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**EFFECTIVENESS OF SHATYADI YOGA WITH AND WITHOUT
SAMSHODHANA IN THE MANAGEMENT OF TAMAKA SHWASA
(BRONCHIAL ASTHMA): A COMPARATIVE CLINICAL STUDY**

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ABSTRACT

Tamaka Shwasa is one of the five varieties of Shwasa Roga described in Ayurveda and is considered a chronic Vata-Kapha predominant disorder involving Pranavaha Srotas. The symptomatology of Tamaka Shwasa closely resembles Bronchial Asthma, a chronic inflammatory airway disorder characterized by recurrent episodes of wheezing, breathlessness, cough, chest tightness, and reversible airway obstruction.

Contemporary treatment modalities provide symptomatic control but are often associated with long-term dependence and adverse effects. Therefore, exploration of safe and effective Ayurvedic interventions becomes necessary. It was an open-label comparative clinical study conducted on sixty patients diagnosed with Tamaka Shwasa fulfilling predefined inclusion criteria. Patients were allocated into two groups containing thirty patients each. Group A received Samshodhana therapy in the form of Virechana Karma followed by oral administration of Shatyadi Yoga 5 g twice daily with 5 ml Madhu as Anupana for fifteen days. Group B received Shatyadi Yoga alone at the same dose for thirty days. To evaluate the efficacy of Shatyadi Yoga administered alone and in combination with Samshodhana Chikitsa in the management of Tamaka Shwasa with special reference to Bronchial Asthma

Keywords:

Tamaka Shwasa, Bronchial Asthma, Shatyadi Yoga, Virechana Karma, Samshodhana, Ayurveda

INTRODUCTION

Respiratory diseases constitute a major public health burden worldwide and significantly affect the quality of life of affected individuals. Rapid urbanization, industrialization, environmental pollution, occupational exposure, changing dietary patterns, and psychological stress have contributed substantially to the increasing incidence of chronic respiratory disorders. Among these conditions, Bronchial Asthma represents one of the most prevalent chronic inflammatory diseases affecting people across all age groups.

Bronchial Asthma is characterized by chronic airway inflammation associated with hyper-responsiveness of the tracheobronchial tree, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and cough. Airflow obstruction in asthma is usually reversible either spontaneously or following treatment. The disease involves multiple inflammatory cells including mast cells, eosinophils, macrophages, and T-

lymphocytes. Despite considerable advances in pharmacotherapy, the prevalence of asthma continues to increase globally. Long-term use of bronchodilators and corticosteroids frequently raises concerns regarding adverse effects, treatment compliance, and dependence on medications.

Ayurveda describes respiratory disorders under the broad category of Shwasa Roga. Among the five varieties of Shwasa, Tamaka Shwasa is considered an independent disease entity characterized by chronicity and recurrent exacerbations. Classical texts categorize it as a Yapyā Vyādhi, implying that complete cure may not always be possible, although satisfactory control and long-term management can be achieved.

-Tamaka Shwasa primarily involves Vata and Kapha Dosha with origin in Pittasthana and subsequent obstruction of Pranavaha Srotas. Aggravated Kapha causes obstruction in the respiratory channels, thereby disturbing the normal movement of Prana Vayu. This pathological sequence manifests clinically as dyspnea, wheezing, cough, expectoration, chest tightness, and nocturnal aggravation of symptoms.

The clinical features and disease course of Tamaka Shwasa demonstrate considerable resemblance with Bronchial Asthma. Symptoms such as Muhurmuhur Shwasa Vega, Ghurghuraka, Kasa, and Kaphanishthivana correlate with recurrent asthma attacks, wheezing, cough, and expectoration described in contemporary medicine.

Ayurvedic treatment principles emphasize elimination of causative factors and restoration of Dosha balance. Management includes Nidana Parivarjana, Shamana Chikitsa, Shodhana Chikitsa, and Rasayana therapy. Among these approaches, Shodhana has received particular importance from Acharyas in the treatment of Tamaka Shwasa.

Virechana Karma is considered one of the principal therapeutic procedures for eliminating vitiated Doshas through the lower pathway. The procedure facilitates removal of accumulated Doshas, correction of Vata movement, and restoration of physiological balance. Owing to its simplicity and favorable safety profile, Virechana is widely employed in clinical practice.

Shatyadi Yoga described in Charaka Samhita possesses Vata-Kaphahara, Ushna, Deepana, Pachana, and Shwasahara properties. The ingredients of the formulation possess pharmacological activities such as bronchodilator, expectorant, anti-inflammatory, antispasmodic, and immunomodulatory actions that may be beneficial in Tamaka Shwasa.

Therefore, the present study entitled "**Effectiveness of Shatyadi Yoga with and without Samshodhana in the Management of Tamaka Shwasa (Bronchial Asthma): A Comparative Clinical Study**" was undertaken to scientifically evaluate and compare the efficacy of Shatyadi Yoga administered alone and in combination with Samshodhana therapy.

MATERIALS AND METHODS

Study Design and Setting

The present study was designed as an open-label comparative clinical study to evaluate the therapeutic efficacy of Shatyadi Yoga administered alone and in combination with Samshodhana Chikitsa in patients diagnosed with Tamaka Shwasa with special reference to Bronchial Asthma. The study was conducted in the Outpatient Department (OPD) and Inpatient Department (IPD) of the Postgraduate Department of Kayachikitsa, Desh Bhagat Ayurvedic College and Hospital, Mandi Gobindgarh, Punjab.

The study protocol was developed following standard clinical research methodology and included systematic patient selection, intervention, follow-up assessment, and statistical evaluation of outcomes. A total of sixty patients fulfilling the diagnostic and inclusion criteria

were selected for the study.

Ethical Considerations

The study protocol, detailed case proforma, aims, objectives, methodology, and expected outcomes were submitted to the Institutional Ethics Committee of Desh Bhagat Ayurvedic College and Hospital for review and approval before commencement of the study. Written informed consent was obtained from all participants before enrollment after explaining the purpose and procedures of the study in understandable language.

Study Population

A total of sixty clinically diagnosed patients of Tamaka Shwasa were included and divided into two groups comprising thirty patients each.

Inclusion Criteria

Patients satisfying the following criteria were included:

- Patients presenting with classical signs and symptoms of Tamaka Shwasa described in Ayurvedic literature.
- Patients aged between 16 and 65 years.
- Patients of either sex and all socioeconomic backgrounds.
- Patients with a disease duration exceeding one year.
- Both newly diagnosed and previously treated patients.
- Non-smokers with recurrent symptoms suggestive of Bronchial Asthma.
- Patients suitable for Samshodhana procedures.

Exclusion Criteria

Patients meeting any of the following conditions were excluded:

- Patients below 16 years and above 65 years.
- Patients with uncontrolled metabolic disorders.
- Patients with dyspnea due to causes other than Bronchial Asthma, including:
 - Chronic Obstructive Pulmonary Disease
 - Left ventricular failure

- Lung abscess
- Upper respiratory obstruction
- Pulmonary malignancy
- Pregnant and lactating women.
- Patients with severe systemic disorders.
- Patients with abnormal hematological and biochemical investigations.
- Individuals with prolonged smoking history.
- Patients with hypertension.

Discontinuation Criteria

Patients were withdrawn from the study under the following circumstances:

- Voluntary discontinuation of treatment.
- Occurrence of serious adverse reactions.
- Failure to attend scheduled follow-up visits.
- Relocation preventing continued assessment.

Diagnostic Criteria

Diagnosis was established on the basis of classical Ayurvedic and contemporary clinical criteria.

Ayurvedic Criteria

The following cardinal symptoms of Tamaka Shwasa were considered:

- Shwasakrichchhata (Dyspnea)
- Kasa (Cough)
- Muhurmuhur Shwasa Vega
- Ghurghuraka
- Kaphanishthivana
- Peenasa
- Urashoola/Parshvashoola

Modern Diagnostic Criteria Diagnosis

was supported through:

- Respiratory rate
- Presence of rhonchi
- Breath holding time
- Pulmonary function testing
- Spirometry
- Chest radiography
- Electrocardiography
- Laboratory investigations

Study Intervention

Patients were divided into two groups.

Group A (Samshodhana + Shamana Group)

Thirty patients diagnosed with Tamaka Shwasa received Samshodhana therapy followed by Shamana therapy.

Purva Karma

Abhyantara Snehapana was administered using Dashamoola Ghrita in increasing doses beginning from 30 ml and gradually titrated according to Agni, Koshtha, and appearance of Samyaka Snigdha Lakshana for a maximum period of seven days.

Following Snehapana:

- Sarvanga Abhyanga was performed
- Mridu Bashpa Swedana was performed

Both procedures were carried out twice daily for three consecutive days. **Pradhana Karma**

After completion of adequate Snehana and Swedana, Virechana Karma was performed using Trivrit Avaleha.

Minimum dose administered:

25 g orally

Dose adjustment was individualized according to:

- Age
- Gender
- Koshtha
- Physical status of patient

Pashchat Karma

Samsarjana Karma was advised according to the degree of Shuddhi attained. **Shamana Therapy**

Following completion of Virechana:

Shatyadi Yoga – 5 g twice daily after meals with 5 ml Madhu as Anupana for 15 days

Group B (Shamana Group) Thirty patients received:

Shatyadi Yoga – 5 g twice daily after meals with 5 ml Madhu as Anupana for 30 days

Assessment Criteria

Assessment of therapeutic efficacy was performed using both subjective and objective parameters.

A-Subjective Parameters

The following clinical features were graded according to predefined scoring systems: **1-**

Cardinal symptoms

- Shwasakrichchhata (Dyspnea)
- Kasa (Cough)
- Muhurmuhur Shwasa Vega
- Asinolabhate Soukhyam
- Kaphanishthivana
- Peenasa
- Urashoola/Parshvashoola **2-**

Associated symptoms

- Lalat Sweda
- Greevashiradi Parigraha

- Krichha Bhashitam
- Kanthodhvamsanam
- Shleshma Vimokshante Muhurtam Sukham
- Anidra
- Bhrama
- Ushna Abhinandati
- Vishushkasyata

B-Objective Parameters

Objective evaluation included:

1. Peak Expiratory Flow Rate (PEFR)
2. Breath Holding Time (BHT)
3. Chest Expansion
4. Spirometry

Spirometric parameters included:

- Forced Vital Capacity (FVC)
- Forced Expiratory Volume in one second (FEV1)
- FEV1%

C-Laboratory Investigations

The following investigations were performed before and after treatment:

- Hemoglobin percentage (Hb%)
- Total Leukocyte Count
- Differential Leukocyte Count
- Erythrocyte Sedimentation Rate
- Absolute Eosinophil Count
- Chest X-ray
- Sputum examination

Follow-up Schedule

Patients were evaluated according to the following schedule:

Visit	Day
Enrollment	Day 0
First Assessment	Day 15
Second Assessment	Day 30
Follow-up	Day 60

Statistical Analysis

Collected data were tabulated and analyzed using appropriate statistical methods. Paired t-test was employed to assess changes before and after treatment within individual groups.

Statistical significance was interpreted according to the following criteria:

- $P > 0.05$: Not significant
- $P < 0.05$: Significant
- $P < 0.01$: More significant
- $P < 0.001$: Highly significant

RESULTS

Demographic Characteristics of Study Population

A total of sixty patients fulfilling the inclusion criteria completed the study and were equally allocated into two groups comprising thirty patients each. Demographic analysis was performed to understand the distribution of disease according to age, sex, socioeconomic characteristics, lifestyle factors, and Ayurvedic constitutional parameters.

Age Distribution

The highest proportion of patients (26.67%) belonged to the age group of 56–65 years, followed by 25% in the 46–55 years category. Patients aged 36–45 years constituted

18.33%, while 15% each belonged to the age groups of 16–25 and 26–35 years. The findings suggest a greater prevalence of Tamaka Shwasa among middle-aged and elderly individuals.

Gender Distribution

Among sixty patients, 31 (51.67%) were males and 29 (48.33%) were females, indicating a slight male predominance. Increased occupational exposure to dust, environmental pollutants, smoking-related habits, and psychological stress may contribute to the relatively higher prevalence among males.

Occupational Distribution

The occupational profile demonstrated that manual laborers represented the largest group (38.33%), followed by housewives (21.67%), desk workers (20%), and field workers (20%). Increased exposure to occupational allergens and pollutants among laborers may account for this finding.

Dietary Pattern

Sixty percent of patients consumed a mixed diet, whereas 40% followed a vegetarian diet. Dietary habits involving improper food combinations and heavy food intake may contribute to Kapha aggravation and disease manifestation.

Addiction Profile

The highest proportion of patients demonstrated addiction to tobacco-related substances (28.33%), followed by smoking and betel nut use (26.67%). Tea or coffee consumption was reported by 18.33%, whereas alcohol consumption was reported by 15%.

Family History

Positive family history was observed in 38.33% of patients, suggesting a possible hereditary contribution in some cases.

Disease Characteristics

All patients enrolled in the study had chronic disease duration exceeding one year, indicating the recurrent nature of Tamaka Shwasa.

Agni and Kosta Distribution Assessment of

Agni demonstrated:

- Vishamagni: 48.33%
- Mandagni: 36.67%
- Tikshnagni: 15%

Kosta revealed:

- Madhyama Kosta: 55%
- Mridu Kosta: 26.67%
- Krura Kosta: 18.33%

Disturbed digestive function and altered bowel habits may contribute significantly to disease pathogenesis.

Doshaja Prakriti

Distribution of Doshaja Prakriti was:

- Vata-Pittaja: 41.67%
- Vata-Kaphaja: 30%
- Pitta-Kaphaja: 28.33%

Manasa Prakriti

Rajasika Prakriti was observed in 53.33% of patients, while Tamasika Prakriti was noted in 46.67%.

Clinical Presentation

Among major symptoms:

- Shwasakrichchhata: 100%
- Kasa: 100%
- Asinolabhate Soukhyam: 100%
- Kaphanishthivana: 100%

- Muhurmuhur Shwasa Vega: 83.33%
- Peenasa: 80%
- Urashoola/Parshvashoola: 63.33%

Among associated symptoms:

- Krichha Bhashitam: 93.33%
- Shleshma Vimokshante Muhurtam Sukham: 86.67%
- Lalat Sweda: 85%
- Vishushkasyata: 80%
- Ushna Abhinandati: 76.67%

These observations indicate predominant respiratory and Kapha-associated manifestations in patients with Tamaka Shwasa.

Effect of Treatment on Major Symptoms

Group A (Samshodhana + Shamana)

Substantial reduction in symptom severity was observed following treatment.

Symptom	BT	AT	% Relief
Shwasakrichchhata	93	33	64.52
Kasa	68	21	69.12
Muhurmuhur Shwasa Vega	72	27	52.50
Asinolabhate Soukhyam	71	18	74.65
Kaphanishthivana	69	24	65.22
Peenasa	45	19	57.78
Urashoola	43	11	74.42

Maximum improvement was observed in:

- Asinolabhate Soukhyam (74.65%)
- Urashoola (74.42%)

- Kasa (69.12%)

All parameters demonstrated highly significant statistical improvement ($P < 0.001$).

Group B (Shamana Alone)

Symptom	BT	AT	% Relief
Shwasakrichchhata	98	45	54.08
Kasa	75	29	61.33
Muhurmuhur Shwasa Vega	77	35	54.55
Asinolabhate Soukhyam	71	28	60.56
Kaphanishthivana	63	30	52.38
Peenasa	59	30	49.15
Urashoola	32	16	50

All variables demonstrated highly significant improvement ($P < 0.001$).

Comparative evaluation suggested relatively greater symptomatic improvement in Group A.

Effect on Associated Symptoms

Group A demonstrated comparatively greater relief than Group B across most associated symptoms.

Maximum improvement in Group A:

- Shleshma Vimokshante Muhurtam Sukham: 75.93%
- Lalat Sweda: 75.86%
- Anidra: 70.97%
- Vishushkasyata: 70.45%

Maximum improvement in Group B:

- Anidra: 66.67%
- Vishushkasyata: 63.16%
- Lalat Sweda: 63.46%

All changes remained statistically highly significant ($P < 0.001$).

Effect on Objective Parameters

Group A

Parameter	BT	AT	Mean Difference	P-value
PEFR	118.87	151.40	32.53	<0.001
BHT	25.80	41.03	15.23	<0.001
Chest Expansion	1.33	1.81	0.48	<0.001
FVC	2.14	2.38	0.23	<0.001
FEV1	1.34	1.62	0.28	<0.001
FEV1%	62.04	69.40	7.80	<0.001

Group B

Parameter	BT	AT	Mean Difference	P-value
PEFR	119.23	140.63	21.40	<0.001
BHT	25.37	40.67	15.30	<0.001
Chest Expansion	1.33	1.84	0.51	<0.001
FVC	2.15	2.39	0.24	<0.001
FEV1	1.31	1.60	0.29	<0.001
FEV1%	62.90	68.93	6.03	<0.001

Objective assessment demonstrated statistically significant improvement in pulmonary function parameters in both groups.

Overall Therapeutic Response

Improvement	Group A	Group B
Marked Improvement	26.67%	0%
Moderate Improvement	70%	76.67%
Mild Improvement	3.33%	23.33%
Unchanged	0%	0%

No patient achieved complete remission in either group.

The findings indicate that both interventions were clinically effective; however, patients receiving Samshodhana followed by Shamana demonstrated relatively better overall therapeutic outcomes.

DISCUSSION

Tamaka Shwasa is one of the important respiratory disorders described in Ayurvedic literature and is characterized by recurrent attacks of respiratory distress, cough, wheezing, chest tightness, and difficulty in breathing. The disease is considered a Vata-Kapha predominant disorder with origin in Pittasthana and involvement of Pranavaha Srotas. The pathogenesis involves Kapha-induced obstruction in the respiratory channels causing derangement of Prana Vayu, ultimately resulting in respiratory dysfunction.

From a modern perspective, Bronchial Asthma is recognized as a chronic inflammatory disorder of the airways involving multiple inflammatory cells including eosinophils, mast cells, T-lymphocytes, and macrophages. The disease manifests with reversible airflow obstruction and increased bronchial hyper-responsiveness.

Although modern therapy offers symptomatic relief, long-term treatment frequently becomes associated with adverse effects, dependency, and patient compliance issues.

The present study was undertaken to evaluate the therapeutic efficacy of Shatyadi Yoga

administered alone and in combination with Samshodhana Chikitsa in patients suffering from Tamaka Shwasa. Both treatment groups demonstrated highly significant improvement in subjective and objective parameters. Reduction in Shwasakrichchhata may be attributed to removal of airway obstruction and restoration of Prana Vayu function. Improvement in Kasa and Kaphanishthivana may be due to expectorant and Kapha-reducing actions of the formulation. Relief in Peenasa and associated symptoms may indicate reduction of inflammatory responses and correction of systemic Dosha imbalance. Objective parameters also demonstrated substantial improvement.

Group A showed increase in PEFr from 118.87 to 151.40, whereas Group B showed improvement from 119.23 to 140.63. Improvement in spirometric parameters including FEV1 and FVC suggests enhancement of airway function. The relatively greater improvement observed in Group A supports the classical Ayurvedic principle that elimination of aggravated Doshas prior to pacification therapy yields superior clinical outcomes.

CONCLUSION

The present study demonstrated significant clinical improvement in patients of Tamaka Shwasa treated with both therapeutic interventions. Significant reduction was observed in subjective symptoms, objective respiratory parameters, and selected hematological indices.

Patients receiving Samshodhana followed by Shamana therapy demonstrated comparatively better clinical outcomes than patients receiving Shamana therapy alone.

The findings suggest that incorporation of Virechana prior to administration of Shatyadi Yoga may enhance therapeutic response through elimination of accumulated Doshas and restoration of normal respiratory physiology.

Shatyadi Yoga appears to be a safe, economical, and effective therapeutic option in the management of Tamaka Shwasa with special reference to Bronchial Asthma.

Further large-scale studies with longer duration and advanced objective parameters are recommended for establishing stronger evidence regarding its long-term efficacy.

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