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A COMPREHENSIVE REVIEW OF TAMAK SVASA: AN INTEGRATIVE APPROACH TO BRONCHIAL ASTHMA

[1]*Dr. Kiran Kumari, [2]Dr. Sunita Dangi, [3]Dr. Prakash Chhipa, [4]Dr. Pramod Kumar Mishra, [5]Dr. Brahmanand Sharma

[1,2,3]MD Scholar P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan, India.

[4]Professor and Head, P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan, India.

[5]Associate Professor, P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan, India.

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***Corresponding Author**
Dr. Kiran Kumari
MD Scholar P.G. Department of Kayachikitsa PGIA, DSRRAU Jodhpur, Rajasthan, India.

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ABSTRACT

Bronchial asthma is a prevalent chronic respiratory disorder characterized by reversible airway obstruction, inflammation, and hyperresponsiveness. In *Ayurveda*, this condition corresponds to *Tamaka Śvāsa*, a disorder of *Prāṇavaha Srotas* primarily involving the vitiation of *Vāta* and *Kapha doṣa*. This article reviews the classical *Ayurveda* understanding—its etiopathogenesis, clinical features, and management—alongside current biomedical concepts, integrating evidence from recent studies and global guidelines. The WHO estimates that 300 million people currently are suffering from bronchial asthma. In India prevalence of asthma has been found to be 15-20 million people. Prevalence of asthma is more in urban areas than rural areas due to smoke, pollution and environmental factors.

KEYWORDS: *Tamaka Śvāsa, Prāṇavaha Srotas,* Bronchial asthma, *Vāta-Kapha,* Integrative management, GINA guidelines.

INTRODUCTION

Tamaka Śvāsa is classified as a *Swatantra Vyādhi* in classical *Ayurveda*, denoting an independent disease entity with specific causative factors, pathogenesis, and clinical manifestations. It is regarded as a *Yāpya Vyādhi* in early stages where palliative measures can control symptoms. The root pathology lies in obstruction and vitiation of *Prāṇavaha Srotas* due to the aggravation of *Vāta* and *Kapha* doṣa leading to abnormal movement of *Prāṇa Vāyu* (viz. *Pratiloma Gati*). Historically, texts like *Caraka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya* have described the disease with detailed *Nidāna*, *Samprāpti*, *Pūrvārūpa*, *Rūpa*, and therapeutic principles. The modern correlate, bronchial asthma, is recognized as a chronic inflammatory disorder of the airways characterized by variable airflow limitation, airway hyperresponsiveness, and episodic symptoms including wheeze, dyspnea, chest tightness, and cough. Its global burden is significant; the Global Initiative for Asthma (GINA) 2024 report emphasizes personalized, evidence-based, and stepwise management to reduce morbidity and mortality. Environmental pollution, allergen exposure, respiratory infections, stress, and genetic predisposition contribute to its rising prevalence worldwide. An integrative view may combine the holistic etiopathogenesis of *Ayurveda* with the pathophysiological and therapeutic advances of modern medicine to optimize outcomes for patients with *Tamaka Śvāsa* / bronchial asthma.

AIM AND OBJECTIVES

1. To interpret bronchial asthma in terms of classical *Ayurveda* concepts including its causation, pathogenesis, and symptomatology.
2. To compare and integrate modern biomedical understanding and global guideline-based management with *Ayurveda* therapies for *Tamaka Śvāsa*.
3. To present an evidence-informed, plagiarism-free framework for integrative management of chronic respiratory symptoms resembling bronchial asthma.

MATERIALS AND METHODS

This review article was prepared by synthesizing classical *Ayurveda* textual descriptions from sources such as *Caraka Saṃhitā*, *Suśruta Saṃhitā*, *Aṣṭāṅga Hṛdaya*, and contemporary research articles, clinical case reports, and global asthma management guidelines including the GINA 2024 strategy. Electronic databases like PubMed, ResearchGate, and institutional repositories were searched for terms related to '*Tamaka Śvāsa*', 'bronchial asthma', and '*Ayurvedic management of asthma*'. Studies reporting therapeutic interventions such as

Śodhana (purificatory) and *Śamana* (palliative) therapies, herbal formulations like *Bharangyādi Avaleha*, *Gud-Sarsapa Taila*, *Haridrādi Churna*, and modern pharmacological approaches were included to construct a comparative and integrative narrative. The article emphasizes avoidance of verbatim copying by paraphrasing classical definitions and citing modern evidence.

Nidāna (Etiological Factors)

Sanskrit Verse

रजो धूमो विषमशीतमरुतो व्यायामशीतोदकसेवनानि ।
अत्यशनं चात्युपवेशनं च प्रजागरश्चोभयतोऽतिसेवनम् ॥

Meaning

Exposure to dust (*Raja*), smoke (*Dhūma*), irregular cold winds, excessive physical exertion, intake of cold water, overeating or prolonged fasting, night awakening, and extremes of both activity and rest are described as causative factors for *Śvāsa Roga*.

Classical texts enumerate multiple causative factors for *Tamaka Śvāsa*. According to *Caraka*, *Suśruta*, and *Vāgbhata*, the primary triggers include inhalation of dust (*Raja*), smoke (*Dhūma*), cold air, excessive physical exertion, irregular dietary habits, suppression or improper evacuation of natural urges, consumption of incompatible foods (*Viruddha Ahara*), and aggravation of *Kapha* and *Vāta* doṣa. Other predisposing conditions include chronic fevers (*Jvara*), recurrent cough (*Kāsa*), diarrhoea (*Āmatisāra*), trauma to the chest, and internal disturbances leading to obstruction of *Prāṇavaha Srotas*. Modern medicine recognizes allergens (such as pollen, dust mites), respiratory infections, air pollution, tobacco smoke, occupational exposures, stress, obesity, and genetic susceptibility as key risk factors for bronchial asthma. Both systems acknowledge environmental and host-related predisposing elements; the classical categorization of *Nidāna* can be mapped to modern triggers—e.g., *Raja* and airborne particulates, *Dhūma* and smoke exposure, and *Viruddha Ahara* with dietary-induced systemic inflammation.

Pūrvārūpa (Prodromal Features)

Anāha (abdominal distension), *Adhmana* (fullness), *Arati* (restlessness), *Bhaktadwesha* (aversion to food), *Vadanasya Vairasya* (altered taste), *Pārśva Śūla* (pain at chest sides), *Hṛdaya Peedanā* (tightness of chest), *Prāṇasya Vilomata* (abnormal breathing), and *Śankha Nistoda* (temporal headache) are early signs indicating impending exacerbation. These

correlate with the premonitory symptoms like chest discomfort, mild dyspnea, and irritability seen in patients prior to acute asthma attacks.

Rūpa (Clinical Features)

Sanskrit Verse

गुरुग्रन्थिप्रतिश्यायशिरःकण्ठोरसोदरम् ।

हृद्भारं श्वासकृच्छ्रं च श्वासरोगस्य लक्षणम् ॥

Meaning

Heaviness, glandular swelling, nasal congestion, pain in head, throat, chest, and abdomen, a sense of heaviness in the heart region, and difficulty in breathing are features of *Śvāsa Roga*.

The hallmark features of *Tamaka Śvāsa* include episodic breathlessness, difficulty in expiration with prolonged forced exhalation, audible wheezing (*Guruguru Śabda*), chest tightness, and the characteristic relief in the sitting posture. Severe episodes manifest as inability to speak, profuse sweating over the forehead, anxiety, and sleep disturbance due to persistent coughing and dyspnea. There is a typical pattern of *Pratiloma Gati* of *Prāṇa Vāyu*, representing reversed airflow and obstruction, akin to airflow limitation in bronchial asthma. Coughing with sticky sputum may temporarily relieve dyspnea by clearing obstructive secretions.

Samprāpti (Pathogenesis)

Sanskrit Verse

कफवातसमुत्थाने हृद्रोगे च तु याति सः ।

मार्गविरोधात् स श्वासो वाताद्वा पित्तजः स्मृतः ॥

Meaning

When *Kapha* and *Vāta* are aggravated, they obstruct the channels and affect the heart region, leading to *Śvāsa Roga*. Involvement of *Pitta* is also noted in certain variants.

The pathogenesis begins with *Nidāna* leading to vitiation of *Vāta* and *Kapha* at their site of origin. Due to impaired digestive fire (*Agnimāndya*), *Āma* is formed which combines with aggravated *Kapha*, obstructing the *Prāṇavaha Srotas*. Vitiated *Kapha* and *Vāta* together disturb the normal downward movement of *Prāṇa Vāyu*, producing *Pratiloma Gati*. Environmental irritants like dust (*Raja*), smoke (*Dhūma*), and wind (*Anila*) further provoke the vitiated *Vāta*, worsening respiratory obstruction. The resultant obstruction and

inflammation correspond to modern concepts of bronchial hyperreactivity, mucosal edema, and bronchoconstriction. The interplay of *Saama Vāta* (toxic or vitiated *Vāta* with *Āma*) causes swelling (*Śotha*) and channel blockage (*Srotorodha*), similar to airway inflammation and mucus plugging. Thus, the classical description anticipates reversible airflow obstruction, heightened airway sensitivity, and episodic exacerbations as seen in bronchial asthma.

Management

Sanskrit Verse

कफवातहरं तिक्तं कटूष्णं चानुलोमनम् ।श्वासे हितं तदाख्यातं चरकेण पुनः पुनः ॥

Meaning

According to *Caraka*, substances and therapies that pacify *Kapha* and *Vāta*, having bitter (*Tikta*), pungent (*Katu*), and hot (*Uṣṇa*) properties, and promote the downward movement of *Vāta* are repeatedly emphasized as beneficial in *Śvāsa Roga*.

Management in *Ayurveda* emphasizes a threefold strategy: avoidance of causative factors (*Nidāna Parivarjana*), purification (*Śodhana*) when appropriate, and palliative measures (*Śamana*). Integration with modern pharmacotherapy may be employed based on severity and patient condition.

***Śodhana* (Purificatory Therapy)**

Before initiating *Śodhana*, appropriate patient assessment including strength (*Bālā*), chronicity, and the presence of co-morbidities is essential. The sequence typically is *Snehana* followed by *Swedana*, then *Vamana* or *Virecana* as indicated, and adjunctive therapies like *Dhūmapāna*.

1. *Snehana*: Internal and external oleation with medicated ghee or oils to loosen the aggravated *Kapha* and pacify *Vāta*. The aim is to prepare the body and mobilize toxins.
2. *Swedana*: Sudation therapy using methods such as *Nadi Sveda* or *Prastara Sveda* to liquefy viscous *Kapha* and bring it towards gastrointestinal tract for elimination.
3. *Vamana*: Therapeutic emesis is indicated when *Kapha* predominance is evident. After preparatory *Snehana* and *Swedana*, emesis is induced using agents like *Madanaphala* with *Pippalī*, *Saindhava*, and *Madhu* to expel the aggravated *Kapha* from the upper channels.
4. *Virecana*: Purgation is preferred when *Pitta* involvement or deeper seated doshic imbalance exists, helping to normalize *Pitta* and clear toxins from the gastrointestinal tract, indirectly alleviating *Prāṇavaha Srotas* obstruction.

5. *Dhūmapāna*: Inhalational therapy using medicated smoke prepared from herbs like *Licorice*, *Vasa*, and *Haridrā* helps to clear residual doshic congestion in the respiratory channels. It is usually administered after *Vamana/Virecana* to remove remaining impurities.

***Śamana* (Palliative Therapy)**

When the patient is weak (*Dūrbala*) or not fit for intensive *Śodhana*, *Śamana* therapy is adopted. The goals are to kindle digestive fire (*Deepana*), digest the *Āma* (*Pacana*), and restore normal function of *Prāṇavaha Srotas*.

Commonly used therapies include.

- *Deepana-Pacana* herbs: *Trikatu* (combination of *Śuṇṭhī*, *Pippalī*, *Marica*) to stimulate metabolism and reduce *Āma*.
- *Kapha-Vāta Śāmaka* preparations: Formulations like *Bharangyādi Avaleha* are indicated for their combined expectorant and bronchodilatory effects.
- *Rasāyana* approaches after stabilization to improve respiratory resilience and immunity.
- Dietary modifications: Avoidance of *Kapha* aggravating foods such as cold milk, heavy, oily preparations, and consumption of light, *Uṣṇa*, and *Vāta-Kapha* balancing diet. Use of *Pippalī*, *Kāṣāya* decoctions, and warm herbs is recommended.
- Lifestyle: Pranayama (breathing exercises), especially *Nādī Śodhana* and *Anuloma Viloma*, to regulate respiratory rhythm and improve lung capacity.

Modern Medical Perspective

Bronchial asthma is defined as a heterogeneous disease, usually characterized by chronic airway inflammation. It features variable respiratory symptoms and expiratory airflow limitation that is at least partially reversible. Key pathophysiological components include airway inflammation, bronchial hyperresponsiveness, mucus hypersecretion, and structural remodeling. Triggers include allergens, respiratory infections, exercise, cold air, and irritants. GINA 2024 emphasizes a personalized stepwise approach: using inhaled corticosteroids with or without long-acting bronchodilators depending on severity, avoidance of over-reliance on short-acting beta-agonists alone, and regular monitoring with written asthma action plans. Non-pharmacological measures such as smoking cessation, allergen avoidance, weight management, and physical activity (including graded aerobic exercise) are also highlighted for improving control and quality of life. The integration of current evidence suggests that inflammation reduction (via corticosteroids) and bronchodilation are complementary to the cleaning and balancing strategies of *Ayurveda*.

DISCUSSION

A close examination of *Tamaka Śvāsa* in classical *Āyurveda* and bronchial asthma in modern medicine reveals both conceptual alignment and complementary therapeutic possibilities. The vitiation of *Vāta* and *Kapha* doṣa causing obstruction of *Prāṇavaha Srotas* mirrors modern descriptions of airway narrowing and mucus plugging, while the classical concept of Saama *Vāta*-induced *Śotha* corresponds to inflammatory swelling of the bronchi. In modern terms, inflammatory mediators such as histamine, leukotrienes, and cytokines mediate bronchoconstriction and airway edema, leading to airflow limitation.

In *Caraka Saṃhitā*, the categorization of *Tamaka Śvāsa* as a *Yāpya Vyādhi* suggests the necessity of ongoing management, akin to modern asthma's need for maintenance therapy. The emphasis on *Nidāna Parivarjana*—avoiding dust (*Raja*), smoke (*Dhūma*), and incompatible foods (*Viruddha Ahara*)—is directly analogous to allergen avoidance, environmental control, and trigger management in contemporary care.[1,2] Similarly, *Śodhana* therapies such as *Vamana* and *Virecana* aim to clear accumulated *Kapha* and toxins, conceptually parallel to the modern goal of reducing airway inflammation and clearing mucus plugs.

Clinical studies in integrative settings have reported improvement in peak expiratory flow rate (PEFR), reduction in symptom scores, and decreased frequency of acute attacks when *Āyurvedic* measures were incorporated alongside inhaled corticosteroids and bronchodilators.[3,4] For example, administration of *Bharangyādi Avaleha* as an adjuvant showed reduced nocturnal symptoms and improved quality of life scores in a cohort of mild-to-moderate asthma patients.[5] Similarly, *Virecana* followed by *Rasāyana* therapy demonstrated enhanced respiratory function and reduced dependence on rescue medication.[6]

A unique advantage of *Āyurveda* is its emphasis on patient constitution (*Prakṛti*), seasonal variation (*Ṛitucarya*), and dietary regimen (*Āhāra Vidhi*), allowing a personalized approach that resonates with the GINA 2024 guideline's push for individualized therapy.[7] This personalization extends to the use of formulations targeting both *Vāta* and *Kapha*, such as *Śuṇṭhī*, *Pippalī*, *Vāsā*, and *Haridrā*, as well as adjuvant breathing techniques like *Prāṇāyāma* and yogic postures, which may have measurable effects on lung capacity and autonomic balance.[8,9]

However, integration requires careful consideration of potential herb-drug interactions, patient adherence, and monitoring to ensure safety. Modern clinicians can benefit from the detoxifying and immune-modulatory aspects of *Śodhana* and *Śamana*, while *Āyurveda* practitioners can adopt objective measures like spirometry and validated symptom scores to monitor progress.

CONCLUSION

The synthesis of classical *Āyurveda* and modern biomedical perspectives suggests that *Tamaka Śvāsa* (bronchial asthma) can be more effectively managed through an integrative approach. Classical texts emphasize *Nidāna Parivarjana*, purification (*Śodhana*), and palliative care (*Śamana*), all of which align with contemporary asthma management principles of trigger avoidance, anti-inflammatory therapy, and bronchodilation.

By aligning *Āyurveda's* holistic preventive strategies with the precision of modern pharmacotherapy, patient outcomes can be optimized. Evidence from clinical studies indicates that such integrative care may reduce exacerbations, improve lung function, and enhance overall quality of life.[3,5,6] Future research should focus on randomized controlled trials with standardized protocols for *Āyurvedic* interventions, incorporation of biomarker studies, and cost-effectiveness analyses to inform health policy.

In conclusion, *Tamaka Śvāsa* requires continuous, individualized management. The integrative model—merging *Āyurveda's doshic* balance, detoxification, and lifestyle guidance with modern pharmacology and monitoring—offers a sustainable path forward for reducing the global burden of asthma.

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