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Review Article

BRONCHIAL ASTHMA AND *TAMAKA SHWASA*: A COMPREHENSIVE REVIEW OF AYURVEDIC AND CONTEMPORARY PERSPECTIVES

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ABSTRACT

Bronchial asthma is a chronic inflammatory disorder of the airways characterized by recurrent episodes of wheezing, breathlessness, chest tightness, and cough. Ayurveda describes a disease entity known as *Tamaka Shwasa*, which closely resembles bronchial asthma in terms of etiology, pathogenesis, clinical manifestations, and management principles. **Aim:** To critically review the concepts of *Tamaka Shwasa* and bronchial asthma from Ayurvedic and contemporary medical perspectives and explore integrative approaches for effective management. **Materials and Methods:** A narrative review was conducted using classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, and contemporary scientific literature indexed in PubMed, Scopus, Google Scholar, and international respiratory medicine guidelines. **Results:** *Tamaka Shwasa* is predominantly a *Vata-Kapha Pradhana Vyadhi* affecting the *Pranavaha Srotas*. Aggravated *Kapha* causes obstruction of respiratory channels, leading to *Pratiloma Gati* of *Vata* and manifestation of respiratory distress. Modern medicine recognizes bronchial asthma as a chronic inflammatory airway disease characterized by bronchial hyperresponsiveness, airway obstruction, and remodelling. Ayurvedic interventions including *Nidana Parivarjana*, *Shodhana, Shamana, Rasayana* therapy, dietary regulation, and Yoga have shown promising outcomes in symptom control and quality-of-life improvement. **Conclusion:** *Tamaka Shwasa* demonstrates substantial correlation with bronchial asthma. Integrative management combining Ayurvedic principles with evidence-based contemporary care may provide a holistic and sustainable approach to disease management.

INTRODUCTION

Tamaka Shwasa is a type of *Shwasa Roga* (respiratory disease) affecting the *Pranavaha Srotas* and characterized by *Pratiloma Vayu* (prolonged expiration), *Ghurghuraka* (wheeze), *Ativa Tivra Vagam Ca Shwasam Pranaprapidakam* (dyspnoea of exceedingly deep velocity, which was immensely injurious to life) and so on[1,2]. *Tamaka Shwasa*, in Ayurvedic classics seems to be identical with the description of bronchial asthma in modern medicine.

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Bronchial asthma is a major global health problem, which can affect the population irrespective of age, sex, economical status, etc. At present, asthma is reported in 1.2–6.3% adults in most countries.[3] About 300 million people worldwide suffering from asthma and the number has risen by around 50% in the last decade.[4] There are only a few studies from India on epidemiology of asthma. Overall burden of asthma in India is estimated to be more than 15 million patients. Five percent of children under 11 years have asthma in India.[5]

In India, the prevalence of asthma is steadily increasing due to urbanization, environmental pollution, smoking, occupational exposure, allergens, and lifestyle changes. The disease significantly impairs quality of life and productivity. Contemporary

treatment mainly involves bronchodilators, corticosteroids, leukotriene antagonists, and immunotherapy. Although these modalities provide symptomatic relief, they are often associated with adverse effects and recurrence after discontinuation.

The name of *Tamaka Shwasa* is due to the fact that, the symptoms or attack of this disease precipitates at night and also during the time of attack, the breathing difficulty is so severe that patient feels entering into the darkness (*Tama Pravesh*). Both the *Vata* and *Kapha*[6]. *Tamaka shwasa* consists of two words viz. *Tamaka* and *Shwasa*. '*Tama'* means darkness or to choke[7].

Ayurveda, the ancient Indian system of medicine, describes respiratory disorders under the broad category of *Shwasa Roga*. Among the five varieties of *Shwasa*, *Tamaka Shwasa* closely resembles bronchial asthma. The term "*Tamaka*" denotes darkness, indicating severe respiratory distress during attacks where the patient feels entering into darkness due to breathlessness.[8]

Tamaka Shwasa is considered a *Yapya Vyadhi*, meaning manageable but difficult to cure completely. Ayurvedic classics provide detailed explanations regarding etiology, pathogenesis, prognosis, and management strategies. The therapeutic approach focuses on correcting *Dosha* imbalance, clearing airway obstruction, strengthening respiratory function, and preventing recurrence.

This review article aims to critically analyse bronchial asthma and *Tamaka Shwasa* from both modern and Ayurvedic perspectives and discuss integrative management principles.

MATERIALS AND METHODS

Literature for this review was collected from classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, and Madhava Nidana. Contemporary scientific literature was searched through PubMed, Scopus, Google Scholar, and international respiratory guidelines including GINA. Relevant articles published in peer-reviewed journals addressing asthma pathogenesis, epidemiology, diagnosis, and management were included.

Historical Review of *Tamaka Shwasa*

Shwasa is main *Vyadhi* of *PranavahaStrotasa*. The general features of *PranavahaStrotodushti are* related to abnormal respiration which is closely suggested symptoms of *Shwasa Vyadhi*[9] also *Samanya chikitsa* sutra given for *Pranavaha Strotasa vyadhi* is *Shwaski chikitsa*[10].

Normal *Gati* of *Vata* (mainly *Pranavayu* and *Udanavayu*) is hampered and becomes *Pratiloma* (opposite) due to obstruction by *Kapha* which is main incidence in above mention *Vyadhi*. Vitiation of *Vata* and *Kapha dosha* occurs in all these three diseases, *Pitta* remains as associated *Dosha*. The etiological Factors for *Shwas* can be classified as *Strotovaigunyakar* factors, *Vata* provoking factors (*Vataprakopaka Nidana*) and *Kapha* provoking factors (*Kaphaprakopaka Nidan*).[11]

1. Environmental factors: Exposure to dust, pollen, fumes, smoke and wind, residing in cold place, Injury to throat and chest act as *Strotovaigunyakar Nidana*.
2. Excessive physical activity, excessive sexual intercourse, excess walking, Intake of dry food, *Vishamashana* (food in excessive or less quantity at irregular time), act as *Vata* provoking factors (*Vataprakopaka Nidana*)
3. Accumulation of *Ama*, *Anaha* (constipation associated with flatulence), dryness in the body, excessive depletion (*Apatarpana*), weakness, injury to *Marmas* (vital points), rapid change in exposure to heat and cold, diarrhoea, fever, vomiting, rhinitis, *Kshata* (injury), *Kshaya* (wasting), *Raktapitta* (bleeding disorder), *Udavarta* (upward movement of *Vata*), *Visuchika* (enteritis), *Alasaka* (sluggish bowel), *Pandu* (anemia) and intake of poisons can result in *Hikka* and *Shwasa*.
4. Regular intake of *Nishpava* (beans), *Masha* (black gram), *Pinyaka* (oil cake), *Tila taila* (sesame oil), *Pishta* (cakes and pastry), *Shaluka* (lotus stem), *Vishtambhi anna* (food aggravating *Vata*), *Vidahi* (food causing burning sensations), *Guru anna* (heavy to digest food), flesh of aquatic and marshy animals, curd, raw milk, *Abhishyandhi* (ingredients leading to obstruction of channels), food, use of cold water. Various types of *Vibandha* (obstructions) act as *Kapha* provoking factors (*Kaphaprakopaka Nidan*).

When the *Prana Vayu* is not performing its normal physiological functions (vitiated) and become defiles (*Viguna*); obstructed by *Kapha* and moves upwards i.e., loss of natural function of *Shwasa kriya*, then the condition is known as *Shwasa Roga*. This describes all the aspects of dyspnoea.[12]

Acharya Charak described *Samanya Samprapti* of *Shwasa*. According to him due to *Nidanasevana*, the vitiated *Vata* enters in the *Pranavaha Strotas* (respiratory channels) and provokes the *Urastha Kapha* (*Kapha* staging in chest). This provoked *Kapha* obstructs the *Pranavaha Strotas* (respiratory channels) and gives rise to five types of *Hikka* and *Shwasa*[13]. Vitiated *Kapha* which lodges in the *Pranvahastrotas* produce the obstruction to the normal functioning of *Vayu* is considered as the one of the factors to initiate

the pathology[14]. According to Vagbhat vitiated *Kapha* is responsible for obstruction, so that *Vayu* is vitiated. Vitiated Vata dosha which is *Ruksha*, *Shuska* and *Laghu* produces *Rukstha*, *Kathinnyata* and *Sankocha* in *Pranvahasrotas*. *Udakavaha srotas* & *Annavaha srotas* also deranged[15].

Shwasa Vyadhi is classified on the basis of clinical features into five types *as Maha Shwasa*, *Urdhva Shwasa*, *Chinna Shwasa*, *Tamaka Shwasa,* and *Ksudra Shwasa*. On the basis of prognosis, it is classified as *Sadhya* (curable) - *Kshudra Shwasha, Krichra Sadhya or Yapya* (palliable)- *Tamaka Shwasha*, *Asadhya* (Incurable) – *MahaShwasha* and *Urdhva Shwasha.*

The general Etiopathogenesis of *Shwas vyadhi* according *Kriyakala* is as follows:

Hetu Sevana

(Exposure to etiological factors)

1. Sanchaya (accumulation)
(*Amashaya* level)

2. *Prakopa* (aggravation)

Dosha Dushti

Predominantly *Vata*
(*Prana, Udana, Vyana*)

Kapha Dushti
(Kledaka, Avalambaka)

Pranavaha Srotovaigunya

Pranavaha Srotas
Involvement

Dushya Shaithilya

(*Rasa, Rakta*, *Mamsa*)

Tissue Susceptibility

3. *Prasara* (spread)

4. *Sthanasamshraya* (localization)

Dosha–Dushya Interaction

Manifestation of *Poorvarupa*
(premonitory symptoms)

5. *Vyakti* (expression)

Manifestation of cardinal symptoms
of *Shwasa Vyadhi*

▼

6. *Bheda* (differentiation)

▼

Manifestation of different types
of *Shwasa Vyadhi*

▼

Identification of predominant *Dosha* and
manifestation of *Upadrava*
(complications)

Etiopathogenesis *(Samprapti)* of *Tamak shwas*

Tamasa means darkness. Darkness in front of eyes is produced during attack of this type *Shwasa*. It is one of type of *Shwasa* so *Nidana* of *Shwasa Roga* in general are applicable for *Tamak shwasa. Tamaka Shwasa* is an episodic disease. So, role of *Vyanjaka Hetu* in this disease is more. *Vyanjaka Hetu* is stimulating, precipitating or aggravating factors. These also cause aggravation of the symptoms in an already generated disease or these cause the precipitation of the *Samprapti* of a disease. The knowledge of these factors is useful in preventing the actual formation of diseases by taking care to avoid such factors. *Megha* (cloudy weather), *Pragvata* (east sided wind), *Ambu* (rainy season), *Kapha* aggravating factors, *Shitasthana* (winter season or cold atmosphere) can be considered as *Vyanjaka Hetu*[16].

Etiopathogenesis of *Tamak Shwas* According to *Kriyakala*

Sanchaya: The inceptive phase of the disease when, the *Dosha* is stated to have accumulated in its own place, instead of freely circulating, as in its normal *Avastha* or state[17]. Due to *Stovaigunyakar Nidana* like exposure to dust, fumes, smoke, previous external trauma, genetic factor etc causes *Pranavaha Strotovaigunya* in body. In such condition after taking *Vata* provoking factors like excessive physical activity *(Ativyayama),* excessive sexual intercourse *(Ativyavaya),* exposure to cold air *(Sheetvayusevan),* excess walking, intake of dry food *(Rukshanna)* vitiates *Vata* by its *Ruksha* and *Sheeta Guna*. On the other hand due to *Kapha* provoking factors like *Guru Anna* (heavy to digest food), flesh of aquatic and marshy animals, raw milk, *Abhishyandhi* (ingredients leading to obstruction of channels) food, vitiates *Kapha* in *Aamashaya* and *Nidana* like *Vishamashana*, *Amapradosha*, *Vishtambhi Ahara* leads to *Agnivaishmya* (disturbed digestive fire). This stage is characterized by vague and ill-defined symptomatology such as the dislike a factor responsible for increase of *Dosha* i.e. and the desire for factors or substances possessing qualities opposite of the *Dosha* involved[18].

Prakopa: If above said *Nidanasevan* remain continue, then the previously accumulated and stagnated *Dosha* in *Aamashaya* tends to become swollen and excited[19].

Prasara: *Vayu* which possesses the power of motion and which is extremely mobile is stated to supply the motive force for the expansion, overflow and spread of the *Doshas* to one place to other. The medium for the spread of the *Doshas*, either singly or in two or all of them put together, is *Rakta* which is also stated to be involved in the process, resulting in their spread in all directions, in the body.[20] Due to vitiated *Vata*, vitiated *Kapha* goes *(Vinmargagamana)* in *Pranavaha Strotasa* where already *Khavaigunya* is there.

General symptomatology which may be expected to manifest in the *Prasara* stage, according to *Dosha* are to be considered from the point of view of the location of the *'Arambhaka Dosha'* in the sites of other *Doshas*. In *Vata*, when spreading to places other than its own, causes *Vinmargagamana* (upward movement instead of its normal pathways) and for *Kapha Prasara* manifestation of *Arochaka* (anorexia) Avipaka (impairment of digestion of food), *Angasada* (inertness of the limbs) and *Chardi* (vomiting) occurs[21].

Sthanasamshraya: In this stage the *Arambhaka Dosha* is stated to interact with the *Sthanika Dosha* as well as the *Dhatus*, including *Malas* in the place of its localization, due to obstruction caused by pathological involvement of the related *Strotamsi* a process described as *'Doshduushya Sammurchana*.[22]

Aggravated *Vata* and *Kapha doshas* circulating all over body localizes on the place of *Khavaigunya* i.e., in *Pranavaha Strotasa* where *Doshas* react with local *Dhatu* i.e. *Rasa, Rakta, Mamsa* leading to *Dosha Dushya*

Sammurchana (interaction of *Dosha* and *Dhatu*). Vitiated *Vata* by its *Ruksha* and *Shita Guna*. Producing *Sankocha* (contraction), *Kharata* (roughness) *Rukshata* (dryness) in the *Pranavaha Strotasa* which is similar to the pathophysiology of asthma with reference to bronchospasm. and vitiated *Kapha* leads to *Strotorodha* (obstruction) in the path of *Vata (Prana vayu)* thus leading to the disease. The symptomatology of the oncoming disease, i.e., *Poorvarupa* is stated to manifest in this stage[23].

Table 1: *Purvarupa* of *Tamaka Swasa*

Symptoms	C.S.[24]	S.S.[25]	A.H.[26]	M.N.[27]
Anaha (distension of the abdomen)	+	+	+	+
Adhmana (fullness of the abdomen)	-	-	-	+
Arati (restlessness)	-	+	-	-
Bhaktadwesha (aversion to take food)	-	+	-	-
Vadanasya Vairasya (abnormal taste in mouth)	-	+	-	-
Parshwa Shoola (pain in the sides of the chest)	+	+	+	+
Peedanam Hridaayasya (tightness of the chest)	+	+	+	+
Pranasya Vilomata (sinusitis or rhinitis)	+	-	+	+
Shankha Nistoda (temporal headache)	-	-	+	+

Poorvarupa of *Tamaka Shwasa* have not described separately, so the *Poorvarupa* of *Shwasa Roga* may be considered as the *Poorvarupa* of *Tamaka Shwasa. Anaha, Parshvashula, Pidanam Hridayasya*, *Pranasya Vilomata, Bhaktadvesha*, *Vadanasya Vairasyata*, *Arati, Adhmana, Shankha Nistoda, Shula* are *Poorvarupa* of *Tamakshwasa*.

***Vyakti*:** This stage represents the clinical phase- the outcome of *Dosha-Dushya Sammurchana* where the characteristics symptomatology of the disease and the nature of the *Dosha* involved, become manifest.[24] The cardinal signs and symptoms of *Shwasa Vyadhi* become manifest abnormality in the breathing pattern, which is episodic, is the cardinal symptom of *Tamaka Shwasa*. Cardinal features of *Tamaka Shwasa* mentioned in the texts are:

1. Obstruction in the *Pranavaha Strotasa* due to accumulation of *Kapha* renders the phenomena known as *Pranavilomata*. Patient is likely to experience *(Hridaya Pidana)* tightness in the chest.
2. Respiration becomes difficult due to obstruction *(Ruddha Shwasa).*
3. Disturbed respiration results in audibility of respiration in the form of abnormal wheeze *(Ghurghurukam).*
4. Respiration also becomes rapid and will be much faster than the normal rate-16-20/minute.
5. Breathlessness worsens on walking, speaking or any other physical exercise, with bouts of paroxysmal cough.
6. Expectoration of sticky sputum gives some temporary relief *(Shlesma Vimokshante Muhurtam Labhate Sukham).*
7. During the severe attack of *Tamaka Shwasa*, breathlessness increases in lying position *(Shayana Shwasapidita).*
8. Patient even may not be able to speak *(Krichchherna Bhasitum).*
9. Perspiration may be seen in the forehead *(Latate Sveda),* dryness of mouth *(Vishushkasyata),* rolling of eyes in upward direction *(Uchchhritaksha)* and even can become unconscious *(Pramoha).*
10. The patient feels more ease for breathing in the sitting position *(Asino Labhate Saukhyam),* expectoration of sticky sputum gives some temporary relief *(Shleshma Vimokshante Muhurtam Labhate Sukham),* taking of hot things *(Ushnabhinandati).*

Table 2: *Rupa* of *Tamaka Shwasa*

Symptoms	C.S.[28]	S.S.[29]	A.S.[30]	A.H.[31]
Peenas (running nose, sneezing, stuffiness of the nose)	+	+	+	+
Shwasa (dyspnoea)	+	+	+	+
Tivravega Shwas (rapid breathing)	+	+	+	+
Amuchyamane Tu Bhrisham (severe breathlessness if sputum is not expectorated out)	+	+	+	+

Vimokshante Sukham (slight relief in breathlessness on spitting out the sputum)	+	+	+	+
Anidra (breathlessness disturbs sleep)	+	-	-	-
Sayanah Shwas Peeditaha (discomfort worsens on lying)	+	+	+	+
Aseeno Labhate Soukhyam (feels easy to breath in sitting position)	+	+	+	+
Pratamyati Ati Vega (deterioration of consciousness)	+	-	+	+
Kasa (cough)	+	+	+	+
Pramoham Kasamanashcha (frequent deterioration of consciousness during paroxysm of cough)	+	-	+	+
Kanth Gurghurak (rattling)	+	-	-	-
Kanthodhwamsa (soreness of the throat)	+	-	-	-
Utshoonaksa (oedema around the eyes)	+	-	+	+
Vishushkasya (dryness of mouth)	+	-	+	+
Lalat Sweda (sweating on the forehead)	+	+	+	+
Meghaihi Abhivardhate (cloudy weather worsens the attack)	+	-	+	+
Sheeta Ambu (cold water)	+	-	+	+
Pragvata (breeze)	+	-	+	+
Shleshmala (Kaphakara)	+	-	+	+
Ushnabhinandate (likes hot things)	+	-	+	+
Aruchi (anorexia)	-	+	+	+
Trishna (excessive thirst)	-	+	+	+
Vepathu (tremors)	-	-	+	+
Vamathu (expectoration)	-	+	-	-

***Bheda*:** This is the final stage of the evolutive process of the disease when it may take one of the following turns: 1) It may resolve and the patients may proceed to convalescence. 2) It may become chronic. 3) It may become complicated or serve as the Nidana (cause) for the other disease. i.e. *Nidanarthakara Roga.*[25]

Regarding the *Samprapti* of *Tamaka Shwasa* Charaka narrates that the *Gati* (movement) of vitiated *Vata* due to obstruction in *Pranavaha Strotasa* becomes *Pratiloma* i.e. normal *Gati* of *Vata* is hampered and becomes reverse in its course. *Vata* spreads with in *Pratiloma Gati* and involving the neck and head region, which produces *Pratishyaya* by excitation of *Kapha Dosha*. This *Kapha* causes obstruction at the site of the throat region and produces *Ghurghurukam Shabda* when *Vata* passes through the same region. This results into an increase in the respiration rate resulting in disease of *Shwasa*, which includes pain in the chest. Hence there is a great parlance of pathogenesis between ancient and modern concepts. Here the vitiated *Prana Vayu* produces bronchospasm and the vitiated *Kapha* makes to swelling of the mucous membrane and excessive secretion of mucus[26]. mucous membrane and excessive secretion of mucus. The symptoms are presented firstly with upper respiratory tract involvement. *Pinasa* is the prior symptoms followed by wheezing sound *(Ghurghurukaṁ).*

Respiratory disorders have been discussed extensively in Ayurvedic classics including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. Acharya Charaka classified into five categories:

- *Maha Shwasa*
- *Urdhva Shwasa*
- *Chinna Shwasa*
- *Tamaka Shwasa*
- *Kshudra Shwasa*

Among these, *Tamaka Shwasa* is considered chronic yet manageable. Acharya Vagbhata emphasized *Kapha* and *Vata* involvement in the disease process. Sushruta described the role of *Pranavaha Srotas Dushti* and obstruction by *Kapha* leading to respiratory distress.

Samprapti of *Tamaka Shwasa*

- *Nidana* causes aggravation of *Kapha* and *Vata*.
- *Kapha* obstructs *Pranavaha Srotas*.
- Obstruction causes *Pratiloma Gati* of *Vata*.

- *Vata* becomes aggravated and produces severe dyspnea.
- *Samprapti Ghataka*
- *Dosha: Vata-Kapha*
- *Dushya: Rasa*
- *Srotas: Pranavaha Srotas*
- *Agni: Mandagni*
- *Udbhava Sthana: Pittasthanaj*
- *Adhisthana: Uras*

Classification

- Modern classification
- Intermittent asthma
- Mild persistent asthma
- Moderate persistent asthma
- Severe persistent asthma
- Ayurvedic classification
- Two types of *Tamaka Shwasa*
- *Santamaka Shwasa*
- *Pratamaka Shwasa*

Clinical Features

- Symptoms of bronchial asthma
- Wheezing
- Dyspnea
- Cough
- Chest tightness
- Nocturnal symptoms
- Difficulty in expiration
- *Lakshanas* of *Tamaka Shwasa*
- *Ghurghuraka*
- *Peenasa*
- *Kasa*
- *Shwasa Krichhrata*
- *Urah Peeda*
- *Kantha Graha*
- *Asino Labhate Saukhyam*
- Difficulty lying down

Correlation Between *Tamaka Shwasa* and Bronchial Asthma

Tamaka Shwasa and bronchial asthma demonstrate remarkable similarities.

Kapha Srotorodha ↔ Mucus hypersecretion
Pratiloma Vata ↔ Bronchospasm
Pranavaha Srotodushti ↔ Airway inflammation
Ghurghuraka ↔ Wheezing
Kasa ↔ Cough
Shwasa Krichhrata ↔ Dyspnea

Ayurvedic Management

Ayurvedic management includes:

1. *Nidana Parivarjana*
2. *Shodhana Chikitsa*
3. *Shamana Chikitsa*
4. *Pathya Ahara*
5. *Yoga and Pranayama*

Nidana Parivarjana

Benefits

Shodhana Chikitsa- Eliminates vitiated *Kapha*, clears airways, improves breathing.

- *Virechana*- Useful in associated *Pitta* involvement.
- *Nasya*- Medicated nasal therapy improves airway function.
- *Dhoomapana*- Herbal smoking helps reduce *Kapha* obstruction.

Shamana Chikitsa

Various formulations are mentioned:

- *Sitopaladi Churna*
- *Talisadi Churna*
- *Kanakasava*
- *Agastya Haritaki*
- *Bharangyadi Kwatha*
- *Shwasakuthara Rasa*
- *Pippali (Piper longum) Rasayan*

Deepana-Pachana

Respiratory stimulant

- *Haridra* (Curcuma longa)- Anti-allergic, anti-inflammatory
- Kantakari (Solanum xanthocarpum)- Relieves dyspnea, reduces cough

Role of *Rasayana* Therapy- *Rasayana* therapy improves immunity and reduces recurrence.

Useful *Rasayanas*: *Chyawanprasha*, *Pippali Rasayana*, *Agastya Rasayana*

Pathya- Apathya

Recommended:

- Warm water, Light diet, yusha, green gram, garlic, ginger, honey
- Avoid: Cold foods, ice cream, excess dairy, heavy oily foods, day sleep

Yoga and Pranayama

- Yoga improves lung function and reduces stress.
- Beneficial practices:
- *Anuloma Viloma*
- *Bhramari*
- *Kapalabhati*
- *Bhujangasana*
- *Matsyasana*

Pranayama enhances respiratory capacity and oxygenation.

DISCUSSION

Bronchial asthma and *Tamaka Shwasa* exhibit close resemblance in clinical manifestations and pathogenesis. Both systems acknowledge airway

obstruction and recurrent respiratory distress. Modern medicine attributes the disease to chronic inflammation and immune dysregulation, whereas Ayurveda explains it through *Vata-Kapha* imbalance and *Srotorodha*.

Ayurveda offers a holistic approach involving detoxification, dietary regulation, lifestyle correction, and rejuvenation therapies. *Panchakarma* procedures such as *Vamana* help eliminate accumulated Kapha and restore normal respiratory function. Herbal formulations exhibit bronchodilator, anti-inflammatory, and immunomodulatory activities.

Lifestyle modification plays a critical role in preventing recurrence. The concept of Nidana *Parivarjana* aligns well with modern preventive strategies emphasizing allergen avoidance and environmental control.

Recent clinical studies support the efficacy of Ayurvedic interventions in reducing symptom severity and improving pulmonary function. However, larger randomized controlled trials are required for stronger scientific validation.

CONCLUSION

Bronchial asthma remains a major chronic respiratory disorder with increasing prevalence worldwide. *Tamaka Shwasa* described in Ayurveda closely correlates with bronchial asthma in terms of etiology, symptomatology, and pathogenesis. Ayurveda provides a comprehensive and holistic approach for disease management through *Nidana Parivarjana, Shodhana, Shamana, Rasayana* therapy, dietary regulation, and yoga practices.

An integrative approach combining Ayurvedic principles with modern medical care may offer safer and more effective long-term management. Further evidence-based research is essential to establish the scientific efficacy of Ayurvedic interventions in asthma management.

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