



Research Article

Tamak Shwasa and COPD: A Review from the Ayurvedic Viewpoint

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Abstract

Tamaka Shwasa is a broad clinical entity in Ayurveda that encompasses several conditions in which dyspnoea is the predominant symptom. However, it can most appropriately be correlated with bronchial asthma. Among the five types of *Shwasa Roga*, three are considered incurable, while the fourth, *Kshudra Shwasa*, develops due to excessive physical exertion or intake of excessively dry (*Ruksha*) food and is easily curable. *Tamaka Shwasa*, particularly in its early stages, is manageable and may respond well to treatment; however, in chronic or long-standing cases, it becomes difficult to treat.

Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death worldwide, and its prevalence continues to rise due to changing lifestyles and unhealthy habits. COPD primarily includes chronic bronchitis and emphysema, and it is considered the second most common pulmonary disorder after pulmonary tuberculosis. In Ayurveda, the clinical features of COPD can be correlated with disorders of *Pranavaha Srotodushti*, which generally manifest in long-standing cases of *Tamak Shwasa*. The etiological factors of COPD—such as smoking, exposure to cold weather, dust, air pollution, and chemicals—closely resemble the causes described for *Tamak Shwasa*. Proper identification, treatment, prevention, and control of COPD are essential, along with necessary lifestyle modifications. These principles are comprehensively described in Ayurveda under the management strategies and formulations indicated for *Tamak Shwasa*, which may be applied for the prevention and management of COPD.

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INTRODUCTION

In India, Chronic Obstructive Pulmonary Disease (COPD) is one of the leading causes of death and a major contributor to chronic morbidity and mortality. It predominantly affects males due to a higher prevalence of smoking, though it is common in both rural and urban populations.

In Ayurveda, respiratory disorders arise due to *Pranavaha Srotodushti*, presenting with symptoms such as cough and dyspnoea. Based on clinical features, *Tamaka Shwasa* may present as *Kaphapradhana* (comparable to chronic bronchitis) or *Vatapradhana* (comparable to emphysema) [2].

According to modern medicine, bronchial asthma is a chronic inflammatory disorder of the airways caused by hypersensitivity to internal and external allergens, leading to breathlessness and airway obstruction.

In Ayurveda, this condition is correlated with *Tamaka Shwasa*, a type of *Shwasa Roga* characterised by severe dyspnoea, wheezing, cough, weakness, and mental distress. The attacks commonly worsen at night, giving the patient a sensation of entering darkness (*Tama Pravesha*). The disease mainly involves vitiation of Vata and Kapha Doshas, particularly affecting *Prana Vayu* and the *Pranavaha Srotas* [3].

Symptoms are aggravated by cold, humid weather and Kapha-increasing factors, while relief is felt in a sitting posture and with warm substances. *Tamaka Shwasa* is considered *Yapya* (manageable), but it is more easily curable in its early stages.

AIMS AND OBJECTIVES

To explore the concept of *Tamaka Shwasa* in Ayurveda and correlate it with modern understanding, along with its Ayurvedic management strategies.

MATERIAL AND METHOD

To review the aims and objectives by compiling and analysing both Ayurvedic and modern literature from Samhitas, Ayurvedic principles, research journals, magazines, and online sources.

Aetiopathogenesis

In Ayurveda, *Tamaka Shwasa* is described as a *Vata-Kapha* predominant disorder of the *Pranavaha Srotas* [4]. It develops due to exposure to etiological factors such as dust (*Raja*), smoke (*Dhooma*), cold environment, excessive intake of dry (*Ruksha*) and Kapha-increasing foods, and improper lifestyle practices. These factors lead to vitiation and accumulation of *Kapha* in the respiratory channels, causing obstruction. The obstructed *Vata*, particularly *Prana Vayu*, undergoes reverse movement (*Pratiloma Gati*), resulting in breathlessness, wheezing, cough, and chest tightness. Thus, the aetiopathogenesis involves Kapha-induced blockage of air passages followed by aggravated Vata producing recurrent and progressively severe respiratory distress.

In modern medicine, COPD develops due to long-term exposure to irritants such as cigarette smoke, biomass fuel, air pollution, occupational dust, and chemicals, along with genetic predisposition. These factors trigger chronic inflammation of the airways, leading to structural changes including mucus hypersecretion (chronic bronchitis), narrowing of small

airways, and destruction of alveolar walls with loss of elastic recoil (emphysema). The result is progressive and largely irreversible airflow limitation [5].

Clinical Features-

- Dyspnoea (Shortness of Breath)
- Chronic Cough
- Sputum Production
- Wheezing and Chest Tightness
- Fatigue and Weakness
- Recurrent Respiratory Infections
- Cyanosis
- Barrel Chest (Emphysema Feature)
- Use of Accessory Muscles
- Clubbing (Sometimes)
- Weight Loss and Muscle Wasting

Tamak Shwasa Lakshana

- Shvasa (Dyspnoea/Breathlessness)
- Tama Pravesha (Night aggravation)
- Kasa (Cough)
- Swasa-Utklesha (Chest tightness and wheezing)
- Shrama (Fatigue/Weakness)
- Manasik Shanata (Mental distress)
- Ruksha Mukha (Dryness of mouth)
- Ashwasa-Vyatha (Discomfort while lying down)
- Shira-Sveda (Sweating over forehead)
- Preksha-Vyatha (Eye prominence)

Diagnosis

1. Pulmonary Function Test.
2. Sputum Test.
3. X-ray chest.
4. CBC.

Complication

- Recurrent URTI -Pulmonary HTN
- Weight Loss -Right Heart Failure, etc
- Pneumothorax. Which are quite similar to the updravas mentioned for *Tamak Shwasa*.

Management

Smoking cessation and avoidance of environmental pollutants, along with pharmacological therapy such as bronchodilators, inhaled corticosteroids, and combination inhalers to reduce airway inflammation and improve airflow. Pulmonary rehabilitation, including breathing exercises, physical activity, and nutritional support, helps maintain lung function and physical endurance. In advanced cases, supplemental oxygen therapy and management of complications are necessary. Vaccinations against influenza and pneumococcal infections are also recommended to prevent exacerbations [6].

The Ayurvedic management of *Shwasa* begins with *Salavan Snehan* (oil with salt) and *Swedana* (steam therapy) to relieve airway obstruction, as the *Ushna* (hot) and *Sukshma* (subtle) properties of *Lavan Rasa* and oils penetrate deeply to clear *Kapha*. In *Kapha*-dominant cases, therapeutic emesis (*Sadhya*

Vamana) followed by snehan and swedana helps expel excess Kapha, with residual mucus removed by Ushna-Ruksha Dhoopan. For Vata-dominant cases, purgation (*Virechana*) with Ushna and Snigdha agents pacifies aggravated Vata and reduces symptoms. Overall, treatment is dosha-specific, using qualities opposite to the vitiated Doshas, along with avoidance of causative factors to prevent recurrence [7].

Patients should adopt lifestyle modifications to reduce symptoms and improve quality of life. Nasya therapy is recommended to protect the nasal mucosa from irritants and pollutants. Yogasana and Pranayama help enhance lung capacity and support respiratory rehabilitation [8].

CONCLUSION

COPD is a progressive, irreversible respiratory disorder, making early diagnosis and timely management crucial to slowing disease progression and improving patient [9]. From an Ayurvedic perspective, the clinical features of COPD can be correlated with the classical descriptions of *Tamak Shwasa in Ayurveda*. For instance, the chronic bronchitis component of COPD, characterised by persistent cough and mucus production, closely resembles Kapha-dominant Tamak Shwasa in Ayurveda, suggesting that Vamana (therapeutic emesis) may be particularly effective in managing these symptoms by expelling excess Kapha and clearing respiratory pathways [10]. Similarly, the emphysematous changes seen in COPD are parallel to Vata-dominant Tamak Shwasa in ancient science, where Virechana (therapeutic purgation) can help pacify aggravated Vata, reduce respiratory distress, and potentially improve lung function. Beyond these Panchakarma procedures, there is an important role of dietary regulation and lifestyle modifications adhering to Pathya-Apathya principles, avoiding triggers and allergens, practising breathing exercises, and strengthening immunity are all essential in preventing the worsening stage and slowing the progression of the disease. Furthermore, Apunarbhava Chikitsa—measures aimed at preventing recurrence—can provide long-term benefits, ensuring better symptom control, improved quality of life, and a holistic approach to COPD management that bridges modern medical understanding with Ayurvedic principles.

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