Management of Tamaka Shwasa (Bronchial Asthma) through Ayurvedic Shamana Therapy: A Case Report

Dr Avirat Arun Salve[1], Dr Sandeep T shinde[2]
[1] 2nd year pg student, PMT's Ayurved College Shevgaon , Dist. Ahilyanagar
[2] HOD and Guide, Kayachikitsa department PMT'S Ayurved College Shevgaon, Dist Ahilyanagar

***Abstract*—Tamaka Shwasa, described in classical Ayurvedic texts, is a chronic respiratory disorder predominantly caused by the vitiation of Vata and Kapha Dosha, closely resembling Bronchial Asthma in modern medicine. It is characterized by symptoms such as Shwasa (dyspnea), Kasa (cough), Ghurghuraka (wheezing), and difficulty in breathing, especially during night or early morning. The increasing prevalence of bronchial asthma and limitations of long-term conventional therapy necessitate safer and more effective alternative approaches.**

This case report presents the successful management of Tamaka Shwasa in a patient treated with Ayurvedic Shamana Chikitsa (palliative therapy). The patient presented with classical symptoms including breathlessness, wheezing, chest tightness, and cough with expectoration. A treatment protocol comprising classical formulations such as Sitopaladi Churna, and other Kapha-Vata pacifying medicines along with dietary and lifestyle modifications was administered.

Significant improvement was observed in the frequency and severity of symptoms, reduction in dependency on bronchodilators, and overall enhancement in quality of life. The therapeutic effect can be attributed to Deepana, Pachana, Kapha-Vata shamana, and Shwasahara properties of the drugs used.

This case highlights the potential role of Ayurvedic Shamana therapy as an effective and safe approach in the management of Tamaka Shwasa (Bronchial Asthma), offering symptomatic relief and long-term benefits without adverse effects.

***Index Terms*—Tamaka Shwasa, Bronchial Asthma, Shamana Chikitsa, Ayurveda, Sitopaladi Churna, Vata-Kapha Dosha, Shwasahara, Case Report**

I. INTRODUCTION

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Tamaka Shwasa is one of the important diseases described under Shwasa Roga in classical Ayurvedic literature and is considered a chronic and recurrent respiratory disorder[1]. It is predominantly caused by the vitiation of Vata and Kapha Dosha, where aggravated Kapha obstructs the Pranavaha Srotas, leading to difficulty in breathing and other associated symptoms[2]. The condition is characterized by Shwasa (dyspnea), Kasa (cough), Ghurghuraka (wheezing), Peenasa (nasal congestion), and inability to lie down comfortably, often worsening during night and early morning[3].

According to Charaka Samhita, Tamaka Shwasa is classified as a Yapya Vyadhi (manageable but not completely curable disease), indicating its chronic and relapsing nature[4]. The pathogenesis involves Avarana (obstruction) of Vata by Kapha, resulting in impaired respiratory function and episodes of breathlessness[5]. Nidanas (etiological factors) such as exposure to dust, smoke, cold वातावरण, improper diet (Guru, Snigdha Ahara), and sedentary lifestyle play a significant role in disease manifestation[6].

In contemporary medicine, Tamaka Shwasa closely resembles Bronchial Asthma, a chronic inflammatory disorder of the airways characterized by reversible airway obstruction, bronchial hyperresponsiveness, and mucous hypersecretion[7]. Globally, bronchial asthma poses a major public health challenge due to its increasing prevalence, morbidity, and impact on quality of life[8].

Although modern management includes bronchodilators and corticosteroids, long-term use may lead to adverse effects and dependency. Ayurveda offers a holistic approach through Shodhana and Shamana Chikitsa, focusing on Dosha balance, Agni correction, and Srotoshodhana[9]. Shamana therapy, in particular, plays a vital role in controlling symptoms, preventing recurrence, and improving overall health status in patients with Tamaka Shwasa[10].

II. AIM

To evaluate the efficacy of Ayurvedic Shamana Chikitsa in the management of Tamaka Shwasa (Bronchial Asthma) and to assess its role in reducing symptoms and improving the quality of life in a diagnosed patient.

III. METHODOLOGY

A single case study was conducted on a clinically diagnosed patient of Tamaka Shwasa. Diagnosis was based on classical Ayurvedic signs and symptoms along with correlation to Bronchial Asthma. The patient was treated with selected Ayurvedic Shamana formulations along with Pathya-Apathya (dietary and lifestyle modifications). Assessment was done before and after treatment using subjective criteria such as severity of breathlessness, frequency of wheezing, cough, and sleep disturbance. The duration of the study was 30 days, with regular follow-up.

IV. CASE STUDY

1. Patient Information
- Name: XXXX
- Age: 35 years
- Gender: Male
- Occupation: Office worker
- OPD No.: XXXX
- Date of Registration: XX/XX/XXXX

2. Chief Complaints
- Shwasa (breathlessness) – since 5 years (increased since 10 days)
- Kasa (cough) with expectoration – since 5 years
- Ghurghuraka (wheezing) – since 3 years
- Chest tightness – since 1 year
- Disturbed sleep due to dyspnea – since 10 days

3. History of Present Illness

The patient was apparently healthy 5 years ago, after which he gradually developed breathlessness on exertion, which later progressed to episodes even at rest. The symptoms were aggravated on exposure to dust, cold air, and during seasonal changes. He reported recurrent episodes of cough with whitish expectoration and wheezing sounds, especially at night and early morning.

Over the last 10 days, symptoms worsened with increased frequency of breathlessness and sleep disturbance. The patient had taken bronchodilators intermittently, which provided temporary relief.

4. Past History
- History of recurrent respiratory illness since childhood
- No history of Diabetes Mellitus / Hypertension / Tuberculosis

5. Personal History
- Diet: Mixed (Kapha aggravating, frequent intake of curd and cold food)
- Appetite: Reduced
- Bowel: Irregular
- Sleep: Disturbed
- Addiction: Occasional tea, no smoking

6. Family History
- Father had a history of bronchial asthma

7. General Examination (with Parameters)
- Pulse Rate: 92/min
- Respiratory Rate: 24/min (elevated)
- Blood Pressure: 126/84 mmHg
- Temperature: 98.4°F
- SpO_2: 93% (room air)

Anthropometry:
- Height: 170 cm
- Weight: 72 kg
- BMI: 24.9 kg/m²

8. Systemic Examination

Respiratory System
- Inspection: Use of accessory muscles present, increased respiratory effort
- Palpation: Reduced chest expansion bilaterally
- Percussion: Resonant note
- Auscultation: Bilateral expiratory wheeze present

9. Ashtavidha Pariksha
- Nadi: 92/min (Kapha-Vata predominance)
- Mala: Saama, irregular
- Mutra: Normal

- Jihva: Saama (coated)
- Shabda: Spashta with wheeze
- Sparsha: Anushna
- Drik: Normal
- Aakruti: Madhyama

10. Dashavidha Pariksha
- Prakriti: Kapha-Vata
- Vikriti: Kapha-Vata
- Sara: Madhyama
- Samhanana: Madhyama
- Pramana: Madhyama
- Satmya: Madhyama
- Satva: Madhyama
- Aahara Shakti: Avara
- Vyayama Shakti: Avara
- Vaya: Madhyama

11. Laboratory & Pulmonary Parameters
- Hemoglobin: 14.2 g/dL
- Total WBC Count: 8,600 cells/mm³
- ESR: 18 mm/hr (mildly elevated)

Pulmonary Function Test (PFT):
- FEV1: 65% of predicted
- FVC: 78% of predicted
- FEV1/FVC Ratio: 0.68

12. Samprapti (Pathogenesis)

Due to Nidana Sevana such as intake of Guru, Snigdha Ahara, exposure to dust and cold, Kapha Dosha becomes aggravated. This aggravated Kapha causes obstruction (Avarana) in Pranavaha Srotas, leading to vitiation of Vata. The Prana Vata undergoes Pratiloma Gati, resulting in symptoms like Shwasa, Kasa, and Ghurghuraka.

13. Diagnosis
- Ayurvedic Diagnosis: Tamaka Shwasa
- Modern Correlation: Bronchial Asthma

14. Treatment Plan (Shamana Chikitsa)
- Sitopaladi Churna – 3 gm BD with honey
- Vasavaleha – 10 gm BD
- Agastya Haritaki Avaleha – 10 gm HS
- Godanti Bhasma – 250 mg BD

Duration: 30 days

15. Pathya – Apathya

Pathya:
- Warm, light, easily digestible food
- Use of ginger, turmeric
- Avoid cold exposure

Apathya:
- Curd, cold drinks, refrigerated food
- Dust exposure, day sleep

16. Assessment Criteria

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Breathlessness	None	Mild	Moderate	Severe
Wheezing	None	Occasional	Frequent	Continuous
Cough	None	Mild	Moderate	Severe
Sleep Disturbance	None	Occasional	Frequent	Severe

17. Results (Before & After Treatment)

Parameter	Before Treatment	After Treatment
Breathlessness	Grade 3	Grade 1
Wheezing	Grade 3	Grade 1
Cough	Grade 2	Grade 1
Sleep Disturbance	Grade 3	Grade 0
Respiratory Rate	24/min	18/min
SpO_2	93%	97%
FEV1	65%	80%

18. Outcome

The patient showed marked improvement in clinical symptoms, respiratory parameters, and overall quality of life after 30 days of Shamana therapy. No adverse effects were observed during the treatment period.

V. DISCUSSION

Tamaka Shwasa, described in Ayurveda under Shwasa Roga, is a chronic respiratory disorder predominantly involving vitiation of Vata and Kapha Dosha. The clinical presentation in this case—breathlessness (Shwasa), cough (Kasa), wheezing (Ghurghuraka), and nocturnal aggravation—closely correlates with

Bronchial Asthma in contemporary medicine. The disease is considered *Yapya*, indicating that it can be effectively managed but has a tendency for recurrence.
In the present case, the patient exhibited classical Nidana such as exposure to dust, cold air, and intake of Kapha-provoking diet (Guru, Snigdha, Sheeta Ahara), leading to Kapha Vriddhi. This aggravated Kapha caused *Avarana* (obstruction) of Pranavaha Srotas, which in turn disturbed the normal functioning of Vata, especially Prana Vata. The resultant *Pratiloma Gati* of Vata produced symptoms like dyspnea, wheezing, and cough.
The line of treatment adopted in this case was Shamana Chikitsa, aimed at pacifying vitiated Doshas, correcting Agni, clearing Srotas, and relieving respiratory distress. The significant improvement observed in both subjective and objective parameters suggests the effectiveness of this approach.

VI. PROBABLE MODE OF ACTION

1. Dosha Shamana (Pacification of Vata-Kapha)
The medicines used in this case, such as Sitopaladi Churna, Vasavaleha, Agastya Haritaki Avaleha, and Godanti Bhasma, possess Kapha-Vata Shamana properties.

- Kapha Shamana: Helps in reducing excessive mucus production and clearing airway obstruction.
- Vata Anulomana: Restores normal movement of Vata, thereby relieving dyspnea and chest tightness.

This dual action directly targets the root pathology of Tamaka Shwasa.

2. Deepana–Pachana (Correction of Agni)
Impaired Agni leads to the formation of *Ama*, which contributes to Srotorodha (channel obstruction). The formulations used have Deepana (appetizer) and Pachana (digestive) properties:

- Enhances Jatharagni
- Digests Ama
- Prevents further Dosha aggravation

Thus, it breaks the pathogenesis at an early stage.

3. Srotoshodhana (Channel Cleansing Action)
Obstruction of Pranavaha Srotas is the key event in Tamaka Shwasa. The drugs used exhibit Srotoshodhana properties:

- Liquefaction and expulsion of vitiated Kapha
- Clearance of respiratory passages
- Improvement in airflow

This is reflected clinically by reduction in wheezing and improvement in oxygen saturation and respiratory rate.

4. Shwasahara and Kasahara Effects
The selected formulations have specific action on respiratory symptoms:

- Shwasahara: Relieves breathlessness by improving lung function
- Kasahara: Reduces cough and expectoration
- Helps in reducing bronchial hyperresponsiveness

This explains the observed reduction in symptom severity scores.

5. Anti-inflammatory and Bronchodilatory Effect (Modern Correlation)
From a contemporary perspective, the ingredients of these formulations are known to exhibit:

- Anti-inflammatory action → reduces airway inflammation
- Bronchodilator effect → relaxes bronchial smooth muscles
- Mucolytic action → reduces viscosity of sputum

These actions contribute to improved pulmonary function parameters such as FEV1 and FEV1/FVC ratio.

6. Rasayana Effect (Immunomodulatory Action)
Formulations like Agastya Haritaki Avaleha act as Rasayana:

- Enhance Vyadhikshamatva (immunity)
- Reduce frequency of recurrent attacks
- Improve overall respiratory strength

This supports long-term disease management.

7. Role of Pathya–Apathya
Dietary and lifestyle modifications played a crucial supportive role:

- Avoidance of Kapha-aggravating factors prevented further Dosha vitiation
- Intake of warm, light diet supported Agni and reduced Ama formation

- Avoidance of allergens minimized triggering factors

VII. OVERALL INTERPRETATION

The combined effect of Shamana therapy resulted in:

- Reduction in airway obstruction
- Improved respiratory efficiency
- Decrease in frequency and severity of asthmatic episodes
- Enhancement in quality of life

The improvement in objective parameters such as respiratory rate, SpO_2, and PFT values further validates the clinical efficacy of the treatment.

VIII. CONCLUSION

This case study demonstrates that Ayurvedic Shamana Chikitsa is effective in the management of Tamaka Shwasa (Bronchial Asthma). The treatment provided significant relief in key symptoms such as breathlessness, wheezing, and cough, along with improvement in respiratory parameters and overall quality of life.

The therapeutic approach, based on Dosha Shamana, Agni Deepana, and Srotoshodhana, addresses the root pathology and helps in preventing recurrence. Hence, Shamana therapy can be considered a safe, economical, and beneficial modality for long-term management of Tamaka Shwasa.

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