

# To clinical study evaluate the therapeutic effect of *Agastya Haritaki* of *Sharangdhar Samhita*

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## Abstract

*Rasayana* is a specialized section of *Ayurveda*, which mainly deals with the prevention of disease and promotion of the health; as we know it is also the aim of *Ayurveda*. *Agastya Haritaki Rasayana* is a popular *Avaleha kalpana*, used in the *Pranavaha Sroto Vikaras* like *Kasa*, *Swasa*, *Hikka*, *Kshaya*, etc. The study was taken with a view to enlist the ingredients of *Agastya Haritaki Rasayana* from *Sharangdhar Samhita* and critical analysis was done with help of clinical trial.

## Introduction

*Vata* and *Kapha* are the two key pathological factors involved in the *Samprapthi* of *Tamaka Swasa* which demands distinct remedy and hence writing a prescription in such a situation is wheels in wheels. Thus, more and more research work will be needed in bringing an effective control. *Rasayana* is a specialized section of *Ayurveda*, which mainly deals with the prevention of disease and promotion of the health; as we know it is also the aim of *Ayurveda*. *Agastya Haritaki Rasayana* is a popular *Avaleha kalpana*, used in the *Pranavaha Sroto Vikaras* like *Kasa*, *Swasa*, *Hikka*, *Kshaya*, etc. Most of the ingredients of *Agastya Haritaki Rasayana* are having *-Tikta*, *Kashyaya*, *Madhura Rasa*, *Laghu*, *Ruksha*, *Tikshna Guna*, *Katu Vipaka*, *Ushna Veerya* and having *Kaphavata Shamaka* properties. Thus, *Agastya Haritaki Rasayana* is used in the management of diseases which are mainly *Vatakapha Pradhana*. *Agastya Haritaki Rasayana* is indicated as main line of treatment in *Swasa*, *Kasa Roga* as well as used as the *Naimittika Rasayana* in various other diseases like *Grahani*, *Aruchi*, *Arsha* etc. The study was taken with a view to enlist the ingredients of *Agastya Haritaki Rasayana* from *Sharangdhar Samhita* and critical analysis was done with help of clinical trial.

## Need of the study

To check the clinical efficacy of the *Agastya Haritaki* of *Sharangdhar Samhita*.

## Objective of study

To evaluate the Therapeutic effect of *Agastya Haritaki* in patients suffering from *Tamaka Swasa*.

## Materials and Methods

### ➤ Source of data:

The study will be conducted in 41 patients suffering from *Tamaka Swasa*.

### ➤ Method of collection of data:

A special proforma will be prepared with details of History taking, Physical signs, Symptoms and Lab- Investigations as mentioned in Ayurvedic classics and allied Sciences. Patients will be analysed and selected accordingly. The parameter of assessment of signs and symptoms will be scored based on standard method and will be analysed statistically.

**Research Methodology**

- **Pharmaceutical Research** - Preparation of *Agastya Haritiki* as mentioned in *Sharangdhar Samhita*.
- **Analytical study**-Analytical Study is subdivided into two types:
  1. Physical tests.
  2. Chemical tests.
- **Physical tests-**
  1. Organoleptic Analysis
  2. Colour
  3. Smell
  4. Consistency
- **Chemical Analysis-**
  1. Particle Size
  2. Quantitative & Qualitative Assay
  3. Moisture content

**Design of the study:**

A single blind clinical study with pre-test and post-test design where in a minimum 30 patients suffering from *Tamaka Swasa* of either sex between the age group of 16 & 60 yrs. will be selected for the study.

**INTERVENTION:**

- **Dosage:**

These patients will be treated with oral administration of *Agastya Haritaki Rasayana* in a dose of 12gms bd along with warm water on the stomach.
- **Duration of study:**

28 days, patients will be examined for the change in the signs and symptoms on 14<sup>th</sup> and 28<sup>th</sup> day of treatment and then results will be analysed by using paired 't' test.

**Inclusion criteria:**

- 1) Patients presenting with *Prathyatma Lakshanas* of *Tamaka Swasa*.
- 2) Patients between the age group pg. 16 yrs.- 60 yrs.
- 3) Patients having the history of more than 6 months.

**Exclusion criteria:**

- 1) Patients with severe attacks of *Tamaka Swasa*.
- 2) Patients of *Tamaka Swasa* also suffering from other systemic disorders.
- 3) The Bronchial asthma, associated with complications like emphysema and corpulmonale.
- 4) Patients on steroid.

**Assessment criteria:** Subjective symptoms like cough, breathlessness, sputum, speech, respiratory, rate, expansion of chest, breath sounds, heart rate will be scored by following the standard methods and will be compared before and after the treatment.

- Objective clinical signs, including peak-flow meter pulmonary function test.

**Research design:** Exploratory blind fold clinical Research trial.

**Karma & Doshagnata/ Actions & Therapeutic Indications of Agastya Haritaki Rasayana according to different classical texts**

[Table No.1]

S.N.	Name of the disease	C.S <sup>1</sup>	S.S <sup>2</sup>	A.H <sup>3</sup>	B.B <sup>4</sup>	B.R <sup>5</sup>	S.Y <sup>6</sup>	C.D <sup>7</sup>	V.S <sup>8</sup>	G.N. <sup>9</sup>
1.	Vali	+	-	+	+	+	+	-	+	-
2.	Palitya	+	-	+	+	+	+	-	+	-
3.	Varna-Ayu-Bala Vardhana	+	+	+	+	+	+	+	+	+
4.	Kasa	+	+	+	+	+	+	+	+	+
5.	Kshaya	+	+	+	+	+	+	+	+	-
6.	Swasa	+	+	+	+	+	+	+	+	+
7.	Hikka	+	+	+	+	+	+	+	-	+
8.	Vishamajwara	+	+	+	+	+	+	+	+	+
9.	Gulma	-	+	-	-	+	-	+	-	-
10.	Meha	-	+	-	-	+	-	-	-	-
11.	Grahani	+	+	+	+	+	+	+	+	+
12.	Arsha	+	+	+	+	+	+	+	-	+
13.	Hridroga	+	+	+	+	+	+	-	+	+
14.	Aruchi	+	+	+	+	+	+	+	-	+
15.	Pinasa	+	+	+	+	+	+	+	-	+
16.	Pleeha	-	-	-	-	-	-	+	-	-
17.	Swarabhanga	-	-	-	-	-	-	+	-	-
18.	Agniyanana	-	-	-	-	-	-	+	-	-
19.	Pandu	-	-	-	-	-	-	-	+	+
20.	Rajyakshma	-	-	-	-	-	-	-	+	+
21.	Shiroroga	-	+	-	-	-	-	-	-	+
22.	Netraroga	-	-	-	-	-	-	-	-	+

**Methods of preparation of Agastya Haritaki Rasayana<sup>10</sup>**

The drugs from the 1 to 20 (from *Rasapanchaka* table) (2 *Pala* = 96 gm each; *Dashmoola* 96gm each individual) are coarsely powdered and kept in a vessel.

↓  
*Pancha Adhaka* (5\*3.072 ltrs=15.360 ltrs) of water is added and *Kwatha* is prepared reducing it to 1/4<sup>th</sup> (4.8 ltrs)

↓  
*Yava* (1 *Adhaka*=3.072kg) and *Haritaki* (100 in number) are bundled in a piece of cloth which is immersed by suspension, as in *Dolayantra*. Mixture of *Yava* and *Haritaki* is boiled till *Yava* becomes soft.

↓  
Bundle is opened and *Yava* is discarded

↓  
*Jaggery* (1 *tula*=4.2 kg) and *Haritaki* is added to the decoction and boiled to the required *Paka*.

↓  
After *Paka Ghrita* & *Taila* (4 *Pala*=192 g each) is added along with the *Pippali Churna* (4 *Pala*=192gm). Allowed to cool and finally honey (4 *Pala*=192gm) is added.

↓  
Agastya Haritaki Rasayana is ready.

**Rasa Panchaka of Individual components of Agastya Haritaki Rasayana<sup>11</sup>**

[Table No.2]

S.N.	Drug Name	Botanical Name	Rasa	Guna	Virya	Vipaka	Doshagnata
1.	<i>Bilva</i> (Rt/st.Bk)	<i>Aegle marmelos</i> Linn.	<i>Madhura</i>	<i>Laghu</i>	<i>Sita</i>	<i>Madhura</i>	<i>Tridoshagna</i>
2.	<i>Syonaka</i>	<i>Oroxylum indicum</i>	<i>Madhura, Tikta,</i>	<i>Laghu,</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-</i>

	(Rt/st.Bk)	(L)Benth ex Kurz.	Kashaya	Ruksha			Vatashamaka
3.	Gambhari (Rt/st.Bk)	Gmelina arborea Roxb.	Tikta, Kashaya, Madhura	Guru	Ushna	Katu	Tridoshasamaka
4.	Patala (Rt/st.Bk)	Stereospermumsuav eolens (Roxb) DC.	Tikta, Kashaya	Lagu, Ruksha	Ushna	Katu	Tridoshasamaka
5.	Agnimantha (Rt/st.Bk)	Premna mucronata Roxb.	Tikta, Katu, Kashaya, Madhura	Lagu, Ruksha	Ushna	Katu	Kapha- Vatashamaka
6.	Salaparni (pl)	Desmodium gangeticum DC	Madhura Tikta	Guru, Snigdha	Sita	Madhura	Tridoshasamaka
7.	Prisniparni (pl)	Uraria picta Desv	Madhura Tikta	Laghu Snigdha	Ushna	Madhura	Tridoshasamaka
8.	Brhati (pl)	Solanum indicum linn	Katu, Tikta	Lagu, Ruksha, Tikshna	Ushna	Katu	Kapha- Vatasamaka
9.	Kantakari (pl)	Solanum surattense Burm	Tikta Katu	Lagu, Ruksha, Tikshna	Ushna	Katu	Kapha- Vatasamaka
10.	Gokshura (pl)	Tribulus terrestris Linn.	Madhura	Guru, Snigdha	Sita	Madhura	Vata-Pittasamaka
11.	Atmagupta (sd)	Mucuna prurita Wight	Madhura Tikta	Guru, Snigdha	Ushna	Madhura	Tridoshasamaka
12.	Shankapusphi (pl)	Convolvulus pluricaulis Choisy	Kashaya, Katu	Snigdha, Picchila	Sita	Madhura	Tridoshahara
13.	Sati (Rz)	Hedychium spicatum Sm in A Rees	Katu, Tikta, Kashaya	Laghu, Tikshna	Ushna	Katu	Vata- Kaphashamaka
14.	Bala (Rt)	Sida cordifolia Linn	Madhura	Snigdha, Guru	Sita	Madhura	Vata- Pittashamaka
15.	Hastippali (Fr)	Piper chaba Trel & Yunck	Katu	Ruksha	Ushna	Katu	Vatahara
16.	Apamarga (Rt)	Achyranthes aspera Linn	Tikta Katu	Sara, Tikshna	Sita	Madhura	Kapha- Vatashamaka
17.	Pippalimula (Rt)	Piper longum Linn	Katu	Tikshna, Lagu, Snigdha	Anusna	Madhura	Kapha- Vatashamaka
18.	Chitraka (Rt)	Plumbago zeylanica Linn	Katu	Tikshna	Ushna	Katu	Kapha- Vatashamaka
19.	Bharangi (Rt)	Clerodendron serratum Linn	Katu, Tikta	Ruksha, Laghu	Sita	Madhura	Kapha- Vatashamaka
20.	Puskaramula (Rt)	Inula racemosa Hook	Katu, Tikta	Tikshna, Lagu	Usna	Katu	Vata- Kaphashamaka
21.	Yava (Sd)	Hordeum vulgare Linn	Kashaya, Madhura	Ruksha, Guru, Picchila	Ushna	Katu	Kaphahara
22.	Haritaki (P)	Terminalia chebula Retz.	Kashaya Pradhana Lavana Varjita	Lagu, Ruksha	Usna	Madhura	Tridoshahara

### Selection of patients

The study was conducted on 30 clinically diagnosed & confirmed cases of Bronchial Asthma from OPD & IPD section of Desh Bhagat Ayurvedic College & Hospital, Amlah-Mandi Gobindgarh Road, Village Shonti, District Fatehgarh Sahib, Punjab.

### Materials & Methods:

- **Type of Study:** Open uncontrolled (Single- Arm) Clinical Study

### Criteria for Selection of Patients

**A) Inclusion Criteria**

- i. Age group between 20 to 60 years of age
- ii. Sex- Both males and females
- iii. Patients having signs and symptoms of *Tamak-shwas* (Bronchial Asthma) in *Awegawastha* (non-acute phase)

**B) Exclusion Criteria**

- i. Patients having age below 20 years and more than 60 years.
- ii. Patients having asthma or breathlessness due to renal or cardiac problems
- iii. Patients having acute attacks or status asthmatics stage
- iv. Patients having other systemic disorders like Diabetes mellitus, Carcinoma, Pulmonary T. B., hepatitis
- v. Patients having HIV, AIDS & other STDS

**Ethical Clearance & Consent:** The study design was approved by the institutional ethical committee, and signed informed consent was obtained from all the patients.

**Plan of Clinical Trial:**

- **Number of Patients:** Total number of patients included in this study was 30.
- **Drug:** *Agastya Haritaki Avaleha* was prepared with the help of *Rasashastra & Bhaishajya Kalpana* Department.
- **Dose:** 01 Pala (4 tola = 40gms) in two divided dosages, with empty stomach
- **Duration of Treatment:** 28 days
- **Follow up:** Was taken after every one week.
- **Diet:** Patient's regular diet

**Criteria for the Assessment of Patients & Results of the Treatment:**

The efficacy of the therapy was assessed on the basis of subjective as well as objective criteria. Most of the symptoms & signs of *Tamak Swasa* (Bronchial asthma) described in Ayurveda are subjective in nature. Hence multidimensional scoring system was adapted for statistical analysis and to give results on subjective parameters. Score was given according to the severity of symptoms as follows:

- ✓ *Shwas - Kashtata* (Dyspnoea)
- ✓ *Kasa* (Coughing)
- ✓ *Aasino Labhate Saukhyam* (Relief in sitting posture)
- ✓ *Peenas* (Nasal discharge)
- ✓ *Anidra* (Sleeplessness)
- ✓ *Sweda - Pravritti* (Perspiration)
- ✓ *Ghurghurakam* (Rhonchi)

**Investigations:**

Following investigations were done for every patient before starting the treatment & after completion of the treatment.

- Blood Investigations: Haemoglobin, R.B.Cs., ESR, TLC and DLC
- Lung Function Tests (LFT)
- Respiratory Rate (R/R)
- Expansion of chest (EOC)
- Breath Holding Time (BHT)
- Peak Expiratory Flow Rate (PEFR) –FEV1-
- Inspiration Time
- Expiration Time
- X-Ray Chest – PA View and ECG was done to exclude any other pathology.

Patients undergoing trial were examined clinically at every follow up to maintain a record of the same. Record and follow up of all the patients included in the trial was documented and maintained in the case record form.

**Organoleptic characters**

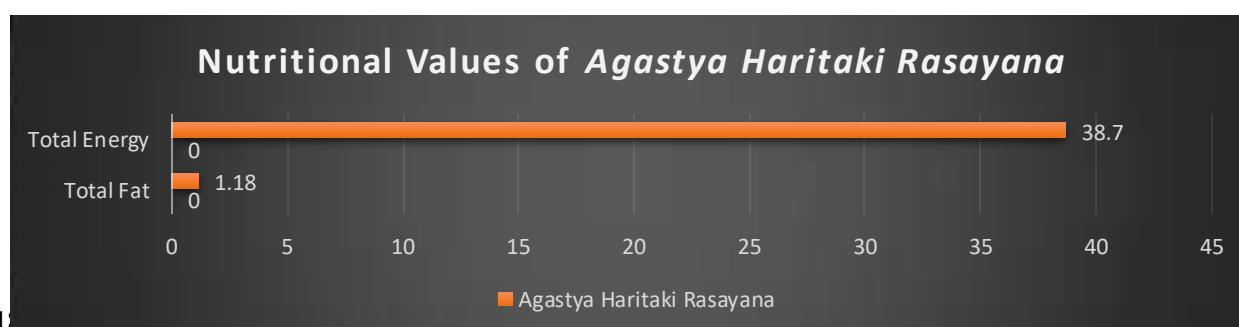
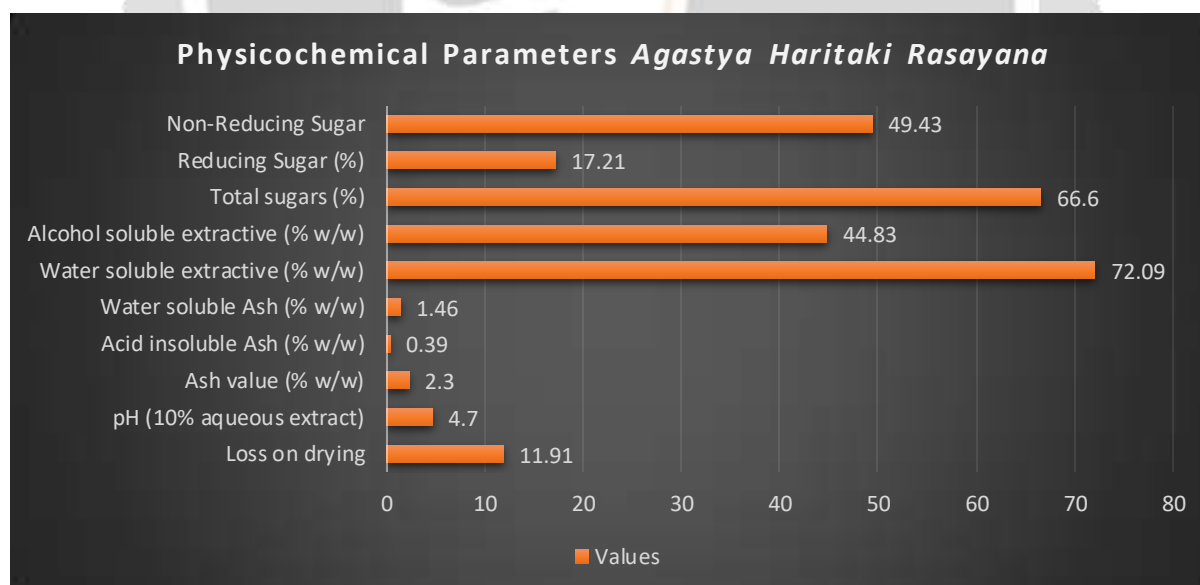
- **Sparsha (Texture)** – Soft
- **Rupa (Colour)** – Dark Reddish Brown
- **Rasa (Taste)** – Sweetish Astringent
- **Gandha (Odour)** – Characteristic Sweet
- **Consistency** – Semisolid

[Table No. 3] Organoleptic characters

S. N.	Parameters	<i>Agastya Haritaki Rasayana</i>
1.	<i>Sparsha</i> (Texture)	Soft
2.	<i>Rupa</i> (Colour)	Dark Reddish Brown
3.	<i>Rasa</i> (Taste)	Sweetish Astringent
4.	<i>Gandha</i> (Odour)	Characteristic Sweet
5.	Consistency	Semisolid

[Table No. 4] Values of physicochemical parameters

S. N.	Parameters	<i>Agastya Haritaki Rasayana</i>
1.	Loss on drying	11.91
2.	pH (10% aqueous extract)	4.7
3.	Ash value (% w/w)	2.3
4.	Acid insoluble Ash (% w/w)	0.39
5.	Water soluble Ash (% w/w)	1.46
6.	Water soluble extractive (% w/w)	72.09
7.	Alcohol soluble extractive (% w/w)	44.83
8.	Total sugars (%)	66.6
9.	Reducing Sugar (%)	17.21
10.	Non-Reducing Sugar	49.43
11.	Total Tannins (%)	3.33



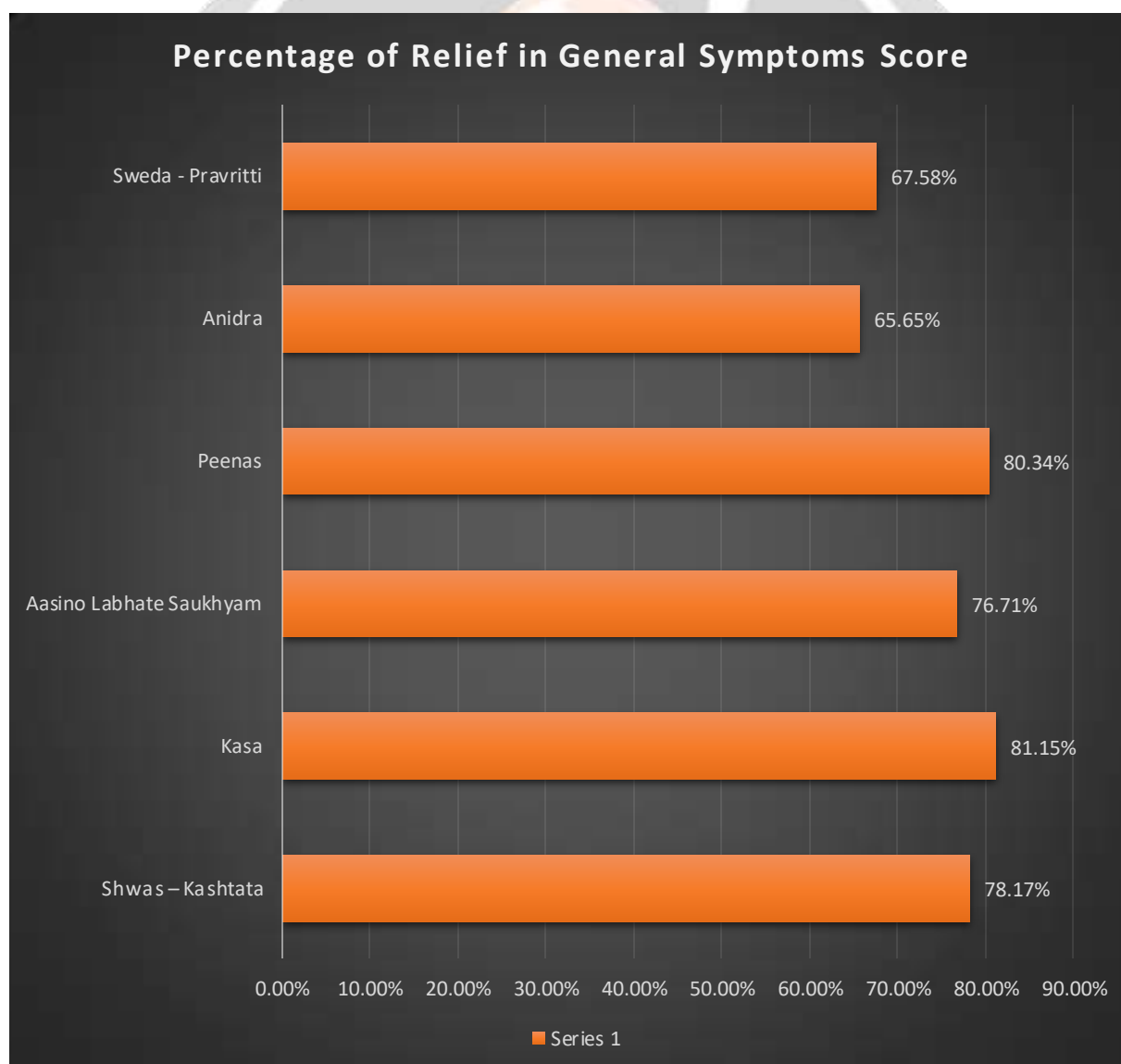


[Table No. 5] Nutritional Values of *Agastya Haritaki Rasayana*

S. N.	Parameters	Unit	<i>Agastya Haritaki Rasayana</i>
1.	Total Fat	%	1.18
2.	Total Energy	Cal/gm	38.70

Table No. 6] Percentage of Relief in General Symptoms Score

S. N.	General Symptoms	Relief Score
1.	<i>Swasa – Kashtata</i>	78.17%
2.	<i>Kasa</i>	81.15%
3.	<i>Aasino Labhate Saukhyam</i>	76.71%
4.	<i>Peenas</i>	80.34%
5.	<i>Anidra</i>	65.65%
6.	<i>Sweda - Pravritti</i>	67.58%
7.	<i>Rhonchi</i>	69.71%



S. N.	Physical Parameters in their respective units	Mean of Difference = SD	S.E	T <sub>29</sub>	P
1.	Respiratory Rate (R/R)	4.20 ± 1.43	0.26	16.1	<0.001 Highly significant
2.	Expansion of Chest (EOC)	1.50 ± 0.69	0.13	11.54	<0.001 Highly significant
3.	Breath Holding Time (BHT)	2.70 ± 1.26	0.23	11.74	<0.001 Highly significant
4.	PEFR- FEV1	28.00 ± 12.15	2.22	12.61	<0.001 Highly significant
5.	Inspiration Time	0.93 ± 0.36	0.07	13.29	<0.001 Highly significant
6.	Expiration Time	1.03 ± 0.41	0.07	14.71	<0.001 Highly significant

[Table No. 7] Showing Effect on Physical Parameters of Patients of *Tamak-Swasa*[Table No. 8] Effect on Haematological Investigations of Patients of *Tamak-Swasa*

S. N.	Haematological Investigations in their respective units	Mean of Difference ± SD	S.E	T <sub>29</sub>	P
1.	Haemoglobin (Hb gm %)	0.44 ± 0.54	0.10	4.40	<0.001 Highly significant
2.	Total R.B. Cs (TRC)	0.11 ± 0.14	0.03	3.67	<0.001 Highly significant
3.	Total Leucocyte Count (TLC)	200 ± 954.12	174.11	1.15	>0.05 Not significant
4.	Eosinophil Count	1.43 ± 1.77	0.32	4.47	<0.001 Highly significant
5.	Neutrophil Count	0.47 ± 6.38	1.16	0.41	>0.05 Not significant
6.	Lymphocyte Count	1.67 ± 8.07	1.74	1.14	>0.05 Not significant

[Table No. 9] Statistical Analysis of Symptoms of Patients of *Tamak-Swasa* Wilcoxon-matched-pairs signed-ranks Test

S. N.	Symptoms		Mean	SD	SE	Sum of all Signed Ranks	No. of Pairs	Value of 'Z'	p
1.	<i>Swasa-Kashtata</i> (Dyspnoea)	BT	2.23	0.43	0.08	465.0	30	4.78	<0.001 Highly Significant
		AT	0.53	0.51	0.09				
		Dif	1.70	0.54	0.097				
2.	<i>Kasa</i> (Coughing)	BT	2.33	0.48	0.09	465.0	30	4.78	<0.001 Highly Significant
		AT	0.53	0.51	0.09				
		Dif	1.80	0.48	0.09				
3.	<i>Aasino Labhate Saukhyam</i>	BT	1.90	0.40	0.073	378.0	27	6.42	<0.001 Highly Significant
		AT	0.57	0.50	0.092				
		Dif	1.33	0.66	0.12				



4.	<i>Peenas</i>	BT	1.70	0.88	0.16	378.0	27	6.42	<0.001 Highly Significant
		AT	0.36	0.49	0.089				
		Dif	1.33	0.71	0.13				
5.	<i>Anidra</i>	BT	1.50	0.51	0.09	325.0	25	4.37	<0.001 Highly Significant
		AT	0.67	0.66	0.12				
		Dif	0.83	0.37	0.07				
6.	<i>Sweda-Pravritti</i>	BT	1.07	0.58	0.11	210.0	20	3.92	<0.001 Highly Significant
		AT	0.40	0.50	0.09				
		Dif	0.67	0.48	0.09				
7.	<i>Rhonchi</i>	BT	2.13	0.57	0.104	465.0	30	4.78	<0.001 Highly Significant
		AT	0.73	0.64	0.12				
		Dif	1.40	0.50	0.09				

[Table No. 10] Showing Total Effect of Therapy on 30 Patients of *Tamak- Swasa*

S. N.	Total Effect of Therapy	No. of Patients	Percentage
1.	Cured (100%)	00	0%
2.	Markedly Improved (50-100%)	21	70%
3.	Improved (25-50%)	09	30%
4.	Unchanged (0-25%)	00	0%
Total		30	100%

#### Observation of Recurrences of *Swasa- Vega* within period of 6 months

Recurrence of *Swasa* was observed in all 30 patients on follow up study of six months. 22 patients (73.3%) had no attack of *Swasa* up to six months while 08 patients (26.67%) had attack once or twice within the period of 6 months.

#### Discussion

The basic method of the preparation of *Agastya Haritaki Rasayana* includes major 4 components; *Drava-dravya* (containing *Kwatha* of *Dashmula*, *Atmagupta*, *Shankapusphi* etc.), *Madhura Dravya* (with *Guda & Makshika*); *Sneha Dravyas* (*Ghrita & Taila*), *Prakeshapa Dravya* (*Pippali*). *Drava* form helps in the extraction of active principles in the form of *Kwatha*; sugar medium is responsible for palatability & also acts as preservatives; *Sneha* to keep the *Avaleha* soft & also helps in preservation; *Prakeshapaka Dravyas* enhances the taste as well as increases the bioavailability of the drugs.<sup>12</sup> The methods of preparation of *Agastya Haritaki Rasayana* are similar in all the texts. Pharmaceutical Principle regarding the preparation was first described by *Shrangadhara* in *Sarangadhara Samhita*.<sup>13</sup> A modified form is now adopted to facilitate the preservation over the longer period of time by removing the seeds from the boiled *Haritaki* are removed and pulp is dried well and powdered. After the required *Paka*, the powdered *Haritaki* along with *Pippali Choorna* is added.<sup>14</sup> Pharmacognostical and Phytochemical evaluation of *Agastya Haritaki Rasayana* is a step towards standardization of polyherbal formulations in *Avaleha* form.<sup>15</sup> *Haritaki* as the main ingredients (100 in number); along with *Dashamoola*, *Kapikacchu*, *Shankapusphi*, *Shati*, *Bala*, *Gajapippali*, *Apamarga*, *Chitraka*, *Bharangi*, *Pippalimoola*, & *Puskarmula* is mentioned in *Charaka Samhita* which is common in most of the classical references. *Acharya Sushruta* has added *Rasna*, *Guduchi*, *Patha*, *Nagara*, *Yavasa* and *Pippali* & omitted *Apamarga* and *Pippalimoola*. *Vangasena* has added *Devadaru*, *Madhulika*, *Punarnava*, *Panchakola*, *Pashanbheda*, and omitted *Apamarga*, *Pippalimoola* and *Chitraka*. *Agastya Haritaki Rasayana Avaleha* is one of the *Rasayana Kalpa* explained by *Charakacharya* especially for the diseases of *Pranavaha Strotas*. It performs both functions- *Rasayana* as well as *Vyadhihara*. It was easy to prepare, affordable & well tolerated to the patients with no undesired effects. *Swasa Kashtata*, *Ghurghurakam* (*Rhonchi*), *Peenas* & *Kasa* were the most prominent symptoms present in the patients included in this study. *Agastya Haritaki Rasayana Avaleha* was given to the patients mostly in the *Awegwastha* (non-acute phase) for 28 days which showed significant subsidence of symptoms which were shown by percentage of relief in symptoms & by statistical analysis which was highly significant. The onset of action of this drug could be in the very first week, symptoms started to fall from the first week & improvement was noticed in the further weeks of treatment. Hence it should be continued to furthermore, to reduce the risk of relapse & severity of *Tamak-Swasa*. Out of the 30 patients included in the study, none patient showed total relief in symptoms, 21 patients were markedly improved (50-100% relief) while 09 patients showed improvement (25-50% relief). No one patient remained unchanged. On Follow Up study of six months in all 30 patients for observation of recurrence of *Swasa - Vega* showed that 22 patients (73.33%) had no attack of *shwas* while 08 patients (26.67%) had attack once in the period of 6 months. It was done to prove the sustainability of effects of *Rasayana*. In this study, drug is given only for 28 days. As *Tamak - Swasa* is a *Yapya Vyadhi* (palliable disease) as mentioned by *Acharya Charaka*, if this drug given over a long

period of time, relapse would not be there & results would be more significant. Thus, by taking all these facts into consideration it can be said that there is major advantage of this classical formulation for the patient as it prolonged the duration between two attacks & decreased period of attack allow the patients to continue their day-to-day activities & saves improvement time of people & renders the patients better Quality of Life. (Table No. 6)

### Conclusion

There are many treatment modalities for *Swasa Roga*. Here an effort was made to show the effect of *Agastya Haritaki Rasayana* on *Swasa Roga*. Now the day modern science is showing its limitations towards some diseases, here *Rasayana* can be best option for upgrading the treatment schedule for any patient. *Shodhana* followed by *Rasayana* is good line of treatment proved in this case. Regular intake of *Shodhana* and *Rasayana* can be adopted, also *Nitya Shodhana* helps effectively in reducing the severity of attack of *Tamakswasa*. *Rituanusara Shodhana* followed by *Rasayana* therapy can be opted for several such conditions. For the better functioning of cardiovascular and respiratory systems *Pranayama* proved as a better intervention compared to *Agastya Haritaki Rasayana*. Though *Agastya Haritaki Rasayana* has been used for various pathological conditions viz *Kasa* (cough), *Swasa* (Dyspnoea) of respiratory system still it could not produce any significant effect on cardio vascular parameters. Based on the obtained results on chronic bronchitis, *Agastya Haritaki Rasayana* proves its positive effect on reduction of symptoms of chronic bronchitis.

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