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Clinical efficacy of *Kapha Ketu Rasa* on *Tamaka Swasa*

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ABSTRACT

Context: Compound drugs are scientifically formulated aiming to get the desired therapeutic effects through synergy. *Kapha Ketu Rasa* is one such compound drug which is a classical herbo mineral marine *Khalvi Rasayana* judicially containing *Shankha Bhasma*, *Vatsanabha*, *Tankana* and *Pippali*. Treating GERD along with the treatment of bronchial asthma will enhance the clinical success rate. At this juncture, it is worth to notice the pharmacology of *Kapha Ketu Rasa* in the same perspective.

Aims: To study the clinical effect of *Kapha Ketu Rasa* on *Tamaka Swasa* (Bronchial asthma).

Materials and Methods: 30 Patients of *Tamaka Swasa* irrespective of age, sex, religion etc., were randomly selected and treated with 125 mg of *Kapha Ketu Rasa* capsules twice a day with *Ardraka Swarasa* before meals for 21 days, then followed for 21 more days. **Results:** The clinical study showed statistically highly significant improvement in both subjective and objective parameters viz. *Kasa* (91%), *Ghurghurata* (83%) and *Swasakruchrata* (82%) including decrease in AEC, ESR, Differential eosinophil count and PEF was also statistically significantly improved. **Conclusions:** *Kapha Ketu Rasa* is an effective *Vyadhi Pratyhanika* herbo mineral *Shamana Rasayana* in the management of *Tamaka Swasa*.

Key words: *Kapha Ketu Rasa*, *Tamaka Swasa*, Bronchial asthma, GERD, *Shankha Bhasma*.

INTRODUCTION

Khalvi Rasayana (drugs prepared using mortar and pestle) is one amongst the novel drug design Protocols. It is an applied Pharmaceutical method of Phytometalo-mineral Pharma product preparations, without much disturbance to the Phytomineral metallic ingredients used in the preparation, ecobiological acceptable nanotech particles are

brought out in physiologically acceptable bondage patterns. Hence their safety, activity, cost effective utility are understood. *Kapha Ketu Rasa* is one such molecule in which *Shanka Bhasma* (incinerated conch shell), *Shodita Tankana* (purified borax), *Shodita* and *Vastragalita Vatsanabha* (purified fine powder of *Aconitum ferox*) and *Pippali choorna* (powder of *Piper longum*) are homogenously mixed and *Bhavana* (trituration) given with *Ardraka Swarasa* (juice of *Zingiber officinalis*) for 3 times.^[1]

The Clinical practitioners are convinced today about, co-existence and complementary collaborative presentations of GERD and Bronchial asthma. Treating GERD along with the treatment of bronchial asthma will enhance the clinical success rate. Therefore modern medical practitioner will prescribe a co-drug acting on GERD along with the prescription for bronchial asthma to get good results.

At this juncture, it is worth to notice the pharmacology of *Kapha Ketu Rasa* in the same perspective. This product is essentially composed of

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drugs acting on GERD (*Shankha Bhasma*) and drugs effective in respiratory congestion and broncho constriction (*Pippali, Tankana, Vatsanabha*). As the clinical condition *Tamaka Swasa* (Bronchial asthma) is acute and life threatening at that moment.^[2] A fast acting, centrally effective drug is required hence very fast acting and more powerful drug *Vatsanabha* is logically present in *Kapha Ketu Rasa*.

The ultimate aim of any drug researches is appropriate management of the particular disease and promote and positive health based on the methodology prevalent in ancient times. Ayurvedic therapeutic measures and procedures have remained in practice since a long time. Due to this fact, clinical therapeutic trails are of paramount importance to prove the rationality of Ayurvedic therapeutic approach on scientific lines. So, in the present study a clinical trial of *Kapha Ketu Rasa* on *Tamaka Swasa* is designed, experimented with the aim of answering some precisely framed questions conducted on scientific lines.

As there was no established clinical data on *Kapha Ketu Rasa* in the management of *Swasa Roga* and as a part of phase wise clinical study, a short pilot study on *Kapha Ketu Rasa* was required to ensure the optimum dose tolerance and clinical untoward effects if any. Hence, before the clinical study proper, a pilot clinical study was conducted and depending upon the outcome of pilot study, the clinical study was carried out. To get more documentary evidences, updating of the knowledge and to get more scientifically confidence in ancient Indian Health tradition, the present study was carried out.

OBJECTIVES

1. To carry out a pilot clinical trial of *Kapha Ketu Rasa* on *Tamaka Swasa*.
2. To evaluate the clinical effect of *Kapha Ketu Rasa* on *Tamaka Swasa*.

MATERIALS AND METHODS

Selection of Patients

For both pilot and clinical study proper, patients complaining of *Kasa* (cough), *Ghurguratha* (wheezing) and *Swasakruchrata* (dyspnoea) were randomly selected irrespective of age, sex, religion etc., from

OPD and IPD of Taranath Govt. Ayurvedic Medical college, and Hospital, Bellary, Bellary. These patients were selected as per criteria vide below.

Inclusion criteria

1. Classical symptoms of *Tamaka Swasa* like cough, wheezing and dyspnoea etc.,
2. Already diagnosed and under treatment cases of *Tamaka Swasa*.

Exclusion criteria

1. Patients suffering from *Mahaswasa, Urdwaswasa, Chinnaswasa* etc.,
2. Patients suffering from *Asadhya Lakshanas* (incurable symptoms) of *Tamaka Swasa* and other systemic desirous illnesses like Hydro-pneumo-pyo-haemo-thorax, pneumonia, pulmonary tuberculosis, IHD, IDV, RHD etc.,
3. *Garbhini* (pregnant), *Prasoota* (post-partum women), *Ksheerapa* (lactating women), *Vruddha* (aged above 60yr) etc.,

Sampling

By adopting systemic random sampling method, *Kapha Ketu Rasa* was administered for patients of pilot study and also later on patient's trial proper of *Tamaka Swasa*.

Posology

- **Dosage** : 125 mg 3-4 times a day
- **Form** : Soft gelatin capsule of 125 mg.
- **Duration** : upto 21 days.
- **Follow up** : 21 days
- **Anupana** : *Ardraka Swarasa*
- **Aushadhi Sevanakala** : Before meals

Table 1: Criteria for assessment grading for subjective parameter

SN	Symptoms	Severity	Attacks	Grade
1	<i>Kasa</i> (Cough)	No Mild	- 0-5	0 1

		Moderate	6-10	2
		Severe	>11	3
2	<i>Swasakruchrata</i> (dyspnoea)	No	-	0
		Mild	0-3	1
		Moderate	4-6	2
		Severe	>6	3
3	<i>Ghurghurata</i> (wheezing)	No complaints	-	0
		Mild	0-3	1
		Moderate	4-6	2
		Severe	>6	3

Objective parameter

Hb%, TLC, DLC, ESR, RBS, Urine; Sugar, Albumin, Microscopy, PEF.

Treatment: was assessed as very good improvement, good improvement, moderate improvement, mild improvement and no improvement.

1. Very good improvement - 75% or above relief in signs and symptoms.
2. Good improvement - 51 to 75% of signs and symptoms were relieved.
3. Moderate improvement - 26 to 50% of signs and symptoms were relieved.
4. Mild improvement - 1-25% of signs and symptoms were relieved.
5. No improvement - No improvement in signs and symptoms were considered.

OBSERVATIONS AND RESULTS

Demographic data of 10 patients of pilot study

Table 2: Age wise distribution

Age (Yrs)	No. of Patients	Percentage
< 20	1	10%
21-30	0	0%
31-40	5	50%

41-50	2	20%
> 50	2	20%
Total	10	100%

Table 3: Sex wise distribution

Sex	No. of Patients	Percentage
Male	6	60
Female	4	40%
Total	10	100%

Table 4: Occupation wise distribution

Occupation	No. of Patients	Percentage
Labour	3	30%
Housewives	4	40%
Student	1	10%
Office	2	20%
Total	10	100%

Table 5: Chronicity wise distribution

Chronicity	No. of Patients	Percentage
< 1 year	1	10%
1-5 years	5	50%
6-10 years	3	30%
>10 years	1	10%
Total	10	100%

Table 6: Prakriti wise distribution

Prakriti	No. of Patients	Percentage
<i>Kapha Pitta</i>	2	20%

Vata Kapha	1	10%
Kapha Vata	4	40%
Pitta Kapha	1	10%
Vata Pitta	2	20%
Total	10	100%

Table 7: Diet wise distribution

Diet	No. of Patients	Percentage
Vegetarians	4	40%
Mixed	6	60%
Total	10	100%

RESULTS OF PILOT STUDY

Table 8: Effect of Kapha Ketu Rasa on Tamaka Swasa

Parameters	N	Mean score		(d) Mean difference	% of relief
		BT	AT		
Swasa Kruchrata	10	2.9	0.4	2.5	↓86.2%
Kasa	10	1.9	0.1	1.8	↓95.2%
Ghurghurata	10	2.3	0.3	2.0	↓86.9%

Observations of clinical study proper

It was an observational clinical study. 35 patients were incidentally selected and randomly treated after informed consent with 125 mg of Kapha Ketu Rasa capsules twice a day with Ardraka swarasa before meals for 21 days, then followed for 21 more days. Out of 35 patients, 5 patients did not complete the course, hence the demographic data of 35 patients

was tabulated and the clinical results of 30 completed patients was statistically tabulated and analysed.

Demographic data of 35 patients of Tamaka Swasa

Table 9: Age wise distribution

Age	No. of Patients	Percentage
<20	6	17.14%
21-30	6	17.14%
31-40	8	22.85%
41-50	10	28.57%
>50	5	14.28%

Table 10: Sex wise distribution

Sex	No. of Patients	Percentage
Male	24	68.57%
Female	11	31.42%

Table 11: Religion wise distribution

Religion	No. of Patients	Percentage
Hindu	30	57.71%
Muslim	5	14.28%

Table 12: Occupation wise distribution

Occupation	No. of Patients	Percentage
Labour	8	22.85%
Housewives	8	22.85%
Business	7	20%
Student	6	17.14%
Office	6	17.14%

Table 13: Chronicity wise distribution

Chronicity	No. of Patients	Percentage
< 1 Year	9	25.71%
1-5 years	17	48.57%
6-10 years	4	11.42%
> 10 years	5	14.28%

Table 14: Socio-economic status wise distribution

Socio-economic status	No. of Patients	Percentage
Rich	5	14.28%
Middle class	20	57.14%
Poor	10	28.57%

Table 15: Family History wise distribution

Family History	No. of Patients	Percentage
Yes	19	54.28%
No	16	45.71%

Table 16: Seasonwise distribution

Season	No. of Patients	Percentage
Cold	22	62.85%

RESULTS

Table 21: Effect of Kapha Ketu Rasa on 30 patients of Tamaka Swasa

Parameter	n		Mean score		Mean difference	% of relief	SD ±	SE ±	t	P	95% confidence limit
			BT	AT/AFU							
Swasa Kruchrata	30	BT & AT	2.63	0.47	2.16	82%↓	0.5312	0.097	22.375	P<0.001	1.97 to 2.36
		BT & AFU	2.53	0.53	2.00	79%↓	0.6627	0.121	17.357	P<0.001	1.85 to 2.35

All	13	37.14%
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Table 17: Sleep wise distribution

Sleep	No. of Patients	%
Disturbed	20	57.14%
Sound	15	42.85%

Table 18: Prakriti wise distribution

Prakriti	No. of Patients	Percentage
Kapha Pitta	14	40%
Kapha Vata	11	31.42%
Vata Pitta	10	28.57%

Table 19: Diet wise distribution

Diet	No. of Patients	Percentage
Mixed	27	77.14%
Vegeterian	8	22.85%

Table 20: Exposure to Dust wise distribution

Exposure to Dust	No. of Patients	Percentage
Yes	23	65.71%
No	12	34.28%

Kasa	30	BT & AT	2.53	0.23	2.30	91%↓	0.6408	0.117	17.095	P<0.001	1.76 to 2.24
		BT & AFU	2.53	0.37	2.16	85%↓	0.6682	0.122	16.148	P<0.001	1.72 to 2.22
Ghurghurata	30	BT & AT	2.4	0.4	2.00	83%↓	0.5970	0.109	21.102	P<0.001	2.08 to 2.52
		BT & AFU	2.4	0.43	1.97	82%↓	0.6463	0.118	18.39	P<0.001	1.92 to 2.41

Table 22: Effect of Kapha Ketu Rasa on 30 patients of Tamaka Swasa

Parameter	n		Mean score		Mean difference	% of relief	SD ±	SE ±	t	P
			BT	AT/ AFU						
AEC	30	BT & AT	461.3	344.03	117.27	25.4%↓	157.04	28.672	4.322	P<0.001
		BT & AFU	461.3	356.33	104.97	22.8%↓	140.9612	25.736	4.364	P<0.001
ESR	30	BT & AT	20.9	15.03	5.87	28.1%↓	5.7401	1.048	5.601	P<0.001
		BT & AFU	20.9	15.43	5.47	27.2%↓	6.3340	1.1564	4.727	P<0.001
PEF	30	BT & AT	223.17	311.5	88.33	39.6%↑	58.4916	10.6794	7.335	P<0.001
		BT & AFU	223.17	313.17	90	40.3%↑	61.42	11.2137	7.134	P<0.001

Table 23: Effect of Kapha Ketu Rasa on 30 patients of Tamaka Swasa

Parameter	n		d Mean difference	SD ±	SE ±	t	p	Statistical significant
Hb%	30	BT & AT	0.1267	0.3070	0.056	2.258	P<0.05	Significant
		BT & AFU	0.19	0.4147	0.757	2.510	P<0.05	Significant
TLC	30	BT & AT	136.6667	413.3407	75.466	1.811	P=0.081	Not significant
		BT & AFU	86.6667	346.3936	63.243	1.370	P=0.181	Not significant
RBS	30	BT & AT	2.1333	6.7248	1.228	1.738	P=0.093	Not significant
		BT & AFU	0.333	10.7906	1.97	0.169	P=0.867	Not significant

DLC	L	30	BT & AT	0.9333	2.6514	0.484	1.928	P=0.064	Not significant
			BT & AFU	1.2	2.8454	0.519	2.310	P <0.05	Significant
	E	30	BT & AT	2.5667	2.2542	0.412	6.236	P <0.001	Highly significant
			BT & AFU	2.5	2.2245	0.406	6.156	P <0.001	Highly significant
	P	30	BT & AT	0.8387	2.77	0.5057	1.686	P>0.05	Not significant
			BT & AFU	0.4667	3.1154	0.5688	0.820	P = 419	Not significant
	M	30	BT & AT	0.1364	0.9902	0.1808	0.646	P=525	Not significant
			BT & AFU	0.0476	1.0713	0.1956	0.204	P = 841	Not significant

DISCUSSION

Clinical effect of *Kapha Ketu Rasa* on *Tamaka swasa* was carried out supported by pilot studies. Details of *Kapha Ketu Rasa* was critically understood and then it was validated with present prospective single blind open observational study. It may be inferred that the ancient and current pharmacological properties of *Kapha Ketu Rasa* are very near to *Chikitsa* (treatment) principles. This message of the basic principles of drug designing in *Rasashastra* are well balanced with *Chikitsa* principle of *Ayurveda*. This reality of integration is in its real sense of contribution to the novel drug discovery theories of Indian medical heritage.

Discussion on pilot clinical study

In the classical reference, exact dose of *Kapha Ketu Rasa* per day for *swasa roga* and duration were not mentioned. Hence to fix the dose and to confirm the safety profile of the drug, pilot study on 10 patients was carried out by incidental selection and randomisation. *Kapha Ketu Rasa* was administered in a dose of 125 mg thrice a day in capsule form along with *Ardra Swarasa* before food for 21 days and the percentage of relief was calculated. None of the patients discontinued the therapy may be due to the experience of good relief. It was also observed that the action of the drug was showing positive improvement within 30-60 minutes of administration and the effect persists for 4-12 hours, with no gastric irritation or nausea. None of the patient complained tingling sensation, numbness, burning sensation, delirium and any other adverse effect after the consumption and even after the completion of treatment. The overall response and general feeling of well being were better after the use of *Kapha Ketu Rasa*. Therefore the pilot study inferred the safe and

clinically effective use of *Kapha Ketu Rasa* at the prescribed dose and duration. As there was no apparent requirement of any modern emergency medicine during the treatment, the pilot study gave the moral clinical support without the assistance of modern bronchodilator, antihistamines or antitussive. Hence clinical study proper was conducted as designed.

Discussion on clinical study proper

Clinical research is ultimate part of the bio-medical research. The quest for suitable remedy for *Tamaka Swasa* dates back to even vedic period. The encouraging outcome of pilot clinical study helped to the successful completion of clinical trial. Traid of symptoms were considered, baseline safety profiles along with peak expiratory flow was an objective parameter. Subjective symptoms and overall response were assessed based on specially designed scoring pattern and as a part of departmental contribution and in the view of *Ayurvedic – Rasashastra* drug research protocol, the *Karmukata* (action) of *Kapha Ketu Rasa* was also tried to assess based on the classical *Guna* (properties), *Karma* (action) and applied *Bheshaja* (medicinal) *Karma* theories. The clinical study was planned in such a way to evaluate the drug effect in majority including the aetio pathological and demographic understanding and echo social impact after the ethical clearance.

Discussion on observations

In the present study, demographically it was observed that maximum (28.57%) patients belonged to 41-50 year age group, immediately followed with 22.85% of 31-40 years age group, may be due to more stress and strain and as this age group people were of working classes and housewives, more exposed to dust, fumes, smoke, pollens etc. Most (68.57%) of them were males due to their dieting habits viz., consuming

unwholesome, contaminated food etc. bad habits viz. smoking, alcohol etc. Maximum (85.71%) of patients were Hindus as the area where trial conducted was dominated by Hindu community. Majority (22.85% each) of patients were labours and housewives, may be due to more exposed to dust, fumes and smoke, patients having 1-5 years chronicity were reported in maximum (48.57%) may be due to the nature of the disease i.e. *Yapya* (manageable), reoccurring by the triggering factors like seasonal variations dust etc. Middle class people were more (57.14%) affected, may be due to their inability to afford for private consultation and purchase of costly medicine. Maximum (54.28%) patients had family history of Asthma which may be due to *Bijadosha* (genetic) producing *Swasa* or diet pattern etc. were also not withdrawn from their respective families and societies. Majority (62.85%) of patients were suffering in cold seasons it may be due to *Kapha Prakopa* (increasing *Kapha Dosh*) *Kala* which had an impact on disease status and showed there was a strong influence of seasonal variation on disease status. Majority (57.14%) of patients had disturbed sleep, supporting to the symptoms of *Tamaka Swasa*, may be due to the severity of disease, made the patient restless. It was also observed that *Kapha Pitta Prakruti* patients were more (40%), followed by 31.42% belonged to *Kapha Vata Prakruti*. Mixed diet people were affected more (77.14%) may be due to predominance of life style modifications and also intake of *Guru, Abhishyandi Ahara* causing the disease. Majority (65.71%) of patients were exposed to dust, may be due to hygienic conditions of the concerned area and industries near the working place.

Discussion on results

Kapha Ketu Rasa is more significant in reducing the *Kasa*, followed by *Ghurghurata* and then by *Swasakruchrata*. *Kapha Ketu Rasa* is dominated with 50% *Katu Rasa* (hot taste), hence it is predominant in *Vayu* and *Agni mahabhoota* which have the tendency to act with upward direction. As *Kapha Ketu Rasa* is *Katurasa* dominant, in case of *Tamaka Swasa* it acts as *Shothahara* (Anti inflammatory), *Kandu Vinashana* (Anti histamine), *Krimin Hinasthi* (Anti microbial), *Margan Vivrunoti* (Bronchodilator), *Kleda, Kapha, Malanupahanti* (eradicates excessive respiratory secretions, expectorant). Due to its *Katu Rasa, Kapha Ketu Rasa* combats the *Phena Mala Kapha Utpatti* (excessive secretion) in the *Amashaya* (stomach).^[3] *Kapha Ketu Rasa* possesses 12.5% of *Madhura Rasa* (sweet taste), hence drug is *Balya* (strengthening),

Marma Paripalana Rasayana (rejuvenator which protects the vitals), *Pittavata Hara* (reduces *Pitta* and *Vata Dosh*)^[4] and helps in synergistic arrest of gastric irritation of the drug and GERD. 12.5% of *Kashaya rasa* (astringent taste) of *Kapha Ketu Rasa* helps in alleviation of *Kapha* and *Pitta Dosh* of respiratory airway disorders and does *Shoshana* (dries up the excessive secretion).^[5] *Kapha Ketu Rasa* also possesses 12.5% of *Kshara Rasa* (alkaline taste) hence drug dissolves and then eliminates *Kapha Dosh* etc.

Kapha Ketu Rasa has 25% of *Teekshna Guna* (penetrative quality), *Agni Mahabhoota* dominance which is *Kaphaghna*^[6] (mucolytic – muco kinetic) and *Shodhana* (expectorant effect), are very essential pharmacological activities in treating *Swasa Roga*. *Kapha Ketu Rasa* has 18.75% each of *Laghu Guna* (lightness) and *Rooksha Guna* (dryness), therefore it acts as *Kaphaghna* (reduces phlegm), *Lekhana* (scraping) and *Ropana* (healing)^[7] means by virtue of *Laghu* and *Rooksha Guna, Kapha Ketu Rasa* helps to clear the inflammation congestion present in airways. Hence effective in *Swasa Roga*. *Vyavayi* and *Vikashi Guna* accounts for (6.25% each) quick absorption and easy transportation of the drug into cell membrane. *Kapha Ketu Rasa* is neuro endocrino immunological stabilizer of respiratory system hence is a respiratory *Rasayana* most useful in all treatable cases of *Swasa Roga*. Duration of attacks are prolonged and positive health is promoted.

It seems that 60% of *Ushna Veerya* (hot potency) of *Kapha Ketu Rasa* is more influencing the activity of drug. So *Kapha Ketu Rasa* is *Pachana* (digestive), *Svedana* (diaphoretic), *Vilayana* (liquification), and potent *Vatakapha Shamaka*^[8] i.e. eradicates and reverses the pathophysiology of *Swasa Roga*, mainly mucolytic and expectorant and also inhibit the excessive secretions and discharges even though *Ushna Veerya*, 20% *Sheeta Veerya* (cold potency) of *Kapha Ketu Rasa* make it synergistically balanced and unwanted effects of drug and target cell specific activity is augmented which is unique holistic nature of *Kapha Ketu Rasa*.

Kapha Ketu Rasa is also analysed based on reverse pharmacology that it is *Vatakaphahara* (80%) and *Kaphapittahara* (20%), both these effects are as per the principles of *Swasa chikitsa*.^[9] The ingredients of *Kapha Ketu Rasa* have *Deepana* (digestive), *Pachana, Swasaghna* (anti asthmatic), *Kasaghna* (antitussive), *Jwaraghna* (febrifuge) and *Rasayana* (rejuvenative) properties. *Katu – Kshara – Sheet* properties of *Shanka Bhasma* is effective in *Pitta Kapha Shamana*,

Amlapitta (gastritis) and *Swasahara* effect.^[10] It is a direct reference for the role of *Shanka Bhasma* in curing GERD and hence *Tamaka Swasa*. *Shankha Bhasma* is a good drug in GERD and GERD coexists and triggers the bronchial asthma.^[11] Hence the judicious combination of *Shankha Bhasma Yukta Khalvi Rasayana* is effective in *Tamaka Swasa* by virtue of its curative effect on GERD and hence *Tamaka Swasa*. In total, *Kapha Ketu Rasa* synergistically a potent fast acting *Khalvi Rasayana* having *Vatakaphara*, *Kaphapittahara*, *Tridosahara*, *Vatanulomana* (demulcent), *Katu*, *Laghu*, *Teekshna*, *Rooksha*, *Ushna*, *Shothahara* (anti inflammatory), *Kanduhara*, *Sroto Shodhana* (cleanses the channels), *Vatanulomana*, *Marga Vivarana* (bronchodilator), *Deepana*, *Pachana*, *Jwaraghna*, *Krimighna* (antihelmenthic), *Balya*, *Bruhmana* (nourishing), *Vishahara* (antidote) properties. *Kasa Swasahara*, *Rasayana* effect. Due to its *Balya*, *Brumhana* and *Vatahara* effect, it acts as *Marmaposhaka* drug. Hence *Kapha Ketu Rasa* is found to be a promising phyto mineral *Khalvi Rasayana* and pharmacology of it requires current updating.

CONCLUSION

The pilot observational clinical study of *Kapha Ketu Rasa* on *Tamaka Swasa* was encouraging and showed relief in *Kasa* (95.2%), *Ghurghurata* (86.9%) and *Swasakruchrata* (86.2%) and drug intolerance, gastric irritation and other adverse effects were not observed. The clinical study proper showed statistically highly significant improvement in both subjective and objective parameters viz. *Kasa* (91%), *Ghurghurata* (83%) and *Swasakruchrata* (82%) including decrease in AEC, ESR, Differential eosinophil count and PEF was also statistically significantly improved. *Kapha Ketu Rasa* is an effective *Vyadhi Pratyanyika* phyto steroidal mineral *Shamana Rasayana* in the management of *Tamaka Swasa*. None of the patients show any untoward effects during the study period.

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