



Case Study

A CASE REPORT ON TAMAK SWASA ON THE EFFECTIVENESS ON AYURVEDIC MEDICINE AND PANCHKARAMA IN CHILDREN

Parnika Singh^{1*}, N Sujatha²

*1PG Scholar, ²Professor and Head of the Department, Department of Kaumarbhritya, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, India.

Article info

Article History:

Received: 12-05-2025

Accepted: 16-06-2025

Published: 25-07-2025

KEYWORDS:

Tamak Swasa,
Vata kapha
prakopak,
Shamana
oushadies, Kunjal
kriya, Urovasti
Nadiswedan,
Panchkarma.

ABSTRACT

Tamak Swasa, a respiratory condition described in traditional Ayurvedic medicine, is characterized by chronic cough, wheezing, and shortness of breath. This case study explores *Tamak Swasa* in a paediatric population, analyzing its prevalence, symptomatology, and management strategies. Whereas in ayurveda it is considered mainly *Vata kapha prakopak*. Ayurvedic treatment primarily focus on symptom relief and slowing the progression through Conventional methods. **Objectives-** To assess the effectiveness of integrated treatment approach in the management of *Tamaka swasa* using *Shamana oushadies* and *Kunjal kriya* in children. **Methods-** The 5 year old patient came to Kaumarbhritya OPD of PACH, Haridwar with complaints of recurrent attacks of severe cough and cold more in nights with attacks of dyspnoea since 2021. Parents approached child specialist who prescribed antibiotics, antiallergic, inhaler initially but he got no relief. Here we treated him with Ayurvedic medicines like *Swasari* and *Mulethi kwath*, *Swasari vati*, *Laxmivilas ras* and *Shad bindu tail* for *Nasya* along with mild form of *Kunjal kriya* (medicated water with salt + fennel) followed by *Urovasti & Nadiswedan* for 7days. **Result -** Patient showed significant relief symptomatically and his steroid inhalers were stopped completely after this *Panchkarma* therapy. **Conclusion-** The case study highlights the relevance of Ayurvedic medicine and therapies in managing *Tamak Swasa* in children. The integration of Ayurvedic practices demonstrated effective symptom control and improvement in respiratory function. This approach underscores the potential for incorporating traditional medicine in paediatric care, offering a complementary strategy for managing chronic respiratory conditions.

INTRODUCTION

Ayurvedic medicinal drug, *Swasa Roga* refers to a institution of conditions that contain difficulty in respiration. in accordance to the Charaka Samhita, specifically inside the Chikitsa Sthana 17, five sorts of *Swasa* are described: *Kshudra Swasa*, *Maha Swasa*, *Chinna Swasa*, *Urdhva Swasa*, and *Tamak Swasa*.^[1] *Tamak Swasa* is taken into consideration the maximum continual, and its signs are similar to those visible in modern-day bronchial allergies.

Bronchial allergies is now visible is long time inflammatory condition affecting the lower airways.^[2]

it is a varied sickness that includes ongoing infection in the airways and elevated sensitivity to stimuli. it's far a heterogenous diseases and hyper responsiveness.^[3]

Pathogenesis (Samprapti) of Tamak Shwasa

Tamak Shwasa occurs when the vitiated *Vata* moves in the opposite direction, known as *Pratiloma Gati*, within the *Pranavaha Srotas*, which are the respiratory channels. This abnormal movement causes stimulation of *Kapha*, leading to the accumulation of both *Vata* and *Kapha* in the head and neck area, specifically in *Shira* (head) and *Greeva* (neck). The combination of these two aggravated doshas results in airway blockage, called *Margavarodha*, which causes breathing difficulties similar to the bronchial constriction seen in asthma. This leads to narrowing of the airways.^[1]

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v12i3.2109>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Clinical Features^[4]

Patients with *Tamak Swasa* show symptoms similar to bronchial asthma, including: *Peenasa* (runny nose), *Ghurghuraka* (wheezing).

A lot of coughing, which causes tiredness and provides some relief when they can cough up phlegm.

signs and symptoms of *Tamaka Shwasa* are very much like those of bronchial asthma. These symptoms are common in children and usually involve repeated episodes of coughing and wheezing. They are also often linked with difficulty in breathing, a feeling of tightness in the chest, and an inability to keep up with physical activities.

Case Report**Chief Complaint**

C/O - Frequent cough and cold from frequent severe bouts of cough in nights and playing since 3 months acute breathlessness from 5 days.

Associated Complaints: Disturbed sleep, poor appetite, poor weight gain

Past History

H/O Past illness- Respiratory infections and respiratory distress off and on since 2021.

Family history - Father had covid infection in 2021.

Birth history - Normal vaginal delivery, cry immediate after birth

Immunization history- Completed till date.

H/O Present Illness

The patient named XYZ has presented in OPD with complaints of recurrent attacks of severe cough, more in nights with dyspnoea since 2021.

Frequency of attacks - Everyday with duration upto 3 to 5 hours.

His parents approached Paediatrician, who prescribed antibiotics, antiallergics and Inhalers- Budecort and Levosalbutamol, initially for 1 month and later extended for 3 months to 1 year, and later for an indefinite period.

The episodes used to subside temporarily but the child did not show complete relief.

H/O recurrent hospitalisations was also present.

Progressively the attacks became frequent inspite of medications, and also got severe and worse in intensity which also affected his sleep, appetite and physical growth, and schooling also.

Parents with utter frustration and great hope came to Patanjali Ayurvedic Hospital.

Personal history**Table 1: Personal history**

Name -XYZ	Diet- Vegetarian
Age - 5 yrs	Sleep - Disturbed
Sex- Male	Appetite- Decreased
Occupation- School student	Bowel habit- Once in a day
Vaya- Balavyastha	Micturation- 5-6 times approximately
Height- 103 cm	Weight- 21 kg

Table 2: Ashtasthana Pareeksha

Nadi - Vataja	Shabdha- Vikrita
Mala - Samanya	Sparsha - Prakrit
Mutra - Samanya	Drik - Prakrit
Jihva - Lipta	Akriti - Krisha

Table 3: Dashavidha Pareeksha

Prakriti - vata - Pittaja	Satmya- Katu- Lavana Rasa Satmaya
Vikriti- Kaphaja - Vataja	Aahar shakti - Avara Jaran Shakti - Avara
Sara - Madhyam	Vyayama Shakthi- Madhyama
Samhanan - Madhyam	Bala - Balyavastha
Satva - Avara	

Systemic Examination

CNS - Conscious / Oriented

Power -5/5 in all four limbs

Higher mental functions within normal limits.

CVS - S1-S2 normal, No murmur present

GIT - Soft and non-tender

Respiratory System Examination**Inspection**

Shape of the chest- Normal

Symmetry of chest- B/L symmetrical

Type of respiration- Thoraco - Abdominal

Palpation

Position of trachea - In the midline central

Localized tenderness - Absent

Auscultation

Breath sounds - B/L Severe expiratory wheezes +nt

Investigations

AEC- 680 cumm (28-12-2023)

Treatment Protocol**Table 4: Treatment Protocol (18 Dec -25 Dec 2024)**

Panchakarma	Duration	Observation
1. <i>Kunjla kriya</i> in mild form (medicated water with salt + fennel seeds)	1 Day	Expulsion the <i>Kapha dosha</i> along with <i>Pitta</i> .
2. <i>Sarvanga Abhyanga</i> - Mahanarayan Taila	7 Days	Lightness in the chest helps in loosening mucus and alleviates the <i>Pratiloma Vayu</i> .
3. <i>Nadi sweda</i> - Dashmool Kwatha	7 Days	Reduces chest congestion, by liquifying tenacious <i>Kapha dosha</i> . Improves expectoration.
4. <i>Uro Vasti</i> - Saindhavadi Taila	7 Days	Promote relaxation of the chest muscles viz, intercostal as well as bronchiolar smooth muscles (which reverses the <i>Gati</i> of <i>Prana vayu</i> i.e., <i>Pratiloma</i> to <i>Anuloma</i> direction. Decrease their hyperresponsiveness.

Above therapy was followed by *Shamana* medications.

Swasari + *Mulethi kwath* -20 ml twice a day empty stomach for 14 days.

Cap Swasari Gold (500mg) -1/2 capsule twice a day BBF for 1 month.

Laxmivillas rasa and *Sanjeevani vati*- 1 tab each BD after meal for 1 month.

Shadbindu Taila for *Nasya* - 2 drops in each nostril at night for seven days.

Assessment Criteria Before and After Treatment**Table 5: Assessment Criteria**

Symptoms	Before Treatment	After Treatment
Severe bouts of dry cough in nights.	Multiple (5-6 times requiring daily inhalers)	Only 1-2 with low intensity subsiding with hot sips of lukewarm water. No inhalers were used.
Worsening symptoms in nights	Sleepless nights	Good sound sleep
Limitations of activity	Playing and schooling reduced	Normal play and school going
Frequent cough and cold	Severe intensity no cough cold	
Wheezing	High pitched bilateral wheezes	No wheeze
Use of bronchodilators	2-4 puff / day	No requirement
Absolute eosinophil count	680 cumm	Not done

DISCUSSION

This case record suggests how Ayurvedic medication and *Panchakarma* treatments may be useful in managing *Tamak Swasa*, that is a type of bronchial asthma in kids. The baby is a five-yr-old boy who has been having repeated attacks of bloodless, excessive cough at night, and extreme problem in respiration, especially at night, due to the fact 2021. Even after taking many guides of Western drug treatments like antibiotics, antiallergics, and inhalers, there became little or no long-time period development. This indicates that conventional remedies might not be sufficient for allergic bronchial asthma and different long-time period breathing issues in children.

In Ayurveda, *Tamak Swasa* is visible as a long-term respiration difficulty that receives worse suddenly, mainly due to the frame's *Vata* and *Kapha*

doshas turning into out of balance. In this case, the remedy followed Ayurvedic standards, which includes *Shodhan* (like *Kunjla kriya*) and *Shaman chikitsa*, which concerned both taking oral drug treatments and present process unique Ayurvedic approaches like *Panchakarma*.

Using *Panchakarma* in children, when done carefully and properly, seems to be both safe and helpful. It helps fix wrong immune and metabolic functions and supports long-term control of ongoing health issues.

CONCLUSION

The child was administered classical Ayurvedic formulations such as:

- ***Swasari* and *Mulethi Kwath***- Known for their expectorant and bronchodilator effects.

- **Swasari Vati and Laxmivilas Ras-** Traditionally used in respiratory disorders to improve lung function and immunity.
- **Shadbindu Tail Nasya-** To clear nasal passages and balance the doshas in the head region.

Moreover, a mild form of *Kunjali Kriya* (healing emesis) and one sitting of *Panchakarma* therapy were blanketed to put off pollution and restore balance.

There after the patient showed substantial comfort and his Inhalers were stopped completely and put on Ayurvedic drugs most effective. The affected person has been an everyday month-to-month comply with up seeing that then.

The dependence on inhalers become absolutely stopped, and the frequency and depth of respiration assaults have been substantially decreased. This simply suggests the effectiveness of Ayurveda not best in symptomatic control but also in lowering the need for long-time period traditional medicines, which frequently come with aspect consequences in children. This situation helps the idea that Ayurvedic management: Can serve as an integrative approach, specially whilst traditional medication does no longer offer first-rate effects. *Vamana Karma* within the form of modified *Kunjali kriya* was achieved to expel the Kapha dosha, the principle culprit *Dosha* in *Tamaka Shwasa*. *Sarvang Abhyanga* with *Mahanarayana Taila*,

Nadi sweda (Dashamoola kwath) helps in loosening mucus and alleviates the *Pratiloma Vayu*.

URO *Vasti* with *Saindhavadi taila* promote relaxation of the chest muscular tissues viz, intercostal in addition to bronchiolar clean muscle groups and reduce their hyperresponsiveness.

Swasari gold is a *Shamana* and a *Rasayana* components, which corrects the allergic immune responses and decrease the assaults of asthma.

REFERENCES

1. Pandey Pt. Kashinath and Chaturvedi Dr. Gorakhnath, Hindi commentary on Charaka Samhita (2009 Ch. Hikka shwas chikitsa adhaya, pg 459-467. Chaukhamba Bharati Academy Publication, Varanasi.
2. Suraj Gupte, The Short Textbook of Paediatrics 11th Edition Pg No.- 334 Ch- 21 Pediatric Pulmonology.
3. UG Textbook of Paediatrics Piyush Gupta First Edition 2023 Ch -21 Pg-614-615.
4. Madhava Nidana of Madhava kara with The Madhukosha Sanskrit Commentary By Shree Vijayarakshita and Shrikanthadatta with The vidyotini Hindi Commentary Ch - 12 Hikka swasa nidanam Pg -267-269.

Cite this article as:

Parnika Singh, N Sujatha. A Case Report on Tamak Swasa on the Effectiveness on Ayurvedic Medicine and Panchkarma in Children. AYUSHDHARA, 2025;12(3):141-144.

<https://doi.org/10.47070/ayushdhara.v12i3.2109>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Parnika Singh

PG Scholar,

Department of Kaumarbhritya,

Patanjali Bhartiya Ayurvedigyan

Evam Anusandhan Sansthan,

Haridwar

Email:

parnikasinghaipget@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.