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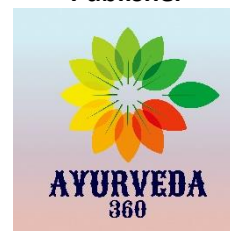
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Ayurvedic Understanding and Management of Tamaka Shwasa: A Comprehensive Review

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ABSTRACT

Introduction:

Bronchial asthma is a prevalent chronic inflammatory disorder in children, marked by episodic bronchoconstriction, airway hyperresponsiveness, and mucus hypersecretion. It significantly impacts quality of life, school performance, and immunity. In Ayurveda, it closely correlates with *Tamaka Shwasa*, a subtype of *Shwasa Roga*, primarily involving *Vata* and *Kapha* Doshas. Understanding its Ayurvedic perspective may offer a holistic and individualized treatment approach, especially in paediatric care.

Methods:

A comprehensive literary review was conducted using classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with modern scientific literature from PubMed, AYUSH Research Portal, and Google Scholar. Emphasis was placed on identifying Ayurvedic etiopathogenesis, doshic involvement, and practical formulations relevant to paediatric management.

Results:


Ayurveda explains *Tamaka Shwasa* as a disease of chronic *Vata-Kapha* imbalance, aggravated by factors like impaired *Agni*, accumulation of *Aam*, obstruction in *Pranavaha Srotas*, and *Rasa Dhatu Dushti*. Immune compromise (*Vyadhikshamatva*) plays a central role in recurrence. Specific Ayurvedic formulations such as *Gudadyavaleha*, *Vasa Avaleha*, *Kantakari Ghrita*, and *Swarna Prashana* are highlighted for their bronchodilatory, Rasayana, and immunomodulatory actions.

Discussion:


This review bridges Ayurvedic and biomedical perspectives of paediatric bronchial

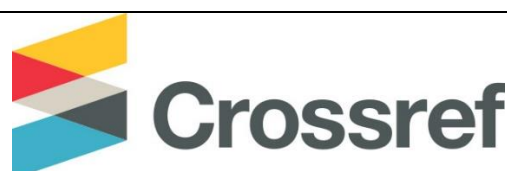
asthma. Ayurvedic management focuses not only on symptomatic relief but also on long-term immune enhancement and recurrence prevention. An integrative approach may offer promising outcomes in paediatric asthma care, with emphasis on diet, lifestyle, and seasonal regimens.

Keywords: Tamaka Shwasa, Ayurveda, Bronchial Asthma, Vyadhikshamatva, Agni Dushti, Srotorodha.

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Introduction

Asthma is a prevalent chronic respiratory disease among children, affecting nearly 14% of the global paediatric population (GINA, 2023). It manifests with wheezing, dyspnoea, cough, and tightness of chest, particularly at night or early morning, disrupting sleep and daily activities. While modern medicine addresses the inflammatory and allergic components using bronchodilators and corticosteroids, these treatments often come with side effects and do not provide a curative approach. In *Ayurveda*, a strikingly similar clinical entity exists in the form of *Tamaka Shwasa*, a condition described under *Shwasa Roga* in texts like *Acharya Carakaa Samhita* and *Ashtanga Hridaya*.^[1] The episodic and chronic nature, involvement of *Vata* and *Kapha*, seasonal variation, and hereditary links make *Tamaka Shwasa* a compelling *Ayurvedic* correlate of bronchial asthma. This review presents a consolidated literary view of asthma through *Ayurvedic* perspective with emphasis on disease pathogenesis, treatment principles, and practical formulations.

Tamaka Shwasa is a type of *Shwasa* in which patient feels excessive difficulty and drowning in dark is known as *Tamaka Shwasa*. *Tamaka Shwasa* is a disease in which patient experience severe

symptoms of respiratory distress with extreme weakness, fatigue and mental glooming. The name of *Tamaka Shwasa* is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (*Tama Pravesha*). Both the *Vata* and *Kapha* have been considered to be the chief Doshas involved in the pathogenesis of *Tamaka Shwasa*. Among the five types of *Sharira Vayu* - *prana Vayu* get vitiated during this disease,^[2]

When *Vata* is obstructed by vitiated *Kapha*, it gets reverses and affect the *Pranavaha Srotas* and producing Dyspnoea associated with wheezing sound, Cough, laboured breathing etc. Due to constant coughing patient become unconscious, greatly distressed and feels comfort for a while when the sputum being expectorated.^[3] Throat of the patient is severely affected, and speaks hardly. He feels discomfort in lying down position, so unable to get a sleep. He feels comfort in sitting or in propped up posture. He likes to take hot things only. His eyes are protruded, forehead is covered with sweat and he feels a great distress all the times. His mouth becomes dry. These symptoms are intensified by cloudy, humid and cold weather, easterly winds, foul smelling and

by taking Kapha increasing things. The *Tamaka Shwasa* (Bronchial Asthma) is *Yapya*. It is curable if it is of recent origin.

***SanTamaka Shwasa* [4]**

This subtype of *Shwasa* worsens during the nighttime but shows improvement upon exposure to cool environments- unlike *Tamaka Shwasa*, which typically aggravates with cold and early morning hours. The condition is named "*SanTamaka*" due to the patient's perception of being engulfed in darkness during the episodes, evoking a sense of drowning. The predominance of *Pitta Dosha* makes cooling therapies (*Sheetopachara*) beneficial in managing symptoms.

***Pratamaka Shwasa* [5]**

This clinical condition is characterized by high fever and episodes of unconsciousness in addition to *Tamaka Shwasa*-like symptoms. According to *Acharya Chakrapani*, while *Vata* and *Kapha* are the dominant doshas in *Tamaka Shwasa*, in *PraTamaka Shwasa*, *Pitta* is also significantly involved.

***Nidana Panchaka of Tamaka Shwasa (Fivefold Diagnostic Approach)* [6]**

Classical texts delineate both internal and external causative factors (*Nidana*), such as exposure to allergens (smoke, dust), dietary incompatibilities (*Guru, Snigdha Ahara*), emotional triggers

(*Shoka, Bhaya*), and misuse of senses (*Asatmendriyarthamamyoga*). The pathogenesis initiates with *Agnimandya* (weak digestion) and formation of *Aam* (metabolic toxins), which obstructs the respiratory tract. The vitiated *Kapha* accumulates in *Pranavaha Srotas*, provoking *Vata*, causing spasmodic episodes and disturbed breathing. The disease gradually involves multiple systems-*Annavaha, Udakavaha, and Rasavaha Srotas*, establishing a complex multisystem pathology akin to systemic inflammation seen in modern asthma.

***Purvarupa of Shwasa* [7-9]**

1. *Anaha*-Refers to the restriction of *Vata* and mala movement, leading to constipation and absence of abdominal sounds. It results from improper diet (*Guru, Sheeta, Vistambhi*) causing *Agnimandya, Aam* formation, and obstruction.
2. *Parshvashoola* -Pain in the flanks or ribs, caused by aggravated *Vata* due to *Kapha* covering in alveoli and disturbance in *Annavaha Srotas*.
3. *Hrit Peeda*- Discomfort or pain in the chest region due to obstructed and aggravated *Vata* in the heart. Seen in *Apatarpana* conditions leading to respiratory muscle fatigue.
4. *Prana Vilomata*-Reversed or disturbed flow of *Prana Vayu* due to *Kapha*-induced inflammation and digestive impairment, leading to breathlessness and discomfort.

5. **Bhaktadwasha** -Aversion to food caused by *Kapha* accumulation and indigestion; natural suppression of hunger due to toxin overload.
 6. **Arati**-Restlessness and disinterest, stemming from *Prana Vilomata* and respiratory obstruction.
 7. **Aasya Vairasya** -Altered taste in the mouth due to *Rasadhatu* disturbance caused by heavy and unwholesome diet.
 8. **Adhmana** - Abdominal distension from vitiated *Apana Vayu* and constipation, leading to gaseous swelling and obstruction.
 9. **Shankha Nistoda** - Pricking pain in temporal region caused by *Vata* entering the mastoid area, commonly seen in *Vatik Pratishyaya*.
 10. **Shoola** - Severe colicky pain in the abdomen due to aggravated *Vata* in *Koshtha*, hampering respiration and causing distress during breathing.
- Rupa (Signs and Symptoms of Tamaka Shwasa)** [10,11]
- The manifestation of disease-specific symptoms appears during the *Vyaktavastha*, the fourth stage of disease progression (*Kriyakala*). Key clinical features of *Tamaka Shwasa* include:
1. **Greevashirashcha Sangrahya**- Vitiated *Vata* leads to muscular stiffness and discomfort in the head and neck region, creating a sensation of being tightly held or constrained.
 2. **Ghurghurakam**-Characteristic wheezing sounds result from *Kapha* blocking the respiratory channels, particularly in the throat.
 3. **Peenasa** - Excessive mucosal secretion in the nasal tract occurs due to aggravated *Vata* and *Kapha*, corresponding to modern rhinitis.
 4. **Asino Labhate Saukhyam**- Patients experience symptomatic relief in a seated posture, as it facilitates diaphragmatic movement and optimal air exchange. This parallels orthopnoea in contemporary medicine.
 5. **Ushnabhinandati** - Due to the *Sheeta* (cold) quality of *Vata* and *Kapha*, patients seek warmth (e.g., hot drinks), which pacifies these doshas.
 6. **Kantodhvansa** -Hoarseness and speech difficulty arise when *Kapha* accumulates in the throat, obstructing phonation.
 7. **Ati Teevra Vega Shwasa** - Acute episodes of breathlessness occur suddenly and severely, reflecting the hallmark paroxysmal attacks of asthma. Expiration is typically prolonged.
 8. **Shwasa Krichhrata** - Laboured breathing results as the body attempts to compensate for reduced oxygen supply through increased respiratory rate.
 9. **Pratamyati Ativegatah** - Severe attacks lead to mucus plugs and airway obstruction, creating a sense of suffocation

- and visual darkness (*Andhakara*), often causing panic.
10. **Prana Prapidakam**-The cardiovascular system is burdened due to increased respiratory effort, manifesting as chest pain and palpitations.
 11. **Nachapi Nidra Labhate Shayane Shwasa Piditam** -Lying down aggravates symptoms due to secretion pooling and airway blockage, causing sleep disturbances.
 12. **Shayanah Parshva Peeda**-In a recumbent position, diaphragmatic pressure and trapped air in the lungs produce pleural discomfort and lateral chest pain.
 13. **Shleshma Vimoksante Sukham**-Expectoration of thick sputum provides temporary relief by clearing the airways.
 14. **Shleshma Samuchyajanya Dukham**- Difficulty in expectoration of viscous mucus triggers persistent coughing and patient exhaustion.
 15. **Krichhrachhaknoti Bhashitum** - Hoarseness and speech difficulty arise due to mucus accumulation around the vocal cords.
 16. **Kasate Sannirudhyate** -Episodes of coughing can become so intense that momentary cessation of breathing occurs.
 17. **Kasate Muhurmuhu Pramohanam** - Repeated, violent coughing may lead to transient loss of consciousness due to hypoxia and fatigue.
 18. **Ucchritakhsa** -The patient may raise their head and look upwards in an attempt to ease airflow, a reflex to overcome airway restriction.
 19. **Aruchi**-Anorexia results from impaired digestion (*Agni Dushti*) due to *Pitta* involvement, leading to diminished desire for food.
 20. **Vishushkasyata, Trisha** - Dry mouth and increased thirst arise from water loss during rapid breathing episodes.
 21. **Lalatasveda**- Sweating on the forehead is a sign of respiratory distress and increased cardiac workload.
 22. **Urahpeeda**-Pain in the chest occurs when aggravated Vata affects the thoracic region, indicating underlying respiratory effort and inflammation.

UPASHAYA AND ANUPASHAYA [12] Upashaya

1. *Shleshma Vimokshante Sukham* [Feeling better after expectoration]
2. *Aseenolabhate Saukhyam* [Feeling comfort in sitting position] -The patient feels better in sitting position as compared in lying down position.
3. *UshnaAhara Vihara* [Relief by taking hot things] - *Tamakashvasa* patient gets relief by those things which are *ushna* in *guna*. Due to *ushna guna kaphavilayan* occurs.

Anupashaya

1. *Sleshma Amuchyamana Bhrisham Dukhitaha* – [Owing to inability to expectorate he feels greatly disturbed]
2. *Durdina* [Cloudy climate]
3. *Meghambuna* [Rainy Season]
4. *Sheeta Ritu* [Winter]
5. *Sheetambu* [Cold water]
6. *Pragvaten* [(Eastern wind)]
7. *Sayanaha Shwasa Peditam* [Aggravated in lying posture]
8. *Shleshma Vardhaka Aushadhahar Viharadibhi Vridhi*

SAMPRAPTI (Pathology of Tamaka Shwasa) [13]

Samanya Samprapti (General Pathogenesis)

The foundational pathogenesis of *Tamaka Shwasa* begins with the vitiation of *Kapha dosha*, which accumulates in the *Pranavaha Srotas* (respiratory passages), thereby obstructing the natural flow of *Vata*. According to *Acharya Charaka's Chikitsa Sthana*, exposure to causative factors (Nidana) leads *Vata* to invade the respiratory system and provoke chest-residing *Kapha*. This disturbed *Kapha*, in turn, blocks the airway and results in various forms of *Hikka* and *Shwasa*. [14] *Vagbhata* elaborates that the obstructive role of *Kapha* is primary in triggering *Vata* vitiation. The characteristics of vitiated *Vata*-dryness (*Ruksha*), roughness (*Shushka*), and lightness (*Laghu*)-cause

constriction and rigidity within the respiratory system. Additionally, disruptions are noted in associated systems like the *Udakavaha* (water-carrying) and *Annavaha* (digestive) channels. [15]

Vishisht Samprapti of Tamaka Shwasa

Acharya Charaka further details the disease-specific mechanism of *Tamaka Shwasa*, highlighting that the condition often originates in the *Pittasthana* (lower stomach region), where *Kapha* accumulates in the form of *Ama* (toxic metabolites). This *Ama-Kapha* complex circulates throughout the body, particularly after conditions like *Jwara*, *Agnimandya*, *Amatisara*, or *Visuchika*. Simultaneously, *Vata* is exacerbated by inappropriate diet, lifestyle, or systemic illnesses such as *Kshaya*, *Urahkshata*, *Pandu*, or *Pratishyaya*. Suppression of natural urges (e.g., belching, flatus, vomiting) or excessive physical exertion also contribute to dysfunction in the *Pranavaha Srotas*. When such dysfunction occurs, any triggering environmental factor-such as dust, smoke, cold air, trauma, or cold water - can transform functional impairment into structural damage (*Srotodushti*). This results in *Prana Vayu* becoming misdirected (*Vimargagamana*) and obstructed (*Sanga*), manifesting as

Shwasa Roga. Specifically in *Tamaka Shwasa*, *Prana Vayu* moves in a reverse direction (*Pratiloma Gati*) within the respiratory tract, leading to bronchial constriction, excessive mucus secretion, and airway blockage, collectively giving rise to *Ghurghuraka* (wheezing).

The ancient *Ayurvedic* model of *Tamaka Shwasa* remarkably parallels modern descriptions of asthma, where bronchospasm, mucosal inflammation, and excessive secretion culminate in reversible airflow obstruction. This synthesis provides a robust framework for integrative paediatric respiratory care.

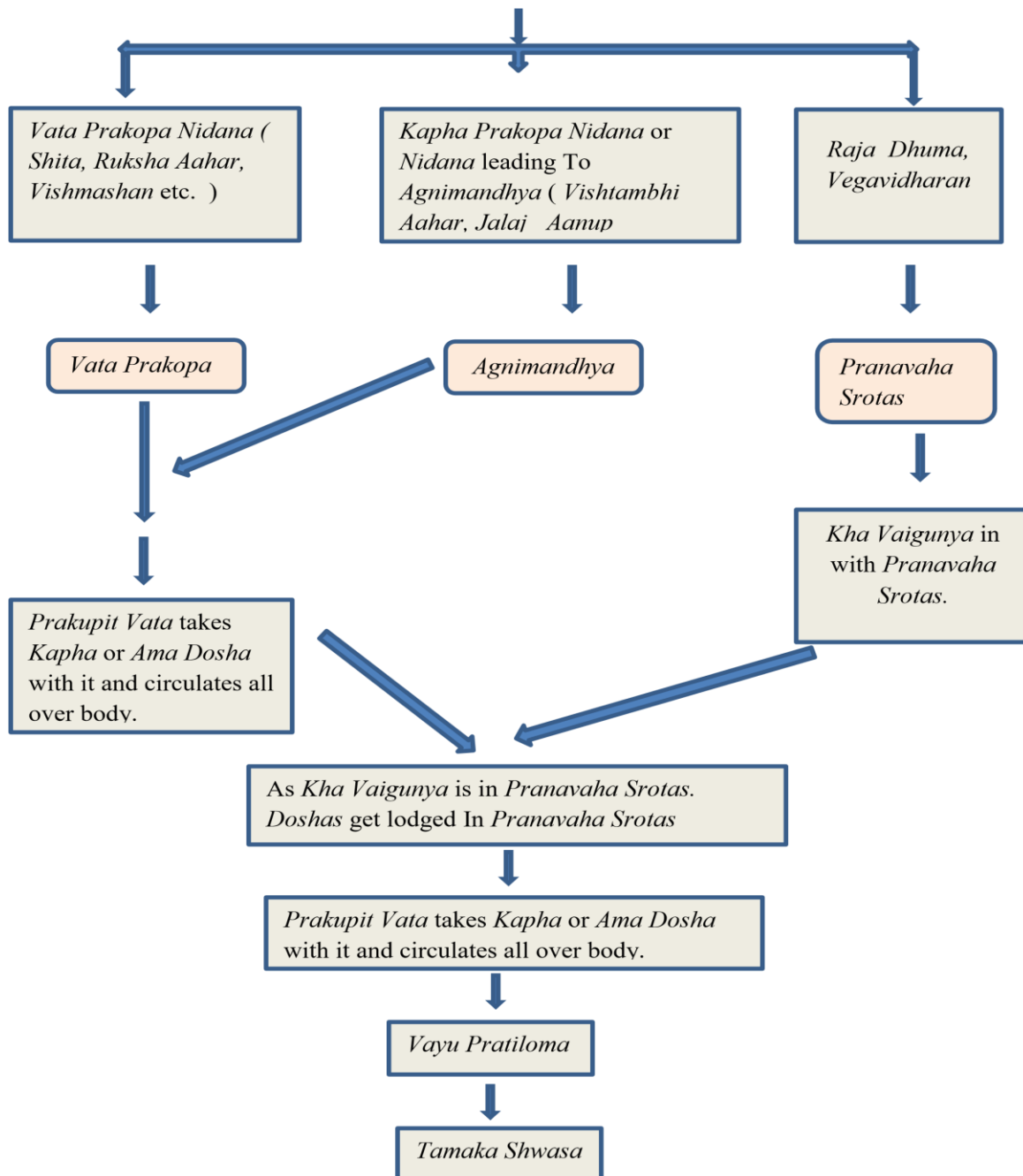


Fig.no. 1 Showing Samprapti of Tamaka Shwas

Sadhyasadyata (Prognosis of Tamaka Shwasa)

Acharya Acharya Caraka described it as most fatal disease and no other disease are capable of taking away life as quickly as *Hikka* and *Shwasa*. *Acharya Caraka* says that all *Shwasa* are *Sadhyasadyata*, if their *Rupa* are not clearly and totally manifested and also if they occur in *Balwan* person. *Tamaka Shwasa* is *Yapya* (under control only during the treatment) but in early stages it is *Sadhyasadyata*. *Tamaka Shwasa* is *Krichrasadyata* or is curable when it is having less duration of onset and in weak patient with chronic type of *Tamaka Shwasa* becomes *Yapya* (incurable).

Chikitsa Siddhant of Tamaka Shwasa [16]

According to *Acharya Acharya Caraka* following three basic steps should be adopted while treating any disease i.e. *Nidana Parivarjana*, *Samshamana* and *Samshodhana*.

Nidana Parivarjana

First line of treatment is to avoid the causative factors. If the precipitating or predisposing factors are not avoided, the *Doshas* involved in the pathogenesis will further be aggravated and the prognosis will be worse. In treatment of *Tamaka Shwasa* (Bronchial Asthma) avoidance of causative factors or triggering factors play a very important role.

Samshaman and Samshodhana Chikitsa

The line of treatment based on these therapies described by *Acharya Acharya Caraka* can be subdivided as:

1. *Samanya Chikitsa Krama* (General principles of treatment)
2. *Vishisht Chikitsa Krama* (Specific treatment)

1) Samanya Chikitsa Krama (General principles of treatment)

Acharya Caraka mentioned the treatment of *Tamaka Shwasa* as per *Doshic* status.

1. *Vata-kaphanashak chikitsa*
2. *Vata Karak & kaphanashak chikitsa*
3. *Kaphakarak & vatanashak chikitsa*

When *Vata* & *Kapha* are equally vitiated then *Vata Kaphanashaka Chikitsa* is useful. When *Kapha* causing obstruction of *Vayu* then *Kaphanashak & Vatakarak Chikitsa* is useful out of all these “*Anilapaham*” *Chikitsa* is considered to be superior one. *Brihan Chikitsa* has been indicated in *Shwasa Roga*.

2) Vishisht Chikitsa Krama (Specific treatment principle)

According to predominance of *Dosha* the patient of *Shwasa* can be divided into two groups:

1. *Vata* predominant
2. *Kapha* predominant

According to body built the patient of *Shwasa* can be divided into two groups:

1. *Balvana* (with good body built)

2. *Durbala* (with poor body built)

If *Kapha* is predominant and the patients have strength then he or she should be given *Vamana* and *Virechana* with wholesome food followed by other therapies like *Dhoomapana*, *Leha* and *Doshashamak Chikitsa*. If *Vayu* is aggravated and patient is weak and if patient is either infant or old, then he or she should be administered *Vata nashak* drugs and nourishing recipes prepared from *Sneha*, *Yusha* and *Mansarasa*.

Samshodhana Chikitsa

- **Snehana:** In *Tamaka Shwasa* both external and internal *Snehan* can be done with the help of various medicated oil and *Ghrit*. For external *Snehan*, *Tila taila* mixed with *lavana* should be gently massaged on the chest to lose the tenacious sputum in the channels.[17]
- **Swedana:** After *Snehana Nadi*, *Prastara* and *Sankara* type of *Swedana* may be applied. By these processes *Kapha* which has dissolved in the patient's body, gets dissolved in the body *Srotas*, the body

Srotas becomes softened and as a result, the movement of *Vata* is restored to normal condition.[18]

- **Vamana:** After proper *Swedana*, *Snigdha* food may be given to the patients for the *Utkleshana* of *Kapha*. Thereafter, *Vamana* should be performed with the help of *Madanaphala pippali*, mixed with *Saindhava* and *Madhu* (honey).[19]
- **Dhumapana:** If some pathogenic material is still hidden, it should be eliminated by *Dhumapana* (smoking)-*Haridrapatra*, *Eranda moola*, *Laksha*, *Haritala*, *Devadaru*, *Manahshila* and *Mamsi* should be powdered together and made in to sticks. Such stick smeared with *Ghee* should be smoked. [20]

Samshaman Chikitsa- *Shamana Chikitsa* is based on following principles- [21]

- Ama Nashaka Chikitsa* and *Agnivardhak Chikitsa* *Langhan*, *Deepana*, *Pachana*.
- Kapha Vata Shamak Chikitsa*
- Ushna Ahara Vihara*
- Vatanulomaka Chikitsa*

Table No. 1 Showing Common Ayurvedic Formulations Used in *Tamaka Shwasa*

Formulation Type	Examples	Dose	Anupana (Vehicle)
<i>Kwatha</i> (Decoction)	<i>Dashmoola</i> , <i>Shirishadi</i> , <i>Pushkarmuladi</i> , <i>Bharangyadi</i> , <i>Vasadi</i> , <i>Shwasahara Mahakashaya</i>	40–60 ml BD	Warm water

<i>Churna</i> (Powder)	<i>Shatyadi, Pushkarmuladi, Shringadi, Talishadi, Karpuradi, Mukyadi, Ajmodadi</i>	3–5 gm BD	Honey or warm water
<i>Vati</i> (Tablets)	<i>Eladi, Lavangadi, Vyoshadi, Marichyadi</i>	1–2 tab BD	Warm water
<i>Avaleha</i> (Linctus)	<i>Chyavanprasha, Haridra Khanda, Bharangi Haritaki, Vasavaleha, Bharangi Guda, Vyaghri-Haritaki</i>	5–10 gm BD	Warm milk or water
<i>Asava/Arishta</i>	<i>Kanakasava, Dashmularishta, Draksharishta</i>	10–15 ml BD	Equal water
<i>Ghrita</i> (Medicated Ghee)	<i>Manahshiladi, Vasa, Dashmuladi, Tejovatyadi</i>	20–40 ml	Warm milk/water
<i>Bhasma</i> (Oxides)	<i>Abhraka, Shringa</i>	125–250 mg	<i>Pippali</i> with honey
<i>Kshara</i> (Alkaline Prep)	<i>Apamarga, Ashwagandha Kshara</i>	250–500 mg	Honey
<i>Rasaushadhi</i>	<i>Shwasa Kuthara Rasa, Shwasa Kasa Chintamani, Shwasa Chintamani, Chandramrita Rasa</i>	250–500 mg	Honey

Discussion

Asthma is one of the most prevalent chronic health conditions among children and adults. It is really curse for human being as it is a chronic disorder with longstanding duration requiring lifelong management. *Tamaka Shwasa*, as described in classical *Ayurvedic* texts, presents a clinical profile that closely resembles bronchial asthma. The detailed understanding of *Nidana Panchaka*, including *Agnimandya*, *Ama* formation, and *Srotorodha*, highlights a systemic etiology rooted in impaired digestion and

metabolism. *Tamaka Shwasa* is categorized as a *Yapya Vyadhi*-manageable but not fully curable-much like chronic asthma. The disease progresses through vitiation of *Kapha* and *Vata Doshas*, leading to *Pranavaha Srotas* obstruction, causing hallmark symptoms such as *Shwasa Krichhrata*, *Ghurghuraka*, and *Asino Labhate Saukhyam*. [22] In modern terms, this corresponds to bronchospasm, mucosal edema, and airway obstruction-hallmarks of asthma pathophysiology. [23]

The Ayurvedic framework extends to include *Rasa*, *Udaka*, and *Annavaha Srotas*, indicating a multisystem pathology and systemic inflammatory processes, akin to asthma's extra-pulmonary impacts.[24] The early signs (*Purvarupa*) such as *Anaha*, *Parshvashoola*, and *Hrit Peeda*, provide a unique opportunity for early diagnosis and intervention-an aspect often lacking in conventional diagnosis. The *Chikitsa Siddhanta* (therapeutic principles) consists of *Nidana Parivarjana*, *Samshodhana*, and *Samshamana*, echoing modern notions of prevention, detoxification, and maintenance therapy.[25] Personalized treatment based on Dosha predominance and patient Bala (strength) ensures individualized care, similar to precision medicine.[26] *Samshodhana* therapies like *Snehana*, *Swedana*, *Vamana*, and *Dhumapana* are designed to expel vitiated *Kapha* and normalize *Vata* movement.[27] In contrast, *Samshamana Chikitsa* incorporates *Deepana*, *Pachana*, and *Vatanulomana*, which restore *Agni*, reduce *Ama*, and balance Doshas. Formulations such as *Dashmoola Kwatha*, *Pushkarmooladi Churna*, *Vyoshadi Vati*, *Vasavaleha*, and *Kanakasava* have demonstrated symptomatic efficacy.[28] Moreover, *Swarna Prashana* and *Rasayana* therapy

promote *Vyadhikshamatva*, showing immunomodulatory benefits-a domain that aligns with modern immune-boosting interventions.[29]

According to modern medical science Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to laboured breathing. The main cause of inflammation is chronic irritation because of hyperreactivity of lung immune system induced by different kinds of external and internal allergens. According to modern medical science Bronchial Asthma is mainly a chronic inflammatory disease, affecting the air tubes leading to laboured breathing. The main cause of inflammation is chronic irritation due to hyper-reactivity of lung immune system induced by different kinds of external and internal allergens. The aetiology, pathogenesis, clinical features and prognosis of *Tamaka Shwasa* coincide very much with bronchial asthma.

Conclusion

Tamaka Shwasa, described in *Ayurvedic* literature, correlates well with the modern concept of childhood bronchial asthma. Ayurvedic diagnosis based on *Dosha Dushya Sammurchana*, *Agni-Ama* status, and *Srotas* involvement offers a multidimensional approach that addresses both root cause and symptoms. The treatment regimens, including bio-

purification (*Shodhana*) and palliative care (*Shamana*), supported by formulations like *Gudadyavaleha*, *Vasavaleha*, and *Swarna Prashana*, offer long-term control, symptom reduction, and immune support. These approaches hold promise especially in children, for whom long-term corticosteroid use in modern medicine raises safety concerns. *Ayurveda*'s strength lies in its preventive and promotive aspects, reflected in *Rasayana* and daily-regimen-based interventions. The concept of *Upashaya Anupashaya* is valuable in assessing individualized

therapeutic responses. When integrated thoughtfully with modern understanding, *Ayurveda* can contribute significantly to comprehensive, low-toxicity asthma management, especially in paediatrics. Future clinical research incorporating standardized trials, microbiome studies, and immune profiling will further validate the *Ayurvedic* model and help bridge traditional and contemporary asthma care paradigms.

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