

**International Journal of Research in Indian Medicine****The study of therapeutic effect of *Rasagutika* in the management of *Tamaka shwasa* (Bronchial Asthma) – A case study.****Eshwari S. Paratkar\*<sup>1</sup>, S. K. Jaiswal<sup>2</sup>, M. S. Jaiswal<sup>3</sup>**

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\*Corresponding author: [eshwariparatkar@gmail.com](mailto:eshwariparatkar@gmail.com)**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 Shwasavyadhi* comes under *Shwasa vyadhi*. On the basis of severity; *Shwasa roga* is classified into five types. *Kshudra shwasa* can be seen as asymptomatic in many diseases and is self limiting. *Chhinna*, *Urdhwa*, *Maha shwasa* are the terminal stages and have extremely bad prognosis. And *Tamaka shwasa* having its own etiology, pathology and 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 is a chronic inflammatory disorder of the airways associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness,

chest tightness and coughing ( particularly at night and in early morning).Prevalance of asthma increased steadily first in developed and 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, diet, 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 would have manifest by young adulthood. The expression of bronchial asthma is influenced by the interaction between genetic , host 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 *kalpas* mentioned in Ayurvedic samhitas, still most of them are waiting for its reach to the common public. *Rasagutika* is a herbo-mineral drug mentioned in the *Rasendra-sara Samgraha* used for *shwasa- kasa* 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 *onshwasakashtata, 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 aggravated.

- *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:
  - i. CVS – S<sub>1</sub> S<sub>2</sub> Normal
  - ii. CNS – Conscious,  
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  
kwathAnupana* given orally.

**Method of use-**

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

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

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

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

*Parada* and *Gandhak* were mixed to form *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 shastik, 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, Ati-chinta, 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 Ghatak-*

*Dosha- 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 *kapha-vatashamak*. It breaks the *Kapha dosha pradhansamprapti*. *Pippali* helps in removing phlegm deposits from the respiratory tract. These ingredients are in spasmolytic, immunostimulatory, antihistaminic, bronchodilatory, anti allergic activity and cholinesterase like activity.

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

Parameter	Before treatment (Day 0)	After treatment (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 *Yapyavyadhi*, it requires prolonged medication with *Nidana pariwarjan, shodhana, pathya-apathya, Rasayana* treatment for wholesome relief of the patient.

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Name :- Dnyaneshwar Ugemuge Age :- 32  
Cr.No. :- 34445/50878 Sex :- M  
Ref By Dr. :- Research Patient Date :- 31 December 2020

**HAEMATOLOGY REPORT**

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
Haemoglobin	12.7 gm %	Male : 13 – 18 gm % Female: 11.5 – 16.5 gm %
Total Leukocyte Count	6.680 / cu.mm	4,000 to 11,000 / cu.mm
<b>DIFFERENTIAL</b>		
Polymorph	58 %	40 – 75 %
Lymphocyte	37 %	20 – 45 %
Eosinophil	02 %	01 – 06 %
Monocyte	03 %	01 – 08 %
Basophil	00 %	00 – 01 %
Platelet Count	2.94 lack/ cu.mm	1.40 to 4.40 lack/cu.mm
E.S.R. By Wintrobe	28 mm / 1 Hr.	Female : 0 – 20 mm/ Hr. Male : 0 -9 mm / 1 Hr.

Before treatment (day 0)

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Cr.No. :- 3445/50878 Sex :- M  
Ref By Dr. :- Research Patient Date :- 05 March 2021

**HAEMATOLOGY REPORT**

INVESTIGATION	VALUES IN PATIENT	NORMAL VALUES
Haemoglobin	11.8 gm %	Male : 13 – 18 gm % Female: 11.5 – 16.5 gm %
Total Leukocyte Count	7.290 / cu.mm	4,000 to 11,000 / cu.mm
<b>DIFFERENTIAL</b>		
Polymorph	51 %	40 – 75 %
Lymphocyte	36 %	20 – 45 %
Eosinophil	06 %	01 – 06 %
Monocyte	07 %	01 – 08 %
Basophil	00 %	00 – 01 %
Platelet Count	2.79 lack/ cu.mm	1.40 to 4.40 lack/cu.mm
E.S.R. By Wintrobe	18 mm / 1 Hr.	Female : 0 – 20 mm/ Hr. Male : 0 -9 mm / 1 Hr.

After treatment (day 60)

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