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REVIEW ARTICLE

TAMAKA SHWASA (BRONCHIAL ASTHMA): A CRITICAL AYURVEDIC PERSPECTIVE AND THERAPEUTIC REVIEW

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ABSTRACT

Tamaka Shwasa is a broad word that refers to several disorders in which dyspnoea is the major symptom. However, it is especially associated with bronchial asthma. Three of the five varieties of Shwasa listed in Ayurveda are considered incurable, whereas the fourth, Kshudra Shwasa, is caused by extreme physical activity or the ingestion of dry foods (Ruksh Ahara) and is readily treated. Tamaka Shwasa cases that develop early are more treatable; however, chronic situations are more difficult to treat. In Ayurvedic medicine, Shwasa refers to both an autonomous disease and a symptom or complication of another disease. The episodic nature of Tamaka Shwasa could put the patient's life during severe outbreaks. Acharya Charaka classifies Tamaka Shwasa as a Yappya vyadhi, which implies that sufferers have to depend on drugs for symptom treatment. Acharya Charaka provided more information on several therapy options for Tamaka Shwasa. Every Ayurvedic practitioner must have a full awareness of the condition's pathophysiology and prognosis to treat it properly.

Keywords: Tamaka Shwasa, Yappya, Bronchial asthma, Kapha doshas

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INTRODUCTION

Bronchial asthma, known in modern medicine, is primarily a chronic inflammatory disease that impacts the airways and causes difficulty breathing. Different external and internal

irritants trigger a hyperactive lung immune system, which induces this inflammation. Tamaka Shwasa is defined in Ayurveda as a sort of respiratory disease (Shwasa Roga) in which patients feel severe respiratory distress, weakness, fatigue, and an overwhelming feeling of mental despair, usually compared to drowning in darkness (Tama Pravesh).

"Tamaka Shwasa" refers to the usual appearance of symptoms, which occur primarily at night. During these episodes, patients' breathing becomes so laborious that they feel completely immersed in darkness. Tamaka Shwasa's pathophysiology is mostly due to the vitiation of the Vata and Kapha doshas. Furthermore, among the five types of Sharira Vayu, Prana Vayu—responsible for respiratory functions—becomes damaged, playing an important part in the development of the disease.[iii]

When vitiated Kapha obstructs Vata's flow, it reverses and affects the Prana Vaha Srotas (respiratory pathways), causing symptoms such as wheezing, coughing, and hard breathing. Persistent coughing can lead the patient to become unconscious and disturbed, yet expectoration provides temporary respite. The throat is severely impacted, making speaking difficult.

The patient finds lying down uncomfortable and fights to sleep, with relief only found in a sitting or propped-up position. They prefer warm stuff over anything cold. Protruding eyes, a hot forehead, acute discomfort, a dehydrated mouth, and a persistent sensation of unease are common symptoms. Environmental circumstances such as overcast, damp, or chilly weather; easterly winds; unpleasant odors; and the ingestion of Kapha-aggravating substances all increase these characteristics.

Physiology of breathing

The physiology of breathing is well discussed in Ayurvedic and Sanskrit literature. The says that air (*Vata*), in the forms of *Prana* and *Apana*, comes through the nasal passageways (*Nasika*)[iii]. The phrases *Prana* and *Apana* refer to inspiration and expiration, respectively. Respiration (*Shwasana Kriya*) begins at birth and continues until death, with two phases: *Nishwasana* (inhalation) and *Uchhwasana* (exhalation). Through the nasal passages, atmospheric air (Vayu) enters the body, moves through the system for breathing (Shwasanalika), and fills the airways (Vayu koshas). After a brief stay, this air is released via the same channels (Srotas). The procedure mostly uses Udana Vayu for exhalation and Prana Vayu for inhalation. Furthermore, Kapha—more especially, Avalambaka Kapha—is essential for keeping the respiratory organs moist (Aardra) and strong (Bala). Additionally, it helps in managing and capturing any foreign particles that enter the air.

In Purva Khanda, Acharya Sharangdhara skillfully describes the physiological mechanism underlying regular breathing. According to him, it is the process by which oxygen is delivered to the body's cells and tissues. He asserts that the Nabhi, or umbilical region, is where respiration begins, demonstrating the involvement of abdominal muscles. Inhaling and exhaling are made easier by the diaphragm's upward and downward movements, which also touch the area known as Hrit Kamalantaram.

The breathed air passes via the trachea and into the lungs, where gas exchange occurs. The Hridaya (heart) pumps blood into the Phupphusa (lungs), where it collects oxygen from the air (Ambara Piyusha) and exhales waste carbon dioxide (Kitta). This respiratory cycle, known as

Shwasana Kriya, helps the body produce heat and energy. In this lengthy discussion, Acharya underlines the fact that breathing is both abdominal and thoracic.

Nidana of Tamak Shwasa

Tamaka Shwasa is classified as an episodic disorder, with Vyanjaka Hetu (precipitating or exacerbating events) playing an important role. These factors may worsen already present symptoms or precipitate disease development (Samprapti). Understanding these HETUS is essential for avoiding symptom escalation. Acharya Charaka mentions numerous precipitating variables for Tamaka Shwasa, including Megha (cloudy weather), Pragvata (eastward winds), Ambu (rainy season), and Kapha-aggravating conditions such as Shitasthana (winter or cool environments).

According to the World Health Organization (WHO), modern asthma triggers include indoor allergens (e.g., house dust mites in bedding, carpets, and upholstered furniture, pet dander, and pollution), outdoor allergens (e.g., pollens and molds), tobacco smoke, and workplace chemical irritants. This association demonstrates a shared knowledge of triggers in both ancient Ayurvedic writings and modern medical literature.[iv]

Purvarupa

Sthanasamshraya is the localization of vitiated Dosha at a specific, already existing faulty spot in the body. This procedure is based on the presence of a weak or defective area that serves as a focal point for the Dosha to settle and manifest sickness. The classical word for such a susceptible place is Khavaigunya. This notion emphasizes the interaction of systemic imbalance and localized vulnerability in the etiology of illnesses, a fundamental element in Ayurveda belief.[v]

Pre-existing genetic disorders or congenital shortcomings in certain body parts or organs might exacerbate Khavaigunya, making patients more susceptible. Furthermore, previous disorders that produce harm or long-term impairment to an organ even after clinical recovery, as well as specific Nidanas (causes), might result in Khavaigunya. Purvarupa (prodromal symptoms) of Tamaka Shwasa are often characterized in Ayurvedic literature as Anaha (abdominal distension), Parshvashula (flank pain), and Pidanam Hridayasya (heart discomfort) by different authors. A study of 95 patients discovered an interval characterized by prodromal respiratory symptoms such as cough, rhinorrhea, and wheezing; behavioral changes such as irritability, apathy, anxiety, and sleep disorders; gastrointestinal symptoms such as abdominal pain, and anorexia; and fever, itching, skin eruptions, and toothache, all of which preceded asthma attacks. This emphasizes the wide range of early indications linked with the illness.[vi]

Rupa

Tamaka Shwasa's symptoms include-[vii]

- Greeva Sira Parigraha causes pain and stiffness in the head and neck muscles, similar to being forcefully grasped.
- Ghurghurakam refers to the wheezing sound made during breathing.
- Lalatasveda: Excessive sweating throughout the body.

- Asino Labhate Saukhyam: Relief is felt while sitting, as the lowered diaphragm improves airflow, reducing blockage and allowing for effective gas exchange.
- Usnabhinandati refers to a fondness for warm things like tea, coffee, or hot water.
- Kantodhvamsa refers to difficulty speaking.
- Ati Tivra Vega Shwasa: Frequent episodes of shortness of breath.
- Muhurmuhu Shwasa: Increased breathing rate to accommodate oxygen needs.
- Relief is felt once mucus has been expelled.
- Krichrat Bhashitam: Struggles to talk owing to shortness of breath.
- Pinasa is a condition characterized by excessive nasal mucosal discharge.

Types of Tamaka Shwasa[viii]

- **Santamaka Shwasa** - Santamaka Shwasa occurs predominantly at night and is characterized by relief with cold exposure, in contrast to Tamaka Shwasa, which worsens with cold and typically manifests early in the morning. The patient experiences severe difficulty in breathing and likens the sensation to drowning in darkness, hence the name Santamaka Shwasa. *Sheetopachara* (cold therapies) are effective in managing this condition due to the involvement of *Pitta Dosha*.
- **Pratamaka Shwasa** - Pratamaka Shwasa is characterized by fever and fainting, whereas Tamaka Shwasa is characterized by respiratory distress. Dust exposure, dyspepsia, aging, suppression of natural urges, and Udavarta (vitiated Vata rising upward) are among the ailments it is used to treat. In Tamaka Shwasa, the Kapha and Vata Doshas are predominant, but according to Acharya Chakrapani, Pitta also becomes vitiated, which exacerbates the symptoms.

Acharya Chakrapani stresses the importance of understanding the physiological situation before going over the clinical features of Shwasa Roga. Therefore, understanding the normal state of breathing is crucial before researching the illness.

Chikitsa Siddhant of Tamak Shwasa

❖ **Samshodhana (Purification Therapy)**[ix]**:** This therapy is indicated for patients with strong constitutions (Balavana) and Kapha-dominant states to remove excess Kapha from the Pranavaha Srotasa (respiratory channels) and restore Vata's normal movement.

- Snigdha Sweda (Unctuous Fomentation): Techniques such as Nadi-Sveda and Prastara-Sveda include anointing the body with a mixture of oil and salt before giving heat. This therapy helps remove stored and hardened Kapha by removing it from the respiratory routes, relaxing the channels, and eliminating blockages, enabling Vata to circulate normally.
- Tamake tu Virechanam (Purgation Therapy): Purgation is used to purify the Vayu channels by removing obstructive Doshas, which alleviates symptoms and improves respiratory function.[x]
- **Dhumapana (Smoke Therapy):** Varti (elongated pill) is made of turmeric, Patra, castor root, Laksha (Laccifer lacca), Manahsila, Devadaru (Cedrus deodara), Ala (Haritala), and Jatamamsi (Nardostachys jatamansi). Smoking this mixture helps alleviate respiratory

symptoms such as excessive mucus discharge (Pinasa) and difficulties speaking (Krichrat Bhashitam).[xi]

- **Samshamana therapy:** Samshamana therapy is suggested for patients who do not qualify for Samshodhana Karma (Durbala people). Traditional Ayurveda scholars suggest starting therapy for Tamaka Shwasa with drugs that balance Vata and Kapha (Vatakaphaghna), are warm (Ushna), and stimulate the natural flow of Vata (Vatanulomaka). This treatment uses strategies such as Deepana, Pachana, Vatanulomana, and Kapha-vatashamaka.[xii]

- **Nidana Parivarjan**

Nidana Parivarjan, or the complete avoidance of all triggering and aggravating situations, is essential in the treatment of Tamaka Shwasa. Failure to remove such elements might aggravate the vitiation of Doshas involved in the disease's course, lowering the prognosis.

- **Pathya Varga:** Foods recommended include Purana Shashtik, Rakta Shali Dhanya, wheat, Yava, Mudga, and animal meats like rabbit, peacock, partridge (Titar), Lava, and Kukkuta (chicken). Kantakari, Jeevantishaka, Bimbiphala, Sukshma Ela, Maricha (black pepper), Shunti (dry ginger), Draksha (raisins), Lashuna (garlic), Purana Ghrita (old clarified butter), goat's milk (Aja Dugdha), goat's ghee (Aja Ghrita), Gomutra (cow's urine), Sura (a fermented beverage), hot water, and honey are all beneficial.
- **Apathya Varga:** Foods to avoid include beans, fish (Anupa Mamsa), potatoes (Manda Shaka), mustard, Masha (black gram), unboiled milk, cold water, curd, oil, and fried items. Unhealthy habits (Apathya Vihara) include resisting natural desires (Mutravega), traveling long distances, carrying large weights, and overthinking (Chinta).

DISCUSSION

Tamaka Shwasa, as described in Ayurveda, substantially resembles the pathophysiology of bronchial asthma in modern medicine. Both acknowledge the disease's episodic character, the role of environmental and nutritional causes, and the basic symptoms, which include wheezing, coughing, and trouble breathing. Ayurveda focuses on the vitiation of Vata and Kapha doshas, particularly the disturbance of Prana Vayu, as a major contributor, whereas modern medicine links asthma to airway inflammation produced by irritants. Ayurveda's Purvarupa(prodromal signs) and the concept of Khavaigunya (localized vulnerability) add to our understanding of disease origin and development, connecting with genetic predispositions and organ-specific deficiencies discovered in modern studies. Samshodhana and Samshamana's treatment approaches difficulties with a combination of purification, pacification, and preventative tactics that supplement current asthma care procedures such as anti-inflammatory drugs and trigger avoidance. This complete perspective highlights Ayurveda's potential to address both the underlying causes and symptoms of respiratory diseases.

CONCLUSION

Ayurveda and modern medicine both provide beneficial knowledge in managing respiratory disorders such as Tamaka Shwasa (bronchial asthma). Ayurveda focuses on balancing the Doshas, cleaning respiratory pathways, and encouraging preventative care, whereas modern medicine works to reduce airway inflammation and increase respiratory efficiency. Combining these techniques can result in a holistic treatment plan that addresses the disease's underlying causes and symptoms while emphasizing patient-centered care.

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