



Case Study

FROM OBSTRUCTION TO RELIEF: A CASE REPORT OF VEGAVASTHA OF TAMAKA SHWASA THROUGH PANCHAKARMA TREATMENT

Shubha Shree C N^{1*}, Sanath Kumar D G², Smitha Thamban³

*1PG Scholar, ²Professor & HOD, ³Professor, Department of Panchakarma, KVG Ayurveda Medical College and Hospital, Karnataka, India.

Article info

Article History:

Received: 13-06-2026

Accepted: 17-07-2026

Published: 10-09-2026

KEYWORDS:

Tamaka Shwasa, Bronchial Asthma, Vegaavastha, Sadyosnehana, Vamana Karma, Sadyovirechana Karma.

ABSTRACT

Tamaka Shwasa is one of the five types of *Shwasa Roga* which is characterized by the vitiation of *Prana Vayu* and its upward movement (*Pratiloma Gati*) due to obstruction by aggravated *Kapha Dosha*. The clinical manifestations and etiopathogenesis of *Tamaka Shwasa* show considerable similarities with bronchial asthma described in contemporary medicine, particularly with respect to recurrent episodes of dyspnoea, wheezing, cough, chest tightness, and respiratory distress. The present case report describes the Ayurvedic management of *Tamaka Shwasa* patient during *Vegavastha* (acute exacerbation) through a therapeutic approach comprising *Sadyosnehana*, *Vamana Karma*, *Sadyovirechana karma*, and *Shamana Chikitsa*. The patient was assessed before and after treatment using relevant subjective and objective clinical parameters to evaluate the therapeutic response. *Sadyosnehana* was initially administered followed by *Vamana Karma* to facilitate the elimination of vitiated *Doshas*. *Sadyovirechana Karma* was subsequently administered to eliminate the residual *Doshas*. Appropriate *Shamana Chikitsa* was then instituted to maintain the therapeutic response and prevent recurrence. Marked improvement was observed in clinical symptoms and overall respiratory status following treatment. The patient was followed up for 6 months, during which no recurrence of symptoms was reported. This case highlights the potential role of *Panchakarma* management in *Vegavastha* of *Tamaka Shwasa*, through appropriate assessment of *Dosha Avastha* and judicious selection of *Shodhana* and *Shamana* therapies.

INTRODUCTION

Shwasa is one among the disorders of *Pranavaha Srotas*. *Tamaka Shwasa*, one of the five types of *Shwasa*^[1], having *Vatakapahakara nidana* and exposure to *Raja*, *Dhuma*, residing in *Sheetasthana* etc^[2] is characterized by symptoms such as *Pinasa* (rhinorrhoea, sneezing and nasal stuffiness), *Tivravega Shwasa* (rapid and laboured breathing), *Ghurghuraka* (wheezing), *Amuchyamane Tu Bhrisham* (severe breathlessness when sputum is not expectorated), and *Vimokshante Sukham* (relief following expectoration). Other features include *Anidra* (disturbed sleep), *Shayanah Shwas Peeditaha* (worsening of

breathlessness in the supine position), *Aseeno Labhate Saukhyam* (relief in the sitting position), *Pratamyati Ati Vega* (severe respiratory distress), *Kasa* (cough), *Pramoham* (altered consciousness during severe paroxysms), *Kanthodhwamsa* (throat discomfort), *Shirogaurava* (heaviness of the head), *Kricchra Bhashita* (difficulty in speaking), *Aruchi* (anorexia), and *Trishna* (excessive thirst)^[3,4].

In contemporary medicine, this condition closely resembles bronchial asthma, which is characterized by variable expiratory airflow limitation associated with bronchoconstriction, airway-wall changes, and increased mucus production. The symptoms commonly include breathlessness, wheezing, cough, and chest tightness^[5].

The management of bronchial asthma primarily includes inhaled corticosteroid-containing therapies and bronchodilators, with other agents such as leukotriene receptor antagonists being used when clinically indicated^[6]. In Ayurveda, the management of

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2958>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Tamaka Shwasa is planned according to the *Vega* (acute exacerbation) and *Avega* (non-acute) *Avastha*, predominance of *Dosha* and *Bala* of the patient^[7]. During *Vegavastha*, *Vamana Karma*, *Abhyanga* with *Lavana Taila*, and *Nadi, Prastara*, or *Sankara Sweda* is employed along with appropriate *Shamana* therapy. During *Avegavastha*, *Virechana karma*, *Vata-Kaphahara* measures, and suitable *Brimhana* and *Rasayana* therapies considered according to the patient's condition.

MATERIAL AND METHOD

Case report

A 45-year female who is a homemaker residing in Virajapete, Kodagu, came to Panchakarma OPD of KVGAMC&H on 25/11/2025 with chief complaints of difficulty in breathing, cough, pain over flanks region, difficulty in speaking and disturbed sleep since 5 days.

History of Present Illness

The patient was asymptomatic until 18 years of age, after which she suddenly developed productive

Treatment History

cough, difficulty in breathing, and pain over the flanks during the second month of her pregnancy. For these complaints, she consulted an allopathic hospital and was treated with an inhaler (Aerocort inhaler) and oral medications, the details of which are unknown. These symptoms used to reoccur following consumption of dairy products, during cold, rainy seasons, and at night, for which she would receive symptomatic treatment and was advised to use the inhaler whenever the condition worsened (2 puffs BD/2 puffs OD).

However, 5 days prior to admission, she developed fever, difficulty in breathing, productive cough, pain over the flanks, difficulty in speaking, and disturbed sleep. For these complaints, she consulted a nearby hospital, where she was prescribed antipyretics, injection and bronchodilators. Following the treatment, the fever subsided, but the other symptoms persisted. Hence, for further management, she was admitted on 25/11/2025.

Table 1: Treatment details

1.Paracetamol Tablet 500mg (1-0-1)* 5days	2. Tab Deriphylline 150mg (1-0-1)* 5days
3. Inj. Hydrocort 100mg-Stat	4. Cap Omez 20mg (1-0-0)* 5days
5. Syp Dextromethorphan (5ml-5ml-5ml) *5days	6. Tab Monteleukast 10mg (1-0-1)* 3days

Past History

K/C/O DM 2 since 5days

Personal History

Diet- Mixed	Appetite- Reduced
<i>Agni-Mandagni</i>	<i>Koshta- Madhyama</i>
Bowel- Once a day	Micturition- 4-5/0-1D/N
Sleep- Disturbed	Habits- None

Menstrual & Obstetric history

Menstrual history- 4-5 days/28-30Days

Obstetric history - G₄P₄L₄D₀

Family history- Nothing significant

General Examination

BP- 126/84mmHg

Built- Obese (BMI- 32.9kg/m ²)	Pallor-Absent	Icterus-Absent
Koilonychia-Absent	Lymphadenopathy-Absent	Edema-Absent

Respiratory system

Inspection- Chest was B/L symmetrical, no scar or chest deformities was seen, normal thoraco-abdominal respiratory movement, chest wall and overlying skin are normal.

Accessory muscle- Sternocleidomastoid muscle was involved.

Respiratory rate- 24cpm

Palpation- Trachea was centrally placed, no tenderness.

Percussion- Resonant sound present. Hepatic and cardiac dullness noted.

Auscultation- Polyphonic wheezes were auscultated bilaterally (more in lower lobe of left lung than right lung).

Astasthan Pareeksha

<i>Nadi</i> (pulse) – 84bpm	<i>Shabda</i> (speech) - Difficulty in talking
<i>Mala</i> (stool) - Once a day	<i>Sparsha</i> (touch) – <i>Anushna sheeta</i>
<i>Mootra</i> (urine) – 4-5/0-1D/N	<i>Druk</i> (eyes) - <i>Prakrita</i>
<i>Jihwa</i> (tongue) – <i>Liptha</i>	<i>Akruthi</i> (built) - <i>Sthula</i>

Treatment protocol

On the day of admission, *Deepana-Pachana* was initiated with *Chitrakadi Vati*. On the following day, *Sadyosnehana Karma* was performed using 170ml of *Indukanta Ghrita* along with 5gms of *Saindhava Lavana*. On the subsequent day, the patient underwent *Sarvanga Abhyanga* with *Brihat Saindhavadi Taila* followed by *Nadi Sweda*. *Vamana Karma* was then performed after *Aakantapana* with *Dadhi* mixed with *Guda* (790ml), followed by administration of the *Vamaka Aushadha* comprising *Yashtimadhu Phanta* (1670ml) and *Saindhava Jala* (760ml). *Madhyama Shuddhi* was achieved (attained *Samyak Laingiki Lakshanas*, 6 *Vaigiki* and 3 *Upavegas*, 3500ml as *Matriki Śuddhi*), details of the *Vamana* procedure are presented in the following table.

Table 2: Vamana Karma Vega details

Time	Aushadha administered	No. of glass	Time of Vega	Vega	Content of vomitus
8:07AM-8:10AM	Akantapana with Dadhi mixed Guda	4	8:15AM	1	Dadhi+Phanta+Kapha
8:13AM	Yasthimadhu phanta	2	8:16AM	1	Dadhi+Phanta+Kapha
8:17AM	Yasthimadhu phanta	1	8:17AM	1	Dadhi+Phanta+Kapha
8:18AM	Yasthimadhu phanta	2	8:18AM	1	Dadhi+Phanta+Kapha
8:19AM	Saindhava jala	2	8:22AM	1	Dadhi+Phanta+Kapha
8:20AM	Saindhava jala	1	8:27AM	1	Phanta+Saindhava jala+ Kapha

Following *Vamana karma*, *Kavala* with *Ushna Saindhava Jala* and *Dhoomapana* with *Dhoomavarti* were administered as *Paschat Karma*. After a one-day interval, *Sadyovirechana Karma* was performed using *Trivrit Lehya* (40gm) along with *Draksha Kashaya* (200ml), after subjecting patient to *Sarvanga Abhyanga* with *Brihat Saindhavadi Taila* and *Nadi Sweda*. Attained *Avara Shuddhi* (9 *Vegas*)

Table 3: Sadyovirechana Karma Vega details

No of Vegas	Time	Consistency	Content
1	9:10am	Solid	Brownish stools
2	9:19am	Semisolid	Yellowish stools
3	9:34am	Semisolid	Yellowish stools
4	9:50am	Liquid	Yellowish watery stools
5	10:03am	Liquid	Yellowish slimy stools
6	10:18am	Liquid	Yellowish slimy stools
7	10:38am	Liquid	Greenish yellow watery stools
8	11:25am	Liquid	Blackish slimy stools
9	12:03pm	Liquid	Watery stools

Table 4: Overall treatment

Date	Treatment
25/11/2025	<i>Deepana-Pachana</i> by <i>Chitrakadi vati</i> (0-2-2) B/F with warm water
26/11/2025	<i>Sadyosnehana Karma-Indukanta Ghrita</i> (170ml) with <i>Saindhava Lavana</i> (5gms)
27/11/2025	<i>Vamana Karma- Yasthimadhu Phanta</i> (3450ml) and <i>Saindhava Jala</i> (780ml) after undergoing <i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i> and <i>Nadi Sweda</i> .
29/11/2025	<i>Sadyovirechana Karma- Trivrit Lehya</i> (40g) with <i>Draksha Kashaya</i> (200ml), administered

	following <i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i> and <i>Naḍi Sweda</i> .		
28/11/2025 - 7/12/2025	<i>Shamana Chikitsa</i>		
	<i>Aushadhi</i>	<i>Aushadha Matra</i>	<i>Anupana</i>
	1. <i>Dashamoolakatutraya kashaya</i>	(15ml-0-15ml) B/F	<i>Ushna jala</i>
	2. <i>Shwasakutara rasa</i> (20tab) + <i>Talisadi churna</i> (30gms)	(1/4tsp-1/4tsp-1/4tsp) A/F	<i>Ushna jala</i>

Following are the medicines prescribed as *Shamana Aushadhi* for 10 days.

1. *Dashamoolakatutraya Kashaya* (15ml-0-15ml) B/F with warm water.

2. *Shwasakutara Rasa* (20 tabs) + *Talisadi Churna* (30gm) (1/4 tsp-1/4 tsp-1/4 tsp) A/F with honey.

Table 5: Assessment parameters gradings

S.No.	Parameter	Classical feature/ reference	Grade 0	Grade 1- Mild	Grade 2- Moderate	Grade 3- Severe
Subjective parameters						
1	<i>Shwasa</i> (Dyspnoea)	<i>Atiteevra Vega Shwasa/ Muhurmuhu Shwasa</i>	Absent	Breathlessness only on strenuous exertion	Breathlessness during ordinary activities	Breathlessness at rest or with minimal activity
2	<i>Kasa</i>	<i>Muhurmuhu Kasa</i>	Absent	Occasional cough; no disturbance of routine activities	Frequent cough affecting routine activity or sleep	Persistent cough markedly disturbing sleep and activities
3	<i>Parshva Shoola</i>	<i>Parshva Shoola</i>	Absent	Mild pain, no restriction of activity	Moderate pain, partially restricts activity	Severe pain, markedly restricts activity
4	<i>Nidra Vibhrama</i> due to <i>Shayanat Shwasa Peeda</i> (Sleep disturbance)	<i>Shayanah Shwasa Piditah</i>	Absent, no worsening on lying down	Occasional, Mild discomfort on lying down; relieved by sitting	Frequent disturbance due to symptom, Requires propped-up position for comfortable sleep	Severe disturbance/mark ed inability to sleep, Unable to lie down; requires sitting/upright position
5.	<i>Kaphanishthivana</i> / Expectorant of Sputum	<i>Shleshma Vimoksha</i> / difficulty in expectoration	No sputum	Scanty sputum, easily expectorated	Moderate sputum with occasional difficulty in expectoration	Profuse sputum with marked difficulty in expectoration
Objective parameters						
6	<i>Ghurghuraka shabda</i>	<i>Ghurghuraka Shwasa</i>	No wheezing	Wheeze occasionally, mainly after exertion (Monophasic)	Frequent wheeze, detectable on auscultation (biphasic)	Persistent/prominent wheeze, audible without auscultation
7	<i>Kanthodhwamsa</i>	<i>Kanthodhwamsa</i>	Absent	Mild throat irritation/ soreness	Moderate throat irritation affecting swallowing/ speech	Severe throat discomfort markedly affecting swallowing/ speech

RESULT

Assessment Parameters

Symptoms	Gradings			
	BT	AT		FU
Subjective parameter		After <i>Vamana karma</i>	After <i>Sadyovirechana Karma</i>	
<i>Shwasa</i> (Dyspnea)	3	1	0	0
<i>Kasa</i> (cough)	3	1	1	1
<i>Parshvashoola</i> (pain over flanks)	2	0	0	0
Disturbed sleep	3	0	0	0
<i>Kaphanistivana</i>	2	1	1	1
Objective parameter				
Respiratory rate	24cpm	19cpm	18cpm	16cpm
<i>Gurguruka shabda</i> (wheezing)	2	1	0	0
<i>Kantodwamsa</i> (difficulty to speak)	3	1	0	0
Total	17	5	2	2

DISCUSSION

Tamaka shwasa is *Yappa* condition^[8], need to be treated based on *Dosha Avastha* and *Bala* of *Dosha* and *Rogi*. There are 4 types of patients mentioned by *Acharya Charaka* like *Balavan* (strong), *Durbala* (weak), *Kaphadikya* and *Vatadikya*. In case of *Balavan* and *Kaphadikya* patient advised for *Vamana* and *Virechana Karma* while *Vatadikya* and *Durbala* patients are subjected for *Brihmana* and *Rasayana* treatment^[7].

In the present case, the patient was assessed to have adequate strength (*Balavan*), with a predominance of *Vata* and *Kapha Doshas* and associated *Mandagni*. *Chitrakadi Vati* was administered to improve *Agni*. It possesses *Deepana* and *Pachana* properties, which help stimulate *Jatharagni* and facilitate the digestion and metabolism of accumulated *Ama*. Its predominant *Katu Rasa*, *Ushna Virya*, and *Katu Vipaka* contribute to its *Agni*-stimulating and *Kapha-Vata* alleviating actions.

Considering the patient's *Bala* and difficulty in expectoration, *Sadyosnehana* was planned to facilitate further *Dosha Utkleshana* and promote the downward movement of aggravated *Vata*. Accordingly, *Indukanta Ghrita* (170ml) was administered along with *Saindhava Lavana* (5 g). The combination was based on the *Sadyosneha Yoga* described by *Acharya Vagbhata*, wherein *Ghrita* combined with *Prabhuta Lavana* is indicated for *Sadyasnehana*^[9]. The administration of *Ghrita* along with *Saindhava lavana* was intended to facilitate *Dosha Utkleshana*, alleviate *Vata Dosha*, and support subsequent *Shodhana* therapy. *Indukanta Ghrita* was selected considering *Mandagni* and *Vata-Kapha* predominance. Its *Deepana*, *Pachana* and *Vata-*

Kapha Shamaka properties help improve impaired digestion, prevent *Ama* accumulation and alleviate *Doshas* obstruction in the *Praṇavaha Srotas*. Administered as *Sadyasneha*, it also facilitated *Dosha Utkleshana*. Thus, *Sadyosnehana* was adopted as a preparatory measure before the planned therapeutic intervention.

In *Snehadhyaya*, *Acharya Charaka* has described the properties of *Saindhava* mixed *Sneha*. Its effect manifest within a short period due to the *Sukshma* property, which facilitates deeper and rapid penetration. It also possesses *Doshasanghata-Vicchedakara* property, thereby aiding in the disruption of *Dosha* aggregation^[10]. *Brihat Saindhavadi Taila* was selected for *Abhyanga* due to *Vāta-Kapha hara*, *Srotoshodhana* and *Anulomana* properties, with its *Ushṇa* and *Teekṣṇa* qualities and *Saindhava Lavana* aiding in the liquefaction and mobilization of obstructed *Kapha*^[11]. As there is obstruction by *Kapha* to *Prana vata*, *Nadi sweda* helps to liquify the *Gratita Kapha* and normalized the movement of *Prana vata*^[12].

Considering the *Samprapti* of *Tamaka Shwasa*, the primary therapeutic aim is to remove *Kapha*-induced obstruction in the *Pranavaha Srotas* and restore the normal movement of *Prana Vayu*. Hence, *Vamana Karma* was selected as the principle *Shodhana* therapy. *Dadhi* mixed with *Guda* was administered for *Aakantapana* to facilitate *Dosha Utkleshana* and promote the accumulation and mobilization of *Kapha* towards the upper gastrointestinal tract, followed by *Yashtimadhu Phanta* and *Saindhava Jala* as *Vamaka Dravyas*. *Yashtimadhu*, with its *Madhura Rasa*, *Snigdha guna*, aids in *Kapha Utkleshana* and expulsion, while

Saindhava, owing to its *Sukshma*, *Snigdha* and *Ushna* properties, facilitates *Dosha Vilayana* and *Srotoshodhana*. Thus, *Vamana Karma* was intended to eliminate aggravated *Kapha*, relieve *Srotorodha*, and restore the normal movement of *Prana Vayu*.

Sadyovirechana karma with *Trivrit lehya* (40gms) and *Draksha Kashaya* (200ml) was adopted after *Vamana Karma* as a modified approach to achieve the benefits of *Virechana* within the limited treatment period. *Sadyovirechana* facilitated the elimination of residual aggravated *Doṣhas* through the *Adhomarga*, thereby assisting in *Srotovishodhana* and *Vata Anulomana*. This sequential approach helped address the obstructive component of the disease by reducing the *Doṣha Sanghata* responsible for impairment of *Prana Vata Gati*.

For *Sadyovirechana Karma*, *Trivṛt* (Operculina turpethum) was selected owing to its classical description as a *Sukha Virechaka Dravya*^[13]. *Trivṛt Leahya* was administered as the *Virechana* drug with *Draksha Kashaya* was used as the *Virecanopaga Dravya*^[14] to support the *Virechana* process and facilitate the smooth elimination of aggravated *Doṣhas*.

DISCUSSION ON SHAMANAUSHADHI

Dashamoolakatutraya Kashaya

Dashamoola Kaṭutraya Kaṣhaya possesses *Vata-Kaphahara*, *Shothahara*, *Shwasahara* and *Deepana-Pachana* properties, acting on the major pathogenic factors of *Tamaka Shwasa*. *Dashamoola* helps alleviate *Vata-Kapha* aggravation, inflammation and respiratory obstruction, while *Kaṭutraya* (*Śuṇṭhi*, *Marica* and *Pippali*) promotes *Kapha* liquefaction, expulsion and *Srotoshodhana*. *Pippali* additionally exhibits *Shwasahara* and *Rasayana* properties, while *Śuṇṭhi* and *Maricha* aid in *Kapha* reduction and *Agni* enhancement. Thus, the formulation helps relieve *Kapha*-induced obstruction and *Vāta* aggravation, reducing *Shwasa*, *Kasa*, and *Kapha* accumulation.

Shwasakuthara rasa

A *Rasaushadhi* mentioned by *Bhaishajya Ratnavali* under *Swasa Rogadhikara* contains *Shuddha Parada*, *Shuddha Gandhaka*, *Tankana Bhasma*, *Shuddha Manashila*, *Shuddha Vatsanabha* and *Trikatu*. Most ingredients possess *Katu Rasa*, *Tikshna*, *Vyavayi* and *Vikasi Guna*, *Katu Vipaka*, *Ushna Veerya* and *Vata-Kaphahara* properties. As *Vata* and *Kapha* are the predominant *Doshas* in *Shwasa Roga*, the formulation primarily acts through its *Kapha-Nihsaraka*, *Laghu*, *Ruksha* and *Ushna* properties, alleviating *Agnimandya* and disrupting the *Kapha*-dominant *Samprapti* of *Shwasa*.

Talisadi churna

Talisadi Churna, comprising *Talisa*, *Maricha*, *Shunthi*, *Pippali*, *Vamshalochana*, *Twak*, *Ela* and

Sharkara, possesses predominantly *Katu Rasa*, *Ushna Virya*, *Deepana-Pachana* and *Kaphahara* properties. Its *Ushna* and *Tikshna* properties help liquefy and mobilize *Kapha*, promoting *Srotoshodhana* and relieving obstruction of the *Pranavaha Srotas*. *Pippali*, *Maricha* and *Shunthi* enhance *Agni* and facilitate *Ama Pachana*, thereby reducing *Kapha* accumulation. Thus, *Talisadi Churna* facilitates *Kaphavilayana*, *Kaphahara*, *Deepana-Pachana* and *Prana Vata Anulomana*, thereby alleviating the symptoms of *Tamaka Shwasa*.

CONCLUSION

The *Chikitsa Sutra* of *Tamaka Shwasa* involves *Kapha-Vata Shamana*, removal of *Kapha*-induced obstruction in the *Pranavaha Srotas*, restoration of the normal movement of *Prana Vayu*, followed by *Shamana* and *Rasayana Chikitsa* to prevent recurrence. In the present case, as the *Doṣhas* were not adequately *Utklishta*, *Sadyasnehana* followed by *Vamana Karma* was adopted to facilitate *Dosha Utkleshana* and elimination. Due to the limited duration of treatment, *Sadyovirechana* was administered to facilitate the elimination of residual *Doṣhas*. Following *Shodhana*, *Shamana Chikitsā* was adopted to maintain therapeutic benefits, restore physiological strength, and reduce the tendency for recurrence. Appropriate dietary and lifestyle modifications, avoidance of triggering factors, and regular practice of *Prāṇāyāma* further support the long-term management of *Tamaka Shwāsa*.

REFERENCES

1. Acharya Agnivesha, Charaka Samhita by Agnivesha, Vaidya Jadavaji Trikamji Acharya Editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhambha Orientalia; 2011. Sutrasthana 19/3(4). pg.no.110.
2. Acharya Agnivesha, Charaka Samhita by Agnivesha revised by Charaka and Dridabala with Ayurveda-Dikika commentary of Chakrapanidatta, Vaidya Jadavaji Trikamji Acharya Editor. Varanasi: Chaukhambha Orientalia; Reprint edition 2021. Chikitsasthana 17/11-16. pg.no.533
3. Acharya Agnivesha, Charaka Samhita by Agnivesha revised by Charaka and Dridabala with Ayurveda-Dikika commentary of Chakrapanidatta, Vaidya Jadavaji Trikamji Acharya Editor. Varanasi: Chaukhambha Orientalia; Reprint edition 2021. Chikitsasthana 17/55-61. pg.no.535
4. Acharya Vagbhata, Astanga Hridayam with the commentaries (Sarvangasundara) of Arunadatta and (Ayurveda rasayana) of Hemadri. Bhisagacharya Harishastri Paradakara Vaidya Editor. Varanasi: Chaukhambha Orientalia; reprint tenth edition 2019. Nidanasthana 4/6-10. pg. no. 473

5. Fauci AS *et al.*, editors. Harrison's principles of internal medicine. 17th ed. New York: MCGraw Hill; 1996 pg no.1596
6. Fauci AS *et al.*, editors. Harrison's principles of internal medicine. 17th ed. New York: MCGraw Hill; 1996 pg no.1602-1604
7. Acharya Agnivesha, Charaka Samhita by Agnivesha revised by Charaka and Dridabala with Ayurveda-Dikika commentary of Chakrapanidatta, Vaidya Jadavaji Trikamji Acharya Editor. Varanasi: Chaukhambha Orientalia; Reprint edition 2021. Chikitsasthana 17/88-90. pg. no. 537
8. Acharya Agnivesha, Charaka Samhita by Agnivesha revised by Charaka and Dridabala with Ayurveda-Dikika commentary of Chakrapanidatta, Vaidya Jadavaji Trikamji Acharya Editor. Varanasi: Chaukhambha Orientalia; Reprint edition 2021. Chikitsasthana 17/62. pg. no. 535
9. Acharya Vagbhata, Astanga Hridayam with the commentaries (Sarvanga sundara) of Arunadatta and (Ayurveda rasayana) of Hemadri. Bhisagacharya Harishastri Paradakara Vaidya Editor. Varanasi: Chaukhambha Orientalia; reprint tenth edition 2019. Sutrasthana 16/42. pg.no.252
10. Acharya Agnivesha, Charaka Samhita by Agnivesha, Vaidya Jadavaji Trikamji Acharya Editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhambha Orientalia; 2011. Sutrasthana 13/98. pg.no.87.
11. Govinda Das. Bhaishajya Ratnavali. Mishra SN, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2013. chapter 29, sloka. 222-227 pg.no. 630.
12. Acharya Agnivesha, Charaka Samhita by Agnivesha revised by Charaka and Dridabala with Ayurveda-Dikika commentary of Chakrapanidatta, Vaidya Jadavaji Trikamji Acharya Editor. Varanasi: Chaukhambha Orientalia; Reprint edition 2021. Chikitsasthana 17/71-73. pg.no.536
13. Acharya Agnivesha, Charaka Samhita by Agnivesha, Vaidya Jadavaji Trikamji Acharya Editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhambha Orientalia; 2011. Sutrasthana 25/40. pg.no.131
14. Acharya Agnivesha, Charaka Samhita by Agnivesha, Vaidya Jadavaji Trikamji Acharya Editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhambha Orientalia; 2011. Sutrasthana 4/13(24). pg.no.33

Cite this article as:

Shubha Shree C N, Sanath Kumar D G, Smitha Thamban. From Obstruction to Relief: A Case Report of Vegavastha of Tamaka Shwasa Through Panchakarma Treatment. AYUSHDHARA, 2026;13(4):293-299.

<https://doi.org/10.47070/ayushdhara.v13i4.2958>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Shubha Shree C N

PG Scholar,

Department of Panchakarma,

KVG Ayurveda Medical College and

Hospital, Karnataka, India

Email: shubha.cn1@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.