

STUDY OF CLINICAL EFFICACY OF MANASHILA ON TAMAKA SHWASA

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ABSTRACT

Ayurveda is a scientific discipline that aids in maintaining the body's healthy state and treating illnesses. Numerous branches of the ancient science of Ayurveda exist, including Dravyaguna, Kriya sharir, Rachana sharir, Rasashastra, Kayachikitsa, and panchakarma. Rasashastra is a branch of Ayurveda, dealing with the formulations involving drugs of metal/mineral origin. From the fact that the name of this branch has been given after Parad (Rasa in Rasashastra) indicates the emphasis laid by the then health care professionals on the use of Parad or Rasa in the use of therapeutics. One kind of shwasa is tamaka shwasa. It results in pratiloma vayu and affects Pranavaha srotas. It manifests as an increase in Sashabda shool, Urahshool, Kasa, Shwasa tivarta, and Shwasa vega. Contemporary science has linked it to bronchial asthma. It is a serious issue for world health. The rise in industry has resulted in a sharp rise in pollution levels. In addition,

poor lifestyle choices, eating junk food, stress, and tension are contributing factors. It is challenging to treat. Manashila is a drug mentioned as effective for Shwasa. So present study is an attempt to study clinical efficacy of Manashila churna in tamaka shwasa.

KEYWORDS: Ayurveda, Tamaka, Shwasa, Manashila.

INTRODUCTION

A careful survey of the original texts on Rasasastra shows that the subject covers the entire field of inorganic pharmaceutical preparations like metallic, non-metallic compound of Ayurvedic materia medica. These Rasausadhis are appreciated for their smaller dosages, quicker effectiveness, long durability etc. Thus the Rasausadhi preparations plays an important and major role in curing the ailing human beings. On internal administration of metals and minerals i.e. Rasausadhis, in unprocessed or misprocessed form, they are very toxic but when scientifically.

Sodhana and Marana of these substances are done with some special processes, they became non-toxic or least toxic with low unfoward effects and can be used therapeutically with high gratitude of efficacy, for this standardization of Rasausadhis is very necessary. Manashila is mentioned under Uparasa.^[1] It is indicated for Shwasa vyadhi in Ayurved Prakash.^[2]

Shwasa roga is becoming more common these days as a result of many factors including changed eating habits, environmental pollution, stress, tension, and unhealthy lifestyle choices. Most people believe that Shwasa roga will disappear only once Shwasa (prana) disappears. Shwasa is regarded as a difficult-to-cure Kruchcha Sadhya Vyadhi. In Shwasa, obstruction in Pranavaha strotas due to vitiated Kapha dosha disrupts Vata's movement. This causes Vata to become agitated and causes pratilomgati, which leads to shwasakashtata. This indicates that the three strotas associated with Shwasa are Pranavaha, Annavaha, and Udakavaha. Modern research has shown a correlation between it and bronchial Asthama. Manashila is mentioned as a effective remedy for Shwasa in Ayurved Prakash. It reverses pathology of Shwasa and alleviates disease. In this study, clinical efficacy of Manashila churna in Shwasa is assessed and it found clinical significant.

AIMS AND OBJECTIVES

Aim

To observe the efficacy of Manashila Churna in Tamaka Shwasa.

Objectives

1. To study the Ayurvedic Literature of Tamaka Shwasa according to Ayurvedic Samhitas.
2. To study Manashila Churna.
3. To study the effect of Manashila Churna in Tamaka Shwasa.

MATERIAL AND METHODS

Literature review is done through all available Ayurvedic Samhitas, texts, various research papers available in Journals and online data available.

REVIEW OF LITERATURE

▪ **Manashila churna**

○ **Vernacular Names^[3]**

- Sanskrit: Manashila, Naipali, Kunati.
- Hindi: Manasila
- Bengali: Manchala
- Marathi: Manasila
- Gujarati: Manasila
- Parsi: Jharnokha surkha
- English: Realgar
- Telugu: Manasila
- Tamil: Manosilai

○ **Synonyms**

Manohva (pleasant for mind)

- Nagajihvika (Snakes tongue)
- Nepali (found abundantly in Nepal)
- Kunati (as facial paint in drama)
- Gola
- Shila
- Kalyanika
- Rasanetrika
- Manashila (found in stone form)

○ **Properties^[4]**

Rasa: Katu, Tikta

Guna: Snigdha, Ushna, Guru

Virya : Ushna

Karma: Lekhana, Kapha Hara

Prabhava: Visha Nashaka

- **Substance name:** Arsenic disulphide
- **Formula:** As_2S_2 , As_4S_4

▪ **Manashila shodhan**

भृङ्गराजरसेनेह दोलायन्त्रे विपाचिता ।

चतुर्यामं रोगशिला शुद्धिमायात्यनुत्तमाम् ॥

(रसतरंगिणी 11 / 110)

- ♦ 100 gm Manashila packed in pottali.
- ♦ Swedana in Dolayantra with Bhringaraja Swarasa (1kg) for 4 praharas

Bhringaraj has Vishaghna property. By this, it is anti-poisonous and anti-toxic. It does shodhana of Manashila.

○ **Manashila Uses**

It cures disease like Kasa, Shwasa, Bhutopadrava, Agnimandhya, Kshaya, Anaha, Kandu. If consumed for more days, it acts as Rasayana, cures Jwara, Varnya, Visha Nashaka.

○ **Dose**

According to Rasa Tarangini dose is 1/24 Ratti to 1/16 Ratti (5.2-7.8 mg) but in Hindi commentary by Sadanand Sharma mentions as 1/32 Ratti to 1/16 Ratti (3.9-7.8 mg)

▪ **Tamaka Shwasa**

When kapha blocks strotas (channels), the flow of prana vayu is reversed. This causes the vayu to become vitiated, encircle the head and neck and secrete excessive amounts of dusta kapha, which causes pinasa and the ghurghurkam sound. The abrupt onset of dyspnea brought on by this situation suffocates the prana. He feels as though he is going into the dark, grows thirsty, faints, and passes out. Kawasaki attacks can be paroxysmal. Unable to expectorate, he experiences aggravation. He briefly feels relieved when dusta kapha expectorates. There is a development of throat hoarseness and difficulties speaking.^[5]

▪ **Samprapti Ghataka^[6]**

1. Dosha : Kapha & vata (dominances)

Kapha (avalambaka & kledaka)

Vata (prana, udana, samana)

2. Dushya : Rasdhatu

3. Srotas : Pranvaha srotas

Udakavaha srotas

Annavaha srotas

4. Udhbhavbha sthana : Pittasthana, Amashya
5. Adhithana : Uraha, Pupphusa (Kapha Sthana)
6. Shrota Dhusti Lakshana : Sanga, Vimarghamana, Atipravritti
7. Ama : Ras gatta (Agni Mandha Janya Ama)
8. Agni : Jathraagni (Vishma)
9. Vyadhi : Amashayotha
10. Swabhav : Asukari & Chirkari
11. Vyadhi marga : Abhyantra Marga

❖ MATERIAL AND METHODS

Source of data- OPD & IPD patients of Hospital of college.

Study Design: Open Randomized Controlled Clinical Trial.

▪ Inclusion Criteria

This study is being conducted on 30 patients with tamaka shwasa. Patients who met the clinical diagnostic criteria for tamak shwasa (Bronchial Asthama) were chosen at random from the OPD and IPD, regardless of their age, sex, religion, or occupation.

▪ Exclusion Criteria

1. Patient having complications like CCF, Corpulmonale, Emphysema, Rajakshama (T.B), Pneumonia, Malignancy etc. are not considered.
2. Patients who are not able to tolerate samshodhana therapy are not taken in shodhana group.

▪ Diagnostic criteria

X- ray.

▪ Diagnostic criteria

Based on the traditional Ayurvedic and current classic indications and symptoms of the tamak shwasa, a comprehensive performa is developed. Data is gathered when a thorough clinical history and respiratory examination are completed. Each patient's whole medical history, including dasvidha pariksha, nidana panchak, etc., is gathered and entered into the performa. PFR assessment is carried out with the use of the disease's test results. Before and

after treatment, a peak flow meter measurement is obtained for assessment, and all vital signs, including blood pressure, pulse, and respiration rate, are recorded.

▪ Intervention

Duration of study – 30 Days

Total duration of study – 30 Days

Follow up – at 30th day

Dose: 1500 mg after meal two times in a day

30 patient will be given Kataphala bark Churna orally for 30 days

Kal : Paschyat bhakti

Parameters for Assessment:

1. Shwasa Vega

Sign	Grade
No Shwasa vega	0
Mild Shwasas (1 or 2 bouts of shwasas in a week)	1
Moderate Shwasas (3 to 5 bouts of shwasas in a week)	2
Severe Shwasas (6 or more bouts of shwasas in a week)	3

2. Shwasa Tivarta

Sign	Grade
No shwasas	0
Mild breathlessness, occasionally comes and goes, do not require any medication	1
Moderate breathlessness, patients have to take rest during attack and require some medication	2
Severe breathlessness, patient feel restlessness during attack and requires strong medication	3

3. Kasa

Sign	Grade
No kasa	0
Sometime kasa during shwasa attacks	1
Very often kasa	2
Always kasa	3

4. Urahshool

Sign	Grade
No urahashool	0
Sometime urahshool	1
Often urahshool	2
Continuous Urahshool	3

5. Sashabda shwasa

Symptoms	Grade
No sound	0
Low pitch sound during attack	1
High pitch sound during attack	2
Always making sound	3

❖ RESULTS

Effect of Manashila Churna on assessment criteria of Tamaka shwasa was as follows

Parameter	Mean		Difference in means	Paired 't' test				Remark
	BT	AT		S.D.	S.E.M.	't'	'p' value	
Shwasa vega	1.4	0.4	1.0	0.667	0.211	4.7393	P<0.001	H.S.
Shwasa Tivrata	1.9	0.6	1.3	0.455	0.143	9.09	P<0.001	H.S.
Kasa	1.8	0.9	0.9	0.322	0.101	8.91	P<0.001	H.S.
Urahshool	1.8	0.5	1.3	0.455	0.143	9.09	P<0.001	H.S.
Sashabdashwasa	2.26	0.63	1.63	0.764	0.1396	12.75	<0.001	H.S.

DISCUSSION AND CONCLUSION

Stress, pollution, excessive junk food consumption, and unhealthy lifestyle choices are the main causes of Tamaka Shwasa. The Kapha dosha is vitiated. It results in Vayu's pratiloma gati. Pranavaha srotas is primarily impacted by this. In Ashtang Hrudya, Acharya Vagbhata mentions the treatment kataphala in Sursadi Gana. While manashila with katu and tikta rasa reduces vitiated kapha dosha. By Ushna veerya, it does Kaophahara karma. Bhringaraj swaras used in shodhana karma does balancing of kapha dosha by its pungent, bitter taste, dryness and lightness. Because of its hot potency, it balances Vata dosha. This shodhit Manashila lowers shwasa vega, shwasa tivrata, kasa, urahashool, and sashabdashwasa in the current study. It turned out to be statistically significant.

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