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Tamaka Shwasa and the Mind–Body Axis: Psychosomatic Insights from Ayurveda

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Abstract

Background: *Tamaka Shwasa*, is described in Ayurveda under *Shwasa Roga*, which bears close resemblance to bronchial asthma, a chronic inflammatory airway disorder characterized by recurrent episodes of breathlessness, wheezing, cough, and chest tightness. Ayurveda explains *Tamaka Shwasa* as a *Vata–Kapha* predominant disorder involving the *Pranavaha Srotas*. Along with dietary and environmental factors, psychological disturbances such as stress, anxiety, and emotional imbalance can significantly influence the onset and exacerbation of asthma. The Ayurvedic concept of the mind–body relationship highlights the role of *Manas* and *Manasika Doshas (Rajas and Tamas)* in the manifestation of psychosomatic disorders.

Aim: To explore the psychosomatic dimensions of *Tamaka Shwasa* and evaluate the role of *Manas* in the pathogenesis and plan an ideal management of bronchial asthma from an Ayurvedic perspective.

Materials and Methods: A narrative review was conducted based on classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* along with relevant contemporary scientific literature addressing psychosomatic aspects of bronchial asthma.

Results and Conclusion: Psychological stress and emotional disturbances may aggravate *Rajas* which leads to *Vata prakopa* and dysfunction of the *Pranavaha Srotas*, while *Kapha* contributes to airway obstruction and mucus accumulation, producing the classical features of *Tamaka Shwasa*. Psychological stress activates the hypothalamic pituitary adrenal (HPA) axis and the autonomic nervous system, leading to neuro-immunological changes that promote airway inflammation, bronchial hyper-responsiveness, and increased release of inflammatory cytokines associated with asthma. Modern evidence on stress-induced neuro-immunological and inflammatory mechanisms further supports this integrative understanding. Ayurvedic management incorporating *Shodhana*, *Shamana* by herbal formulations, *Medhya Rasayana*, and mind–body practices such as *Yoga*, *Pranayama* and *Achara Rasayan* which provide a holistic approach to disease management. Future research should focus on well-designed clinical trials and interdisciplinary studies to evaluate the efficacy of Ayurvedic mind–body interventions in bronchial asthma.

Keywords: Tamaka Shwasa, Bronchial Asthma, Psychosomatic Disorders, Manas, Ayurveda, Mind–Body Axis.

Introduction

Bronchial asthma is a chronic inflammatory disease of the airways characterized by recurrent episodes of breathlessness, wheezing, chest tightness, and coughing. The condition results from airway inflammation, bronchial hyper-responsiveness, and reversible airflow obstruction. Although environmental allergens, infections, and genetic predisposition play significant roles in its pathogenesis, growing evidence indicates that psychological factors such as stress, anxiety, and emotional disturbances can precipitate or aggravate asthmatic attacks [1, 2]. These findings have strengthened the concept of the mind–body axis, wherein

psychological states influence physiological processes through neuro-immunological and endocrine pathways [3].

The concept of interaction between mind and body has long been emphasized in Ayurveda, which considers health as a harmonious balance between *Sharira* (body), *Manas* (mind), and *Atma* (consciousness) [4]. According to Ayurvedic philosophy, disturbances in mental equilibrium can directly affect bodily functions and contribute to disease development. The mental attributes governed by *Manasika Doshas, Rajas* and *Tamas* are responsible for emotional and psychological imbalances, which can subsequently disturb the equilibrium of bodily doshas, particularly *Vata* [4, 5]. This interplay forms

the theoretical basis for understanding psychosomatic disorders in Ayurveda.

Among respiratory disorders described in Ayurveda, *Tamaka Shwasa*, classified under *Shwasa Roga*, closely resembles bronchial asthma. It is primarily a *Vata-Kapha* predominant disorder affecting the *Pranavaha Srotas* (respiratory channels). Classical texts describe that aggravated *Vata*, when obstructed by *Kapha*, leads to difficulty in breathing, wheezing, and repeated attacks of dyspnoea [5]. Psychological disturbances such as excessive worry, fear, and emotional stress can aggravate *Rajas*, which in turn provokes *Vata*, thereby disturbing the normal functioning of the respiratory system. Thus, the Ayurvedic understanding of *Tamaka Shwasa* inherently reflects a psychosomatic perspective, where the mind significantly influences the manifestation and severity of the disease.

Considering the increasing recognition of psychosomatic mechanisms in modern medicine and exploring *Tamaka Shwasa* through the framework of the body–mind axis may provide deeper insights into its pathogenesis and holistic management. Therefore, the present article aims to examine the psychosomatic dimensions of *Tamaka Shwasa* with special emphasis on the role of *Manas* in the development and progression of bronchial asthma from an Ayurvedic perspective.

Concept of Mind–Body Axis in Ayurveda (Sharira–Manas Relationship)

Ayurveda recognizes the inseparable relationship between *Sharira* (body) and *Manas* (mind), emphasizing that both together influence health and disease. Classical texts describe life as the harmonious union of *Sharira*, *Indriya*, *Manas*, and *Atma*, highlighting that disturbances in any of these components can lead to pathological conditions [6]. This integrative understanding forms the conceptual basis of the mind–body axis described in modern medicine.

In Ayurvedic philosophy, *Manas* is considered the internal organ responsible for perception, cognition, emotional responses, and behavioural regulation. It acts as a mediator between the sensory organs and the intellect, thereby influencing physiological as well as psychological processes [7]. The normal functioning of *Manas* is maintained by the balance of *Manasika Doshas*, *Rajas* and *Tamas*. *Rajas* is associated with activity, passion, and emotional excitation, whereas *Tamas* represents inertia, ignorance, and psychological dullness. When these mental *Doshas* become aggravated, they disturb mental equilibrium and may subsequently influence bodily *Doshas* [6, 8].

The interaction between mind and body occurs primarily through the regulation of *Vata Dosh*, which governs movement, neural activity, and communication within the body [9]. Psychological stress, fear, anxiety, and excessive emotional responses may aggravate *Rajas* [10], leading to the vitiation of *Vata*. This disturbed *Vata* can affect various physiological systems, particularly the *Pranavaha Srotas*, which are responsible for respiration and vital energy flow [11].

Ayurveda also describes that mental disturbances can act as *Nidana* (etiological factors) for several psychosomatic disorders. Conditions such as *Shwasa*, *Hridroga*, and *Grahani* are believed to be influenced by emotional and psychological states. Thus, the Ayurvedic understanding of disease inherently integrates both somatic and psychological components, supporting the concept that imbalance in the mind may manifest as physical illness.

Therefore, the mind–body axis in Ayurveda provides a theoretical framework for understanding how disturbances of *Manas* may influence the pathogenesis of diseases such as *Tamaka Shwasa*, where emotional stress and mental imbalance may contribute to the aggravation of *Vata* and *Kapha*, ultimately affecting respiratory function.

Psychosomatic Pathogenesis of Tamaka Shwasa

Tamaka Shwasa is described in Ayurveda under *Shwasa Roga* which is primarily a *Vata-Kapha* predominant disorder affecting the *Pranavaha Srotas*. Classical Ayurvedic texts explain that aggravated *Vata*, when obstructed by *Kapha*, leads to difficulty in breathing, wheezing, cough, and episodic dyspnoea [12, 13]. Although physical etiological factors such as exposure to cold, dust, smoke, and improper diet are well recognized, Ayurveda also emphasizes that psychological disturbances and emotional stress can influence the course of the disease through the interaction between *Manas* and *Sharira*. *Swasa* is also found as a symptom in many *Manas vyadhis*.

Manasika Doshas, *Rajas* and *Tamas*, govern psychological activities and emotional responses. Excessive stress, fear, anxiety, or emotional instability may aggravate *Rajas*, leading to mental imbalance [12]. This aggravated *Rajas* stimulates *Vata Dosh*, which controls movement, neural regulation, and respiratory activity in the body. Once *Vata* becomes vitiated, it disrupts the normal functioning of *Pranavaha Srotas*, resulting in abnormal respiratory movements and breathlessness. Simultaneously, *Kapha Dosh* contributes to obstruction within these channels through excessive mucus production and heaviness in the respiratory tract, producing the classical manifestations of *Tamaka Shwasa* [13].

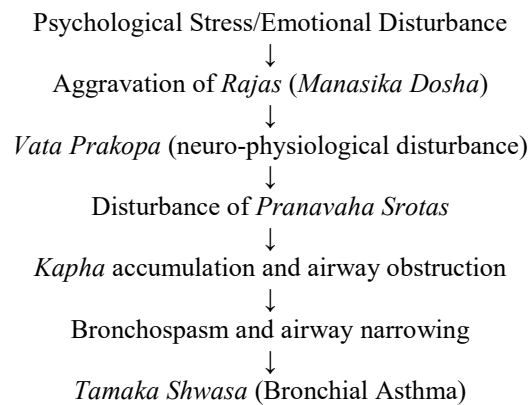
From a modern biomedical perspective, increasing evidence supports the role of psychological stress in the pathogenesis and exacerbation of bronchial asthma. Stress and emotional disturbances activate the hypothalamic–pituitary–adrenal (HPA) axis and the autonomic nervous system, leading to the release of stress hormones such as cortisol and catecholamines [14]. These neuroendocrine responses influence immune function and can alter inflammatory pathways in the respiratory system.

Chronic psychological stress has been shown to enhance airway inflammation, increase bronchial hyper-responsiveness, and promote the release of pro-inflammatory cytokines such as interleukin-4, interleukin-5, and interleukin-13, which play a key role in allergic asthma [15]. In addition, stress-induced imbalance in the autonomic nervous system, particularly increased parasympathetic activity, may cause bronchoconstriction and airway narrowing [16]. These mechanisms lead to heightened airway sensitivity and increased frequency of asthma exacerbations.

Furthermore, psychological stress can influence behavioural and lifestyle factors, including sleep disturbances, poor adherence to medication, and increased exposure to environmental triggers, which further aggravate asthma symptoms [14]. Thus, the modern understanding of neuro-immunological and psychophysiological interactions strongly supports the concept that disturbances in *Manas* can influence physiological functions and contribute to respiratory disorders.

Therefore, *Tamaka Shwasa* can be understood as a psychosomatic condition in which mental disturbances initiate a cascade of physiological events leading to *Vata* aggravation, *Kapha* obstruction, and dysfunction of *Pranavaha Srotas*, ultimately manifesting as bronchial asthma.

Psychosomatic Pathway of Tamaka Shwasa



Holistic Management of Tamaka Shwasa

Ayurveda always focus on Management of *Tamaka Shwasa* in a holistic way. Management is aimed at correcting the underlying *Vata–Kapha* imbalance, removing obstruction in the *Pranavaha Srotas*, and restoring the equilibrium of *Manas*. Since psychological stress and emotional disturbances can aggravate the disease, a comprehensive therapeutic approach addressing both physical and mental factors is essential. Ayurveda therefore emphasizes a holistic management strategy that includes *Shodhana* (purificatory therapies), *Shamana* (palliative treatment), *Rasayana* therapy, and mind-regulating practices such as *Yoga* and *Pranayama* [17, 18].

1. *Shodhana Chikitsa*

Shodhana Chikitsa alleviates all the three aggravated doshas in the body meanwhile purifying it, *Vamana* (therapeutic emesis) is considered the most effective purification therapy in *Kapha*-dominant disorders such as *Tamaka Shwasa*. *Vamana* helps eliminate excess *Kapha* accumulated in the respiratory tract, thereby reducing airway obstruction and improving breathing [17]. In selected cases, *Virechana* (therapeutic purgation) may also be administered to balance *Pitta* and regulate *Vata*, thus improving systemic metabolism and reducing inflammatory tendencies. These purification therapies help clear the channels and restore normal functioning of the *Pranavaha Srotas*.

2. *Shamana Chikitsa (Palliative Therapy)*

After purification or when *Shodhana* is not feasible, *Shamana* therapy is employed to control symptoms and maintain *Doshic* balance. Several herbal drugs described in Ayurvedic texts possess bronchodilatory, anti-inflammatory and expectorant properties. Important herbs used in the management of *Tamaka Shwasa* include *Kantakari* (*Solanum xanthocarpum*), *Vasa* (*Adhatoda vasica*), *Pippali* (*Piper longum*), and *Bharangi* (*Clerodendrum serratum*).¹⁸ Classical formulations such as *Sitopaladi Churna*, *Talisadi Churna*, *Agastya Haritaki* and *Vyaghri Haritaki* are commonly prescribed to relieve cough, reduce *Kapha* accumulation and improve respiratory function.

3. *Medhya Rasayana* and Mental Regulation

Disturbances of *Manas* play a role in psychosomatic disorders and hence Ayurveda recommends *Medhya Rasayana*¹⁹ to promote mental stability and reduce stress. The four principal drugs described in Charaka Samhita include:

- *Mandukaparni* (*Centella asiatica*) – Enhances learning and memory

- *Yashtimadhu* (*Glycyrrhiza glabra*) – Nourishing and calming
- *Guduchi* (*Tinospora cordifolia*) – Adaptogenic and immunomodulatory
- *Shankhapushpi* (*Convolvulus pluricaulis*) – Useful in anxiety and insomnia

Other important drugs mentioned across classical texts like Sushruta Samhita include *Brahmi*, *Vacha* and *Jatamansi*. These drugs may help restore balance in *Manasika Doshas*, thereby indirectly supporting respiratory health.

Recent pharmacological and clinical studies have provided substantial evidence supporting the neurocognitive benefits of *Medhya Rasayana* described in *Samhita*. These formulations exhibit significant nootropic activity, resulting in improved learning, memory, and cognitive performance, particularly with drugs such as *Bacopa monnieri* (*Brahmi*) and *Centella asiatica* (*Mandukaparni*)^[20, 21].

Experimental studies have demonstrated marked neuroprotective effects, including prevention of neuronal degeneration and enhancement of synaptic plasticity. Drugs like *Tinospora cordifolia* (*Guduchi*) and *Withania somnifera* (*Ashwagandha*) have shown protective roles against neurotoxicity and age-related cognitive decline^[22, 23].

The antioxidant properties of *Medhya Rasayana* are well documented, with multiple studies reporting reduction in oxidative stress markers and lipid peroxidation. This effect is particularly significant in the context of neurodegenerative disorders, where oxidative damage plays a central role^[21, 24].

In addition, these drugs exhibit strong adaptogenic effects, enhancing the body's ability to cope with stress by regulating the hypothalamic–pituitary–adrenal (HPA) axis. *Ashwagandha*, in particular, has demonstrated significant stress-reducing and anxiolytic effects in clinical trials^[23].

Furthermore, *Medhya Rasayana* drugs are known to influence neurotransmitter systems, including acetylcholine, serotonin, and dopamine. *Brahmi* has been shown to enhance cholinergic transmission, thereby improving memory and learning, while other drugs contribute to mood stabilization and emotional balance^[20, 25].

Collectively, these findings provide strong scientific validation for the classical concepts described in Charaka Samhita and support the therapeutic application of *Medhya Rasayana* in cognitive and psychosomatic disorders.

4. *Yoga, Pranayama* and Mind–Body Practices

Mind–body practices such as *Yoga*, *Pranayama*, and meditation play an important role in the management of *Tamaka Shwasa*. Controlled breathing techniques like

Anuloma–Viloma, *Bhramari* and *Nadi Shodhana Pranayama* help improve lung capacity, regulate autonomic nervous system activity, and reduce stress-related triggers of asthma. Modern studies suggest that yoga-based breathing exercises can improve pulmonary function, reduce anxiety and enhance quality of life in asthma patients [26].

5. *Achara Rasayana*

The incorporation of *Achara Rasayana*, encompassing behavioural discipline, mental composure, and ethical conduct, plays a pivotal role in enhancing therapeutic outcomes by effectively addressing the psychological triggers associated with *Tamaka Shwasa*. This integrative approach shows a close parallel with contemporary mind–body interventions, such as cognitive behavioural therapy and structured stress management techniques, which have demonstrated efficacy in improving symptom control and quality of life in patients with bronchial asthma [27, 28]. Recent advances in psychosomatic research have highlighted the significant role of cognitive behavioral therapy (CBT) in the management of bronchial asthma. Contemporary randomized controlled trials and systematic studies indicate that CBT, including internet-delivered interventions, effectively reduces asthma-related anxiety, improves emotional regulation, and enhances overall quality of life [29, 31]. These interventions primarily act by modifying maladaptive thought patterns, reducing stress perception, and improving coping mechanisms, thereby minimizing the frequency and severity of asthma exacerbations. Although such approaches do not directly influence pulmonary function, their impact on symptom perception and disease control is substantial [29, 32]. Furthermore, long-term studies have demonstrated sustained benefits in psychological well-being and self-management among asthma patients undergoing CBT-based interventions [30, 33]. These findings strongly support the integration of mind–body therapies in asthma care and parallel the Ayurvedic concept of addressing *Manas* through modalities like *Medhya Rasayana* and *Achara Rasayana*.

Integrative Perspective

Thus, Ayurvedic management of *Tamaka Shwasa* addresses both somatic and psychological components of the disease. By combining herbal medications, purification therapies, *Medhya Rasayana* drugs, and mind–body interventions including *Achara Rasayana* Ayurveda provides a holistic therapeutic approach that aligns closely with the concept of the mind–body axis in chronic respiratory disorders.

Discussion

Bronchial asthma is increasingly recognized as a disorder influenced by complex interactions between physiological, environmental and psychological factors. Modern biomedical research highlights the role of the mind–body axis, where emotional stress and psychological disturbances can influence immune responses, airway inflammation and bronchial hyper-responsiveness. Activation of neuroendocrine pathways such as the hypothalamic–pituitary–adrenal (HPA) axis and autonomic nervous system during stress can modulate inflammatory mediators and contribute to asthma exacerbations. These observations provide scientific support for the concept that mental states significantly influence respiratory health.

Ayurveda has long acknowledged this interrelationship through the concept of *Sharira–Manas Samyoga*, emphasizing that disturbances in the mind can affect bodily

functions and lead to disease. The involvement of *Manasika Doshas*, *Rajas* and *Tamas*, in altering mental equilibrium provides a theoretical framework for understanding psychosomatic disorders. In the context of *Tamaka Shwasa*, emotional stress and psychological disturbances may aggravate *Rajas*, which in turn stimulates *Vata Dosha*, disturbing the normal functioning of *Pranavaha Srotas*. Simultaneously, *Kapha Dosha* contributes to obstruction within these channels, resulting in the classical symptoms of dyspnoea, wheezing, and cough described in Ayurvedic texts. The correlation between Ayurvedic concepts and modern scientific findings suggests that *Tamaka Shwasa* can be viewed as a psychosomatic condition, where mental and physical factors interact in the pathogenesis of the disease. Modern studies demonstrating the impact of stress on immune regulation, airway inflammation, and autonomic imbalance provide parallels to the Ayurvedic description of *Vata* aggravation and *Kapha* obstruction in the respiratory channels.

Furthermore, the Ayurvedic approach to management aligns with the modern concept of holistic and integrative care. Therapies such as *Shodhana* procedures, herbal formulations with bronchodilatory and anti-inflammatory properties, and *Medhya Rasayana* aimed at improving mental stability collectively address both physiological and psychological aspects of the disease. Recent pharmacological studies support these classical claims, demonstrating that *Medhya Rasayana* drugs possess significant nootropic, neuroprotective, antioxidant, and adaptogenic properties. Drugs such as *Bacopa monnieri* (*Brahmi*) and *Centella asiatica* (*Mandukaparni*) have shown enhancement of cognitive functions and stress resilience, while *Withania somnifera* (*Ashwagandha*) exhibits potent anti-stress and anxiolytic effects. These agents also modulate neurotransmitters such as acetylcholine, serotonin, and dopamine, which play a crucial role in emotional regulation and stress response.

The adaptogenic action of these drugs, particularly through modulation of the hypothalamic–pituitary–adrenal (HPA) axis, helps in reducing stress-induced exacerbations of asthma. Additionally, their antioxidant and anti-inflammatory properties may indirectly contribute to reducing airway inflammation, a key pathological feature in *Tamaka Shwasa*. Mind–body practices such as Yoga, Pranayama, meditation and *Achara Rasayan* have also been shown to improve lung function, reduce stress, and enhance quality of life in asthma patients.

Recent randomized controlled trials have demonstrated that cognitive behavioral therapy, particularly internet-delivered CBT, significantly improves asthma control, reduces anxiety, and enhances quality of life, thereby supporting the role of psychological interventions in asthma management. Thus, integrating these approaches may provide a comprehensive strategy for the management of *Tamaka Shwasa*.

Overall, the convergence of Ayurvedic theory and modern biomedical evidence supports the concept that effective management of bronchial asthma should consider both somatic and psychological dimensions, reinforcing the relevance of the mind–body paradigm in clinical practice

Conclusion

Tamaka Shwasa, a *Vata–Kapha* predominant disorder of the *Pranavaha Srotas*, closely resembles bronchial asthma and reflects the Ayurvedic understanding of the mind–body relationship in disease manifestation. Disturbances in *Manas*,

particularly the aggravation of *Rajas*, may influence *Vata* and contribute to respiratory dysfunction, indicating the psychosomatic nature of the condition. Modern research also supports the role of psychological stress and neuro-immunological mechanisms in triggering and exacerbating asthma, thereby aligning with Ayurvedic concepts of *Sharira-Manas* interaction.

Ayurvedic management, including *Shodhana* therapies, herbal formulations, *Medhya Rasayana*, and mind-body practices such as *Yoga* and *Pranayama*, *Achara Rasayan* offers a holistic approach addressing both physiological and psychological aspects of the disease. Such integrative strategies may improve symptomatic control and overall quality of life in patients with bronchial asthma.

However, further clinical and experimental research is required to explore the psychosomatic mechanisms described in Ayurveda. Future studies should focus on controlled clinical trials evaluating Ayurvedic therapies and mind-body interventions, as well as interdisciplinary research integrating Ayurvedic principles with modern biomedical approaches to better understand and manage *Tamaka Shwasa*

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