as *chanchala netra*<sup>(50)</sup> (eye balls not fixed), *Visheerna vak* commented by *Chakrapani* as *Manda vachana*<sup>(51)</sup> (talks slowly with low tone), *Deenaha* (distressed), *Nis-samjna* commented by *Dalhana* as *Chethana rahitaha* (diminished level of consciousness), *Pransta vijnana* (looses awareness of self and environment), *Baddha varcha mootra* (constipation and urine retention), *Sushrutha* added *Parshwa shoola* (pain in flanks), *Shushka kanta* (dryness in throat region), *Atighosha*<sup>(52)</sup> (loud breath sound) among *Lakshanas*. *Astanga hrudaya* mentions *Sushka kanta* (dryness in throat region), *Muhu muhu karna-shankha-shiro-atiruk*<sup>(53)</sup> (frequent pain in ear, temporal region and head).

*Urdhwa shwasa lakshana* mentioned in *Bruhatrayee*<sup>(54-57)</sup> includes: *Deergham shwasiti yasturdhwam* commented by *Chakrapani* as *Shawasasya bahihi nirgamanasya deergha kalam karothi*<sup>(58)</sup> (takes prolonged time for expiration), *Na cha pratyharathyadaha*, *Chakrapani* opines as *Shawaso adho na nayathi* indicating Shallow inspiration. *Shleshmavvrutha mukha srotaha* points to *Pranavaha srotas* and oral cavity covered with mucus resulting in obstruction. *Kruddha gandhavahardithaha* (bad breath), *Urdhwa drustihi* (upward gaze), *Vibhranthaksha itastataha* (restless and confused look), *Pramuhyan vedanartha* (diminished consciousness), *Arathi peeditha* (suffers from disinclination towards food), *Shushkasya* (dryness of mouth), *Urdhwa shwasa prakupithe hi adhaha shwasa nirudhyathe* indicates Prolonged expiration/Short inspiration. Here patient cannot inhale air due to blockage resulted by mucus. *Sushrutha* added *Marmasu ayama* (splitting type of pain in cardiac region) as a *Lakshana* opined by *Dalhana* as *Trimarma Akrushyamaneshu*<sup>(59)</sup> (afflicts vital centers of the body),

Moodo commented by Dalhana as Nischesta<sup>(60)</sup> (loss of activities), Muhuh urdhwa prakshee commented by Dalhana as Anavaratham<sup>(61)</sup> (continuously), Urdhwa prekshee as Urdhwa preksana sheelaha (looks upwards), Hatharava commented by Dalhana as Hathaswanaha<sup>(62)</sup> to mean Loss of consciousness. Astanaga hrudaya added Niruddha vak commented by Arunadatta as Antaha pravista-vak<sup>(63)</sup> indicates inability to talk.

Chinna shwasa lakshanas are explained by Charaka<sup>(64)</sup>, Sushruta<sup>(65)</sup> and Astanaga<sup>(66, 67)</sup> as follows: Shwasithi vicchinam, Gangadhara opines as Sthitwa sthitwa shwasiti indicating intermittent breathing having long gap between inspiration and expiration. Na va shwasiti commented by Arunadatta as Shwasiti na nirantharam<sup>(68)</sup> points to inspiration and expiration does not take place continuously or breathing is diminished, Sarva pranena peedithaha (breaths with effort), Marma cheda rugardithaha (splitting type of pain in cardiac region) Chakrapani opines as Hrudaya chedana eva peeda<sup>(69)</sup> meaning splitting type of pain in cardiac region, Anaha (abdominal distention), Sweda (profuse sweating), Murcha (altered consciousness), Dahyamanena basti (burning sensation in bladder region), Viplutaksha Chakrapani identifies it as Chanchal netrata indicating anxious look. Pariksheena shwasan (breathing difficulty results in debility), Raktha lochana (redness of eye), Vichethah opined by Chakrapani as Udwigna chitthaha pointing to state of Anxiety. Parishushkasyatha (dryness of the mouth), Vivarna (altered complexion), Pralapa (irrelevant speech), Sushruta added Adhmana (abdominal fullness) and Ruja<sup>(70)</sup> (pain). Astanaga hrudaya added Nashta chaya (loss of complexion) and Vichethana<sup>(71)</sup> (loss of consciousness).

Tamaka shwasa lakshana according to Charaka<sup>(72)</sup>, Sushruta<sup>(73)</sup>, Astanga<sup>(74,75)</sup> includes: Peenasa (rhinitis), Shwasa (difficulty in breathing), Prathamayathi vegascha kasathe (patient is debilitated by cough during the attack of Shwasa), Ateeva theevra vegam-cha shwasa (increased respiratory rate), Gurghuraka (abnormal breath sound), Shwasa prana-prapedaka (an acute attack causing respiratory distress), Pramoham kasamanascha (patient faints, gets paroxysmal cough), Muhu shwasee (frequent breathing) Arunadatta opines as Punaha punaha shwasee<sup>(76)</sup> and Chakrapani comments as Kshanam kshanam shwasanam<sup>(77)</sup> (Frequent shallow breathing). Shleshmanam uchyamane dukhithaha, Vimokshanthe labhate sukham indicates patient becomes restless in absence of expectoration, but momentarily soon gets relieved on expectoration. Kanta udhwasana (hoarseness of voice), Kruchrath shaknothi bhashitum (talks with difficulty), Na-cha-api labhate nidra (disturbed sleep). Parshwe gruhnathi (catching type of pain in flanks), Aseeno labhate soukhyam (feels comfortable in sitting position), Ushnam chaiva-abhinandati (liking towards hot substances), Uchrithaksha (elevated eye balls), Lalata sweda (sweating on forehead), Vishushkasya (dryness of mouth due to pursed lip breathing).

Kshudra shwasa lakshanas are explained by Charaka<sup>(78)</sup>, Sushruta<sup>(79)</sup>, Astanga<sup>(80,81)</sup> as Rooksha and Ayasa udbhava (intake of un-unctuous food substances and exhaustion), Hinasti na sa gastrani na cha dukho yatha itare

(neither produces distress of body/body parts nor its painful), Na cha bhojana pananam nirunaddhi (it does not interfere with eating and drinking), Na indriyanam vyatha (not distressing to senses).

Upadrava is not mentioned in chapter of Shwasa. However, Shwasa as Upadrava is quoted in many diseases like Udara<sup>(82)</sup>, Raktapitta<sup>(83)</sup>, Prameha<sup>(84)</sup> etc.

Amongst five types of Shwasa, Kshudra shwasa is Sadhya<sup>(85)</sup> (curable), while Tamaka shwasa is Krichra sadhya<sup>(86)</sup> (difficult for management), Maha shwasa, Chinna shwasa and Urdhwa shwasa are Asadhya<sup>(87)</sup> (incurable).

Upashaya and Anupashaya is not separately explained in Shwasa chapter in Samhitas. Maha shwasa, Chinna shwasa and Urdhwa shwasa are Asadhya. Hence role of Upashaya and Anupashaya does not have significance. By analysis of Nidana and lakshana of Tamaka shwasa it may be inferred that Tamaka shwasa aggravates in supine position, exposure to cloud, mist and relieves on sitting and intake of hot comforts.<sup>(88)</sup> In general Vatakara and Kaphakara nidana acts as Anupashaya in Tamaka shwasa. Mention of Upashaya and Anupashaya for Kshudra shwasa is inconsequential as it is a mild condition and usually self limiting.

Vataja and Kaphaja nidanas mentioned for Shwasa roga, shows a specific inclination towards Tamaka shwasa as Maha shwasa, Urdhwa shawasa and Chinna shwasa are Asadhya. Kshudra shwasa gets cured by itself without specific medications. Hence Nidanas, Samprapthi and Chikitsa mentioned in the chapter of Shwasa roga can be dominantly attributed to Tamaka shwasa. Apart from Shwasa being Upadrava in different diseases, it can also present as Lakshana in diseases like Rajayakshama<sup>(89)</sup>, Arshas<sup>(90)</sup>, Pandu<sup>(91)</sup>, Kamala<sup>(92)</sup>, Udara<sup>(93)</sup> etc. Sushruta has mentioned Adhwa gamana<sup>(94)</sup> (walking long distances) as Swapnagatha arista (signs of impending death perceived by dreams) in Shwasa roga.

## DISCUSSION AND CONCLUSION

From the above description it is clear that Shwasa roga is characterized predominantly with difficulty in breathing. Majority of Nidanas are Vata and Kapha janaka hetus. These Nidanas causes Kapha Prakopa causing obstruction to movement of Vata resulting in Shwasa kruchratha manifesting as Shwasa roga. Prana and Udakavaha srotas are chiefly involved in pathogenesis. Manifestation of Prana vayu vilomatva, Anaha and Prashwashoola are important Poorva roopa. Five types of Shwasa may be clearly differentiated based on the following pathognomonic symptoms. Urdhwa shwasa manifest with Dheergha shwasana and Urdhwa dristi. Maha shwasa presenting with Ucchai shwasananam-mattha hrushabha iva and Vivruthaksha. Chinna shwasa presents with Vicchinna shwasa and Vipluthaksha. Kshudra shwasa presents with mild self limiting symptoms that do not interfere in daily activities. Tamaka shwasa presents with Gurgururaka shwasa, Muhu teevra vega shwasa. Only Tamaka and Kshudra shwasa are curable or manageable, others are incurable. Hence Upashaya and Anupashaya are limited mainly to Tamaka and Kshudra shwasa. Therefore, above study of Nidana panchaka helps in accurate understanding of aetiology, prodromal symptoms,

pathogenesis, signs, symptoms, aggravating factors, relieving factors, major outcome and prognosis of *Shwasa roga*. This will aid in specific, rationale, scientific, result oriented treatment and management planning in patients.

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