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VEGAKALINA TAMAKA SHWASA W.S.R. TO MILD PERSISTENT BRONCHIAL ASTHMA – A CONCEPTUAL REVIEW

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ABSTRACT

Background: *Tamaka Shwasa*, one of the five types of *Shwasa Roga* described in Ayurveda, is a *Pranavaha Srotas* disorder dominated by *Pratiloma Vata* obstructed by *Kapha* and is widely correlated with bronchial asthma. Its course is paroxysmal — an episodic *Vega* (attack) phase alternating with an *Avega* (inter-paroxysmal) phase. The *Vegakalina* (attack-phase) presentation corresponds to the symptomatic / exacerbation state of asthma and, at sub-daily frequency with preserved lung function, aligns with mild persistent bronchial asthma. **Aim and objectives:** To review classical and contemporary literature on the *Vegakalina* (paroxysmal) phase of *Tamaka Shwasa* and to correlate its *Nidana*, *Samprapti*, *Lakshana* and *Chikitsa* with mild persistent bronchial asthma as defined by severity-based classification. **Materials and methods:** Classical treatises (*Charaka*, *Sushruta*, *Ashtanga Hridaya*, *Madhava Nidana*, *Bhavaprakasha*, *Yogaratnakara*) with commentaries, contemporary *Kayachikitsa* and *Swasthavritta* texts, standard medical texts and guideline documents, and peer-reviewed journal articles were reviewed and the relevant concepts compiled and analysed. **Observations:** The *Vegakalina* features — *Ghurghuraka*, *Pratamyati*, *Shayane vriddhi* (orthopnoea), *Kasa* with *Kapha-nishthivana* relief and *Ushna-abhinandana* — map closely

onto the cardinal features of an asthma exacerbation. Management in the *Vega* phase is directed at *Kapha-srotoavarodha* and *Vata-anulomana* (*Shamana* with mild *Snehana–Swedana*), reserving *Vamana* and *Rasayana* for the *Avega* phase. **Conclusion:** *Vegakalina Tamaka Shwasa* corresponds to the symptomatic phase of bronchial asthma and, at mild persistent severity, to recurrent but sub-daily paroxysms with preserved function. Phase-specific Ayurvedic management offers a rational, safe and economical framework; prospective controlled studies with spirometric endpoints are warranted.

KEYWORDS: *Tamaka Shwasa, Vegavastha, Vegakalina Chikitsa,* Bronchial asthma, Mild persistent asthma, *Pranavaha Srotas, Shwasa Roga*.

INTRODUCTION

Shwasa Roga is a disorder of the *Pranavaha Srotas*. *Acharya Charaka* describes five varieties — *Kshudra*, *Tamaka*, *Chhinna*, *Maha* and *Urdhva Shwasa* — of which *Maha*, *Urdhva* and *Chhinna Shwasa* are *Asadhya*, *Kshudra Shwasa* is *Sadhya*, and *Tamaka Shwasa* is *Yapya*.[1,4] The disease takes its name from *Tamas*: during the paroxysm the patient feels as though entering darkness (*Tama-pravesha*, *Pratamyati*).[1]

Tamaka Shwasa is dominated by *Pratiloma Vata* obstructed by *Kapha* in the *Pranavaha Srotas* and is *Pittasthana-samudbhava* (originating from the *Amashaya*).[1,2] Clinically it runs a paroxysmal course — a *Vega* (acute attack) of severe dyspnoea alternating with an *Avega* phase of relative freedom. Classical management is accordingly divided into *Vegakalina* (during the attack) and *Avegakalina* (between attacks) *Chikitsa*.[7]

The closest biomedical correlate is bronchial asthma — a chronic inflammatory airway disorder with reversible airflow obstruction, bronchial hyper-responsiveness and bronchospasm — graded by severity as intermittent, mild persistent, moderate persistent and severe persistent.[8,9] Globally asthma affected an estimated 262 million people in 2019 and caused about 455,000 deaths, the majority in low- and middle-income countries.[11] Against this burden, the present review compiles the classical understanding of the *Vegakalina* phase of *Tamaka Shwasa* and correlates it with mild persistent bronchial asthma, so as to clarify phase-specific diagnosis and management.

MATERIALS AND METHODS

This is a conceptual, literature-based review. No human or animal subjects were involved.

Classical sources. *Charaka Samhita* (*Chikitsa Sthana* 17, *Hikka-Shwasa Chikitsa*), *Sushruta Samhita* (*Uttara Tantra* 51), *Ashtanga Hridaya* (*Nidana Sthana* 4; *Chikitsa Sthana* 4), *Madhava Nidana* (*Shwasa-Hikka Nidana*), *Bhavaprakasha* and *Yogaratnakara*, with available Sanskrit–Hindi commentaries.[1,2,3,4,5,6]

Contemporary sources. Standard *Kayachikitsa* and *Swasthavritta* texts; *Davidson's Principles and Practice of Medicine* and the *API Textbook of Medicine* for the biomedical account; the Global Initiative for Asthma (GINA) report and the WHO fact sheet for definition and severity grading; and peer-reviewed journal articles retrieved from indexed databases.[7,8,9,10,11]

Method of review. References to *Tamaka Shwasa* and to its *Vega* / *Avega* phases were collected and organised under *Nidana*, *Samprapti*, *Lakshana*, *Chikitsa* and *Pathya–Apathya*, then analysed against the severity-based framework of bronchial asthma, with emphasis on the *Vegakalina* (paroxysmal) phase and its correlation with mild persistent asthma.

Review of Literature and Observations

Nirukti and definition

Tamaka Shwasa is derived from *Tamas* (darkness). During the paroxysm the patient is distressed as though entering darkness (*Pratamyati*), obtains relief on expectoration of *Kapha*, is worse on lying down and better sitting upright, and longs for warmth — features that define the disease and distinguish it from the other *Shwasa* varieties.[1,2]

Concept of Vega and the Vegakalina Avastha

Vega denotes the acute paroxysm. In the *Vegavastha* (= *Vegakalina*, the attack phase) aggravated *Kapha* obstructs the *Pranavaha Srotas* and *Prana Vayu* moves in *Pratiloma gati*, producing acute *Shwasa-krichrata*; management aims to clear the *Srotoavarodha* and restore *Vata-anulomana* and so stabilise the patient. In the *Avegavastha* (*Avegakalina*, between attacks) therapy is directed at *Bala*, *Vyadhikshamatva* and *Rasayana* to prevent recurrence.[7] Two variants are described: *Pratamaka* (with *Pitta-anubandha*, attended by *Jwara* and *Murchha*) and *Santamaka* (aggravated by *Udavarta* and *Vegavarodha*, relieved by cold).[1]

Nidana (Etiology)

Nidana are broadly *Bahya* (extrinsic — *Raja*, *Dhuma*, *Sheeta Vata*, allergens) and *Abhyantara* (intrinsic — *Vata-Kapha prakopa*, *Agnimandya*), and may be grouped as

below.[3,1]

Category	Nidana
Aharaja	*Guru*, *Abhishyandi*, *Vidahi* and *Sheeta Ahara*; *Vishamashana*; *Dadhi*, *Masha*, *Ikshu-vikara*; excess *Sheeta Jala*
Viharaja	*Raja* (dust), *Dhuma* (smoke), *Sheeta sthana / jala / vata*, *Ati-vyayama*, *Adhwa-gamana*, *Bhara-harana*, *Vegadharana*, *Marmabhighata*
Manasika	*Chinta*, *Shoka*, *Bhaya*, *Krodha* (anxiety, stress)
Anya	*Ama*, *Pratishyaya-purvaka*, *Dhatu-kshaya*, *Pandu*; as *Upadrava* of *Chhardi* and *Atisara*

Samprapti (Pathogenesis)

Nidana sevana produces *Jatharagni-mandya* with *Vata-Kapha prakopa*. The vitiated *Kapha*, arising from the *Pittasthana* (*Amashaya*), lodges in and obstructs the *Pranavaha Srotas*; the obstructed *Prana* and *Udana Vayu* assume *Pratiloma gati* and *Vimargagamana*, giving rise to *Shwasa-krichrata* — the *Vega* of *Tamaka Shwasa*.[1,2] The *Sanga* (obstruction) and *Vimargagamana* correspond to mucus plugging with bronchoconstriction and to the laboured, prolonged expiration of an asthma attack.[7]

Samprapti Ghataka	Vivarana
Dosha	*Vata* (*Prana*, *Udana*, *Vyana*) pradhana; *Kapha* (*Avalambaka*, *Kledaka*) *anubandha*; *Pitta* in *Pratamaka*
Dushya	*Rasa*
Agni	*Jatharagni-mandya*; *Rasa-dhatvagni-mandya*
Ama	*Jatharagni-* and *Rasa-dhatvagni-janya Ama*
Srotas	*Pranavaha* (pradhana), *Udakavaha*, *Annavaha*
Srotodushti	*Sanga*, *Vimargagamana*, *Atipravritti*
Udbhava Sthana	*Amashaya* (*Pittasthana*)
Sanchara Sthana	*Urah*, *Kantha*, *Shiras*
Vyakta Sthana	*Urah* / *Pranavaha Srotas*
Roga Marga	*Abhyantara*
Vyadhi Swabhava	*Chirakari* (chronic), *Daruna*
Sadhya-Asadhyata	*Yapya*

Purvarupa and Rupa — the Vegakalina features

Purvarupa include *Hrit-parshva shula*, *Pranasya vilomata*, *Anaha* and *Asyavairasya*. The *Rupa* expressed during the *Vega* map directly onto the clinical picture of an acute asthma attack.[1,2]

Lakshana (Vegakalina)	Modern correlate
Ghurghuraka	Wheeze / rhonchi (expiratory)
Pratamyati, *Tama-pravesha*	Severe breathlessness with distress (“darkness before the eyes”)

Shwasa-krichrata, Dirgha-ucchvasa	Prolonged, difficult expiration
Kasa; *Kapha-nishthivane saukhyam*	Cough; relief after expectoration
Shayane vriddhi, Asine saukhyam	Orthopnoea (worse lying, better sitting)
Ushna-abhinandana	Relief with warmth
Megha / Ambu / Pravata / Kapha-ahara → vriddhi	Aggravation with cold, humid or cloudy weather and allergens
Lalata-sweda, Vishushka-asya, restlessness	Diaphoresis, dry mouth, agitation

Modern correlate — mild persistent bronchial asthma

Bronchial asthma is a chronic inflammatory disorder of the airways with bronchial hyper-responsiveness, reversible airflow obstruction, bronchospasm and mucus hypersecretion.[9,10] Severity-based classification grades it as follows; the row of interest for this review is **mild persistent** asthma.[8]

GINA CRITERIA – Modified Global Initiative for Asthma Criteria
[Symptom based classification of asthma severity]

Severity of Asthma	Symptoms
Mild Intermittent	1-3 exacerbations over past 12 months symptoms, or = 1 time a week Waking at night <2 times a month No limitations of activities
Mild persistent	4-12 exacerbations over past 12 months symptoms several times a week, no more than 1 attack per day Waking at night > or = 2 times a month Sometimes affect activities of daily living
Moderate persistent	>12 exacerbations over past 12 months Daily symptoms with occasional improvement Waking at night 1-2 times a week Sometimes affect activities of daily living
Severe persistent	>12 exacerbations over past 12 months Continuous symptoms [Daily, no improvement] Waking at night >2 times a week Always affect activities of daily living

In mild persistent asthma the paroxysms recur more than once a week but less than once daily, nocturnal symptoms occur more than twice a month, and lung function is preserved (PEF / FEV1 ≥ 80% predicted, variability 20–30%) — a pattern of recurrent but modest, reversible *Vega* with inter-paroxysmal recovery.[8]

Chikitsa Siddhanta in the Vegakalina Avastha

During the *Vega*, therapy is directed at liquefying and clearing the obstructing *Kapha* and restoring *Vata-anulomana* with *Ushna*, *Tikshna*, *Vata-Kapha-hara* and *Shwasahara*

measures. *Snehana* (with *Saindhava* and *Sneha*) followed by *Swedana* (*Nadi*, *Prastara*, *Sankara*) dissolves the adhered *Kapha* and promotes downward movement of *Vayu*; *Vamana* is undertaken when *Kapha* is *utklishta* and the patient is *balavan*, and *Dhumapana* gives local *Srotoshodhana*. Definitive *Shodhana* and *Rasayana* are reserved for the *Avega* phase.[1,12,13]

Yoga / Aushadha	**Pradhana Dravya**	**Karma / indication**
Vasavaleha / *Vasa Swarasa*	*Vasa* (Adhatoda vasica)	*Shwasahara*, *Kasahara*
Sitopaladi / *Talisadi Churna*	*Sitopala*, *Vamshalochana*, *Pippali*, *Talisapatra*	*Kapha-vilayana*, *Shwasa-Kasa hara*
Kanakasava	*Dhattura*, *Vasa*, *Madhu*	*Shwasahara* (bronchodilator-like)
Shwasa Kuthara Rasa	Herbo-mineral	Acute *Shwasa-vega* relief
Shwasa-Kasa Chintamani Rasa	Herbo-mineral (*Swarna*, *Abhraka*)	Severe / recurrent *Shwasa*
Kantakari, *Bharangi*, *Pushkaramoola*	Solanum, Clerodendrum, Inula	*Kaphaghna*, *Shwasahara*
Haridra, *Tulsi*, *Shunthi*	—	*Kaphaghna*, anti-allergic
Dhumapana	*Manahshila*, *Devadaru*	Local *Kapha-vilayana*, *Srotoshodhana*

Pathya and Apathya

Pathya	**Apathya**
Ahara: Ushna and *Laghu Ahara*, *Purana Shali*, *Yava*, *Godhuma*, *Mudga*, *Kulattha*, *Patola*, *Draksha*, *Dadima*, *Aja Ksheera*, *Madhu*, *Ushna Jala*	*Ahara: Guru*, *Abhishyandi*, *Vidahi*, fried, *Amla* and *Sheeta Ahara*; *Dadhi*, *Masha*, *Ama-ksheera*; cold drinks; *Srotorodhaka* foods
Vihara: Swedana, warm-water bath, *Abhyanga*, *Atapa-sevana*, *Pranayama*, warm clothing in winter	*Vihara: Vegadharana*, exposure to *Raja / Dhuma / Sheeta Vata*, *Ati-vyayama*, damp and cold places, *Ratri Jagarana*

DISCUSSION

On clinical grounds *Tamaka Shwasa* corresponds closely to bronchial asthma: paroxysmal expiratory dyspnoea, *Ghurghuraka* (wheeze), *Kasa*, orthopnoea, and nocturnal, early-morning and weather- or allergen-triggered aggravation are common to both.[7,9] The involvement of the *Pranavaha*, *Udakavaha* and *Annavaha Srotas* explains, respectively, the *Shwasa* and *Ghurghuraka*, the *Trishna* and *Vishushka-asya*, and the *Aruchi* seen in the disease.

The *Vegakalina* phase represents the symptomatic / exacerbation state. When paroxysms recur more than once a week but less than once daily, with nocturnal symptoms more than twice a month and preserved lung function (PEF ≥ 80%, variability 20–30%), the picture

aligns with **mild persistent** asthma.[8] Thus *Vegakalina Tamaka Shwasa w.s.r. mild persistent bronchial asthma* denotes recurrent but sub-daily, reversible paroxysms of modest intensity — a clinically useful bridge between the *Avastha*-based Ayurvedic model and the severity-based modern model.

In *Samprapti* terms the *Sanga* of *Kapha* corresponds to mucus plugging and bronchoconstriction, and the *Vimargagamana* of *Vata* to the *Pratiloma*, prolonged expiration; the *Vyadhi* is *Yapya* and *Chirakari*, mirroring the chronic, controllable but non-curable nature of asthma.[1,2] Phase-specific logic parallels modern practice: aggressive *Shodhana* (*Vamana*) at the height of a severe paroxysm is avoided, mild *Snehana–Swedana* with *Shamana* breaks the *Vega*, and definitive *Vamana* with *Rasayana* is undertaken in the *Avega* — analogous to a reliever for the attack and a controller plus trigger-avoidance between attacks.[8,13] *Nidana parivarjana* (avoidance of *Raja*, *Dhuma*, *Sheeta* and *Abhishyandi*) is the shared cornerstone.[6]

Regarding probable mode of action, the *Ushna-Tikshna-Kaphaghna* drugs with *Vatanulomana* approximate mucolysis, bronchodilation and restoration of normal expiratory airflow; experimental studies report bronchodilatory, anti-inflammatory and mast-cell-stabilising activity for *Vasa*, *Kantakari*, *Pushkaramoola* and *Bharangi*, supporting their classical use.[14] *Pranayama* and *Yoga* reduce the frequency and severity of symptoms and improve lung function, and are appropriate adjuncts in the *Avega* phase.[7]

Scope and limitations. This is a conceptual review; the correlation is clinical rather than one-to-one, and the severity grading cited is the symptom-and-PEF classification, which should be read alongside current control-based guidance. Prospective controlled studies with objective spirometric endpoints are needed to validate phase-specific Ayurvedic management.

CONCLUSION

Vegakalina Tamaka Shwasa represents the paroxysmal, symptomatic phase of a *Pranavaha Srotas* disorder that corresponds closely to an exacerbation of bronchial asthma and, at sub-daily frequency with preserved lung function, to mild persistent asthma. Phase-specific management — *Shamana* with mild *Snehana–Swedana* to break the *Vega*, and *Shodhana*, *Rasayana* and *Nidana parivarjana* in the *Avega* — provides a rational, safe and economical framework that parallels the reliever-and-controller strategy of modern asthma care. Well-

designed clinical studies with spirometric outcomes are recommended to substantiate these observations.

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