



A Comprehensive Ayurvedic Review Of Tamak Shwasa In Children With Special Reference To Childhood Bronchial Asthma

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Abstract

Tamak Shwasa is an important respiratory disorder described in Ayurvedic classics and is categorized under Shwasa Roga. It is a chronic, recurrent condition predominantly involving Vata and Kapha Dosha, characterized by difficulty in breathing, wheezing sound, chest tightness, cough, and episodic exacerbations, especially during night and early morning hours. In children, Tamak Shwasa closely resembles childhood bronchial asthma described in modern medicine, which is a common chronic inflammatory airway disease affecting the pediatric population worldwide. Childhood asthma significantly impacts physical activity, school attendance, growth retardation and overall quality of life, making early diagnosis and holistic management essential.

Ayurveda explains the pathogenesis of Tamak Shwasa as Kapha-induced obstruction of Pranavaha Srotas along with aggravated Vata, leading to dyspnea and recurrent attacks. Nidana such as exposure to dust, smoke, cold climate, allergens, improper diet, recurrent respiratory infections, and genetic predisposition play a crucial role in children. Classical texts like Charaka Samhita and Sushruta Samhita describe detailed etiopathogenesis, lakshanas, prognosis, and management principles including Nidana Parivarjana, Shodhana, Shamana Chikitsa, Pathya-Apathya, and Rasayana therapy.

This review article aims to compile and critically analyze classical Ayurvedic descriptions of Tamak Shwasa in children and correlate them with modern concepts of childhood asthma. An attempt is made to highlight the scope of Ayurvedic preventive and therapeutic approaches in reducing disease severity, frequency of attacks, and dependency on modern medications. Integrative understanding of Ayurveda and contemporary medicine may offer safer, cost-effective, and sustainable management strategies for childhood asthma.

Keywords

Tamak Shwasa; Childhood Asthma; Pediatric Respiratory Disorders; Pranavaha Srotas; Kapha-Vata Dosha; Ayurveda; Bronchial Asthma

Introduction

Tamak Shwasa is a well-described disease entity in Ayurveda under Shwasa Roga, characterized by chronic and recurrent episodes of dyspnea associated with wheezing, cough, chest tightness, and difficulty in respiration¹. Among the five types of Shwasa described by Acharya Charaka, Tamak Shwasa is considered Yasya, indicating a chronic nature with periodic exacerbations and remissions². The disease primarily involves vitiation of Vata and Kapha Dosha, leading to obstruction of Pranavaha Srotas, which manifests clinically as labored breathing and distress³.

In pediatric age groups, Tamak Shwasa shows close similarity with childhood bronchial asthma, a common chronic inflammatory disorder of the airways in modern medicine⁴. Childhood asthma is characterized by airway hyper-responsiveness, reversible airflow obstruction, and inflammation, resulting in recurrent episodes of wheezing, breathlessness, cough, and chest tightness, especially at night or early morning⁵. The prevalence of childhood asthma is increasing globally due to urbanization, environmental pollution, lifestyle changes, and increased exposure to allergens⁶.

Ayurvedic classics emphasize that children are more susceptible to Tamak Shwasa due to immaturity of Dhatus, predominance of Kapha Dosha, and underdeveloped immunity⁷. Nidana such as exposure to dust (Raja), smoke (Dhuma), cold wind (Sheeta Vata), excessive intake of cold, heavy, and Kapha-provoking foods, recurrent respiratory infections, and hereditary factors play an important role in disease manifestation in children⁸. Acharya Sushruta also highlights the episodic and distressing nature of Tamak Shwasa, with symptoms worsening during cloudy weather, cold seasons, and nighttime⁹.

Management of Tamak Shwasa in Ayurveda focuses not only on symptomatic relief but also on correcting the underlying Dosha imbalance through Nidana Parivarjana, Shodhana, Shamana Chikitsa, dietary regulation, and Rasayana therapy¹⁰. Considering the chronic nature of childhood asthma and limitations of long-term conventional therapy, Ayurveda offers a holistic and preventive approach. Hence, this review attempts to explore Tamak Shwasa in children from both classical Ayurvedic and modern perspectives to provide a comprehensive understanding and scope for integrative management.

Aims & Objectives

Aim

To review and critically analyze the concept of Tamak Shwasa in children as described in Ayurvedic classics and to correlate it with childhood bronchial asthma in modern medicine.

Objectives

1. To study the classical Ayurvedic descriptions of Tamak Shwasa with special reference to pediatric age group.
2. To understand the etiopathogenesis (Nidana and Samprapti) of Tamak Shwasa in children.
3. To correlate Tamak Shwasa with childhood asthma based on clinical features and pathophysiology.
4. To highlight Ayurvedic principles of management and their relevance in childhood asthma.

Materials and Methods

This review study is based on literary research. Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Kashyapa Samhita* were reviewed for references related to Tamak Shwasa and pediatric respiratory disorders. Relevant commentaries were also consulted. Modern medical textbooks, review articles, and guidelines related to childhood bronchial asthma were referred for correlation. Information was collected, compiled, and analyzed to present a comprehensive Ayurvedic–modern perspective.

Nidana Panchaka of Tamak Shwasa in Children (Ayurvedic Review)

Tamak Shwasa is described in Ayurveda as a Vata–Kapha-pradhana Shwasa Roga, having a chronic, recurrent, and distressing nature. In children, the disease becomes more prominent due to Kapha predominance in Bala Avastha, immature Agni, and underdeveloped Dhatus. The Nidana Panchaka—Nidana, Purvarupa, Rupa, Upashaya–Anupashaya, and Samprapti—provides a comprehensive understanding of the disease process according to classical Ayurvedic principles.

1. Nidana (Etiological Factors)

Ayurvedic texts describe multiple causative factors responsible for vitiation of Kapha and Vata Dosha, leading to Tamak Shwasa. In children, these Nidanas act more intensely due to physiological vulnerability.

Aharaja Nidana (Dietary factors):

- Excessive intake of Guru, Snigdha, Sheeta, Madhura, and Abhishyandi Ahara
- Frequent consumption of cold foods, curd, milk products, ice-cold water
- Irregular eating habits and intake of Kapha-vardhaka diet

Viharaja Nidana (Behavioral and environmental factors):

- Exposure to Raja (dust), Dhuma (smoke), and Sheeta Vata (cold wind)
- Excessive exposure to cold climate and cloudy weather
- Sleeping during daytime (Divaswapna)
- Sudden exposure to cold after sweating

Sharirika and Agantuja Nidana:

- Recurrent Pratishyaya, Kasa, and Jwara
- Weak digestion (Agnimandya)
- Hereditary tendency (Beeja-dosha)
- Improper management of previous respiratory illnesses

In children, repeated exposure to these factors leads to Kapha accumulation in the chest and aggravation of Vata, initiating the disease.

2. Purvarupa (Premonitory Symptoms)

Purvarupa of Tamak Shwasa indicates the early stage of Dosha vitiation before full manifestation of the disease. Classical texts mention the following prodromal features:

- Mild Kasa (cough)
- Recurrent Pratishyaya (rhinitis)
- Heaviness in chest (Urah-Gaurava)
- Reduced appetite due to Agnimandya
- Mild breathing discomfort on exertion
- Kapha accumulation in throat and chest

In children, these symptoms are often recurrent and neglected, leading to progression of disease.

3. Rupa (Clinical Features)

The fully manifested stage of Tamak Shwasa is characterized by classical Lakshanas described uniformly across Ayurvedic texts:

- **Shwasakrichhrata** – severe difficulty in breathing
- **Ghurghuraka Shabda** – wheezing sound during respiration
- **Urah-Peeda and Urah-Gaurava** – chest tightness and heaviness
- **Kasa with Kapha Nishthivana** – cough with expectoration
- **Asino Labhate Saukhyam** – relief in sitting posture
- **Ratri-Kale Vriddhi** – aggravation at night
- **Pravata-Megha-Sheeta-Kale Vriddhi** – worsening in cold, cloudy, or windy conditions
- **Anidra, Bhaya, and Klama** during acute attacks

In children, attacks are often sudden, recurrent, and associated with anxiety and restlessness.

4. Upashaya–Anupashaya (Relieving and Aggravating Factors)**Upashaya (Relieving factors):**

- Ushna, Tikshna, and Kapha-Vatahara measures
- Warm environment and warm fluids
- Sitting posture
- Proper digestion and light diet

Anupashaya (Aggravating factors):

- Cold exposure
- Cold, heavy, and Kapha-varadhaka foods
- Dust, smoke, and allergens
- Night time and cloudy weather
- Suppression of natural urges

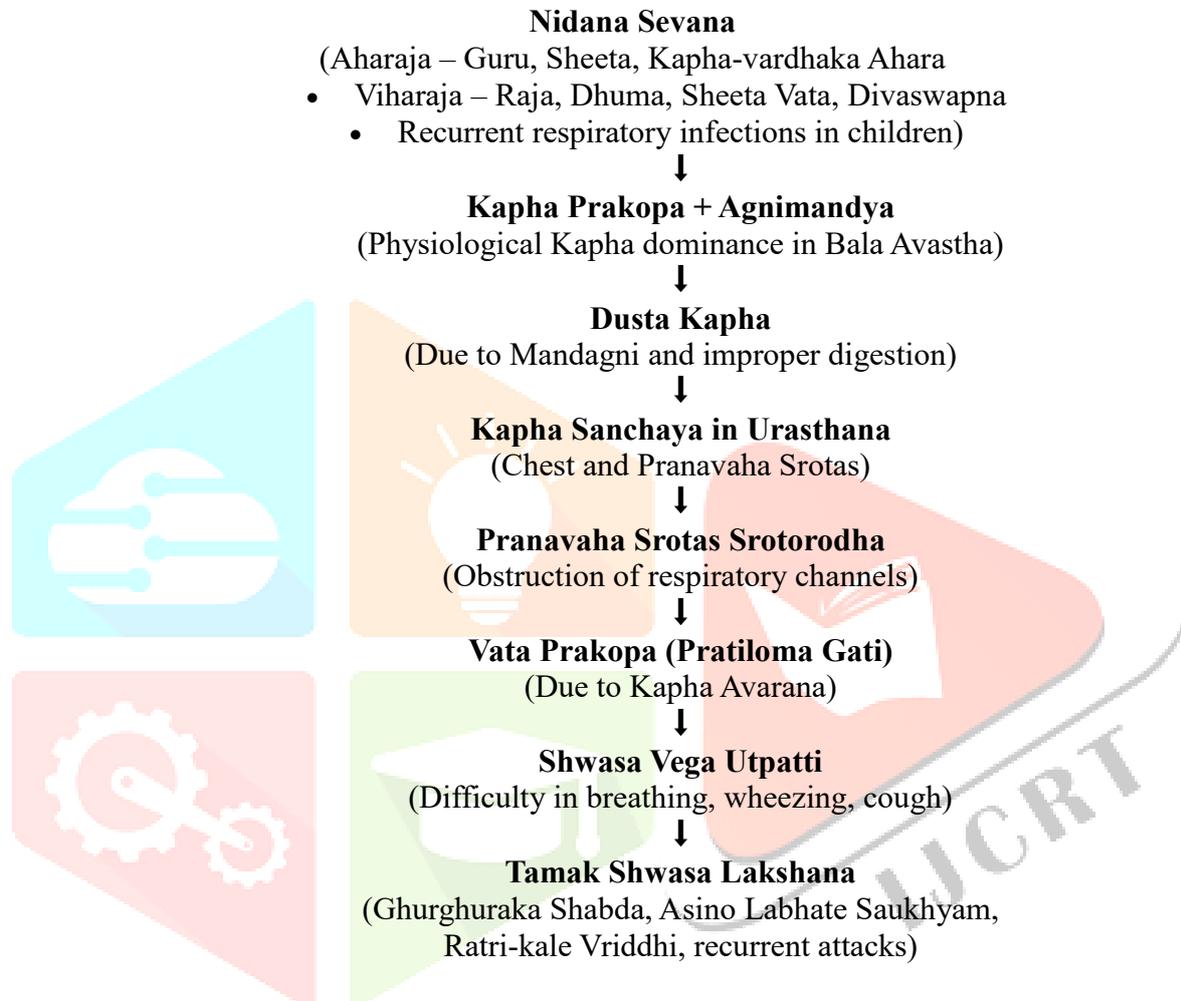
These observations further confirm the involvement of Kapha and Vata Dosha in Tamak Shwasa.

5. Samprapti (Pathogenesis)

The Samprapti of Tamak Shwasa begins with indulgence in Nidana factors leading to Kapha Prakopa and Agnimandya. Accumulated Kapha localizes in the Urasthana and Pranavaha Srotas, causing obstruction (Srotorodha). This obstructed pathway leads to Pratiloma Gati of Vata, resulting in forceful and labored respiration.

In children, Kapha dominance, weak Agni, and frequent respiratory infections accelerate this pathological process. The repeated cycle of Dosha vitiation and Srotodushti explains the chronic and recurrent nature of Tamak Shwasa.

Samprapti Flow Chart of Tamak Shwasa in Children (Ayurvedic)



Ayurvedic – Modern Correlation Table (Tamak Shwasa vs Childhood Asthma)

Ayurvedic Concept	Description (Ayurveda)	Modern Correlation (Childhood Asthma)
Tamak Shwasa	Vata–Kapha pradhana Shwasa Roga, Yasya in nature	Chronic bronchial asthma
Kapha Prakopa	Excess mucus accumulation in Pranavaha Srotas	Mucus hypersecretion in airways
Vata Prakopa	Pratiloma gati causing labored respiration	Bronchospasm and airflow limitation
Pranavaha Srotas Dushti	Obstruction and dysfunction of respiratory channels	Inflamed and narrowed bronchi
Agnimandya & Ama	Poor digestion leading to systemic imbalance	Immune dysregulation and inflammatory mediators
Ghurghuraka Shabda	Wheezing sound during respiration	Wheezing due to narrowed airways
Shwasa Krichhrata	Difficulty in breathing	Dyspnea
Asino Labhate Saukhyam	Relief in sitting posture	Orthopnea seen during asthma attacks
Ratri-kale Vriddhi	Symptoms worsen at night	Nocturnal asthma

Sheeta, Raja, Dhuma Anupashaya	Aggravation by cold, dust, smoke	Triggers such as cold air, allergens, pollution
Yapya Vyadhi	Chronic, manageable but recurrent disease	Chronic relapsing asthma

Chikitsa Siddhanta of Tamak Shwasa in Children

The management of Tamak Shwasa in children is based on the fundamental Ayurvedic principle of Vata–Kapha Shamana, Agnideepana, Ama Pachana, and Pranavaha Srotas Shodhana. Since Tamak Shwasa is described as a Yapya Vyadhi, the aim of treatment is to reduce the frequency and severity of attacks, prevent recurrence, and improve overall strength and immunity of the child rather than claiming complete cure.

1. Nidana Parivarjana

Avoidance of causative factors is the first and most important principle of management. Children should be protected from exposure to dust, smoke, cold wind, sudden climatic changes, and Kapha-varadhaka Ahara. Proper dietary habits and prevention of recurrent respiratory infections play a vital role in disease control.

2. Shodhana Chikitsa

Shodhana is advised cautiously in children after assessing age, strength, and disease severity.

- **Vamana Karma** is the principal Shodhana therapy for Tamak Shwasa as Kapha is the predominant Dosha. It helps in expelling vitiated Kapha from Urasthana and Pranavaha Srotas.
- **Mridu Virechana** may be indicated when Pitta is associated or when Kapha is deeply seated.
- Shodhana is advised mainly in chronic or recurrent cases and should be done in suitable seasons under expert supervision.

3. Shamana Chikitsa

Shamana therapy forms the mainstay of treatment in children.

- Use of Ushna, Tikshna, Vata–Kaphahara drugs to relieve bronchial obstruction
- Deepana–Pachana drugs to correct Agnimandya and prevent Ama formation
- Drugs that act as Shwasahara, Kasahara, and Srotoshodhaka
- Administration in age-appropriate doses and palatable forms such as Avaleha, Ghrita, or Kashaya

4. Rasayana and Balya Chikitsa

As children are prone to recurrent infections and weak immunity, Rasayana therapy is important.

- **Pranavaha Srotas strengthening- *Pranayam, Dirgha Shwasan***
- Improvement of Vyadhikshamatva (immunity)
- Prevention of recurrence and chronicity

5. Pathya Ahara–Vihara

Strict adherence to Pathya supports therapeutic measures and prevents exacerbations.

Pathya–Apathya in Tamak Shwasa

Category	Pathya (Wholesome)	Apathya (Unwholesome)
Ahara (Diet)	Ushna, Laghu, easily digestible food	Guru, Sheetta, Abhishyandi food
	Yava, Godhuma, Shali rice	Excess rice, curd, cheese
	Mudga Yusha, Kulattha Yusha	Excess milk, cold milk products
	Warm water, herbal decoctions	Cold water, ice-cold drinks
	Old Ghrita in small quantity	Excessive Snigdha Ahara
Drava	Ushnodaka	Sheetta Jala
Vihara (Lifestyle)	Warm clothing, protection from cold	Exposure to cold wind
	Light physical activity	Sedentary habits
	Regular sleep routine	Divaswapna
	Living in clean, dust-free environment	Dust, smoke, pollution
Manasika Bhava	Calm environment, reassurance	Fear, stress, anxiety
Ritu & Kala	Protection during cold and cloudy seasons	Exposure during Sheetta & Megha Kala

Modern Review of Childhood Asthma (Correlation with Tamak Shwasa)

Childhood asthma is one of the most common chronic respiratory disorders affecting children worldwide. It is characterized by recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly during night or early morning hours. The disease results from chronic inflammation of the airways, leading to airway hyper-responsiveness, reversible airflow obstruction, and excessive mucus secretion. The clinical course is often episodic, with periods of remission and exacerbation, closely resembling the chronic and relapsing nature described for Tamak Shwasa in Ayurveda.

Etiology and Risk Factors

The development of childhood asthma is multifactorial. Genetic predisposition plays a significant role, especially in children with a family history of asthma, allergic rhinitis, or eczema. Environmental factors such as exposure to dust mites, pollen, animal dander, mold, air pollution, tobacco smoke, and cold air act as important triggers. Recurrent respiratory infections in early childhood, low birth weight, and urban lifestyle are also recognized contributors. These factors initiate and perpetuate airway inflammation and hypersensitivity.

Pathophysiology

Modern medicine explains childhood asthma as a disease of chronic airway inflammation involving immune dysregulation. Exposure to allergens or triggers activates inflammatory cells such as mast cells, eosinophils, and T-helper-2 lymphocytes. This leads to the release of inflammatory mediators like histamine, leukotrienes, and cytokines, causing bronchoconstriction, mucosal edema, and increased mucus production. The resulting airway narrowing produces wheezing and difficulty in breathing. Repeated inflammatory episodes may lead to airway remodeling if not adequately controlled.

Clinical Features

Children with asthma commonly present with recurrent wheezing, cough, shortness of breath, and chest tightness. Symptoms often worsen at night, during early morning hours, with physical exertion, or on exposure to cold air and allergens. Younger children may show non-specific signs such as irritability, feeding difficulty, or poor sleep. Acute exacerbations can be distressing and may require emergency care.

Diagnosis

Diagnosis of childhood asthma is mainly clinical, supported by history of recurrent symptoms and response to bronchodilator therapy. In older children, pulmonary function tests such as spirometry help demonstrate reversible airflow obstruction. Peak expiratory flow monitoring is useful for follow-up and assessment of disease control. Allergy testing may help identify triggers.

Management

The modern management of childhood asthma focuses on long-term control and prevention of exacerbations. Treatment includes:

- **Controller medications**, mainly inhaled corticosteroids, to reduce airway inflammation
- **Reliever medications**, such as short-acting bronchodilators, for acute symptoms
- Identification and avoidance of triggers
- Patient and parent education regarding inhaler technique and action plans

Although modern therapy is effective in symptom control, long-term medication use, dependency, side effects, and recurrence after discontinuation remain important concerns.

Discussion

Tamak Shwasa in children represents a chronic, recurrent respiratory disorder that closely resembles childhood bronchial asthma in its clinical presentation, course, and triggering factors. Ayurveda recognizes Tamak Shwasa as a Vata-Kapha pradhana Yasya Vyadhi, indicating that although complete cure is difficult, the condition can be effectively controlled with appropriate management. This concept aligns well with the modern understanding of childhood asthma as a chronic inflammatory disease requiring long-term control rather than episodic treatment alone.

In children, Kapha dominance during Bala Avastha, along with immature Agni and underdeveloped Dhatus, creates a physiological background that favors Kapha accumulation and Ama formation. When exposed to etiological factors such as cold, dust, smoke, improper diet, and recurrent respiratory infections, Kapha becomes aggravated and obstructs the Pranavaha Srotas. This obstruction leads to Pratiloma Gati of Vata, producing classical symptoms like wheezing, dyspnea, chest tightness, and nocturnal aggravation. This Ayurvedic explanation parallels the modern pathophysiology of asthma, where airway inflammation, mucus hypersecretion, and bronchoconstriction result in airflow obstruction and respiratory distress.

The Nidana Panchaka described in Ayurveda provides a comprehensive and clinically practical framework for early identification and prevention of disease progression. Premonitory symptoms such as recurrent cough, rhinitis, and chest heaviness are commonly seen in children with developing asthma but are often overlooked. Recognition of these Purvarupa allows early intervention through dietary regulation, lifestyle modification, and strengthening of digestion and immunity, potentially reducing disease severity and frequency of attacks.

The Chikitsa Siddhanta of Tamak Shwasa emphasizes Nidana Parivarjana, Dosha Shamana, Agni Deepana, and Srotoshodhana, which together aim at addressing the root cause of the disease rather than providing only symptomatic relief. Shamana therapy is particularly suitable for children due to its gentle nature and long-term safety. Rasayana and Balya measures play a crucial role in improving Vyadhikshamatva, reducing susceptibility to recurrent infections, and preventing chronicity. This preventive and strengthening approach is a distinct advantage of Ayurveda, especially in pediatric practice.

Pathya–Apathya holds special significance in the management of Tamak Shwasa. Strict avoidance of Kapha-provoking diet, cold exposure, and environmental triggers is comparable to trigger avoidance strategies in modern asthma care. The emphasis on warm, light, and easily digestible food, along with regulation of daily activities, supports digestive and respiratory health and helps maintain Dosha balance.

Modern medicine offers effective pharmacological control of asthma symptoms, particularly during acute exacerbations. However, long-term dependency on medications, potential side effects, and recurrence after discontinuation remain challenges. Ayurveda, with its holistic and individualized approach, offers a complementary perspective by focusing on prevention, strengthening of bodily systems, and long-term disease control.

Overall, the Ayurvedic understanding of Tamak Shwasa provides a logical, systematic, and holistic framework that correlates well with modern concepts of childhood asthma. Integrating Ayurvedic principles with contemporary medical care may enhance disease control, reduce recurrence, and improve quality of life in children suffering from chronic respiratory disorders.

Conclusion

Tamak Shwasa in children is a chronic, Vata–Kapha predominant respiratory disorder that closely correlates with childhood bronchial asthma. Ayurveda provides a comprehensive understanding of its etiopathogenesis through Nidana Panchaka and offers a holistic management approach focusing on Nidana Parivarjana, Shamana Chikitsa, Rasayana therapy, and strict Pathya–Apathya. Early identification, correction of Agnimandya, and strengthening of Pranavaha Srotas play a key role in reducing the frequency and severity of attacks. Thus, Ayurvedic management holds significant potential in long-term control and prevention of childhood asthma, improving overall health and quality of life in affected children.

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