

SADYO VAMANA IN TAMAKA SHWASA A-CASE REPORT***¹Dr. Gurukiran B. Dattawade, ²Dr. Pallavi M.**

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ABSTRACT

Bronchial Asthma characterized by bronchial hyperreactivity and a variable degree of reversible airflow obstruction. Symptoms typically occur in recurrent episodes, often worsening at night or in the early morning. In Ayurveda it can be correlated with Tamaka Shwasa (~ Bronchial Asthma) Ayurveda classics mention various types of Shwasa and Tamaka Shwasa (~ Bronchial Asthma) is one among them. Tamaka Shwasa (~ Bronchial Asthma) is the condition where the vitiation of Vata and Kapha occurs, where vitiated Doshas moves in upward direction and obstructs Pranavaha Srotas (~respiratory system) producing the signs and symptoms. According to Acharaya Charaka Tamaka Shwasa (~ Bronchial Asthma) is Yapya Sadhya Roga (~Difficulty to cure), and Acharya Sushruta told that it is Kruchra Sadhya Roga(~Curable disease), therefore

proper treatment and lifestyle modification will help in the control of the disease. A 41-year-old female patient came to the OPD with complaints of Shortness of breath, sleeplessness, Fatigue and Cough with increased repeated attacks since last 1 month. Associated with loss of Appetite and Pain in flank region. The patient was examined assessed and treated with Sadyo Vamana (~ Emesis therapy) and Suitable Ayurvedic medicines. Sadyovamana (~ Emesis therapy) is a Karma for the quick or immediate removal of Utklishta Kapha Pradhana Doshas and vitiated Doshas through orally.

KEYWORDS: Bronchial asthma, Sadyovaman, Shodana Chikista, Tamaka Shwasa.

INTRODUCTION

Tamaka word derived from the Dhatu “Tamaka Glanou” means choke and darkness. Tamaka Shwasa (~ Bronchial Asthma) is one among the 5 types of Swasa, where vitiated Vayu moves in Pratiloma gati (~ Opposite direction) and reaches the Pranavaha Srotas (~Respiratory System) and take Ashraya in Greeva and Shiras then vitiate Kapha and does the obstruction to the Pranavaha Srotas. (~respiratory system)^[1] It Is Kapha- Vataja Vikara with Pitta Sthana origin.^[2] Etiological factors of Tamaka Shwasa which includes Dhuma, Raja, Anila, Ativyayama, Sheetha Sthananivasa, Sheethambu Sevana, Rukshanna Sevana which causes the vitiation of both Vata and Kapha. The main cardinal features of the Tamaka Shwasa are Gurgurakha (~ Audible Wheezing), Pinasa (~ Coryza), Krichrita Bhasita (~ Difficulty in speaking), Prashwashoola (Pain in flank region), Kasa (~Cough), Anidra (~ Not getting proper sleep) Shirogourava (~Heaviness of head), Shayana Shwasa Pidita (~ Dyspnoea while sleeping posture)^[3] etc. Tamaka Shwasa reflects the signs and symptoms of the Bronchial asthma. Bronchial asthma is characterized with difficulty in breathing, cough, wheezing and chest tightness. Paroxysm attacks can last for days to months which results in sleepless night, thus disturbing the normal life style of the person. Worldwide, equally affecting both sexes in adult but in children male female ratio is 2:1 It is a serious public health problem in almost all developing countries. It is reported that, about 17 – 30 million people had affected with Asthma in 2019 in India.^[4]

PATIENT INFORMATION

A 41-year-old female patient came to the OPD with complaints of shortness of breath, sleeplessness, fatigue, and cough with increased repeated attacks since the last 1 month. These were associated with loss of appetite and pain in the flank region. The patient had been diagnosed with bronchial asthma 2 years earlier and had been on oral medication since then.

The patient had apparently been healthy before 5 years, after which she gradually developed breathing difficulty associated with cough and sleeplessness. The condition worsened when the patient was exposed to dust, physical work, and sleeping posture. The symptoms increased in cold climate, and she obtained relief only in the sitting position. For this, she had consulted a local physician and had started taking medications including Levocetirizine 10 mg once daily, Salbutamol 2 mg, and Theophylline 100 mg once daily on every second day, but she did not get complete relief. Since the last 1 month, the symptoms had worsened with repeated attacks, for which she approached our hospital for further management.

There was no past history of diabetes mellitus, hypertension, or any surgery, and there was no relevant family history.

CINICAL FINDINGS

On general examination Pallor, clubbing, icterus and cyanosis was absent. The patient was afebrile with BP 130/90 mmHg, Pulse - 78 bpm and Respiratory rate: 20/min. Circulatory, gastrointestinal as well as central nervous systems did not reveal any abnormality on detailed systemic examination.

Respiratory examination

On systemic examination reveals Inspection: Bilateral air entry, No any chest deformity No any Scars

Palpation: Tenderness absent, Trachea is centrally placed Auscultation : Wheezing observed bilaterally

ASSESSMENT PARAMETERS TABLE 1

Assessment Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Kasa	None	Occasional cough	Frequent coughing but no disturbance in sleeping	Continuous coughing causing disturbance in sleeping
Shwasa Krichrata	Absent	Occasional or morning bouts- do not disturb work	Continuous during morning disturbing work	Continuous during morning and night, disturbing activity
Uraha Peeda	No chest tightness	Able to tolerate the tight or pain	Persists during cough(tightness)	Feels difficulty to tolerate pain and tightness
Body position	Preferer all positions	Temporarily feels better in sitting position	Sitting posture gives relief	Spontaneous sitting posture can't sleep
Worsening of breathlessness in night	No symptoms	One episode / night	More than 2 episode/ Night	More than 4 episode/ Night
Wheezing	No wheeze	Wheezing only during attack	Very often wheezing sound	Wheezing throughout the day

TABLE 2

ASSESSMENT PARAMETER	GRADE
Kasa	Continuous coughing causing disturbance in sleeping. (Grade 3)
Shwasa Krichrata	Continuous during morning and night, disturbing activity. (Grade 3)

Uraha Peeda	Feels difficulty to tolerate pain and tightness. (Grade 3)
Body position	Spontaneous sitting posture can't sleep (Grade 3)
Worsening of breathlessness in night	More than 2 episode/ Night (Grade 2)
Wheezing	Wheezing throughout the day (Grade 3)

ASTAVIDHA PARIKSHA: (~ Eight-fold examination)

The Patient had Nadi 78bpm, Mala: Nirama, Mutra: Prakrutha, Jiwha: Alipta, Shabdha: Madhyama, Sparasha: Anushna Sheeta, Drik: Prakrutha and Akruthi : Madhyama.

DASHAVIDAH PARIKSHA (~ ten-fold examination)

The patient has Vata Kaphaja prakriti (~physical constitution) and Pravara satva (~excellent psychical condition). The Sara (~excellence of tissue elements), Samhanana (~compactness of tissues or organs), Satmya (~homologation), and Pramana (~measurement of body constituents) Aahara shakti (~power of intake of digestive power) were Madhyama (~medium), and Vyayama shakti (~power of performing exercise), was Avara (~poor). The patient also had Madyama koshta (~regular nature of bowels) with altered digestion for the last few months.

DIAGNOSTIC ASSESSMENT

DIAGNOSIS: TAMAKA SWASA

Patient had symptoms of Kasa (Cough), Swasakrichrata (Shortness of breath), Ghurguratha (wheezing), Uraha peeda (Chest tightness) and Parshwashoola (Pain in flank region) indicating classical symptoms of Tamaka Swasa (~ Bronchial Asthma).

TABLE 3

Days of Visit	24/01/2024	26/01/2024	29/01/2024	05/02/2024
Intervention		Sarvanga Abhyanga with Brihatsaindavadi Taila followed by Baspa Sweda Sadyo Vamana Dhumapana with Haridra Varti	Dashamoola Katutraya Kashaya 15 ml BD (B/F) Tab.Kaphaketu Rasa 1BD Tab. Shwasa Kutara Rasa 1BD (A/F)	Dashamoola Katutraya Kashaya 15 ml BD (B/F) Tab.Kaphaketu Rasa 1BD Tab. Shwasa Kutara Rasa 1BD (A/F)
Signs and Symptoms	Shortness of breath, sleeplessness, Fatigue and Cough	Mild Relief from Cough, and lightness in Chest region	Symptoms Reduced up to 10%	Previous Symptoms reduced up to 20% and Stopped

				Allopathic medications since 1 week
Days of visit	15/02/2024	15/03/2024		
Intervention	Dashamoola Katutraya Kashaya 15 ml BD (B/F) Tab.Kaphaketu Rasa 1BD Tab. Shwasa Kutara Rasa 1BD (A/F)	Dashamoola Katutraya Kashaya 15 ml BD (B/F) Tab.Kaphaketu Rasa 1BD Tab. Shwasa Kutara Rasa 1BD (A/F)		
Signs and Symptoms	Previous Complaints	Patient feeling well and earlier		
	reduced up to 40% , No repeated attack, Stopped Allopathic medicine	symptoms were reduced up to 80% Stopped Allopathic medicine in the past 2 months		

THERAPEUTIC INTERVENTION

Taking into consideration of Signs and Symptoms and their presentation, the condition was diagnosed as Tamaka Shwasa (~ Bronchial Asthma). It is considered as Yapyva Vyadhi. In Tamaka Shwasa (~ Bronchial Asthma) Kapha obstructs the passage of Vayu and obstructed Vayu moves in reverse direction. In such condition drug and food which possess Vata and Kapha alleviating property and which is having Ushna and Vatanulomana property are helpful in relieving the Tamaka Shwasa(~ Bronchial Asthma) and Acharya also mentions about Vamana in Kapha Utklesha Avastha.^[5]

Considering the strength of the patient and Severity of disease the patient was given Sadyo Vamana (~ Emesis therapy), Sarvanga Abhyanga (~ Therapeutic massage) with Bhrihat Saindhvadi Taila followed by Baspa Sweda (~ Therapeutic Sudation) and Sadyo Vamana with Ksheera, Yashtimadhu Phanta and Saindhava Lavana because Doshas were in Utkleshaavastha (~ excited Doshas). In Jwara Chikitsa it is explained that if the Doshas are in Utkishta Avastha Shodhana can be done without doing any Poorvakarma procedures. (~ Preparatory procedures)

FOLLOW UP AND OUTCOME

After the Sadyo Vamana Patient was advised with Samsarjana Krama(~Diet Regimen). After

3 days the patient feels lightness of the body and there is improvement in appetite and mild improvement in the symptoms. Then patient is advised with Shamana Chikitsa (~Palliative therapy) for one and half month and there is improvement of the symptoms were seen. And she stopped Allopathic medicine since last 2 months.

Table 4

PARAMETER	BT(24/01/2024)	AT(15/03/2024)
Kasa	Continuous coughing causing disturbance in sleeping	Occasional cough
Shwasa Krichrata	Continuous during morning and night, disturbing activity	Occasional or morning bouts- do not disturb work
Uraha Peeda	Feels difficulty to tolerate pain and tightness	No chest tightness
Body position	Spontaneous sitting posture can't sleep	Prefers all positions
Worsening of Breathlessness in night	> 2 episodes/ night	No symptoms
Wheezing	Wheezing throughout the day	Absent

MODE OF ACTION OF SADYO VAMANA

According to Acharya Charaka, Vamana Dravya has Ushna, Teekshna, Sukshma, Vyavayi, and Vikasi Guna. By their potency, it reaches the Hridaya and circulates through Srotas. Because of their Agneya Guna, they liquify the compact doshas. Teekshna Guna separates the adhered Doshas located in Sthula and Sukshma Srotas. These separated doshas are brought to Amashaya due to Anupravana bhava. Doshas get stimulated by Udan Vayu as Vamaka Dravya have Urdhwabaghara Prabhava due to Agni and Vayu predominance which ultimately leads to migration of Doshas towards Mukha from Amashaya.^[6] The mode of action of Sadyovamana is also the same as that of classical Vamana except Poorvakarma is not done in Sadyovamana. The doshas are expelled from localized tissue.

Dashmoola Katutryaya drugs have Katu Tiktha Rasa (~ Pungent Bitter taste), Laghu Guna, Ushna Veerya, Katu Vipaka and Vata Kapha Shamaka Properties. It also acts as Shwasahara (~ Anti allergic), Shothahara (~Anti-inflammatory).^[7]

Kapha Ketu Rasa is Katurasa dominant, in case of Tamaka Swasa it acts as Shothahara (~ Anti-inflammatory), Kandu Vinashana (~ Anti histamine), Krimin Hinasthi (~ Anti-microbial), Margan Vivrunoti (~ Bronchodilator), Kleda, Kapha, Malanupahanti (~ eradicates excessive respiratory secretions, expectorant). Due to its Katu Rasa, Kapha Ketu Rasa combats the Phena Mala Kapha Utpatti (~ excessive secretion) in the Amashaya (~

stomach).^[8]

All the drugs of Shwasa Kutara Rasa have Ushna Veerya and Vata-Kaphahara properties. Vata and Kapha are the main Doshas which are involved in Shwasa Roga Samprapti and this formulation is having Kapha-Vatashamaka Karma due to its Katu Rasa, Tikshna-Vyavayi-Vikasi Guna, Katu Vipaka and Ushna Veerya. Because of the direct impact of its constituents on Pranavaha Srotasa, Shwasa Kutara Rasa mitigates the symptoms of respiratory disorders.^[9]

DISCUSSION

The present case was having classical symptoms of Tamaka Shwasa. Taking into consideration the disease can be compared to Bronchial Asthma. Here Vitiating of Kapha and Vata Dosha involved and main Dushya is Rasa Dhatu. with presentation of Kasa (~ Cough), Gurgurukha (~ Audible Wheezing), Pinasa (~ Coryza), Krichrita Bhasita (~ Difficulty in speaking), Prashwashoola (~ Pain in flank region), Shirogourava (~ Heaviness of head), Shayana Shwasa Pidita (~ Dyspnoea while sleeping posture) With and involvement of Pranavaha, Udakavaha and Annavaha Srotas. In case of emergency disease Shodhana is generally Performed as an emergency treatment. In this condition there is no need to follow the general line of Shodhana(~ Purification therapy) because of Dosha Utkesha Avastha. The common line of treatment for Shwasa is Shodana and Shamana. Vaman Karma is elimination of vitiated Kapha Dosha through oral route along with Pitta. Vamana Karma and Sadyo Vamana can be the treatment of choice in Vegakalinavastha. In Vega Avastha Doshas are in excited stage means ready to expel out from the body. So Abhyanga and Swedana followed by Vamana Karma are useful for Vilayana of this Grathitha Kapha, thereby removing the Sanga (~Obstruction of airway). Once the Kapha is removed from airways, it flows back to its base in Amashaya from where it is expelled out by Vamana. After Vaman Shamana Aushadas and life style modification with proper diet will help to the healthy life.

CONCLUSION

On the basis of outcome observed in this case, it can be said that in the Tamaka Shwasa disease Sadyo Vamana along with the Shamana Aushada will provide satisfactory results in reduction of signs and symptoms. Along with this Diet and lifestyle modifications will help to control the disease. The drug dose is decided as per Roga and Rogi Avastha and other factors, therefore it is not desirable to insist upon Pradhan or Madhyam Shuddhi.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained patient consent form, where the patient has given her consent for reporting the case along with other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

CONFLICT OF INTEREST

There are no conflicts of interest.

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