WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 6, 405-416. Review Article ISSN 2277–7105

PSYCHOSOMATIC DIMENSIONS OF TAMAKA SHWASA: EXPLORING THE ROLE OF MANAS IN BRONCHIAL ASTHMA – A NARRATIVE REVIEW

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Article Received on 15 Feb. 2026,
Article Revised on 05 March 2026,
Article Published on 16 March 2026

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How to cite this Article: Dr. Salma Vemala*[1], Dr. Tentu Rambabu[2] (2026). Psychosomatic Dimensions of Tamaka Shwasa: Exploring the Role of Manas in Bronchial Asthma - A Narrative Review. World Journal of Pharmaceutical Research, 15(6), 405–416.
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ABSTRACT

Background: *Tamaka Shwasa* is described under *Shwasa Roga* which closely resembles Bronchial Asthma. While its somatic pathology involving *Vata–Kapha* vitiation is well documented, the psychosomatic dimension, particularly the influence of Manas (mind), remains underexplored. Contemporary research also recognizes stress, anxiety, and emotional triggers as major precipitating factors in asthma. **Objective:** To explore the psychosomatic dimensions of Tamaka Shwasa with special emphasis on the role of Manas and its correlation with stress-mediated mechanisms in Bronchial Asthma. **Methods:** A narrative review was conducted using classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya) and contemporary biomedical literature from databases such as PubMed and Google Scholar. **Discussion:** Ayurveda considers the inseparable relationship between Sharira and Manas. Emotional factors such as Chinta (worry), Bhaya (fear), Krodha (anger), and Raja–Tama predominance aggravate Vata and Kapha, precipitating Tamaka Shwasa. Modern psychoneuroimmunology explains similar pathways via stress-induced autonomic imbalance, HPA axis activation, inflammatory cytokines, and bronchial hyper-responsiveness. **Conclusion:** Tamaka Shwasa can be interpreted as a psychosomatic disorder wherein Manas plays a pivotal role in initiation, exacerbation, and chronicity. Integrative

management incorporating Satvavajaya Chikitsa, stress reduction, and conventional therapy may improve clinical outcomes.

KEYWORDS: Tamaka Shwasa, Manas, Psychosomatic, Bronchial Asthma, Stress.

INTRODUCTION

Tamaka Shwasa is described under *Shwasa Roga* in Charaka Chikitsa Sthana.[1] It is characterized by difficulty in breathing, wheezing (*Ghurghuraka*), cough, orthopnea, and episodic exacerbations. Modern medicine correlates it with Bronchial Asthma, a chronic inflammatory airway disease.

Bronchial asthma affects approximately 300 million individuals globally[2] and is strongly associated with environmental and psychological triggers. Ayurveda emphasizes the intimate relationship between body and mind.[3]

Although classical texts primarily explain *Tamaka Shwasa* through *Vata–Kapha* pathology, scattered references indicate the influence of mental factors (*Manasika Nidana*). In *Shwasa roga Manasika nidanas* are not directly described but in *Manas rogas* we can find *Shwasa* as a symptom during exacerbations. The increasing prevalence of stress-related exacerbations in asthma necessitates a psychosomatic reinterpretation. As stated by Charaka the *Rajas* and *Tamas* are the morbidic factors affecting mind.[4] Among the disorders brought about by these two mental dosha are *Raga* (desire), *Krodha* (anger), *Lobha* (greed), *Irsya* (envy), *Chinta* (anxiety), *Soka* (remorse), *Bhaya* (fear) and *Harsa*. The exhilaration of *Vata, Pitta* and *Kapha* are the morbidic factors affecting the body.[4] Among the disorders brought about by these morbidic factors are *Jvara, Atisara, Kshaya, Sosa, Svasa, Kustha* etc. The pathogenesis of a disease is also a psychosomatic phenomenon. The actual process of the production of a disorder is greatly governed by the state of mind and the body. Though described in physical terms, even the six *Kriyakalas* are likely to be modified by emotional and different kinds of environmental factors. Similarly, the *Atipravritiyadi srotasam* may also be influenced by mental factors. As also pointed out elsewhere that varying degrees of involvement of both the mental as well as the physical aspects of a man are present in all kinds of diseases. How a mental factor influences the body and bodily event influences the mind, However, it implicates the role of *Doshas, Agnis, Srotamsi* in particular. Through these mechanisms the emotions may influence the pathogenesis of somatic disease.

This review aims to bridge classical Ayurvedic understanding with modern psychoneuroimmunological insights.

MATERIALS AND METHODS

This review manuscript includes

- Review from Classical Ayurvedic texts
  - Charaka Samhita
  - Sushruta Samhita
  - Ashtanga Hridaya

- Modern sources
  - PubMed-indexed articles
  - WHO asthma reports
  - Psychoneuroimmunology literature

Inclusion: Conceptual, clinical, and mechanistic studies.
Exclusion: Non-peer reviewed, anecdotal reports.

Conceptual Review

Nidana (Etiological Factors)[5,6]

Different *Acharyas* have described various etiological factors, including exposure to dust, smoke, wind (*Anila*), and excessive sunlight (*Atapa*); consumption of cold water and residence in cold environments; excessive physical exertion and sexual activity; walking barefoot; irregular dietary habits; accumulation of *Ama*; abdominal distention; dryness and over-saturation; debility; trauma to vital organs; simultaneous intake of hot and cold substances; aggravation of *Doshas*; injury (*Abhighata*); and excessive evacuation.

It has also been documented as a complication of several disorders such as diarrhoea, *Amatisara*, fever, vomiting, coryza, chest trauma, internal haemorrhage, upward movement of *Vayu*, *Visuchika*, *Alasaka*, *Panduroga*, and poisoning.

Additionally, the consumption of *Nispava*, black gram, oil cake, sesame seeds and oil, flour-based preparations, tubers, spicy and heavy foods, meat from aquatic and marshy animals, curd, unboiled milk, and regimens that obstruct bodily channels along with other *Kapha* aggravating factors may result in obstruction of the throat and chest, leading to various forms of retention.

Indirect Mental Factors includes *Chinta* (excessive worry), *Bhaya* (fear), *Shoka* (grief), *Krodha* (anger), etc. Mental stress aggravates Vata, which in turn vitiates *Kapha* in *Pranavaha Srotas*.

Samprapti (Pathogenesis)[7,8]

There is a simultaneous aggravation of *Kapha* and *Vayu*, which exerts a detrimental effect on the cardiac region (*Hridaya*) as well as on the *Dhatus* like *Rasa, Rakta, Mamsa, Meda, Asthi, Majja,* and *Shukra*.

The vitiation of *Doshas* initially occurs in the *Amashaya* (seat of *Pitta*) due to exposure to various causative factors (*Nidanas*). These *Nidanas* lead to *Dosha Utklesha*, resulting in *Agnimandhya* (diminished digestive fire) and subsequent formation of *Ama*.

The formed *Ama*, in association with vitiated *Kapha*, causes obstruction of the *Pranavaha Srotas*, which in turn results in the *Vilomagati* (reverse movement) of *Prana Vayu*.

Furthermore, specific external factors such as *Raja* (dust particles), *Dhooma* (smoke/fog), and *Anila* (wind) directly aggravate *Vata Dosha*. When this aggravated *Vata* combines with vitiated *Kapha*, it culminates in the manifestation of *Tamaka Shwasa* (Bronchial Asthma).

Psychosomatic Dimension

In Ayurveda, *Tamaka Shwasa* is described as a disorder predominantly involving *Vata* and *Kapha* Doshas, originating in the *Amashaya* and affecting the *Pranavaha Srotas*.[9-10] The role of *Manasika Doshas*, *Rajas* and *Tamas*, is significant in disease manifestation, as mental disturbances are known to influence somatic Doshas.[9] Aggravation of *Rajas* due to stress, fear, grief, or anxiety provokes *Vata*, particularly *Prana Vayu*, which governs respiration. When vitiated *Vata* combines with obstructive *Kapha*, it results in narrowing of the respiratory channels, leading to breathlessness and bronchospasm characteristic of *Tamaka Shwasa*.[9-10]

From a biomedical perspective, psychological stress plays a crucial role in the onset and exacerbation of bronchial asthma. Stress activates the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic nervous system, leading to alterations in cortisol secretion.[11,14] Chronic or repeated stress may impair cortisol regulation, resulting in immune dysregulation. Dysregulation of cortisol may impair immune modulation and contribute to cytokine

imbalance.[11] This inflammatory shift promotes airway hyperresponsiveness, mucosal oedema, and bronchial inflammation which are the hallmark features of asthma.[11,12]

Furthermore, chronic stress has been shown to exacerbate allergic and atopic conditions by altering neuro-immune interactions.[12,15] Psychological factors also influence autonomic balance, increasing vagal tone and thereby contributing to bronchoconstriction.[-] Thus, modern research supports the Ayurvedic concept that mental disturbances can precipitate or aggravate respiratory pathology.

Lakshana (Clinical Features)[1]

Tamaka Shwasa (Bronchial Asthma) is characterized by an abnormal, episodic pattern of respiration (*Atitivravega Shwasa*). The patient commonly experiences a sensation of tightness or constriction in the chest region (*Hridaya Peedana*). Expiration becomes forceful and labored, producing a characteristic wheezing sound described as *Gurugurata* (audible abnormal respiratory sound). The respiratory rate is significantly increased, reflecting rapid breathing (*Atitivravega*) beyond the normal physiological range.

A distinctive feature of this condition is shortened inspiration with prolonged and difficult expiration. During acute exacerbations of *Tamaka Shwasa*, patients experience relative relief in a sitting posture compared to the supine position, indicating orthopnea-like presentation.

Role of Manas

According to Ayurveda, *Manas* (mind) is described as *"Anutvam Ekam Cha",* signifying its subtle and singular nature.[16] Despite its subtlety, it plays a crucial regulatory role in physiological and psychological functioning. The primary functions of *Manas* include *Indriyabhigraha* (control and coordination of sense organs), *Sankalpa–Vikalpa* (processes of determination and doubt), and emotional regulation.[17]

Exposure to *Manasika Nidana* (psychological etiological factors) disturbs mental equilibrium, leading to imbalance of *Prana Vayu*, autonomic dysregulation, and a decline in *Satva*. Reduced *Satva* enhances vulnerability to disease by impairing adaptive and coping mechanisms.

In this context, *Tamaka Shwasa* can be understood as a psychosomatic disorder wherein disturbances in *Manas* significantly influence *Sharirika Doshas*, particularly affecting the respiratory system.

During a severe exacerbation, the patient may be unableto speak due to marked respiratory distress. Profuse perspiration, particularly over the forehead, may be observed, and in extreme cases, loss of consciousness can occur.

Frequent episodes of *Kasa* (cough) and *Shwasa* (dyspnea) significantly disturb sleep, leading to nocturnal aggravation of symptoms. In the supine posture, obstruction of *Prana Vayu* intensifies, resulting in increased discomfort; consequently, the patient experiences symptomatic relief in a sitting position.

Although repeated bouts of coughing may transiently worsen breathlessness, expectoration of thick, sticky sputum often provides temporary relief from dyspnea.[1,18]

Modern Psychoneuroimmunological Correlation

Psychological stress significantly influences respiratory pathophysiology through complex neuro-immune interactions. Stress activates the sympathetic nervous system and disrupts autonomic balance, leading to altered vagal tone and increased bronchial hyperreactivity and bronchoconstriction.[12]

Stress-induced neuroendocrine responses promote a Th2-dominant immune shift, resulting in elevated production of interleukins such as IL-4 and IL-5, along with increased IgE synthesis. These immunological alterations contribute to airway inflammation, eosinophilia, and hypersensitivity characteristic of bronchial asthma.[19]

Anxiety and other affective disorders are commonly observed comorbidities in patients with asthma.[20] Clinical and experimental studies demonstrate that emotional stress can precipitate and exacerbate asthma attacks, supporting the bidirectional relationship between psychological factors and airway inflammation.[13]

Management of *Tamaka Shwasa*

According to **Acharya Charaka**, the management of *Shwasa Roga* should include therapeutic measures, diet, and regimens that alleviate both *Kapha* and *Vata doshas*. Substances possessing *Ushna* (hot potency) and promoting the downward movement of *Vata* (*Vatanulomana*) are recommended. Therapies that pacify only one dosha while aggravating the other, such as those reducing *Kapha* but increasing *Vata*, or vice versa should be avoided in the treatment of *Tamaka Shwasa*.[21]

1. Nidana Parivarjana

The foremot principle of management involves avoidance of etiological factors (*Nidana Parivarjana*), including dietary, environmental, and psychological triggers that aggravate *Vata* and *Kapha*.

2. Samsodhana Chikitsa (Bio-purificatory Therapy)

Samsodhana Karma is advised in suitable patients and is performed in a sequential manner.

a) Snehana and Swedana

Oleation (*Snehana*) followed by sudation (*Swedana*) helps liquefy the viscous *Kapha* and facilitates its mobilization while simultaneously relieving aggravated *Vata*. Acharya Charaka specifically mentions procedures such as *Nadi Sweda*, *Prastara Sweda*, and *Shankara Sweda* for this purpose.[21]

b) Vamana (Therapeutic Emesis)

After adequate oleation and sudation, measures for *Kapha Utkleshana* are administered, including intake of *Snigdha Odana* (unctuous rice), meat soup of fish or pig, and the supernatant portion of curd. Thereafter, *Vamana Karma* is performed using *Madanaphala*, along with *Pippali*, *Saindhava*, and *Madhu.*[21] This eliminates aggravated *Kapha*, the principal *dosha* involved in the pathogenesis of *Tamaka Shwasa*.

c) Dhumapana (Medicated Inhalation Therapy)

Following *Vamana*, residual doshas in *Leena Avastha* (subclinical or adhered state) are eliminated through *Dhuma Chikitsa* (medicated inhalation)[22], thereby clearing the respiratory passages.

d) Virechana (Therapeutic Purgation)

Acharya Charaka describes *Shwasa Roga* as *Pittasthana Samudbhava* (originating from the site of *Pitta*).[23] As *Virechana* is the prime therapy for aggravated *Pitta*,[24] it helps restore *doshic* equilibrium and supports long-term management.

3. Samsamana Chikitsa (Palliative Therapy)

In patients who are weak (*Durbala*) or unfit for *Samsodhana*, *Samsamana* therapy is indicated. This includes

- *Deepana* (enhancing digestive fire)
- *Pachana* (metabolic correction)

- *Kapha-Vata Shamaka* drugs
- Measures that purify and strengthen the *Pranavaha Srotas*

Children, elderly individuals, and debilitated patients are primarily managed with *Samsamana Chikitsa*.

Psychosomatic Management of *Tamaka Shwasa*

Considering the involvement of *Manas* in the pathogenesis of *Tamaka Shwasa*, psychosomatic interventions play a vital role in comprehensive management.

- **Satvavajaya Chikitsa**: Described by Acharya Charaka as a non-pharmacological approach to control the mind from unwholesome objects, it enhances mental resilience and reduces the impact of stressors.[25]

- **Daivavyapashraya Chikitsa**: Includes *Mantra, Japa, Homa*, and other spiritual practices aimed at restoring psychological balance and promoting positive mental states.[25]

- **Medhya Rasayana**: Herbs such as *Mandukaparni*, *Yashtimadhu*, *Guduchi*, and *Shankhapushpi* improve cognitive functions and enhance *Satva Bala*, thereby improving stress adaptability.[26]

- **Pranayama**: Regulates autonomic balance, enhances lung function, and reduces bronchial hyperresponsiveness. Clinical studies demonstrate improvement in pulmonary parameters and quality of life in asthma patients practicing *Pranayama*.[27]

- **Yoga and Dhyana (Meditation)**: These practices reduce sympathetic overactivity and improve vagal tone, contributing to decreased frequency and severity of exacerbations.[28]

Modern Integrative Approach

- Inhaled Corticosteroids (ICS): Recommended as first-line anti-inflammatory therapy for persistent asthma to control airway inflammation.[29]
- Bronchodilators: Short-acting and long-acting β2-agonists relieve bronchospasm and improve airflow.[29]
- Cognitive Behavioural Therapy (CBT): Effective in reducing anxiety and panic symptoms associated with asthma, thereby decreasing stress-triggered exacerbations.[30]
- Stress Management Techniques: Behavioural interventions and relaxation therapies improve autonomic regulation and overall disease control.[13]

DISCUSSION

Tamaka Shwasa exemplifies the classical characteristics of a psychosomatic disorder; wherein psychological disturbances significantly influence somatic pathology. The Ayurvedic concept of *Tridosha Siddhanta*[31] provides a theoretical framework that closely parallels modern stress–inflammation models. Aggravation of *Vata* precipitated by *Rajas* dominant mental states may be correlated with sympathetic overactivity, autonomic imbalance, and subsequent inflammatory cascades observed in bronchial asthma.

Contemporary psychoneuroimmunological research supports this integrative understanding, demonstrating that psychological stress enhances airway inflammation, promotes Th2-mediated immune responses, and increases susceptibility to exacerbations.[12] The well-documented bidirectional relationship between anxiety disorders and asthma further substantiates the classical Ayurvedic principle of *Sharira–Manas Anubandha* (interdependence of body and mind).[20]

Despite strong conceptual alignment between classical Ayurvedic theory and modern biomedical evidence, well-designed clinical trials evaluating the efficacy of *Satvavajaya Chikitsa* in asthma management remain limited. This highlights a significant research gap and underscores the need for rigorous interdisciplinary studies to validate psychosomatic interventions within an integrative framework.

CONCLUSION

Tamaka Shwasa is not merely a respiratory disorder but a psychosomatic condition in which *Manas* significantly influences disease onset and exacerbation. An integrative approach addressing both psychological and somatic factors may improve therapeutic outcomes and quality of life.

Future research should emphasize well-designed controlled trials to evaluate the effectiveness of mind-based interventions in asthma management

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