

AYURVEDIC MANAGEMENT OF TAMAKASHWASA: A CASE STUDY

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ABSTRACT

Tamakashwasa is a chronic respiratory disorder involving dysfunction of *Pranavaha Srotas* and is clinically comparable to bronchial asthma. The present case study evaluates the effect of a comprehensive Ayurvedic treatment protocol in a 39-year-old male patient presenting with recurrent breathlessness, cough, wheezing, and seasonal exacerbations. The therapeutic approach included *Deepana-Pachana*, *Vatanulomana*, *Kapha-Shamana*, *Yoga Basti*, and *Vardhamana Pippali Rasayana*, administered over a period of 47 days. Clinical assessment was performed using graded symptom criteria before and after treatment. Marked improvement was observed in the frequency and severity of breathlessness, cough, wheezing, and sputum production, with complete symptomatic relief by the end of therapy. The outcomes suggest that a sequential *Ayurvedic* management strategy targeting doshic imbalance and

respiratory channel obstruction can provide effective and sustained clinical benefit in *Tamakashwasa*.

KEYWORDS: *Tamakashwasa*, Bronchial Asthma, *Pranavaha Srotas*, *Yoga Basti*, *Vardhamana Pippali Rasayana*.

INTRODUCTION

Bronchial asthma is a chronic inflammatory disorder of the airways characterized by airway hyper-responsiveness and reversible airflow obstruction. Clinically, it presents with recurrent

episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night or in the early morning.^[1] These symptoms are precipitated by various triggers such as allergens, dust, smoke, physical exertion, cold exposure, respiratory infections, and environmental pollution.^[2] Pathophysiologically, bronchial asthma involves inflammation mediated by mast cells, eosinophils, and T-lymphocytes, leading to bronchoconstriction and mucus hypersecretion.

The clinical features, etiological factors, and disease course of bronchial asthma closely resemble *Tamaka Shwasa*, a well-described disease entity under *Shwasa Roga* in *Ayurveda*. *Ayurveda* recognizes five types of *Shwasa* — *Kshudra*, *Tamaka*, *Chhinna*, *Maha*, and *Urdhva*, among which *Tamaka Shwasa* is the most comparable to bronchial asthma. It primarily affects the *Pranavaha Srotas* and is characterized by dyspnoea with prolonged and forcible expiration, wheezing (*ghurghuraka*), cough, chest tightness, difficulty in breathing while lying down, and relief in a sitting posture.

Etiological factors of *Tamaka Shwasa* include exposure to *Dhuma* (smoke), *Raja* (dust), *Ativyayama* (excessive exertion), *Sheeta Sthana Nivasa* (residing in cold regions), *Guru Bhojana* (heavy food), and *Sheeta Bhojana* (cold food and drinks).^[3] These causative factors lead to *Kapha* vitiation, which subsequently obstructs the normal movement of *Vata Dosha*, particularly *Prana Vata*, resulting in *Avarana* (occlusion) of *Vata* by *Kapha*. *Acharya Charaka* has described *Tamaka Shwasa* as a *Kapha-Vataja* disorder, originating from the *Pitta Sthana*, where aggravated *Vata* moving in a reverse direction (*Pratiloma Gati*) causes obstruction in the respiratory passages (*Margavarodha*).

The disease manifests with severe paroxysms of breathlessness, cough with scanty or difficult expectoration, hoarseness of voice, dryness of mouth, perspiration over the forehead, upward movement of eyes, and a sensation of darkness (*Tamaka*, meaning “feeling of darkness”). The symptoms worsen in cloudy weather, cold exposure, cold water, and *Kapha*-aggravating diet, while relief is experienced after expectoration, in sitting posture, and with intake of warm substances. In severe attacks, patients may experience fainting due to intense respiratory distress.

Acharya Charaka has classified *Tamaka Shwasa* as a *Yapya Vyadhi*, indicating a chronic condition that is manageable but not completely curable, especially in long-standing cases.^[4] However, newly manifested cases may be curable with appropriate treatment. Management

includes *Shodhana therapies* (such as Vamana and Virechana when indicated) and *Shamana therapies*, along with herbal and herbo-mineral formulations aimed at reducing *Kapha*, regulating *Vata*, clearing obstructed channels, and strengthening the respiratory system by *Rasayana* therapy.

In the present era of rapid industrialization, urbanization, and environmental pollution, the prevalence of respiratory disorders such as asthma has increased significantly. Therefore, maintaining respiratory health has become a major public health concern. *Ayurveda*, through its holistic understanding of *Tamaka Shwasa*, offers a comprehensive approach to prevention and management by addressing dietary habits, lifestyle factors, environmental exposure, and internal doshic imbalance, making it highly relevant in the modern context.

CASE PRESENTATION

HISTORY OF PRESENT ILLNESS

A 39 yr old male patient was apparently asymptomatic until 15 days ago, when he developed difficulty in breathing, cough with whitish expectoration since 15 days as chief complaints and runny nose, fever and general weakness as associated complaints since past 3 days. The symptoms were gradual in onset and progressive. The respiratory symptoms are recurrent in nature and occur seasonally (in rainy and winter season) and when exposed to dust/fumes since the past 7–8 years. The patient had consulted an allopathic physician 2 months ago and was diagnosed with Bronchial Asthma. However, the patient did not continue Allopathic treatment and has now presented to the Ayurvedic OPD for further management.

PAST HISTORY

K/C/O Bronchial Asthma since 2 months

H/O Umbilical Hernia 2 years ago

H/O Allergic Rhinitis since childhood.

PERSONAL HISTORY

By occupation patient is a Software Engineer and takes vegetarian diet.

FAMILY HISTORY

Maternal History : K/C/O DM, HTN

Paternal History : NAD.

SURGICAL HISTORY

Hernioplasty (2 yrs ago).

EXAMINATION**Table 1: Assessment of general condition of patient.**

Appetite	Good
Bowel	Regular
Micturation	Regular
Sleep	Regular

SYSTEMIC EXAMINATION

RS- B/L Wheeze +

CNS- consious and oriented

CVS- S1 S2 Normal

P/A- soft, non-tender

RESPIRATORY SYSTEM EXAMINATION

- **Inspection**

1. Respiratory rate – 18/min
2. Chest movements – symmetrical
3. Chest shape – Normal.

- **Palpation**

1. Chest expansion – equal and adequate bilaterally
2. Vocal fremitus – normal
3. No localized tenderness.

- **Percussion**

1. Resonant note heard over all lung fields
2. No areas of dullness or hyper-resonance.

Auscultation

1. B/L wheeze present.

ASTHAVIDHA PARIKSHA

- *Nadi* - 98/min
- *Mala* - 1/day, unsatisfactory, hard stool (occasionally)
- *Mutra* - 4-5times/day
- *Jivha* - Saama

- *Shabda* - Spashta
- *Sparsha* – Ushna
- *Druka* – Shwetabha
- *Akriti* – Madhyam.

DASHAVIDHA PARIKSHA

- *Prakruti* - *Kapha Pitta*
- *Vikruti* - *Prana Vata* and *Avalambaka Kapha*
- *Sara* - *Madhyam*
- *Samhanana* – *Madhyam*
- *Pramana* - **Height :- 167 cm Weight :- 59 kg BMI :- 21.2 kg/m²**
- *Satva* – *Madhyam*
- *Satmya*– *Madhyam*
- *Ahara shakti*– *Madhyam*
- *Vyayam shakti*– *Madhyam*
- *Vaya*– *Madhyam*.

INVESTIGATIONS

1. CBC – Hemoglobin :- 13.9 g/dl, Total Leucocytes: 7900 cumm, Platelet :- 386000 cumm
2. Blood Sugar Level (Random) :- 134 mg/dl
3. Erythrocyte Sedimentation Rate :- 42 mm at the end of 1 hr
4. Urine :- Pus cells : 2-3/hpF, Epithelial cells : occasional.

MATERIALS AND METHODS

Source of data

Patient suffering from *Tamaka Swasa* is selected from O.P.D of Seth Sakharam Nemchand Ayurveda Rugnalaya, Solapur. Opd No 1408.

Study Design: A single case study

TREATMENT PROTOCOL

Date	Treatment given		Outcome
	Internal Medicines	Panchakarma treatment	

<p>30/07/2025 (Day 1-8)</p>	<p>1. Vidanga churna - 500 mg Rasna churna - 500 mg Pippali churna - 500 mg Guduchi churna - 500 mg Triphala churna - 2 gm 2 gm BD with <i>Sharakara</i> and <i>Madhu</i> after food 2. Gandharva haritaki Choorna 2gms HS at night with warm water after food 3. Draksharishta 10 ml BD with ½ cup water after food 4. Laghumalinivasant rasa 2 BD before food 5. A flu ocil forte 1 TDS after food for 5 days</p>	<p>-</p>	<p>Jwara – upshaya 100% Sakapha Kasapravartan – 100 % upshaya Daurbalyanubhuti – 30 % upshaya Shwasankashtata – 10% upshay Shushka Kasa pravartan</p>
<p>12/08/2025 (Day 9-16)</p>	<p>1. Vidanga churna - 500 mg Rasna churna - 500 mg Pippali churna - 500 mg Guduchi churna - 500 mg Triphala churna - 2 gm 2 gm BD with <i>Sharakara</i> and <i>Madhu</i> after food 2. Gandharva haritaki Choorna 2gms HS at night with warm water after food 3. Kantakari Avaleha 10 ml OD after food 4. Syp. Adulsa 10 ml BD after food 5. Zeal lozenges chushanartha</p>	<p>Yoga basti Anuvasan Basti with Tila taila + Saindhav 60 ml Dashmoola Niruha Basti 420 ml For 8 days.</p>	<p>Shushka Kasa Pravartan– 60 % upshaya Daurbalyanubhuti – 30 % upshaya Shwasankashtata – 10% upshay</p>
<p>21/08/2025 (Day 16-23)</p>	<p>1. Vidanga churna - 500 mg Rasna churna - 500 mg Pippali churna - 500 mg Guduchi churna - 500 mg Triphala churna - 2 gm 2 gm BD with <i>Sharakara</i> and <i>Madhu</i> after food 2. Gandharva haritaki Choorna 2gms HS at night with warm water after food 3. Kantakari Avaleha 10 ml OD after food 4. Syp. Adulsa 10 ml BD after Food 5. Vardhamana Pippali Rasayan For 30 days starting from 3 pippali each day,</p>		<p>Shushka Kasa pravartan – 90 % upshaya Daurbalyanubhuti – 80 % upshaya Shwasankashtata – 90% upshay</p>

	<i>increasing till 10 one by one and then again decreasing till 3 pippali in churna form with Koshna Jala.</i>		
29/08/25 (Day 24-31)	<p>1. Sitopaladi churna 1 gm BD with Madhu after food</p> <p>2. Gandharva haritaki Choorna 2 gms HS at night with warm water after food</p> <p>3. Kantakari Avaleha 10 ml OD after food</p> <p>4. Syp. Adulsa 10 ml BD after Food</p> <p>5. Vardhamana Pippali Rasayan For 30 days starting from 3 pippali each day, increasing till 10 one by one and then again decreasing till 3 pippali in churna form with Koshna Jala.</p>		Shushka Kasa pravartan – 100 % upshaya Daurbalyanubhuti – 100 % upshaya Shwasankashtata – 95% upshay
6/9/25 (Day 32- 39)	<p>1. Sitopaladi churna 1 gm BD with Madhu after food</p> <p>2. Gandharva haritaki Choorna 2 gms HS at night with warm water after food</p> <p>3. Vardhamana Pippali Rasayan for 30 days starting from 3 pippali each day, increasing till 10 one by one and then again decreasing till pippali in churna form with Koshna Jala.</p>		Shwasankashtata 100 % upshay
19/9/25 (Day 40-47)	<p>1. Sitopaladi churna 1 gm BD with Madhu after food</p> <p>2. Gandharva haritaki Choorna 2 gms HS at night with warm water after food</p> <p>3. Swamala Compound 1 tsf OD in morning before breakfast</p>		No any complaints

ASSESSMENT CRITERIA

SYMPTOMS	GRADES				
	GRADE 0	GRADE 1	GRADE 2	GRADE 3	GRADE 4
Shwasa Vega (Frequency of difficulty in	No breathing difficulty	2-3 times in three weeks	2-3 times in two weeks	2-3 times in one week	Persistent

breathing)					
Kasa (Intensity of cough)	No coughing	Persistent cough with expectoration and relieving with expectoration	Persistent cough with occasional repetition with sputum expectoration	Persistent cough with fainting	-
Sashabda shwasa (wheeze/additional sounds in breathing)	Normal breathing sounds	Wheezing heard only on localized parts of chest with stethoscope	Wheezing heard on all parts of chest with stethoscope	Wheezing heard even without stethoscope	-
Kapha Nishtheevana (Colour and consistency of sputum)	No nishtheevana	Tanu swaccha nirgandha nishtheevana	Bahula pittabha durgandhi nishtheevana	Sarakta nishtheevana	Bahala harita puyasaha putigandhi nishtheevana

ASSESSMENT BEFORE AND AFTER TREATMENT

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
Shwasa Vega (Frequency of difficulty in breathing)	2-3 times in one week (grade 3)	No breathing difficulty (grade 0)
Kasa (Intensity of cough)	Persistent cough with expectoration and relieving with expectoration (grade 1)	No coughing (grade 0)
Sashabda shwasa (wheeze/additional sounds in breathing)	Wheezing heard only on localized parts of chest with stethoscope (grade 1)	Normal breathing sounds (grade 0)
Kapha Nishtheevana (Colour and consistency of sputum)	Tanu swaccha nirgandha nishtheevana (grade 1)	No nishtheevana (grade 0)

DISCUSSION

Tamakashwasa is a *Kapha-Vata* predominant disorder of *Pranavaha Strotas* characterized by *Avarana* of *Prana Vata* by vitiated *Kapha*, leading to obstruction of the respiratory channels and difficulty in breathing. In the present case, the patient presented with classical symptoms such as *Shwasa Vega*, persistent cough with expectoration, *Sashabda Shwasa* (bilateral wheeze), and *Tanu Swaccha Kapha Nishtheevana*. The seasonal aggravation during rainy and winter seasons, along with a history of allergic rhinitis since childhood and exposure to dust and fumes, indicates chronic *Kapha Dushti* with episodic *Vata* aggravation. *Dashavidha Pariksha* revealed *Kapha-Pitta Prakruti* with *Vikruti* involving *Prana Vata* and *Avalambaka*

Kapha, confirming the classical *Samprapti* of *Tamaka Shwasa*. The presence of *Saama Jivha* and occasional *Vibandha* suggested *Ama* and mild *Agnimandya*, which necessitated *Deepana-Pachana* and *Vatanulomana* before initiating *Rasayana* therapy.

The treatment protocol was planned in a stepwise manner beginning with *Ama Pachana* and *Kapha Shamana*, followed by *Vatanulomana*, *Srotoshodhana*, *Panchakarma* intervention, and finally *Rasayana* therapy for long-term respiratory strengthening. The combination of *Vidanga*, *Rasna*, *Pippali*, *Guduchi*, and *Triphala* acted as *Deepana-Pachana* and *Kapha-Vata Shamaka*. *Pippali*, being *Ushna* and *Tikshna*, reduces *Kapha* obstruction and enhances bioavailability of other drugs; modern studies demonstrate its bronchodilatory, anti-inflammatory, and immunomodulatory effects due to piperine. *Guduchi*, a well-known *Rasayana*, possesses anti-allergic and immunomodulatory properties, thereby reducing airway hypersensitivity. *Rasna* helped in alleviating *Vata-Kapha* mediated inflammation, while *Vidanga* acted as *Ama-pachaka* and *Srotoshodhaka*. *Triphala* contributed through antioxidant and mild detoxifying action, improving systemic inflammation and bowel regulation.

Gandharva Haritaki played a crucial role in correcting *Apana Vata* through mild *Anulomana*, thereby normalizing the direction of *Prana Vata*. Correction of bowel function has a significant impact on respiratory disorders through the gut-lung axis concept described in modern science. *Draksharishta* provided *Balya* effect, improved mucociliary clearance, and reduced throat irritation owing to its antioxidant and anti-inflammatory activity. *Laghmalinivasant Rasa* assisted in reducing inflammatory response and fever in the initial stage, preventing further *Kapha* aggravation.

Kantakari Avaleha and *Adulsa* syrup were central to symptomatic relief. *Kantakari*, described as *Shwasahara*, possesses *Kapha-Vata Shamak*, expectorant, and bronchodilatory properties. *Adhatoda vasica (Vasaka)* contains vasicine and vasicinone, which have proven bronchodilator, mucolytic, and anti-inflammatory activities.^[5] These formulations liquefied accumulated *Kapha*, facilitated expectoration, reduced bronchial spasm, and improved airway patency.^[6] *Yoga Basti (Anuvasana with Tila Taila and Dashmoola Niruha)* was administered to address systemic *Vata* imbalance. As *Basti* is considered *Ardha Chikitsa* for *Vata* disorders, it helped in regulating *Prana Vata* and reducing inflammation. *Dashmoola* possesses anti-inflammatory and anti-allergic properties that correlate with cytokine modulation in modern understanding.

Vardhamana Pippali Rasayana was introduced to provide sustained therapeutic benefit. Gradual increment and decrement dosing enhances *Agni*, reduces *Kapha* accumulation, strengthens *Pranavaha Strotas*, and improves *Vyadhikshamatva* (immunity). Modern pharmacological studies support its bronchodilatory, immunomodulatory, and anti-inflammatory properties. Significant reduction in *Shwasankashtata* was observed after *Rasayana* administration, indicating its role in preventing recurrence and enhancing pulmonary function.^[7] *Sitopaladi Churna* further supported *Kapha Shamana* and *Kasa-Shwasa Hara* effect through its mild bronchodilator and anti-allergic properties.^[8,9]

Clinically, there was marked improvement in all assessment parameters. *Shwasa Vega* reduced from grade 3 to grade 0, cough subsided completely, wheezing resolved, and *Kapha Nishtheevana* was absent after completion of therapy. The sequential approach of *Ama Pachana*, *Vatanulomana*, *Kapha Shamana*, *Panchakarma*, and *Rasayana* therapy effectively corrected the underlying *Samprapti* rather than providing only symptomatic relief. The absence of recurrence and complete remission of symptoms at the end of treatment indicates that early and appropriately planned *Ayurvedic* management can effectively control *Tamaka Shwasa*, even though it is described as a *Yapya Vyadhi* in chronic conditions.

CONCLUSION

The present single case study demonstrates that *Tamaka Shwasa*, correlated with Bronchial Asthma, can be effectively managed through a comprehensive *Ayurvedic* approach incorporating *Shamana*, *Panchakarma*, and *Rasayana* therapies.

The treatment protocol corrected *Kapha Avarana of Prana Vata*, improved *Agni*, cleared *Strotorodha*, and enhanced respiratory strength. Significant clinical improvement was observed in frequency of breathlessness, cough, wheezing, and sputum production without adverse effects.

Vardhamana Pippali Rasayana and *Yoga Basti* played a pivotal role in achieving sustained remission and preventing recurrence. The integrative action of *Deepana-Pachana*, *Vatanulomana*, *Kapha Shamana*, and *Rasayana* therapy highlights the holistic effectiveness of *Ayurveda* in chronic respiratory disorders.

Thus, *Ayurvedic* management provides a safe, cost-effective, and sustainable therapeutic option in *Tamaka Shwasa*, particularly in early and moderately chronic cases.

Further clinical studies with larger sample size are recommended to validate these findings.

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