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 vaya vilomata, Anaha and Parshwashoole 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 shwasanammattha hrushabha iva and Vivruchaksha. Chinna shwasa presents with Vicchhina shwasa and Vipluthaksha. Kshudra shwasa presents with mild self limiting symptoms that do not interfere in daily activities. Tamaka shwasa presents with Ghurghuraka shwasana, 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 (abode of Pitta). A detailed review of Nidana panchaka (i.e., Nidana, Purvaroopa, 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 Shrushrta and Acharya Vagbhata in Astanga Sangraha and Astanga Hrudaya simulates each other. Further in Madhava nidana view expressed by Shrushrta is mentioned. 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 raja dhoolilihi (Inhalation of dust), Dhumavata is commented by Chakrapani as Dhumavath-nasadi praveshath karanann (Inhalation of fumes through nostrils etc), Sheet-shthana-ambu-sevana (inhabitation in cold places or indulgence in cool water). Arunadatta opines that indulgence in Sheet-a gunayukta aushadha aharadhi (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 vyaparar (strenuous physical exercise involving bending of bow etc), Acharya Gangadhara indicates Asamyak sevana (improper indulgence) in Grammar dharma (sexual indulgence) and Adhva (Walking long distance) as Nidana. Ruksha ahara sevana (food items possessing dry quality), Dalhana illustrates the example of Chanakadi (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 distention), Apatharpana (emaciating measures), Madhukosha opines Anashanadi (refraining from food) and Acharya Gangadhara opines on it as Langhanadi atiyogathy (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), Prathishhayya (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 dosh janaka Nidanas of Shwasa roga includes Nispava (flat pea), Masha (black gram), Pinyaka (residual part left after extraction of Sneh from seeds), Tika taila (sesamum oil), Pista (food prepared from rice flour), Shaloooka (root or stalk of lotus), Vistambhi (food that causes constipation) like Karerea (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 (high boiled sugarcane juice) etc to possess Abhishyanda property. Shlemajanam cha sevanath (all food items that causes increase of Kapha Dosha), Kantorasa pratheghat (injury to the throat and chest region). Along with above nidana, Astanga sangrahakara has added Vamathu (vomiting) as Nidana of Shwasa roga. Apart from above Nidanans Charaka mentions Visha (poison) as Nidana of Shwasa roga.

Samprathi or Pathogenesis of Shwasa roga according to Bruhatrayees (18-21) can be traced as follows. Shwasa roga results due to Vata Prakopa in Pranavaha srotas. This is resulted due to Ura-shithita kapha causing obstruction to Guthi of Vata leading to Pranoparodha. As a sequel it travels all over the Pranavaha srotas (respiratory system) manifesting with difficulty in breathing. Tridoshas are involved in the pathogenesis. 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 Vignuata (attains abnormal qualities). Dushyas predominantly involved are Rasa and Raktha. Jataragni and Jataragni-janya ama also forms part of Samprathi gataka in Shwasa roga. Arunadatta considers Shwasa as Amashaya samudhhabhava vyadhii (25) (originated from Amashaya). Charaka highlights the involvement of Pranavaha and Udakavaha srotas in this disease. Further Acharya Charaka considers Shwasa as Pittastha-samudhhabhava vyadhii. In this context Chakrapani comments Pittasvad udhvra sthana sambhandha. This points towards the involvement of Udhwra Amashaya. Pranavaha srotas is identified as Sanscharasthana.

Poorvaaropa (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 vilomatha (impairment in breathing at onset of Shwasa roga), Commented by Arunadatta as Shwasa nirgamanam tasya vilomatwam (34). Here vilomata refers to Vipareethata (35), Sushrutha, Madhava nidana and Astanaga hrudaya (36-38) added Shankha bheda (headache), Vaktra vairasya or Vadana vairasya (tastelessness) as premonitory symptom. Astanga hrudaya added hruth shoola (pain in cardiac region) and Sushrutha added Bhakta dvesha (aversion to food) and Arathi (40) (disinclination to food) among Poorva roopa.

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

Maha shwasa is characterized by Uddhoyamana vata or according to Chakrapani Urdhwa dhooyamana vata (46) indicating Vata moving in upward direction. In this context Arunadatta comments on Uddhoyamana and samradbhaha as Uthkampamana and Sankshipthaha (47) (constant upward movement of vata). Ucchaihi shwastah commented by Chakrapani as Dheerghaihi shwastah (48) (prolonged expiration), Mattha-rshaba ivanisham commented by Chakrapani as Atighoshavath (49) (breathing sound is very loud, resembles that of intoxicated ox and can be heard from distance), Samshabda dukhihoto haraha (painful expiration with loud sound), Vivrutha-aksaha (wide opened eyes), Vibhrantha lochana commented by Madhukosha as chanchala netro (50) (eye balls not fixed), Viscalpanavaka vam commented by Chakrapani as Manda vachana (51) (talks slowly with low tone), Deenaha (distressed), Nis-samjna commented by Dalhana as Chethana rahitha (diminished level of consciousness), Pransta vijjana (looses awareness of self and environment), Buddha varcha moora (constipation and urine retention). Sushrutha added Parshwa shoola (pain in flanks), Shushka kanta (dryness in throat region), Atigoshosha (52) (loud breath sound) among Lakshanas. Astanga hrudaya mentions Shushka kanta (dryness in throat region), Muhu muhu karna-shankha-shiro-atiruk (53) (frequent pain in ear, temporal region and head).

Urdhwa shwasa lakshana mentioned in Bruhatrayae (54-57) includes: Deergam shwastis yasturdhwam commented by Chakrapani as Shwasasya bahihi nirgamanaya deerga kalam karothe (58) (takes prolonged time for expiration), Na cha prathyarathayada, Chakrapani opines as Shwasadho adho na navayi indicating Shallow inspiration. Shleshmarutha mukha srotaha points to Pranavaha srotas and oral cavity covered with mucus resulting in obstruction. Kruddha gandhavhardtitha (bad breath), Urdhwa drustithi (upward gaze), Vibhranthakshha itastatatha (restless and confused look), Pramugyan vedanarth (diminished consciousness), Arathi peeditha (suffers from disinclination towards food), Shushkasya (dryness of mouth), Urdhwa shwasa prakupitthe 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 (49) (afflicts vital centers of the body),

IJAPR | September 2017 | Vol 5 | Issue 9 81
Moodo commented by Dalhana as Nischetasthah (loss of activities), Muhuh urdhwa prakshsee commented by Dalhana as Anavaratam (continuously), Urdhwa prakshsee as Urdhwa prakshana sheelaha (looks upwards), Hatharasa commented by Dalhana as Hathaswahanah (to mean Loss of consciousness. Astanaga hrudaya added Niruddha vak commented by Arunadatta as Antaha pravista-vak points inability to talk.

Chinna shwasa lakshanas are explained by Charaka, Sushruta and Astanaga as follows: Shwasiti vicchimam, Gangadhara opines as Shhita sthitwa shwasti indicating intermittent breathing having long gap between inspiration and expiration. Na va shwast commented by Arunadatta as Shwastas na nirantharam points to inspiration and expiration does not take place continuously or breathing is diminished, Sarva pranena peeditah (breaths with effort), Marma cheda rugardithaha (splitting type of pain in cardiac region) Chakrapani opines as Hrudaya chedana eva peeda meaning splitting type of pain in cardiac region, Anaha (abdominal distention), Sweda (profuse sweating), Murcha (altered consciousness), Dahanayanena basti (burning sensation in bladder region), Viplutaksha Chakrapani identifies it as Chanchal netrata indicating anxious look. Pariksheena shwasan (breathing difficulty results in debility), Raktha lohana (redness of eye), Vichethah opined by Chakrapani as Udhwigna chitithahaa pointing to state of Anxiety. Parishushkasyatha (dryness of the mouth), Vivarna (altered complexion), Pralapa (irrelevant speech), Sushrutah added Adhmana (abdominal fullness) and Ruya (pain). Astanaga hrudaya added Nashta chaaya (loss of consciousness) and Vichethahanah (loss of consciousness).

Tamaka shwasa lakshana according to Charaka 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-prapeedaka (an acute attack causing respiratory distress), Premoham kasamanascha (patient faints, gets paroxysmal cough), Muhu shwase (frequent breathing) Arunadatta opines as Punaha punaha shwase and Chakrapani comments as Kshanam kshanam shwasanam (frequent shallow breathing). Shleshnaman uchymane dukhitaha, Vimokshanthe labhate sukham indicates patient becomes restless in absence of espercption, but momentarily soon gets relieved on expectorated. Kanta udhaswana (hoarseness of voice), Krurchath shaknathi bhashitum (talks with difficulty), Na-chaa-api labhate nidra (disturbed sleep), Parshwe gruhnathai (catching type of pain in flanks), Aseeno labhate soukhayam (feels comfortable in sitting position), Ushnam chaiva-abhadinathi (liking towards hot substances), Uchritabha (elevated eye balls), Lalata sweda (sweating on forehead), Vishushkasya (dryness of mouth due to pursed lip breathing).

Kshudra shwasan are explained by Charaka, Sushruta, Astnaga as Rooksha and Ayusa uddhava (intake of un-uncust food substances and exhaustion), Hinasti na sa gatrima na cha dukho yathaa itare (neither produces distress of body/body parts nor its painful), Na cha khojana pananam nirunaddhi (it does not interfere with eating and drinking), Naa indrtyanam vyathaa (not distressing to senses).

Upadrava is not mentioned in chapter of Shwasa. However, Shwasa as Upadrava is quoted in many diseases like Udara, Raktapitta, Prameha etc.

Amongst five types of Shwasa, Kshudra shwasa is Sadvay (curable), while Tamaka shwasa is Krichra sadhay (difficult for management), Maha shwasa, Chinna shwasa and Urdhwa shwasa are Asadhyah (incurable).

Upashaya and Anupashaya is not separately explained in Shwasa chapter in Samhitas. Maha shwasa, Chinna shwasa and Urdhwa shwasa are Asadhyah. 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. 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.

Vatata and Kaphaja nidanas mentioned for Shwasa roga, shows a specific inclination towards Tamaka shwasa as Maha shwasa, Urdhwa shwasa and Chinna shwasa are Asadhyah. Kshudra shwasa gets cured by itself without specific medications. Hence Nidanas, Saprapruthi and Chiktita 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 Rajayaksha, Arshas, Pandu, Kamala and Udara. Sushrutha has mentioned Adhwa gamana (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 hetas. These Nidanas causes Kapha Prakopa causing obstruction to movement of Vata resulting in Shwasa krurchathha manifesting as Shwasa roga. Prana and Udakavaha srotas are chiefly involved in pathogenesis. Manifestation of Prana vayu vilomativa, Anaha and Prashwasthoolaa are important Poorna roopa. Five types of Shwasa may be clearly differentiated based on the following pathognomonic symptoms. Urdhwa shwasa manifest with Dheergha shwasan and Urdhwa dristi. Maha shwasa presenting with Ucchai shwasanam-matthaa 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 Gurghuraka 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,

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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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