

Ayurvedic Approach in Childhood Asthma W.S.R. To Tamakashwasa: A Review Article

¹Dr. Shirke Sourabh Sitakant, ²Prof. Ram Kumar Bhamu, ³Dr. Piyushika Sharma

¹PG Scholar, ²Professor and Head of Department, ³Lecturer

¹Department of Kaumarbharitya,

¹Madan Mohan Malviya Govt Ayurved College and Hospital Udaipur, Raj. India

Date of Submission: 25-01-2026

Date of Acceptance: 05-02-2026

ABSTRACT

Childhood Bronchial Asthma is a leading chronic respiratory disorder that significantly affects health growth and quality of life. Modern science links its development to genetic factors environmental exposures immune imbalance and altered gut–lung interaction. Ayurveda correlates the condition with TamakaShwasa involving Vata-Kapha vitiation impaired Agni and Srotas obstruction. Ayurvedic measures such as Snehana, Swedana, Vamana, Virechana and Rasayana aim to reduce recurrence and enhance respiratory strength. Integrating evidence-based Ayurvedic interventions with modern pediatric care may improve outcomes and support long-term management in children.

Keywords: Childhood Asthma, TamakaShwasa, Vata-Kapha imbalance, Ayurveda, Panchakarma, Gut–Lung Axis.

I. INTRODUCTION

Bronchial Asthma is one of the most prevalent chronic respiratory disorders in children characterized by recurrent episodes of wheezing, breathlessness, chest tightness and cough particularly at night or in the early morning⁽¹⁾. It is a major cause of morbidity worldwide with increasing incidence in both developed and developing countries. In children Asthma not only impairs quality of life but also affects growth, school performance and psychological well-being. Childhood Asthma is among the most common cause of childhood emergency department visits, hospitalizations and missed school days⁽²⁾.

The most common type of childhood Asthma is chronic Asthma associated with allergies that persists in later childhood and often early adulthood. There is reduced lung growth and progressive decline of lung function.

From the perspective of Ayurveda, Bronchial Asthma can be correlated with TamakaShwasa, a subtype of ShwasaRoga described in classical texts. Acharyas have elaborated that vitiation of Vata and KaphaDoshas

plays a predominant role in the manifestation of symptoms while PranavahaSrotas dysfunction underlies the pathogenesis⁽³⁾. The condition is often recurrent and chronic closely resembling the clinical picture of childhood Asthma. Ayurveda not only provides a detailed understanding of its etiology (Nidana), pathogenesis (Samprapti) and symptomatology (Lakshana) but also emphasizes preventive measures, lifestyle modifications, dietary guidelines and therapeutic interventions for sustainable management.

In recent years there has been growing interest in integrative approaches that combine modern pediatric care with Ayurvedic principles. Herbal medicines, Panchakarma therapies and Rasayana interventions have shown potential in reducing frequency and severity of Asthmatic episodes, enhancing immunity and improving overall quality of life⁽⁴⁾. Different types of Yoga and Pranayama exercises can be considered in managing Bronchial Asthma⁽⁵⁾. Hence a review of Ayurvedic perspective of Asthma is essential.

Aims and Objectives

1. To analyze childhood Bronchial Asthma using modern pediatric concepts and Ayurvedic principles with a focus on etiology pathophysiology and clinical features.
2. To evaluate the therapeutic relevance of Ayurvedic interventions and to assess their potential role in integrative management of childhood Asthma.

Epidemiology

Globally Asthma ranks 28th among the leading causes of disease burden and 16th among the leading causes of years lived with disability. In India the prevalence of Bronchial Asthma among children aged 5–11 years is estimated to be between 10% and 15%⁽⁶⁾.

Etiology⁽⁷⁾

The development of childhood Asthma is multifactorial involving genetic, environmental and immunological factors. The major etiological contributors include:

1. Genetic predisposition – Family history of Asthma, atopy or allergic diseases significantly increases risk.
2. Atopy and immune dysregulation – Overactive immune response with elevated IgE levels predisposes children to hypersensitivity.
3. Environmental allergens – Exposure to dust mites, pollen, animal dander, molds and cockroach allergens can trigger airway inflammation.
4. Respiratory infections – Early-life viral infections particularly by respiratory syncytial virus (RSV) and rhinovirus are strongly associated with later Asthma development.
5. Air pollution and irritants – Exposure to tobacco smoke, industrial pollutants, biomass fuel and indoor air pollution increases susceptibility.
6. Perinatal and early life factors – Low birth weight, prematurity, maternal smoking during pregnancy and cesarean delivery are linked to higher risk.
7. Dietary and lifestyle factors – Lack of breastfeeding, vitamin D deficiency, obesity and sedentary lifestyle may contribute to disease onset.
8. Psychosocial stress – Chronic stress and adverse childhood experiences can exacerbate airway inflammation and Asthma expression.

According to Ayurveda⁽⁸⁾

1. Aharaja (Dietary factors) – Intake of Guru (heavy), Snigdha (unctuous), Abhişyandi (obstructive), Ati-Sheeta (excessively cold) and Kapha-Pravardhaka Ahara like curd, milk products, fried food, bakery items and excess sweets.
2. Viharaja (Lifestyle factors) – Daytime sleep, lack of physical activity, excessive exposure to cold, damp or dusty environment and suppression of natural urges (Vegadharana).
3. Praduşaka (Environmental factors) – Exposure to dust, smoke, fumes, pollen and sudden climatic changes aggravating Kapha and Vata.
4. Bija-doşa (Genetic predisposition) – Familial tendencies or inherited constitution (Prakṛiti) that increase susceptibility to Kapha-Vata disorders.
5. Roga-pravṛtti Karaṇa (Precipitating factors) – Repeated respiratory infections, indigestion

(Ajirṇa), weak digestion (MandaAgni) and accumulation of Ama leading to obstruction in respiratory channels.

6. Manasa (Psychological factors) – Stress, fear and anxiety that vitiate Vata and further disturb the balance of Prana Vayu.

Pathophysiology

Gut–Lung Axis Theory⁽⁹⁾

Recent studies highlight the bidirectional interaction between the gut and respiratory system, termed the Gut–Lung Axis. The intestinal microbiota plays a crucial role in shaping immune responses. Dysbiosis in the gut leads to impaired regulatory T cell function and altered production of short-chain fatty acids that are vital for maintaining immune tolerance. This results in systemic inflammation, increased Th2 activity and hypersensitivity of the airways. Factors such as antibiotic use, low-fiber diet and lack of breastfeeding contribute to gut dysbiosis that predisposes children to Asthma development.

AyurvedaSamprapti of Childhood Asthma⁽¹⁰⁾

KaphapradhanVayu vitiates and spreads in the whole chest region as well as obstructs Pranava, Annava and UdakvahaStrotas and leads to development of Shwasa Roga.

Symptoms^(11,12):

1. Cough

Modern: Recurrent, often worse at night or early morning.

Ayurveda: Ati Kasa – frequent coughing, more troublesome during night.

2. Wheezing

Modern: Whistling sound during breathing, especially on expiration.

Ayurveda: Ghurghuraka – noisy, wheezing-type breathing.

3. Breathlessness (Dyspnea)

Modern: Shortness of breath, difficulty in breathing during attacks.

Ayurveda: Shwasa Kashtata – labored and obstructed breathing.

4. Chest Tightness / Discomfort

Modern: Sensation of pressure or heaviness in the chest.

Ayurveda: Urasabaddhata – tightness and heaviness of chest region.

5. Exertional Symptoms

Modern: Breathlessness or cough triggered by exercise or play.

Ayurveda: ShudraShwasa – breathlessness occurring even with mild exertion.

6. Nocturnal Aggravation

Modern: Symptoms typically worsen at night or early morning, disturbing sleep.

Ayurveda: RatriPravridhi – attacks more severe during nighttime.

7. Relief After Expectoration

Modern: Some relief after coughing up mucus.

Ayurveda: KasaShwasa Nivritti – relief after expelling phlegm.

8. Paroxysmal Attacks

Modern: Sudden episodes of worsening cough, wheezing, and breathlessness.

Ayurveda: VegaVridhi – sudden aggravation or intensification of Shwasa.

9. Postural Relief

Modern: Children prefer to sit upright, leaning forward, to ease breathing.

Ayurveda: UttanasanaSukha – relief experienced in sitting posture.

Treatment:

Nidana Parivarjana

The patient should avoid known causative factors such as house dust, smoke, fumes, Kapha-aggravating food, cold food and Shwasa-aggravating medicines. NidanaParivarjana is particularly useful in preventing diseases like Tamaka Shwasa.

Treatment Principle

In patients with Kapha predominance and good strength, the vitiated Doshas should be eliminated through Vamana and Virechana. Prior to Vamana, Swedana is done using NadiSweda, PrastarSweda or SankarSweda. Afterwards, the patient should follow wholesome diet and lifestyle measures, and later be treated with Shwasa-relieving Dhoomapana, Avaleha, and other suitable formulations.

In patients with Vata predominance who are weak, children or elderly, Vata should be pacified using Vatanashaka drugs, Tarpana, Sneha, Yusha, meat soup and Brimhana therapy. For Shwasa patients with a dry body constitution and complaints of dryness in chest, throat and palate, treatment with Ghrita (medicated ghee) is advised.

1. Snehana⁽¹³⁾

Principle: Counteract VataDosha and loosen adhered Kapha from respiratory channels.

Types:

AbhyantaraSnehanana (internal oleation with Ghrita or medicated oils like Dashmooladi Ghrita⁽¹⁴⁾, Tejovatyadi Ghrita⁽¹⁵⁾).

BahyaSnehana (external massage with LavanaYukta Tila Taila)⁽¹⁶⁾.

Rationale in Asthma:

Lubricates respiratory passages.

Helps in KaphaVilayana (liquefying mucus).

Reduces Vata-Kapharesponsible for spasmodic bronchoconstriction.

2. Swedana (Sudation Therapy)

Principle: Heat therapy that dilates channels, melts aggravated Kapha and relieves Vata-induced spasm.

Forms useful in Childhood Asthma:

Nadi Sweda, Sankara Sweda, Prastara Sweda⁽¹⁷⁾.

Benefits:

Helps expectoration of thick mucus.

Reduces chest tightness and wheezing.

Provides comfort in breathlessness.

Precaution: Gentle localized Swedana should be used in children avoiding excess heat to prevent dehydration or fatigue.

3. Vamana (Therapeutic Emesis)⁽¹⁸⁾

Principle: Main therapy for Kapha-Pradhana. It eliminates excess Kapha from UrdhwajatrugataSrotas (respiratory channels).

Indication: In children with recurrent Asthma, chronic productive cough and heavy phlegm load (only in selected age and strength after proper assessment).

Vamana Yoga:

Pippali Churna, Saindhav, Madhu and Madanphala.

Benefits

Clears mucus plugs.

Improves airway patency.

Reduces recurrence of Asthma attacks.

4. Virechana (Therapeutic Purgation)⁽¹⁹⁾

Principle: Eliminates Pitta-Kapha dosha from Adhobhaga thereby balancing Kapha-Vata and reducing systemic inflammation.

Dravyas:

Trivrit, Aragvadha, Draksha, Haritaki, Eranda Taila.

Benefits in Childhood Asthma:

Reduces allergic and inflammatory load.

Prevents recurrence of acute attacks by pacifying Pitta-Kapha.

Improves digestion and metabolism reducing Ama (which blocks Srotas).

5. Dhoomapana (Medicated Smoke Inhalation)

Principle: Direct inhalation of herbal smoke clears Kapha lodged in Urdhwajatrugata Srotas.

Herbs Used: Haridra, Vacha, Pippali, Agaru, Jatamansi, Guggulu⁽²⁰⁾.

Types:

Shamana Dhoomapana (palliative smoke for regular use).

Shodhana Dhoomapana (stronger expelling smoke – generally avoided in small children).

Benefits in Childhood Asthma:

Clears nasal and Bronchial passages.

Reduces frequency of cough and wheezing.

Caution: Should be very mild in children—fumigation around the bed or inhalation of medicated vapors is preferred over direct smoking.

6. Manasik Upchara⁽²¹⁾:

Cold Water shower on head, Trasa, Vismapana, Bhaya, Krodha, Harsha.

7. Internal medication⁽²²⁾:

ShringyadiChurna⁽²³⁾, MallaSindur,
 AbhrakBhasma, GuduchyadiKwath⁽²⁴⁾,
 ShwasKutharRasa⁽²⁵⁾, VasaAwaleha⁽²⁶⁾.

Table no 1: Summary of Panchkarma Procedures

Name of procedure	Ayurveda perspective	Modern perspective	Drugs Used
Snehana	Pacifies VataDosha and liquefies adhered Kapha in respiratory Srotas.	Lubricates airways, mobilizes mucus and reduces bronchial spasm.	DashmooladiGhrita, TejovatyadiGhrita, Lavana Yukta Tila Taila.
Swedana	Dilates Srotas, melts aggravated Kapha and relieves Vata-induced obstruction.	Heat therapy improves circulation, aids expectoration and reduces wheeze.	Nadi Sweda, Sankara Sweda, Prastara Sweda.
Vamana	Eliminates excess Kapha fromUrdhwajatrugataSrotas	Clears mucus plugs and improves airway patency	Pippali Churna, Saindhava, Madhu; Madanphala.
Virechana	Expels Pitta–Kapha from Adhobhaga and reduces Ama.	Reduces allergic inflammation and improves digestion and metabolism.	Trivrit, Aragvadha, Draksha, Haritaki, Eranda Taila.
Dhoomapana	Removes Kapha from UrdhwajatrugataSrotas using medicated fumes.	Acts as mild inhalational therapy aiding airway clearance.	Haridra, Vacha,Pippali, Agaru, Jatamansi, Guggulu.

II. DISCUSSION

Childhood BronchialAsthma is a significant global health concern due to its chronicity recurrent episodes and impact on growth, psychological well-being and daily functioning. Modern pediatrics recognizes Asthma as a multifactorial disorder involving genetic susceptibility environmental exposures immune imbalance and early life influences. The Gut–Lung Axis emphasizes the link between gut dysbiosis reduced immune tolerance and heightened airway inflammation which aligns with the need for more holistic approaches.

The Ayurvedic description of TamakaShwasa closely parallels modern understanding. Vitiation of Vata and Kapha

obstruction of PranavahaSrotas and accumulation of Ama correspond with bronchospasm mucus plugging and chronic inflammation. Etiological factors such as heavy Kapha-producing diet sedentary lifestyle exposure to cold or dust and psychological stress mirror contemporary triggers. This similarity highlights the relevance of integrating Ayurvedic concepts into pediatric Asthma care.

Ayurvedic management focuses on NidanaParivarjana dosha balancing detoxification and enhancing respiratory strength. Therapies like Snehana,Swedana,Vamana and Virechana aim to clear Kapha normalize Vata and restore airway patency which conceptually align with reducing airway inflammation and improving secretion

clearance. Supportive measures including medicated Ghrita mild herbal fumigation Rasayana therapy and stress-reducing practices may improve respiratory resilience when applied appropriately in children.

Both systems acknowledge the influence of emotional stress on disease severity. Integrating relaxation breathing practices and supportive counseling complements physical treatments. Thus, combining modern pharmacotherapy with Ayurveda-based lifestyle guidance and preventive strategies can offer better long-term control and improve quality of life in children with Asthma.

III. CONCLUSION

Childhood Bronchial Asthma remains a major cause of morbidity and its rising prevalence calls for comprehensive management strategies. Modern views on immune dysregulation environmental triggers genetic factors and airway inflammation parallel Ayurvedic concepts of Vata-Kapha imbalance impaired Agni and Srotas dysfunction. Ayurveda offers holistic tools including diet regulation lifestyle modification Panchakarma procedures and Rasayana therapies that support immunity and reduce recurrence. An integrative approach that uses strengths of both systems can enhance symptom control reduce frequency of attacks and promote long-term well-being in affected children. Further research especially in the pediatric age group is essential to validate classical Ayurvedic interventions and develop standardized integrative protocols.

REFERENCES:

- [1]. Kliegman RM, Joseph W. Childhood Asthma. In: Nelson Textbook of Pediatrics. 22nd ed. Philadelphia: Elsevier; 2020. p. 1387.
- [2]. Kliegman RM, Joseph W. Childhood Asthma. In: Nelson Textbook of Pediatrics. 22nd ed. Philadelphia: Elsevier; 2020. p. 1387.
- [3]. Tripathi B. Charaka Samhita. Vol 2. Varanasi: Chaukhambha Surbharati Prakashan; 2009. Chikitsa Sthana, Chapter 17.
- [4]. Meena MS, Singh D, Sharma R, An Integrative Analysis of Tamaka Svasa and Bronchial Asthma: Bridging Ayurveda and Modern Medicine. J Ayu Int Med Sci. 2025;10(10):113-120.
- [5]. Chhaya N, Sunanda R P, Mohit B. Assessment of Significance of Yoga on Quality of Life in Asthmatic Patients. Int J Pul & Res Sci. 2025; 7(5): 555722. DOI: 10.19080/IJOPRS.2025.07.555722
- [6]. Kliegman RM, Joseph W. Childhood Asthma. In: Nelson Textbook of Pediatrics. 22nd ed. Philadelphia: Elsevier; 2020. p. 1387.
- [7]. Kliegman RM, Joseph W. Childhood Asthma. In: Nelson Textbook of Pediatrics. 22nd ed. Philadelphia: Elsevier; 2020. p. 1388.
- [8]. Tripathi B. Charaka Samhita. Vol 2. Varanasi: Chaukhambha Surbharati Prakashan; 2009. Chikitsa Sthana, Chapter 17.
- [9]. Yang Z, Mao W, Wang J, Yin L. The gut-lung axis in Asthma: microbiota-driven mechanisms and therapeutic perspectives. Front Microbiol. 2025 Oct 28;16:1680521.
- [10]. Tripathi B. Charaka Samhita. Vol 2. Varanasi: Chaukhambha Surbharati Prakashan; 2009. Chikitsa Sthana, Chapter 17.
- [11]. Kliegman RM, Joseph W. Childhood Asthma. In: Nelson Textbook of Pediatrics. 22nd ed. Philadelphia: Elsevier; 2020. p. 1389.
- [12]. Tripathi B. Charaka Samhita. Vol 2. Varanasi: Chaukhambha Surbharati Prakashan; 2009. Chikitsa Sthana, Chapter 17.
- [13]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 426. Chapter 17.
- [14]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 434. Chapter 17.
- [15]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 435. Chapter 17.
- [16]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 426. Chapter 17.
- [17]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 426. Chapter 17.
- [18]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 428. Chapter 17.



- [19]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 428. Chapter 17.
- [20]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 427. Chapter 17.
- [21]. Agnivesha. Charaka Samhita. In: Shukla AV, Tripathi RD, editors. Delhi: Chaukhamba Sanskrit Pratishthan; p. 434. Chapter 17.
- [22]. Rohit Kumar Ray, Rashmisnata Dash, Sujeet Kumar. Management of Bronchial Asthma Through Herbo-Mineral Drugs. AYUSHDHARA, 2024;11(3):46-48
- [23]. Yogaratnakar Vidyotini Hindi tika by Vaidhya Shrilakshmi patishastri, Chaukhambha prakashan page no.432, verse-2
- [24]. Kaviraj shree Ambikadattashastry Ayurved acharya, Bhaishajya ratnavali, page no-81, verse 127.
- [25]. Yogaratnakar Vidyotini hindi tika by Vaidhya Shrilakshmi patishastri Chaukhambha Prakashan page no 435 verse1-5.
- [26]. Bhaishajya ratnavali by Kaviraj Sri Ambikadatta Sastry, Chaukhamba Prakashan, Varanasi page no.414 verse 44.