Tamaka Shwasa: A Critical Review of Classical Concept, *Samprapti* and Therapeutic Rationale with Special Reference to *Shatyadi Churna*

AUTHORS:

Dr. Insha Mushtaq [1]

Dr. Sudesh Kumar Bhambu [2]

Dr. Anupam Pathak [3]

Dr. Rishu Sharma [4]

AFFILIATIONS:

[1] Post Graduate Scholar, Department of Swasthavritta Evum Yoga, Sriganganagar College of Ayurvedic Science & Hospital, Tantia University, Sriganganagar.

[2] Guide & Associate Professor, P.G. Department of Swasthavritta Evum Yoga, Sriganganagar College of Ayurvedic Science & Hospital, Tantia University, Sriganganagar.

[3] HOD & Professor, P.G. Department of Swasthavritta Evum Yoga, Sriganganagar College of Ayurvedic Science & Hospital, Tantia University, Sriganganagar.

[4.]Principal, Sriganganagar College of Ayurvedic science and Hospital Tantia University Sriganganagar.

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ABSTRACT:

Tamaka Shwasa is an important Bheda of Shwasa Roga described extensively in the classical Ayurvedic literature. The conceptual development of Shwasa can be traced from the early understanding of Prana, Vayu and Shwasa-Prashwasa in Vedic literature to its systematic clinical description in the Brihatrayee. Charaka, Sushruta and Vagbhata describe the disease through Nidana, Purvarupa, Rupa, Samprapti, Upashaya and Chikitsa, with particular emphasis on the interaction of Vata and Kapha, altered Vayu Gati and Srotorodha. Among the five varieties of Shwasa Roga, Tamaka Shwasa is distinguished by its recurrent nature, Pratiloma Gati of Vayu, Kapha association, respiratory distress and characteristic relief following Kapha Vimokshana, sitting posture and warmth. The present review critically examines the classical concept of Tamaka Shwasa and explores the therapeutic rationale of Shatyadi Churna described in Yogaratnakara. The formulation contains predominantly Katu and Tikta Rasa, Laghu and Tikshna Guna and predominantly Ushna Virya drugs, providing a classical rationale for Kapha Shamana, Srotoshodhana, Vata Anulomana and Kasa-Shwasa Hara action. Available pharmacological literature further indicates anti-inflammatory, antioxidant, anti-allergic, immunomodulatory and potential airway-modulating properties of several constituent drugs, although much of this evidence remains preclinical. The review indicates that the classical understanding of Tamaka Shwasa provides a coherent pathophysiological and therapeutic framework and also offers scope for systematic pharmacological and clinical investigation of traditional formulations.

KEYWORDS:

Tamaka Shwasa; Shwasa Roga; Vata; Kapha; Srotorodha; Pratiloma Gati; Shatyadi Churna; Ayurveda.

INTRODUCTION:

Respiratory disorders occupy an important position in Ayurvedic literature, where the physiological process of respiration is closely associated with Prana and Vayu. The early literary foundation of Shwasa is found in references to Prana, Vayu and Shwasa-Prashwasa, which were subsequently developed into a systematic description of Shwasa Roga in the Samhita period. Charaka Samhita presents Shwasa under Hikka-Shwasa Chikitsa, while Sushruta Samhita discusses it in Hikka-Shwasa Adhyaya of Uttara Tantra. Ashtanga Hridaya and Ashtanga Sangraha subsequently consolidate the classical understanding. Later texts and commentaries further elaborate its clinical and therapeutic aspects.

Charaka classifies Shwasa Roga into five varieties: Mahashwasa, Urdhva Shwasa, Chhinna Shwasa, Tamaka Shwasa and Kshudra Shwasa. Among these, Tamaka Shwasa has a distinctive clinical identity because of the characteristic interaction between Vata and Kapha, abnormal movement of Vayu, Srotorodha and recurrent episodes of respiratory distress.

The classical description shows several features that are particularly relevant to the understanding of chronic obstructive and inflammatory respiratory illness. However, the Ayurvedic description should be interpreted within its own conceptual framework rather than by assuming complete equivalence with any single modern disease entity. The present review therefore focuses primarily on the classical construct of Tamaka Shwasa and examines the pharmacological rationale of Shatyadi Churna described for Shwasa and Kasa.

HISTORICAL AND CONCEPTUAL DEVELOPMENT:

The term Shwasa is derived from the Shvas Dhatu, associated with the act of Prana and Shwasa-Prashwasa. Classical lexicons associate Shwasa with Vayu, Pavana and respiratory activity. Thus, the term encompasses both the physiological process and its pathological disturbance. Tamaka is associated with Tama, indicating darkness or a state of distress, choking or exhaustion, corresponding to the characteristic experience during severe episodes.

Sushruta provides a concise definition of Shwasa Roga: “Vihaya prakritim vayuh prano'tha kaphasamyuktah, shvasayatyurdhvago bhutva tam shvasam parichakshate” (Su. Ut. 51/4). The description identifies departure of Vayu from its normal state, association with Kapha and altered upward movement of Prana Vayu. Dalhana explains Vihaya Prakritim as Viguna Bhutva, highlighting the pathological alteration of Vayu.

The Brihatrayee consequently presents Shwasa not merely as an alteration in breathing but as a disorder involving Dosha, Srotas and the normal movement of Vayu. Later literature, including Madhava Nidana, Chakradatta, Gadanigraha, Vangasena Samhita, Bhavaprakasha, Yogaratnakara and Bhaishajya Ratnavali, contributed further clinical and therapeutic elaboration.

NIDANA AND *SAMPRAPTI* OF *TAMAKA SHWASA:*

A comparative assessment of Charaka, Sushruta and Vagbhata demonstrates that the pathogenic foundation of Tamaka Shwasa is centred on Vata-Kapha Prakopa, altered Vayu Gati and Srotorodha. Charaka identifies Sheeta, Ambu, Megha, Prak Vata and Shleshmala Nidana as important precipitating factors. Vagbhata additionally describes Kasa Vriddhi, Ama, Atisara, Vamathu, Visha, Pandu, Jvara, Rajas, Dhooma, Anila, Marma Ghata and Ati-Himambu in the broader causation of Shwasa.

The Purvarupa described for Shwasa include Anaha, Parshva Shula, Hridaya Pidana and Prana Vilomata. Of these, Prana Vilomata has particular conceptual relevance to Tamaka Shwasa, because the developed disease is characterised by Pratiloma Gati of Vayu.

The Samprapti of Tamaka Shwasa may be understood as: Nidana Sevana → Vata-Kapha Prakopa → Pratiloma Gati of Vayu → Srotas Pravesha → Kapha Prakopa and Samyoga → Srotorodha → Prana Vayu Gati Vaigunya → Tivra and recurrent Shwasa → Tamaka Shwasa.

Vagbhata further describes Kapha-obstructed movement of Vayu, abnormal Vayu Vishvag Gati and involvement of Pranavaha, Udakavaha and Annavaha Srotas, with particular involvement of Uras and Amashaya. This classical sequence indicates that Srotorodha is not an isolated event; rather, Kapha obstruction and disturbance of Vayu Gati form an interconnected pathological process.

CLINICAL FEATURES AND *UPASHAYA:*

The Rupa of Tamaka Shwasa described by the three principal Acharyas shows considerable concordance. Charaka describes Pratiloma Gati of Vayu, Shira-Griva Graha, Kapha Prakopa, Pinasa, Ghurghuruka, severe recurrent Shwasa, Pratamyati, Kasa, Pramoha and marked distress. Relief occurs following Kapha Vimokshana.

Sushruta gives prominence to Trishna, Sweda, Vamathu, Kantha Ghurghurika, aggravation during Durdina, Kasa, Kapha, weakness, Anna-Dvesha and aggravation during Shayana. Vagbhata additionally describes Aruchi, Pinasa, Moha, Vepathu and relief after Nishthivana.

The characteristic Upashaya of Tamaka Shwasa are particularly significant. Charaka states that following expulsion of Kapha, temporary Sukha is obtained. Relative comfort is also experienced in the sitting posture, while Ushna is desired. Conversely, Sheeta, Ambu, Megha, Prak Vata, Shleshmala Nidana and Shayana Avastha aggravate the condition. These observations provide a direct therapeutic link between the clinical manifestation and the proposed Samprapti.

THERAPEUTIC RATIONALE AND *SHATYADI CHURNA:*

The Chikitsa Sutra of Tamaka Shwasa can be understood primarily from its Vata-Kapha predominant Samprapti. Charaka recommends initial Snehana and Swedana, which facilitate Kapha Vilayana, Srotas Mardava and Vata Anulomana. When Kapha becomes sufficiently increased, Vamana is described for its elimination. For Tamaka Shwasa specifically, Virechana with Vata-Shleshma Hara measures is also mentioned.

The therapeutic sequence can therefore be represented as: Snehana → Swedana → Kapha Vilayana → Kapha Nirharana → Srotas Vishodhana → Vata Anulomana → Avihata Prana Vayu Gati.

Shatyadi Churna is described in Yogaratnakara, Purvardha, Shwasa Chikitsa, as a formulation indicated in Shwasa and Kasa. Its classical composition includes Shathi/Kachura, Bharangi, Vacha, Shunthi, Pippali, Maricha, Haritaki, Ruchaka Lavana, Kayaphala, Tejapatra, Pushkaramula and Karkatashringi. The formulation predominantly possesses Katu and Tikta Rasa, Laghu and Tikshna Guna and predominantly Ushna Virya, providing a classical rationale for Kapha Shamana, Srotoshodhana, Vata Anulomana and Kasa-Shwasa Hara action.

From the modern pharmacological perspective, several ingredients demonstrate potentially relevant activities. Kachura has been investigated for anti-inflammatory, antioxidant and preliminary bronchodilatory activity. Bharangi demonstrates reported anti-allergic, mast-cell stabilising, anti-inflammatory and antioxidant properties. Shunthi has anti-inflammatory and antioxidant potential.

Pippali is of particular interest because experimental studies involving piperlongumine have demonstrated effects on inflammatory-cell infiltration, Th2-associated cytokines, IgE, TNF-alpha, IL-6, mucus production and airway remodelling in experimental asthma models. Maricha and its major constituent piperine have similarly demonstrated anti-inflammatory and immunomodulatory effects in experimental allergic asthma, including effects on eosinophils, mast cells, IgE and histamine.

Haritaki, Pushkaramula, Kayaphala, Tejapatra and Karkatashringi provide additional antioxidant and anti-inflammatory potential, although the strength of direct evidence relating each individual drug to bronchial asthma varies considerably. The review therefore supports their consideration as components of a polyherbal therapeutic strategy rather than as independently established anti-asthmatic agents.

DISCUSSION:

The classical literature presents Tamaka Shwasa through an integrated model involving Dosha, Srotas, Gati and clinical manifestation. The central role assigned to Vata does not imply an isolated Vata disorder; rather, the disease is characterised by an interaction between Vata and Kapha. Kapha contributes to obstruction, while the obstructed Vayu develops abnormal movement. This reciprocal relationship provides a consistent explanation for the recurrent nature of the disease and for temporary relief following Kapha Vimokshana.

The pharmacological review of Shatyadi Churna reveals an interesting convergence between its classical properties and several biological activities reported for its constituent drugs. The predominant Katu, Tikta, Laghu, Tikshna and Ushna profile is consistent within the Ayurvedic framework with reduction of Kapha, facilitation of Srotoshodhana and support of Vata Anulomana. Modern experimental literature indicates that selected constituents may additionally influence inflammatory, allergic, oxidative and mucus-related pathways.

However, these pharmacological observations should not be equated with proof of clinical efficacy. Much of the available modern evidence is derived from isolated extracts, experimental models or individual phytoconstituents. The review itself identifies limited direct evidence for several ingredients and emphasises the requirement for further mechanistic, biomarker-based, safety and clinical investigations.

Thus, the principal research opportunity lies in evaluating the whole formulation, rather than assuming that the activity of individual ingredients automatically establishes the efficacy of Shatyadi Churna. Standardisation of the formulation, phytochemical profiling, dose-response studies, pharmacodynamic investigations and well-designed clinical trials are required to establish its therapeutic role.

CONCLUSIONS:

The review demonstrates that Tamaka Shwasa represents a well-developed clinical entity in classical Ayurvedic literature, characterised predominantly by Vata-Kapha interaction, Pratiloma Gati of Vayu, Srotorodha, recurrent Shwasa and characteristic relief following Kapha Vimokshana, sitting posture and Ushna. The descriptions of Charaka, Sushruta and Vagbhata are complementary and collectively provide a coherent understanding of its Samprapti and therapeutic principles.

Shatyadi Churna, described in Yogaratnakara for Shwasa and Kasa, possesses a predominantly Kapha Shamana, Srotoshodhana and Vata Anulomana-oriented classical profile. Modern pharmacological evidence provides preliminary support for anti-inflammatory, antioxidant, anti-allergic, immunomodulatory and airway-modulating activities of several constituent drugs. Nevertheless, the evidence is predominantly preclinical and cannot substitute for direct clinical evidence of the formulation. Future research should therefore integrate classical Ayurvedic parameters with validated clinical, functional, inflammatory and pharmacological outcome measures to scientifically evaluate the therapeutic potential of Shatyadi Churna in Tamaka Shwasa.

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