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RESEARCH ARTICLE

GOLD STANDARD DIAGNOSTIC ANALYSIS AND MANAGEMENT OF SHWASA ROGA IN DIFFERENT PATHOLOGICAL CONDITIONS

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Abstract

Shwasa roga is multi-factorial respiratory diseases, with increasing global burden due to death and co morbidity. In India, due to increasing civilization and urbanization with poverty, as well as increasing medical expenses in a middle and lower class family, creating a mental and social pressure over the population. This study is analyzing a proper diagnosis and management of Shwasaroga in different pathological conditions and providing a cost specific Ayurvedic management in a very scientific and in very systemic way.

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Introduction:-

Shwasa roga is respiratory disorder which includes mild to severe symptoms of dysnea and cough which ultimately leads to death in severity of the diseases. This is having multi-factorial direct respiratory and extra-respiratory causes and risk factors. In present, the most of the respiratory illnesses are difficulty curable; some are palliative and other few rare and chronic disorders in their severity become incurable.

Due to the increasing environmental changes and faulty life style, the burden of respiratory diseases in form of asthma, is increasing in present population. WHO estimates show that 300 million people currently suffer from asthma. Asthma deaths will increase in the next 10 years if urgent action is not taken. [1] Increasing the respiratory illness burden and increasing poverty, and increasing patient's dependency on the medication, need to find out the reliable management of *Shwasa Roga*, which is cheaper in price and easily available to the all the patients.

Present study is looking in to account all those long standing difficulty curable causative factors and try to find out the simplest management protocol as mono-therapy (single formulation) or bi-therapy (dual formulation) to the *Shwasa roga*. Here we are discussing about most of the factors causing these respiratory illness and their management.

Material and Methods:-

Ayurvedic textbooks- *Charak samhita*, *Bhaisajya Ratnawali*, and Research papers.

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We tried to explore all the formulation from text book of *Bhaisajya Ratnawali*, *Charak Samhita* and already published research work in peer review journals, related to each causative factor of the *Shwasa roga* and their role in the management of *Shwasa roga*.

Results and Observation:-

There are so many factors which are responsible to cause dyspnea which are described in *Charak Samhita*. [2]

1. **Environmental factors:** Dust, smoke and wind, residing in cold place, use of cold water.
2. **Physical stress:** Excessive exercise, excessive sexual intercourse, excess walking,
3. **Food habits:** Intake of dry food, vishamashana (food in excessive or less quantity at irregular time)
4. **Various diseases and condition causing Shwasa Roga :** Accumulation of ama, anaha (constipation associated with flatulence), dryness in the body, excessive depletion (*aptarpana*), weakness, injury to *marmas* (vital points), rapid change in exposure to heat and cold, diarrhea, fever, vomiting, rhinitis, *kshata* (injury), *kshaya* (wasting), *raktapitta* (bleeding disorder), *udavarta* (upward movement of vata), *visuchika* (enteritis), *alasaka* (sluggish bowel), *pandu* (anemia) and intake of poisons can result in *hikka* and *shwasa*.

Quality of food:

Regular intake of *nishpava* (beans), *masha* (black gram), *pinyaka* (oil cake), *tila taila* (sesame oil), *pishta* (cakes and pastry), *shaluka* (lotus stem), *vishtambhi anna* (food aggravating vata), *vidahi* (food causing burning sensations), heavy to digest food, flesh of aquatic and marshy animals, curd, raw milk, *abhishyandi* (ingredients leading to obstruction of channels), food aggravating kapha

1. **Injury:** Injury to throat and chest.
2. **Others:** Various types of *vibandha* (obstructions)

According to the causative factors, various formulations are indicated for *Shwasa Roga* in *Bhaisajya Ratnawali* and *Charak Samhita*

SR. NO.	CAUSATIVE FACTORS	TREATMENT
RESPIRATORY CAUSE		
1.	Rajas/ dhoom yukta vayu	Sameerpannage rasa [3] Haridrakhanda [4] Shirishadi kwath compound nasal installation[5]
2.	Gramya dharm (excessive sexual intercourse)	Chyawan prash [6]
3.	Marma aghat (injury to vital organs)	Abharak bhasma [7]
4.	Dwandwa (rapid change in exposure to heat and cold,)	Sameerpannag rasa [8]
5.	Pratishayay (rhinitis)	Laxmivilas rasa [9]
6.	Kshata (injury) and kshat-ksheena	Vasaawaleha [10] Eladi gutika,[11] nagbala-rasayan, mulethi rasayan [12]
7.	Visha (poison intake)	Shishiradhrista [13]
8.	Kanth urash pratighatat (mechanical or pathological injury to the throat and chest)	Nagarjun abhra rasa [14] Vyaghri haritaki awaleha,[15]
9.	Kasa (bronchitis)	Adraka swaras 5-10 ml + Madhu [16] Chandramrit rasa 1 gm (without kajjali formulation) with pippali churna 1gm or adraka swarsa 5-10ml + Madhu 5-10 ml followed by vasa, kantkari, guduchi, nagarmotha bharangi kwath 60 ml [17]
10.	Rajyakshma (tuberculosis)	Vasa awaleha [18] Sitopladi churna [19] Talishadi churna [20] Lavangadi churna [21]

EXTRA-RESPIRATORY CAUSES		
GIT CAUSES		
11.	Amapradosha (indigestion)	Shankh vati no. 3[22]
12.	Anaha (distention of abdomen)	Hingwadi churna [23]
13.	Aptarpan (excessive emaciating works)	Vyoshadh saktu [24] Ashwagandha churna [25]
14.	Udavarta (Gastro-Eosophageal Reflux Disorder)	Dwi- uttar-Hingwadi churna [26]
15.	Visuchika (Acute Gastro-Enteritis)	Sankha vati [27]
16.	Alsaka (obstructive gastrum)	Ushna saindhavodak vaman followed by phala guda varti and deepan pachana by hingwastaka churna [28]
17.	Atisar (diarrhea)	Sootshekara rasa, [29] Panchmooli baladi kasaya [30]
18.	Amalpitta (Hyperacidity)	Sootshekhar rasa with madhu [31]
19.	Jalodara (Ascites)	Punarnavastak kwath or punarnavadi kwath [32] Jalodarari rasa 1 or 2 with takra [33] Pippali vardhman prayoga [34]
20.	Chhardi (vomiting)	Tamlaki swaras [35,36]
21.	Vibandha (obstructive bowel)	Lawanbhaskar churna [37] Vaishwanar churna, [38]
CARDIACCAUSES		
22.	Hrid roga (Cardiac disorder)	Dashmoola kwath + saidhav + yavakshar [39] Lawanbhaskar churna [40] Puskar moola churna + madhu [41] Chintamani rasa, Vishveshvar rasa Shankar vati, Kalyansundar rasa, Ratnakar rasa [42] Agatsya haritaki awaleha [43]
23.	Rakta gata vata (hypertensive disorder)	Nagarjun abhra rasa, vishveshwar rasa [44] Arjun ksheer paka [45]
24.	Urahstoya a/w raktasthivan/raktapitta (Pleural effusion associated with bleeding from lungs due to heart failure) Jwara janya varidosha (pleurisy)	Kalyan sundar rasa (with gold) baidyanath pharma [46] Sudarshana churna [47]
HEPATO-BILLIARY CAUSES		
25.	Kamla (jaundice)	Navayas lauha [48] Chandraprabha vati no. 2 (karpur yukta)with narikel jala [49] Shilajatu vatak [50]
URINARY CAUSES		
26.	Mutrakriccha (urinary tract infection)	Chandraprabha vati no. 2 (karpur yukta)with narikel jala [51]
HEMATOLOGICAL CAUSES		
27.	Raktapitta (coagulating disorder)	Aatrushaadi kwath (Vasa patra + Mridwika + Haritaki)=kwath with madhu [52] Vasa swaras + tallish churna + madhu [53] Eladi gutika [54] Vasa awaleha [55] Sitopladi churna according to sharangdhar [56] Kushmanda khand avaleha[57]
28.	Pandu roga (anemia)	Dhatri arista, [58] Lohasava [59] Shilajatu vatak [60]
INFECTIOUS CAUSES		

29.	Jwara (fever) With pleurisy	Sudarshana churna [61] kapha ketu rasa with ardraka swaras for nava jwara [62] Visham jwarantak lauha no. 1,2,3,4 [63] Trilokya-chintamani rasa by rasendra sara sangrah [64]
METABOLIC CAUSES		
30.	Kshya (dhatu kshya) loss of body tissues	Mrigank vati [65]
31.	Sthaulaya (Obesity)	Vyoshadi shaktu [66] Staulaya hari peya [67] Shilajeet with Agnimantha Kwath [68] Vidangadi lauha with milk [69] Navak guggulu [70]
32.	Madhumeha (diabetes)	Chandraprabha vati (with karpur) [71] Brihat Vangeshwar rasa no. 4 [72]
AUTO-IMMUNE CAUSES		
33.	Amavata (autoimmune disorder)	Singhnaad guggulu with punarnavadhrista [73] Singhnaad guggulu no. 1, & 2 [74] Shankar vati [75]
ENDO-CRINOLOGICAL CAUSES		
34.	Galagand (goitre)	Chandraprabha vati with kanchnar chhal kwath and gomutra [76] Kanchnaar guggulu [77]

Discussion:-

Here, we have discussed 34 causative factors causing the *Shwasa roga* as respiratory illness. All these factors cause the respiratory illness as *Shwasa roga* directly or indirectly. These indirect causes are due to other systemic disorders rather than the respiratory system as a symptom or as complication. So, we tried to evaluate the specific systemic disorder in relation to *Shwasa roga* and found some specific formulations which work for the management of particular diseases as well as for the management of *Shwasa roga*.

We have classified all these causes in to two categories respiratory and extra respiratory causes. All these cause have some specific mode of action to develop the *Shwasa roga* as a symptom. The direct respiratory causes affect the respiratory system due to some allergens present in the environment like dust, smoke, very cold and hot environmental changes, mechanical injury/ pathological injury by any contagious infection to the respiratory system, upper respiratory system pathology of nose and throat. All these causes develop either inflammation or mechanical blockage in the respiratory tract; cause the difficulty in gaseous transportation, increases the respiratory tissues injuries and ultimately the development of *Shwasa Roga*.

The other systemic illnesses also play an important in development of *Shwasa roga* as a symptom or as a complication. The GIT systemic illnesses play a very important role in development of *Shwasa* as a symptom or complication. As the *Aama* is main factor develop first in *Aamashya* (gastrointestinal tract) which causes the *Sanga* (*Marga-avarodha*) in *Anna-vaha-strotas* and leads to the *Vimag-gaman* of the *Dosha*. This *Vimag-gaman* leads to the increasing abdominal pressure over the diaphragm and make the respiration difficult.

Over or diminished cardiac activity both causes the diminished cardiac output, leading the reduce oxygen transportation of oxygen by blood, compensatory respiratory efforts increase, and which ultimately develops *Shwasa roga*.

Conclusion:-

After discussion, we can conclude, the only treating the *Shwasa roga* as a symptom is not beneficial in permanent management of the *Shwasa roga*. Analyzing the causes followed by deciding a particular drug can help to eliminate the risk factors and causes responsible for the development or prolongation of any diseases. This study will help to every scholars for the better understanding in the management of *Shwasa roga* and will help to add new formulation in respect of their causes.

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