

International Journal of Research in Indian Medicine

Preparation of Amritmanjari Rasa & its effect on shwasa roga w.s.r. to bronchial asthma

Aneeta Kumari^{*1}, Amarendra Kumar Singh², Ajay Kumar Singh³

1. M.D.(Ay.) Rasa Shastra
2. Associate Professor, Dept. of Roga & Vikriti Vigyan, Govt. Ayurveda College & Hospital, Patna, Bihar, India-3, singh.amarendra70@yahoo.co.in
3. Professor & Head of P. G. Department Govt. Ayurveda College & Hospital, Patna, Bihar, India.

***Corresponding author: shresthadaksha22@gmail.com**

Ethical approval:

Approved by the Institutional ethics committee

Conflict of Interest:

None declared

Sources of Funding:

None

Date of Submission:

9/02/2019.

Date of Peer Review:

8/03/2019.

Date of Acceptance:

29/03/2019.

Date of Publishing:

09/04/2019.

Name of Publication:

Dudhamal Publications (OCP)
Pvt. Ltd., Chembur, Mumbai,
Maharashtra, India

Abstract

Bronchial Asthma is one of chronic recurrent airway disorder, the parallel of which in ancient medicine is *shwasa*. It affects peoples of all ages & can be severe, sometimes fatal. *Tamaka Shwasa* is one among the five types of *shwasa* which is said to be *Sadhya/Yapya* in nature in the texts and characterized by paroxysmal attacks of breathlessness, cough, rhinitis, chest tightness, rapid respiration, distress due to inability to expectorate and prolonged expiration. *Tamaka shwasa* has got a great importance in research due to its *Sadhya/Yapya* nature i.e., being manageable. So this literature is dealt with the etio-pathogenesis and management of *Tamaka shwasa*. "*Amritmanjari rasa*", a herbo-mineral preparation described in *Rasendra Sara Samgrah*, is chosen for the study in the treatment of *Shwasa roga*. Properties of all six ingredients make a perfect choice for the management of *tamak shwasa*. All its properties make the point of attraction for the study of this preparation. Here an effort has been made to find out the effect of trial drug in decreasing the recurrence of episodes of *Tamaka shwasa* and improving the quality of patient's life.

Keywords: *Tamaka shwasa*, Bronchial Asthma, *Amritmanjari rasa*.

INTRODUCTION

Because of the faulty methods of living, scarcity of balanced diet and various other reasons the incidence of *Tamak shwasa* is increasing day by day. Bronchial asthma mentioned on modern medical science closely resembles with *Tamaka Shwasa*. The clinical manifestations show high recurrence pattern. There is no satisfactory treatment available yet so far. *Ayurveda* has a strong scientific background, which has recommendations for clinical management of this condition. In *Ayurvedic* texts *sodhana* and *samana* both types of treatment regimen have given a due importance in the treatment of *shwasa roga* by almost all *Acharyas*. Although *sodhana* therapy shows better result than *samana* therapy, but *sodhana* therapy is not possible in all the conditions and in all the patients, all times and in the classics also, the *samana* and *brimhana* therapy has been

considered better than *sodhana* therapy. One of the herbo-mineral preparation, *Amritmanjari rasa* was chosen to study its effect on *shwasa*. The properties of ingredients of *Amritmanjari rasa* are found effective and can decrease the recurrence of episodes and avoiding the drug dependence and adverse effects.

AIMS AND OBJECTIVES:

- To study the preparation of effective and quality medicine for oral administration.
- To evaluate the efficacy of *Amritmanjari rasa* in the management of *Tamak shwasa*.

MATERIALS AND METHODS:

Selection of patients: Patients of *Shwasa* attending the O.P.D and I.P.D of the **G.A.C.H. Patna** were selected randomly on the basis of classical sign and symptoms fulfilling the criteria of diagnosis/inclusion.

Criteria for Inclusion	Criteria for exclusion
Age Between 12 to 70 years	Age < 12 years and > 70 years
Cardinal Features of Tamak Shwasa like Dyspnoea, cough, wheeze, chest tightness etc	Cardiac disease, Tuberculosis, Congenital anomalies

Diagnostic Criteria - Classical symptomatology for *Tamaka Shwasa* and cardinal symptoms of Bronchial asthma.

Investigation: Respiratory function tests, Lab Investigations: Haematological - TLC, DLC, ESR, Hb % etc., Urine (R/E), Stool (R/E) for ova and cyst, Sputum. Radiological Examination of the chest.

STUDY PLAN: Total of 41 patients were selected for the study in two groups. *Sodhana* of all the ingredients was done separately and properly as stated in our classics. In this study *sodhana* of *Hingula* was done by means of two methods. According to *sodhita hingula* and

bhavana dravya used, the drugs prepared were named as:

1. **Amritmanjari Rasa I** given to patients of **group I**, prepared with *nimbu swarasa shodhita hingula* including other ingredients (*Tankana, vatsnabha, pippali, Maricha and Jawitri*) all in equal amount. *Bhavana dravya* was also *nimbu swarasa*.
2. **Amritmanjari Rasa II** given to patients of **group II**, prepared with *ardraka swarasa shodhita hingula*. Rest of the ingredients was same. *Bhavana* given here was that of *ardraka swarasa*.



The treatment schedule for each group can be classified as under:

Group	No. of Patient.	Drug	Dose	Anupana	Duration
I	21	Amrit-manjari Rasa I	250 mg BD	Madhu	3 months
II	20	Amrit-manjari Rasa II	250 mg BD	Madhu	3 months

Do's	Don'ts
Take the hot meals	Don't smoke & overexert
Drink lukewarm water, take bath with warm water & stay away from pollution or provoking factors.	Avoid exposure to polluted environment & consuming restricted eatables.
Stay in warm place in winter.	Don't expose directly to cold wind.

Criteria for the assessment:

- Subjective criteria - like presence or absence of sign and symptoms after the treatment.
- Objective criteria – Assessment of biophysical parameters like pulse rate, respiratory rate, blood pressure, body weight etc after every follow up and finally at the end of the treatment.
- lab assessment like haematological investigations & Respiratory function tests were carried out after treatment.

After completion of therapy, the observations was made on all the 41 patients and the results obtained in both the treated groups were analyzed statistically. The information gathered was subjected to statistical analysis in terms of mean score (x), standard Deviation (S.D.) standard error (S.E.), paired t – test were thus interpreted as:

- $P > 0.05$ – Insignificant
- $P < 0.01$ - Significant Improvement
- $P < 0.05$ – Improvement
- $P < 0.001$ - Highly Significant

OBSERVATION AND RESULTS:**Cardinal symptoms found in 41 patients of shwasa:**

Cardinal symptoms	No. of patients		Total	Percentage
	Group I	Group II		
Shwasakrichhrata	21	20	41	100%
Kasa	21	20	41	100%
Pinasa	18	14	32	78.05%
Urahshula	13	20	33	80.49%
Parshvashula	18	17	35	85.37%
Ghurghurakam	20	20	40	97.56%
Kaphastheevan	17	15	32	78.05%
Arati	08	10	18	43.90%

Effect of *Amritmanjari rasa I* & *Amritmanjari rasa II* in group I and II respectively on essential cardinal symptoms of *shwasa*:

Cardinal Symptoms	Amritmanjari Rasa I in group I				Amritmanjari Rasa II in group II			
	% of	± SD	t	P	% of Relief	± SD	t	P

	Relief							
Shwasakrichrata	38.89	0.48	6.32	< 0.001	39.39	0.49	5.94	< 0.001
Kasa	37.04	0.22	20	< 0.001	44.19	0.22	19	< 0.001
Pinasa	27.59	0.50	3.51	< 0.01	31.58	0.47	2.85	< 0.05
Urahshula	47.37	0.51	3.87	< 0.01	11.76	0.41	2.18	< 0.05
Parshvashula	25.00	0.50	3.51	< 0.01	17.86	0.44	2.52	< 0.05
Ghurghurakam	22.73	0.51	4.26	< 0.001	5.56	0.31	1.45	< 0.05
Kaphashteevan	41.67	0.60	3.63	< 0.01	47.37	0.51	3.94	< 0.01
Arati	72.73	0.50	3.51	< 0.01	81.82	0.6.	3.33	< 0.01

Effect of *Amritmanjari rasa I* in Group I and *Amritmanjari rasa II* in group II on Essential features of Bronchial Asthma

Essential Features	Amritmanjari rasa I in group I				Amritmanjari rasa II in group II			
	% of Relief	SD (±)	T	P	% of Relief	SD (±)	T	P
Frequency of exacerbation	27.78	0.51	4.26	< 0.001	20.00	0.49	3.20	< 0.01
Duration of exacerbation	18.75	0.46	2.83	< 0.05	34.76	0.51	4.82	< 0.001
Chest Tightness	26.00	0.50	5.70	< 0.001	10.53	0.41	2.18	< 0.05
Cough	46.43	0.44	13	< 0.001	44.18	0.22	19	< 0.001
Wheezing	22.73	0.51	4.26	< 0.001	5.56	0.31	1.14	> 0.05
Sputum	39.13	0.51	3.87	< 0.01	47.06	0.50	3.56	< 0.01
Dyspnoea with exertion	12.28	0.48	3.16	< 0.01	9.80	0.44	2.52	< 0.05
Nocturnal Dyspnoea	40.54	0.56	5.84	< 0.001	39.40	0.49	5.94	< 0.001

Effect of *Amritmanjari rasa I* in Group I and *Amritmanjari rasa II* in Group II on Laboratory Investigations

Laboratory Investigations	Effect of <i>Amritmanjari rasa I</i> Group I				Effect of <i>Amritmanjari rasa II</i> in Group II			
	% of	SD	t	P	% of	SD	T	P

	Relief	(±)			Relief	(±)		
Hb%	0.39	3.03	0.29	> 0.05	0.14	4.61	0.05	> 0.05
E.S.R.	9.25	2.17	2.71	< 0.05	24.52	5.61	2.03	> 0.05
T.L.C.	2.78	1079.02	0.91	> 0.05	17.36	1453.53	4.40	< 0.001
Eosinophil	15.25	6.80	4.97	< 0.001	31.76	8.91	9.13	< 0.001

COMPARATIVE EFFECT OF BOTH THE TRIAL DRUGS ON CARDINAL SYMPTOM OF SHWASA:

Cardinal Symptoms	%age of Relief by <i>Amritmanjari I</i>	%age of Relief by <i>Amritmanjari II</i>
Shwasakrichhrata	38.89%	39.39%
Kasa	37.04%	44.19%
Pinasa	27.59%	31.58%
Urahshula	47.37%	11.76%
Parshvashula	25%	17.86%
Ghurghurakam	22.73%	5.56%
Kaphastheeva	41.67%	47.37%
Arati	72.73%	81.82%

Overall effect of therapy on patients of trial group I & trial group II:

Results	No. of Patients		Total	%
	Group I	Group II		
Complete remission	0	0	0	0
Markedly improved	0	0	0	0
Moderately improved	4	0	4	9.76
Mildly improved	16	11	27	65.85
No Improvement	1	9	10	24.39

DISCUSSION:

This work incorporates studies on etio- pathogenesis of *Tamak shwasa*, clinical presentation and the overall results. ***Amritmanjari Rasa***, the selected drug for this trial is a herbo-mineral preparation in *Vati* form as given in the text, according to which the drug should be easily administered by the patient of *Shwasa Roga*. Action of a formulation is compound effect of the ingredients in it, it may be synergetic. Drugs are having its action either by its *Rasa*, *Virya*, *Guna*, *vipaka* or *prabhava*. In this study attention was paid more on the action of drugs and to utilize it in the treatment of *Shwasa*. *Amritmanjari Rasa* is a combination of six drugs whose properties are excellently balancing each other in *Rasa-panchaka* and enhancing the *Vatakaphahara*, *Deepana*, *Pachana* and *Vatanulomana* properties which are seen in most of them. Ingredients of ***Amritmanjari Rasa*** are ***Hingula***, ***Tankana***, ***Vatsanabha***, ***Pippali***, ***Maricha*** and ***Javitri*** all in equal amount. This formulation was prepared as guidelines given in the reference book ***Rasendra Sara Samgrah***.

On the basis of *bhavana* given in the preparation of drug, the drug prepared was named as *Amritmanjari Rasa I* and *Amritmanjari Rasa II*. The main aim of preparing drug by two different ways was

to compare the effect that which one was more suitable in relieving the disease *Shwasa*. Selection of *dravya* for *Hingula sodhana* was also done according to the *bhavana* given in the main drug for making the drug more effective.

Hingula, a mineral compound of mercury and sulphur has immense therapeutic value. The second important mineral compound in this formulation is ***Tankana***. *Tankana* has properties like *Katu Rasa*, *Ushna*, *Snigdha guna*, *Kapha-vataher*, *dipana*, *pachana*, *Hridya* and *vishaghna*. This is also used as an antidote of ***Vatsanabha***, the another ingredient of *Amritmanjari Rasa*. *Vatsanabha*, in *Rasa* Texts it is described in *Upavisha* category having properties like *madhura rasa*, *laghu guna*, *ushna virya*, *madhur vipaka* and *tridosaher*. If we compare the properties of *Tankana* and *Vatsanabha*, it is observed that most of the properties like *rasa*, *guna* etc. of both are just reverse. So it is possible that *Tankana* was probably used in this preparation to overcome the toxic effect of *Vatsanabha*. Now ***Maricha*** i.e. *Piper nigrum* is having properties like *ushna virya*, *tikshan laghu guna* and *katu rasa*. Due to *kapha samaka* property it found to be effective in *Shwasa roga*. Due to *Kaphnihsaraka*, *kaphaghna*, *deepana* and *pachana guna*, ***Javitri*** has also an important role on this disease.

Tamaka Shwasa is a *Vatakapthamaka Vyadhi* and the properties of both the *Doshas* are opposite to each other (besides *Sheeta Guna*) so a combination of *Vata Kaphahara Rasapanchaka* of the drug pacify both the causative *Doshas* and relieving the symptoms. *Vata-Kaphahara* property of most of the ingredients of trial drug alleviates both *Vata* and *Kapha*, which are the main *Doshas* contributing to the *samprapti* and thus creates *srotoshudhi*. The main factor in this disease as in many other diseases is *Ama* and the *Deepana-Pachana* properties of *Pippali* digest the *Ama* by kindling the *Jatharagni* as well as *Bhutagni*. *Kaphanihsaraka* and *lekhana* *guna* of *Tankana* adds to relieving the effect of expectoration in cough. Due to *Rasayana* property it nourishes the *pranavaha srotasa*. *Vatanulomana* property of drugs stops the *Pratilomagati* of *Vayu* and maintains its normal flow.

Thus *Amritmanjari Rasa* acts at the level of *agni* and *srotasa* by improving the nutrition, digestion and metabolism.

CONCLUSION

- ✓ This formulation has better efficacy on symptoms like *Shwasakrichhrata* and *Kasa*. Drug of group I and Group II both had

shown statistically highly significant results on cardinal symptoms such as *Shwasakrichhrata*, and *Kasa* of *Shwasa Roga*, but by inference from all observation of clinical data it reveals that, drug of both groups had shown almost similar results with a little difference.

References:

1. *Ashtang Hridaya – Vagabhatta Virachita, Vidyotini* by Kaviraj Atridev Gupta:Edi. 2007. *Chaukhambha Prakashana Varanashi*.
2. *Rasa Tarangini* by Sadanand Sharma, Edi. 11th Pub. Motilal Banarshidas Delhi
3. *Ayurvediya Rasashastra* by Dr. C.B.Jha, Edi. 2006, *Chaukhambha Surbharti Prakashana, Varanashi*.
4. *Charaka Samhita, Chakrapani, Ayurveda Dipika tika, Chaukhambha Surbharti Prakashana, Varanashi* 2007.
5. *Rasa Ratna Samucchaya*, by Vagbhatta Vidyotini hindi comm.. by D.A. Kulkarni, Pub. Meharchand, New Delhi, 1998.
6. *Rasendra Sara Samgrah* edited with *Rasavidyotini, hindi comm..* by Indradev Tripathi. Introduction by Dr. Siddhinandan Mishra, Edi.

- | | |
|--|--|
| <p>2nd 1998 Chaukhambha Orientalia, Varanashi.</p> <p>7. Sarangdhar Samhita by Dr. Brahmanand Tripathi, Edi. 2006, Pub. Chaukhambha Surbharti Prakashana, Varanashi.</p> <p>8. Researches in Ayurveda, Dr. M.S. Baghel, Jamnager, 1997</p> | <p>9. Indian Plants and Drugs, (Nidkarni) pp 303</p> <p>10. Chemistry and pharmacology of Ayurvedic Medicinal Plants. Vd. Mukun sabins Chaukhambha Prakashan, Edi. Ist/ 2006/pp 284.</p> |
|--|--|

How to Cite this article:

Preparation of Amritmanjari Rasa & its effect on shwasa roga w.s.r. to bronchial asthma

Aneeta Kumari , Amarendra Kumar Singh, Ajay Kumar Singh

Ayurline: International Journal of Research In Indian Medicine 2019; 3(2): pages: 01-09

