



## Role of Sadyo Vamana in Tamaka Swasa - A Case Study

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Swasa (Asthma) is one among Pranavaha Srothodusti Vikara. Tamaka Swasa (bronchial asthma) is one among the 5 types of Swasa. A 44-year-old female patient comes with complaints of difficulty in breathing and wheezing sounds. This case was diagnosed as Tamaka Swasa. As the Doshas are in the Utklishta Avastha (excited state), Asnehapoorvaka Vamana with Pippali (Piper longum) Saindhavajala (Rock-salt, water) in Vega Avastha was implemented and significant improvements were seen. After 1 month of follow-up no recurrence have been reported.

**Keywords:** Tamaka Swasa, Asnehapoorvaka Vamana, Pippali Saindhava Jala, Dhoomapana, Bronchial Asthma

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## Introduction

*Tamaka Swasa* is among five types of *Swasa* and one among the *Pranavaha Srothodushti Vikara*. “*Tama*” means - अंधकार (darkness). During the attacks, the patients feel as if they are entering darkness. *Tamaka Swasa* is having symptoms such as *Peenasa* (Rhinitis), *Gurghuraka* (wheezing sound), *Teevra Vega* (fast breath)[1], *Moha* (unconscious), *Aruchi* (anorexia), *Trushna* (thirst). In *Swasa*, there are mainly three factors *Karana*, *Sthana*, *Moola*. [2]

*Karana* is *Bahya Karana* (external factor) which includes *Raja*(dust), *Dhooma* (smoke), pollen etc. These enter the respiratory tract and release mast cells. After the rupture of mast cells, surfactants will be the released. These surfactants engulf the foreign body causing the production of cough reflux and plugs the respiratory tract to produce abnormal breathing sounds. *Sthana*, which include *Nabhyadi*, can be understood in terms of cardiac, renal and pulmonary problems. *Dosha* can be understood in terms of predominance of *Dosha*. Bronchial Asthma is a chronic inflammatory disorder of the airways, associated with recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night and in the early morning. [3]

Paroxysm attacks can last for days to months which results in sleepless nights, thus disturbing the normal lifestyle of the person. The available treatment in modern medical science are bronchodilators, steroids, even in the form of inhalers and leukotrienes modifiers[4], anti-tussive, expectorants, demulcent's etc. can be used as instant or symptomatic relief in Bronchial asthma. The pathophysiology of lung diseases is mainly of two types namely, constrictive and restrictive. Asthma is constrictive. The disease originates from *Pitta Sthana*, which gets localised in *Kaphasthana* and is characterised by dominance of *Kapha* and *Vata Dosha*. [5]

## Case Report

A 44-year-old female patient comes with chief complaints of difficulty in breathing and wheezing sounds for the past 6 years which aggravated in the last 10 days. It is also associated with fever, headache, tiredness and severe cough with sputum and inability to sleep in the past 10 days.

## History of Present Illness

Patient was apparently normal before 6 years. One day she got fever, running nose, difficulty in breathing and nausea. For this, she consulted a nearby physician and took some medication [details unknown] which reduced symptoms temporarily. After that she started facing breathing difficulty and cough with expectoration repeatedly which often worsens at night and during cold seasons. During those times, she took one cetirizine tablet and salbutamol syrup and managed symptoms. In November 2023, she had a severe episode of fever, cold, breathing difficulty, cough with expectoration and sleep disturbance. For these complaints, she was admitted to Kaveri hospital, Bangalore. They gave injections, nebulisations and oral medicines [details unknown] which gave some relief. For past 10 days, she has been suffering from difficulty in breathing and wheezing sounds along with fever, head ache, tiredness and severe cough with sputum and disturbed sleep. For same complaints, patient consulted at Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre and was admitted on 03/10/2024

## Treatment History

She was taking cetirizine tablet and salbutamol syrup during the episodes in the past 6 years

## Past History

K/c/o bronchial asthma in the last 6 years  
n/k/c/o diabetes, hypertension and thyroid dysfunction.

## Personal History

Occupation - self-employed [working in an air-conditioned room]

Diet - mixed / *Sama Ahara*

Habits - Coffee 3-4 times/ day. No alcohol or smoking.

## Examination

**Table 1: Assessment of General condition**

Appetite	Reduced
Bowel	Regular, once/ day
Micturition	Normal
Sleep	Disturbed

## Family History

All family members are healthy.

## Respiratory System

### ■ Inspection

Symmetry - Bilaterally symmetrical.

No scar, No swelling, No discoloration.

Accessory muscles - sternocleidomastoid muscle used

Type of breathing - Thoraco-abdominal breathing

Respiratory rate - 24/minute

### ■ Palpation

Tenderness - Absent

Position of trachea - centrally placed

Vocal fremitus - bilaterally symmetrical

### ■ Percussion

Resonant over lung field.

Cardiac and hepatic dullness noted.

### ■ Auscultation

Wheeze - present [right upper more than left]

Vocal resonance - bilaterally symmetrical

Respiratory rate - 24/minute

## Ashtasthana Pareeksha

Nadi (pulse) - 68 b/min - *Vataja*

Mala (stool) - Once a day

Mootra (urine) - 3-4 times/day

Jihwa (tongue) - *Liptha*

Shabda (speech) - Difficulty in talking

Sparsha (touch) - *Ushna*

Druk (eyes) - *Doosara Varna*

Akruthi (built) - *Madhyama*

## Materials and Methods

**Source of data:** Patient suffering from *Tamaka Swasa* approached the O.P.D of SKAMCH&RC, Bangalore. IP No: L 36915.

**Study design :** A single case study

**Assessment:** Assessment was done based on signs and symptoms [6] of the *Tamaka Swasa*/Bronchial Asthma.

## Treatment

- *Sthanika Abhyanga* with *Brihat Saindhavadi Taila* for 5 days
- *Sthanika Nadi Sweda* with *Dashamoola Qwatha* for 5 days
- *Sadyo Vamana* with *Pippali Saindhava Jala* for 1 day followed by *Dhoomapana* with *Haridra Kaanda*

**Table 2: Symptoms before Treatment**

Criteria	Present /Absent
Breathlessness	Present
Paroxysm of breathlessness	Present
Wheezing/ Ronchi	Present
Cough	Present throughout the day
Expectoration of sputum	Present
Nasal symptoms	Present
Tightness in chest	Present
Night symptoms like waking in night	Present
Others 1) Body position	Sitting preferably
2) Respiratory Rate	24/ min.

**Table 3: Vamana chart**

Time	Aushadha	No of glass	Time	Vega	Contents
6.20 am	Pippali Saindhava Jala	5	6.29 am	1 Vega	Pippali Saindhava Jala + Kapha
6.30 am	Pippali Saindhava Jala	6	6.38 am	1 Vega	Pippali Saindhava Jala + Kapha
6.41 am	Pippali Saindhava Jala + 1 pinch Madana Phala Choorna	6	6.50 am	1 Upavega	Pippali Saindhava Jala + Kapha
6.54 Am	Pippali Saindhava Jala + 1 pinch Madana Phala Choorna	2	6.57 am	1 Upavega	Pippali Saindhava Jala + Kapha
7.02 Am	Pippali Saindhava Jala + 1 pinch Madana Phala Choorna	2	7.06 am	1 Upavega	Pippali Saindhava Jala + Kapha
7.10 Am	Saindhava Jala	4	7.16 am	1 Vega	Saindhava Jala + Kapha
7.18 Am	Saindhava Jala	4	7.23 am	1 Vega	Saindhava Jala + Kapha

Total no of Vega = 4

Total no of Upavega = 3

## Result

**Table 4: Symptoms Before and After Treatment**

Criteria	Before treatment	After treatment (next day)
Breathlessness	Present	Mildly present
Paroxysm of breathlessness	Present	Absent
Wheezing/ Ronchi	Present	Absent
Cough	Present throughout the day	Reduced
Expectoration of sputum	Present	Absent
Nasal symptoms	Present	Absent
Tightness in chest	Present	Absent
Night symptoms like waking in night	Present	Absent
Others 1) Body position	Sitting preferably	Comfortable with all postures
2) Respiratory Rate	24/ mint	18/ mint

## Discussion

The management of *Swasa* depends upon the *Dosha* predominance. Here the main *Doshas* are *Vata* and *Kapha*. There are 4 types of patients mentioned by *Acharya Charaka* like *Balavan* (Strong), *Durbala* (weak), *Kaphadikya*, *Vatadikya*.<sup>[7]</sup> When the patient is *Balavan* along with *Kaphadikya*, *Shodhanas* like *Vamana* and *Virechana* can be administered. The available treatment in modern medical science like bronchodilators, steroids, even in the form of inhalers and leukotriene modifiers along with these anti-tussive, expectorants, demulcent's etc. can be used for instant or symptomatic relief in Bronchial asthma. Terms mentioned by *Charaka* like *Kapha Nissaraka* can be correlated with expectorant, *Khani Mardavam Ayathi* or *Srotho Mardavakara* with demulcent. Along with that, in *Tamaka Swasa*, *Vimokshanthe Muhurthe Labhate Sugam*<sup>[8]</sup> is mentioned i.e., after expelling out *Kapha*, there is a sudden relief of symptoms and therefore, *Sadyovamana* was planned.

### ■ Discussion on *Chikitsa Sutra*

The *Swasa* and *Kasa* (cough) patient is treated with *Lavana Taila Abhyanga* followed by *Nadi*, *Prasthara* or *Sankara Swedana*<sup>[9]</sup> (types of *Swedana*). By means of *Swedana*, the *Grathitha Kapha Vilayana* (liquification) will happen. *Srothaavarodha* (obstruction) is relieved and proper *Vatanulomana* occurs, just like the liquification of snow by the heat of sun rays in hilly regions.<sup>[10]</sup> In this condition, *Vamana* can be administered with *Pippali*, *Saindhava* etc which are *Vata Avirodhini*.<sup>[11]</sup> The patient who has *Kasa* along with *Swasa* are to be treated with *Chardhana* (vomiting).<sup>[12]</sup>

### ■ Discussion on *Brihat Saindhavadi Taila*

*Charaka* mentioned the benefits of *Lavanopahitha Sneha*<sup>[13]</sup> (*Sneha* with salt) which acts in short period of time. It also has *Sookshma Guna* (minuteness) and therefore it has greater penetration power. *Taila* is having *Ushna Guna* (hotness) and act on *Vata Dosha* without hampering *Kapha*. Hence *Brihat Saindhavadi Taila* is the best choice for *Abhyanga* (Oil massage). *Acharya Sushruta* explains *Abhyanga's* mode of action as the *Veerya* (potency) of drugs absorbed by skin.

### ■ Discussion on *Nadi Swedana*

*Swedana* helps to liquify the *Kapha* and helps with easy evacuation.

Due to *Swedana*, the drugs will penetrate inside via capillary dilation, causing increased circulation leading to waste expulsion.

### ■ Discussion on *Sadyo Vamana*

In *Jwara Chikitsa*<sup>[14]</sup> it is mentioned that, if *Doshas* are in *Utklishta Avastha*, *Sadyo Vamana* can be advised. According to *Acharya Sushruta*, the *Lakshana* of *Utklesha Avastha* is *Praseka* (watering of mouth) and *Shteevana* (spitting). By considering all these, *Sadyo Vamana* can be advised in *Vega Kaleena Avastha* (during the attack). The main aim for *Snehapana* (internal oleation) is to do the *Utkleshana* of the *Dosha*, but here, already *Doshas* are in *Utklishta Avastha*, therefore *Snehapoorvaka Vamana* is not needed here. In the same context, *Chakrapani* has mentioned that when *Doshas* are already in *Utklishta Avastha*, *Snehana* and *Swedana* is not needed or can be done in mild form. There is a reciprocal relationship mentioned as "वातकृद्धा कफहरं कफकृद्धा निलापहम्".<sup>[15]</sup> So, when we need direct *Kapha Harana* (pacification of *Kapha*) effect, we can directly plan for *Sadyo Vamana*.

### ■ Discussion on *Paschat Karma*

- *Mukha Pani Pada Prakshalana* (washing of face, hands, legs) - for *Srama Haranartha* (to relieve tiredness)
- *Kavala* (gargling) - to remove the *Upalepa* (coating) in the mouth
- *Dhoomapana*<sup>[16]</sup> (medicated smoke inhalation) - According to *Acharya Charaka*, to remove the *Sheshsa Dosha* (remaining *Dosha*) and *Leena Dosha* (concealed *Dosha*), *Dhoomapana* is advised.

Dhoomapana Types	Types of Yoga
Prayogika	Samyak yoga
Vairechanika	Ayoga
Snehika	Athiyoga

- *Thamboola Sevana* (chewing betel leaves) - *Eka Patram Dwipoogam Khadira Choorna Sammitham*

*Astanga Sangraha* specifically mentions *Tamboola Sevana* with areca nut. It contains arecoline, arecaidine which help to prevent super infection as well as for *Kapha Pitta Shamaka*. *Khadira* has the properties like antimicrobial, antibacterial and anti-inflammatory property. It balances *Kapha* and *Pitta*.

### ■ Discussion on *Samsarjana Krama*

*Peya* (thin rice gruel) should be avoided here as it is *Kapha Vardhaka* (which increase *Kapha*). *Yusha* (soup) is the choice eg: *Kulatha Yusha*<sup>[17]</sup> (horse-gram soup), *Mudga Yushas* (green-gram soup) can be advised to patient.

## Conclusion

*Sadhyo Vamana* is an *Athyayika* (emergency) line of management in *Vega Avastha* of *Tamaka Swasa*. After proper understanding of *Karana*, *Sthana* and *Moola*, treatment has to be planned. During *Vega Avastha*, for the *Utklishta Avastha Doshas*, *Sadhyo Vamana* will be beneficial, but later *Virechana*, followed by *Rasayana* therapy will be more beneficial to treat the disease from the root cause. By adopting modification in diet, as well as lifestyle, will help in preventing the recurrence of the disease.

## References

1. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2023. *Chikitsasthana*, 17/56. p. 535 [Crossref][PubMed][Google Scholar]
2. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2023. *Chikitsasthana*, 17/70. p. 536 [Crossref][PubMed][Google Scholar]
3. Walker BR, Colledge NR, Ralston SH, Penman ID, editors. Davidson's Principles and Practice of Medicine. 22nd edition. New York: Churchill Livingstone Elsevier; 2014. Chapter 19. p. 666 [Crossref][PubMed][Google Scholar]
4. Clinical Research Protocols for Traditional Health Sciences. Central Council for Research in Ayurveda & Siddha. Section 1, Bronchial Asthma. p. 33 [Crossref][PubMed][Google Scholar]
5. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2023. *Chikitsasthana*, 17/8. p. 533 [Crossref][PubMed][Google Scholar]
6. Clinical Research Protocols for Traditional Health Sciences. Central Council for Research in Ayurveda & Siddha. Section 1, Bronchial Asthma. p. 43 [Crossref][PubMed][Google Scholar]
7. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2023. *Chikitsasthana*, 17/88-90. p. 537 [Crossref][PubMed][Google Scholar]
8. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/48. p. 535 [Crossref][PubMed][Google Scholar]
9. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/71. p. 536 [Crossref][PubMed][Google Scholar]
10. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/73. p. 536 [Crossref][PubMed][Google Scholar]
11. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/75. p. 536 [Crossref][PubMed][Google Scholar]
12. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/121. p. 538 [Crossref][PubMed][Google Scholar]
13. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Sutra Sthana*, 13/98. p. 78 [Crossref][PubMed][Google Scholar]
14. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 3/143. p. 410 [Crossref][PubMed][Google Scholar]
15. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/149. p. 439 [Crossref][PubMed][Google Scholar]

16. Acharya Yadavji Trikamji, editor. Charaka Samhita of Agnivesha, Chakrapani Datta's Ayurveda Deepika (sans). Reprint edition. Varanasi: Chaukambha Orientalia; 2021. *Chikitsasthana*, 17/77. p. 436 [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

17. Asha SA, Kavita MB. Therapeutic Applications of Various Yusha Kalpana: A Critical Review. J Ayurveda Hol Med (JAHM). 2016;4(6):15-28. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

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