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A Comprehensive Ayurvedic Review of Paediatric *Tamaka Shwasa* with special emphasis on *Shwasahara Mahakasaya*

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ABSTRACT

Tamaka Shwasa, described in Ayurveda as a disorder of the *Pranavaha srotas*, presents with symptoms such as wheezing, breathlessness, and chest tightness, often aggravated at night or during seasonal changes. In modern medicine, it can be correlated with "Bronchial asthma". It is primarily a *kapha-vata* predominant condition, and its management focuses on balancing these *doshas*, enhancing lung function, and addressing the root causes. Being chronic in nature and involving the *Pranavaha srotas*, it is often challenging to cure. Preventive measures include avoiding sudden exposure to cold or damp environments, refraining from overeating, limiting heavy, oily, or incompatible foods, and preventing contact with allergens, dust, smoke, and cold air. Treatment strategies in Ayurveda involve *shamana chikitsa*, *mridu shodhana*, and *rasayana* therapy to ensure long-term control and improved immunity. *Swasahara Mahakasaya*, a group of ten herbs mentioned by Acharya Charaka, holds prime importance due to its *Kapha-Vata* pacifying, bronchodilatory, and *Rasayana* properties. In children, Ayurveda offers a safe and effective approach that not only alleviates symptoms but also prevents recurrence, supporting overall health and quality of life through a sustainable, holistic plan with minimal side effects.

Key Words *Tamaka swasa, Mridu virechan, Rasayan, Bronchial asthma*

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INTRODUCTION

Shwasa roga is classified into five main types- *Maha shwasa*, *Urdhva shwasa*, *Chinna shwasa*, *Tamaka shwasa*, and *Kshudra shwasa*[1]. Of these, the first three are considered incurable, *Tamaka shwasa* is *yapya*, and *Kshudra shwasa* is curable. In Ayurvedic literature, *Tamaka shwasa* is described as a chronic respiratory ailment characterized by breathlessness, wheezing, and cough, closely resembling bronchial asthma in modern medicine. It is a subtype of *Shwasa roga* and is classified as a *Kaphaja- vataja vikara*[2], where aggravated *vata* is obstructed by morbid *kapha*, causing a reversal of normal *Vata* movement and resulting in respiratory difficulty.

According to Acharya Charaka, *Tamaka shwasa* is a *kapha-vataja vikara* with its origin in the *pittasthana* (*pittasthana samudbhava vikara*), and

REVIEW ARTICLE

it is of two types—*Pratamaka shwasa* and *Santamaka shwasa*[3]. *Sushruta Samhita* further emphasizes its *kapha*-predominant nature.

In modern medicine, bronchial asthma is defined as a chronic inflammatory disorder of the airways, characterized by bronchial hyperresponsiveness, variable airflow obstruction, and inflammation of the bronchial mucosa. It is a multifactorial condition influenced by both genetic predisposition and environmental factors. In children, asthma typically manifests as recurrent episodes of cough, wheeze, and shortness of breath, often worsening at night or early morning, and is frequently linked to atopy or a family history of allergic disorders. Paediatric asthma significantly impacts growth, development, and quality of life. Early detection along with timely preventive and therapeutic interventions is essential to reduce the risk of long-term complications such as airway remodelling and chronic pulmonary dysfunction[4].

AIMS AND OBJECTIVES

To evaluate the preventive and therapeutic strategies for *Tamaka Shwasa* in children to improve disease control, reduce recurrence and enhance the quality of life in paediatric patients.

MATERIALS AND METHODS

This review was prepared by gathering information from classical Ayurvedic scriptures, contemporary medical literature, pharmacology references, *Rasashastra* texts, as well as relevant articles from magazines, research journals, PubMed, and other medical databases. The compiled data were systematically analyzed to evaluate the effectiveness and underlying mechanisms of *vamana*, *virechana*, and various herbal and herbo-mineral formulations in the management of *Tamaka shwasa*.

PREVALENCE

In India, surveys generally indicate an asthma prevalence of about 7%, although figures vary between 2% and 17% depending on the population studied. The condition can develop at any age, but symptoms most often appear before the age of 10. During childhood, asthma occurs nearly twice as frequently in boys compared to girls, while in adulthood, its prevalence is almost the same in both sexes.

ETIOLOGY OF *TAMAKA SHWASA*[5]

Figure1 Etiology of *Tamaka Shwasa*

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REVIEW ARTICLE

SAMPRAPTI CHAKRA OF TAMAKA SHWASA

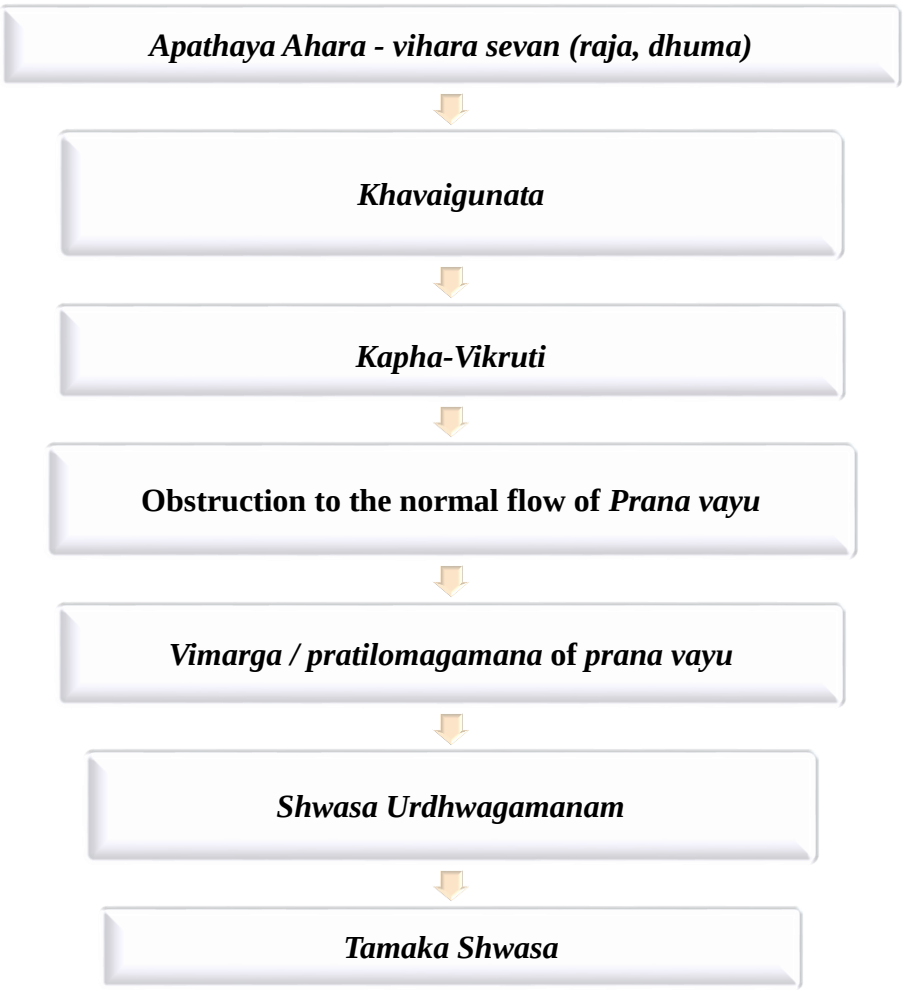

Figure 2 *Samprapti*

Chakra of Tamaka Shwasa

In *Tamaka Shwasa*, the patient typically develops a marked preference for warm food and beverages. Breathing becomes excessively deep and rapid, posing a serious risk to life, and is often accompanied by profuse forehead sweating and pronounced restlessness[5]. A sensation of throat constriction makes speech difficult. Symptoms tend to worsen during cloudy, humid, or cold weather—particularly when an easterly wind prevails—and after the consumption of *kapha*-aggravating food or following *kapha*-vitiating activities[6]. Temporary relief from restlessness is felt after the expectoration of *Shleshma*. Severe bouts of coughing may lead to fainting. The patient experiences increased breathing difficulty when lying down due to chest discomfort from disturbed *vayu*, while sitting upright provides relief. A characteristic wheezing or rattling respiratory sound (*Ghurghuraka*) is often present during breathing[7].

REVIEW ARTICLE

Figure 3 Treatment Principles for Paediatric patient

MANAGEMENT OF *TAMAKA SHWASA* IN CHILDREN

In the early stages, treatment should begin with gentle external therapies.

Application of warm, medicated oil mixed with rock salt[8] followed by mild fomentation like:

- *Nadi Sveda*[9] (gentle steam over chest and back)
- *Prastara Sveda*[10] (warm herbal bundles, adapted for children)
- *Sankara Sveda*[10] (gentle herbal poultices)

These therapies help loosen sticky *Kapha*[11], clear respiratory pathways, and facilitate the downward movement of *Vata* (*Vatanulomana*)[12], which aids in proper breathing.

VEGAKALINA CHIKITSA IN CHILDREN

As per Charaka Samhita, *vamana* and *virechana* are the chief *shodhana* therapies; however, in paediatric cases, they should be undertaken only in urgent conditions. In acute *Tamaka shwasa*, the approach should focus on promptly relieving breathlessness, controlling symptoms, and addressing the root cause, while ensuring the measures are gentle and suited to the child's *prakṛti*[13].

- *Abhyanga* – Gentle massage of the chest and back with warm *tila taila* mixed with *saindhava lavana* to soften and mobilize aggravated *kapha.*
- *Swedana*[14] – Mild *swedana* (steam therapy) under supervision to liquefy *kapha* and clear the respiratory channels.
- *Mṛidu Virechana* – "*Tamaketu Virechanam*"[15] – A mild and regulated purgation intended to expel excess *kapha* and *pitta*, cleanse the *amasaya* and *pakvasaya*, and minimize recurrence. It includes light dipana–pacana with preparations such as *Trikatu churṇa* or *Pippalyadi yoga*, minimal or no snehana/swedana, and administration of age-appropriate mild purgatives like *Trivrit leha*.
- *Rasayana Chikitsa*[16] – Intended to strengthen the *pranavaha srotas*, enhance immunity, and reduce the frequency of *shwasa* episodes. *Chyavanprasa* alleviates cough, wheezing, and bronchospasm while supporting lung development. *Vardhamana Pippali*

REVIEW ARTICLE

Rasayana fortifies respiratory strength, manages recurrent bronchial disorders, and aids convalescence after infections.

SHWASAHARA MAHAKASHAYA AND THEIR PROPERTIES[17]

Sl. no.	Name	*Rasa*	*Guna*	*Virya*	*Vipak*	*Karma*	Phytochemical composition	Pharmacological activity
1	Shati[18] Hedychium spicatum (Zingiberaceae)	Kashaya, Tikta	Laghu, Tikshna	Anushna	Katu	Shwasahara Kasahara, Grahi	Saponins, alkaloids, resins, carbohydrates, protein, steroids, tannin[28]	Antihistaminic, Antimicrobial, Anti-inflammatory, Antibacterial, and Antiulcer[28]
2	PUSHKARAMULA[19] Inula racemose (Compositae)	Tikta, Katu	Laghu, Tikshna	Ushna	Katu	Shwasahara Kasahara, Vata-Kapha hara	alantolactone, β-sitosterol, isoalantolacton, glucosides[29].	Analgesic, Anti-inflammatory, Antimicrobial, Antiparasitic, Anticancer, Antiasthmatic, Antiallergic, Antidiabetic, Antiapoptotic[29].
3	AMLAVETAS[20] Garcinia pedunculata (Guttiferae)	Amla	Laghu, Ushna, Ruksha	Ushna	Amla	Vata-Kapha hara	Sitosterol, Benzophenones, Flavanoid, Triterpene[30]	Anti-inflammatory, Antioxidant, Analgesic, Antimicrobial[30]
4	ELA[21] Elettaria cardamomum (Zingiberaceae)	Katu	Laghu, Sheeta	Ushna	Katu	Shwasa-kasahara, vata-kapha Hara	Terpineol, limonene, terpinylacetates, linalyl acetate[31]	Antioxidant, Antitumor, Anti-inflammatory[31]
5	HINGU[22] Ferula narthex (Umbelliferae)	Katu	Laghu, Tikshna	Ushna	Katu	Vatahara, Shulahara	Sesquiterpene, coumarins and polysulfides[32]	Antiasthama, Antihelminthic, Antispasmodic, Antiviral[32]
6	AGARU[23] Aquillaria agallocha (Thymelaeaceae)	Katu, Tikta	Laghu	Ushna	Katu	Vata-Kapha Hara	Terpenoids, flavonoids, sesquiterpenes[33]	Anti-inflammatory, Analgesic, Antiasthama, Anticancer, Antioxidant[33]

7	SURASA[24] Occimum sanctum (Labiatae)	Katu, Tikta	Laghu, Ruksha, Tikshna	Ushna	Katu	Vata-Kapha Hara	Alkaloids, Flavanoids,Glycosides, Tannin, Saponin, Steroids[34]	Anti-microbial, Analgesic, Anti-inflammatory, Antifungal[34]
8	TAMALAKI[25] Phyllanthus amarus Euphorbiaceae	Tikta, Kashyaa, Madhura	Laghu, Ruksha	Sita	Madhur	Kasahara, shwasahars hothahara, sramsana	Alkaloid, Glycoside, Steroids, Tannins, Saponnins, Terpenoids, Phenol[35]	Antioxidant, Antibacterial, Antidiabetic[35].
9	JIVANTI[26] Leptadenia reticulata (Asclepiadaceae)	Madhura	Laghu, Sita, Snigdha	Sita	Madhur	Tridoshashamaka, Rasayana	Terpenoids, alkaloids, sterols, tannin, saponins, flavonoids, carbohydrates[36]	Anti-inflammatory, Antioxidant, Antipyretic, Anti-asthamatic, Anti-microbial[36].
10	CHANDA[27] Angelica glauca (Umbelliferae)	Tikta, Katu, Madhura	Laghu, Tikshna	Sita	Katu	Vata-Kapha hara	Monoterpenes, oxygenated monoterpenes, alkaloids[37]	Antioxidant, Antifungal, Antibacterial, Broch relaxant[37].

***PATHYA* FOR CHILDREN**:

1) Diet (Ahara): Offer easily digestible and warm foods like soft red rice, mung dal, *kulatha*, wheat, barley, and dates. Encourage seasonal vegetables like bitter gourd and citrus fruits like lemon.

2) Lifestyle (Vihara): Ensure regular warm baths and mild sweating through play or mild activity and use warm clothing in winter to protect from cold. Practice gentle oil massage and breathing exercises suitable for children.

***APATHYA* FOR CHILDREN:**

1) Diet (Ahara): Avoid overeating and giving milk right before bedtime. Fried, cold, sour, or heavy foods that are hard to digest. Deep-fried snacks like samosa, cold drinks, curd, stale milk, bread, burger, pizza, cheese, paneer, etc., may block body channels and cause imbalance.

2) Lifestyle (*Vihara*): Children should avoid suppressing natural urges like sneezing or urinating. Avoid exposure to dust, wind, strong sun, smoke, and pet allergens.

DISCUSSION

Tamaka shwasa is a well-recognized condition in Ayurveda and closely corresponds to bronchial asthma in modern medicine, especially in terms of risk factors, causes, symptoms, and treatment approaches. Ayurvedic treatment focuses on strengthening the body's immune response through *Panchakarma* therapies, lifestyle

REVIEW ARTICLE

changes like *Yoga*, and the use of *Rasayana* medicines.

Hedychium spicatum, commonly known as *Shati* / Spiked ginger lily, is very important medicine in Ayurveda. It has been extensively used in various ailment such as Antihistaminic, Antimicrobial, Anti-inflammatory, Antibacterial, and Antiulcer[28]. Due to its astringent and bitter taste, sharp quality and pungent post digestive effect, *shati* pacifies aggravated *kapha* and *vata*, thereby alleviating symptoms of *Tamaka Shwasa*[18]. Inula racemosa, known as *Pushkaramula* or Elecampane, is a highly valued Ayurvedic herb traditionally prescribed for multiple ailments including analgesic, anti-inflammatory, antimicrobial, antiparasitic, anticancer, antiasthmatic, antiallergic, antidiabetic, and antiapoptotic purposes[29]. Its *tikta* and *katu* taste, along with *tikshna* and *ushna* qualities[19], help in pacifying aggravated *Kapha* and *Vata*, thereby relieving the symptoms of *Tamaka Shwasa*. Garcinia pedunculata, referred to as Amalavetas or Common Sorrel, is another important Ayurvedic medicine, valued for its anti-inflammatory, antioxidant, analgesic, and antimicrobial activities[30]. With its *tikta* and *katu* taste, *tikshna* and *ushna* properties[20], it effectively balances aggravated *Kapha* and *Vata*, aiding in the management of *Tamaka Shwasa*. Elettaria cardamomum, popularly known as *Ela* or Cardamom, holds a significant place in Ayurveda due to its antioxidant, antitumor, and anti-inflammatory benefits[31]. Its *katu* taste, *tikshna* and *ushna*[21] properties contribute to pacifying *Kapha* and *Vata*, thereby supporting relief in *Tamaka Shwasa*. Ferula narthex, commonly called *Hingu* or Asafoetida, is widely used in Ayurveda for its antiasthmatic, antihelminthic, antispasmodic, and antiviral properties[32]. The herb's *katu* taste, *tikshna* quality, and *ushna* potency work synergistically to alleviate *Kapha-Vata* imbalance[22], thus reducing *Tamaka shwasa* symptoms. Aquilaria agallocha, known as *Agaru* or Eaglewood, is prized in Ayurveda for its anti-inflammatory, analgesic, antiasthmatic, anticancer, and antioxidant properties[33]. Its *katu* and *tikta* taste, coupled with *tikshna* quality and *ushna* potency[23], help in balancing *kapha* and *vata*, offering relief in *Tamaka shwasa*. Ocimum sanctum, known as *Surasa* or Holy Basil, is a revered herb in Ayurveda, widely utilized for its antimicrobial, analgesic, anti-inflammatory, and antifungal effects[24]. Possessing *katu* and *tikta* taste, along with *tikshna* quality and *ushna* potency[34], *Surasa* helps in balancing aggravated *kapha* and *vata*, thereby easing the symptoms of *Tamaka shwasa.* Phyllanthus amarus, called *Tamalaki* or Stone Breaker, is well-regarded in Ayurveda for its antioxidant, antibacterial, and antidiabetic properties[35]. With its *tikta*, *kashaya*, and *madhura* attributes[25], it works to pacify aggravated *Kapha* and *Vata*, supporting relief from *Tamaka shwasa*. Leptadenia reticulata, commonly referred to as *Jivanti*, is valued for its anti-inflammatory, antioxidant, antipyretic, antiasthmatic, and antimicrobial benefits[36]. Owing to its *madhura* taste and *sita* property[26],

REVIEW ARTICLE

Jivanti primarily mitigates aggravated *Vata*, aiding in the management of *Tamaka shwasa*. Angelica glauca, known as *Chanda* or Angelica, is used extensively in Ayurveda for its antioxidant, antifungal, antibacterial, and bronchorelaxant actions[37]. Its *tikta, kashaya* taste and *tikshna*[27] property help pacify aggravated *kapha* and *vata*, thereby reducing *Tamaka shwasa* manifestations. *Swasahara makashaya* possess *kapha-vata shamaka*, *shwasahara*, *Kasahara, balya* and *Rasayan* properties. They relieve bronchospasm, liquefy and expel obstructed *Kapha*, reduce airway inflammation, and correct *Vata gati*. In children their balya and rasayan effect improve immunity and resistance, thereby preventing recurrences. *Swasahara Mahakashaya* plays a dual role as both symptomatic reliever and preventive therapy in Paediatric *Tamak Swasa*.

In Paediatric *Tamaka Shwasa*, *Samshodhana* holds therapeutic importance; however, owing to the tender age and limited strength of children, *Vamana* is generally unsuitable. Therefore, *Mridu Virechana* emerges as a safer and more practical option. Since *Shwasa roga* is considered *Pitta sthana samudbhava* with its origin in the *Adho Amashaya*, Virechana helps in cleansing the diseased site, balancing *Vata* and *Kapha*, and offering clinical relief. The use of mild purgatives and child-friendly formulations with *ushna virya* and *vatanulomana* actions, supplemented with herbal remedies, facilitates mucus liquefaction and expulsion. Thus, *Mridu Virechana* proves to be a safe and effective approach in Paediatric Tamaka Shwasa, ensuring doshic equilibrium while minimizing risk.

CONCLUSION

In pediatric Tamaka Shwasa, treatment must ensure both effectiveness and safety. *Swashahara Mahakashaya* holds significant importance owing to its *Kapha–Vata pacifying*, *ushna virya*, and *vatanulomana* qualities, which support easier breathing, aid mucus clearance, and promote normal respiratory function. Likewise, *Mridu Virechana* is highlighted as a safe *Samshodhana* procedure in children, as it targets the *Pitta sthana samudbhava* origin of the disorder and restores doshic balance without overburdening the delicate pediatric system. When employed together, these measures offer a holistic and child-appropriate approach for managing paediatric *Tamaka Shwasa* effectively.

REVIEW ARTICLE

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