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# The study of therapeutic effect of Rasagutika in the management of Tamaka Shwasa (Bronchial Asthma) – A case study.

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#### Abstract:

Tamaka shwasa is made by two words 'Tamaka' and 'Shwasa'. The 'Tamaka' word came from 'tama' means experience of darkness; And 'Shwasa' means respiration or breathing process; but as concern to this disease it means increased rate of respiration or difficulty in breathing process. Acharya Charaka quoted that Shwasa and Hicca are two diseases, which are fatal to life amongst all other diseases<sup>[1]</sup>. Tamaka Shwasa vyadhi comes under Shwasa vyadhi . On the basis of severity; Shwasa roga is classified into five types. Kshudra shwasa can be seen as a symptoms in many diseases and is self limiting. Chhinna, Urdhwa, Maha shwasa are the terminal stages and have extremely bad prognosis. And Tamaka shwasa having own etiology, pathology management. It is mentioned as yapya vyadhi<sup>[2]</sup>. In this disease Vayu is vitiated and blocked by Kapha. So, vayu moves upward instead of its normal flow. Bronchial asthma in modern medicine closely resembles with Tamaka shwasa.

Ayurvedic drugs including the respiratory tonics and naturally occurring bronchodilators and immunomodulators can be a potential and effective alternative for the treatment of Bronchial asthma. Aim: To evaluate the effect of Rasagutika<sup>[3]</sup> in the management of Tamaka Shwasa w. s. r. to Bronchial asthma. Materials and methods: In this study, a patient of Asthma managed by an Ayurvedic formulation Rasagutika in dose of 250mg with kantakari kwatha administered orally three times a day after food for the period of 8 weeks.

Keywords: Tamaka shwasa, Bronchial asthma, Rasagutika.

### **Introduction:**

Bronchial asthma chronic is a inflammatory disorder of the airways associated with airway hvperresponsiveness that leads to recurrent episodes of wheezing, breathlessness, tightness chest and coughing (particularly at night and in early morning). Prevalence of asthma increased steadily first in developed and

Jan-March: 2022 | Vol. 06<sup>th</sup> Issue: 1<sup>st</sup> www.ayurline.in E- ISSN: 2456-4435 pg. 1 then in developing world. Currently 300 million people affected worldwide with predicted additional 100 million people by 2025<sup>[4]</sup>. Studies have proved the potential role of indoor-outdoor allergens, microbial exposure, vitamins, tobacco, smoke, air pollution and obesity<sup>4</sup>. In India, prevalence rates vary from 2-7% but may be higher in certain regions. Asthma occurs at all ages; but in nearly half the patients onset occurs in childhood and in 3/4<sup>th</sup> of cases have manifest would bv voung adulthood. The expression of bronchial asthma is influenced by the interaction genetic host between and environmental factors. Asthma can be minor or it can interfere with daily activities. In some cases, it may lead to a life-threatening attack. There are many mentioned Ayurvedic kalpas in samhitas, still most of them are waiting for its reach to the common public. Rasagutika is a herbo-mineral drug mentioned the Rasendra-sara in Samgraha used for shwasakasa diseases<sup>3</sup>.

### **Materials and Methods:**

### Methods - A case report

A 32 years male patient came to OPD of Kayachikitsa department of L. K. Ayurved hospital, Yavatmal with chief complaints-

- 1) Shwasa kashtata (frequency of attack once in a week )
- 2) *Kasa* (cough with mild pain and slight expectoration)
- 3) Kapha nishtivanam (2-3 times per day)
- 4) Urashool
- 5) *Ghurghurakam* (wheezing)
  - Patient having these above complaints since 14 years.

- Education P. G. in nursing
- Past history No H/O DM/HTN/Any major illness.
- Family history Absent.
- Sharira prakriti- Kaphapradhan pittanubandhi
- Nature of work Stressfull, Moderate work.
- History of present illness -

Patient was normal before 14 years ago then he gradually developed symptoms like recurrent *kasa, peenasa, jwara* and later on *shwasakashtata, ghurghurakam, urashool*. Then he was diagnosed with bronchial asthma. But patient was not taking any allopathic medicine since then. Patient came to L. K. Ayurved hospital for Ayurvedic management and treatment as his symptoms gets aggrevated.

- Rugna parikshan -
- 1) Nadi: 74 / min
  - 2) Mala: Samyak
  - 3) Mutra: Samyak
  - 4) Jivha: Niram
  - 5) Shabda: Spashta
  - 6) Sparsha: Anushna
  - 7) Druk: Prakrut
  - 8) Akruti: Madhyam
  - 9) Nidra: Khandit
  - 10) BP: 130/100 mmHg
  - 11) SPO<sub>2</sub> -96%
  - 12)RR 25/min
  - 13) PEFR- 250 lit/min
  - 14) Temp: Afebrile
  - 15) Weight: 73 kg
  - 16) Diet- veg , non veg, virudhhashana sevana.
  - 17) Addiction- Frequent consumption of tea, *Gutkha*.
  - 18) Precipitating factors *Sheeta* rutu. (Shishira rutu)
  - Systemic examination:

- 1)  $CVS S_1 S_2 Normal$
- 2) CNS Concious, Oriented
- 3) RS Bilateral few scattered Rhonchii heard on normal deep breathing.

### • Methods:

- 1) A case study
- 2) Centre : P.G. Dept. of kayachikitsa L.K. Ayurved hospital, Yavatmal, affiliated to D. M. M. Ayurved college, Yavatmal.
- 3) Criteria of assessment: Classical symptomatology of the disease *Tamaka shwasa* and cardinal symptoms of Bronchial

asthma were taken as subjective criteria of *rogabala* assessment. Laboratory investigations like CBC with Absolute Eosinophils Count (AEC), ESR, other objective criteria like SPO<sub>2</sub>, RR, PEFR were taken for assessment.

### • Materials :

Tab. Rasagutika with kantakari kwath Anupana given orally.

#### Method of use-

Tab. Rasagutika in dose of 250 mg thrice a day after meal with Anupana Kantakari kwatha 15 ml administerd orally for 8 weeks.

# Ingredients used in Rasagutika<sup>3,5,6,7</sup>:-

Dravya	Latin name	Guna	Rasa	Virya	Vipaka	Doshghnata
Parada	Hydrargyrum					
Gandhak	Sulphurium	Ushna	-Madhur	Ushna	Katu	Kapha vata shamak
Pippali	Piper longum	Laghu Snigdha Tikshna	Katu	Anushnashit	Madhur	Kapha vata hara
Haritaki	Terminalia chebula	Laghu Ruksha	Pancharas (Kashay)	Ushna	Madhur	Pitta-kapha –anilhara
Bibhitaki	Terminalia bellirica	Ruksha Laghu	Kashaya	Ushna	Madhur	Kapha-pitta nut
Amalaki	Emblica officinalis	Guru Ruksha Shita	Pancharas (Amla)	Shita	Madhur	Tridoshahar
Bharangi	Clerodendrum serratum	Laghu Ruksha	Tikta Katu	Ushna	Katu	Kapha-vata shamak
Babbul	Acacia arabica	Guru Ruksha	Kashay	Shita	Katu	Kapha-pitta shamak

# Method of preparation of drug <sup>3</sup>-

Parada and Gandhak were mixed to from kajjali in proportion of 1:2, then churna of Pippali 3 part, Haritaki churna 4 parts, Bibhitaki churna 5 parts, Amalaki churna 6 parts, Bharangi churna 7 parts were mixed in it after that 21 bhavana of babbula kwath were given and honey was used as a binding agent.

Then *vati/* tablet of this whole mixture were made in quantity of 250 mg<sup>11</sup>.

### Pathya-Apathya-

## • Pathya-

- 1) **Ahara** Shali shashtik, Godhum, Yava, Kulith, Aja dugdh-ghrita, madhu, Vastuk, Patola, Rasona, Gomutra, Ushna jal etc.
- 2) **Vihara** Alpa vyayam, Pranayam-Anuloma-Viloma.

## • Apathya-

1)Ahara- Sheeta-Ruksha-Guru-Vishtambhi-Vidahi Annapan, Anupa mamsa, Udid etc.

Smoking, Alcohol consumption, processed-fermented food,

2) **Vihara**- Raja-Dhuma-Vata sevan, Parishram, Diwaswap, Ratri jagran, Atichinta, Vega vidharana.

#### **Discussion:**

- 1) Hetu
  - Vishamashan, shita ambu, vishtambhi bhojan, adhyashana, pinyaka, nishpawa, masha, dadhi, tila taila, abhishyandi anna, vidahi, ushna, katu, lavana, amla ahara etc.
- 2) Samprapti GhatakDosha- Kapha, Vata
  Dushya- Rasa, Rakta
  Srotasa- Pranavaha, Udakvaha,
  Annavaha
  Type of Srotodushti Sanga,
  Vimargagaman
  Udhbhavasthana- Pittasthana
  Sthana-sanshraya Urapradesh
  (phuphusa)
  Rogamarga- Abhyantara
  Agni –Mandagni
- 3) Mode of action of *Rasagutika*:

  \*\*Rasagutika\*\* acts on \*\*Tamaka\*\*

  \*\*Shwasa\*\* due to the action of its

ingredients which directly acts on Pranavaha srotasa by its Rasa, Guna, Virya, Vipaka, Doshaghnata, and by its active constituents. Its most of the ingredients are kaphavatashamak. It breaks the Kapha dosha pradhan samprapti. Pippali helps in removing phlegm deposits from the respiratory ingredients are in tract. These spasmolytic, immunostimulatory, antihistaminic. bronchodilatory, activity anti allergic and cholinesteraselike activity.

4) Effect of Rasagutika on Patient: Observations found in Objective criteria-

Parameter	Before	After		
	treatment	treatment		
	(Day 0)	(day 60)		
AEC	2 %	6 %		
ESR	28 mm/hr	18 mm/hr		
RR	25/min	20/min		
PEFR	250 lit/min	300 lit/min		
SPO <sub>2</sub>	96 %	99 %		

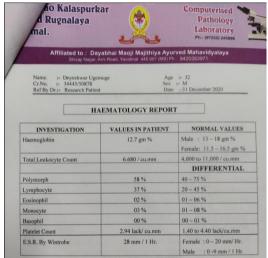
There is also marked relief in symptoms (subjective criteria) found in patient at day 60 (after treatment)

- 1. Frequency of shwasa vega reduced to once in a month.
- 2. Kasa reduced to- dry cough without pain.
- 3. Kapha nishtivan reduced to only early in the morning.
- 4. There is no wheezing and urashool found in patient after treatment.

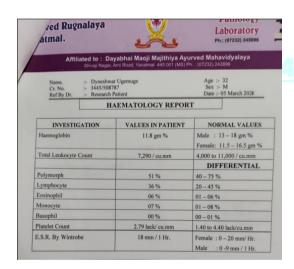
#### **Conclusion:**

Rasagutika showed good result in the management of Tamaka Shwasa. As Tamaka shwasa is Yapya vyadhi, it

requires prolonged medication with Nidana pariwarjan, shodhana, pathyaapathya, Rasayana treatment for wholesome relief of the patient.



# Before treatment (day 0)



After treatment (day 60)

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