

# An Ayurvedic Management of Tamaka Swasa (Bronchial Asthma): A Single Case Study

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**Abstract**—Tamaka Swasa is a chronic respiratory disorder described in Ayurveda under Swasa Roga and can be correlated with Bronchial Asthma. It is predominantly a Vata-Kaphaja Vyadhi affecting Pranavaha Srotas and characterized by difficulty in breathing, wheezing, chest tightness, cough, and aggravation in lying posture. Modern management mainly depends on bronchodilators and corticosteroids, which often lead to recurrence and inhaler dependency. The present case study evaluates the effect of Ayurvedic management in a 33-year-old female patient suffering from Tamaka Swasa for two years. The patient presented with breathlessness, wheezing, nasal obstruction, throat itching, and inhaler dependency. Ayurvedic treatment principles including Nidana Parivarjana, Agni Deepana, Kapha Shamana, Vatanulomana, and Shamana Chikitsa were adopted. Internal medicines such as Desma Tablet, Iobine Tablet, Swasa Kutara Rasa, Kanakasava, Pushkaramoolasava, Haridrakhand, and various Kashaya preparations were administered along with Pathya Ahara-Vihara. Regular follow-up was carried out for seven months. Significant symptomatic relief was observed with reduction in wheezing, breathing difficulty, nasal obstruction, and inhaler dependency. At the end of treatment, inhaler usage reduced from daily use to once in five days. The case demonstrates that Ayurvedic management along with strict Pathya Ahara-Vihara provides effective relief in Tamaka Swasa and improves quality of life.

**Index Terms**—Tamaka Swasa, Bronchial Asthma, Ayurveda, Swasa Roga, Vata-Kapha, Pranavaha Srotas, Shamana Chikitsa, Case Study

## I. INTRODUCTION

Bronchial Asthma is one of the most common chronic inflammatory airway disorders characterized by breathlessness, wheezing, chest tightness, and cough. Increasing environmental pollution, allergen exposure, dietary irregularities, and sedentary lifestyle contribute

significantly to the increasing prevalence of asthma worldwide.

In Ayurveda, Bronchial Asthma can be correlated with Tamaka Swasa, which is described under Swasa Roga. Tamaka Swasa is mainly caused by vitiation of Vata and Kapha Dosh affecting Pranavaha Srotas. Due to obstruction caused by Kapha, Prana Vata undergoes Pratiloma Gati leading to difficulty in breathing. The disease originates in Amashaya and manifests in Urah Pradesh. Classical symptoms include Ghurghuraka, Shwasakrichrata, Shyanashwasapidita, Kanthodhwansa, and relief in sitting posture.

Ayurveda emphasizes Nidana Parivarjana, Agni Deepana, Kapha Vilayana, Vatanulomana, Shodhana, and Shamana therapies in the management of Tamaka Swasa. The present case study highlights the role of Ayurvedic management in reducing symptoms and inhaler dependency in a patient suffering from Tamaka Swasa.

## Aim

To evaluate the efficacy of Ayurvedic management in a patient suffering from Tamaka Swasa (Bronchial Asthma).

## II. OBJECTIVES

1. To study the clinical features of Tamaka Swasa.
2. To assess the efficacy of Ayurvedic medicines in Tamaka Swasa.
3. To evaluate reduction in symptoms and inhaler dependency.
4. To assess improvement in quality of life after Ayurvedic treatment.

### III. MATERIALS AND METHODS

#### Study Design

Single case study.

#### Patient Information

A 33-year-old female patient visited the OPD with complaints of difficulty in breathing since two years associated with wheezing, chest tightness, throat itching, nasal obstruction, and inhaler dependency.

#### Diagnostic Criteria

Diagnosis was made based on:

- Clinical signs and symptoms of Tamaka Swasa
- Ayurvedic examination
- Respiratory examination
- Laboratory investigations

#### Materials Used

##### Internal Medicines

- Desma Tablet
- Iobine Tablet
- Swasa Kutara Rasa
- Kanchanara Guggulu
- Pancha Tikta Ghrita Guggulu
- Haridrakhanda
- Kanakasava
- Vasarishta
- Pushkaramoolasava
- Sudarshanarishta
- Kashaya Yoga

#### Methods

Treatment principles adopted:

1. Nidana Parivarjana
2. Kapha-Vata Shamana
3. Agni Deepana
4. Ama Pachana
5. Vatanulomana
6. Pathya Ahara-Vihara

Follow-up was done regularly for seven months.

#### Case Report

##### Patient Information

Name: XYZ

Date: 23-04-2023

Registration No: 2304075

Address: Nanded, Maharashtra

Age: 33 years

Sex: Female

Occupation: Housewife

Chief Complaint

Difficulty in breathing since 2 years.

#### History of Present Illness

A 33-year-old female patient had been suffering from difficulty in breathing for the last two years. Due to vulnerability to smoke and dust allergies, symptoms gradually manifested as breathing difficulty. Initially she got relief with inhaler therapy but later recurrence and inhaler dependency increased.

#### Treatment History

- Formonide 200 inhaler at night
- Tab Clearmont L 5mg/10mg OD
- Montelukast + Levocetirizine OD
- Cap Neuromed OD
- Thyronorm 75 mcg OD

#### Past History

- History of hypothyroidism for 11 years.

#### Family History

- Father: COPD, Type 2 Diabetes Mellitus, Hypertension
- Mother: Hypothyroidis

#### Personal History

- Vegetarian diet
- Katu Rasa Priya
- Regular intake of curd and tea
- Walking 1 km/day
- Sleep normal

#### General Examination

Parameter	Findings
Height	159 cm
Weight	67.5 kg
BP	120/70 mmHg
Pulse	78/min
Respiratory Rate	22/min
Temperature	98.6°F

#### Respiratory Examination

Inspection

- Bilateral symmetrical chest
- Accessory muscles used in respiration
- Thoraco-abdominal breathing

Palpation

- No tenderness
- Trachea centrally placed
- Symmetrical chest movements

Percussion

- Resonant lung fields

Auscultation

- Bilateral polyphonic wheeze

Investigations

Investigation	Findings
Hb	11.3 gm/dl
PCV	34.7%
TSH	4.927 µIU/mL
HbA1C	5.9%
IgE	249.7 KIU/L
Chest X-ray	Normal
ECG	Normal sinus rhythm

Ashtasthana Pareeksha

Examination	Findings
Nadi	Kapha Pittaja
Mutra	Prakruta
Mala	Prakruta
Jihva	Anupalipta
Shabda	Spashta
Sparsha	Sheeta
Drik	Anavila
Akriti	Madhyama

Dasavidha Pareeksha

Parameter	Findings
Prakriti	Kapha-Pitta
Vikriti	Vata-Kapha
Sara	Mamsasara
Satva	Madhyama
Satmya	Madhyama

Nidana

Aharaja Nidana

- Ati Ruksha, Katu, Amla Ahara
- Fried food
- Bakery food
- Junk food
- Curd
- Guru Ahara

Viharaja Nidana

- Exposure to dust and smoke
- Day sleep
- Cold water intake
- Irregular food habits
- Vegadharana

Purvarupa

- Anaha
- Parshvashoola
- Hridaya Pidana
- Pranasya Vilomata
- Bhaktadwesa
- Adhmana

Rupa

- Hridaya Pidana
- Ruddha Shwasa
- Ghurghuraka
- Shayanashwasapidita
- Lalata Sweda
- Vishushkasyata
- Asino Labhate Saukhyam

Samprapti Ghataka

Samprapti Ghataka	Findings
Dosha	Vata-Kapha
Dushya	Rasa, Rakta
Agni	Mandagni
Srotas	Pranavaha
Udbhava Sthana	Amashaya
Adhisthana	Urah
Srotodushti	Sanga

**Chikitsa Siddhanta**

हिक्र्वा श्वासादितम् सिग्धैरादौ स्वेदैरुपाचरेत् । आक्तं लवण तैलेन नाडि प्रस्तर संकरै ॥ ,बिण बीपण 17६71६

वातश्लेष्म हरैयुक्तम् तमके तु विरेचनम् । ,बिण बीपण 17६121६

**Treatment Plan**

1. Nidana Parivarjana
2. Shamana Chikitsa
3. Pathya Ahara-Vihara
4. Kapha-Vata Shamaka Chikitsa

**Observation Table**

Symptoms	Before Treatment	After 7 Months
Difficulty in breathing	Severe	Mild
Wheezing	Severe	Minimal
Nasal obstruction	Present	Absent
Throat itching	Present	Absent
Lalata Sweda	Present	Absent
Shayanashwasapidita	Severe	Absent
Inhaler dependency	Daily	Once in 5 days

**Timeline Table**

Duration	Clinical Changes
15 days	Phlegm expectoration increased; Agni improved
1 month	Breathing difficulty reduced by 40%
2 months	Inhaler reduced to once in 3 days
3 months	70% relief in Krichra Swasa
4 months	80% relief in nasal obstruction and sweating
5 months	Significant reduction in inhaler use
6 months	Major symptomatic relief
7 months	Inhaler reduced to once in 5 days

**Before and After Symptom Assessment**

Symptom	Before Treatment	After Treatment
Krichra Swasa	Severe	80% relief
Ghurghurata	Severe	90% relief
Netra Kandu	Present	100% relief
Lalata Sweda	Present	100% relief
Nasa Rodha	Present	100% relief
Throat Itching	Present	100% relief
Shayanashwasapidita	Present	100% relief

**IV. RESULT**

The patient showed gradual and significant improvement during the treatment period. Breathing difficulty, wheezing, nasal obstruction, sweating, and throat itching were reduced significantly. Inhaler dependency reduced from daily use to once in five days after seven months of treatment.

**V. DISCUSSION**

Tamaka Swasa is caused by vitiation of Vata and Kapha Dosha resulting in obstruction of Pranavaha Srotas. In the present case, exposure to smoke, dust, cold substances, Guru Ahara, and irregular food habits contributed to Kapha accumulation and Vata aggravation.

The treatment protocol focused on Kapha Vilayana, Vatanulomana, Agni Deepana, and Srotoshodhana. Medicines such as Vasa, Pushkaramoola, Yashtimadhu, Trikatu, Tulasi, and Haridra possess Swasahara, Kasahara, Kapha-Vata Shamaka, and anti-inflammatory properties.

Strict Pathya Ahara-Vihara and regular hot water intake improved Agni and reduced Kapha. Gradual reduction in inhaler dependency indicates significant improvement in respiratory efficiency.

The case demonstrates that Ayurvedic treatment provides effective management in Tamaka Swasa and improves the quality of life.

**VI. CONCLUSION**

Tamaka Swasa, though manifested in Pranavaha Srotas, originates from Amashaya. Proper

understanding of Dosha, Dushya, Agni, and Srotas involvement is essential for effective treatment. Nidana Parivarjana, Agni Deepana, Kapha Shamana, and Vatanulomana play a major role in the management of Tamaka Swasa.

The present case showed significant relief in symptoms and reduction in inhaler dependency after Ayurvedic treatment. Hence, Ayurvedic management along with Pathya Ahara-Vihara can be considered effective in the management of Tamaka Swasa.

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