



## AYURVEDIC APPROACH IN THE MANAGEMENT OF TAMAKA SHWASA (BRONCHIAL ASTHMA): A CASE STUDY

Dr. Sambhavi Puri\*

India.



\*Corresponding Author: Dr. Sambhavi Puri

India.

DOI: <https://doi.org/10.5281/zenodo.19883064>



**How to cite this Article:** Dr. Sambhavi Puri\* (2026). Ayurvedic Approach In The Management Of Tamaka Shwasa (Bronchial Asthma): A Case Study. World Journal of Pharmaceutical and Life Sciences, 12(5), 154–156.  
This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 15/03/2026

Article Revised on 04/04/2026

Article Published on 01/05/2026

### ABSTRACT

Tamaka Swasa is one among the Pranavaha Srotho Vikara. It is a Swatantra Vyadhi (independent disease) which is having its own etiological factors, pathophysiology and management. According to Charaka it is considered as Yapya Vyadhi (palliative disease), while Sushruta considered it as Krichchra Sadhya Vyadhi (difficult to cure), therefore proper line of treatment and implementation of excellent lifestyle is necessary for better quality of life. Currently an attempt has been made to explore the efficacy of such formulations in reducing the signs and symptoms of Tamaka Swasa. A case of 49-year-old male patient who presented with the symptoms of difficulty in breathing, chest discomfort, cough with whitish color sputum and generalized weakness of Tamaka Swasa was treated by internal Ayurvedic medicines and marked improvement was seen. After 4 weeks of follow up no episodes of above complaints have been reported.

**KEYWORDS:** Tamaka Swasa, Bronchial Asthma, Shamana Chikitsa.

### INTRODUCTION

Chronic diseases, often referred to as non communicable diseases, are enduring health conditions that persist over time and typically progress slowly. Unlike acute illnesses that arise suddenly and can often be cured, chronic diseases such as heart disease, diabetes, cancer, and respiratory diseases impose long-term challenges on individuals and their families. These conditions not only affect physical health but also impact emotional well-being, financial stability, and overall quality of life. In recent decades, chronic diseases have become a significant global health concern, posing a formidable burden on healthcare systems worldwide. Asthma is a chronic inflammatory disorder of the airways, that is associated with airway hyper responsiveness that leads to recurrent episodes of breathlessness, chest tightness coughing and wheezing, that exacerbates at night and in the early morning. These episodes are usually associated with variable and widespread airflow that is often reversible, either spontaneously or with treatment.<sup>[1]</sup>

### Epidemology

Asthma is more prevalent in children than in adults; it is more prevalent in developed as compared to developing countries and in urban than in rural areas. In India, prevalence rates vary from 2-7% but may be higher in certain regions, especially in children. Asthma occurs at all ages; in nearly half the patients, the onset occurs in the childhood and three-fourths of the cases would have manifest by young adulthood. In children, the male: female ratio is approximately 2:1 but in adults asthma is equally prevalent in both sexes.<sup>[2]</sup>

### CASE REPORT

A 50 year old male patient came with the chief complaints of difficulty in breathing aggravated since 7 days associated with intermittent fever, cough with whitish colored sputum, and generalized weakness.

### History Of Present Illness

Patient was apparently healthy 19 years back. One fine day suddenly he got fever and difficulty in breathing, for these complaints he visited a local physician and took medication (details not known) and symptoms got

reduced temporarily. He used to suffer on and off with the same complaints and on medication he got relief. In the year 2016, month of November he had breathing difficulty followed by cough with expectoration (whitish color) for this complaint he visited Jammu Institute Of Ayurveda And Research and underwent Vamana treatment symptoms got reduced temporarily.

In 2018 in the month of December again he had difficulty in breathing, cough with expectoration (whitish color) and fever, for these complaints he again got admitted in Jammu Institute Of Ayurveda And Research and symptoms got relieved temporarily (Agatsya Haritaki and Shwasamrita). Whenever he developed the breathing difficulty, he used to take above mentioned medication. Since last 7 days he is suffering from intermittent fever, weakness, headache, difficulty in breathing, cough with expectoration (whitish color) and chest pain. So for the further treatment he consulted Jammu Institute Of Ayurveda And Research and got admitted on 26/11/2020.

#### Treatment history

He was taking Shwasamrita whenever he gets the symptoms for more than 2 year and Agatsya Haritaki since 6 months. There is no history of diabetes, hypertension.

#### Past history

k/c/o bronchial Asthma since 18 years.

#### Personal history

By occupation patient works in gold shop, and taking vegetarian diet. Alcohol (90ml) intake once in a month since 25 years, coffee- 1-2 times/day, no h/o smoking.

#### Family history

His son suffering from bronchial asthma since birth. All other family members are said to be healthy.

#### Examination

**Table 1: Assessment of general condition of the patient.**

Appetite	Normal
Bowel	Regular
Micturation	Regular
Sleep	Disturbed

#### Respiratory System

**Palpation:** Tenderness - absent, position of the trachea is centrally placed. Transverse diameter- 33cm. movement of chest bilaterally symmetrical.

**Inspiration-** 89cms, expiration-85cms.vocal fremitus - bilaterally symmetrical.

**Percussion:** Resonant all over the lung field. Hepatic and cardiac dullness noted.

**Auscultation:** Polyphonic wheeze was observed bilaterally (more in right lung compared to left). Vocal resonance is bilaterally symmetrical. CVS- nothing abnormality is detected.

#### Ashtasthanagata Pariksha

Nadi (pulse) – 74b/min Vataja Nadi, Mala (stool) – once in a day, Mootra (urine)-3-4 times a day, Jihwa (tongue) – Alipta, Shabda (speech) – Krichatbhashitum, Sparsha (touch) - Abhyanga with Brihat Saindavadi Tailam (chest and back) once in a day, Druk (eyes)- Doosara Varna, Akruiti (built)- moderate.

#### Dashavidha Pariksha

Prakruti – Pitta-Kapha, Vikruti – Prana Vata and Avalambaka Kapha, Sara – Madyama, Samhanana – Madyama, Pramana – height -159cm, weight- 63kg, BMI – 24kg/mg, Satwa – Avara, Satmya – Madyama, Aharashakti – Madyama, Vyayama Shakti – Madyama, Vaya – Madyama.

#### MATERIALS AND METHODS

##### Source of data

Patient suffering from Tamaka Swasa is selected from I.P.D. of Jammu Institute Of Ayurveda And Research.

##### Study design

A single case study.

#### TREATMENT

Abyanga with Saindhavadi Taila followed by Nadi Sweda and Shamana Chikitsa for 10 days.<sup>[3]</sup>

1. Chitraka Haritaki Lehya 10gm before food twice in a day.<sup>[4]</sup>
2. Rasnadi Talam once in a day.<sup>[5]</sup>
3. Abhyanga with Brihat Saindavadi Tailam (chest and back) once in a day<sup>[3]</sup>
4. Shwasa Kuthar Rasa 2 bd after food, twice in a day
5. Syp Shwasamritam 5ml (S O S).<sup>[6]</sup>
6. Bharangyadi Arka nebulization 1.5ml (S O S).<sup>[7]</sup>

#### CRITERIA FOR ASSESSMENT OF RESULTS

Results were assessed from subjective parameters (cardinal signs) of base line data of before and after treatment.

##### Subjective parameter

- a) night awakening;
- b) morning worsening of asthma symptoms;
- c) limitation of activity;
- d) shortness of breath;
- e) wheezing;
- f) Use of bronchodilator (Bharangi Arka nebulization) each day.

**Table 2: Study design on Assessment grade for Subjective criteria.**

1.	Night awakening	0	Never
		1	A Few time
		2	Many time
		3	Unable to sleep because of asthma
2.	Morning worsening of asthma symptoms	0	No symptoms
		1	Mild symptoms
		2	Moderate symptoms
		3	Severe symptoms
3.	Limitation of activity	0	Not limited at all
		1	Slightly limited
		2	Moderately limited
		3	Severe limited
4.	Shortness of breath	0	None
		1	A very little amount
		2	A moderate amount
		3	A great amount
5.	Wheezing	0	Not at all
		1	Hardly any of the time
		2	A moderate amount of the time
		3	A lot of the time
6.	Use of bronchodilator (Bharangi Arka nebulization) each day	0	None
		1	1-2 puffs in a day
		2	3-4 puffs in a day
		3	More than 5 puffs in a day

**Table 3: Showing the effect of Abyanga and Nadi Sweda and Shamana Chikitsa on cardinal symptoms.**

S. No.	Signs and symptoms	BT (before treatment)	AF (after treatment)	Result in %
1.	Night awakening	3	1	60%
2.	Morning worsening of asthma symptoms	2	0	70%
3.	Limitation of activity	2	1	60%
4.	Shortness of breath	2	0	70%
5.	Wheezing	3	1	60%
6.	Use of bronchodilator (Bharangi arka nebulization) each day	1	0	80%

**DISCUSSION**

Tamaka Swasa disease is manifested due to obstruction of Pranavaha Srotas, Vata moves in reverse order and pervades the entire Pranavaha Srotas and stimulates the Kapha in the throat and head causing rhinitis. Further it manifest wheezing sound, greater enhancement of respiration in relation to rate and rhythm; feeling of darkness in front of the eyes. Paroxysmal attack of this disease is severe enough to put the patient in distress. In such condition drug and food which possess Kapha and Vata alleviating property are helpful in relieving the Swasa.

**REFERENCES**

- Davidson's Principles and Practice of Medicine. Edited by Brian.R. Walker, Ian D Penman, Nicki R. Colledge et al, 24th edition, 2023; Page no. 499.
- API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no. 355.
- Acharya Yadavjirikamji, Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda deepika (sans), Chikitsa Sthan 17/55-57, Chaukambha Sanskrit series office, Varanasi, Edition reprint, 2011; 533-539.
- Smita S. Chaudari, G.S.Chaudhari – A Review on Plumbago zeylanica Linn. – A Divine Medicinal plant: A Research Article, IJPSRR, Article no 20, Jan. – Feb. 2015; 119-127.
- Sharma P, Sushruta Samhita of Dalhana, Shree gayadasa acharya virachita (sans), Chikitsa sthana24/25-26. chaukambha Sanskrit series office, Varanasi, Edition reprint-2011; 488-489.
- Dr Sastry J.L.N.Dravyaguna Vignana. 2012th ed. Varanasi Chaukambha Orientalia, 2012; 54, 98, 419.
- Praveen Kumar A, K Nishteshwar: Phytochemical and Pharmacological Profiles of Cleodendrum serratum Linn (Bharangi): A Review Article, IJRAP., Mar-Apr 2013; 4(2).