

Nidana Panchaka Of Tamaka Shwasa W.S.R. To Bronchial Asthma And The Role Of Diet And Yogic Practices In Its Management: A Review

Joydipa Nandi¹

¹Assistant Professor Department of Roga Nidan Evam Vikriti Vigyan Raghunath Ayurved Mahavidyalaya and Hospital (RAM&H) Contai, Purba Medinipur, West Bengal, India

CORRESPONDING AUTHOR

Dr. Joydipa Nandi

Assistant Professor, Department of Roga Nidan Evam Vikriti Vigyan Raghunath Ayurved Mahavidyalaya and Hospital (RAM&H) Contai, Purba Medinipur, West Bengal, India

Email: joydipanandi28@gmail.com

Cite this paper as Joydipa Nandi (2025) Nidana Panchaka Of Tamaka Shwasa W.S.R. To Bronchial Asthma And The Role Of Diet And Yogic Practices In Its Management: A Review. Journal of Neonatal Surgery, 14, (6s) 975-980

Acceptance 15 March 2025

Publicated 30 March 2025

ABSTRACT

Bronchial asthma is a chronic inflammatory respiratory disorder characterized by airway obstruction, bronchial hyperresponsiveness, and recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. In Ayurveda, bronchial asthma is closely correlated with Tamaka Shwasa, a type of Shwasa Roga described in classical Ayurvedic texts. Tamaka Shwasa mainly occurs due to vitiation of Vata and Kapha doshas, which results in obstruction of Pranavaha Srotas (respiratory channels) and leads to breathing difficulty. The Ayurvedic diagnostic framework known as Nidana Panchaka—including Hetu (causative factors), Purvarupa (prodromal symptoms), Rupa (clinical manifestations), Upashaya (relieving factors), and Samprapti (pathogenesis)—provides a systematic understanding of disease development. Modern treatment of bronchial asthma mainly focuses on pharmacological therapy; however, lifestyle modifications including dietary regulation and yogic practices have shown promising benefits in improving respiratory health. Ayurvedic dietary guidelines help prevent Kapha aggravation and maintain digestive balance, while yogic breathing techniques improve lung function and respiratory efficiency. The present review aims to analyze the Nidana Panchaka of Tamaka Shwasa with reference to bronchial asthma and highlight the role of diet and yoga in its management. Integrating Ayurvedic lifestyle principles with conventional therapy may provide a holistic and sustainable approach to the management of bronchial asthma,

Keywords: Tamaka Shwasa, Bronchial Asthma, Nidana Panchaka, Yoga, Diet, Ayurveda.

INTRODUCTION

Bronchial asthma is one of the most prevalent chronic respiratory disorders worldwide and significantly affects the quality of life of affected individuals. It is characterized by chronic inflammation of the airway, bronchial hyperresponsiveness, reversible airflow obstruction, and excessive mucus secretion within the respiratory tract. Clinically, patients commonly experience symptoms such as wheezing, dyspnea, chest tightness, and recurrent coughing episodes, particularly during nighttime or early morning hours. According to the World Health Organization, asthma affects more than 260 million people globally and remains a major cause of morbidity, hospital admissions, and healthcare burden across various populations [1].

The increasing prevalence of bronchial asthma has been associated with several environmental and lifestyle-related factors. Exposure to air pollution, allergens such as pollen and dust mites, tobacco smoke, occupational irritants, and recurrent respiratory infections significantly contribute to the onset and exacerbation of asthma symptoms. Although modern medical science provides effective pharmacological interventions, including bronchodilators, corticosteroids, and anti-inflammatory drugs to control symptoms and prevent acute attacks, long-term management requires preventive measures and lifestyle modifications to reduce disease recurrence and improve overall respiratory health.

In Ayurveda, respiratory disorders are described under the category of Shwasa Roga. Classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya describe five types of Shwasa: Mahashwasa, Urdhva Shwasa, Chinna Shwasa, Tamaka Shwasa, and Kshudra Shwasa [2]. Among these, Tamaka Shwasa closely resembles bronchial asthma in terms of its symptoms, etiology, and disease progression. Ayurveda explains the development and progression of diseases through the concept of Nidana Panchaka, which includes five diagnostic components: Hetu (causative factors), Purvarupa (prodromal symptoms), Rupa (clinical manifestations), Upashaya (relieving factors), and Samprapti (pathogenesis). Understanding these elements enables physicians to identify the root causes of the disease and formulate appropriate treatment strategies.

Furthermore, Ayurveda emphasizes the importance of Ahara (diet) and Vihara (lifestyle practices) in maintaining physiological balance and preventing disease progression. A balanced diet that reduces Kapha aggravation and supports digestive metabolism is considered beneficial in respiratory disorders. Yogic practices, particularly pranayama and specific asanas, have been reported to enhance pulmonary function, strengthen respiratory muscles, and improve oxygen exchange. Regular practice of yoga also helps reduce stress, which is recognized as a potential trigger for asthma exacerbations. Therefore, integrating Ayurvedic dietary principles and yogic practices with modern medical management may provide a comprehensive and holistic approach for the effective control of bronchial asthma.

AYURVEDIC CONCEPT OF TAMAKA SHWASA

Tamaka Shwasa is described in Ayurvedic literature as a significant respiratory disorder characterized by severe breathlessness, wheezing, cough, and chest tightness. It is classified under Shwasa Roga in classical Ayurvedic texts. According to Charaka Samhita, Tamaka Shwasa occurs when Kapha Dosha accumulates in the Pranavaha Srotas (respiratory channels) and obstructs the normal movement of Vata Dosha, leading to difficulty in breathing and respiratory distress [3]. The obstruction caused by Kapha results in impaired airflow, while aggravated Vata produces abnormal and forceful respiratory movements, ultimately manifesting as dyspnea and wheezing.

In the pathogenesis of Tamaka Shwasa, Kapha plays a key role by producing excessive mucus in the respiratory passages. This mucus accumulation blocks the airways and restricts the normal flow of air within the lungs. At the same time, aggravated Vata disturbs the physiological movement of air in the respiratory system, resulting in symptoms such as labored breathing, coughing, and chest tightness. The combined effect of Kapha obstruction and Vata aggravation leads to narrowing of respiratory passages and impaired ventilation.

Tamaka Shwasa is considered a Yasya Vyadhi in Ayurveda, which means that although the condition can be effectively controlled with proper treatment and lifestyle modifications, complete cure may be difficult. The symptoms of the disease are often aggravated by exposure to cold weather, dust, smoke, and environmental allergens. Dietary factors also play a significant role in the exacerbation of the disease. Consumption of Kapha-aggravating foods such as curd, cold beverages, oily foods, and heavy meals can worsen respiratory symptoms and increase mucus accumulation in the airways [4].

Patients suffering from Tamaka Shwasa frequently experience relief in an upright or sitting posture, whereas symptoms tend to worsen when lying down. This phenomenon is clinically comparable to orthopnea observed in bronchial asthma, where breathing difficulty increases in the supine position due to airway obstruction and mucus accumulation. Thus, the Ayurvedic description of Tamaka Shwasa closely correlates with the clinical presentation of bronchial asthma described in modern medicine.

NIDANA PANCHAKA OF TAMAKA SHWASA

In Ayurveda, the diagnosis and understanding of diseases are explained through the concept of Nidana Panchaka, which includes five components: Hetu (causative factors), Purvarupa (prodromal symptoms), Rupa (clinical manifestations), Upashaya (relieving or aggravating factors), and Samprapti (pathogenesis). This framework provides a systematic method for identifying the etiology, early signs, clinical features, and disease progression. In the context of Tamaka Shwasa, understanding the Nidana Panchaka helps in accurate diagnosis and planning appropriate management strategies [5].

Hetu (Causative Factors):

The causative factors responsible for Tamaka Shwasa include exposure to dust, smoke, cold climate, environmental pollutants, and allergens. Dietary habits also play a crucial role in the development of this disorder. Excessive consumption of Kapha-aggravating foods such as curd, cold beverages, heavy meals, oily foods, and incompatible food combinations may contribute to the accumulation of Kapha in the respiratory system. Additionally, suppression of natural urges, excessive physical exertion, and sedentary lifestyle may also disturb the equilibrium of Vata and Kapha doshas, initiating the disease process [6].

Purvarupa (Prodromal Symptoms):

Before the full manifestation of Tamaka Shwasa, certain prodromal symptoms may appear. These include mild cough, heaviness in the chest, throat irritation, reduced appetite, fatigue, and slight difficulty in breathing during exertion. These early symptoms indicate the beginning of Kapha accumulation in the Pranavaha Srotas and serve as warning signs for the

impending disease .

Rupa (Clinical Manifestations):

The characteristic clinical features of Tamaka Shwasa include severe breathlessness, wheezing sound during respiration, cough with sputum, chest tightness, and difficulty in breathing. Patients may also experience anxiety, fatigue, and discomfort due to inadequate oxygenation. The symptoms are often episodic and may worsen at night or in cold environments.

Upashaya (Relieving and Aggravating Factors):

Certain factors may relieve or aggravate the symptoms of Tamaka Shwasa. Warm drinks, herbal decoctions, steam inhalation, and sitting in an upright posture provide relief. In contrast, exposure to cold air, dust, smoke, and consumption of cold or heavy foods may aggravate the symptoms .

Samprapti (Pathogenesis):

The pathogenesis of Tamaka Shwasa involves the accumulation of Kapha Dosha in the Pranavaha Srotas, which obstructs the normal movement of air in the respiratory tract. This obstruction leads to aggravation of Vata Dosha, resulting in abnormal respiratory movements and difficulty in breathing. The combined effect of Kapha obstruction and Vata aggravation produces the classical symptoms of Tamaka Shwasa, including dyspnea, wheezing, and cough [7].

Table 1: Nidana Panchaka of Tamaka Shwasa

Component	Description
Hetu	Exposure to dust, smoke, cold air, heavy diet, curd, sedentary lifestyle
Purvarupa	Mild cough, throat irritation, chest heaviness
Rupa	Breathlessness, wheezing, cough with sputum
Upashaya	Relief with warm food, herbal decoction, steam inhalation
Samprapti	Kapha obstructs respiratory channels leading to aggravated Vata

Understanding Nidana Panchaka helps identify etiological factors and prevent disease progression.

Correlation of Tamaka Shwasa with Bronchial Asthma

Table 2: Comparative Features of Tamaka Shwasa and Bronchial Asthma

Feature	Tamaka Shwasa (Ayurveda)	Bronchial Asthma (Modern Medicine)
Etiology	Vata-Kapha vitiation	Allergens, infections, pollution
Pathology	Kapha obstruction in Pranavaha Srotas	Airway inflammation and bronchospasm
Symptoms	Dyspnea, wheezing, cough	Wheezing, breathlessness, cough
Aggravating factors	Cold weather, Kapha-increasing foods	Allergens, exercise, cold air
Relief factors	Warm substances, sitting posture	Bronchodilators, oxygen therapy

ROLE OF DIET IN THE MANAGEMENT OF TAMAKA SHWASA

Dietary regulation plays a crucial role in the management and prevention of Tamaka Shwasa, as emphasized in Ayurvedic principles. According to Ayurveda, improper dietary habits disturb the balance of Agni (digestive fire) and lead to the formation of Ama, which is considered a toxic metabolic by-product formed due to incomplete digestion. The accumulation of Ama in the body promotes the aggravation of Kapha Dosha, which in turn contributes to obstruction in the Pranavaha Srotas (respiratory channels) and results in respiratory disorders such as Tamaka Shwasa [8]. Therefore, maintaining proper digestion through appropriate dietary practices is essential in controlling the symptoms and preventing the recurrence of the disease.

Ayurveda recommends the consumption of light, warm, and easily digestible foods that help maintain digestive balance and prevent Kapha accumulation. Foods that possess Kapha-reducing and Agni-stimulating properties are particularly beneficial for patients suffering from respiratory disorders. Spices such as ginger (*Zingiber officinale*), black pepper (*Piper nigrum*), and turmeric (*Curcuma longa*) are commonly recommended because they improve digestion, reduce mucus formation, and help clear the respiratory passages. These substances act as natural expectorants and enhance the functioning of the respiratory system.

Another important dietary component mentioned in Ayurvedic texts is honey (Madhu), which is considered highly beneficial in respiratory conditions. Honey possesses Kapha-shamaka (Kapha-pacifying) and expectorant properties that help liquefy and expel mucus from the respiratory tract. It is often used as an adjuvant with herbal preparations to enhance their therapeutic efficacy in respiratory disorders.

On the other hand, Ayurveda strongly advises avoiding foods that aggravate Kapha Dosha. Such foods include cold beverages, curd, ice cream, fried foods, heavy meals, and excessive sweets, as they promote mucus accumulation and obstruct respiratory passages. Regular consumption of such foods may worsen the symptoms of Tamaka Shwasa and increase the frequency of respiratory distress. Therefore, adherence to proper dietary habits along with Ayurvedic treatment can significantly contribute to the effective management of Tamaka Shwasa and improve respiratory health.

ROLE OF YOGIC PRACTICES IN ASTHMA MANAGEMENT

Yogic practices have gained considerable attention as supportive therapeutic measures in the management of bronchial asthma. Yoga is a holistic discipline that integrates physical postures (asanas), breathing techniques (pranayama), and relaxation methods to improve both physical and mental well-being. In respiratory disorders such as asthma, yogic practices help improve lung function, strengthen respiratory muscles, and enhance oxygen exchange within the body [10].

Among the various yogic techniques, pranayama plays a particularly important role in improving respiratory efficiency. Controlled breathing practices such as Anulom Vilom (alternate nostril breathing), Bhramari pranayama, and Kapalabhati help regulate breathing patterns and increase lung capacity. These practices also improve the elasticity of lung tissues and promote better ventilation of the respiratory tract. Studies have shown that regular practice of pranayama can significantly improve pulmonary function parameters such as forced vital capacity (FVC) and peak expiratory flow rate (PEFR) in patients with bronchial asthma [11].

In addition to pranayama, certain yogasanas are beneficial in expanding the chest cavity and improving respiratory muscle strength. Postures such as Bhujangasana (cobra pose), Matsyasana (fish pose), and Dhanurasana (bow pose) help increase thoracic flexibility and improve breathing capacity. These asanas promote better oxygen circulation and enhance the efficiency of the respiratory system [12].

Another important aspect of yoga in asthma management is its ability to reduce stress and anxiety, which are recognized triggers for asthma attacks. Relaxation techniques such as meditation and yogic breathing help balance the autonomic nervous system and reduce sympathetic overactivity, thereby decreasing the frequency and severity of asthma exacerbations.

Therefore, regular practice of yoga, particularly pranayama and chest-expanding asanas, can serve as an effective complementary therapy in the management of bronchial asthma. When practiced consistently along with appropriate medical treatment and dietary regulation, yogic practices can significantly improve respiratory health and overall quality of life in individuals suffering from asthma.

Table 3: Yogic Practices Beneficial in Bronchial Asthma

Yogic Practice	Type	Benefit
Anulom Vilom	Pranayama	Improves airway ventilation
Bhramari	Pranayama	Reduces stress and improves breathing
Kapalabhati	Pranayama	Clears mucus from respiratory passages
Bhujangasana	Asana	Expands chest cavity
Matsyasana	Asana	Improves lung capacity
Dhanurasana	Asana	Strengthens respiratory muscles

Regular practice of pranayama improves pulmonary function and enhances oxygen exchange. Yoga also reduces

psychological stress, which is known to trigger asthma exacerbations.

DISCUSSION

The Ayurvedic concept of **Tamaka Shwasa** provides a comprehensive understanding of bronchial asthma through the framework of **Nidana Panchaka**, which includes Hetu (causative factors), Purvarupa (prodromal symptoms), Rupa (clinical manifestations), Upashaya (relieving factors), and Samprapti (pathogenesis). This diagnostic approach offers a systematic explanation of the origin and progression of the disease. According to Ayurvedic literature, Tamaka Shwasa primarily develops due to the vitiation of **Vata and Kapha doshas**, which leads to obstruction of the **Pranavaha Srotas** (respiratory channels). Kapha causes excessive mucus accumulation in the airways, while aggravated Vata disturbs the normal movement of air, resulting in breathing difficulty, wheezing, and cough. These features closely resemble the clinical manifestations of bronchial asthma described in modern medicine.

The Nidana Panchaka framework highlights the role of environmental, dietary, and lifestyle factors in the development of Tamaka Shwasa. Factors such as exposure to dust, smoke, cold weather, and allergens are considered major etiological contributors. Similarly, the intake of Kapha-aggravating foods like curd, cold beverages, heavy meals, and fried items can worsen respiratory symptoms by increasing mucus formation in the respiratory tract. These factors closely correlate with modern triggers of asthma, including environmental pollution, respiratory infections, and allergic reactions.

Ayurveda emphasizes preventive and supportive measures such as **dietary regulation (Ahara)** and **healthy lifestyle practices (Vihara)** for effective disease management. Proper dietary habits help maintain digestive fire (Agni) and prevent the formation of Ama, which is believed to contribute to Kapha aggravation and respiratory obstruction. Consumption of warm, light, and easily digestible foods along with spices such as ginger, black pepper, and turmeric can improve digestion and reduce mucus accumulation. These dietary modifications play an important role in preventing the recurrence and severity of asthma attacks.

Yogic practices also serve as an important complementary therapy in the management of bronchial asthma. Breathing techniques such as **pranayama** help improve lung ventilation, increase oxygen exchange, and strengthen respiratory muscles. Regular practice of pranayama and chest-expanding asanas has been shown to improve pulmonary function parameters and reduce the frequency of asthma exacerbations. Additionally, yoga helps reduce stress and anxiety, which are recognized triggers for asthma attacks.

Therefore, an **integrative approach** that combines Ayurvedic dietary guidelines, yogic practices, and modern medical therapy may provide a comprehensive strategy for managing bronchial asthma. Such a holistic approach not only focuses on symptom control but also addresses the underlying lifestyle and environmental factors responsible for the disease. By integrating traditional knowledge with modern medical understanding, it may be possible to improve treatment outcomes and enhance the overall quality of life for individuals suffering from bronchial asthma.

CONCLUSION

Tamaka Shwasa described in Ayurvedic literature shows a close correlation with bronchial asthma in modern medicine in terms of its symptoms, etiological factors, and pathophysiological mechanisms. The Ayurvedic concept of **Nidana Panchaka** provides a systematic framework for understanding the causation, early manifestations, clinical features, and progression of the disease. By identifying the underlying etiological factors and pathogenesis, this approach helps in developing appropriate preventive and therapeutic strategies. According to Ayurveda, the pathogenesis of Tamaka Shwasa mainly involves the vitiation of **Vata and Kapha doshas**, which leads to obstruction of the **Pranavaha Srotas** and results in respiratory distress. Kapha causes excessive mucus accumulation in the airways, while aggravated Vata disturbs the normal movement of air, producing symptoms such as breathlessness, wheezing, and cough. This explanation closely resembles the modern understanding of bronchial asthma. Ayurveda also emphasizes the importance of **Ahara (diet)** and **Vihara (lifestyle practices)** in maintaining respiratory health. Proper dietary regulation helps reduce Kapha aggravation and supports digestive balance, while yogic practices such as **pranayama and specific asanas** improve lung function and respiratory efficiency. Therefore, integrating Ayurvedic lifestyle principles with modern medical therapy may provide a holistic and sustainable approach for the effective management of bronchial asthma.

REFERENCES

1. World Health Organization. Asthma Fact Sheet. Geneva: WHO; 2023.
2. Agnivesha. Charaka Samhita. Varanasi: Chaukhambha Orientalia; 2014.
3. Sushruta. Sushruta Samhita. Varanasi: Chaukhambha Surbharati; 2015.
4. Vagbhata. Ashtanga Hridaya. Varanasi: Chaukhambha Sanskrit Series Office; 2016.
5. Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala. Varanasi: Chaukhambha Orientalia; 2014. (Chikitsa Sthana 17 – Shwasa Chikitsa).
6. Sushruta. Sushruta Samhita. Varanasi: Chaukhambha Surbharati Prakashan; 2015. (Uttara Tantra – Shwasa Roga).
7. Vagbhata. Ashtanga Hridaya. Varanasi: Chaukhambha Sanskrit Series Office; 2016. (Nidana Sthana – Shwasa

Nidana).

8. Sharma PV. Dravyaguna Vijnana. Varanasi: Chaukhambha Bharati Academy; 2015.
9. Singh V, Wisniewski A, Britton J, Tattersfield A. Effect of yoga breathing exercises on airway reactivity in asthma. *Lancet*. 1990;335:1381-3.
10. Sodhi C, Singh S, Dandona PK. Effect of pranayama training on pulmonary functions in bronchial asthma. *Indian J Physiol Pharmacol*. 2009;53:352-6.
11. Telles S, Singh N. Effect of yoga on respiratory disorders. *Int J Yoga*. 2012;5:79-83.
12. Barnes PJ. Asthma pathophysiology. *N Engl J Med*. 2008;359:2363-74..