

CLINICAL EVALUATION OF *ROHISHA (CYMBOPOGON MARTINII.(ROXB.)WATS.) KWATHA* IN THE MANAGEMENT OF KASA

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ABSTRACT

Objectives: To assess the effectiveness of *Rohisha kwatha churna* in the management of Kasa. **Materials & Methods:** A randomized clinical study was conducted at the Government Ayurvedic Hospital, Erragadda, Hyderabad. Subjects of single group (30members) presenting with the signs and symptoms of Kasa roga and aged between 18 to 60 years were selected randomly. 50ml/BD of Rohisha kwatha is given orally after meals, followed every 15 days for 30 days of time period. **Results:** The single group showed good improvement 70%, moderate improvement 27%, mild improvement 3%. From these results, it can be concluded that *Rohisha kwatha* had showed improvement in treatment of kasa. **Conclusion:** Based on this study, it can be concluded that *Rohisha kwatha* had significant result in kasa treatment.

KEYWORDS: Rohisha kwatha, Rohisha kwatha churna, Kasa

roga.

INTRODUCTION

Ayurveda is a science of life, which aims at “*Swasthasya swasthya rakshanam, aturasya vikara prashaman*” that propagation of health and eradication of diseases.^[1] It is achieved through

ahara and *vihara* mentioned in classical texts. *Kasa* is one of the pathological conditions explained in many contexts of *Ayurveda*. It may develop as an independent disease or as *lakshana*^[2] to other diseases or as *upadrava*.^[3] It won't be appropriate to have a pinpoint correlation between the terms described in the classical texts and those available in modern text books of medicine. In *Ayurveda*, *kasa* is explained with *Nidana*, *poorvarupa*, *samprapthi*, *chikitsa*, *sadyasadyata* and *pathyapathya*. It is a presenting complaint in respiratory disorders, *Kasa* may not be a life threatening disease but it is increasingly annoying and irritating to the individuals in routine activities. *Nidana* of *kasa* mentioned in classical texts can be categorized as *Samanya nidana* and *Vishesha nidana*. *Samanya nidana* is mentioned by *Acharya Susruta* and *Acharya Madhava* and *Vishesha nidana* mentioned by *Acharya Charaka*.^[5] There are many etiological factors and it is unlikely that any one is the sole cause. There may be numerous etiological factors of *kasa* or even a single factor may be responsible in production of the disease *kasa*. *Acharya Susruta* and *Acharya Madhava* mentioned general *nidana* causes of *Kasa roga* are *Dhooma*, *Dhooli*, *Rajas*, *Vyayama*, *Rooksha ahara sevana*, *Vimargagatvadapi bhojana*, *Kshavathu vegaavrodha*.^[4] Because of living in unhygienic conditions and pollution, scarcity of balanced diet or malnutrition, the incidence of *Kasa* is increasing day by day. Hence, an attempt is made to control *Kasa* with easily available herbal drug *Rohisha* (*Cymbopogon martinii*(Roxb.)Wats.) *kwatha* having unique therapeutic benefits, to know the efficacy of *Rohisha* in the management of *kasa roga*.^[6]

MATERIALS AND METHODS

Source of data: The subjects were selected from OP(out patients) of Dr.B.R.K.R. Govt. Ayurvedic Hospital, Erragadda, Hyderabad, Telangana, India.

Sampling method

The 30Subjects with signs and symptoms of *Kasa* are selected randomly.

Criteria for the selection of the Subjects

Inclusion criteria

- Subjects with classical features of *kasa*.
- Age limit of 18-60 years irrespective of gender.
- Subjects who are willing to sign the consent form.
- Subjects willing to take complete treatment.
- Duration of illness not more than 6 months.

Exclusion criteria

- Subjects below 18 years and above 60 years of age.
- Subjects with uncontrolled DM/HTN.
- T.B/HIV positive cases and other cardiovascular diseases.
- Subjects suffering from chronic infections and malignancy.
- Pregnant women and lactating mothers.

Table 1: Study Design.

Subjects	Single group
Number of subjects	30
Age group	18 – 60 years
Drug name	<i>Rohisha kwatha</i>
Route of Administration	Orally
Dose of the drug	50ml/BD after food
Duration	30 days
Follow up	Every 15 days

COLLECTION OF DRUG

Rohisha (Cymbopogon martinii (Roxb.)Wats.) is collected from Vijayawada, Hilly regions, Andhra Pradesh state. Genuine and good quality material which are free from any worm infection were cut and separated, washed, dried in shade and stored in air tight dried container in clean, well-ventilated area protected from light, moisture, and against attack by insects and rodents. *Rohisha Kwatha churna* is prepared by using pulverizer and stored in airtight container. This is packed in zip lock covers and it is used for the purpose of clinical study.

METHOD OF PREPARATION

Rohisha kwatha churna ingredients contain wholeplant of *Rohisha (Cymbopogon martinii (Roxb.)Wats.)*

Kwatha reference

1 pala(48gms) of *kwatha churna* is boiled with 16 parts of water and reduced to 1/8th part. (Sarangadhara Samhita 2/1-3)

Dose: 50ml *Rohisha kwatha* twice a day after food.

ASSESSMENT CRITERIA

The results will be analyzed statistically before and after treatment. The improvement of the subjects was assessed by adopting standard scoring pattern for signs and symptoms of the disease. The assessment of subjective parameters was done by giving individual scores to signs

and symptoms and percentage of result was assessed for each sign or symptom and for every patient. The gradation of signs and symptoms as per classics is given by sign 1(mild), 2(moderate), and 3 (severe). The total signs are counted. The absence of signs and symptoms is given by 0 sign. For each and every character individual scoring was given for before and after treatment, then percentage of relief was calculated according to the severity of the symptoms grading were given as below.

Table 2: Criteria for Assessment of Subjective & Objective parameters.

S.NO.	Symptoms	Score/Grading
1.	<i>Teevrakasa</i>	0- No cough 1- Cough with Small quantity of sputum. 2- Cough with difficulty in expulsion of sputum. 3- Hacking cough with no sputum & dryness of mouth, chest, throat.
2.	<i>Urahkanta Vedana</i>	0-Absent 1-Occasional 2-Pain during Cough and difficulty in food intake 3-Persistent chest pain & throat pain during intake of food & water.
3.	<i>Nistivana</i>	0- Absent 1- Thin sputum occasionally 2- Thick sputum 3- Thick viscid sputum
4.	<i>Swarabheda</i>	0- No hoarseness of voice 1- Hoarseness of voice only at time of cough 2- Hoarseness of voice present but no difficulty of speech 3- Difficulty in speech
5.	<i>Peenasa</i>	0- No discharge 1- Mild or scanty discharge 2- Moderate watery discharge 3- Profuse watery discharge
6.	<i>Shirovedana</i>	0- No headache 1- Occasional at time of cough 2- Frequent headache but not severe 3- Severe headache
7.	AEC	0-Upto 440 IU/ml 1-441 to 500 IU/ml 2-501 to 550 IU/ml 3-Above 550 IU/ml
8.	ESR	0-1 to 20 mm/hr 1-21 to 30 mm/hr 2-31 to 40 mm/hr 3-Above 40 mm/hr

OBSERVATIONS AND RESULTS

Age: The majority of the subjects belong to the age group 20-30 years i.e 40%.

Gender: The subjects, majority were the females i.e 60% & males were 40% are with cough & its symptoms. Occupation: The maximum number of subjects were students i.e 37%, next were housewives 27%. Socio economic status: The Subjects belonging to middle class i.e 57% were more affected by cough. Diet: The Subjects having mixed diet were more prone to cough i.e 67%. Prakriti: The subjects having vata-kapha prakriti are 33%, vata-pitta prakriti are 27%, pitta-kapha prakriti are 23% and sannipataja prakriti are 17%. Chronicity: The subjects from 4 to 5 weeks are 37%, 0 to 1 week are 33%, 2 to 3 week are 30%.

Overall Assessment of Subjective parameters based on the Statistical Analysis

% of 30 subjects showing relief in Teevrakasa after treatment-82%

% of 30 subjects showing relief in *Urahkantavedana* after treatment-78%

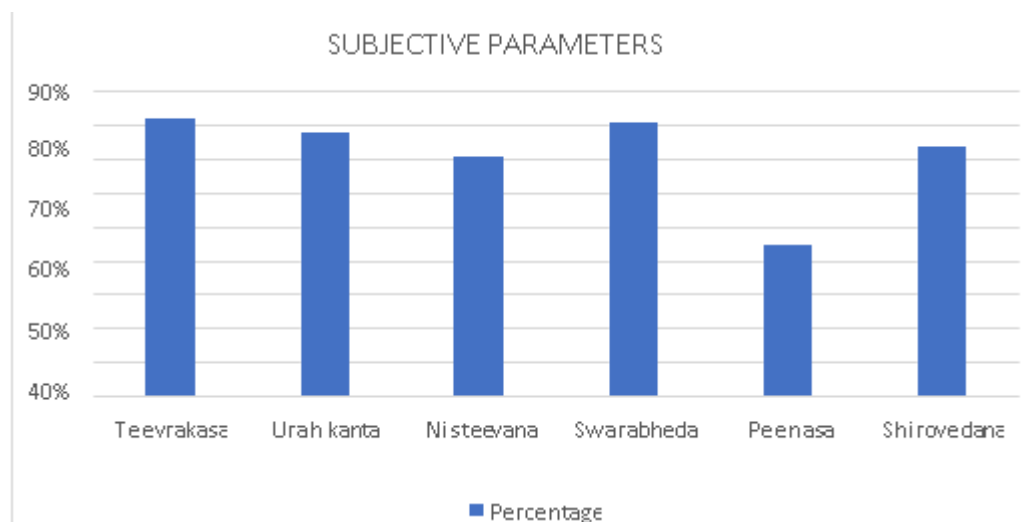
% of 30 subjects showing relief in *Nisteevana* after treatment-71%

% of 30 subjects showing relief in *Swarabheda* after treatment-81%

% of 30 subjects showing relief in *Peenasa* after treatment-45%

% of 30 subjects showing relief in *Shirovedana*-74%.

Graph No.1 OVERALL EFFECT PERCENTAGE OF SUBJECTIVE PARAMETERS AFTER TRETMENT

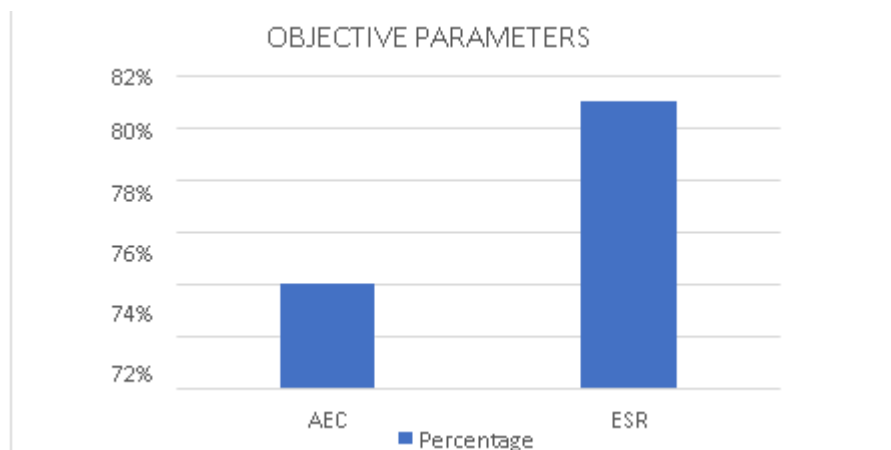


Overall Assessment of Objective parameters based on the Statistical Analysis

% of 30 subjects showing relief in AEC after treatment -74%

% of 30 subjects showing relief in ESR after treatment -81%

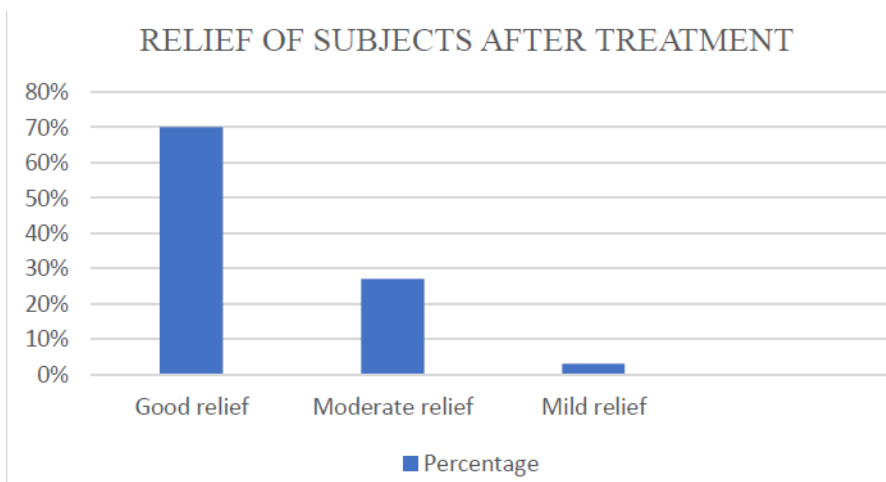
Graph No.2 OVERALL EFFECT PERCENTAGE OF OBJECTIVE PARAMETERS AFTER TREATMENT



Overall Relief of Subjects after treatment

Out of 30 subjects, subjects having good relief were 70%, moderate relief were 27%, mild relief were 3%.

Graph No.3 Showing overall relief of subjects after treatment.



DISCUSSION

After the Clinical trial on a Single group of 30 subjects the data was noted before treatment versus after treatment. The effect of therapy was assessed on each parameter. These parameters were given grading before treatment and after treatment and were assessed statistically to see the significance. The overall assessment of *Rohisha* internally shows promising improvement in the both subjective and objective parameters. The assessment of subjective and objective parameters were done using “paired t test”. When the data was analysed for each parameter, the obtained value was compared with p value and obtained value was less than p value. Hence

it is considered as statistically significant. The overall assessment of response showed good improvement -70%, moderate improvement -27% and mild improvement - 3%.

Probable mode of Action

- The *Rohisha*(*Cymbopogon martinii* (Roxb.)Wats.) *kwatha churna* was used in the clinical study has properties *Katu-Tikta rasa*, *Ushna virya*, *Ruksha*, *Laghu*, *Tikshna gunas* and *Katu vipaka*, which is having *Tridoshara karma*.
- According to Ayurveda *samprapthi vighatana* is said to be the treatment. Therefore, the action is to conquer *samprapthi ghatakas* of the disease. Hence explaining the mode of action is establishing a relationship between *samprapthi ghatakas* of disease and *rasapanchakas* of the drug.
- Most of the references from classical texts mentioned that *kasa* is mainly due to kapha, vata disorders.
- *Katu rasa* is having *Kaphahara*, *Deepana*, *lekhana*, *Tikshana*, *Rukshana* properties. These properties act as *kapha-chedana*(mucus breaking), *kapha-nirharana*(mucus eliminating) that clears *srothoavarodha* where kapha gets liquified and leads to *vimargagamana* of vata which can subside the *kasa*.
- *Tikta rasa* having *Kledahara*, *Pittahara*, *Deepana*, *Pachana* actions will reduce *amatva*(ama) causes *agni-deepana*. *Tikta rasa* helps for *kanta vishodana* acts as expectorant and reduces the production of *slehma* which subsides the *kasa*.
- *Katu vipaka* has *kaphahara*, *lekhana* properties. *Katu vipaka* also helps to reduce the production of sputum and removes the *srothoavarodha* in *pranavaha srotas* that improves circulation and balances the vitiated doshas.
- *Ushna virya* also acts as *kaphahara*, *vatahara* and *pachana* that clears the *srothoavarodha* which can relieve the *kasa*.
- Due to *Deepana*, *lekhana*, *tikshana*, *rukshana*, *laghutwa* properties of the drug acts as *kaphachedana*, *kaphanirharana* which reaches the minute channels of the lungs and liquifies the kapha that leads to *vimargagamana* of vata.
- The combined effect of *Tikta* and *Katu rasa* leads to a significant reduction in cough bouts. By clearing the airways and reducing inflammation, the combination helps to relieve cough and dyspnea. Both rasas work together as expectorants, making it easier to expel sputum. All these actions help in subsiding the *kasa*.
- The Drug having properties like *Anulomana*, *Vedanasthapana*, *Raktashodana*,

Krimighna, Kasaghna, Swasaghna, Shulaghna, Jwaraghna mentioned in classical texts supports in the management of kasa.

- The phytochemicals constituents present in *Rohisha* such as Geraniol, Geranyl acetate, Farnesol, Citronellol, Linalool, Geranyl butyrate, Myrcene, α - and β -pinene, Tannins, Flavonoids, Alkaloids, Steroids are anti-inflammatory, anti-microbial, anti-oxidant, anti-diabetic, Cardioprotective, anti-cancer and analgesic, neuroprotective which helps in treating the kasa.
- Tannins bind to and precipitate proteins, which creates a protective layer over irritated mucous membranes in the throat and lungs helping to soothe and reduce the cough reflex.
- The *Rohisha* when administered orally helps in balancing the vitiated doshas. The drug acts as *Tridosahara* which helps in relieving the symptoms of kasa. It helps in alleviating the various health issues particularly affecting the respiratory, circulatory and digestive systems. Thus, the drug *Rohisha* is likely to restore the vata in the *anulomagathi* from pathological state of *prathilomagathi*. This minimizes the *kasa vega*, since the *pratiloma vata* was the main force behind the kasa samprapthi.
- Hence, it can be assumed that *Rohisha* (*Cymbopogon martinii*.(Roxb.)Wats.) acts in the treatment of kasa.

CONCLUSION

Rohisha (*Cymbopogon martinii* (Roxb.)Wats.) whole plant is used in the form of *kwatha churna* for the study. *Rohisha* has *tridosahara* karma and antimicrobial, anti-inflammatory, antioxidant activities which helps in treating the kasa roga. *Rohisha* possess *Anulomana, Vedanasthapana, Raktashodana, Krimighna, Kasaghna, Swasaghna, Shulaghna, Jwaraghna* properties and *katu-tikta rasa, katu vipaka, Deepana, lekshana, tikshana, rukshana, laghutwa, ushna* gunas which help in the kasa treatment.

REFERENCES

1. Charaka Samhita of Agnivesha elaborated by Charaka & Dridhabala, Sutra sthana 30/26 with Ayurveda-Dipika Commentary by Cakrapanidatta edited by Vaidya Jadavaji Trikamji, Chaukhamba ayurvijnana grantamala 34, Chaukhamba surbharati Prakashan, Varanasi, 2009, Hindi version.
2. Charaka Samhita of Agnivesha elaborated by Charaka & Dridhabala, Nidana sthana 1/21,27 with Ayurveda-Dipika Commentary by Cakrapanidatta edited by Vaidya Jadavaji Trikamji, Chaukhamba ayurvijnana grantamala 34, Chaukhamba surbharati

Prakashan, Varanasi, 2009, Hindi version.

3. Charaka Samhita of Agnivesha elaborated by Charaka & Dridhabala, Nidana sthana 2/7 with Ayurveda-Dipika Commentary by Cakrapanidatta edited by Vaidya Jadavaji Trikamji, Chaukhamba ayurvijnana grantamala 34, Chaukhamba surbharati Prakashan, Varanasi, 2009, Hindi version.
4. Susrutha Samhita of Susrutha, Uttarasthana, 52/4, Hindi commentary by Nyayachandrikapanjika, Vaidy Jadavaji trikamji, Narayanram acharya, Chaukhambha ayurvijnan granthmala 42, Chaukhambha surabharati Prakashan, Varanasi, 2008.
5. Agnivesha's Charaka Samhita with Ayurveda-Dipika commentary by Chakrapanidatta editor Vaidya Jadavaji trikamji, Chikitsa sthana chapter 18, ayurvijnan granthamala 34, Chaukhambha surabharati Prakashan, Varanasi, 2009. Hindi version.
6. Bhavaprakasha Nighantu of Sri Bhavamishra, Dr.K.C.Chunekar, Dr.G.S.Pandey, Purvakhanda, Guduchyadi varga, V. Ayurveda series 28, Chowkhambha Bharathi Academy, Varanasi, Reprint 2006, Hindi version.