

Integrative Role of *Pranayama* in the Ayurvedic Management of *Tamaka Shwasa*: A Critical Review of *Shamana*, *Shodhana*, and *Rasayana* Therapies

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ABSTRACT

Tamaka Shwasa (Bronchial Asthma) is a chronic, recurring airway inflammatory disease, blamed in Ayurveda on *Vata* and *Kapha dosha* vitiation. Although existing management revolves around corticosteroids and bronchodilators, holistic medicine is gaining popularity as it has long-term safety and systemic action. *Pranayama* (regulated respiration) is gaining recognition with increased pulmonary efficiency and mental poise. The present narrative review endeavoured to critically analyse the integrative effectiveness of *Pranayama* combined with Ayurvedic modalities *Shamana* (palliative treatment), *Shodhana* (purificatory) and *Rasayana* (rejuvenation) in the management of *Tamaka Shwasa* based on a wide range of classical texts and modern research. A total of 21 articles comprising clinical trials, conceptual models and case reports were chosen based on their applicability to the integrative use of *Pranayama* in combination with Ayurvedic treatments. Literature was searched through indexed journals between 2004 and 2025, highlighting clinical outcomes like Peak Expiratory Flow Rate (PEFR), eosinophil count, symptomatic relief and patient-reported relief. The review substantiates uniform positive trends, particularly in multi-therapy protocols combining *Vamana karma* (emesis), *Pippali Rasayana*, *Shringyadi Churna* and regular *Pranayama*. These combinations showed significant improvements in breathlessness and PEFR values, decreased eosinophilia and outperformed monotherapy protocols. Incorporating *Pranayama* in Ayurvedic treatment provides a multi-faceted approach for *Tamaka Shwasa* in addressing its pathogenesis and systemic resilience. It supports the harmony of ancient breath science and targeted herbal and purificatory interventions in chronic respiratory diseases.

Keywords: Bronchial diseases, Complementary therapies, Immune system phenomena, Pulmonary rehabilitation, Quality of life, Yoga

INTRODUCTION

Tamaka Shwasa, as outlined in ancient Ayurvedic texts, is a long-term respiratory illness whose aetiology lies in the pathological vitiation of *Vata dosha* (air element) obstructed by the exacerbated *Kapha dosha* (phlegm element), primarily from *Pittasthana* {site of metabolism, i.e., Gastrointestinal (GI) tract} [1]. It causes defective respiration, wheezing during spasms, tightness in the chest and chronic coughing, all similar to the clinical presentation of Bronchial Asthma in modern medicine [2].

Pathophysiologically, bronchial asthma is an inflammatory disease of the bronchi with airway hyperresponsiveness, airflow limitation and increased mucus secretion. Allergens, irritants, cold air, exercise and psychological stress precipitate it. *Tamaka Shwasa* is also given in Ayurvedic literature as caused by exposure to cold, season, mental distress (*Shoka*, *Bhaya*) and incorrect diet or regimen (*Viruddha Ahara-Vihara*) [3].

Bronchial asthma is projected to affect 262 million individuals worldwide and is a source of high morbidity, absenteeism and healthcare expenditure. It is burgeoning at an alarming rate among children in India and is famously linked to urban pollution and nutritional alterations [4]. Though pharmacotherapy has reached a much higher echelon, control in the long run is poor among patients due to drug dependence, drug toxicity and lack of compliance. This ailment of public health necessitates an inquiry into integrative medicine-based remedies from traditional systems of medicine [5].

Ayurveda has an ancient personalised philosophy of disease causation by *Samprapti* (pathogenesis), such that intervention might alter the causative factors and symptomatology. *Tamaka Shwasa* would have a doshic balance as part of the augmentation of *Agni* (digestive fire) and elimination of *Ama* (metabolic toxins) as

part of a complete approach to curing disease rather than curing symptoms [6].

In ancient literature of Ayurveda, *Shwasa Roga* (breathing disorders) is divided into five forms: *Mahashwasa*, *Urdhwashwasa*, *Chhinna Shwasa*, *Tamaka Shwasa* and *Kshudra Shwasa*. Out of all these disorders, *Tamaka Shwasa* is representative of *Yapya Vyadhi* as a controllable disease, but not an entirely incurable disease. It is an illness recurring and settling along with progression in *Varsha Ritu* (monsoon) and progression through *Ratri Pradosha* (night) once again, after nocturnal and seasonal variation of asthma during this time of modern age [7].

Chronicity of *Tamaka Shwasa* necessitates polyfaceted management directed not only at relief from symptoms (*Lakshana Hara*) but also at rebalancing of origin (*Dosha Prashamana*), cleansing (*Shodhana*) and immunoenhancement (*Rasayana*). The treatment modalities have been clearly described in ancient classics like *Charaka Samhita*, *Ashtanga Hridaya* and *Kashyapa Samhita* [8].

The standard allopathic treatments are corticosteroids, β_2 -agonists, leukotriene modifiers and inhalant bronchodilators. While helpful in relieving acute symptoms, these are limited in preventing systemic modulation and recurrence. Steroid treatment is also complicated by a further risk of inducing adrenal suppression, osteoporosis and a retardation of growth in children [9].

Shortages of this particular type elicit a worldwide interest in Complementary and Alternative Medicine (CAM). There is growing acknowledgement of a non pharmacological approach, such as breathing exercises, regulation of diet intake, lifestyle change and detoxification processes in respiratory illness of a chronic type, getting a fillip [10].

Pranayama (voluntary control of breathing), one of the foundational branches of Ashtanga Yoga, is a subtle but powerful instrument in treating *Tamaka Shwasa*. Different types like *Nadi Shodhana* (alternate nostril breathing), *Bhramari* (humming breath) and *Sheetali* (cooling breath) have been scientifically studied for the enhancement of lung function, decrease of autonomic stress and oxygenation. Recent studies affirm that regular practice of *Pranayama* increases Peak Expiratory Flow Rate (PEFR), decreases eosinophilic inflammation and improves overall respiratory quality of life [11-13]. According to the Ayurvedic perspective, *Pranayama* is a *Vata*-balancing activity that purifies the *Pranavaha Srotas* (respiratory channels), quiets the mind (*Manas*) and sustains immunological integrity through psychosomatic regulation. *Pranayama* is thus a prophylactic and curative intervention devoid of any side-effects or addictiveness [14].

Shamana Chikitsa (palliative treatment) consists of internal administration of herbal formulations like *Shringyadi Churna*, *Sitopaladi Churna* and *Kantakari Avaleha*, usually in combination with *Anupana* (adjuvants) like honey or lukewarm water. They are administered to reduce the load of *Kapha*, facilitate digestion (*Deepana-Pachana*) and dampen symptoms [15]. *Shodhana* Chikitsa (bio-purification) is used in chronic or relapsing disorders. *Vamana Karma* (emesis) and *Virechana* (purgation) are recommended based on doshic predominance and seasonal impact. These therapies annihilate rooted toxins and restore doshic balance [16]. *Rasayana* Chikitsa (rejuvenation therapy) fortifies respiratory tissues (*Pranavaha Srotas*), improves systemic immunity (*Ojas*) and enhances vitality. *Pippali Rasayana*, *Chyavanprasha* and *Haritaki* are extensively used for adaptogenic and immunomodulatory properties [17].

REVIEW OF LITERATURE

Despite growing clinical and empirical data supporting these interventions, little is known regarding the integrated synthesis between *Pranayama* and conventional Ayurvedic interventions in *Tamaka Shwasa*. Interventions are examined mainly in isolation. The present narrative review sought to bridge the gaps by aggregating and integrating evidence from the literature findings [18-23]. This treatise highlights not only the therapeutic excellence of *Pranayama* but also its synergism when practised separately with *Shamana*, *Shodhana* and *Rasayana* treatments in an individualised and phase-specific sequence. Such an integration provides a holistic, long-term and non-invasive approach to managing bronchial asthma in the contemporary era [Table/Fig-1] [18-23].

MATERIALS AND METHODS

A narrative review of literature on indexed databases like PubMed, Google Scholar, Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Research Portal and ScienceDirect was conducted. Grey literature and traditional Ayurvedic literature

were also used to cross-check traditional concepts. The search was limited to English-language literature from 2004 to 2025.

Articles about *Tamaka Shwasa* (bronchial asthma) and the integration of *Pranayama* with Ayurvedic therapies such as *Shamana*, *Shodhana* and *Rasayana* were selected. Clinical trials, case reports, reviews and conceptual articles with therapy data were given preference in the inclusion.

The results were grouped thematically to reveal therapeutic synergies, practice patterns and research gaps. Narrative format provided an opportunity to combine traditional systems of Ayurveda with modern evidence to facilitate holistic and critical integration.

Integrated Therapeutic Action of *Pranayama* and *Shodhan* Therapy on *Tamaka Shwasa*

Pranayama (controlled yogic breathing) is a central intervention in Ayurvedic integrative management of *Tamaka Shwasa* (Bronchial Asthma), particularly if combined with Ayurvedic interventions such as *Shamana*, *Shodhana* and *Rasayana* [Table/Fig-2] [14,24-26]. It is a specific treatment for purification and regulation of the *Pranavaha Srotas* (airways) and stabilisation of *Vata dosha* (bio-motor force), intricately involved in the pathogenesis of breathlessness [25]. Through the application of techniques such as *Nadi Shodhana* (alternate nostril breathing), *Bhramari* (humming breath) and *Sheetali* (cooling breath), *Pranayama* causes relaxation of the autonomic nervous system, inhibition of bronchial hyperreactivity and enhancement of pulmonary function parameters such as PEFR. These physiological effects are in harmony with the Ayurvedic concept of *Dosha Sthirata* (equilibrium) and stabilisation of symptoms in the acute and chronic phases [26].

Effectiveness of *Shamana* Therapy in Symptom Palliation

Shamana Chikitsa (palliative therapy) is the initial line of care in mild to moderate *Tamaka Shwasa* (Bronchial Asthma), particularly if the patient is not an ideal candidate for aggressive *Shodhana* (purificatory treatments). It is intended to balance disturbed *Kapha* and *Vata doshas* by internal herbal formulations with a preference for *Agni Deepana* (stimulation of digestive fire) and *Kapha Nirharana* (mucus expulsion) [27]. Lead medicines are *Shringyadi Churna*, *Sitopaladi Churna*, *Talisadi Churna* and *Vasa Avaleha* with bronchodilatory, expectorant and anti-inflammatory action [27]. These preparations are typically given with *Anupama* (adjuvants) such as honey or warm water to enhance absorption and action on respiratory channels (*Pranavaha Srotas*). Clinical practice experiences spectacular relief of dyspnoea, cough frequency and overall respiratory ease after daily administration of these medications [28]. The therapeutic potential of *Shamana* is also

| Authors (year) | Study design | Key finding | Research focus | Challenges/Limitations | Future scope |
|---------------------------------------|--|--|--|---|---|
| Singh OP et al., (2015) [18] | Randomised, single-blind drug trial in 20 patients | 94% patients showed marked symptom improvement; reduced recurrence | Ayurvedic treatment (<i>Shringyadi Churna</i> with <i>ushnodaka</i>) for bronchial asthma | Small sample size; short follow-up | Larger sample size, with longer follow-up |
| Sangeeta M et al., (2018) [19] | Comparative clinical study | Better outcomes with combined <i>Shamana</i> and <i>Shodhana</i> therapies. | Comparative clinical study | Small sample size | Larger-scale randomised controlled trials |
| Chand D and Singh DN (2023) [20] | Review article | Ayurvedic diet and <i>yogasana</i> improve symptoms and immunity in <i>Tamak Swasa</i> (bronchial asthma) | Ayurvedic dietetics and Yoga in <i>Tamak Swasa</i> management | Small sample, short follow-up, limited controls | Larger studies, trials and mechanism research |
| Rani S et al., (2024) [21] | Systematic review | Showed efficacy of Ayurvedic formulations across multiple studies. | Systematic Review of Ayurvedic Clinical Practices | Lack of standardised methodologies across studies | Need for more clinical trials with uniform protocols |
| Manila M and Thykattil SJ (2024) [22] | Case report | <i>Pippali</i> showed dual benefits as <i>Vamanopaga</i> and <i>Rasayana</i> . | Case report on integrative therapy | Single-patient data limits generalisability | Replicative case series and controlled studies |
| Das RK et al., (2025) [23] | Case study | Bhastrika <i>Pranayama</i> with <i>Agastya Haritaki</i> effectively manages <i>Tamaka Shwasa</i> , improving symptoms and quality of life. | Ayurvedic treatment of <i>Tamaka Shwasa</i> (Bronchial Asthma) using <i>Pranayama</i> and herbal <i>rasayana</i> | Case study design; limited generalisability; no control group | Larger controlled trials, mechanistic studies and long-term effect evaluation |

[Table/Fig-1]: Literature review on *Tamaka Shwasa* [18-23].

| Authors (year) | Pranayama's role in <i>Tamaka Shwasa</i> management | Physiological benefits and mechanisms | Integration with Ayurvedic therapies | Impact on respiratory symptoms and quality of life | Evidence and outcomes of combined therapy |
|---|--|---|--|--|---|
| Sharma A et al., (2013) [24] | Compared <i>Shatavari Churna</i> with and without <i>Pranayama</i> | Improved PEFR, reduced dyspnoea, parasympathetic effect | Used with <i>Shatyadi Churna</i> | Enhanced symptom relief in the <i>Pranayama</i> Group | Significant improvement in the integrated protocol |
| Gupta N et al., (2013) [25] | Yoga program with <i>Vasadi Syrup</i> | Reduced stress triggers, improved breath control | Combined herbal syrup and <i>Pranayama</i> | Better asthma control and quality of life in children | Superior outcomes in the integrated arm |
| Bhangare DA and Lahange SM, (2017) [14] | Integral part of yoga used along with Ayurvedic therapies | Regulates Prana; improves lung capacity and autonomic nervous control | Combined with herbal formulations and yogic postures to balance doshas | Relief from wheezing, breathlessness, cough; improved sleep and energy | Clinical evaluation showed significant symptomatic and functional improvement with combined yoga and Ayurveda |
| Alva T et al., (2021) [26] | Theoretical insights into <i>Pranayama's</i> role | <i>Vata-Kapha</i> regulation via breath and mind control | Highlighted synergy with Ayurvedic herbs | Potential to reduce chronicity and improve respiratory tone | Conceptual model; empirical data lacking |

[Table/Fig-2]: Integrated therapeutic impact of *Pranayama* and *Shodhan karma* in *Tamaka Shwasa* [14,24-26].

amplified by the co-therapy of *Pranayama* (conscious breathing). *Nadi Shodhana* and *Bhramari* are techniques that facilitate deeper breathing activity along with autonomic balance, supplementary to the biochemical action of herbs [27].

Group regimen studies prove quick asthmatic attack relief and improved PEFR compared to herbal alone therapy [29]. *Pranayama's* mind-calming effect further balances the physical relief of *Shamana* herbs that treat the psychosomatic aetiology of bronchospasm of *Tamaka Shwasa*. This combined pharmacotherapy is a long-term non invasive solution to relieve symptoms of *Tamaka Shwasa*, as evidenced by the potential of *Shamana* Chikitsa as an immediate and adjunctive palliative intervention [30].

Role of *Shodhana* and *Shaman* in Dosha Removal and Restoration of Function

Shodhana Chikitsa (purificatory treatment) is the core method of treating chronic and relapsing *Tamaka Shwasa* (Bronchial Asthma) by an attempt to eliminate from within the body deeply rooted vitiated doshas, especially *Kapha* and *Pitta* [31]. *Vamana Karma* (therapeutic emesis) is the most frequently indicated treatment. It is recommended when congestion caused by the build-up of *Kapha* is combined with excess mucus production and airway obstruction. By mechanical expulsion of *Kapha* from the upper gastrointestinal tract and respiratory tract, *Vamana* quickly relieves chest tightness, breathlessness and productive cough. PEFR is significantly improved as per clinical evidence, along with a reduction in exacerbation frequency and a better tolerance to respiratory allergens following appropriately indicated *Vamana* therapies [32].

Virechana Karma (purgation therapy), though more conservative, is the option in cases where *Pitta* involvement is predominant or in patients who are not ideal for *Vamana*. It detoxifies the lower GI tract and indirectly eliminates inflammation of the respiratory passages (*Pranavaha Srotas*) [33]. The studies in the review found that patients undergoing *Shodhana*, especially in combination with

Rasayana and supplemented with *Shamana* interventions, had more extended remission periods and lower relapse rates than patients receiving internal medicines only [34]. The systematic elimination of toxins (*Ama*) and doshas rejuvenates *Agni* (digestive/metabolic fire) and improves tissue-level immune status (*Dhatu Bala*), thereby supporting functional recovery. Thus, *Shodhana* acts as a root-level reset mechanism in Ayurvedic respiratory treatment, offering long-seated disease modulation and symptomatic control [Table/Fig-3] [31-35].

Rasayana Therapy as an Adjuvant for Immune and Respiratory Rejuvenation

Rasayana Chikitsa (rejuvenation treatment) is an integral adjunct to treatment in chronic *Tamaka Shwasa* (Bronchial Asthma), primarily to enhance *Ojas* (vital essence), increase immunity and revitalise respiratory function [Table/Fig-4] [36-39]. Combined with *Pranayama* (controlled breathing), *Rasayana* treatments have better clinical results. Breathing techniques like *Bhramari* and *Nadi Shodhana* allow for enhanced oxygenation and systemic delivery of *Rasayana dravyas* (rejuvenating herbs). Synergy induces physical and mental resilience, crucial in managing asthma, particularly when stress triggers asthma [39].

The co-managed approach to *Tamaka Shwasa* (Bronchial Asthma) by simultaneous employment of *Pranayama* (breaths regulated) as well as traditional Ayurvedic therapies of *Shamana* (palliative), *Shodhana* (purificatory) and *Rasayana* (rejuvenation) is an emphatic prototype that deals with symptomatic relief as well as systemic rehabilitation [40]. Unlike Western medicine, which is mainly concerned about the reduction of bronchial inflammation as well as airway dilatation by pharmacologic intervention, Ayurveda views *Tamaka Shwasa* as an age-old persistent recurring disease governed by the dosha vitiation of *Vata* and *Kapha*, often along with the presence of *Ama* (metabolic toxins) deposition, deranged *Agni* (digestive/metabolic fire) as well as depreciated *Ojas* (immunity of life) [41]. Inclusion of *Pranayama*

| Authors (year) | <i>Shodhana-shaman</i> procedures employed | Associated Ayurvedic medications or interventions | Primary clinical findings and symptom relief | Study design and evidence strength |
|---------------------------------|---|---|---|--|
| Ghosh KA et al., (2012) [31] | <i>Virechana</i> , followed by <i>Shamana</i> Chikitsa | Badara Churna | Significant reduction in PEFR; better efficacy in the <i>Shodhana</i> group than the <i>Shamana</i> alone | Comparative clinical study; small sample size |
| Prasad R et al., (2018) [32] | <i>Vamana</i> and <i>Virechana</i> before <i>Shamana</i> | Classical <i>Shamana</i> drugs post-purification | Improved PEFR, dyspnoea and overall respiratory function in the combined therapy group | Clinical trial; controlled comparative methodology |
| Sankh S et al., (2021) [33] | <i>Snehana</i> and <i>Swedana</i> (preparatory) | Abhaya Sunthi Churna | Reduced wheezing and breathlessness; reasonable control over episodic recurrence | The pilot trial lacked a control arm |
| Bahatkar SD et al., (2022) [34] | <i>Vamana Karma</i> | <i>Ghrita Snehapana</i> , <i>Vamana</i> drugs as per the classical method | Complete symptom remission in the single subject; improved lung capacity | Case report: anecdotal strength |
| Chauhan V et al., (2023) [35] | <i>Nasya</i> (Classical <i>Dhuma</i> vs. Nebulised <i>Dhuma</i>) | Medicated smoke (<i>Dhuma Nasya</i>) vs modified form (nebulization) | The nebulised form showed superior relief in nasal congestion and breathlessness | A randomised comparative study with two arms |

[Table/Fig-3]: Therapeutic outcomes of *Shodhana* and *Shaman* based approaches in *Tamaka Shwasa*: A comparative synthesis [31-35].

| Authors (year) | Primary <i>rasayana</i> intervention used | Mode of integration with other therapies | Observed clinical benefits | Inferred mode of action or ayurvedic explanation |
|-------------------------------|--|---|---|--|
| Nemiwal M et al., (2025) [36] | <i>Sitopaladi Churna</i> , <i>Madhuyashti Churna</i> , <i>Shwasa Kas Chintamani Rasa</i> | Combined with <i>Panchakarma</i> (<i>Mriduvirechan</i> , <i>Nasya</i>), diet and <i>Pranayama</i> | Significant symptom relief, reduced wheezing and breathlessness | Balances <i>Kapha-Vata</i> , clears respiratory channels and bronchodilation |

| | | | | |
|---------------------------------|--------------------------------|---|--|--|
| Varshini HR et al., (2025) [37] | <i>Chyawanprash</i> | Post- <i>Shodhana</i> rejuvenation phase after <i>Vamana</i> and <i>Virechana</i> | Improved immunity, reduced recurrence, enhanced stamina and breath-holding | <i>Rasayana</i> for systemic rejuvenation, <i>Ojas</i> enhancement and relapse prevention |
| Anuroopa HK et al (2016) [38] | <i>Kapha Ketu Rasa</i> | Used with dietary control and general lifestyle guidance | Reduced intensity and frequency of attacks; improved appetite and energy | Strong <i>Kapha-Vata</i> balancing; <i>Deepana-Pachana</i> on the respiratory tract |
| Nayak V et al., (2021) [39] | <i>Chitraka Haritaki Lehya</i> | Integrated with <i>Shamana Chikitsa</i> , <i>Abyanga</i> , <i>Nadi Sweda</i> | Marked reduction in wheezing, dyspnoea and bronchodilator use | Balances <i>Vata-Kapha</i> , clears <i>Pranavaha Srotas</i> , improves respiratory function and immunity |

[Table/Fig-4]: *Rasayana*-based integrative management in *Tamaka Shwasa* [36-39].

in the practice extends the coverage of the treatment through an adjustment of autonomic tone, an augmentation of pulmonary dynamics and an infusion of psychosomatic grounding that is of especial urgency in an illness frequently induced by psychosomatic and environmental stimuli [42].

The synergy between the regulation of breath and rejuvenating treatment creates a therapeutic feedback loop with favourable benefits to lung function and overall vigour (*Bala*) and resilience (*Vyadhi Kshamatva*) [43].

What separates this Ayurvedic–Yogic model from the rest is its three-faceted pathology targeting physiological, psychological and immunological. While traditional interventions rely on bronchodilators and corticosteroids to manage airflow and inflammation, the Ayurvedic–Yogic model tries to bring internal systems to order through natural, patient-centred interventions [44]. Perhaps most importantly, several studies have demonstrated that these procedures, when done seasonally or in chronic conditions, reduce the recurrence of disease and the requirement for ongoing medication [24-26].

CONCLUSION(S)

The integrative method of *Pranayama* (regulated breathing) with *Shamana*, *Shodhana* and *Rasayana* therapies develop a holistic and sustainable model for managing *Tamaka Shwasa* (Bronchial Asthma). The present narrative Review emphasises that such integration not only cures symptomatic relief but also re-establishes respiratory function, regulates immunity and reduces recurrence. *Pranayama* enhances pulmonary efficiency and psychological stability, while Ayurvedic drugs and detox therapies cleanse the internal systems and develop systemic resistance. The evidence from the literature reviewed emphasises the need for individualised, holistic treatments derived from ancient wisdom augmented by recent clinical trends. Even with encouraging reports from the literature available, more methodologically robust studies are essential to confirm and standardise these integrated protocols.

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