

TAMAKA SHWASA (BRONCHIAL ASTHMA): AYURVEDIC CONCEPT AND MANAGEMENT WITH CLASSICAL FORMULATIONS

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ABSTRACT

Tamaka Shwasa is an important Ayurvedic respiratory disorder characterized by recurrent difficult breathing, cough and disturbed respiration. The classical framework emphasizes Vata-Kapha involvement, obstruction of Pranavaha Srotas and abnormal movement of Prana Vayu. This review summarizes nidana, clinical features, samprapti, samprapti ghataka and management, with particular emphasis on formulation names and traditional doses reported in the supplied reference book, “Ayurvedic Medicine – The Living Tradition: A Guide to Ayurvedic Generic Formulations” by Dr. Prakash Paranjpe. The formulation doses are presented as source-derived traditional information, not individualized prescriptions. The review also distinguishes classical management from modern asthma care and emphasizes objective respiratory assessment, safety monitoring and appropriate emergency treatment.

KEYWORDS: Tamaka Shwasa; Ayurveda; Vata; Kapha; Pranavaha Srotas; bronchial asthma; Ayurvedic formulation.

INTRODUCTION

Ayurveda classifies Shwasa into Mahashwasa, Urdhvaswasa, Chhinnashwasa, Tamakashwasa and Kshudrashwasa. Tamaka Shwasa is discussed as a Vata-Kapha disorder in which respiratory movement becomes impaired by obstruction. The supplied teaching material

identifies Pranavaha Srotas as the principal pathway and notes environmental, dietary and seasonal influences such as dust, smoke, cold, rain and cloudy weather. It also divides management into Vegavastha (acute exacerbation) and Avegavastha (intercritical/chronic management). □filecite□turn1file0□L20-L40□

Modern bronchial asthma is a heterogeneous chronic respiratory disease with variable respiratory symptoms and variable expiratory airflow. Tamaka Shwasa and asthma share several clinical features, but Ayurvedic terminology should not replace modern diagnostic evaluation. Spirometry or other objective lung-function assessment should be used whenever feasible.

AIM

To provide a concise narrative review of Tamaka Shwasa and summarize source-reported Ayurvedic formulations and doses relevant to respiratory management.

AYURVEDIC REVIEW

Nidana and clinical features

The supplied material describes multifactorial causation involving Vata- and Kapha-provoking diet, dust, smoke, cold exposure, unfavorable weather, occupational irritants, unsuitable foods, excessive or irregular eating and other individual triggers. Recurrent dyspnoea, cough, noisy breathing, chest discomfort, difficulty lying down and relief after expectoration are characteristic clinical observations. Severe states described as Pratamaka or Santamaka indicate high disease intensity and warrant urgent clinical evaluation. □filecite□turn1file5□L374-L393□

Samprapti and samprapti ghataka

The principal sequence is described as nidana sevana → Vata/Kapha prakopa → Agni disturbance and Ama in susceptible patients → Kapha accumulation → Avarana of Prana Vayu → Srotorodha and abnormal respiratory movement → Tamaka Shwasa. Prana Vayu is central; Udana and Samana are also discussed. Kledaka and Avalambaka Kapha, Rasa and other dushya, Mandagni/Vishamagni and Pranavaha Srotas are identified in the supplied framework. □filecite□turn1file4□L263-L312□

MANAGEMENT

Vegavastha

Classical management aims to reduce obstructive Kapha without aggravating Vata. The supplied source discusses selected Snehana and Swedana measures and physician-supervised Shodhana in appropriate patients. Vamana is described where Kapha is markedly increased, while Virechana is emphasized in selected contexts. These procedures are not emergency asthma treatments and should only be performed by appropriately trained clinicians after individual assessment.

Avegavastha

During the intercritical period, the source emphasizes Deepana-Pachana, Vatanulomana, suitable Shamana therapy and strengthening measures where indicated. Trigger avoidance, appropriate diet, occupational protection from dust/fumes, adequate warmth and individualized breathing practices are supportive measures.

Patients with severe respiratory distress, cyanosis, altered consciousness, exhaustion or inability to speak normally require urgent modern medical assessment and appropriate acute asthma treatment; Ayurvedic procedures must not delay emergency care.

PATHYA-APATHYA

The supplied material recommends light food according to Agni, avoidance of dust and fumes, avoidance of sudden cold exposure, suitable warmth in winter and avoidance of late heavy meals. It lists selected old grains, fruits, vegetables, warm water and honey among Pathya and advises avoidance of very cold, heavy, fried or mucus-promoting foods and unsuitable environmental exposures. □filecite□turn1file6□L417-L455□

CLASSICAL FORMULATIONS AND SOURCE-REPORTED DOSAGE

The following data are taken from the supplied book by Dr. Prakash Paranjpe. The prose is newly written; the formulation names and doses are retained as source-derived information. They should not be treated as universal prescriptions and should be checked against the exact product, current standards and individual patient factors.

Formulation	Dose reported in supplied book	Reported respiratory use
Karpuradi Churna	2–3 g, three times daily; warm water or honey	Kapha cough, bronchitis, bronchial asthma
Katphaladi Churna	1–2 g, 3–4 times daily; honey and ginger juice	Cough, mucus, bronchial asthma
Pippalyadi Churna	2–3 g, three times daily; hot water or honey	Bronchial asthma and chronic bronchitis
Sitopaladi Churna	1–2 g, three times daily; honey and ghee	Bronchial asthma and chronic bronchitis
Talisadi Churna	250–500 mg, three times daily; honey	Cough, mucus and bronchial asthma
Vasakasava	2–4 tsp, twice daily after food; water	Bronchial asthma, chronic/allergic bronchitis
Dashamularishta	2–4 tsp, twice daily after food; water	Asthma, cough and Vata-related disorders

PHARMACEUTICAL AND SAFETY CONSIDERATIONS

The supplied reference also describes individual respiratory agents such as Bibhitaka and Maricha. Their traditional doses are separate from the compound formulations above. For research use, the exact formulation, botanical identity, plant part, processing method, batch, quality parameters and dosage form should be documented. The source notes that Bhallataka-containing preparations may cause allergic manifestations; such preparations therefore require particular caution. Formulation doses from a traditional reference should not be assumed to be safe for every age group, pregnancy status, comorbidity or concomitant medication.

YOGA AND SUPPORTIVE CARE

The supplied material mentions selected breathing practices and asanas as supportive measures. These should be individualized and should not replace prescribed asthma therapy. Forceful breathing practices should be avoided during acute respiratory distress.

DISCUSSION

The Ayurvedic model of Tamaka Shwasa explains respiratory difficulty through interaction between Vata and Kapha, with Kapha obstruction disturbing the normal course of Prana Vayu. The supplied teaching material specifically describes Kapha Sanga, Avarana, Srotorodha and Pratiloma movement of Prana. □filecite□turn1file4□L288-L312□ This framework is valuable for organizing classical treatment but should not be presented as a proven biomedical mechanism without experimental evidence.

The formulation information is particularly relevant to pharmaceutical research because several traditional dosage forms are proposed for respiratory complaints. Future clinical studies should define the formulation and dose precisely, retain usual emergency/rescue care, and measure outcomes such as symptom-control scores, exacerbation frequency, rescue-medication use, spirometry or peak expiratory flow, quality of life and adverse events. This would permit meaningful assessment of Ayurvedic adjunctive care.

A responsible integrative approach should distinguish acute rescue treatment from long-term prevention. Vamana and Virechana are physician-supervised classical procedures, not substitutes for emergency management. Similarly, Churna, Asava and Arishta formulations should be evaluated for quality, interactions and safety before being recommended broadly.

CONCLUSION

Tamaka Shwasa is a clinically important Ayurvedic respiratory disorder in which Vata-Kapha interaction, Kapha obstruction and impaired Prana Vayu are central concepts. Its management includes individualized Shamana, Deepana-Pachana, Vatanulomana, Pathya-Apathya and selected Shodhana procedures. The supplied formulation reference identifies Karpuradi, Katphaladi, Pippalyadi, Sitopaladi, Talisadi, Vasakasava and Dashamularishta with traditional dosage information relevant to respiratory disorders. These data are useful for designing future pharmaceutical and clinical research but do not independently establish efficacy or safety.

DECLARATIONS

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Originality/copyright: This manuscript is an original synthesis. The supplied presentation and book have not been reproduced verbatim. Classical and secondary sources are acknowledged, and the formulation/dose data are explicitly attributed to the supplied reference book.

REFERENCES

1. Charaka. Charaka Samhita. Chikitsa Sthana, Shwasa-Hikka Chikitsa, Chapter 17. Varanasi: Chaukhambha publication; edition to be specified.
2. Sushruta. Sushruta Samhita. Uttara Tantra, Chapter 51. Varanasi: Chaukhambha publication; edition to be specified.
3. Vagbhata. Ashtanga Hridaya. Nidana Sthana. Varanasi: Chaukhambha publication; edition to be specified.
4. Madhavakara. Madhava Nidana. Shwasa Nidana. Varanasi: Chaukhambha publication; edition to be specified.
5. Paranjpe P. Ayurvedic Medicine – The Living Tradition: A Guide to Ayurvedic Generic Formulations. Supplied scanned edition.
6. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention: 2026 Update. GINA; 2026.
7. World Health Organization. Asthma. Geneva: WHO, 2026.