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MANAGEMENT OF *TAMAKA SWASA*: A CASE STUDY

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ABSTRACT

Tamaka Shwasa is one of the Pranavaha Sroto Vikara. Its Swatantra vyadhi, which is having its own etiological factors, pathophysiology and management. which is generally described as Yapya Vyadhi by acharya charaka but acharya sushruta considered it as Krichra Sadhya. However,

appropriate treatment and lifestyle modifications play a crucial role in its management. Tamaka Shwasa is analogous to Bronchial Asthma, which affects approximately 13.1% of the population worldwide. This is a single case study of an 18-year-old female patient who presented with difficulty in breathing for 6 months. She also complained of recurrent sneezing, cough, nasal congestion or rhinorrhea and wheezing. According to the patient, she was apparently healthy 6 months ago and gradually developed breathing difficulty. She was managed with internal Ayurvedic medications and showed significant improvement. The present case study highlights the effect of Vyadhihara Chikitsa using Tab Shwasa Kutara Rasa, Cap Nilsin, Cap Grab, and Tab Allerin, and Nebulization with Helin Capsule, and Shodhana in the form of Sadyo Virechana with avipattikara choorna for expelling vitiated Doshas. In addition, Pranayama was advised for symptomatic relief and improvement of respiratory function. The patient experienced marked improvement in the symptoms of Tamaka Shwasa following the Ayurvedic treatment regimen.

KEY WORDS: *Tamaka Shwasa, Bronchial Asthma, Vyadhihara Chikitsa, Shodhana, Sadyo Virechana, Pranayama.*

INTRODUCTION

Ayurveda has described five types of *Shwasa Roga* and *Tamaka Shwasa* is one amongst them[1]. *Tamaka Shwasa* is a "*Swatantra*" Vyadhi i.e., independent disease entity and having its own etiology, patho-physiology and management. *Shwasa Roga* has been considered as a *Yapya Vyadhi* (palliative)[2]. It is well co-related with bronchial asthma which results due to derangement of *Pranavah Srotasa* (respiratory system) in which *Prana Vayu* is vitiated that is unable to perform its normal physiologic function due to obstruction through cough and moves in upward direction (*Pratilom Gati*)[3]. Bronchial asthma is characterized by difficulty in breathing, cough, wheezing and chest tightness[4]. Paroxysm attacks can last for days to months which results in sleepless night, thus disturbing the normal life style of the person. Worldwide, equally affecting both sexes in adult but in children male female ratio is 2:1[5]

Nidana Parivarjana (avoidance of causative factors) is considered the primary principle in the management of *Tamaka Shwasa*. Exposure to factors that aggravate *Vata* and *Kapha Dosha*, such as dust, smoke, cold wind, excessive physical exertion, and intake of heavy, cold, oily, and Kapha-promoting foods, should be avoided. Proper dietary and lifestyle regulation helps to prevent the recurrence of attacks and supports the effectiveness of treatment.[6]

The treatment of *Tamaka Shwasa* focuses on eliminating the obstruction caused by *Kapha* in the respiratory channels, restoring the normal movement of *Prana Vayu*, and improving respiratory function. Among *Shodhana* therapies, *Vamana Karma* is regarded as the principal treatment for *Kapha*-dominant *Tamaka Shwasa*, while *Virechana Karma* may be employed in suitable patients to achieve *Dosha* balance.[7] After purification, *Shamana Chikitsa* is administered using formulations possessing *Kapha-Vatahara*, *Shwasahara*, and *Rasayana* properties. Supportive measures including warm water intake, steam inhalation, *Swedana*, and breathing exercises further contribute to symptomatic relief and prevention of recurrence. Thus, a comprehensive approach involving *Nidana Parivarjana*, *Shodhana*, *Shamana*, and *Rasayana* therapies forms the foundation of Ayurvedic management of *Tamaka Shwasa* and helps improve the quality of life of affected individuals.

CASE STUDY

A 18 years old female was reported to fever and respiratory outpatient department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan on 13th January 2026 with complaints of breathlessness, nasal congestion, repeated sneezing, wheezing at night and early morning since 6 months.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy 6 months back. She had an acute onset of repeated sneezing and difficulty in breathing associated with cough, nasal congestion and wheezing at night and early morning for which patient took allopathic medication and symptoms got reduced temporarily. She used to suffer on and off with same complaints and get temporary relief on medications. As the recurrence of symptoms, she consulted SDM Ayurveda hospital Hassan on 13th January 2026 and patient was advised with oral medications

PAST HISTORY

H/o of Breathing difficulty in her childhood

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PERSONAL HISTORY
Appetite: Altered
Bowel: 1-2 times per day
Micturition: Regular
Sleep: Disturbed due to Wheezing
Habits: Regular intake of Curd, Fried oily foods.
Habitat: Lives in dusty area

FAMILY HISTORY
Nothing specific

LOCAL EXAMINATION
1.External nose
Inspection: No visible scar, swelling
Palpation: No tenderness
Nasal septum: No deviation
Vestibule: No fissure and crusting

2. Anterior Rhinoscopy
Nasal passage: Narrow on right nose
Floor: No defects
Roof: Not visible
Lateral wall: Mucosa-Congested
Turbinate-Hypertrophy of right inferior turbinate
Discharge-Yellow mucopurulent nasal discharge

3. Respiratory system
Inspection: Chest- Bilateral symmetrical
No any chest deformities
No any scars
Respiratory rate-18 per min
Palpation: Tenderness absent
Percussion: Mild dull nodes all over the lung field
Auscultation: Polyphonic wheeze bilaterally (wheezing is more evident in Right lung than Left lung)

4. Sinus Examination
Maxillary sinus: Little tenderness present
Frontal sinus: Little tenderness and swelling present
Ethmoid sinus: Little tenderness in the root of nose and above the upper eyelids

ASHTASTHANA PAREEKSHA
Nadi: 75bpm
Moothra: 5-6 times per day
Mala: 1-2 times in a day
Jihwa: *Alipta*
Shabda: *Madhyama*
Sparsha: *Anushna sheeta*
Druk: *Madhyama*
Aakruti: *Madhyama*

DASHAVIDHA PAREEKSHA
Prakruti: *Pitta Kapha*
Vikruti: *Dosha- Prana Vata, Avalambaka Kapha Dooshya-Rasa, Rakta*
Saara: Madhyama
Samhanana: Madhyama
Pramana: Height-135 cm Weight-38 kg BMI-20.9
Satwa: Avara
Satmya: Sarva rasa satmya
Aahara shakthi: Madhyama
Vyayama shakthi: Madhyama
Vaya: Madhyama

MATERIALS AND METHODS
• Source of data
Patient suffering from Tamaka shwasa is selected from IPD of SDMCAH, Hassan
OP No: OP 367008,
Study design A single case study

TREATMENT
Vyadhihara Chikitsa
1. Tab.Shwasa Kutara Rasa 1 TID after food
2. Tab.Nilsin 1 TID after food
3. Tab. Allerin 1 TID after food
4. Cap. Grab 1BD after food
5. Cap. Helin for steam inhalation

Shodhna Chikitsa
1.*Sadhyo Virechana* with avipattikara choorna with warm water Patient was advised not to do *vegadharana* and take ushna jalapana frequently, after completion of *vegas* take *laghu ahara* like Ganji etc.

RESULTS AND DISCUSSION
Patient is having history of breathing difficulty in childhood. This might be the probable cause for developing *Tamaka Shwasa*. The medicines and procedures which mainly acts on alleviating *Vata Kapha Dosha* were chosen.

Avipattikara Choorna - *Sadyo Virechana* with Avipattikara Churna is employed in *Tamaka Shwasa* to eliminate vitiated *Doshas*, relieve *Srotorodha* in the *Pranavaha Srotas*, and facilitate *Vatanulomana*. Avipattikara Churna possesses *Mridu Virechaka, Deepana, Pachana,* and *Anulomana* properties, which help expel vitiated *kapha* and *pitta doshas* through the *Adhobhaga* without causing excessive strain to the patient. By correcting *Agnimandya* and reducing *Kapha* accumulation, it normalizes the flow of *vata* and thereby reduces symptoms such as *Shwasakrichrata* (dyspnoea), *Kasa* (cough), *Ghurghuraka* (wheezing) and *Peenasa* (nasal congestion). Since Avipattikara Churna produces gentle purgation, it is particularly useful in patients who are not suitable for classical *Virechana Karma*.[8]

Shwasa Kutara Rasa- counteracts the symptoms of *Tamaka Shwasa* due to the action of its ingredients which directly act on *Pranavaha Srotas. Shwasakuthar Rasa* is a herbomineral drug and it contains minerals such as *Parada* (mercury), *Gandhaka* (sulphur), *Tankana* (borax) and *Manahshila* (arsenic sulphide) in purified form and herbs like purified *Vatsanabha* (aconitum ferox), *Pippali* (piper longum), *Maricha* (piper nigrum) and *Shunthi* (zingiber officinale) as per Ayurvedic text. All the drugs of Shwasa Kutara Rasa have *Ushna Veerya* and *Vata-Kaphahara* properties. *Vata* and *Kapha* are the main *Doshas* which are involved in *Tamaka Shwasa Samprapti* and this formulation is having *Kapha-Vatashamaka Karma* due to its *Katu Rasa, Tikshna-Vyavayi-Vikasi Guna, Katu Vipaka Ushna Veerya.* Its most of the ingredients are mainly *Kapha-*

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Nihsaraka with *Laghu, Ruksha* and *Ushna Guna*, therefore it mainly acts on *Agnimandhya* and breaks the *Kapha Dosha Pradhana Samprapti* of *Tamaka Shwasa* and makes relieve in symptoms of *Tamaka Shwasa*.[9]

Tab. Nilsin contains *Vacha* (Acorus calamus), *Shunthi* (Zingiber officinale), *Sitopaladi Churna*, *Koshthakolinjana* (Alpinia galanga), and *Mahasudarshana Churna*. These ingredients possess *Kapha-Vatahara, Ushna, Deepana, Pachana, Shwasahara,* and *Kaphanisharaka* properties. *Vacha* acts as a bronchodilator and helps relieve bronchospasm, while *Shunthi* exhibits anti-inflammatory and antihistaminic actions. *Sitopaladi Churna* acts as an expectorant and facilitates the expulsion of excessive *Kapha* from the respiratory tract. *Koshthakolinjana* is beneficial in respiratory disorders and helps reduce cough and throat irritation. Thus, Nilsin helps clear the *Pranavaha Srotas*, reduces *Kapha* obstruction, improves respiration, and provides symptomatic relief in *Tamaka Shwasa*.[10]

Tab Allerin- It is a combination of formulations like *Gandhaka Rasayana and Kaishora Guggulu* along with *Manjishtadi Gana, Udichya, Anantamoola, Chopachini* and *Bakuchi. Kaishora Guggulu* contains *Guduchi, Pippali, Maricha, Shunti* and *Guggulu*. *Guduchi* is antiallergic, immunomodulatory, anti-oxidant and anti-inflammatory *Gandhaka Rasayana* contains *Gandhaka, Twak, Ela, Patra, Nagakesara, Guduchi, Triphala, Bhringaraja, Ardraka* triturated with Cow's milk. *Gandhaka* is *Kaphavatahara*. *Twak* has antiinflammatory and anti-microbial property. *Ela, Patra* and *Nagakesara* are anti-inflammatory, analgesic and antibacterial. *Triphala* is potent analgesic. *Bhringaraja* is analgesic and anti-bacterial. *Ardraka* is anti-inflammatory.[11]

Cap Grab - Contains *Vranapahari Rasa*, *Triphalaguggulu*, *Gandaka Rasayana, Arogyavardhini Rasa, Guduchi*, *Manjishta.* It controls viral infections, reduces respiratory stress, combats infections intensely, *Guduchi* enhances immunity, *Arogyavardhini* promotes digestive fire, *Gandaka Rasayana* act as immuno modulator, *Vranapahari Rasa* mainly indicated in *Shwasa, Kasa Chikitsa*.[12]

Cap. Helin for nebulization was administered through steam inhalation to provide symptomatic relief in Tamaka Shwasa. The formulation contains aromatic volatile oils possessing Kapha-Vatahara, Shwasahara, and *Srotoshodhaka* properties. Steam inhalation facilitates direct action on the respiratory passages, helping to liquefy and expel obstructive *Kapha* from the *Pranavaha Srotas*. Eucalyptus oil, Menthol, Camphor, and Clove oil collectively exert decongestant, expectorant, mucolytic, and anti-inflammatory actions, thereby reducing airway resistance and improving ventilation. By removing *Kapha*-induced *Srotorodha* and promoting unobstructed movement of *Prana Vayu*, Cap. Helin provides relief from the cardinal features of *Tamaka Shwasa* such as *Shwasa Kashtata*, *Kasa, Ghurghuraka*, and *Peenasa*.[13]

CLINICAL ASSESSMENT

Assessment Criteria:

Subjective Parameters

The symptoms are graded as 0 to 3, 0 being absence of the clinical feature and 3 being severe.

Objective Parameters

Signs	Before Treatment	After Treatment
Inferior turbinate hypertrophy	Moderate	Mild
Tenderness in frontal and ethmoidal sinus	Moderate	Mild
Nasal mucosa inflammation	Moderates	Mild
Wheezing	Severe	Mild

Symptoms	Before Treatment	After Treatment
Nasal obstruction	2	0
Nasal discharge	3	1
Wheezing	3	1
Sneezing	2	0
Night awakening	3	1

CONCLUSION

After analysis of all data, its concluded that *Sadhyovirechana* with *Avipattikara Chooran* followed by Tab.*Swasa Kutara Rasa*, Tab.Nilsin, Tab.Allerin, Cap.Grab, Cap.Helin Nebulization are effective in management of *Tamaka Swasa.*

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