



Review Article

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## **TĀMAKA ŚWASA: AN AYURVEDIC PERSPECTIVE - A CRITICAL REVIEW OF ANCIENT AND CONTEMPORARY UNDERSTANDINGS**

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### **ABSTRACT**

Tāmaka Swasa, classified under Swasa Roga in Ayurveda, is a chronic respiratory disorder with recurrent dyspnea, wheezing, cough, and chest tightness. This condition aligns closely with modern bronchial asthma.<sup>(1-3)</sup> It is primarily Kapha-Vāta predominant, involving Prāṇavaha Srotas. This review consolidates Ayurvedic perspectives on etiology (nidāna), pathogenesis (samprāpti), clinical features (lakṣaṇa), types, and management strategies, alongside correlations with modern medicine. A detailed discussion on preventive measures, Rasāyana therapy, and integrative approaches is presented. Tables and flowcharts summarize diagnostic features, dosha involvement, and therapeutic interventions, facilitating clinical application.

**Keywords:** Tāmaka Swasa, Swasa Roga, Kapha-Vāta, Ayurveda, Asthma, Bronchial disorders

## INTRODUCTION

Respiratory disorders rank among the most prevalent non-communicable diseases, with bronchial asthma impacting millions worldwide.<sup>(4)</sup> Marked by airway inflammation, bronchospasm, and reversible obstruction, asthma presents as episodic shortness of breath, wheezing, and cough. In Ayurveda, bronchial asthma corresponds closely to **Tāmaka Swasa**, classified under the five types of Swasa Roga.<sup>(1-3)</sup>

Tāmaka Swasa is depicted by Caraka, Suśruta, and Vāgbhaṭa as a chronic, recurrent respiratory disorder, chiefly resulting from Kapha and Vāta imbalances in the Prāṇavaha Srotas (respiratory channels). Classical Ayurvedic texts outline its causative factors, clinical manifestations, seasonal exacerbations, and holistic management approaches, highlighting lifestyle regulation, dietary modifications, and therapeutic interventions, including both Śhamana and Śodhana treatments.<sup>(1-3)</sup>

While contemporary medicine primarily employs inhaled bronchodilators, corticosteroids, and immunotherapy, Ayurveda offers a holistic approach that integrates detoxification, rejuvenation (Rasāyana), and preventive strategies.<sup>(4-5)</sup> This review seeks to consolidate classical Ayurvedic insights on Tāmaka Swasa, correlate them with modern clinical practice, and present a systematic framework for its diagnosis and management.

## ETIOLOGY (NIDĀNA)

Classical texts describe multiple causative factors for Tāmaka Swasa:

### 1. Dietary Causes

- Intake of **guru (heavy), snigdha (oily), śleshma-pradhāna** foods (dairy, sweets, fried items)<sup>(1)</sup>
- Excess cold, unwholesome food leading to Kapha accumulation <sup>(1)</sup>

### 2. Environmental Factors

- Exposure to **dust, smoke, cold winds, seasonal changes** <sup>(2)</sup>
- Pollution and allergens exacerbate respiratory vulnerability <sup>(2,4)</sup>

### 3. Lifestyle Factors

- Overexertion, suppression of natural urges (urination, defecation, sneezing) <sup>(3)</sup>
- Irregular sleep and stress contribute to Vāta aggravation <sup>(3,5)</sup>

### 4. Hereditary/Genetic Predisposition

- Classical texts describe **Sahaja Vyadhi** (congenital susceptibility) <sup>(3)</sup>

**Table 1- Nidāna Factor**

| <b>Nidāna Factor</b> | <b>Ayurvedic Reference</b>          | <b>Modern Correlation</b>                         |
|----------------------|-------------------------------------|---|
| Heavy, oily diet     | Caraka Saṃhitā, Chikitsāsthāna 17/6 | Increased mucus production, obesity-linked asthma |
| Cold exposure        | Suśruta Saṃhitā, Uttarasthāna 51/4  | Cold-induced bronchospasm                         |
| Dust, smoke          | Caraka, Chikitsāsthāna 17/7         | Allergen-triggered airway hyperreactivity         |
| Suppression of urges | Vāgbhaṭa, Chikitsāsthāna 4/5        | Stress-related asthma exacerbation                |

**Table 2: Nidāna Factors and Modern Correlations (1,2,3)**

| <b>Nidāna</b>        | <b>Ayurvedic Reference</b> | <b>Modern Equivalent</b>      |
|----------------------|----------------------------|-------------------------------|
| Heavy/oily foods     | Caraka 17/6                | Mucus, obesity-induced asthma |
| Dust/smoke           | Suśruta 51/4               | Allergen exposure             |
| Cold exposure        | Caraka 17/7                | Cold-induced bronchospasm     |
| Suppression of urges | Vāgbhaṭa 4/5               | Stress-triggered attacks      |

**Table 3: Clinical Features and Modern Correlations (4)**

| <b>Ayurvedic Feature</b> | <b>Description</b>    | <b>Modern Equivalent</b> |
|--------------------------|-----------------------|--------------------------|
| Swasa-kṛcchrata          | Dyspnea               | Breathlessness           |
| Kāsa                     | Cough                 | Dry/productive           |
| Ghurghuraka              | Wheezing              | Bronchial obstruction    |
| Paroxysm                 | Night/morning attacks | Nocturnal asthma         |
| Chest heaviness          | Oppressive sensation  | Mucus retention          |

## Pathogenesis (*Samprāpti*)

Tāmaka Swasa arises from **Kapha and Vāta vitiation** in the Prāṇavaha Srotas.

### 1. Kapha Dosha

- Accumulates in respiratory channels, obstructing Prāṇavaha Srotas
- Leads to mucus congestion, heaviness in the chest, and difficulty in air passage<sup>(1)</sup>

### 2. Vāta Dosha

- Aggravation causes rapid, labored, irregular breathing
- Responsible for wheezing and episodic bronchospasm<sup>(3)</sup>

### 3. Combined Effect

- Kapha obstruction plus Vāta turbulence leads to **episodic attacks**
- Chronic disease causes **structural changes**, fatigue, and reduced respiratory efficiency<sup>(1-3)</sup>

### Flowchart 1 – Pathogenesis of Tāmaka Swasa

Dietary & Environmental Triggers



Kapha Accumulation



Obstruction of Prāṇavaha Srotas



Vāta Aggravation



Dyspnea, Wheezing, Cough, Chest Tightness



Chronic Exacerbations

## Clinical Features

Tāmaka Swasa is characterized by:

- **Swasa-kr̥cchrata:** Difficulty in breathing <sup>(1,2)</sup>
- **Kāsa:** Dry or productive cough <sup>(1,3)</sup>
- **Ghurghuraka:** Wheezing sound in chest <sup>(3)</sup>
- **Pratamaka Symptoms:** Night-time or early-morning attacks <sup>(1,2)</sup>
- **Chest Tightness:** Heavy sensation in thoracic region <sup>(2,3)</sup>
- **Triggers:** Cold, dust, allergens, seasonal variations <sup>(4)</sup>

**Table 4 - Feature**

| Feature         | Description                              | Modern Correlation                      |
|-----------------|--|---|
| Dyspnea         | Difficulty in inspiration and expiration | Breathlessness in asthma                |
| Wheezing        | Audible high-pitched sound               | Bronchial constriction                  |
| Cough           | Recurrent, sometimes with mucus          | Productive or dry cough                 |
| Paroxysms       | Episodic attacks, worsened at night      | Nocturnal asthma                        |
| Chest heaviness | Oppressive sensation                     | Mucus accumulation & airway obstruction |

#### Types of Tāmaka Swasa

1. **Pratamaka Swasa** – Occurs predominantly at night, worsened by Kapha accumulation.<sup>(1)</sup>
2. **Santamaka Swasa** – Episodic attacks that may vary with environmental conditions.<sup>(2)</sup>
3. **Vyādhi Sahaja (Congenital)** – Present since childhood, genetically predisposed.<sup>(3)</sup>

#### Diagnosis

Ayurvedic diagnosis is clinical, based on:

- History (triggering factors, attack patterns)<sup>(1-3)</sup>
- Physical examination (chest auscultation, wheezing)<sup>(4)</sup>
- Prakṛti assessment (Kapha-Vāta predominance)<sup>(3)</sup>

**Table 5- Diagnostic Parameter**

| Diagnostic Parameter | Ayurvedic Significance | Modern Equivalent               |
|----------------------|------------------------|---------------------------------|
| Respiratory rate     | Vāta movement          | Tachypnea                       |
| Chest expansion      | Kapha obstruction      | Reduced lung compliance         |
| Cough character      | Doṣa-specific          | Productive/non-productive cough |
| Attack timing        | Pratamaka/Santamaka    | Nocturnal or episodic asthma    |

**Management**

## 1. Nidāna Parivarjana (Avoidance of Causes)

- Avoid cold, dust, smoke, heavy and oily foods.<sup>(1-3)</sup>
- Prevent suppression of natural urges
- Maintain seasonal regimen (*Ritucharya*)

2. Śamana Chikitsā (Palliative Therapy)<sup>(1-5)</sup>**Table 5 Therapy**

| Therapy       | Formulation / Herb                      | Action                                   |
|---------------|---|--|
| Dīpana-Pācana | Pippali, Śuṅṭhi, Haridrā                | Improves Agni, reduces Kapha             |
| Kaphavātahara | Agastya Harītakī<br>Rasāyana, Vāsāriṣṭa | Reduces mucus, regulates Vāta            |
| Rasaauśadhi   | Tālīsādi Cūrṇa, Swasa-<br>Kuthāra Rasa  | Anti-inflammatory, bronchodilator effect |

## 3. Śodhana Therapy (Purification)

- **Vamana Karma:** Emesis for Kapha removal.<sup>(1)</sup>
- **Virecana Karma:** Purgation in Pitta aggravation.<sup>(2)</sup>
- **Nāsyā Karma:** Medicated oils (Anu Taila, Śadbindu Taila) for nasal and respiratory clearance.<sup>(3)</sup>

#### 4. Rasāyana Therapy (Rejuvenation)

- Pippali Rasāyana, Chyavanaprāśa, Yashtimadhu.<sup>(1,5)</sup>
- Strengthens lungs, improves immunity, prevents recurrence.

#### 5. Yogic and Breathing Practices

- Prāṇāyama (Anulom-Vilom, Bhramari).<sup>(5)</sup>
- Gentle asanas enhancing thoracic expansion and respiratory efficiency.

#### Modern Correlation

- Asthma involves **chronic airway inflammation, hyperreactivity, and reversible obstruction**.<sup>(4)</sup>
- Tāmaka Swasa describes **similar episodic bronchospasm and mucus obstruction**.<sup>(1-3)</sup>
- Modern management ( $\beta$ 2 agonists, corticosteroids) complements Ayurvedic holistic interventions.<sup>(4,5)</sup>

#### DISCUSSION

Tāmaka Swasa represents a detailed Ayurvedic understanding of asthma-like disorders. The classical approach integrates:

1. Etiology-focused prevention
2. Doṣa-specific treatment
3. Lifestyle regulation and seasonal adaptation
4. Rasāyana therapy for chronic management

Ayurveda provides a **holistic framework**, potentially reducing reliance on prolonged pharmacotherapy. Integration with modern diagnostics and monitoring can enhance treatment outcomes, particularly in chronic or recurrent asthma.<sup>(4,5)</sup>

#### Conclusion

Tāmaka Swasa, a Kapha-Vāta disorder in Ayurveda, aligns closely with bronchial asthma in modern medicine. Classical texts provide a comprehensive guide covering etiology, pathogenesis, clinical features, and multi-modal management. Combining lifestyle regulation,

Śamana and Śodhana therapies, and Rasāyana interventions can offer sustainable control, improve quality of life, and prevent recurrences. Integrative research and clinical validation could further optimize outcomes.<sup>(1-5)</sup>

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