

Ayurveda and the Understanding and Management of Respiratory Disease Part II: Svasa: The Understanding of Breathing Disorders and Asthma

Introduction

Disorders of the breath affect almost every human being at some time in their lifetime. Whether due to a common cold resulting in bronchitis or something more serious such as asthma or emphysema, the ability of people to simply breathe is not always as easy as it seems.

Ayurveda^{i[1]} refers to breathing disorders (dyspnea) as “swasa”. There are five basic types. They are characterized by the type of breath they create, rather than the doshic disturbances that create them. The five types are called: ksudra, tamaka, chinna, urdhva and mahan.

Descriptions

Ksudra svasa is the name for heavy breathing such as might occur after exercise. However, the condition can also arise from anything that taxes the respiratory system resulting in increased respiration, including heavy eating.

Tamaka svasa is the name for forceful respiration that leads to great distress. The condition is due primarily to kapha dosha vitiation and results in the eyes opening wide and gazing in an upward direction during an attack. The condition term is used synonymously with bronchial asthma. Ayurvedic folklore attributes Tamaka svasa to past life karma resulting from the indiscriminate killing of animals.

Chinna svasa is the name for interrupted breathing such as that which is seen in the terminal stages of illness. The term is used synonymously with “Cheyne – Stokes”, respiration which occurs somewhat near the time of death. When Chinna svasa occurs the eyes gaze downward and one eye often appears red. Chinna svasa often precedes the onset of coma.

Urdhva svasa is the name for prolonged expiration and an inability to inhale. Like tamaka svasa, patients eyes gaze upward and the eye balls may even roll back. Often times the mouth is covered with mucous. It should not be surprising that the patient is described as being in great fear. Urdhva svasa does not directly correlate with any one specific syndrome noted in the West.

Mahan svasa means “The Great Dyspnea” as this is the most serious of all breath disorders. The condition occurs shortly before death. The breath is described as being similar to a bull in heat. There is a sound which accompanies the breath which is high pitched. Patients with mahan svasa are usually delusional, their urine and feces are often obstructed, and death is impending.

Purva Rupa (Prodromal Symptoms)

Common purva rupa of svasa include chest, heart and flank pain, headaches, and gas.

Nidana (etiology) and Rupa (symptoms):

The presentation of Tamaka svasa (asthma) varies according to the doshic dominance of the condition. Vata type asthma is precipitated by physical or emotional stress along with a diet that is light, dry and cold. Vata type asthma presents with a dry cough following the asthmatic episode. There may also be accompanying weight loss which can be quite profound. Additional signs of vata vitiation may be present in any system of the body.

Kapha type asthma is the most common. The condition is precipitated by an excess of cold, heavy, moist foods, and over-eating. Attacks present with a moist, productive cough following an asthmatic episode. Mucous appears cloudy and white in color. Patients may be overweight and additional signs of kapha vitiation may present in any system of the body.

Pitta vitiation may combine with either a vata or kapha type asthma. Attacks are precipitated by exposure to allergens or microbes. Inflammation of the bronchial passages reduces airway patency. Coughing following an asthmatic attack may produce yellow or green mucous. Additional signs of pitta vitiation may be present in any system of the body.

Samprapti (pathogenesis)

The breath is disturbed when vata is obstructed by kapha. Vitiation is classically stated to occur in the pranavaha srota (respiratory system), the ambuvaha srota (water metabolism system) and the annavaha srota (stomach). Kapha is given the greatest role in the pathology. Vitiation of kapha results in obstruction to the movement of air in and out of the respiratory system. This condition has its origin in the stomach, the site of kledaka kapha. Hence, kapha accumulates and becomes aggravated in the stomach, overflows into circulation and relocates into the respiratory system where it obstructs the movement of vayu (air.)

Tamaka svasa, while classically dominated by kapha in the pathology also has a vata presentation. These patients present with weight loss and extreme sensitivities to the environment. These patients suffer not only from vata vitiation but from low ojas. Hence, vata accumulates and becomes aggravated in the purishavaha srota (large intestine) overflows to the rasa dhatu (plasma) and raktavaha srota (circulatory system) and relocates into the pranavaha srota (respiratory system)

Chikitsa (Treatment)

The classical management of tamaka svasa is the management of kapha dosha. Proper management requires an appreciation of the patients agni, ojas, and whether or not ama is present. Purification therapy should be performed in accordance with the patients strength. Following proper preparation, strong patients may undergo vamana, virechana, and niruha basti^[2] as well as nasya therapies. Agni can be improved with the use of dipana (pungent) herbs. These herbs alleviate kledaka kapha at the origin of the condition. Many pungent herbs also dry up excess mucous secretions in the pranavaha srota (respiratory system). Especially effective are cloves and black pepper.

Weak patients require either tonification or palliation therapies. Tonification is required for the weakest patients whose ojas is depleted or where there is significant weight loss. Patients with moderate strength may undergo palliation therapy. All patients benefit by following the principles of samsarjana karma following any kind of purification.

Yogic Techniques for Managing the Breath

The practice of pranayama purifies the nadi. Depending upon the type of pranayama performed, the flow of pranic energy may be increased or decreased in either one or more of the major nadi: ida, pingala, or sushumna nadi. While Ayurveda understands the role of pranayama in regards to prana, tejas, and ojas and their corresponding effects on the mind, relaxation along with conscious breathing of almost any type will improve the functioning of the respiratory system. Simple diaphragmatic breathing increases the volume of air moving through the lungs on inhalation and exhalation. Experience with pranayama and meditation enables patients to take some control over autonomic function, offering the patient an opportunity to relax and dilate the bronchial passages at the onset of an asthmatic episode. This may also benefit patients with additional breathing challenges such as chronic bronchitis.

Common Herbs For Easing the Breath

Herbs that enhance the flow of breath come in two major categories; expectorants and bronchodilators. Expectorants soften or liquify accumulated mucous making it easier to expel.

Bronchodilators expand the air passages allowing greater air flow. Bronchidilators are essential to the management of asthma and chronic bronchitis, which obstruct normal flow. Expectorants are beneficial for reducing mucous associated with colds and chronic bronchitis.

An important Indian herb in the management of kapha type respiratory complaints is Vasa (Adhatoda Vasica). Vasa is an important bronchodilator and expectorant, and has cool virya. Having a bitter and astringent rasa it is both rough and dry. These qualities make it best for pacifying pitta and kapha.

An additional herb of importance for those with vata type respiratory complaints is Bala (Sida Cordifolia). Bala is a respiratory tonic with a mild bronchodilating action. Bala has a sweet rasa, cool virya, and sweet vipaka. It has both oily and heavy qualities most suitable to vata. Bala has a multitude of additional actions making it one of the best rasayanas for people with a vata nature.

An important Chinese herb is Ma Huang (Ephedra Sinica, Ephedra Vulgaris). Ephedra is a strong bronchidilator and stimulant which dries up mucous secretions. It has a pungent, bitter and astringent rasa, warm virya, and pungent vipaka. In addition to dilating the bronchial passageways it is a potent vasoconstrictor and cardiac stimulant. Hence, care must be used in its administration to patients at risk of cardiovascular disease and stroke. Ma Huang is best for those with kapha type respiratory disorders.

An important American herb is Mullein (Verbascum Thapu). Mullein is an effective astringent, expectorant and anti-inflammatory reducing the intensity of all mucousy conditions and respiratory allergies. With a bitter and astringent rasa, cool virya, and pungent vipaka, it is best for conditions of pitta and kapha nature. However, with a secondary sedative action, it will only aggravate vata with long term use.

An important herb used in many parts of the world for kapha type respiratory conditions is Elecampane (Inula Helinum). Considered one of the best herbs for long term use, Elecampane is warming and dry and is an effective expectorant. Elecampane has the unique effect of strengthening respiratory tissue making them less susceptible to irritants of all kinds.

The common Indian spice, Long Pepper (Piper longum) is also important. With a pungent rasa, warm virya, and pungent vipaka, it is best for pacifying the kapha dosha. It also has a light, sharp, and surprisingly oily nature. Although best for kapha, it is also beneficial for pacifying vata. Long pepper is commonly used for preventing recurrent attacks of asthma. For this purpose, one peppercorn is taken on the first day of treatment. This is then followed each day for seven days by the administration of one additional peppercorn. (One peppercorn fills about two 00' capsules). Hence, by day seven, the patient is taking 14 capsules of peppercorn. The herbs are taken with hot water and the dose can be divided up during the day. This program continues for 6 more days as the patient reduces the dose by one peppercorn each day. Black pepper (Piper Nigrum) is less effective.

There are many additional beneficial herbs and spices to be considered by the practitioner. These include amalaki, ashwanganda, clove, cardamom and licorice.

Case Management

Management of asthma begins with the identification of the doshic disturbance. Proper management includes not only the direct care of the respiratory system but also the care of the digestive system as the digestive system is the physical root of the disorder. As many cases of asthma can be triggered by emotions, the care of the mind is equally important. As with all conditions, the patients lifestyle should be assessed and modified to reduce stress and bring about greater harmony. Lifestyle adjustments should address the patients interactions with the environment through all five of their senses. Because of the complexity of the condition and the lifestyle changes the patient is asked to make, it is important that the practitioner follow up with the patient on a regular basis to monitor progress, adjust herbal formulations, and support the patient on their journey to establish a healthier lifestyle.

Sadhyasadhyata (Prognosis)

Ksudra svasa is mild and is most often self limited. Tamaka svasa is more difficult to manage but correctable. Chinna, urdhva and mahan svasa are generally considered incurable by ordinary Ayurvedic methods. Hence, Ayurvedic health care focuses primarily on the management of tamaka svasa.

Dr. Marc Halpern is the founder and director of the California College of Ayurveda located in Nevada City, California. He is a nationally known lecturer on the subjects of Ayurveda and Yoga and has written numerous articles in newspapers and magazines.

Source URL: <http://www.ayurvedacollege.com/articles/drhalpern/clinical/respiratory/2>

Links:

[1] <http://www.ayurvedacollege.com/glossary/term/10>

[2] <http://www.ayurvedacollege.com/glossary/term/8>