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Research Article

Ayurvedic Management of Tamak Shwas (Bronchial Asthma)

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Abstract

The symptoms of Tamaka Shwasa, which are similar to those of bronchial asthma in contemporary medicine and are described in Ayurveda as a chronic Kapha-Vata dominating condition of the Pranavaha Srotas, include coughing, chest tightness, wheezing, and dyspnea. For symptomatic relief, current therapy mostly consists of corticosteroids and bronchodilators, however they sometimes result in long-term adverse effects and medication dependence. By means of detoxification (Shodhana), palliative herbal remedies (Shamana Chikitsa), dietary management, and lifestyle adjustment, Ayurveda, in contrast, takes a comprehensive approach to eliminate Ama (toxins), balance doshas, and enhance respiratory and immunological systems. This research is based on a comprehensive analysis of the literature from 2012 to 2025, which is bolstered by clinical data from traditional Ayurvedic texts and contemporary research sources including PubMed, Google Scholar, AYUSH, and WHO recommendations. In order to evaluate the effectiveness of treatments like Virechana, Nasya, and herbal formulations like Vasa Avaleha and Pipaladi Lehya, clinical trials, case studies, and observational data were examined using important metrics like Peak Expiratory Flow Rate (PEFR), Absolute Eosinophil Count (AEC), and overall symptomatic relief. In addition to improving respiratory function and lowering the frequency and intensity of asthma episodes, the research shows that Ayurvedic therapies significantly improve quality of life with few adverse effects. The findings imply that combining traditional treatments with Ayurvedic techniques might provide a better long-term and sustainable approach to managing Tamaka Shwasa, treating the disease's symptoms as well as its underlying cause.

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INTRODUCTION

In modern medicine, bronchial asthma closely resembles the Ayurvedic condition known as Tamaka Shwasa. It is a chronic respiratory condition that mainly affects the respiratory channels (Pranavaha Srotas) due to an imbalance between the Kapha and Vata doshas. With its connotations of gloom or suffocation, "Tamaka" reflects the hallmark symptom of dyspnea, which frequently manifests as coughing, wheezing, and tightness in the chest. This syndrome is characterized by spells of difficulty breathing because of airway constriction brought on by exacerbated doshas, particularly Kapha, which blocks Vata flow and causes irregular breathing patterns, including wheezing and extended expiration. Millions of people worldwide suffer with bronchial asthma, also known as Tamaka

Shwasa, a condition marked by paroxysmal episodes of coughing, dyspnea, chest congestion, and wheezing. According to Ayurveda, it is a Kapha-Vata dominating condition of the Pranavaha Srotas, with lifestyle factors, exacerbated doshas, and toxin buildup (Ama) all contributing to its pathology.
The main way that modern medicine treats asthma is by treating its symptoms with bronchodilators and corticosteroids, which relieve symptoms but have the potential to cause long-term reliance and negative side effects. Ayurveda, on the other hand, provides a comprehensive strategy that emphasizes immunomodulation, nutritional control, detoxification, dosha balance, and lifestyle changes in order to provide safer and more long-lasting illness management.

General overview and significance of Tamak Shwas (Bronchial Asthma)
In Ayurveda, tamaka shwasa, or bronchial asthma, is a persistent respiratory condition that closely resembles bronchial asthma in contemporary medicine. Breathing difficulties, wheezing, coughing, chest tightness, and intermittent dyspnea are symptoms of blockage and malfunction in the Pranavaha Srotas (respiratory channels), which are caused by an imbalance and aggravation of the Kapha and Vata doshas. (Nemiwal et al., 2025) In Tamaka Shwasa, the Kapha dosha obstructs the Pranavaha Srotas, causing vitiation of the Vata dosha resulting in abnormal breathing patterns, long expirations, and wheezing sounds. The term "Tamaka" refers to darkness or suffocation experienced during an asthma attack, highlighting the severe breathlessness and feelings of choking.(Kaswan et al., 2022) Paroxysmal bouts of dyspnea, chest congestion, coughing, wheezing, and trouble expectorating mucus are important clinical characteristics. Usually, these sensations are worse at night or in the early morning. According to Ayurveda, the illness is caused by doshic imbalances, mainly between Kapha and Vata, as well as the buildup of toxins (Ama). These imbalances are made worse by an incompatible diet (Viruddha Ahar), allergies, environmental factors (smoking, dust), lifestyle problems, and decreased immune. (Pandey M., Mishra M., 2023) Tamaka Shwasa is categorized among five types of Shwasa diseases in Ayurveda, identified by the predominant dosha and respiratory disturbance pattern.

Significance
A serious worldwide health issue that affects millions of individuals of all ages and socioeconomic backgrounds, bronchial asthma is becoming more and more common. Due to the likelihood of severe acute episodes or, in chronic situations, respiratory failure, it considerably lowers the quality of life. Children and adults in India alone suffer from asthma with a prevalence of 2–6%, demonstrating a substantial illness burden that is consistent with the Ayurvedic definition of Tamaka Shwasa.(Ghosh & Tripathi, 2012) Bronchodilators, corticosteroids, and immunosuppressants are the traditional methods used by modern medicine to treat asthma symptoms; however, they come with concerns of side effects and dependence. Through herbal remedies, dietary guidelines, Panchakarma therapies, and breathing exercises, Ayurveda offers a comprehensive and integrative approach that focuses on the underlying causes to restore doshic balance, detoxify the body, improve respiratory function, and strengthen the immune response. This often results in long-lasting relief that is free of dependency(Kimmi Seth, 2016)

Overview of treatment in modern medicine vs Ayurveda
Modern medicine and traditional Ayurvedic treatment employ different but complimentary methods to treat bronchial asthma, or Tamaka Shwasa in Ayurveda. Controlling airway inflammation and providing quick symptom alleviation are the main goals of modern medicine. Corticosteroids are used to decrease inflammation, while bronchodilators, including beta-agonists, are used to assist widen the airways and treat bronchospasm. To manage allergic and inflammatory reactions, doctors may give leukotriene modifiers and other immunomodulatory medications. Even while these treatments are good at managing both acute and chronic symptoms, they often focus more on symptom control than on treating the underlying reasons and can have negative side effects such immunosuppression, steroid dependency, and other issues.
Restoring the equilibrium of exacerbated Kapha and Vata doshas, eliminating accumulated toxins (Ama), and bolstering immune and respiratory function are the main goals of Ayurveda's comprehensive and integrated treatment of Tamaka Shwasa. Clearing respiratory channels and getting rid of toxins are important functions of detoxification techniques, sometimes referred to as Shodhana treatments, such as Nasya (medicated nasal administration) and Virechana (therapeutic purgation). In addition to these, bronchodilatory and anti-inflammatory herbal formulations (Shamana Chikitsa) such Pipaladi Lehya and Bharangyadi Avaleha help lessen asthma symptoms and incident frequency. In order to minimize doshic aggravation, Ayurveda also emphasizes the need of managing one's diet, particularly avoiding Viruddha Ahar (incompatible foods) and other contributing variables. Breathing exercises known as pranayama are one type of supportive therapy that improves respiratory efficiency and lung capacity. Ayurveda places a strong emphasis on managing illnesses over the long term, which lowers the risk of medication abuse and enhances general health. Nevertheless, its effects are often slow, necessitating weeks or months of patient commitment.

OBJECTIVE OF THE STUDY
To critically evaluate the efficacy and safety of Ayurvedic treatments, including herbal medicines, Panchakarma therapies, and dietary modifications, in the management of Tamaka Shwasa, and to compare their clinical outcomes with standard modern medical interventions for bronchial asthma.

Overview of Tamak Shwas (Bronchial Asthma)
Tamaka Shwasa is a chronic respiratory condition that is associated with bronchial asthma and is characterized by tightness in the chest, wheezing, coughing, and trouble breathing. Breathlessness and irregular breathing patterns are

the main effects of an imbalance and aggravation of the Kapha and Vata doshas, blocking the Pranavaha Srotas (respiratory channels). Mahaswasa (major dyspnea), Urdhawaswasa (difficulty in exhaling), Chinna Swasa (irregular breathing), Kshudra Swasa (minor dyspnea), and Tamaka Shwasa (bronchial asthma) are the five types of Swasa (respiratory disorders) according to Ayurveda. Tamaka Shwasa is Kapha-Vata dominant and frequently chronic.

Symptoms, Causes, and Types

Tamaka Shwasa's characteristic symptoms include coughing, wheezing, chest tightness, hoarseness of voice, difficulties expectorating thick mucus, and forced expiration episodes. Severe episodes might induce fainting, sweating, and the need to sit up straight for comfort. Episodes usually get worse at night or in the early morning. There may also be neck stiffness and rhinorrhea (nasal mucus)(Pandey M., Mishra M., 2023)

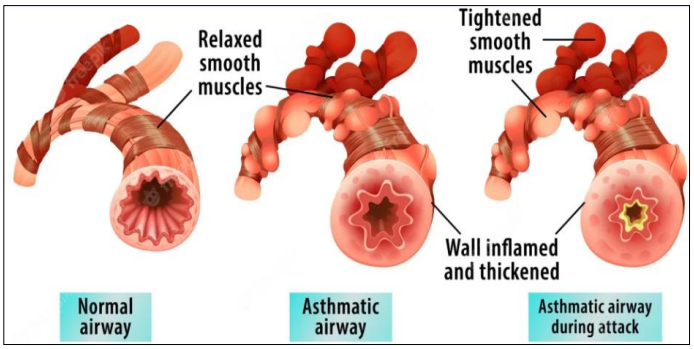

Figure 1: Symptoms and signs of bronchial asthma

According to Ayurveda, exacerbated Kapha and Vata from incompatible foods (Viruddha Ahar), dry or cold food consumption, excessive salt, exposure to cold climates, dust, smoking, excessive sexual activity, chest trauma, denial of natural desires, and irregular lifestyle choices are all considered causative causes. These cause respiratory passages to become obstructed by Ama (toxins) and doshic imbalance. The following are examples of contemporary triggers: food preservatives, cold weather, occupational exposures, viruses, allergens (pollens, dust mites, and animal dander), psychological stress, and some medications (NSAIDs, aspirin)(Yim et al., 2023)

Pathophysiology

A blockage of Pranavaha Srotas by Kapha dosha, which results in retrograde (Pratiloma) movement of Vata dosha and irregular breathing (Pranavilomata), is the pathophysiology according to Ayurveda. This causes inflammation in the respiratory system, increased mucus output, and constriction of the bronchi. The symptoms include chest discomfort, difficulties clearing phlegm, wheezing noises (Ghurghuraka), and extended expiration. The condition becomes chronic due to the involvement of Rasa Dhatu (fluid tissue) and worsened doshas. Bronchial asthma is now recognized by modern medicine as a chronic inflammatory illness of the airways that results in hypersecretion of mucus, airway inflammation, and episodic bronchospasm. Breathlessness, coughing, chest tightness, and recurring episodes of wheezing are the symptoms of airway remodeling and variable airflow restriction. Inflammation is caused by immune cell activation and the production of inflammatory mediators, primarily in an allergic reaction driven by T-helper-2 (Th2) cells and involving IgE.

Diagnostic and Treatment Approaches in Modern Medicine

Clinical history, physical examination, and objective tests like pulmonary function tests, which use spirometry to evaluate airflow obstruction and peak expiratory flow rate, are the mainstays of contemporary medicine's diagnosis process. Imaging and allergy tests may help with the diagnosis(Kalaivanan. J & Soumya E.A, 2022)

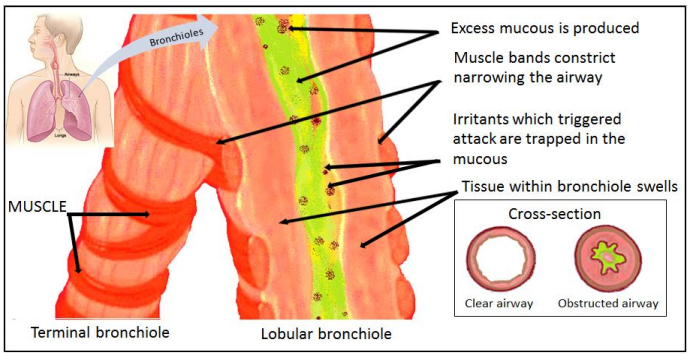

Figure 2: This image is an educational diagram illustrating what happens during an asthma attack in the bronchioles (the small airways in the lungs).

Treatment focuses on controlling airway inflammation and relieving bronchospasm. Common medications include:

- **Bronchodilators:** Short-acting beta-agonists (SABA) for quick relief and long-acting beta-agonists (LABA) for maintenance to relax airway muscles.
- **Corticosteroids:** Inhaled corticosteroids (ICS) reduce chronic airway inflammation and prevent exacerbations; systemic steroids are used in acute severe attacks.
- **Leukotriene modifiers and immunomodulators:** For allergy-driven inflammation.
- **Inhalers:** Devices delivering medication directly to lungs for efficient action.
- **Trigger avoidance:** Identifying and avoiding allergens, irritants, and environmental factors.
- **Supportive care:** Patient education, management of comorbidities, and monitoring disease control.

This treatment primarily targets symptomatic relief and control of inflammation but may carry risks like steroid side effects and dependence.

Ayurvedic Perspective on Tamak Shwas

Ayurveda's Tamaka Shwasa, a Kapha-Vata dominant respiratory condition, closely resembles modern medicine's bronchial asthma, which is typified by bronchoconstriction,

airway inflammation, and mucus hypersecretion that causes coughing, chest tightness, wheezing, and intermittent dyspnea. According to Ayurvedic pathophysiology, the ailment is brought on by the buildup of Ama (toxins) in the Pranavaha Srotas (respiratory channels) as well as the aggravation and blockage of the Vata and Kapha doshas.

Ayurvedic Management Principles

The treatment approach aims at balancing doshas, removing toxins, and strengthening respiratory function through:

Shodhana (Detoxification) therapies

It has been demonstrated that Virechana Karma, or therapeutic purgation, successfully removes exacerbated Kapha and Ama, opening up airways and lessening symptoms. According to clinical research, individuals who get Virechana and herbal drugs together experience more symptom reduction and improved lung function than those who just receive palliative herbal therapy(Ghosh & Tripathi, 2012)

Shamana Chikitsa (Palliative care)

Herbal formulations with bronchodilatory, anti-inflammatory, immunomodulatory, and mucolytic qualities include Bharangyadi Avaleha, Pipaladi Lehya, Vasa Avaleha, and Badara Phala Majja powder. Research shows that these therapies significantly increase peak expiratory flow rate, decrease wheeze and coughing frequency, lower eosinophil count, and improve breath holding duration. These herbal remedies have been used traditionally and are safe, with several successful case studies attesting to their effectiveness.

Panchakarma therapies

Besides Virechana, Nasya (nasal administration of medicated oils) and Swedana (therapeutic sweating) are employed to cleanse respiratory channels and relieve congestion. Nasya therapy helps in clearing nasal and respiratory passages, promoting easier breathing.(Nayak & S, 2021)

Dietary and Lifestyle Modifications

It is advised to stay away from Viruddha Ahar (incompatible foods), which include heavy, greasy, cold, and stale foods. This is because these foods increase Kapha and create Ama, which exacerbates symptoms. Additionally, patients are encouraged to perform Pranayama (breathing exercises) to enhance their respiratory capacity and calm agitated Vata, as well as to prevent exposure to recognized environmental triggers like dust and cold(Pandey M., Mishra M., 2023)

Clinical Evidence

- A clinical trial involving 24 patients showed 61.45% improvement in patients receiving Virechana followed by herbal powders versus 45.45% improvement in those given herbal formulations alone, indicating the superior efficacy of detoxification therapies.(Ghosh & Tripathi, 2012)
- Another study with 66 patients treated with *Vasa Avaleha* and its granules reported significant symptomatic relief and objective improvements in respiratory function over 28 days, without adverse effects.(Paneliya et al., 2015)
- Case reports and observational studies confirm the effectiveness of combined Panchakarma procedures and herbal medicines in reducing attack frequency, severity of breathlessness, and improving quality of life.(Nemiwal et al., 2025)

Comparative Study: Modern Medicine vs Ayurveda

The main focus of modern treatment is on managing symptoms with medications like corticosteroids and bronchodilators. While corticosteroids lessen airway inflammation to avoid exacerbations, bronchodilators offer quick relief by relaxing airway muscles and reducing bronchospasm. These therapies work well for managing acute symptoms and rapidly improving lung function. Nevertheless, they mostly reduce symptoms without addressing the root causes of asthma. Significant adverse effects, such as immunosuppression, steroid dependency, and systemic problems, can also result from long-term usage of steroids and other medications. Therefore, contemporary therapy is typified by short-term alleviation that concentrates on reducing inflammation and symptoms, but it may necessitate lifetime medication for ongoing care(K.M.Bhavana, 2025)

The comprehensive approach of Ayurveda, on the other hand, focuses on natural healing and the removal of underlying causes. In addition to the buildup of toxins (Ama) that obstructs respiratory pathways, it considers asthma to be a doshic imbalance, primarily of Kapha and Vata. Correcting a dosha imbalance, cleansing the body (for example, through Virechana), bolstering the immune system and respiratory system with herbal remedies (such Vasa, Guduchi, Pippali, and Tulsi), and changing one's lifestyle to include breathing exercises and food (Pranayama) are all goals of Ayurvedic therapy. Instead of focusing just on symptom treatment, this method aims to restore long-term equilibrium. The therapies and natural ingredients used in the treatments are often free of serious side effects, encouraging holistic wellbeing and natural recovery. However, the results take weeks or months to appear and need patient devotion(Sharma, 2023).

Table 1: Modern Medicine vs Ayurveda

Aspect	Modern Medicine	Ayurveda
Treatment Focus	Symptom suppression and control of airway inflammation	Root cause elimination by balancing doshas and detoxification
Approach	Use of synthesized drugs (bronchodilators, steroids)	Use of natural herbs, Panchakarma, dietary, and lifestyle changes
Relief Type	Rapid but often temporary symptom relief	Gradual but long-term balance and disease control
Side Effects	Possible significant side effects and drug dependency	Minimal side effects; promotes natural healing
Philosophy	Reductionist and targeted at symptoms	Holistic, aiming at underlying imbalances and immunity
Patient Commitment	Requires adherence to the medication regimen	Needs lifestyle adherence and longer duration of treatment

The two systems can work in tandem, with modern medicine being essential for managing acute attacks and Ayurveda helping to promote general health and lessen medication reliance. A possibly safer and more successful long-term approach to managing bronchial asthma is provided by the integration of various modalities.(Madhavi et al., 2023)(Khobarkar & Nakanekar, 2024)

Role and Impact of Viruddh Aahar (Incompatible Diet)

Viruddh Aahar, as used in Ayurveda, describes antagonistic or incompatible food combinations that disrupt regular metabolic and digestive processes, increasing the buildup of toxins (Ama) and aggravating the doshas, especially Kapha and Vata, which are key factors in respiratory conditions like Tamaka Shwasa (bronchial asthma).

Definition and Concept of Viruddh Aahar

Viruddha is an acronym for "opposite" or "contradictory." According to Ayurveda, Viruddh Aahar is a diet or food combination that interferes with the body's natural metabolism of its tissues (Dhatus) and Doshas. When taken together or incorrectly processed, these foods' opposing or incompatible features can vitiate doshas, hinder tissue development, and disrupt digestion, all of which can result in the creation of toxins (Ama) and sickness(Sabnis, 2012)

Viruddh Aahar can arise from:

- Wrong food combinations (e.g., mixing foods that are antagonistic in nature)
- Improper processing or cooking methods
- Consumption in wrong quantities or at inappropriate times/seasons
- Violation of physical factors like place (Desha) and digestive strength (Agni)

Examples of Incompatible Foods (Viruddh Aahar)

Ayurveda lists many examples, commonly including:

- **Cold and hot food combinations:** Such as eating hot and spicy food immediately followed by cold substances like ice cream or cold drinks, disturbing digestive fire.
- **Milk with sour or salty foods:** Milk mixed with sour fruits (like citrus) or salty items can create incompatibility.
- **Curd (yogurt) with milk:** Combining these dairy products can be heavy, hard to digest, and produce toxins.
- **Meat with milk or dairy products:** Mixing animal protein with milk can disturb metabolism.
- **Fruits and dairy:** For example, consuming sweet fruits immediately after milk can lead to digestive disturbances.
- Others include mixing honey with heated substances, excessive salt with milk, and certain fruits with sour agents.

Viruddh Aahar Aggravates Kapha and Vata, Worsening Asthma

Viruddh Aahar causes inefficient metabolism and poor digestion (Mandagni), which leads to the production of Ama, which are harmful metabolic byproducts that build up in the body. The Pranavaha Srotas (respiratory channels) are among the channels (Srotas) that are obstructed by the sticky Ama(PATIL, 2022)

- **Kapha aggravation:** Ama and incompatible foods aggravate Kapha dosha, increasing mucus production, congestion, and obstruction in airways, which worsens bronchial asthma symptoms such as cough, wheezing, and breathlessness.
- **Vata aggravation:** Improper digestion fatigues and disturbs Vata dosha leading to irregular and difficult breathing patterns, chest tightness, and spasms.

This combination of aggravated doshas and Ama obstructs normal respiratory function and leads to frequent asthma attacks or exacerbations.

Formation of Ama (Toxins) and Its Effect on Respiratory Health

An unsuitable diet, disrupted metabolic processes, and poor digestion all contribute to the formation of ama. Numerous chronic illnesses, especially respiratory conditions, are thought to have it as a primary cause. Ama causes inflammation, clogs microchannels, and lowers immunity. Ama inhibits Pranavaha Srotas in Tamaka Shwasa, resulting in mucus production and respiratory blockage(Sabnis, 2012)

Dietary Guidelines for Asthma Patients in Ayurveda

To prevent aggravation of asthma, Ayurveda prescribes specific dietary guidelines to avoid Viruddh Aahar and promote doshic balance, including:(B.A.M.S, 2022)

- Avoid heavy, oily, cold, and stale foods that increase Kapha. “

- Do not consume incompatible combinations like milk with sour or salty food, curd with milk, or meat with dairy.
- Follow a diet that enhances digestion (*Agnideepana*) with light, warm, and easily digestible foods.
- Consume freshly prepared food, avoid leftovers.
- Avoid excessive intake of cold foods and drinks.
- Include warm spices like ginger, black pepper, and turmeric to improve digestion and reduce Kapha.
- Practice regular meal timing respecting digestive strength.
- Avoid allergens and irritants like dust, smoke, and chemical agents.
- Incorporate *Virya* (potency) and *Rasa* (taste) balancing diets as per individual constitution and disease state.
- Support diet with *Pranayama* and lifestyle modifications to strengthen respiratory health.

LITERATURE REVIEW

(M, 2024) This literary review explores the Ayurvedic perspective on Tamaka Shwasa, a unique respiratory disease that falls within the five categories of Shwasa Rogas. The study delves into old Ayurvedic writings to shed light on the specific causes, pathophysiology, and treatment viewpoints linked to Tamaka Shwasa. This ailment is marked by disruptions in the Pranavah Srotas, namely the vitiation of Prana Vayu, and it shows itself as difficulty breathing, a chronic cough, wheezing, and a tightness in the chest. Tamaka Shwasa has complex origins that include genetic predispositions, environmental factors, pharmacological concerns, infections, smoking, and psychological factors including anxiety, which are explored in this study of Ayurvedic literature. The goal of this literary analysis is to fill gaps in our knowledge of Ayurvedic literature by providing a thorough comprehension of Tamaka Shwasa. If you are interested in understanding Tamaka Shwasa within the larger framework of Ayurveda, this review will provide you with vital insights.

(Majumder *et al.,* 2021) The original meaning of the term "Shwasa" was "difficulty in the entry of prana in the pranavaha srotas," and this is where the modern English word "Shwasa" gets its start. A person's respiratory health, whether normal or abnormal, can be described by the word shwasa. One of the five kinds of shwasa diseases is tamaka shwasa. A majority of pranavaha srotas suffer from this illness. The Ayurvedic explanations of the symptoms, signs, and etiopathogenesis of Tamaka Shwasa are quite similar to those of bronchial asthma. The purpose of this research is to find out how well the formulation Haridradi Avaleha works in alleviating the symptoms of asthma in children. A 13-year-old male Hindu patient from Limda village, Vadodara, visited the outpatient department of the Kaumarbhritya department at Parul Ayurveda Hospital, Parul University. He was diagnosed with Tamaka Shwasa and treated with an internal Ayurvedic formulation called Haridradi Avaleha. The patient's subjective symptoms, such as shortness of breath, coughing, and nighttime awakenings, as well as objective symptoms, such as improvements in the Asthma Control Test, Peak Expiratory Flow Rate, and several hematological parameters, including Absolute Eosinophil Count, Erythrocyte Sedimentation Rate, WBC Lymphocyte, and Neutrophil, were markedly improved. During the 60-day follow-up visits, all subjective and objective indicators were checked, and none of the aforementioned problems were recorded.

(Kimmi Seth, 2016) One of the most obvious functions of Prana vayu is respiration. This one indicator of life is impaired in the condition Tamaka Shwasa, which hinders the ability to breathe. Physiological and pathological states of breathing are both indicated by the term shwasa. Among the several varieties of Shwasa roga, the Ayurvedic scriptures include Tamaka Shwasa. Health Problems Based on its symptoms and etiopathogenesis, Bronchial Asthma can be associated with Tamaka Shwasa. Because it is both difficult to cure and occurs again, Tamaka Shwasa is known as Yapya (palliable) roga. Because of the high expense of treatment, time away from work, and diminished ability to be involved in family activities, bronchial asthma has the focus of the medical community. The most effective and safest way to manage the condition without inducing drug dependency is through Ayurveda, the Science of Life. This system uses internal medication and various Shodhana procedures to detoxify the body, provide nutrition, increase lung tissue elasticity, and develop the body's natural immunity. As a result, the patient experiences long-term relief and fewer episodes of the disease.

(Ghosh & Tripathi, 2012) In this study, 24 Tamaka Shwasa patients will be examined to determine the relative effectiveness of Samshodhana and Samshamana Chikitsa. Samshodhana, with a focus on Virechana Karma, was administered to thirteen patients (Group A). This group's patients had treatment with Abhyantara Snehana and Tila Taila first, then Bahya Snehana and Tila Taila, and finally Saindhava Lavana. Following careful monitoring of the correct Snehana indications, Aragvadha Phala Majja was used to conduct Virechana Karma. A five-day period was devoted to practicing Samsarjana Krama. This was followed by administering the experimental medicine (Badara powder) to each patient. Group B patients received no treatment other than a powder made from dried, ripe Badara fruits. For sixty days, both groups took 5 grams of Badara powder with lukewarm water twice a day. Sixteen-point four percent of patients in group A had a positive reaction, compared to forty-five-point four percent in group B. During the course of the clinical trial, no adverse effects were noted. It was determined that group A outperformed group B based on the observations.

METHODOLOGY

Clinical information and case reports from peer-reviewed publications and traditional Ayurvedic texts are included in this overview of the literature. The main goal is to assess the Ayurvedic therapy of bronchial asthma, or Tamak Shwas, and contrast it with contemporary medical interventions. A wide range of sources were used to collect the data, including traditional Ayurvedic classics like Ashtanga Hridaya, Sushruta Samhita, and Charaka Samhita; contemporary medical literature including journals and WHO recommendations; and other internet databases like AYUSH Research Portal, Google

Scholar, and PubMed. Included were studies conducted during the past ten years (2012–2025) that examined the effects of Ayurvedic therapy for asthma and Viruddh Aahar (incompatible diet). For review, we chose clinical trials, observational studies, and case studies that showed the effectiveness of Ayurvedic remedies like Panchakarma and medicines like Vasa and Guduchi. Using a qualitative methodology, the data were analyzed and categorized according to factors including etiology, treatment approaches, and comparison results. Key factors, including PEFR (Peak Expiratory Flow Rate), AEC (Absolute Eosinophil Count), and symptomatic alleviation, were specifically examined in clinical study data. Tables and graphical representations were used to compare the adverse effects, long-term advantages, and efficacy of Ayurvedic and contemporary therapeutic approaches. The results are intended to provide a thorough knowledge of Tamak Shwas's Ayurvedic care and to explore how it may be incorporated into contemporary therapeutic methods.

Efficacy of Ayurvedic Treatment: Case Studies and Research Evidence

Numerous case studies and extensive clinical research support the effectiveness of Ayurvedic treatment for bronchial asthma, or Tamaka Shwasa, demonstrating notable improvements in symptoms, lung function, and quality of life, frequently with fewer side effects than contemporary therapies(Dr. Minal M. Khode, Dr. Jayant Gulhane, 2025).

Case Examples Showing Improvement

During the course of three months, a 12-year-old girl patient at Sanjivani Ayurvedic Hospital who received Panchakarma treatments (including mild therapeutic purgation Mridu Virechana and Nasya) along with dietary changes and herbal formulations demonstrated a notable decrease in wheezing and dyspnea as well as an improvement in the quality of her sleep, demonstrating that Ayurveda is an effective treatment for chronic respiratory distress(Nemiwal et al., 2025).

After eight months of Ayurvedic therapy, a 28-year-old female patient with recurrent asthma symptoms that were partially controlled by inhalers showed significant clinical improvement and spirometry scores returned to normal. This comprised frequent Pranayama breathing exercises, rigorous trigger avoidance (Nidana Parivarjana), and palliative herbal remedies (Shamana Chikitsa). Without experiencing any exacerbations, she managed to gradually reduce and then stop using her inhaler(Gracy et al., 2023).

A 49-year-old man who received traditional Ayurvedic treatments like Vamana (therapeutic emesis) and herbal remedies first saw brief respite, but further treatments enabled him to effectively control exacerbations, demonstrating Ayurveda's multifaceted approach(Nayak & S, 2021).

The superiority of detoxification therapies was demonstrated in a clinical trial involving 24 patients that compared groups receiving Virechana detoxification plus herbal powders versus groups receiving herbal powders alone. The detox group showed significant improvements in Peak Expiratory Flow Rate (PEFR) and symptom relief, with an improvement of 61.45% compared to 45.45% in the herbal-only group(Ghosh & Tripathi, 2012).

Herbs and Therapies Demonstrated Effective in Scientific Studies

- Vasa (Adhatoda vasica): Bronchodilator and expectorant properties help clear respiratory passages.
- Guduchi (Tinospora cordifolia): Immunomodulatory and anti-inflammatory effects strengthen respiratory immunity.
- Pippali (Piper longum): Aids digestion and helps clear respiratory channels.
- Tulsi (Ocimum sanctum): Exhibits anti-allergic and mucolytic properties.
- Classical polyherbal formulations like Pipaladi Lehya, Bharangyadi Avaleha, and Badara Churna have been clinically shown to improve lung function and reduce symptom severity effectively.
- Panchakarma therapies such as Virechana (therapeutic purgation), Nasya (medicated nasal administration), and Swedana (therapeutic sweating) help detoxify the body, clear respiratory channels, and pacify aggravated doshas, leading to sustained improvement.

Outcomes Compared with Standard Modern Treatment

Asthma symptoms (coughing, wheezing, and dyspnea) are gradually but steadily reduced with Ayurvedic therapy, which frequently makes it possible to cut down on or stop using bronchodilator and corticosteroid inhalers. Improvements in objective pulmonary function (PEFR, FEV1, and breath-holding duration) are comparable to or greater than those observed with contemporary medications. Unlike long-term steroid usage, ayurvedic remedies have few negative effects and do not lead to drug dependency. With fewer acute flare-ups and better long-term illness management, patients enjoy a higher quality of life. Modern medication offers quick symptom relief, but it mostly suppresses symptoms and has potential side effects. Ayurveda addresses the underlying cause by removing toxins, balancing doshas, and comprehensively enhancing lung health.

CONCLUSION

Similar to bronchial asthma, tamaka shwasa is a chronic respiratory condition characterized by inflammation and airway blockage. According to Ayurveda, the main causes of this condition are an imbalance between the Kapha and Vata doshas and a buildup of toxins (Ama) that impede the respiratory channels. Supported by both contemporary clinical research and classical texts, Ayurvedic management takes a holistic approach that includes dosha balancing, detoxification therapies like Virechana and Nasya, powerful herbal medicines like Vasa, Guduchi, Pippali, and Tulsi, as well as stringent dietary regulations to avoid incompatible foods and lifestyle changes like trigger avoidance and breathing exercises. Clinical trials and case studies have demonstrated a notable improvement in symptoms and lung function, which frequently allows for the

decrease or cessation of traditional inhalers and steroids with little adverse effects. Ayurveda treats the underlying causes, encouraging gradual but sustained recovery and long-term respiratory health, whereas contemporary medicine provides quick symptom alleviation, mostly through the use of bronchodilators and corticosteroids. Thus, combining Ayurvedic therapies with contemporary treatments offers a promising, secure, and efficient way to treat Tamaka Shwasa holistically, improving quality of life and lowering reliance on pharmaceutical medications.

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