

**MANAGEMENT OF CHILDHOOD BRONCHIAL ASTHMA (TAMAKA SHWASA) WITH  
AYURVEDIC SHAMANA THERAPY: A CASE REPORT****Dr. Priyanka Mehra\*<sup>1</sup>, Prof. Dr. Reena Dixit<sup>2</sup>**<sup>1</sup>M.D 2<sup>nd</sup> Year, P.G Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.<sup>2</sup>Professor, P.G Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.**\*Corresponding Author: Dr. Priyanka Mehra**M.D 2<sup>nd</sup> Year, P.G Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.DOI: <https://doi.org/10.5281/zenodo.19908426>**How to cite this Article:** Dr. Priyanka Mehra\*<sup>1</sup>, Prof. Dr. Reena Dixit<sup>2</sup> (2026). Management Of Childhood Bronchial Asthma (Tamaka Shwasa) With Ayurvedic Shamana Therapy: A Case Report. World Journal of Pharmaceutical and Medical Research, 12(5), 168–171.

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**ABSTRACT**

Bronchial asthma is a chronic inflammatory disease of the airways characterized by hyper responsiveness of the bronchial tubes, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and cough. It occurs due to airway inflammation, bronchoconstriction, and increased mucus production, causing reversible airway obstruction. In *Ayurveda*, this presentation closely aligns with *Tamaka Shwasa*, a condition involving *Vata–Kapha* aggravation and *Pranavaha Srotas* dysfunction. This case report describes the management of a 5-year-old child diagnosed with *Tamaka Shwasa* using *Ayurvedic* therapy. Significant symptomatic improvement was observed following tailored formulations and supportive yoga–marma interventions.

**KEYWORDS:** *Tamaka Shwasa, Pranavaha Srotas, Shamana therapy, marma.***INTRODUCTION**

Bronchial asthma is a chronic inflammatory disease of the airways characterized by hyper-responsiveness of the bronchial tubes, leading to recurrent episodes of wheezing, breathlessness, chest tightness and cough. It occurs due to airway inflammation, bronchoconstriction, and increased mucus production, causing reversible airway obstruction.

According to *Acharya Charaka*, when a person indulges in causative factors (*Nidana Sevana*), the aggravated *Vata* enters the *Pranavaha Srotas* (respiratory channels) and stimulates the *Kapha* located in the chest (*Urastha Kapha*). This aggravated *Kapha* then blocks the respiratory pathways, leading to the development of five types of *Hikka* and *Shwasa*.<sup>[1]</sup>

In *Shwasa Roga*, the primary pathogenesis begins with diet and lifestyle factors that increase *Kapha*. The vitiated *Kapha*, situated in the *Pitta* region, circulates throughout the body in the form of *Ama*. Simultaneously, aggravation of *Vata*—due to improper diet and habits—causes dysfunction (*Sroto Vaigunya*) in the *Pranavaha Srotas* along with the presence of vitiated *Kapha* or *Ama*. This further affects the *Rasavaha Srotas*, resulting in

their impairment (*Srotodushti*). As these channels become disturbed, the normal functioning of *Prana Vayu* is altered due to obstruction (*Sanga*) and abnormal movement (*Vimargagamana*). Ultimately, these pathological changes manifest clinically as *Shwasa Roga*.<sup>[2]</sup>

According to the *Samprapti of Tamaka Shwasa*, the drugs used for its management should possess *Kapha–Vata* pacifying properties, along with *Ushna* (hot potency) and *Vatanulomaka* (facilitating the normal movement of *Vata*) qualities for effective Shamana therapy.

*Ayurveda* offers a safe and effective approach to managing this condition without causing drug dependency. Through various *Shodhana* (purification) procedures and *Shamana* (palliative) therapies, the body is not only detoxified but also nourished. These treatments help improve the elasticity of lung tissues, enhance natural immunity, reduce the frequency of recurrent episodes, and provide long-term relief to the patient.

**CASE HISTORY**

**Chief Complaints:** A 5-year-old female patient with her father was brought to the outpatient department of Kaumarbhritya, Rishikul Campus Haridwar, with the complaint of – • Recurrent cold and cough with sputum, difficulty breathing during climbing upstairs and on exertion for 2-2.5years & tend to increase symptoms on seasonal variation.

**History of presenting complaints**

According to the Patient's father, he was asymptomatic before 2-2.5years. She had complaints about recurrent colds and cough with sputum. She also complained of difficulty breathing while climbing upstairs or on exertion. These symptoms get aggravated by seasonal variation. She was suffering from these complaints over 2. 5years. For these complaints, the patient went to an allopathic hospital, where proper investigations were carried out, and the patient was diagnosed with bronchial asthma. She took some NSAIDs internally, along with the regular use of a mouth inhaler for 2 months and got symptomatic relief. But the recurrence of symptoms is

still there. So, the Patient came to Rishikul Campus on 20august 2025 for further betterment.

**Past Medical & Surgical History:** No significant history was noted.

**Family History:** No significant history was noted.

**Treatment History:** She has been on a Foracort 200 (Formoterol Fumarate and budesonide) inhaler for the past 2 months.

**General Examination**

General Condition: Average  
Build & Nutrition: good  
Pallor: Not present  
Cyanosis: Not present Clubbing: Not present  
Lymph Node: Not Enlarged  
Hairs: Dry, thin hair  
Scalp: Normal  
Nails: Pinkish white  
Skin: Dry

**Table no. 1**

Anthropometry	vitals
Weight: 17 kg (Expected Wt. :18 kg)	Temperature: 97.10 F
Height: 110cm (Expected Ht. :107cm)	Pulse Rate: 84/min
Head Circumference: 50 cm	Respiratory Rate: 28/min
Chest Circumference: 54 cm	SpO2: 96%
Mid-upper arm circumference: 16 cm (Rt.), 16cm (lt.)	Blood pressure: 100/70 mm Hg

**Immunisation history-** Immunization has been completed as per age.

**History of allergy-** The patient does not have any allergies.

**Dietary History -** Vegetarian diet

Qualitative- Rice, dal, chapati, vegetables, fruits.

Quantitative – Breakfast: - 1chapati with ½ bowl veg

Lunch: 1½ bowl Dal with rice

Dinner: 1½ chapati, 1/2 bowl of veg

**Appetite-** Reduced

**Bowel-** Regular (Consistency- well formed with Frequency 1 time/day).

**Micturition –** Normal (Frequency 4-6 times/day)

**Thirst-** 1- 1½ glass/day

**Physical Activity –** Less

**Sleep -** Sound sleep (approx. 8-9 hours a day)

**Addiction -** Habit of eating packed food and junk food daily.

**Systemic Examination****Respiratory Examination**

- Inspection: No DNS, nasal flaring- Absent  
Nasal mucosa-Normal, pinkish  
Trachea- Centrally placed Chest- B/L symmetrical
  - Palpation: Normal B/L symmetrical thoracic movements do not show any tenderness.
  - Percussion: A slightly resonant sound was observed.
  - Auscultation: Wheezing sound present at right lung in the upper and middle lobe
- No abnormalities were detected in examinations of cardiovascular, gastrointestinal and urogenital systems.

**Ashtavidha Pariksha**

<i>Nadi: Kapha pradhana Vataja</i>	<i>Shabda: Spashta</i>
<i>Mala: Nirama</i>	<i>Sparsha: Snigdha, Samsheetoshana</i>
<i>Mutra: Samanya Pravritti, Peetabha Varna</i>	<i>Drikka: Samanya</i>
<i>Jihwa: Alipta</i>	<i>Aakriti: Samanya</i>

**Samprapti Ghataka**

<b>Dosha:</b> Vata Kapha Pradhana and Pitta Apradhana	<b>Udbhavasthana:</b> Pitta sthana
<b>Dushya:</b> Rasa	<b>Vyaktasthana:</b> Ura pradesha
<b>Srotasa:</b> Pranavaha, Rasavaha Srotas	<b>Roga marga:</b> Bahya & Abhyantara
<b>Srotodushti:</b> Sanga, Vimargagamana	<b>Agni:</b> Jataragnimandhya, Rasa Dhatwagni mandya
<b>Roga Marga:</b> Abhyantara	<b>Vyadhi Swabhava:</b> Chirakari, Yapya

**Treatment Protocol**

After a thorough interrogation with the patient and her father regarding the diet, lifestyle and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, the treatment was planned with internal medications along with Yoga & Marma therapy.

**Duration of the treatment:** 6 months.

**Period of assessment:** The patient was assessed at each interval of 10 days.

OPD Visit	Medication	Duration
<b>First Visit</b>	<i>Shishu Bharan Rasa</i> - 65mg <i>Pravala Bhasma</i> -65mg <i>Ashwagandha Churna</i> -250mg <i>Haridra Khanda</i> -250mg <i>Brahmi Vati</i> - 65mg <i>Shunti churna</i> -250mg <i>Giloy Satva</i> -65mg 1*3 with honey (empty stomach) 2. <i>Amastha Avaleha</i> – ½ tsf tid 3. Syp Bresol- 10ml bid 4. <i>M-Balarasayana</i> -1gm with <i>Guda</i> at night	10 days
<b>Second visit</b>	<i>Shishu Bharan Rasa</i> - 65mg <i>Pravala Bhasma</i> -65mg <i>Ashwagandha Churna</i> -250mg <i>Haridra Khanda</i> -250mg <i>Brahmi Vati</i> - 65mg <i>Shunti churna</i> -250mg <i>Giloy Satva</i> -65mg 1*3 with honey (empty stomach) 2. <i>Amastha Avaleha</i> – ½ tsf tid 3. Syp Bresol- 10ml bid 4. <i>M-Balarasayana</i> -1gm with <i>Guda</i> at night	10 days
<b>Third visit</b>	<i>Shwasakasachintamani Rasa</i> - 65mg <i>Pravala Bhasma</i> -65mg <i>Ashwagandha Churna</i> -250mg <i>Haridra Khanda</i> -250mg <i>Brahmi Vati</i> - 65mg <i>Shunti churna</i> -250mg <i>Giloy Satva</i> -65mg 1*3 with honey (empty stomach) 2. <i>Amastha Avaleha</i> – ½ tsf tid 3. Syp Bresol- 10ml bid 4. <i>M-Balarasayana</i> -1gm with <i>Guda</i> at night	10 days
<b>Fourth Visit</b>	<i>Sitopaladi Churna</i> -1gm <i>Madhuyashti churna</i> -500mg <i>Sudh. Tankana Bhasma</i> -125mg <i>Godanti Bhasma</i> -125mg <i>Pravala Panchamrita Rasa</i> -65mg <i>Giloy Satva</i> -125mg 1*2 with honey Syp Septillin -10ml bid 3. Syp Koflet Ex- 10ml tid <i>Amastha Avaleha</i> – ½ tsf tid	10 days

**Advice:** Increase your water intake, avoid junk food, and do regular *Yoga: Anuloma—Viloma, Bhramari Pranayama*, etc. *Marma* therapy: *Kshipra, Indra basti, Talahridaya, Aani, Urvi*—stimulate these *Marma* for 8 sec or 12 times three times a day.

## RESULT

The patient was advised to attend follow-up visits every 10 days. It was anticipated that all pre-treatment signs and symptoms would be alleviated through *Shamana Chikitsa*. According to the patient's guardians, all symptoms had resolved by the final follow-up. The treatment was continued for six months to ensure complete recovery and prevent recurrence, and the patient was instructed to adhere to the recommended *pathya* (diet and lifestyle guidelines) and avoid *apathya* in daily life.

## DISCUSSION AND CONCLUSION

*Tamaka Shwasa* is primarily a *Kapha–Vata* dominant disorder. The intake of causative factors (*Nidana Sevana*) leads to the aggravation of *Vata*, which subsequently disturbs *Kapha*. This further vitiates the *Rasa Dhatu* and obstructs the normal functioning of *Prana Vata*. In this condition, *Vata* becomes obstructed due to the *Avarana* (covering) of *Kapha*. As a result, vitiation of the *Pranavaha* and *Rasavaha Srotas* occurs, producing symptoms such as *Pinasa* (nasal discharge), *Nasanaha* (nasal obstruction), *Gurghuraka* (wheezing), *Kasa* (cough with thick sputum), *Shwasa* (difficulty in breathing), *Kantha Uddhwamsa* (hoarseness), and *Kricchra Bhashana* (difficulty in speaking).<sup>[3]</sup>

According to Ayurvedic classics, the principal line of treatment includes *Nidana Parivarjana* (avoidance of causative factors), *Samshodhana*, and *Samshamana*. *Shwasakasachintamani Rasa* is composed of ingredients such as *Shuddha Parada, Makshika Bhasma, Swarna Bhasma, Moti Bhasma, Shuddha Gandhaka, Abhraka Bhasma, and Loha Bhasma*, processed with *Kantakari Swarasa, Aja Dugdha*, and *Yashtimadhu Kwatha* as *Bhavana Dravya*. These components possess properties like *Deepana, Pachana, Kanthya, Balya, Yogavahi, Ojovardhaka*, and *Rasayana*. Pharmacologically, they exhibit anti-asthmatic, anti-inflammatory, antihistaminic, immunomodulatory, and mild laxative effects, aiding in the elimination of *Ama*.

Additional medications include *Giloy Satva*, known for its strong immunomodulatory action; *Sitopaladi Churna*, which balances *Vata* and *Pitta* while removing *Ama*; and *Haridra Khanda*, where *Haridra* acts as a potent anti-allergic agent to relieve symptoms quickly. *Ashwagandha Churna* enhances immunity by stimulating white blood cell activity and also provides anti-inflammatory benefits. *Shunthi Churna* promotes digestion and helps eliminate *Ama* through its *Deepana-Pachana* action. *Amastha Avaleha*, containing *Vasa, Kantakari, Yashtimadhu*, and *Kharjura*, further supports respiratory health.

The combined action of these formulations provides bronchodilatory effects, relieves bronchial irritation and spasm, and acts as an effective expectorant and mucolytic, thereby reducing cough severity. *Shishu Bharan Rasa* supports the child's strength and nourishment by improving muscle development and enhancing *Jatharagni*. Additionally, *Bresol* syrup (containing *Tulsi, Haridra, and Vasaka*) offers bronchodilator, mucolytic, and anti-allergic effects, while *Septillin* syrup acts as an immunomodulator with antiviral, expectorant, and anti-inflammatory properties.

*Pranayama* plays a supportive role by strengthening respiratory muscles, promoting the release of surfactants and prostaglandins, stimulating stretch receptors, relieving stress, and improving regulatory mechanisms. It enhances lung capacity and function in both healthy individuals and those with respiratory disorders.

In conclusion, effective management of this condition can be achieved through *Nidana Parivarjana* and therapies that balance the doshas. *Shamana Chikitsa* is particularly suitable for childhood asthma, as children have limited strength (*Alpa Bala*) and may not tolerate the intensity of *Shodhana Chikitsa*.

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