

A CLINICAL STUDY ON TAMAKA SHWASA W.S.R TO BRONCHIAL ASTHMA

^{*1}Dr. Lopamudra Bag, ²Dr. Sonalika Jena, ³Dr. Santilata Sahoo

^{*1}M.D Scholar, P.G Department of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri.

²M.D(Ayu.). Ph.D. (U.U), Reader, P.G Department of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri.

³M.D. (Ayu.), Ph.D. (U.U), Lecturer, P.G. Dept. of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri.

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*Corresponding Author

Dr. Lopamudra Bag

M. D Scholar, P.G Department of
Kayachikitsa, Gopabandhu
Ayurveda Mahavidyalaya, Puri.



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ABSTRACT

Tamaka Shwasa is a disease which is caused due to the derangement in Pranavaha Srotas as described in Ayurveda & closely resembles Bronchial Asthma in modern medicine. It is a chronic respiratory disorder characterized by recurrent episodes of breathlessness, wheezing, and cough. This study explores the clinical features of Tamaka Shwasa, its etiology, pathophysiology, and Ayurvedic management with herbal formulations, Panchakarma therapy, and lifestyle modifications.

INTRODUCTION

Tamaka Shwasa is a type of Shwasa Roga (respiratory disease) mentioned in Ayurvedic classics. It is primarily caused by an imbalance of Vata and Kapha doshas, leading to airway obstruction and inflammation. Modern medicine correlates this

condition with Bronchial Asthma, which involves chronic inflammation of the airways, hyperresponsiveness, and periodic respiratory distress.

ETYMOLOGY OF TAMAKA SHWASA

- Tamaka Shwasa comprises of two words i.e. Tamaka and Shwasa.

TAMAKA

The word Tama means

“Tama Tamyati Anena Iti Tama” - Halayudhakosha page 326 The word Tama denotes **Andhakara (Darkness)**.

SHWASA

- "Shwasiti Anena iti Shwasa" (Shabda Kalpa Druma)
- Shwasa word is used to denote respiration and exchange of air in the body. The Word Shwasa is used for both Physiological and Pathological states.
- Shwasa Roga may be defined simply as a disease in which the respiration and exchange of air is disturbed.

Shwasa is classified in following types

1. Mahashwasa
2. Urdhvaswasa
3. Chinnashwasa
4. Tamakashwasa
5. Kshudrashwasa

TAMAKA SHWASA

प्रतिलोमं यदा वायुः स्रोतांसि प्रतिपद्यते ।
ग्रीवां शिरश्च संगृह्य श्लेष्मणां समुदीर्य च ॥
करोति पीनसं तेन रूद्धो घुर्घुरूकं तथा ।
अतीव तीव्रवेगं च श्वासं प्राणप्रपीडकम् ॥ (Ca.Ci.17/55-56)

Tamaka Shwasa is a disease which is caused due to derangement in **Pranavaha Srotas**. The nomenclature of the disease is due to the fact that, the symptoms or the attack of this disease precipitates at night and during the time of attack; the breathing difficulty is so severe that the patient feels like going into the darkness.

Bronchial Asthma

- Bronchial asthma is defined as a chronic inflammatory disease of airways that is characterized by reversible narrowing of the air passages.
- The attacks of asthma are typically short-lived, lasting minutes to hours and are characterized by cough, wheeze and dyspnoea.

- ## Incidence & Prevalence

- # NIDAN

(Ca.Ci.17/11-13)

AHARA

Nidanarthaka Roga : Kasa,Amatisar,Chhardi,Pratishyaya.

1. **Allergens** – a) Inhaled: dust, pollen, house dust mite
- b) Ingested: fish, nuts, strawberries
- c) Food additives: tartrazine, metabisulfite preservatives, monosodium glutamate or ajinomoto
- d) Occupational allergens: grain-dust, wood dust

2. Cold air & hyperventilation
3. Tobacco smoke
4. Air pollution e.g NO₂, SO₂, smoke from fire
5. Emotional stress, anxiety, premenstrual tension and psychological upset
6. Respiratory infections (viral, bacterial)
7. Strenuous exercise (exercise induced asthma)
8. Drugs – a) NSAIDs especially aspirin b) Beta blockers
9. Chemicals: Sulfating agents like Na or K bisulfate, sulphur dioxide etc.

पूर्व रूप :

आनाहः पार्श्वशूलं च पीडनं हृदयस्य च ।
प्राणस्य च विलोमत्वं श्वासानां पूर्वलक्षणम् ॥(Ca.Ci.17/20)

Premonitory signs & symptoms of Shwasa are as follows

- Flatulence
- Pain in the flanks
- Pain in chest
- Aversion towards food
- Restlessness
- Bad taste in the mouth (Su.ut.51/6)

रूपः

प्रतिलोमं यदा वायुः स्रोतांसि प्रतिपद्यते । ग्रीवां शिरश्च सङ्गृह्य श्लेष्माणं समुदीर्य च ॥
करोति पीनसं तेन रुद्धो घुघुरकं तथा । अतीव तीव्रवेगं च श्वासं प्राणप्रपीडकम् ॥
प्रताम्यत्यतिवेगाच्च कासते सन्निरुध्यते । प्रमोहं कासमानश्च स गच्छति मुहुर्मुहुः ॥
श्लेष्मण्यमुच्यमाने तु भृशं भवति दुःखितः तस्यैव च विमोक्षान्ते मुहूर्तं लभते सुखम् ॥
अथास्योद्ध्वंसते कण्ठः कृच्छ्राच्छक्रोति भाषितुम् ।
न चापि निद्रां लभते शयानः श्वासपीडितः ॥
पार्श्वे तस्यावगृह्णाति शयानस्य समीरणः । आसनो लभते सौख्यमुष्णं चैवाभिनन्दति ॥
उच्छ्रिताक्षो ललाटेन स्विद्यता भृशमार्तमान् । विशुष्कास्यो मुहुः श्वासो मुहुश्चैवावध्यते ॥
मेघाम्बुशीतप्राग्वातैः श्लेष्मलेश्वाभिवर्धते ।
स याप्यस्त्रमकश्वासः साध्यो वा स्यान्नबोध्यतः ॥
इति तमकश्वासः ॥(Cha.Chi.17/55-62)

CLINICAL FEATURES

1. **Pinasa:** In this condition there is excessive secretion of shleshma (mucus) - Rhinitis
2. **Griva sirsasa sangraha:** The patient feels if his head & neck are tightly held by

someone.

3. **Ghurghurakam:** It is a typical sound produced, when excessive secretion of the kapha, obstructs the free flow of Pranvayu.
4. **Ativa tivra vega shwasa:** When the shwasa kriya increases, the heart rate also increases which causes severe discomfort.
5. **Pratamayati Ativegata:** Severe dyspnoea
6. **Kaste Sanniruddtiyate:** During severe coughing, the patient breath withheld for a few seconds and becomes motionless.
7. **Kasat Muhur Muhur Pramoham:** Repeated coughing and paroxymal attacks of dyspnoea and frequent panting, makes him feel if he/she is entering into darkness & Distress.
8. **Sleshma Muchyamane Bhrusam Dukhita:** In a patient of tamak shwasa the sputum is thick and sticky in nature and is not easily exporated. Thus situation is very distressing.
9. **Slashmana Vimokshante Muhurte Labhate Sukham:** Once the sputum is expectorated the frequency of coughing reduces and there is momentarily relief due to easy flow of prana vayu.
10. **Kanthodhvansa:** Hoarseness of voice.
11. **Kruchrat Bhasitam:** Can not speak properly.
12. **Nachapi Nidra labhate Sayana Shwasa Piditam:** Due to frequent kasa & Shwasa patient cannot sleep.
13. **Parshva Avagruhyate :** Chest tightness
14. **Asinolabhata Saukhyam:** On sitting position the diaphragm is lowered and the space for air exchange increases and the pressure is also reduced, this fecilitates the flow of pranavayu.
15. **Ushna Abhinandti:** Taking hot things gives relief to the patient.
16. **Ucchritaksha:** Eyes become wide open.
17. **Lalatesweda:** sweating over the forehead.
18. **Bhrusam Aratimana:** Increased respiration rate, worsen his condition and he feels giddiness.
19. **Vishuskasya:** Dryness of mouth.
20. **Muhuschiva Avadhamyate:** Shorter phase of inspiration.
21. **Muhur Muhur Shwasa:** Patient respiration rate increases due to irritative cough, dyspnoea occurs time and again at short intervals.
22. **Annadhvesa:** Anorexia

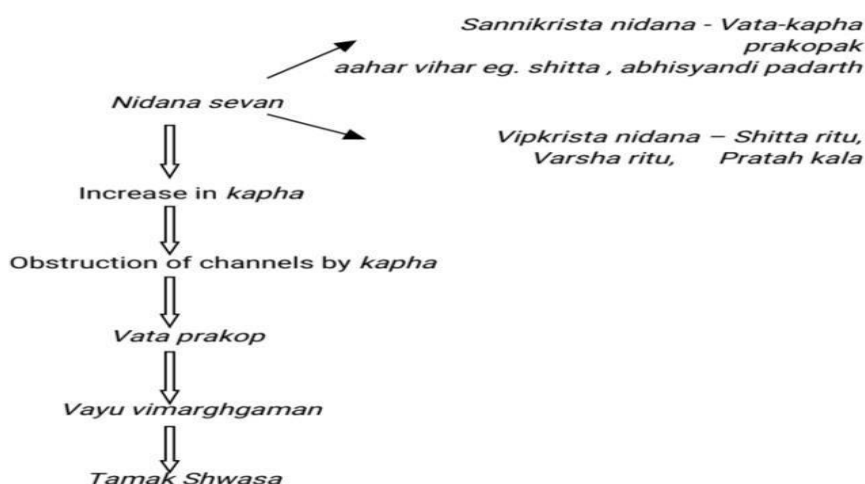
23. Meghambu Sita Pragavate Sleshmaisha Abhivardhyate: The condition of the shwasa is aggravated by megha (clouds) Ambu (rainy season) Shita (Cold) Pragavate(winds coming directly) and Kapha vardhaka diet.

24. Uraha Pida: Pain in chest.

SAMPRAPTI

कफवातात्मकावेतौ पित्तस्थानसमुद्भवौ ।

हृदयस्य रसादीनां धातुनां चोपशोषणौ ॥ (Ca.Ci.17/9)



SAMPRAPTI GHATAKA

- **Dosha:** Vata-Kapha (Prana & Udana Vata, Bhodhaka & Kledaka Kapha)
- **Dushya:** Rasa, Rakta (Dhatu mala: Kapha, Pitta)
- **Agni:** Jatharagni, Dhatvagni
- **Ama:** Mandagni janya Ama
- **Srotas:** Prana, Udaka, Anna & Rasavaha Srotas
- **Srotodushti:** Sanga & Vimarga gamana
- **Udbhavasthana:** Amashayottha (Pittasthana)
- **Vyaktasthana:** Urah
- **Adhishthana:** Urah, Phupphusa
- **Rogamarga:** Abhyantara
- **Tamaka Shwasa** is of two types

(1) PRATAMAKA SHWASA

- Patients suffering from Tamaka Shwasa when gets afflicted with fever and fainting, the condition is called as Pratamaka Shwasa. It is suggestive of involvement of Pittadosha in

Pratamaka Shwasa.(Ch.chi-17/63)

(2) SANTAMAKA SHWASA

- When the patients of Pratamaka Shwasa feels submerged in darkness, the condition is called as Santamaka Shwasa.(Ch.chi-17/64)

• SADHYASADHYATA

- Tamakashwasa in general is described as Yasya (palliable) disease. However in individual with recent origin of disease person Pravara bala or both said to be Sadhya(Ch. Chi 171.62).
- Sushruta opines Kasa, Shwasa and Vilambika are very difficult to cure like setting in together of fire, wind and thunder. (Su. Utt.51/56) Regarding Tamaka Shwasa he says that it is a disease, which can be cured with much difficulty. If it is appears in a debilitated individuals its prognosis becomes very difficult(Kashta sadhya)(Su.Ut. 51/15).

• ATOPIC ASTHMA (EXTRINSIC ASTHMA / EARLY ONSET ASTHMA)

- Onset is in early childhood. It occurs in atopic individuals who readily form IgE antibodies in response to allergens. Atopic patients can be identified by skin sensitivity tests. This type of asthma is commonly associated with families, persons with history of allergic diseases such as rhinitis, urticaria, eczema etc.

• NON-ATOPIC ASTHMA (INTRINSIC ASTHMA/ LATE ONSET ASTHMA)

- It can begin at any age, especially in late adulthood. There is no role of allergens in the production of the disease. And there is no family or personal history of atopic diseases.

PHYSICAL EXAMINATION

- Rhonchi are heard as the most prominent sign of asthma, especially during expiration.
- At the time of asthma exacerbation signs such as increased respiratory rate, flaring of alae nasi, use of accessory muscles of respiration and pulse paradoxus may be detected. These signs and symptoms show a characteristic pattern of diurnal variability of worsening during night and early morning. Therefore physical examination during day may be normal and hence the absence of signs does not exclude the diagnosis of bronchial asthma.

INVESTIGATIONS

- **Blood - Hb%, TLC, DLC, ESR.**

- Absolute Eosinophil Count (AEC)
- X-ray Chest PA view
- Sputum Examination
- These investigations will be carried out before and after completion of trial except PEFT and pulse oximetry test.
- PEFT and Pulse oximetry test will be done on every 10 days.

DIAGNOSIS

Lung Function Tests- Spirometry confirms airway limitation with a reduced FEV₁, FEV₁/FVC Ratio.

Hematologic tests- Blood tests aren't usually helpful. Total Serum IgE and specific IgE to inhaled allergens may be measured in some patients.

Imaging- Chest roentgenography is usually normal but in more severe patients may show Hyperinflated lungs. In Exacerbations there may be evidence of pneumothorax. Lung shadowing usually indicate pneumonia or eosinophilic infiltrates in patients with bronchopulmonary aspergillosis. High resolution CT may show areas of Bronchiectasis in patients with severe asthma.

Skin prick tests- To common inhalant allergens (house dust mite, cat fur, grass pollen) are positive in allergic asthma and negative in intrinsic asthma but aren't useful in diagnosis.

Differential Diagnosis

- Upper airway obstruction by a tumor or Laryngeal edema can mimic severe asthma. Persistent wheezing in a specific area of chest may indicate endobronchial obstruction with a foreign body.
- Left ventricular failure may mimic the wheezing of asthma but basilar crackles are present in contrast to asthma.
- Vocal cord dysfunction may mimic asthma and is thought to be a hysterical conversation syndrome.
- COPD is usually easy to differentiate from asthma as symptoms show less variability.
- Management in Tamaka Shwasa
- कासिने छर्दन दद्यात् स्वरभन्नो च बुद्धिमान ।
- वातश्लेष्म हरैयुक्तम् तमकेतु विरेचनम् ॥ (Ca.Ci.17/121)

- **ROLE OF VIRECHANA IN TAMAKA SHVASA**
- **1. The site of origin of shwasa roga is "Pitta Sthana Samudhbhava." And this pitta sthana is described by Chakrapani as Adho Amashya. This is the region between the hridaya and nabhi. At this place the main pathology of shwasa roga takes place and the pre-dominant dosha pitta is present here. And to purify the site of origin virechana is advocated.**
- **2. ShvasaVyadhi is mentioned as Aamashaya samutha where derangement of Agni leading to Agnimandya. In this case Virechana will be helpful by maintaining proper status of Agni, which is the root cause for almost many diseases.**
- **3. Embryological development of Phupphusa occurs from Shonitaphena i.e. main source is Shonita. In case of Shvasa Vyaktisthana is Urah where Phupphusa is situated, hence Khavaigunya mainly occurs here hence Virechana which is best treatment for purification of Rakta may be useful for clearing the Khavaigunya in Phupphusa.**
- **4. As virechan is regarded as best treatment for raktha & pitta, it is raktha prasaadaka, promotes healthy raktha. Hence it relives or atleast reduces the sevierity of the effects of allergy thus reduces attacks of asthma.**

Medications: (Ref; B.R 16/27, Cha.chi.17, Chakradatta12/24,31) RASOUSDHI

Swasakuthara rasa(RT&RPS, VOL-1.pg-218)

Swasachintamani rasa (B. R hikka swasa roga dhikara 16/53-56) Suryavata rasa(R. R. S 13/49-50)

Swasantaka rasa (R. R. S 13/49-51)

Ananda vairava rasa (RT & RPS, VOL-1.pg-189)

Swasa bhairav rasa(B.R hikka swasa roga dhikara16/51-

CHURNA

Kusmanda Churna (B.R hikka swasa roga dhikara 16/19) Shatyadi Churna (A.H swasahidmahikitsadhyaya4/46) Soubarchaladi churna (Ch. hikka swasa chikitsadhyaya17/109)

Muktadi Churna. (Ch. hikka swasa chikitsadhyaya 17/125-128) krushnadi Churna (B.R hikka swasa roga dhikara16/11)

Hingwadi churna(Ch.hikka swasa chikitsadhyaya17/108)

VATI

Mruganka vati(B.R hikka swasa roga dhikara 16/61-64) Mallasindura vati(RT&RPS, VOL-1.pg-236)

Vyosadi vati(RT &RPS,VOL-1.pg-325)

KWATHA

Amrutadi kwatha(chakradutta hikka swasa adhikara/10) Dasamula kwatha(chakradutta.hikka swasa adhikara/11) Vasadi kwatha(Y.R swasa chikitsadhyaya pg.no-432)

Bharngyadi kwatha(Y.R) Devadarvyadi kwatha(Sa.Sa)

ASAVA-ARISTA

Kanakasava(B.R hikka swasa roga dhikaru 16/115-119) Pathyadasava (Ch. hikka swasa chikitsadhyaya 17/106-107) Mahadrakhyasava(RT&RPS, VOL-1,pg-385)

AVALEHA

Bharangi sarkara(B.R Hikka swasa roga dhikara 16/83-89) Drakhyadi avaleha(Su.Uttaratantra Swasapratishedhadhyaya 51/40) Bhargyadi leha(Su.Uttaratantra Swasapratishedhadhyaya 51/44) Kulattha Guda (Chakradatta Hikkashwasadikar 12/31-34)

GHRITA

- Manasiladi ghrita(Ch. Chi. Hikka swasa chikitsadhyaya 17/145)
- Tejovatyadi ghrita(Ch. Chi Hikka swasa chikitsadhyaya 17/141-144)
- Dasamuladi ghrita(Ch. Chi Hikka swasa chikitsadhyaya 17/140)
- Hinsradi ghrita((Su.uttaratantra.swasapratishedhadhyaya 51/18-19)
- Talishadi ghrita((Su.uttaratantra.sw asapratise dhadhyaya 51/27-29)
- Brishakasaya ghrita((Su.uttaratantra.swasapratishedhadhyaya 51/20)

DHOOMAPANA

- Chandana dhoomapana
- Haridradi dhoomapana(Ch. Chi Hikka swasa chikitsadhyaya 17/77-80)
- Manashiladi dhoomapana(Su.uttaratantra.swasapratishedhadhyaya 51/50)
- Yava dhoomapana(Su. uttar atantra.swasapratishedhadhyaya 51/51)

YUSA

- Nidigdhadi yusa(Ch. Chi hikka swasa chikitsadhyaya 17/94-95)

- Rasnadi yusa(Ch.Chi hikka swasa chikitsadhyaya 17/96.)
- Matulungadi yusa(Ch. Chi hikka swasa chikitsadhyaya17/97)
- Vartaka yusa(Ch. Chi hikka swasa chikitsadhyaya 17/100)

YOGA

- Madhukadi yoga(Ch. Chi hikka swasa chikitsadhyaya17/115)
- Bharangi nagaradi yoga(Ch. Chi hikka swasa chikitsadhyaya 17/110)
- Saptachhadapuspadi yoga(Su.uttaratantra.swasapratishedhadhyaya 51/36)

YAVAGU

- Hingwadi yavagu(Ch.Chi hikka swasa chikitsadhyaya17/101) Dasamuladi yavagu(Ch.Chi hikka swasa chikitsadhyaya 17/102-103)

Useful medicinal plants for Bronchial Asthma

- **Kantakari** (*Solanum xanthocarpum*)
- **Vasa** (*Adhatoda vasica*)
- **Sunthi** (*Zingiber officinalis*)
- **Bharangi** (*Clerodendrum serratum*)
- **Pushkara moola** (*Innula racemosa*)
- **Karkata Shringi** (*Pistacia inergerrima*)
- **Haridra** (*Curcuma longa*)
- **Sirisa** (*Albezia lebeck*)



Kantakari

Vasa





Sirisa

Karkata Shringi

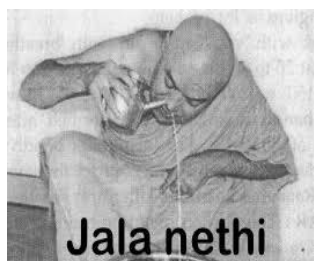


Haridra

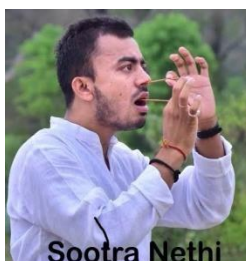
Sunthi



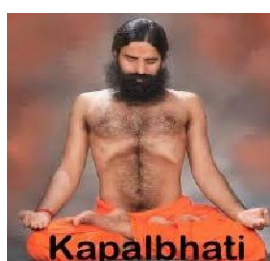
YOGAASANAS



Jala nethi



Sootra Nethi



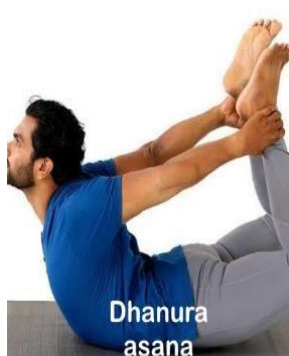
Kapalbhati



Vamana Dhauti



**Ardha
Chakrasan**



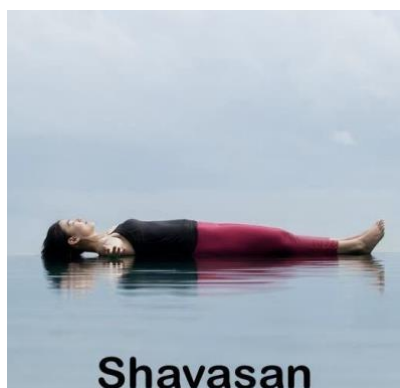
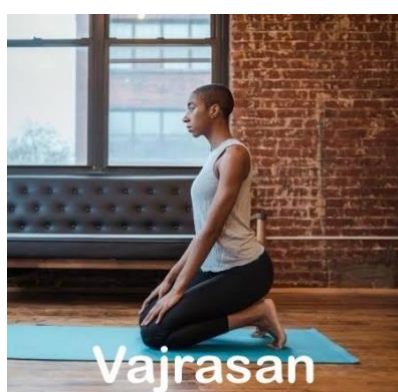
**Dhanura
asana**



Paschimottasana



Bhujangasan



Treatment

Bronchodilator Therapy- Bronchodilators act primarily on airway smooth muscles to reverse the bronchoconstriction of asthma.

Beta 2 agonists- These relax smooth muscle cells and inhibit certain inflammatory cells particularly mast cells.

Anticholinergics- Muscarinic receptor antagonist such as ipratropium bromide prevent cholinergic nerve induced bronchoconstriction and mucus secretion.

Theophylline- The bronchodilator effect is due to inhibition of phosphodiesterase in airway smooth muscle cells.

Controller therapies- Inhaled corticosteroids- ICS are most effective controllers for asthma and their early use has revolutionized asthma therapy.

Systemic corticosteroids are used Intravenously for treatment of acute severe asthma.

Acute Severe Asthma

A high concentration of oxygen should be given by face mask to achieve oxygen saturation >90%. The mainstay of treatment is high doses of SABA given either by nebulizer or mdi with a spacer. In severely ill patients with impending respiratory failure IV Beta 2 agonists may be given.

PATHYAPATHYA**PATHYA****Ahara**

1. Shuka varga - Purana yava, Godhooma, Shashtika dhanya, Raktashali
2. Shami dhanya - Kulattha.
3. Mamsa varga - Shasha, Tittira, Shuka, Dvija (birds), Daksha(kukkuta).
4. Shaka varga - Patola, Tanduliya, Vastuka, Vartaka.
5. Phala varga - Dadima, Jambira, Draksha, Amalaki, Bimbiphala, Bilva.
6. Madya varga - Sura.
7. Gorasa varga - Aja dugdha.
8. Kritanna varga - Yava, Saktu
9. Ahara upayogi varga - Aja ghritam, Purana ghritam, Madhu, Mamsa rasa, Pippali, Hingu, Kanji, Rasona.
10. Jala varga - Ushna jala Vihara - Vamana karma, Virechana karma, Swedana and Dhoomapana.

APATHYA

1. Mamsa varga - Matsya.
2. Shaka varga - Sarshapa.
3. Phala varga - Kanda
4. Jala varga - Dushita jala, cold drinks.
5. Gorasa varga - Bhedi dugdha & ghrita.
6. Kritanna varga - Ruksha anna & pana, shitala & guru padartha. Vihara - Purva vata sevana, vegavarodha, raktamokshana, raja, dhooma and gramyadharma etc.

CONCLUSION

Tamaka Shwasa, a chronic respiratory disorder, can be effectively managed through Ayurvedic therapies. Detoxification procedures, herbal medicines, and lifestyle changes help in symptom relief and prevent recurrence. Further clinical trials with larger sample sizes are needed to validate these findings and integrate Ayurvedic approaches with modern medicine for better patient care.

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