AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

AYURVEDIC INSIGHTS INTO MANAGEMENT OF *TAMAKA SHWASA* WRT BRONCHIAL ASTHAMA

Swathi N[1]*, Pooja I[1], Ananta S Desai[2]
*[1]PG Scholar, [2]HOD, Department of Panchakarma, GAMC Bengaluru, Karnataka, India.

Article info
Article History:
Received: 29-11-2024
Accepted: 22-12-2024
Published: 15-01-2025

KEYWORDS:
Tamaka Shwasa, Sadhyo Vamana, Shunti Varti Dhoomapana, Choorna Pinda Sweda.

ABSTRACT

Ayurveda is well known for treating chronic diseases since ancient ages, through its principles and by healthy life style choices. *Tamaka shwasa*, is one such chronic respiratory disorder where in *Pranavaha Srothas* is involved. It is one among 5 types of *Swasa Roga*, where *Kapha* and *Vata doshas* are predominantly involved, presenting with night exhaberation of wheeze and breathlessness. The symptoms of *Tamaka Shwasa* can be approximated to bronchial asthama. Bronchial asthma is a chronic inflammatory disorder of the airways, that is associated with airway hyper responsiveness leading to recurrent episodes of breathlessness, chest tightness, coughing and wheezing. These episodes are usually associated with widespread airflow obstruction, that is reversible either spontaneously or with treatment. This is a single case study of 45 years female patient, diagnosed with *Tamaka Shwasa*

exhibiting symptoms of, episodes of breathless aggravating at night, along with wheeze, malaise, fatigue, and multiple joint pain since 8 years for which she was treated with *Sadhyo Vamana, Shunti Varti Dhoomapana* and *Choorna Pinda Sweda.* The patient reported significant improvement in the symptoms of the disease.

INTRODUCTION

Chronic diseases, often referred to as non-communicable diseases, are enduring health conditions that persist over time and typically progress slowly. Unlike acute illnesses that arise suddenly and can often be cured, chronic diseases such as heart disease, diabetes, cancer, and respiratory diseases impose long-term challenges on individuals and their families. These conditions not only affect physical health but also impact emotional well-being, financial stability, and overall quality of life. In recent decades, chronic diseases have become a significant global health concern, posing a formidable burden on healthcare systems worldwide.

Asthma is a chronic inflammatory disorder of the airways, that is associated with airway hyper-responsiveness that leads to recurrent episodes of breathlessness, chest tightness coughing and wheezing, that exacerbates at night and in the early morning. These episodes are usually associated with variable and widespread airflow that is often reversible, either spontaneously or with treatment.[1]

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v11i6.1844

Epidemology

Asthma is more prevalent in children than in adults; it is more prevalent in developed as compared to developing countries and in urban than in rural areas. In India, prevalence rates vary from 2-7% but may be higher in certain regions, especially in children. Asthma occurs at all ages; in nearly half the patients, the onset occurs in the childhood and three-fourths of the cases would have manifest by young adulthood. In children, the male: female ratio is approximately 2:1 but in adults asthma is equally prevalent in both sexes.[2]

Pathophysiology[3]

Because of the complex interplay between environmental stimuli and the epithelial lining.

This results in inflammation of the mucosal lining and contraction of the bronchial smooth muscle, leading to airway narrowing in asthma.

Thick, tenacious secretions additionally increase resistance to airflow, with the epithelial lining becoming denuded at various sites.

The increased airway resistance causes decreased expiratory airflow, which can be evidenced on spirometry and is reversible with the administration of an inhaled bronchodilator.

Significantly increased airway resistance and intraluminal secretions lead to hyperinflation characterized by air trapping (increased residual volume), resulting in heightened work of breathing, ventilation-perfusion imbalances, and alterations in elastic recoil.

Precipitating Factors[4]

Allergic triggers

Indoor and outdoor moulds, pollens, insects, animal dander, dust mite particles, cockroach particles and some food and drug additives, preservatives and colouring agents (sulphites used as a preservative in some foods)

Non-allergic triggers

Irritants: Tobacco smoke, indoor fuel (biomass) smoke, room deodourisers, fresh paint, household cleaning products, cooking odours, Workplace chemicals (occupational asthma), perfumes and cosmetics, Outdoor air pollution (ozone, oxides of nitrogen, sulphur dioxide).

Respiratory viral infections (RSV and parainfluenza in children, thinovirus and influenza in adults): Can lead to prolonged destabilisation of chronic asthma.

Exercise: especially in cold and dry air (free running, cycling, jogging); swimming is least likely to precipitate Microinspiration of gastric secretions (Gastroesophageal reflux)

Non-steroidal anti-inflammatory drugs (aspirin, ibuprofen, indomethacin, mefanamic acid)

B-adrenergic antagonists (even selective agents can trigger asthma at high doses; eye drops containing these drugs can precipitate asthma)

Change in atmospheric conditions (pressure, humidity, temperature)

Psychological factors: also alter perception of airways obstruction

Clinical Features

The symptoms include recurrent episodes of breathlessness chest tightness, cough and wheezing. Common precipitants include exercise, more often in cold weather, exposure to airborne allergens or pollutants, and upper respiratory tract infections. In severe cases, symptoms such as cough and wheeze disturb sleep. Cough may be the dominant symptom in some patients, and the lack of wheeze or breathlessness may lead to a delay in reaching the diagnosis of so-called 'cough-variant asthma'.[5]

Investigations

Lung function test i.e., spirometry, chest x-ray, allergen testing, Ig E, absolute eosinophil count aids in diagnosis of asthma.[6]

Management[7]

Since asthma is currently considered to be a chronic inflammatory disease of the airways, anti-inflammatory therapy has emerged as the key element in management. While regular anti-inflammatory therapy is used to provide long-term control, bronchodilators are required for relief from symptoms periodically. The drugs used for treatment of asthma are classified into two groups: drugs used to suppress inflammation and prevent symptoms (preventers) and drugs used for quick relief from symptoms (relievers). The former category includes anti inflammatory drugs and the latter, bronchodilators.

Swasa

Swasa is a disease that encompasses a spectrum of respiratory disorders affecting the lungs and airways. It manifests through symptoms such as difficulty in breathing, coughing, wheezing, and chest discomfort, varying in severity from mild, acute to chronic and severe conditions. *Shwasa* is the major disease entity affecting *Pranavaha strotas*. It is of five types namely *Mahashwasa, Urdhwashwasa, Chinashwasa, Tamakashwasa and Kshudrashwasa.*

Tamaka Swasa

Tamakashwasa is one among major disease which is caused due to vitiation of *Kapha* and *Vata dosha* with the involvement of *Rasadi dhatus* in *Pranavaha strotas*.

In *Tamaka Shwasa*, the attack of *Shwasa* accompanied by *Tamapravesha* occurs specifically during *Durdina*, is referred to as *"Visheshyaddurdine tammyethi shwasa ha sa utamakomataha". Tamapravesha* refers to darkness in front of the eyes.[8]

Nidana

Various authors have mentioned the general etiological factors of *Swasa* for that of *Tamaka swasa.* However, the *Nidana* of *Tamaka swasa* includes both *Utpadaka Hetu* (etiological factors) and *Vyanjaka Hetu (*predisposing factors).[9]

The *Nidana* (causes) of *Tamaka Shwasa* can be classified into:

- *Vata prakopaka Nidana*
- *Kapha prakopaka Nidana*

Vata prakopaka nidana: These are causes that vitiate *Vata*. They include consuming cold and dry food and drinks (*Sheetapana*), irregular eating (*Ashana*),

consuming dry and rough food (*Ruksha Bhojana*), exposure to cold wind (*Sheetavata sevana*), indulging in sexual activities (*Raja Sevana*), carrying heavy loads (*Bharavahana*), excessive physical exertion (*Vyayama*), and suppressing natural urges (*Vegadharana*), among others.

***Kapha prakopaka nidana*:** These are causes that vitiate *Kapha*. They include overeating (*Gurubhojana*), eating before the previous meal is digested (*Adhyashana*), consuming heavy and oily food (*Shleshmala Ahara*), and consuming cold and moist food and drinks (*Sheetapana*), among others.

Nidana of *Swasa Roga* can further be classified into two main groups:

Bahya (Extrinsic)- *Raja, Dhuma* etc are the external factors.

Abhyantara (Intrinsic) *Abhyantara nidanas* include involvement of *Doshas*. In *Tamakaswasa, Kapha* and *Vata* are the main *Doshas*, which are the internal factors for the causation of this disease.

Clinical Features

It is characterized by recurrent attacks of *Shwasa krichrata, Kasa* and *Ghurghuraka*, which vary in severity and also from person to person.

Types of *Tamaka Shwasa*[10]

Acharya Charaka has mentioned two types of *Tamaka Shwasa*. They are

1. *Pratamaka*
2. *Santamaka*

***Pratamaka Shwasa*:** When *Tamaka shwasa* is also associated with fever and fainting, the condition is called as *Pratamaka shwasa*. It is suggestive of involvement of *Pitta dosha*. It is aggravated by dust, humidity (*Kleda*), suppression of natural urges, *Tamoguna* and gets alleviated by cooling regimens. In *Pratamaka Shwasa* patient gets relief by using cooling therapies due to the involvement of *Pitta Dosha,* whereas Cooling regimen is one of the causative factor of *Tamaka Shwasa*

***Santamaka Shwasa*:** When the symptoms of *Pratamaka Shwasa* is associated with the feeling of being submerged in darkness, the condition is called as *Santamaka Shwasa.* Though *Chakrapani* has mentioned these two as synonyms of each other *Acharya Charaka* refers them as two different ailments representing two different conditions of *Tamakashwasa*, based on the intensity of the attack.

Management of *Chikitsa* of *Tamaka Swasa* can be understood in two headings

i. *Vega kaleena chikitsa*
ii. *Avega kaleena chikitsa*

Vega Kaleena Chikitsa

The therapies done during the acute stages of attack are given as follows: *Snehana, Swedana, Vamana, Dhoomapana*

Avega Kaleena Chikitsa

Tamaka swasa is a disease formed due to the vitiation of *Vata* and *Kapha* and the attacks may be episodic in nature, depending upon various causative and provoking factors*. Roga prashamana chikitsa* is helpful during the acute stages while *Apunarbhava* and *Rasayana chikitsa* are best during the stage free of attack. The general line of treatment includes: *Nidana parivarjana, Samshodhana, Samshamana.*

Here is a single case study of 45 years female patient, diagnosed with *Tamaka Shwasa* exhibiting symptoms of, episodes of breathless aggravating at night, along with wheeze, malaise, fatigue, and multiple joint pain since 8 years, effectively managed by *Sadhyo Vamana, Shunti Varti Dhoomapana* and *Choorna Pinda Sweda*.

Case Report

Chief Complaint

C/O recurrent episodes of difficulty in breathing, wheezing and cough since 8 years.

Associated Complaint

Associated with fatigue, malaise, burning sensation in chest and stomach, pain and restricted movements of Left shoulder joint and pain in B/L knee joint since 5 years.

Past History

N/K/C/O Hypertension.

K/C/O Bronchial Asthma since 8 years, on Asthalin (1-0-1 A/F) and nebulization

K/C/O T2 DM since 10 years, on Metformin 500 mg (1-0-1 B/F)

H/O chronic gastritis since 10 years.

History of Present Illness

A 45-year-old female patient, diagnosed with Type 2 Diabetes Mellitus 10 years ago, remained asymptomatic for the first 8 years. However, over the past 2 years, she has been experiencing recurrent episodes of difficulty in breathing, wheezing, and productive cough. These symptoms worsen with activities such as walking for 100 meters and lying down, particularly at night, leading to disrupted sleep due to increased breathlessness.

Additionally, the patient reports a burning sensation in her chest and stomach immediately after meals, exacerbating her condition and accompanied by chest tightness, fatigue, and malaise. For the past 5 years, she has also complained of pain and limited mobility in her left shoulder joint and bilateral knee

joints. Her symptoms are notably aggravated by cold and windy weather.

Seeking relief, she initially consulted a nearby clinician who prescribed medications that provided temporary alleviation of her symptoms. However, due to persistent symptoms and joint issues, she sought further management at SJGAUH.

Personal History

Table 1: Personal History

Name- XYZ	Sleep – Disturbed
Age – 45 years	Bowel habit – Irregular
Sex – Female	Appetite-reduced
Marital status – Married	Weight -65 kg
Occupation – House wife	Height – 168cm
Bala – Madhyamika	Addiction- Gutka

Table 2: *Ashtasthana Pareeksha*

Nadi - Vataja Nadi, 102/min	*Shabdha- Prakruta*
Mala – Vibaddha 1 time/2 days	*Sparsha – Anushna Sheeta*
Mutra-Prakruta 5-6 times/day, 2times/night	*Drik – Prakruta*
Jihva – Alpalipta	*Akriti – Sthula*

Table 3: *Dashavidha Pareeksha*

Prakriti- Kaphavata	*Vyayama shakthi- Avara*
Vikruti- Vatakapha	*Pramana – Madhyama*
Sara- Avara	*Vaya – Madhyama/45* years
Samhanana- Madhyama	*Bala- Avara*
Sattva- Avara	
Satmya-	
Ahara Shakthi- Avara	

Table 4: *Nidana Panchaka*

Nidana	*Agni mandhya.*
Poorva Rupa	Cough
Rupa	Recurrent episodes of difficulty in breathing, wheezing, fatigue, malaise, pain and restricted movements of Left shoulder joint and pain in B/L knee joint
Upashya & Anupashya	*Usnopachara*

Table 5: *Samprapti Ghataka*

Dosha	*Kapha pradhana tridosha*
Dushya	*Rasa*
Agni	*Jataraagni, Rasadatwagni*
Agni dhushti	*Mandaagni*
Srotras	*Pranavaha, Udakavaha, Annavaha, Rasavaha*
Srotodushti	*Sanga, Vimargagamana, Atipravrutti*
Udhbhavastana	*Pittasthana, Amashaya*
Sancharastana	*Ura pradesha*
Vyaktastana	*Urah, Phupphusa, Pranavaha srothas*
Adhiatana	*Urah*
Rogamarga	*Abhyantara*
Sadhyaasadhyata	*Krichra sadhya*

Systemic Examination

CNS- Higher mental function intact, cranial nerves within normal limit.

CVS- S1 S2 heard no added sounds.

GIT- soft and non tender.

Respiratory System Examination

General physical examination

Built – Well built

Nourishment – Well nourished

Vital Signs

BP- 140/80 mm/hg

Temperature- 98.6°F

Respiratory Rate – 26 cpm

Pallor- Absent

Icterus- Absent

Cyanosis- Absent

Clubbing- Absent

Lymphadenopathy- Absent

Pedal edema- Absent

Examination of upper respiratory tract

Inspection

Nasal discharge- Absent

Septum deviation-Absent

Turbinates hypertrophy- Present

Nasal polyp – Absent

Paranasal sinus tenderness– Absent

Examination of lower respiratory tract

Inspection of the chest

Shape of the chest- Normal, bilaterally symmetrical

Scar mark- Absent

Respiratory movements- Bilaterally symmetrical, Accessory muscle used for respiration is present

Type of breathing – thoraco- abdominal

Respiratory rate- 26/ min

Palpation of Chest

Position of trachea- Centrally placed

Position of apical impulse- 5th intercostal space in mid clavicular line

Respiratory movements- Bilaterally decreased.

Chest expansion- 1 cm

Vocal fremitus- Felt equally on both side

Tenderness over the chest – Absent

Percussion

Increased Resonant with cardiac dullness elicited

Auscultation

Vesicular breath sounds heard with wheeze all over the lung field.

Vocal resonance – Bilaterally symmetrical

Investigations

ESR- 30/hr

Spirometry- FEV1- 70%

Ig E- 327.95 IU/ml

Absolute eosinophil count- 890 cells/ cumm

Treatment Protocol Adopted

Table 6: Treatment Protocol

Panchakarma	**Duration**	**Observation**
1) *Sthanika Abhyanga* with *Bruhat Saindhavadi Taila* followed by *Pata Sweda* 2) *Sadyovamana* with *Ksheera, Yashti Madhu Kashaya* and *Saindhava Jala*	1 day	Lightness in the chest Tightness in the chest slightly reduced Intensity of wheeze reduced
3) *Sthanika ruksha choorna pinda sweda f/b Shunti varti dhoomapana*	14 days	Tightness of chest markedly relieved Wheeze reduced Cough reduced
1) *Sthanika abhyanga* with *Bruhat saindhava taila f/b Nadi sweda*	14 days	Shortness of breath reduced.
2) *Shunti varti* dipped in *Kantakari gritha dhoomapana*	14 days	Wheeze reduced

Assessment Criteria Before and After Treatment

Table 7: Assessment Criteria

Symptoms	**Before Treatment**	**After Treatment**
Night awakening	5-6 times	2-3 times
Morning worsening of symptoms	Severe	Moderate
Limitations of activity	Severe [not able to perform daily activities]	Moderately limited

Shortness of breath	Present at rest	Only while walking
Wheezing	High pitched, bilateral, all over chest field	Low pitched, bilateral, infrascapular region only
Use of bronchodilators	4-5 puffs/ day	1-2 puffs/ day
Pulse rate	102	86
Respiratory rate	26	21
Chest expansion	1 cm	2 cm
ESR	30/hr	15/hr
Spirometry- FEV1	70%	82%
Ig E	327.89 IU/ml	162. 56 IU/ml
Absolute eosinophil count	890 cells/cumm	543 cells/cumm

DISCUSSION

Bronchial asthma, a prevalent chronic respiratory disorder, involves inflammation and narrowing of the airways, leading to symptoms such as coughing, chest tightness, and shortness of breath. It share intriguing parallels with Ayurvedic concepts like "*Tamaka Swasa*," a condition characterized by recurrent episodes of dyspnea, wheezing, and exacerbations triggered by various factors. In Ayurveda, "*Tamaka Swasa*" is considered a subtype of "*Swasa Roga*" (respiratory disorders) where vitiated *Doshas* (bioenergetic forces) disturb the respiratory channels, leading to breathlessness.

In this case a 45-year-old woman with a 10-year history of Type 2 Diabetes Mellitus presented with symptoms including breathing difficulties, wheezing, coughing, chest tightness, fatigue, malaise, gastritis, and joint pain. These symptoms worsened after meals, with physical exertion, and in cold weather.

Patient had severe gastritis since 10 years, due to which there was *Agni Mandhya* further leading to the formation of *Ama* which in turn vitiates *Tridosha,* the *Vata* attains *Pratiloma Gati* further vitiating the *Kapha Dosha* in the *Uras*. *Prakupitha Kapha* may lead to *Margavarodha* of the *Pranavaha Srotas*, obstructing the normal *Gati* of *Vayu*, leading to *Tamaka Swasa.*

To rectify *Agni Mandhya* and achieve thorough *Srotoshodhana* akin to its initial *Vega Avastha*, *Sadhyovamana* was scheduled.

Sthanika Abhyanga and *Sweda*

Sthanika abhyanga with *Bruhat saindhava taila* was followed by *Nadi Sweda* using *Dashamoola Kashaya* was given. For conditions of *Swasa*, *Bahya Snehana* with *Lavana Taila* on the chest was performed, followed by *Ruksha Sweda* therapy using *Dashamoola Kashaya*, which pacifies both *Vata and Kapha*.[11] This process aids in dissolution of the *Grathitha Kapha* in the *Uras* leading to *Srotomardavata* and *Vatanulomata*[12]. Post-*Swedana*, a meal comprising *Snigdha Anna* along with *Dadhi, Matsya,* and *Mamsarasa* should be served, carefully managing *Kapha* aggravation.

Sadhyovamana

Through *Sadhyovamana*, the liquefied *Kapha* present in the *Ura Pradesha* is expelled via vomiting[13]. Following the removal of *Kapha*, *Srotovishuddhi* occurs, facilitating unobstructed flow of *Vayu* through the *Srotas*[14].

Dhoomapana

After *Sadhyovamana*, to eliminate the *Lina dosha Dhoomapana* was administered[15].

Sthanika Rooksha Choorna Pinda Sweda using *Rasna, Vaishvanara, Triphala Choorna,* and *Saindhava Lavana* was given followed by *Ruksha Dhoomapana* with *Shunti Varthi* was administered for first 14 days to remove the adhered *Kapha Dosha.*

Shunti (*Zingiber Officinale*) primarily addresses *Tamaka Shwasa* through its actions as a *Vatakaphahara* agent and due to its *Ushna Veerya* properties. Its *Bhedana Karma* primarily aids in breaking down *Kapha* and facilitates the clearing of *Margavarana* caused by *Kapha* during an episode by promoting smooth movement of *Vayu*.

The active ingredients of *Shunti* are found in its volatile oils, which make up approximately 1-3% of its weight. The major active components in ginger oil include bisapolene, zingiberene, and zingiberol. Ginger exhibits aromatic, antispasmodic, vasodilator, expectorant, bronchodilator, topical, and local stimulant properties, primarily acting on the respiratory system.

In classical texts, ginger is described in two forms: *Ardraka* (wet form) and *Shunti* (dry form). *Shunti* is particularly beneficial in *Shwasa* (asthma) conditions due to its *Snigdha Guna* (unctuous quality), which is tolerable and acts effectively on both *Jatharagni* (digestive fire) and *Dhatvagni* (tissue

metabolism). It possesses *Ushna guna* (hot potency) and is more concentrated due to the loss of moisture during the drying process, which likely enhances the activity of its volatile oil constituents.

Ruksha dhoomapana was followed by *Sthanika Abhyanga With Bruhat Saindhava Taila* followed by *Nadi Sweda* and *Snigdha Doomapana* using *Shunti Varthi* dipped in *Kantakari Gritha* in order to pacify *Vata dosha*.

Kantakari Ghrita is particularly renowned for its beneficial effects on the respiratory system. It helps in conditions like cough, asthma, bronchitis, and other respiratory disorders by reducing inflammation, liquefying mucous, and promoting easier breathing. It has *Tikta Katu Rasa, Snigdha Guru Guna*, *Ushna Virya, Katu Vipaka* and *Vatakaphagna* nature.

It helps to alleviate *Vata Dosha* due to its S*nigdha* and *Ushna* properties. It also works on *Kapha Dosha*, primarily due to its *Tikta Rasa* and *Ushna Virya*. These qualities help to reduce excessive mucous production and congestion associated with *Kapha* imbalance.

Initially addressing *Vegavasta* with *Sadyo Vamana*, followed by managing *Avega Avastha* using *Dhoomapana,* presents a promising approach for effective management of *Tamaka Shwasa* according to Ayurvedic principles.

CONCLUSION

Chronic disorders often persist over extended periods, requiring ongoing management to alleviate symptoms, prevent complications, and improve patients' well-being. Treating chronic disorders is crucial due to their long-lasting impact on individuals' quality of life and overall health. Asthma is indeed considered a chronic disease characterized by inflammation and narrowing of the airways, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. Asthma parallels with *Tamaka Swasa* in Ayurveda. The goal of asthma treatment is to achieve and maintain good control of symptoms, prevent exacerbations (flare-ups), maintain normal or near-normal lung function, and enable the patient to lead an active and healthy life without significant limitations from their asthma. In this instance, *Vegavasta* was initially addressed through *Sadyo Vamana*, followed by managing *Avega Avastha* using *Dhoomapana*, offering promising prospects for effective management of *Tamaka Shwasa* through Ayurveda.

REFERENCES

1. Davidson's Priciples and Practice of Medicine. Edited by Brian.R. Walker, Ian D Penman, Nicki R. Colledge et al. 24th edition 2023. Pg.499.
2. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no.355.
3. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no.355- 336.
4. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no. 336.
5. Davidson's Principles and Practice of Medicine. Edited by Brian. R. Walker, Ian D Penman, Nicki R. Colledge et al. 24th edition 2023. Pg.500.
6. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no. 336.
7. API Textbook of Medicine, Edited by Siddharth N. Shah. Executive editor M Paul Anand, 8th edition, Published by The Association of Physicians of India, Mumbai, volume 1 page no. 338.
8. Acharya YT, editor Susruta Samhita of Susruta with the Nibandha sangraha 13. Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana, uttaratantra 51 chapter 8th verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 762
9. Acharya Madhavakara, Madhava nidanam with madhukosha Sanskrit commentary by Acharya Vijaya Rakshit and Shrikanta Dat, Edited by Dr.Ravidatt Tripady, 1st Volume 12th chapter, 1st Edition - 1993 published by Varanaseya Sanskrit Sansthan, Page no.363.
10. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17th chapter 63-64 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 535 of Agnivesha elaborated by Charaka V
11. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17th chapter 71-73 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 536
12. Vriddha Jivaka, Kashyapa samhita or Vridhajivaka Tanta, revised by Vatsya, Vidyotini hindi commentary by Sri Satyalala Bhishagacharya, Sutra stana 23/7 edition 2010, Chaukambha Sanskrit Sansthan, Varanasi, pp 364.

13. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17 chapter 75-76 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 536
14. Pardakara HSS (ed.), Astangahrdaya of Vagbhata with the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Chikitsasthana, 4 chapter 3-4 verse, Choukamba Samskrit samstan, Varanasi: 2016, pn:603
15. Acharya YT, editor, Charaka Samhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Dipika commentary by Sri Chakrapanidatta, chikitsasthana 17th chapter 77-80 verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, pn. 536

Cite this article as:
Swathi N, Pooja I, Ananta S Desai. Ayurvedic Insights into Management of Tamaka Shwasa wrt Bronchial Asthama. AYUSHDHARA, 2024;11(6):275-282.
https://doi.org/10.47070/ayushdhara.v11i6.1844
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Swathi N
PG Scholar,
Department of Panchakarma,
GAMC Bengaluru, Karnataka
Email: swathicrs38@gmail.com