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A CRITICAL REVIEW OF BRONCHIAL ASTHMA WITH SPECIAL REFERENCE TO *TAMAKA SHWASA*

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ABSTRACT

Background Bronchial asthma is a chronic inflammatory airway disorder characterized by recurrent episodes of wheezing, cough, chest tightness and breathlessness associated with variable expiratory airflow limitation. In *Ayurveda*, its clinical presentation closely resembles *Tamaka Shwasa*, a major type of *Shwasa Roga*. The disease develops mainly due to obstruction of *Pranavaha Srotas* by aggravated *Kapha*, resulting in the reverse movement of *Vata*. A combined understanding of the classical and contemporary concepts may improve disease assessment, prevention and long-term management. **Aim and Objectives** To critically review bronchial asthma with special reference to *Tamaka Shwasa* and compare their etiological factors, pathogenesis, clinical features, diagnosis and management principles. **Materials and Methods** Classical descriptions of *Tamaka Shwasa* were collected from the *Brihatrayi*, *Laghutrayi* and relevant commentaries. Contemporary information was obtained from standard medical textbooks, published research articles, World Health Organization resources and international asthma-management guidelines. The collected information was critically analyzed and presented through narrative comparison. **Results & Discussion** The *Ayurvedic* concept explains the disease through disturbed *Agni*, formation of *Ama*, aggravation of *Kapha* and

obstruction of *Pranavaha Srotas*. Contemporary medicine describes chronic airway inflammation, bronchial hyperresponsiveness and variable airflow limitation. These explanations are complementary at the conceptual level but should not be considered identical.

Conclusion Bronchial asthma has a close clinical resemblance to *Tamaka Shwasa*. A systematic understanding of both concepts can support comprehensive assessment, preventive counselling and individualized supportive care, while evidence-based asthma treatment remains essential.

Keywords: *Tamaka Shwasa*; bronchial asthma; *Pranavaha Srotas*; *Kapha*; *Vata*; airway inflammation

Introduction

Bronchial asthma is a major chronic noncommunicable respiratory disease affecting children and adults. It is characterized by recurrent cough, wheezing, shortness of breath and chest tightness caused by inflammation and narrowing of the airways. The intensity and frequency of symptoms vary among individuals and may change over time. Asthma contributes substantially to disturbed sleep, school and work absenteeism, emergency hospitalization and preventable mortality, particularly where timely diagnosis and inhaled treatment are unavailable.¹

Asthma is now understood as a heterogeneous disease with variable respiratory symptoms and variable expiratory airflow limitation. Symptoms may be precipitated by allergens, respiratory infections, exercise, cold air, smoke, occupational exposure, air pollution and certain medicines. The disease may remain mild for long periods but can produce severe and life-threatening exacerbations. Therefore, treatment is directed not only toward relief of current symptoms but also toward prevention of future attacks, persistent airflow limitation and treatment-related adverse effects.²

In *Ayurveda*, *Shwasa Roga* is described as a disorder mainly involving *Vata* and *Kapha Dosha* with impairment of *Pranavaha Srotas*. Among its five varieties, *Tamaka Shwasa* is clinically important because it presents with repeated attacks of difficult breathing, cough, wheezing, chest discomfort and inability to lie comfortably. The patient frequently experiences relief in a sitting posture and aggravation during the night, cloudy weather and exposure to cold. These features provide a strong clinical basis for studying bronchial asthma with special reference to *Tamaka Shwasa*.³

Aim and Objectives

Aim

To critically review bronchial asthma with special reference to *Tamaka Shwasa*.

Objectives

1. To review the classical concept of *Tamaka Shwasa*.
2. To study the etiology, pathogenesis, clinical presentation, diagnosis and management of bronchial asthma.
3. To compare the clinical and pathological features of bronchial asthma and *Tamaka Shwasa*.
4. To explore the possible conceptual relationship between *Dosha*, *Agni*, *Ama* and airway pathology.
5. To identify preventive and supportive principles useful in comprehensive patient care.

Materials and Methods

This narrative review was conducted using classical *Ayurvedic* texts, including the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha* and *Madhava Nidana*, along with their available commentaries. Contemporary information was collected from standard medical literature, international asthma guidelines, World Health Organization publications and peer-reviewed articles. Search terms included “bronchial asthma,” “*Tamaka Shwasa*,” “airway inflammation,” “bronchial hyperresponsiveness,” “*Pranavaha Srotas*” and “asthma management.” The information was arranged under etiological, clinical, pathological, diagnostic and therapeutic headings and critically compared.

Ayurvedic Review

Concept of *Shwasa Roga*

Shwasa means difficult, abnormal or distressed breathing. Normal respiration is controlled by the proper functioning of *Prana Vayu* and supported by *Udana Vayu*, *Vyana Vayu* and balanced *Kapha*. When aggravated *Kapha* obstructs the normal movement of *Vata* within *Pranavaha Srotas*, breathing becomes difficult and abnormal. Classical texts describe *Shwasa Roga* as a serious disorder because respiration is directly associated with the maintenance of life.⁴

Classification of *Shwasa Roga*

Five principal varieties of *Shwasa Roga* are described:

Type	Principal characteristics	General prognosis
<i>Maha Shwasa</i>	Forceful, prolonged and extremely difficult respiration	<i>Asadhya</i>
<i>Urdhva Shwasa</i>	Prolonged expiration with difficulty in inspiration	<i>Asadhya</i>

<i>Chhinna Shwasa</i>	Interrupted and irregular breathing	<i>Asadhya</i>
<i>Tamaka Shwasa</i>	Episodic dyspnoea, cough, wheezing and nocturnal aggravation	<i>Yapya</i>
<i>Kshudra Shwasa</i>	Mild breathlessness following exertion or inappropriate food	<i>Sadhya</i>

Among these, *Tamaka Shwasa* is considered a relatively independent disease entity. It is generally described as *Yapya*, meaning that symptoms can be controlled through continuous treatment and avoidance of causative factors, although complete and permanent cure may be difficult in chronic cases.⁵

Nidana: Etiological Factors

The causes of *Tamaka Shwasa* include excessive consumption of heavy, cold, unctuous, slimy and *Kapha*-increasing food; excessive intake of curd, aquatic meat, black gram and newly harvested grains; overeating; indigestion; suppression of natural urges; excessive physical exertion; exposure to dust, smoke and cold wind; living in damp places; and recurrent respiratory illness. These factors aggravate *Kapha*, disturb *Vata*, weaken *Agni* and produce obstruction in *Pranavaha Srotas*.⁶

Classification of Etiological Factors

Category	Important factors
<i>Aharaja Nidana</i>	<i>Guru, Sheeta, Snigdha, Picchila</i> and <i>Abhishyandi Ahara</i>
<i>Viharaja Nidana</i>	Exposure to dust, smoke, cold air, dampness and excessive exertion
<i>Manasika Nidana</i>	Fear, anxiety, grief and emotional stress
Disease-related factors	<i>Pratishyaya, Kasa, Jwara</i> , untreated respiratory disease
Treatment-related factors	Improper administration of <i>Vamana, Virechana</i> or other procedures
Environmental factors	Seasonal change, cloudy weather, cold season and atmospheric pollution

Role of *Agni* and *Ama*

Repeated intake of incompatible and difficult-to-digest food may weaken *Jatharagni*. Improper digestion produces *Ama*, which combines with aggravated *Kapha* and increases heaviness, stickiness and obstruction within the channels. When this pathological complex reaches *Pranavaha Srotas*, the normal movement of *Prana Vayu* becomes obstructed. The disturbed *Vata* then moves in an abnormal direction, producing recurrent attacks of difficult breathing, cough and noisy respiration.⁷

Purvarupa: Premonitory Features

The premonitory features indicate the early involvement of *Vata*, *Kapha* and *Pranavaha Srotas*. Their recognition may help in initiating timely preventive measures.

- *Anaha*: abdominal distension
- *Parshva Shoola*: pain over the sides of the chest
- *Hridaya Pida*: discomfort in the cardiac or chest region
- *Prana Vilomatva*: disturbed or reverse movement of respiration
- Mild cough
- Chest heaviness
- Throat irritation
- Early breathlessness following exposure to triggering factors

Rupa: Clinical Features

The characteristic presentation includes repeated attacks of severe breathlessness, cough, wheezing and chest tightness. The patient may become restless and unable to lie down during an attack. Thick sputum is difficult to expectorate, but its expulsion provides temporary relief. Attacks commonly worsen at night and may be triggered by cold air, cloudy weather, dust, smoke and unsuitable food. The patient often prefers a sitting posture because it makes breathing easier.⁸

Principal Clinical Features

Classical feature	Clinical interpretation
<i>Ativa Tivra Vega Shwasa</i>	Severe episodic breathlessness
<i>Ghurghuraka</i>	Wheezing or noisy breathing

<i>Kasa</i>	Cough
<i>Pinasa</i>	Rhinitis or nasal congestion
<i>Pramoha</i>	Dizziness or disturbed awareness during severe attacks
<i>Parshva Graha</i>	Tightness or pain along the sides of the chest
<i>Shleshma Vimokshante Muhurta Labhate Sukham</i>	Relief after expectoration
<i>Asino Labhate Saukhyam</i>	Relief in sitting posture
<i>Shayana Shwasa Pidita</i>	Difficulty in lying down
<i>Megha-Ambu-Sheeta-Pravata Vriddhi</i>	Aggravation by cloudy weather, moisture, cold and wind
<i>Ushna Abhinandati</i>	Preference for warmth
<i>Nidra Nasha</i>	Disturbed sleep

Types of *Tamaka Shwasa*

Pratamaka Shwasa

Pratamaka Shwasa is a severe form associated with additional involvement of *Pitta*. It may be precipitated by indigestion, abdominal distension, suppression of natural urges, dust, smoke, humidity and emotional factors. The patient may develop fever, faintness, burning sensation and severe respiratory distress.

Santamaka Shwasa

Santamaka Shwasa is predominantly aggravated during the night. Darkness and a closed environment may increase the patient's distress, whereas exposure to light or a more open space may offer subjective relief. It may be considered a nocturnally aggravated presentation of *Tamaka Shwasa*.

Samprapti Ghataka

Component	Involvement
<i>Dosha</i>	Predominantly <i>Vata</i> and <i>Kapha</i> ; <i>Pitta</i> association in <i>Pratamaka</i>
<i>Dushya</i>	<i>Rasa Dhatu</i>

<i>Agni</i>	<i>Jatharagni Mandya</i> and possible <i>Dhatvagni Mandya</i>
<i>Ama</i>	Present in the initial obstructive condition
<i>Srotas</i>	<i>Pranavaha, Annavaha</i> and <i>Udakavaha Srotas</i>
<i>Srotodushti</i>	<i>Sanga</i> and <i>Vimargagamana</i>
<i>Udbhava Sthana</i>	<i>Amashaya</i>
<i>Sanchara Sthana</i>	<i>Ura</i> and <i>Kantha</i>
<i>Adhishthana</i>	<i>Pranavaha Srotas</i>
<i>Vyakta Sthana</i>	Chest and respiratory tract
<i>Rogamarga</i>	<i>Abhyantara Rogamarga</i>
Nature	Recurrent, episodic and generally <i>Yapya</i>

Samprapti of Tamaka Shwasa

Upashaya and Anupashaya

Clinical aggravating and relieving factors have diagnostic as well as therapeutic importance. Warm drinks, warm surroundings, a sitting posture and successful expectoration usually provide relief. Cold food, cold weather, lying down, cloudy atmosphere, dust, smoke and excessive mucus accumulation aggravate the symptoms. This pattern reflects the predominance of *Kapha* and obstructed *Vata*.⁹

<i>Upashaya: relieving factors</i>	<i>Anupashaya: aggravating factors</i>
Warm food and drinks	Cold food and drinks
Warm environment	Cold wind and winter season
Sitting posture	Lying down
Expectoration of sputum	Retention of thick sputum
Light and digestible diet	Heavy and <i>Abhishyandi</i> food
Avoidance of dust and smoke	Exposure to dust, smoke and fumes

Sadhyasadhya: Prognosis

Newly developed disease in a strong individual with limited *Dosha* involvement may be manageable. Chronic *Tamaka Shwasa* is generally described as *Yapya*. Symptoms may remain

controlled through continuous treatment, dietary regulation and avoidance of triggers but may recur after exposure to causative factors. In weak patients, elderly individuals or those with severe associated disease, the prognosis becomes less favourable.

Principles of *Ayurvedic* Management

Treatment is selected according to the strength of the patient, dominance of *Dosha*, presence of *Ama*, severity of obstruction and stage of disease. In a strong patient with excessive *Kapha*, appropriately selected *Vamana* may help eliminate aggravated *Kapha*. *Virechana* may be considered where *Pitta* association and downward regulation of *Vata* are relevant. In weak patients and between acute episodes, *Shamana Chikitsa*, light diet, digestion-promoting measures and *Vatanulomana* are preferred. Classical management aims to remove obstruction, regulate *Vata*, digest *Ama* and restore the functional integrity of *Pranavaha Srotas*.¹⁰

Therapeutic Objectives

- *Nidana Parivarjana*: avoidance of causative and triggering factors
- *Deepana-Pachana*: improvement of digestion and reduction of *Ama*
- *Kapha Vilayana*: liquefaction of thick *Kapha*
- *Srotoshodhana*: removal of obstruction from respiratory channels
- *Vatanulomana*: restoration of the normal movement of *Vata*
- *Shodhana*: carefully selected purification in suitable patients
- *Shamana*: symptom-control and maintenance therapy
- *Rasayana*: improvement of strength and reduction of recurrence

Commonly Described Supportive Formulations

Formulation	General therapeutic purpose
<i>Talisadi Churna</i>	<i>Kapha Vilayana</i> , cough and throat symptoms
<i>Sitopaladi Churna</i>	Cough, throat irritation and mild respiratory symptoms
<i>Trikatu Churna</i>	<i>Deepana</i> , <i>Pachana</i> and reduction of <i>Kapha</i>
<i>Kantakari Avaleha</i>	Cough, breathlessness and expectoration
<i>Vasavaleha</i>	Cough and excessive respiratory secretions

<i>Agastya Haritaki Avaleha</i>	Recurrent cough, respiratory weakness and maintenance
<i>Bharangyadi Kwatha</i>	<i>Kapha-Vata</i> -dominant respiratory complaints
<i>Shringyadi Churna</i>	Cough and respiratory congestion

These formulations should be prescribed according to individual assessment and should not replace emergency bronchodilator or anti-inflammatory treatment during an acute asthma attack.

Pathya-Apathya

Pathya

- Warm, light and freshly prepared food
- Green gram soup and easily digestible cereals
- Warm water in suitable patients
- Controlled use of ginger, long pepper and garlic where appropriate
- Protection from cold wind
- Regular sleep and moderate physical activity
- Maintenance of a clean and well-ventilated living environment
- Avoidance of identified allergens and respiratory irritants

Apathya

- Cold drinks, refrigerated food and ice cream
- Curd, especially at night
- Heavy, oily, excessively sweet and fried food
- Daytime sleep in *Kapha*-dominant conditions
- Excessive exercise during symptomatic periods
- Exposure to dust, smoke, perfumes, chemical fumes and cold air
- Smoking and passive exposure to tobacco smoke
- Suppression of cough or other natural urges

Comparative Assessment

Aspect	<i>Tamaka Shwasa</i>	Bronchial asthma
Basic nature	Recurrent disorder of <i>Pranavaha Srotas</i>	Chronic heterogeneous airway disease
Principal factors	<i>Vata</i> and <i>Kapha</i>	Airway inflammation and hyperresponsiveness
Main obstruction	<i>Kapha Avarana</i> of <i>Vata</i>	Bronchoconstriction, oedema and mucus
Main symptoms	<i>Shwasa</i> , <i>Kasa</i> and <i>Ghurghuraka</i>	Breathlessness, cough and wheezing
Postural feature	Relief in sitting posture	Sitting upright may ease severe dyspnoea
Sputum	Relief after expectoration	Mucus clearance may provide relief
Nocturnal pattern	Commonly aggravated at night	Nocturnal symptoms are common
Climatic influence	Aggravated by cold, rain and clouds	Cold air and weather changes may trigger symptoms
Digestive association	<i>Agnimandya</i> and <i>Ama</i> are important	Reflux and obesity may worsen control
Course	Episodic and usually <i>Yapya</i>	Chronic but generally controllable
Prevention	<i>Nidana Parivarjana</i>	Trigger avoidance and risk reduction
Long-term care	<i>Shamana</i> , <i>Pathya</i> and selected <i>Rasayana</i>	Controller treatment and regular monitoring

Results and Findings

- Bronchial asthma and *Tamaka Shwasa* demonstrate marked clinical similarity in breathlessness, cough, wheezing, chest tightness and recurrent attacks.
- *Ghurghuraka* closely resembles audible wheezing produced by narrowed airways.
- *Kapha Avarana* of *Vata* may be conceptually related to obstruction caused by mucus, mucosal oedema and bronchial narrowing.
- *Prana Vilomatva* indicates disturbed respiratory movement and may correspond clinically to difficult and prolonged respiration.
- Nocturnal aggravation is recognized in both *Tamaka Shwasa* and bronchial asthma.

- Exposure to dust, smoke, cold air, damp weather and respiratory infections is described as an important precipitating factor in both systems.
- Relief following expectoration reflects the important role of accumulated respiratory secretions.
- *Asino Labhate Saukhyam* corresponds to the clinical preference for an upright posture during respiratory distress.
- *Agnimandya* and *Ama* provide an *Ayurvedic* explanation for systemic and dietary factors contributing to disease susceptibility, but they are not direct equivalents of airway inflammation.
- *Nidana Parivarjana* is comparable to the contemporary principle of identifying and avoiding individual asthma triggers.
- Both systems regard the disorder as recurrent and requiring long-term care rather than treatment limited to acute symptoms.
- Evidence-based inhaled therapy remains essential for controlling airway inflammation and preventing severe asthma attacks.
- *Ayurvedic* therapy may be considered only as individualized supportive care under qualified supervision, with careful attention to safety and possible interactions.
- Acute severe asthma should always be treated as a medical emergency.

Discussion

The clinical description of *Tamaka Shwasa* provides a detailed account of episodic respiratory distress. Features such as *Ativa Tivra Vega Shwasa*, *Kasa*, *Ghurghuraka*, *Parshva Graha*, disturbed sleep, relief after expectoration and comfort in a sitting posture show considerable resemblance to bronchial asthma. The aggravation caused by dust, smoke, cold air, damp weather and respiratory illness further strengthens this clinical association. Nevertheless, the correlation is based mainly on shared clinical features and should not be interpreted as proof that both disease concepts are completely identical.¹⁵

The *Ayurvedic Samprapti* begins with causative factors that weaken *Agni*, produce *Ama* and aggravate *Kapha*. The aggravated *Kapha* reaches *Pranavaha Srotas* and obstructs *Prana Vayu*, leading to abnormal respiratory movement. Modern pathology explains airway obstruction through bronchial smooth-muscle contraction, mucosal oedema, inflammatory-cell activity and mucus hypersecretion. Thus, *Kapha Avarana* may serve as a useful conceptual model for

understanding obstruction, while disturbed *Vata* may represent the altered movement and functional disturbance of respiration. Clinical studies of *Ayurvedic* interventions have reported symptomatic improvement, but limitations such as small samples, inconsistent controls and heterogeneous outcome measures prevent firm conclusions.¹⁶

Comprehensive care should combine accurate diagnosis, objective assessment, patient education, trigger avoidance, correct inhaler technique and regular follow-up. Inhaled corticosteroid-containing treatment remains central to asthma care because it reduces airway inflammation and the risk of severe exacerbations. Dietary regulation, breathing practices, carefully selected lifestyle measures and individualized *Ayurvedic* support may improve general well-being, provided they do not delay proven treatment. Unsupervised withdrawal of prescribed inhalers can cause serious deterioration. Future research should employ standardized diagnostic criteria, validated asthma-control scores, spirometry, adequate sample sizes and transparent safety monitoring.

Conclusion

Bronchial asthma and *Tamaka Shwasa* share important features, including recurrent breathlessness, cough, wheezing, nocturnal aggravation, mucus-related obstruction and sensitivity to environmental triggers. *Ayurveda* explains the condition through *Agnimandya*, *Ama*, aggravated *Kapha*, obstruction of *Pranavaha Srotas* and disturbed movement of *Vata*, whereas contemporary medicine emphasizes airway inflammation, bronchial hyperresponsiveness and variable expiratory airflow limitation. Their comparison provides a broader conceptual understanding of the disease. However, contemporary diagnostic testing and inhaled corticosteroid-containing treatment remain essential, while *Ayurvedic* approaches may be used as carefully supervised and evidence-informed supportive measures.

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References

1. World Health Organization. Asthma [Internet]. Geneva: World Health Organization; 2026 [cited 2026 Jul 23]. Available from: <https://www.who.int/news-room/fact-sheets/detail/asthma>
2. Global Initiative for Asthma. Global strategy for asthma management and prevention. Fontana: Global Initiative for Asthma; 2026.

3. Saka VN. A critical review: *Tamaka Shwasa* bronchial asthma. Int J Res Granthaalayah. 2019;7(8):241-245.
4. Sharma RK, Dash B, translators. *Charaka Samhita of Agnivesha: Nidana Sthana*, Chapter 17. Varanasi: Chowkhamba Sanskrit Series Office; 2014.
5. Murthy KRS, translator. *Madhava Nidana of Madhavakara: Shwasa-Hikka Nidana*. Varanasi: Chaukhambha Orientalia; 2013.
6. Murthy KRS, translator. *Ashtanga Hridaya of Vagbhata: Nidana Sthana*, Chapter 4. Varanasi: Chowkhamba Krishnadas Academy; 2018.
7. Sharma PV, translator. *Sushruta Samhita: Uttara Tantra*, Chapter 51. Varanasi: Chaukhambha Visvabharati; 2013.
8. Sharma RK, Dash B, translators. *Charaka Samhita of Agnivesha: Chikitsa Sthana*, Chapter 17. Varanasi: Chowkhamba Sanskrit Series Office; 2014.
9. Murthy KRS, translator. *Ashtanga Hridaya of Vagbhata: Chikitsa Sthana*, Chapter 4. Varanasi: Chowkhamba Krishnadas Academy; 2018.
10. Global Initiative for Asthma. Asthma management and prevention for adults, adolescents and children 6–11 years: a summary guide for health professionals. Fontana: Global Initiative for Asthma; 2025.
11. Papi A, Brightling C, Pedersen SE, Reddel HK. Asthma. Lancet. 2018;391(10122):783-800.
12. Sinyor B, Perez LC. Pathophysiology of asthma. In: StatPearls [Internet]. Treasure Island: StatPearls Publishing; 2025.
13. Savin IA, Zenkova MA, Sen'kova AV. Bronchial asthma, airway remodeling and lung fibrosis as successive steps of one process. Int J Mol Sci. 2023;24(22):16042.
14. Global Initiative for Asthma. Global strategy for asthma management and prevention. Fontana: Global Initiative for Asthma; 2025.
15. Thakur S, Sapra UK. A review on *Tamaka Shwasa* bronchial asthma. Int J Res Ayurveda Pharm. 2021;12(3):135-139.
16. Ghosh K, Gaurang G, Samant A. Clinical effect of *Virechana* and *Shamana Chikitsa* in *Tamaka Shwasa*. Ayu. 2012;33(2):238-242.