

## Vataj Swarabheda and its management by Vasa ghritha and kantanari ghritha- A clinical comparative study

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### Abstract

Clinical trial was randomized, single blind and comparative. Group A was given the drug Vasa ghritha in a dose of 10 g twice a day after meals with Koshna jala and Group b was given the drug Kantakari ghritha in a dose of 10 g twice a day after meals with Koshna jala. Both the groups were evaluated on the basis of Clinical as well as Laboratorial parameters. Follow up was taken up to 7 days and then after statistical analysis was done. Statistical analysis reveals that sign and symptoms like Ura shoola, Kantha shoola, Shira shoola, Swarbheda, Swar ksheenata, Mukha shushkata, etc are relieved much better in both the groups. No Adverse Drug Reaction or Toxicity signs have been observed which indicates proper preparation of drugs. Significant decrease was observed in ESR, TLC and Eosinophil count after treatment. Rest laboratorial parameters remained same however Polymorph count is significantly increased after treatment due to significant decrease in Eosinophil count.

Vasa ghritha and Kantakari ghritha were prepared accordingly to the textual reference in Sharangdhar Samhita. Firstly Ghritha Moorchhana was done with Triphala, Musta and Haridra to minimize unwanted qualities and improve efficacy of Ghritha. Analytical study was performed as per given in the book ' Pharmacopeial Standards for Ayurvedic Formulations' by CCRAS and with reference of previous work don Other findings of general quantitative analysis were as per the limits and as per specifications.

The experiment clearly concludes that Vasa ghritha and Kantakari ghritha could be a remedy for Vataj svarabheda without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

### Introduction

In Ayurved, for well being of the patients, several diseases have been described along with simple and various remedies. swarabhed somewhat troublesome, found in all the stages of life, which disturbs the patient physically, mentally and socially. Since ages Ayurveda is well known for its *maulik siddhantas* & the miraculous clinical efficacy enriched by specified procedures like *Panchakarmas*. The combination of *Bhaishajya kalpanas* which are invented by acharyas and followers, with the ancient traditional healing system of Ayurveda was the golden opportunity for vaidyas and acharyas to treat the patients in the World. Use of dravyas like Ghrithas, tailas, avalehas along with some herbs with proper *samskaras* with a least quantity for faster and accurate results is a specialty of Ayurveda since ages.

In Ayurvedic texts, several preparations are mentioned under the title of swarabheda. Since

Samhita kala, Ayurved was enriched with the herbomineral, especially Siddha ghritha preparations which were proved to be magnificent on various aspects like faster and better results, higher efficacy in user's friendly dosage forms, that leads to convenience in administration, and more shelf life. *swarabhedis* specified in 9 types & characterized by type of *voice*. There are many types of *kalpas* which act on *swarabheda*, described in different texts. *Vasa ghritha kantanari ghritha* are herbal preparations which may help to control Vataj svarabheda all over. Both drugs could be a suitable remedy for *Vataj svarabheda* due to their ability of *samprapti vighatana* of Vataj svarabheda.

To serve this purpose, the topic vataj svarabheda and its management by vasa ghritha and kantanari ghritha w s r to pulmonary eosinophilia – a clinical comparative study was selected for research work.

### Materials and Methods

While taking this unique topic in mind, following were the Aim and Objectives concerning it.

1. To compare the rate of response to Vasa ghrita with that of Kantakari ghrita when used as a treatment of ‘Vataj svarabheda’ with the help of Clinical and Investigatory parameters.
2. To characterize the safety and efficacy of vasa ghrita as well as kantakari ghrita when used for period up to three weeks (21 days).
3. Any complication of ‘Vataj svarabheda’.
4. Any Adverse reaction to the treatment.
5. Any other benefits of drug to the body.

30 Patients for each group were selected. Comparative Study was done between Vasa ghrita given as 10g. bhojan Pashchat with Koshna jala as an Anupana and Kantakari ghrita which was given as 10 g. bhojan Pashchat with Koshna jala as an Anupana. The severity of the signs and symptoms was recorded on the basis of Gradation. The patients were followed up on 2<sup>nd</sup>, 4<sup>th</sup>, and 7<sup>th</sup> day. The observations were recorded on the basis of gradation before and after treatment. The dropped out cases were not included in statistical analysis.

Blood sample of every subject was taken for following investigations: hB %, ESR, RBC, TLC, NEUTROPHILS, EOCINOPHILS, MONOCYTES, and BASOPHILS. The subjects were evaluated after treatment for the same. Observations were recorded on the basis of above said parameters before and after treatment. Drop out cases were not included in the statistical analysis.

Ura shool, shirashool, kanthashool, swarabhed, swaraksheenata, mukhashushkata, kanthakshobh and relief by shtheevana were the parameters. They are divided and catagorized according to mild, moderate and severe according to severity of symptoms and follow up was recorded. Ashtavidha, dashavidha and srotas parikshan along with vital parameters was done in each patient.

**Observations and Discussion**

**Clinical Study**

**General Parameters-**

The distribution of patients by age reveals the occurrence of the disease can take place at any age.

1. The sex did not reveal any specific relation with the disease occurrence.
2. The distribution of the patients by occupation revealed that patients which were in service

were likely to be more suffered from Vataj svarabheda.

3. Maximum affected number showed Vishamagni and Mandagni indicating that occurrence of the disease was more in patients having Vishamagni and Mandagni.
4. Aahar did not reveal any specific conclusion though incidence was more in Mishrahari people.
5. Kroor koshthi people revealed more incidence might be due to tendency of Agnivaishamya.
6. patients having Madhyama and Avar Sattva affected more rather due to Manasabala.
7. Alpa Bala and Madhyamabala patients were affected mainly due to the lowered Vyadhipratyanikattva in those.
8. This is again not giving any specific result and relevance of disease in any particular Prakriti though incidence was more in Vatapradhan Prakriti.
9. Patients having Ruksha, Kashaya aahar, raja, doom sevan, were found more prone to Vataj svarabheda.

**Signs and Symptoms –**

1. **Ura shoola** was observed to reduce with markedly significant value after treatment in both the groups but was found to be more effective in Group-B rather than Group-A due to tendency of the drug by acting Katu Rasa and Ushna Guna which is more effective in Shoola prashamana.
2. **Shira Shoola** was again observed to reduce significantly after treatment in both the groups but was found to be more effective in Group-B rather than Group-A since Guduchi and Kantakari being Ushna Veerya act as Vatanulomaka and Shoola har.
3. **Kantha shoola** is again reduced with high significance but not relieved completely after treatment in Group-A. Group-B showed better improvement again because Guduchi and Kantakari have Deepana, Pachana, Laghu, Ushna, Sara properties.
4. **Swarbheda** is reduced significantly but not relieved completely in both the groups after treatment though Group-A showed better

relief than Group-B since Vasa has Swarya property which is specially mentioned in Bhavaprakash Nighantu.

5. **Swara Ksheenata** is reduced with higher significance in both the groups but not relieved completely after treatment in both the groups. Still Group-A shows better improvement than Group-B since Vasa having Swarya property.
6. **Mukha Shushkata** is reduced significantly in both the groups but not relieved completely after treatment. Snigdha Guna of Ghrita showed better result.
7. **Kantha Kshobha** was seen to get reduced after treatment in both the groups but not relieved completely after treatment and the Group-B showed much better improvement than Group-A due to Ushna, Snigdha, and Sara Guna, Guduchi Kantakari Siddha Ghrita played important role on irritation which was mainly caused by Ruksha, Sheet Guna and Pratilomita Vata.

**Laboratorial And Radiological Evaluation-**

1. The Haemoglobin per cent did not alter significantly in both groups .
2. The ESR is significantly reduced in both the groups due infection was recovered.
3. The RBC count did not alter with significance in both the cases but it could be improved if both drugs were given for long duration since they would act by Tikta, Laghu, Ushna Gunas.
4. TLC counts was significantly reduced after treatment since the infection was recovered.
5. Polymorphs were increased significantly after treatment in both groups as due to markedly decrease in Eosinophil count.
6. The Lymphocyte count was somewhat increased due to relative decrease in Eosinophil count
7. The Eosinophil count was magnificently decreased in both the groups since Tropical Eosinophilia can be considered under Vataj svarabheda.
8. Monocytes did not reveal significant change in counts before and after treatment.

9. Basophiles counts were not observed to change significantly again due to freshly diagnosed cases.

**Outstanding Output -**

1. The clinical study reveals some magnificent facts that Eosinophilia can be taken under Vataj svarabheda and both the drugs are also effective on eosinophilia. Also, can be used as an alternative in many resistant cases with minimal adverse drug reactions.
2. These drugs have given better efficacy in most other symptoms.
3. Both the drugs did not cause any ADRs in patients.

Presented work was carried out with institutional research criteria and was undertaken with some specified aspects only with many of the unavoidable limitations. This work could be studied with different aspects of various types swarabheda to get a definitive solution against much of these unanswered questions.

Also, research projects should be carried out with Ayurvedic Scholars taking these drugs as a future line of treatment in various Pranavaha Srotas Vyadhi and Respiratory Tract Infections in areas where the incidence of the disease is much more, and should come out with some useful outputs for the society.

Similarly, lots of preparations are mentioned in various Ayurvedic texts for swarabheda. Many of the formulations are in use. These formulations can be studied on above mentioned parameters rigorously and vigorously to take them globally

**Results and Conclusion:**

The experiment clearly concludes that Vasa ghrita and Kantakari ghrita could be a remedy for Vataj svarabheda as said in texts without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

It also indicates that both drugs could be remedy for pulmonary Eosinophilia as this can be considered under Vataj svarabheda.

Comparative study reveals that Kantakari ghrita gave comparatively better improvement than Vasa ghrita as considering percentage relief.

Being herbal preparation with Ghrita, both these drugs can be used for long duration for the treatment of Chronic Respiratory Tract Infections since there was no Toxicity and Adverse Drug Reactions.

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