

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF CHILDHOOD TAMAKA SHWASA – A REVIEW

Dr. Sahil Gawande*¹ Dr. Deshpande Sharvari Sunil*², Dr. Sudheer BR³

¹*Post Graduate Scholar, Dept. of PG Studies in Kaumarabhritya, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, India.

²Associate Professor, Dept. of PG Studies in Kaumarabhritya, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, India.

³HOD, Dept. of PG Studies in Kaumarabhritya, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, India.

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*Corresponding Author

Dr. Sahil Gawande

Post Graduate Scholar, Dept. of PG Studies in Kaumarabhritya, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, India.



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ABSTRACT

Asthma is one of the most prevalent chronic non-communicable respiratory disorders globally. It is marked by fluctuating airflow limitations leading to symptoms such as breathlessness and wheezing. Clinically, asthma presents as recurrent episodes of dyspnoea, chest tightness, wheeze, and cough—often worsening at night or in the early morning. The condition involves inflammatory cells such as mast cells, eosinophils, and T-lymphocytes. In *Ayurvedic* literature, asthma is correlated with *Tamaka Swasa*. *Ayurveda* describes five types of Swasa Roga: *Kshudra swasa*, *Tamaka swasa*, *Chhinna swasa*, *Maha Swasa*, and *Urdhava Swasa*. *Tamaka Swasa* is a disorder of the *Pranavaha Srotas* characterized by prolonged and difficult expiration, wheezing, and severe breathlessness that may be detrimental to life. It occurs when *Vata* moves in an abnormal direction, spreading through the respiratory channels, affecting the region of the head and neck, and aggravating *Kapha*. This aggravated *Kapha* leads to

Margavarodha (obstruction of the respiratory pathways), resulting in bronchoconstriction and impaired airflow.

KEYWORDS: *Chhinna swasa, Kshudra swasa, Swasa Roga, Tamaka Swasa, Maha Swasa, Urdhava swasa.*

INTRODUCTION

Ayurveda classifies five types of *Shwasa Roga*, of which *Tamaka Shwasa* is one. It is considered a *Swatantra Vyadhi*, meaning an independent disease entity with its own distinct etiology, pathophysiology, and management principles. *Tamaka Shwasa* is also referred to as a *Yapya Vyadhi*, indicating a chronic condition that is challenging to treat. Primarily, this disorder affects the *Pranavaha Srotas*, although other bodily channels may also be involved. In *Tamaka Shwasa*, *Vata* becomes aggravated from its normal state, often due to obstruction caused by the accumulation of *Kapha*.

From a modern perspective, bronchial asthma is a chronic inflammatory disorder of the lung airways, characterized by recurrent episodes of airflow limitation. In children, bronchial asthma is typically multifactorial, arising from a combination of genetic, environmental, and immunological factors.

According to *Acharya Charaka*, both *Vata and Kapha Doshas* are primarily responsible for the development of *Tamak Shwasa*, whereas *Sushruta* describes it as a disease mainly dominated by *Kapha*. In this condition, the *Prana Vayu*, one of the five types of *Sharir Vayu*, becomes disturbed, leading to impaired respiratory function.

The disorder is believed to originate from the *Pitta-sthana*, specifically the *Amashaya* (stomach), and involves the *Pranavaha, Udhkavaha, and Annavaha srotas*. When *Vata* is obstructed by aggravated *Kapha*, it reverses its natural flow, affecting the *Pranavaha Srotas* and producing characteristic respiratory symptoms.

Clinically, this manifests as *Shwasa Kricchta* (difficulty in breathing), *Kasa* (cough), *Ghurghurahat* (wheezing), and respiratory discomfort that worsens in the lying position but improves when the patient sits upright.

MATERIAL AND METHOD

“Relevant information was gathered from both classical *Ayurvedic* literature and contemporary textbooks.”

NEED OF STUDY

“Asthma is the most common chronic disease in children worldwide, affecting hundreds of millions, making the study of *Tamak Shwasa* (bronchial asthma) in children critically important for reducing its global non-communicable disease burden.”

“With WHO estimating that over 260 million people suffer from asthma globally, a deeper understanding of pediatric *Tamak Shwasa* is essential for early diagnosis, effective management, and improving long-term outcomes for children.”

NIDANA OF TAMAK SHWASA:

Charaka Samhita, in the 17th chapter of *Chikitsa Sthana*, provides an in-depth analysis of *Shwasa Roga*, outlining its causes, pathogenesis, clinical features, complications, and treatment approaches. The chapter specifically elaborates on the *Nidana* (causes), *Samprapti* (pathogenesis), *Lakshana* (symptoms), and types of *Tamak Shwasa*.^{[1][2][3]}

<i>Nidana</i>	<i>Factors</i>	<i>C.S</i>	<i>S.S</i>	<i>A.H</i>	<i>A.S</i>	<i>M.N</i>
<i>A. Aharaja</i>	<i>i. Vata Prakopaka</i>					
	<i>Rukshanna</i>	+	+	+	+	+
	<i>Vishamashana</i>	+	+	-	-	-
	<i>Adhyashana</i>	-	+	-	-	-
	<i>Samashana</i>	-	+	-	-	-
	<i>Sheetashana</i>	-	+	-	-	+
	<i>Sheetapana</i>	+	+	+	+	+
	<i>ii. Pitta Prakopaka</i>					
	<i>Tila Taila</i>	+	-	-	-	-
	<i>Vidahi</i>	+	+	-	-	+
	<i>Katu</i>	-	-	+	+	-
	<i>Ushna</i>	-	-	+	+	-
	<i>Amla</i>	-	-	+	+	-
	<i>iii. Kapha Prakopaka</i>					
	<i>Nishpava</i>	+	-	-	-	-
	<i>Masha</i>	+	+	-	-	+
	<i>Pishtanna</i>	+	-	-	-	-
	<i>Shaluka</i>	+	-	-	-	-
	<i>Gurudravya</i>	+	+	-	-	+
	<i>Jalaja Mamsa</i>	+	-	-	-	+
	<i>Anupa Mamsa</i>	+	-	-	-	-
	<i>Dadhi</i>	+	-	-	-	+
	<i>Abhishyandi</i>	+	+	+	+	+
	<i>Vishtambi</i>	+	+	-	-	+
<i>B. Viharaja</i>	<i>i. Vata Prakopaka</i>					
	<i>Raja</i>	+	+	+	+	+
	<i>Dhooma</i>	+	+	+	+	+

	<i>Prag vata</i>	+	+	+	+	+
	<i>Sheeta Sthana</i>	+	+	-	-	+
	<i>Sheeta Ambu</i>	+	+	+	+	-
	<i>Ativyayama</i>	+	+	+	+	+
	<i>Gramya Dharma/ Stree Sevana</i>	+	+	+	+	-
	<i>Apatarpana</i>	+	+	-	-	+
	<i>Kantha &Urah Pratighata</i>	+	-	-	-	-
	<i>Bharakarshita</i>	-	+	-	-	+
	<i>Adhwahata</i>	-	+	-	-	+
	<i>Vega nirodha</i>	-	+	+	+	+
	<i>Abhighata</i>	-	+	-	-	-
	<i>Marmabhigata</i>	-	-	+	+	-
	<i>ii. Pitta Prakopaka</i>					
	<i>Ushna Vayu</i>	-	+	-	-	+
	<i>iii. Kapha Prakopaka</i>					
	<i>Abhishyandi Upacara</i>	+	+	-	-	-

Vyadhi Avastha Sambandhi Nidana in Tamaka Swasa.

Sl. No	Nidana	C.S	S.S	A.S	A.H	Y.R ⁵⁵	B.P ⁵⁶	M.N
1.	<i>Pratishyaya</i>	+	+	-	-	-	-	-
2.	<i>Kasa</i>	-	+	+	+	+	-	-
3.	<i>Jwara</i>	+	-	+	+	+	+	+
4.	<i>Chardi</i>	+	-	+	+	+	-	-
5.	<i>Kshata Ksheena</i>	+	-	-	-	-	-	-
6.	<i>Atisara</i>	+	-	+	+	+	+	+
7.	<i>Visuchika</i>	+	-	-	-	-	-	-
8.	<i>Vibandha</i>	+	-	-	-	-	-	-
9.	<i>Dourbalya</i>	+	-	-	-	-	-	-
10.	<i>Udavarta</i>	+	-	-	-	-	-	-
11.	<i>Raktapitta</i>	+	-	-	-	-	-	-
12.	<i>Anaha</i>	+	-	-	-	-	-	-
13.	<i>Pandu</i>	+	-	+	+	+	-	-
14.	<i>Rukshata</i>	+	-	-	-	-	-	-
15.	<i>Apatarpana</i>	+	+	-	-	+	+	+

Agantu Nidana in Tamaka Swasa

Sl. No	Nidana	C.S	S.S	A.S	A.H	Y.R	B.P	M.N
1.	<i>Marmaghata</i>	+	+	+	+	+	-	-
2.	<i>Visha</i>	+	-	+	+	+	-	-
3.	<i>Kantorasa Pratighata</i>	+	-	-	-	-	-	-

RUPA

Rupa means signs and symptoms of the disease. It appears in the 5th *Kriyakala* i.e *Vyaktavastha* in which sign and symptoms of a disease are completely manifested. All the symptoms of *Tamaka Swasa* described in *Ayurvedic* texts are shown as per below

<i>Pranavaha Srotosambandhi Lakshana</i>	<i>C.S⁴</i>	<i>S.S⁵</i>	<i>A.S⁶</i>	<i>A.H⁷</i>	<i>Y.R⁸</i>	<i>B.P⁹</i>	<i>M.N¹⁰</i>
<i>Gurguruka</i> (Wheezing)	+	+	+	+	+	+	+
<i>Swasakrichrata</i> (Dyspnea)	+	+	+	+	+	+	+
<i>Kasa</i> (Cough)	+	+	+	+	+	+	+
<i>Prana Peedana</i> (Discomfort in chest)	+	-	+	+	+	+	+
<i>Peenasa/ Pratishyaya</i> (Coryza)	+	+	+	+	+	+	+
<i>Ateeva teevra Vegam cha Swasam</i> (Increased rate of respiration)	+	-	+	+	+	+	+
<i>Muhu Swasa</i> (Gets frequent attacks of dyspnea)	+	+	+	+	+	+	+
<i>Kantodhwansa</i> (Throat irritation)	+	-	+	+	+	+	+
<i>Pramoham Kasamanam Cha</i> (Fainting during excessive cough)	+	-	+	+	+	+	+
<i>Krichrat Shaknote bhashitam</i> (Difficulty in speaking)	+	-	-	-	+	+	+
<i>Shayanasya Swasa Peedita</i> (Dyspnea increases in lying down posture)	+	+	+	+	+	+	+
<i>Aseeno Labhate Sukham</i> (comfortable in sitting position)	+	+	+	+	+	+	+
<i>Parshwe Tasyavagrahnati</i> <i>Shayanasya Sameeranah</i> (Discomfort in sides of chest in lying down posture)	+	-	+	+	+	+	+
<i>Shleshmanam Amuchyamane Brusham</i> <i>Bhavathi Dukitha</i> (Distress increases when unable to expectorate)	+	+	+	+	+	+	+
<i>Tasyeva Vimokshante Muhurtham Labhate Sukham</i> (Gets relief after expectoration)	+	+	+	+	+	+	+
<i>Meghambusheeta Pragvatai</i> <i>Shleshmalaischa Abhivardhate</i> (Attacks gets aggravated during cloudy weather after consuming cold water, exposure to cold air, eastern wind)	+	-	+	+	+	+	+

SAMPRAPTI (PATHOGENESIS) OF TAMAKA SHWASA

Continuous exposure to causative factors (*Nidāna*).



Agni

Weak *Agni* leads to production of *Ama* (improperly processed metabolic waste)



Ama combines with and amplifies *Kledaka Kapha* → excessive mucus and fluidity in the system



This aggravated *Kapha* becomes easily excited (*Utkleśa*), especially in the respiratory tract.



Increased load on *Avalambaka Kapha* → heaviness and stagnation within the chest region



Thickened *Kapha* begins to obstruct the channels (*Kapha Saṅga*) of *Prāṇavaha Srotas*



The accumulated *Kapha* forms an *Avaraṇa* (functional blockage) around *Prāṇavāyu* → restricting its free movement



Due to this block, the respiratory pathways undergo *Srotorodha* (channel blockage), *Sotha* (inflammation), and *Sankocha* (narrowing/bronchial constriction)



Prāṇavāyu is forced to move in a reverse or obstructed direction (*Pratiloma Gati*)



Final manifestation of *Tamaka Shwāsa* → breathlessness, wheezing, difficulty in exhalation

SAMPRAPTI GHATAKAS

The *Samprapti Ghatakas* of *Tamaka swasa* are as listed below.

<i>Dosha</i>	<i>Vata</i> - <i>Prana Vayu</i> , <i>Udana Vayu</i> , <i>Vyana Vayu</i> <i>Pitta</i> - <i>Pachaka Pitta</i> <i>Kapha</i> - <i>Avalambaka Kapha</i> , <i>Kledaka Kapha</i>
<i>Dushya</i>	<i>Rasa</i>
<i>Agni</i>	<i>Jataragni</i> , <i>Rasadhatwagni</i>
<i>Ama</i>	<i>Jataragnijanya</i> , <i>Rasa Dhatwagnijanya</i>
<i>Srotas</i>	<i>Pranavaha Srotas</i> , <i>Udakavaha Srotas</i> , <i>Annavaha Srotas</i> , <i>Rasavaha Srotas</i>
<i>Srotodushti Prakara</i>	<i>Sanga</i> , <i>Vimargagamana</i> , <i>Atipravritti</i>
<i>Udbhava Sthana</i>	<i>Pitta Sthana</i> (<i>Adhoamasaya</i>)

<i>Sanchara Sthana</i>	<i>Urah, Kanta, Shiras/ Pranavaha srotas</i>
<i>Adhishtana</i>	<i>Uras</i>
<i>Vyakta Sthana</i>	<i>Uras</i>
<i>Roga Marga</i>	<i>Abhyantara</i>

REVIEW OF MODERN LITERATURE^[11]

Definition of Bronchial Asthma

Asthma is a chronic inflammatory condition of the lung airways resulting in episodic airflow obstruction.^[23]

Causes: Unknown but the following factors have been identified.

Allergens (e.g., house dust, perfumes, food, animal airts, mites), Environmental (e.g., change of weather, pollutants.), Gastro-esophageal reflux, Medicine (e.g., propranolol), Infections (viral or bacterial).^[12]

Signs and Symptoms: - Breathlessness, Wheezing, Cough, Exercise induced cough, Chest tightness, Sputum production.^[13]

TYPES OF ASTHMA

1. Atopic / Extrinsic / Early-Onset Asthma

- Seen in people with allergic tendency (IgE-mediated).
- Triggered by allergens, skin tests are usually positive.
- Airway inflammation is rich in eosinophils.
- Often associated with family or personal history of allergic diseases (rhinitis, urticaria, eczema).

2. Non-Atopic / Intrinsic / Late-Onset Asthma

- Usually starts later in life.
- Not caused by allergens; skin tests negative.
- No family history of allergy.
- Triggered by infections, irritants, stress, or non-immune mechanisms.

ASSESSMENT OF SEVERITY OF ASTHMA ACCORDING TO GINA GUIDELINES^[14]

GINA ASSESSMENT CRITERIA

	ABSENT (0)	MILD (1)	MODERATE (2)	SEVERE (3)
ALERTNESS	---	May be agitated	Usually agitated	Usually agitated
RESPIRATORY RATE	18-23/min	24-30/min	31-40/min	>40/min
PULSE	<80/min	80-100/min	100-120/min	-
WHEEZE	Absent	Moderate, often only end expiratory wheeze	Moderate loud throughout expiratory wheeze	Severe loud, inspiratory and expiratory wheeze
POSITION	All positions	Can lie down	Prefers sitting	Hunched forward
BREATHLESS	No breathlessness	Walking	Talking	At rest
SPUTUM	Absent	Only in morning	4-5 times/day	Continuously
TALKS IN	Sentences	Sentences	Phrases	Words
TIGHTNESS OF CHEST	Absent	Mild	Moderate	Severe
PEAK EXPIRATORY FLOW RATE (PEFR)	----	Over 80%	Approx. 60-80%	<60 %

DISCUSSION AND CONCLUSION

Tamaka Shwasa is primarily a disorder of the *Pranavaha Srotas*, although multiple *Srotas* may become disturbed during its progression. The vitiated *Kapha* creates an obstruction that disrupts the normal movement of *Vayu*, ultimately leading to respiratory distress. In *Ayurveda*, *Tamaka Shwasa* parallels modern bronchial asthma in its causative factors, pathology, and clinical picture.

Ayurvedic management focuses on correcting dosha imbalance, clearing obstruction, and enhancing host resistance through Panchakarma therapies, lifestyle regulation (including yoga), and *Rasayana* interventions.

- *Vamana* helps liquefy and expel thick, sticky bronchial secretions, effectively removing *Sama Kapha*.
- *Virechana* assists in eliminating contributing factors such as allergens, toxins, and residual *Sama Dosha*, thereby reducing triggers that aggravate the condition.

Clinical observations indicate that *Tamaka Shwasa* responds well to *Vamana* and *Virechana*, both of which help relieve symptoms like breathlessness and persistent cough. Herbal and herbo-mineral formulations used in this condition help thin bronchial secretions, promote expectoration, and pacify aggravated *Vata*, *Pitta*, and *Kapha doshas*.

The therapeutic action of these medicines is supported by their *Laghu and Tikshna gunas*, which counter the heavy, obstructive nature of *Kapha*, while *Ushna Virya* helps normalize deranged *Vata*. These formulations also improve *Agni*, addressing *Agnimandya* and enhancing digestion and metabolism.

By reducing cough, easing respiration, and restoring the patency of the *Pranavaha Srotas*, the medicines help correct *Srotodusti*—particularly *Sanga* (obstruction). Through their *Ushna* and *Swasahara* properties, these therapies effectively balance *Kapha* and support long-term management of *Tamaka Shwasa*.

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