



“CLINICAL EFFICACY OF VIRECHANA KARMA FOLLOWED BY AGNIMUKHA CHURNA IN TAMAKA SHWASA W.S.R. TO BRONCHIAL ASTHMA: A CASE SERIES”

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ABSTRACT

Background: Tamaka Shwasa is one among the five varieties of Shwasa Roga described in Ayurveda, characterised by recurrent episodes of dyspnoea, cough, wheezing and respiratory distress. It is predominantly considered a Kapha-Vata disorder, wherein aggravated Kapha obstructs the normal movement of Vata in the Pranavaha Srotas, resulting in Pratiloma Gati of Vata and manifestation of characteristic symptoms. Its clinical presentation closely resembles Bronchial Asthma, a chronic inflammatory airway disorder characterised by variable respiratory symptoms and expiratory airflow limitation. Ayurveda emphasises addressing the root cause of Tamaka Shwasa by correcting Dosha vitiation, removing Srotorodha and restoring normal Vata Gati. Shodhana therapy plays an important role in eliminating vitiated Doshas and reducing the likelihood of recurrence. Virechana Karma, a principal Shodhana procedure, facilitates the elimination of vitiated Doshas and may therefore have therapeutic relevance in Tamaka Shwasa. Following Shodhana, appropriate Shamana therapy may further support the restoration of Agni and normal physiological functions. Therefore, the present study was undertaken to evaluate the efficacy of Virechana followed by Agnimukha Churna in the management of Tamaka Shwasa (Bronchial Asthma), using subjective clinical parameters and objective measures of pulmonary function and inflammatory status. **Aims & Objective:** To evaluate the efficacy of virechanottara Agnimukha churna in managing Tamaka Shwasa (Bronchial Asthma). **Materials and Methods:** A minimum of 20 subjects diagnosed with Tamaka were selected randomly from the OPD and IPD of Taranath Government Ayurvedic Medical College and Hospital, Ballari. Deepana – pachana with Nayopayam kashayam, Snehapana with Kantakari Ghrita, Vishrama Kallina Abhyanga with Murchita Tila Taila, Virechana with Murchita Eranda taila followed by Agnimukha Churna. Assessments were made before and after treatment. **Result:** Significant improvement was seen in all parameters, Shwasa Krichhritha, Kasa, Kapha Nishtivana, Ghur-Ghuraka, FEV1, FVC, FEV1/FVC, AEC, IgE, Eosinophil %. **Conclusion:** The present study suggests that Virechana followed by Agnimukha Churna was significantly effective in improving the reducing the frequency of symptoms of Tamaka Shwasa (Bronchial Asthma), thereby minimising disease exacerbations.

KEYWORDS: Tamaka Shwasa, Bronchial Asthma, Nayopayam Kashayam, Kantakari Ghrita, Virechana, Agnimukha churna.

INTRODUCTION

Bronchial asthma¹ is defined as heterogenous disease usually characterized by chronic airway inflammation with history of respiratory symptoms of wheezing, breathlessness, chest tightness, coughing and variable expiratory airflow limitation. It is a major chronic disorder interrupting the lifestyle of an individual, physical productivity & psychological well being. Chronic recurrent airway diseases are increasingly seen all over the world due to atmospheric pollution, rapid environmental change, rapid urbanization, diet and lifestyle changes which has complex pathology, involving airway inflammation, intermittent obstruction, bronchial hyper-responsiveness, varying degrees of eosinophilic infiltration and mononuclear cell, mucus hyper secretion, desquamation of epithelium, along with smooth muscle hyperplasia. Anti-inflammatory, Antibiotic, Bronchodilators, Mucolytic and Antitussive medications are effective in the management of Bronchial asthma, these often carry potential side effects, and impose a heavy economic burden.

From the perspective of Ayurvedic science, this clinical picture simulates Tamaka Shwasa², a disease of the Pranavaha Srotas³. It is categorized as a predominantly Kapha-Vataja Vyadhi that originates from the Pitta Sthana, making it classically deemed Kashta Sadhya or Yappa due to its deep-rooted pathogenesis. Virechana

According to the World Health Organisation (WHO), an estimated 363⁴ million people worldwide are affected by asthma. According to the Global Burden of Disease (GBD) 2021 study, published in 2024, Asthma was responsible for approximately 21.4 million Disability-Adjusted Life Years (DALYs) worldwide in 2021⁵, highlighting its substantial contribution to the global burden of disease. The vast majority of asthma-related deaths occur in low- and lower-middle-income countries where under-diagnosis, under-treatment, and the high cost of daily controller inhalers remain significant challenges. The Ayurvedic classics describe Virechana Karma⁶ as an important therapeutic intervention in the management of Tamaka Shwasa, owing to its Dosha-Shodhana, Agni-deepana, and Srotoshodhana properties. Virechana facilitates the elimination of vitiated Doshas and supports correction of impaired metabolism. Despite advancements in contemporary pharmacological management, there remains a need for an accessible and cost-effective therapeutic approach that provides symptomatic relief along with objective improvement in pulmonary

function. Hence, there is scope for research to evaluate the efficacy of Virechana Karma in the management of Tamaka Shwasa using objective parameters such as spirometry.

AIMS & OBJECTIVES

To evaluate the effect of Virechanottara Agnimukha Churna in the management of Tamaka Shwasa (Bronchial asthma) thereby minimising disease exacerbations

MATERIALS AND METHODS

Sample Source:

A Minimum of 20 subjects diagnosed as Tamaka Shwasa were selected and assigned randomly from the OPD and IPD of Taranath Govt. Ayurvedic Medical College and Hospital, Ballari.

Method of Collection of Data

A specially designed case proforma was developed to systematically document the comprehensive clinical features and assessment parameters of Tamaka Shwasa (Bronchial Asthma). Detailed information regarding patient history, presenting complaints, associated symptoms, and thorough physical examinations was comprehensively recorded for every selected patient according to the structured proforma. Subsequently, all enrolled patients were randomly allocated to ensure unbiased assessment and evaluation.

Sample Size - Total number of subjects – 20.

Diagnostic Criteria

Subjective Parameter

Subjects will be diagnosed based on the classical sign and symptoms of Tamaka Shwasa (Bronchial Asthma)

- Shwasa krichratha
- Kasa
- Kapha nishtivana
- Ghur ghuraka

Objective Parameter

- Spirometry
- AEC
- IgE
- Eosinophil %

Inclusion Criteria:

- Subjects who are freshly diagnosed or known cases of Bronchial Asthma presenting with classical clinical symptoms of Tamaka Shwasa (Bronchial asthma).
- Subjects age between 20 to 70 years.
- Subjects fit for Virechana.
- Subjects irrespective of Religion, gender, socio economic status, occupation.
- Subjects who signed for informed consent form.

Exclusion Criteria:

- Pregnant and lactating women.
- Subjects suffering from chronic systemic complex diseases which interferes with the course of intervention will be excluded.

Intervention**Table No.1 Showing Intervention**

TREATMENT	MEDICINE	DOSAGE	DURATION
DEEPANA PACHANA	Nayopayam kashaya7	15 ml with 15ml of sukoshna jala, before food twice a day	1st day to 5thday
SHODHANANGA SNEHAPANA	Kantakari ghrita8	30ml (test dose) then Arohana krama for next three days with sukoshna jala as anupana.	6th day to 9th day
ABHYANGA & SWEDANA	Sarvanga abhyanga with Murchita tila taila9 for 30 mins followed by Bashpa Sweda for 10mins		10th day to 12th day
VIRECHANA KARMA10	Murchita Eranda taila10	40ml with 40ml of sukoshna jala.	13th day
RASAYANA	Agnimukha Churna11	500mg one capsule, fourth hourly after food With 30 ml of sukoshna vari.	14th day to 34th day

Assessment Criteria:

The subjective and objective parameters of base line data to pre and post medications will be compared for assessment of the results

Assessment of Subjective Parameter**Table No.2 Showing Grading for Subjective Parameters****1) Shwasa Krichrata (Breathlessness)**

SEVERITY	GRADE
No symptoms	CD0
Breathlessness with activity, frequency-1 to 2 times/week.	CD1
Breathlessness with talking, frequency 2 to 4 times/week	CD2
Breathlessness at rest, frequency 4 to 6 times/week, with limited activity.	CD3

2) Kasa (Cough)

SEVERITY	GRADE
No cough	CD0
Cough with mild pain and slight expectoration.	CD1
Cough with severe pain & feelings of Restlessness because of difficulty in expectoration.	CD2
Frequent coughing due to which patient becomes faint.	CD3

3) Kapha Nishtivanam (expectoration)

SSEVERITY	GRADE
No kapha nishtivanam.	CD0
Kapha nishtivanam only in the early morning.	CD1
2-3 times Kapha nishtivanam /day	CD2
kapha nishtivanam always	CD3

4) Ghur Ghuraka (Wheezing)

SEVERITY	GRADE
No wheezing	CD0
Mild wheezing at mid to end respiration	CD1

Moderate wheezing at mid to end respiration	CD2
Loud wheeze throughout expiration	CD3
Loud inspiration and expiration wheeze	CD4

Objective Assessment Criteria

- SPIROMETRY
- AEC
- IgE
- EOSINOPHIL %

Observations

The majority of subjects in Group A belonged to the 40–50 years age group. Females constituted the majority (55%), followed by males (45%). Homemakers formed the largest occupational group (35%), followed by students and farmers (15% each). Most subjects were Hindus (70%). Regarding Desha, the majority of subjects (95%) belonged to Jangala Desha. Most subjects were married (85%), mixed diet was predominant (85%). Vishama Agni was observed in the majority of subjects (70%). Regarding systemic illnesses, all subjects (100%) had no history of hypertension, while the majority (90%) while(10%) of people had history of diabetes mellitus. With respect to the duration of illness, the maximum proportion of subjects (15% each) belonged to the 5-year, 10-year, and 15-year duration categories.

RESULTS**Overall Assessment****Table No.3 Showing Result of Intervention on Subjective and Objective Parameter**

Parameters		MEAN		Group A	P- value	Re- marks
		BT	AT			
	Shwasa Krichhritha	2.5	0.55	78.00%	<0.0001	HS
Subjective Parameter	Kasa	2.15	0.35	83.72%	0.0001	HS
	Kapha	2.3	0.3	86.96%	0.0001	HS
	Nishtivana					
	Ghur-Ghuraka	2.7	0.45	83.33%	0.0001	NS
Objective Parameter	FEV1	56.80	65.39	15.13 %	0.0002	HS
	FVC	67.11	73.37	9.33 %	<0.0001	HS
	FEV1/FVC	85.62	89.50	4.53%	0.1375	NS
	AEC	472.40	338.77	28.29%	<0.0001	HS
	IgE	769.96	694.17	9.84%	0.0136	S
	EOSINOPHIL %	5.05	3.10	38.61 %	<0.0001	HS

DISCUSSION

Tamaka Shwasa is one among the five varieties of Shwasa Roga described in Ayurvedic texts and is regarded as clinically important due to its recurrent and distressing nature. It is a disorder primarily involving the Pranavaha Srotas, the channels responsible for respiration and the maintenance of vital life functions.

The word “Tamaka” is derived from “Tama,” which signifies darkness, referring to the sense of darkness, choking, and intense discomfort experienced by the patient during episodes of breathing difficulty. The term “Shwasa” denotes respiration or the act of breathing.

Thus, Tamaka Shwasa represents a pathological state in which normal respiratory function is significantly impaired, resulting in episodic difficulty in breathing. The disease primarily involves Vata and Kapha Doshas, with Pratiloma Gati of Vayu considered the fundamental factor in its pathogenesis. Tamaka Shwasa is described as a Kapha-pradhana Yapya Vyadhi, indicating its chronic and recurrent nature and the need for long-term management.

In the present study, the treatment regimen was formulated based on the Ayurvedic principles of management of Tamaka Shwasa. Deepana-Pachana was initiated with Nayopayam Kashayam, followed by Snehapana with Kantakari Ghrita as mentioned in Bhaishajya Ratnavali. During the Vishrama Kala, Sarvanga Abhyanga was performed with Murchita Tila Taila, followed by Virechana with Murchita Eranda Taila. Subsequently, Agnimukha Churna was administered as a Shamana Aushadhi. Accordingly, all patients in the present study were managed based on the Chikitsa Siddhanta of Tamaka Shwasa.

Nayopayam Kashayam-

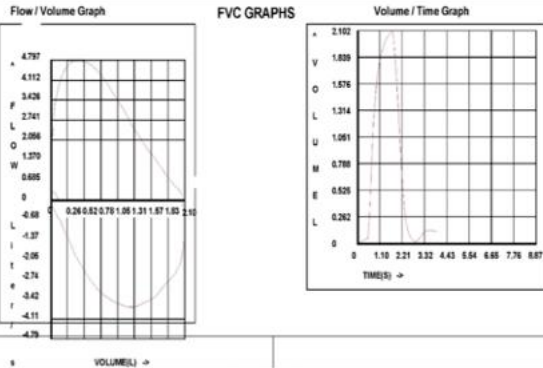
It is a unique formulation indicated in respiratory tract disorders like Shwasa & Hikka. In the present study it is used for Deepana pachana. It contains Bala, Jeeraka & Shunti.

AFTER INTERVENTION

TARANATH GOVT AYURVEDIC MEDICAL COLLEGE, BALLARI
DEPARTMENT OF KAYACHIKITSA

PULMONARY FUNCTION TEST REPORT

ID No.	: 69	Report Date: 18-03-2026		
Patient Name	:	Eth. Corr.(%) : 80		
Age(yrs.)	: 20	Sex:F	Weight(Kg): 56	Height(cm): 148
Indications	:	BSA(m²): 1.5		
Comments	:			
History of Smoking	:	N o n - S m o k e r		

[illegible]

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