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# Pharmaceutical preparation, standardization and comparative study of *Tinduka Ghanavati* and *Kulattha Guda Avaleha* in context of *Shwasa Roga*

Manisha Rathi<sup>1</sup>, Sharad Rathi<sup>2</sup>

<sup>1</sup>Professor and HOD, Department of Rasa Shastra evam Bhaishajya Kalpana, Mansarovar Ayurvedic Medical College Hospital and Reseach Center, Bhopal, Madhya Pradesh, India.

<sup>2</sup>Assistant Professor, Department of Agada Tantra evam Vidhi Vaidhyak, Pt. Khushilal Sharma Govt. Autonomous Ayurved College and Institute, Bhopal, Madhya Pradesh, India.

## ABSTRACT

Ayurveda is the world's oldest medical system, which dates back to the *Rigveda* period BC. 5000. All the medical systems of the world have received their form of organization and developmental inspiration from this, this is an undisputed proven fact. Ayurveda has been called the science of age. *Charak* has described Ayurveda as eternal. The medical science of *Rasashastra* is also included in Ayurveda medical science. *Rasashastra* has been revolutionary in Ayurveda since the 8th century. This has been said to reflect the results of *Rasashastra* during this period. The chemical drug manufacturing process was being used in the medical world since the 8th century. Since time immemorial, humans have been engaged in research for various purposes in various areas of their lives. Research in Ayurveda is necessary and mandatory. As the struggle and difficulties in a person's life increase along with progressing on the path of salvation, he is suffering from very painful diseases due to not following the health-protecting diet and practices recommended by the famous people. Among these diseases, respiratory disease also holds an important place. This is seen more in the human community. From the study of various texts, it was found that *Tindukaghanvati* and *Kulathaguda Avaleha* are effective drug combinations for respiratory diseases. Therefore, in this research work, the study of the above mentioned *Yogas* on respiratory diseases was considered. The presented research work is being presented before the scholars to reestablish the principles propounded by the *Acharyas*. The success of the effort depends on the consent of scholars.

**Key words:** *Tinduka Ghanavati*, *Kulattha Guda Avaleha*, *Shwasa Roga*

## INTRODUCTION

Ayurveda has been called the science of age. *Charak* has described Ayurveda as eternal. The power of Ayurveda begins from the time life began.

सोयमायुर्वेकः शाश्वतो निर्दिश्यते, अनादित्वत् स्वाभाव सौस लक्ष्त्वत् भावस्वभावनित्यत्वच्छ. (Ch.Su. 30/25)

### Address for correspondence:

Dr. Manisha Rathi

Professor and HOD, Department of Rasa Shastra evam Bhaishajya Kalpana, Mansarovar Ayurvedic Medical College Hospital and Reseach Center, Bhopal, Madhya Pradesh, India.

E-mail: manishapurvirathi@gmail.com

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Due to the continuous exploratory vision of the mystics, Ayurveda is being understood as the Ayurveda literature of *Samhita* period appears to be more organized and clearly visible than the Ayurveda literature of the Vedic period. The medical science of *Rasashastra* is also included in Ayurveda medical science. *Rasashastra* has been revolutionary in Ayurveda since the 8<sup>th</sup> century. This has been said to reflect the results of *Rasashastra* during this period.

The chemical drug manufacturing process was being used in the medical world since the 8<sup>th</sup> century. Various research processes had started. The period till the end of the 13<sup>th</sup> century can be considered the period of development of *Rasashastra*. Since time immemorial, humans have been engaged in research for various purposes in various areas of their lives. Research in Ayurveda is necessary and mandatory. As the struggle and difficulties in a person's life increase along with progressing on the path of salvation, he is suffering from very painful diseases due to not following the health-protecting diet and practices recommended by

the famous people. Among these diseases, respiratory disease also holds an important place. This is seen more in the human community.

From the study of various texts, it was found that *Tindukaghanvati* and *Kulatthguda Avaleha* are effective drug combinations for respiratory diseases. Therefore, in this research work, the study of the above mentioned *Yogas* on respiratory diseases was considered. The presented research work is being presented before the scholars to reestablish the principles propounded by the *Acharyas*. The success of the effort depends on the consent of scholars.

### Kalpana

Both *Rasashastra* and *Bhaishjyakalpana* together fulfill the second fraction of therapy (*Dravya-Bhaishajya*). Although there is a special scripture such as mercury, under which mineral substances are divided into juice, *Uparasa*, *Maharasa*, ordinary juice, etc. These substances are purified, *Marana* and used for diseases. However, in the field of pharmaceutical imagination, often plant and animal substances are collected and medicines are prepared from various imaginations and used successfully on patients. In the realm of imaginations, the place of medicinal imagination is more extensive *Shiksha*, *Kalpa*, *vyakarana*, *Nirukta*, *Chhanda*, *Jyotish*, these are the six parts of the *Vedas*, the *Kalpa* part is related to medicine in particular, because with the help of the same *Kalpa*, the physician medicine is differentiated in different *Kalpa* according to country and time. Gives from different imagination. This imagination is the test of being the best physician.

### AIM AND OBJECTIVES

1. Scientific evaluation of chosen drug through Ayurvedic & Modern aspects.
2. Pharmacognostical and Pharmacological study of chosen plants.
3. Study of clinical efficacy of chosen drugs on *Shwasa Roga*.

### MATERIALS AND METHODS

**Selection of patients:** Patients of *Shwasa Roga* will be diagnosed by clinical features (Sign & Symptoms) described in the Ayurvedic texts.

### Methodology:

1. Pharmacognostical and pharmacological study done under the light of modern scientific way & in-depth study of Ayurvedic texts.
2. To evaluate the clinical efficacy of said plants.

### Work plan:

1. **Selection of Preparation (*Kalpana*):** Preparation of both drugs will be made as per requirement. It will be in the form of tablet (*Ghanvati* & *Avaleha*).
2. **Medication Schedule:** for maximum 2 months
3. **Dose of Drugs:** As per Ayurvedic Pharmaceutical texts directions.
4. **Drug administration:** Orally
5. **Number of Patients:** Total number of 30 patients were divided into three groups having 10 patients each.
  - A. **Group A:** *Tindukaghanvati* was given to 10 patients.
  - B. **Group B:** *Kulatthaguda Avaleha* was given to 10 patients.
  - C. **Group C:** *Tindukaghanvati* and *Kulatthguda Avaleha* both was given to 10 patients

In the presented research work, for a comparative study of *Tinduka Ghanvati* and *Kulatthguda Avaleha* on respiratory disease, 30 patients of respiratory disease were selected and 14 symptoms obtained before treatment of the selected patients were recorded in the respiratory report. Thereafter, keeping in mind the age and severity of the disease, drug formulations were used regularly for 1 month until the symptoms subsided. The percentage benefit has been tabulated to see the progress in the patient considering the reduction in intensity of symptoms after 1 month of drug use.

**The assessment of progress assessment in *Aturas* is shown in the following manner-**

**Excellent benefit -** Those who are eager to get the best benefits have been placed in this category. In which more than 70 percent relief of symptoms has been found.

**Moderate benefit** - More than 50 percent and less than 70 percent relief of symptoms has been found.

**Little benefit** - has been found, more than 25 percent and less than 50 percent alleviation of symptoms.

**No Benefit** - The relief of symptoms ranging from 0 to 24 percent has been found.

**Drug review**

**1. Tindukghana Vati<sup>[1]</sup>**

**Contents:**

1. Purified *Kuchala*
2. Lactose powder

**Manufacturing:**

2 kg of pure *Kuchla Yavkut*, 16 kg of Water was added and placed on the furnace to make decoction.

When the decoction remained 4 kg, it was filtered through a cloth and placed again in the furnace for cooking. *Ghana* was made i.e., the decoction was purified until it became like *Awaleha*.

To dry the *Ghan*, it was kept in the dryer for 3 hours.

Take 130 grams *Ghana*, add 300 grams lactose powder to it, add some water, churn it and make *Vati*. The *Vati* was shade dried.

The *Vati* was packed. The value of each dry *Vati* was approximately 1 *Ratti*. Keeping in mind the quantity of 1-1 *Vati*, 20-20 *Vati* were kept in each pack and packed with labels for 10-10 days.

**2. Kulathguda Awaleha<sup>[2]</sup>**

**Contents:** *Kulattha, Dashmoola, Bharangi, Jaggery, Honey, Vanshalochan, Pippali, Cinnamon, Tejapatra.*

**Manufacturing:** To prepare decoction of *Avaleha (Kulath, Dashmool, Bharangi) Yavkut* were prepared with a micropulverizer.

60 kg *Yavkut* was divided into three parts and add 20 kg in each vessel. Started making decoction by pouring 80 liters of water into the vessel. Under the preparation of decoction, the decoction was filtered through a cloth after 1/8 water was left (i.e., 10 liters of water was left in each vessel). Cooked the decoction again. After re-cooking the decoction, *Jaggery* was mixed in it. Cooked until symptoms of *Gudpaka*

appeared. Add *Prakshepaka Dravya* and honey in *Awaleha* and the packing was done. The prepared extract was packed in 90 plastic jars of 200 grams each and the remaining medicine was packed in 8 plastic jars of 500 grams each. The medicine was deposited in the pharmacy.

**OBSERVATION AND RESULTS**

**Statistical analysis of result by Anova technique**

The Anova technique is useful for testing homogeneity of various things, we consider the effect on symptoms of both medicine in Group A, Group B and Group C.

**Table 1: Statistical analysis of result by anova technique**

| S<br>N | Symptoms                           | Group A       |            | Group B       |            | Group C       |            |
|--------|------------------------------------|---------------|------------|---------------|------------|---------------|------------|
|        |                                    | Mean<br>±SD   | P<br>Value | Mean<br>±SD   | P<br>Value | Mean<br>±SD   | P<br>Value |
| 1      | <i>Swashkrich hata</i>             | 1.50<br>±0.53 | <0.01      | 1.30<br>±0.48 | <0.01      | 1.40<br>±0.52 | <0.01      |
| 2      | <i>Kaas</i>                        | 0.80<br>±0.63 | <0.01      | 1.20<br>±0.79 | <0.01      | 1.00<br>±0.00 | NS         |
| 3      | <i>Ghurghur Swasa</i>              | 0.70<br>±0.48 | <0.01      | 0.60<br>±0.70 | <0.05      | 0.90<br>±0.57 | <0.01      |
| 4      | <i>Prapedak Teevravegi Swas</i>    | 0.50<br>±0.53 | <0.05      | 0.60<br>±0.52 | <0.01      | 0.50<br>±0.53 | <0.05      |
| 5      | <i>Parshvashol</i>                 | 0.40<br>±0.52 | <0.05      | 0.40<br>±0.52 | <0.05      | 0.30<br>±0.48 | NS         |
| 6      | <i>Peenus</i>                      | 0.50<br>±0.53 | <0.05      | 0.40<br>±0.52 | <0.05      | 0.50<br>±0.53 | <0.05      |
| 7      | <i>Lalata Sweda</i>                | 0.60<br>±0.70 | <0.01      | 0.20<br>±0.42 | NS         | 0.20<br>±0.42 | NS         |
| 8      | <i>Shuskasyata and Ati Trishna</i> | 0.20<br>±0.42 | NS         | 0.40<br>±0.52 | <0.05      | 0.40<br>±0.52 | <0.05      |
| 9      | <i>Pramoha</i>                     | 0.10<br>±0.32 | NS         | 0.10<br>±0.32 | NS         | 0.10<br>±0.32 | NS         |
| 10     | <i>Anidra</i>                      | 0.40<br>±0.52 | <0.05      | 0.50<br>±0.53 | <0.05      | 0.30<br>±0.48 | NS         |

|    |  |            |        |            |        |            |        |
|----|--|------------|--------|------------|--------|------------|--------|
| 11 | Difficulty in speech                               | 0.10 ±0.32 | NS     | 0.20 ±0.42 | NS     | 0.10 ±0.32 | NS     |
| 12 | Greevagraha  | 0.20 ±0.42 | NS     | 0.20 ±0.42 | NS     | 0.10 ±0.32 | NS     |
| 13 | Assenolabh te Saukhyam                             | 0.60 ±0.52 | <0.001 | 0.70 ±0.48 | <0.001 | 1.20 ±0.42 | <0.001 |
| 14 | Feeling good on cough expectoration                | 0.90 ±0.57 | <0.001 | 0.70 ±0.82 | <0.005 | 1.10 ±0.88 | <0.001 |
| 15 | Increase breathing difficulty on Megha & Sheetambu | 1.00 ±0.67 | <0.001 | 0.80 ±0.42 | <0.001 | 1.00 ±0.47 | <0.001 |

<0.001 = highly significant, <0.05 = significant, N.S. = Not significant

**Table 2: Comparative statistical analysis of group A/B, B/C & A/C by Anova technique**

| SN  | Symptoms                    | Group A | Group B | Group C |
|-----|-----------------------------|---------|---------|---------|
| 1.  | Swashkrichhata              | NS      | NS      | NS      |
| 2.  | Kaas                        | NS      | NS      | NS      |
| 3.  | Ghurghur Swasa              | NS      | NS      | NS      |
| 4.  | Prapedak Teevravegi Swasa   | NS      | NS      | NS      |
| 5.  | Parshvashool                | NS      | NS      | NS      |
| 6.  | Peenus                      | NS      | NS      | NS      |
| 7.  | Lalata Sweda                | NS      | NS      | NS      |
| 8.  | Shuskasyata and Ati Trishna | NS      | NS      | NS      |
| 9.  | Pramoha                     | NS      | NS      | NS      |
| 10. | Anidra                      | NS      | NS      | NS      |
| 11. | Difficulty in speech        | NS      | NS      | NS      |
| 12. | Greevagraha                 | NS      | NS      | NS      |

|     |  |    |    |    |
|-----|--|----|----|----|
| 13. | Assenolabh te Saukhyam                             | NS | NS | NS |
| 14. | Feeling good on cough expectoration                | NS | NS | NS |
| 15. | Increase breathing difficulty on Megha & Sheetambu | NS | NS | NS |

From the above table we can conclude that there is non-significant difference between Group A/B, B/C and A/C.

**Table 3: Statistical analysis of group A, B, & C by anova technique**

| SN  | Symptoms   | F Value | P Value |
|-----|--|---------|---------|
| 1.  | Swashkrichhata                                     | 0.931   | NS      |
| 2.  | Kaas   | 1.173   | NS      |
| 3.  | Ghurghur Swas                                      | 0.672   | NS      |
| 4.  | Prapedak Teevravegi Swasa                          | 0.845   | NS      |
| 5.  | Parshvashool                                       | 1.134   | NS      |
| 6.  | Peenus   | 1.421   | NS      |
| 7.  | Lalata Sweda                                       | 0.234   | NS      |
| 8.  | Shuskasyata and Ati Trishna                        | 0.647   | NS      |
| 9.  | Pramoha  | 0.741   | NS      |
| 10. | Anidra   | 0.546   | NS      |
| 11. | Difficulty in speech                               | 0.241   | NS      |
| 12. | Greevagraha  | 0.486   | NS      |
| 13. | Assenolabh te Saukhyam                             | 1.524   | NS      |
| 14. | Feeling good on cough expectoration                | 4.831   | <0.001  |
| 15. | Increase breathing difficulty on Megha & Sheetambu | 5.124   | <0.001  |



<0.001 = highly significant, < 0.05 = significant, N.S. = Not significant

| SN | Relief      | Group A | Group B | Group C | Total | Percentage |
|----|-------------|---------|---------|---------|-------|------------|
| 1. | Significant | 1       | 2       | 4       | 7     | 23.33      |
| 2. | Moderate    | 6       | 7       | 6       | 19    | 63.33      |
| 3. | Mild        | 3       | 1       | 0       | 4     | 13.34      |
| 4. | No relief   | 0       | 0       | 0       | 0     | 0          |
|    | Total       | 10      | 10      | 10      | 30    | 100        |

### Statistical Analysis

From the point of view of statistics, the results of all the symptoms of the three groups A, B, C are as follows.

- Dyspnea:** More significant results were found in patients of all three groups.
- More significant results were found in patients of group A and B whereas more significant results were not found in patients of group C.
- Breathing results containing the word '*Grunghurr*' were found, while Group A and C patients had more significant results; Group B patients had more significant results.
- Life-threatening rapid breathing:** Significant results were found in patients of Group A and C, whereas more significant results were found in patients of Group B.
- Lateral colic: Significant results were found in patients of Group A and B, whereas significant results were not found in patients of Group C.
- Peenasa:** Significant results were found in patients of all three groups A, B and C.
- Sweat on the forehead:** Significant results were found in the patients of Group A, whereas significant results were not found in the patients of Group B and C.
- Xerosis and hyperthirst: No significant results were found in patients of Group A, whereas significant results were found in patients of Group B and C.
- Pramoha:** No significant results were found in patients of all three groups A, B and C.

10. **Insomnia:** Significant results were found in patients of Group A and B, whereas in Group C patients no meaningful results were found in the patients.

11. **Inability to conceive:** Significant results were not found in patients of all three groups A, B and C.

12. **Griya Graha:** No significant results were found in patients of all three groups A, B and C.

13. **Asino Labhte Saukhyam** more meaningful results in all three groups A, B and C patients.

14. **Feeling of pleasure on expectoration:** More significant results were found in patients of Group A and C whereas significant results were found in patients of Group B.

15. More significant results were found in patients of all three groups A, B and C due to increase in breathing due to *Meghachanna* and *Shitambu*.

Statistically, when comparing the symptoms in all the patients of Group A/ B, B/ C, and A/ C, the results were almost similar.

### CONCLUSION

In the presented research work, *Tinduk Ghanvati* and *Kulasthaguda Avleha* were prepared as per the scriptural method and their comparative study was done on respiratory diseases. When both the drug formulations were used together, the average benefit was 69.12 percent, which is the highest. The average profit on using *Tindukdhanvati* was 55.36 percent and the average profit on using *Kulathguda Avaleha* was 63.31 percent. In this way, after studying the effectiveness of yoga on respiratory diseases, it becomes clear that there is an effective reduction in the symptoms of respiratory diseases after their consumption.

The study of the coefficients of constituent substances of medicinal formulations under the research thesis reveals that *Tinduk Ghanvati* and *Kulath Guda Avaleha* are capable of ruling out the resolution of respiratory disease. It is clear from the analysis of the liquids of *Kulathagudaavaleha* that a maximum of 12 liquids have been planned for suppressing *Vatakapha* in respiratory disease and the number of *Vidoshashamak* liquids is 5. Apart from this, according to various

*Dravyagun Nighantukars* and alchemists, most of the liquids have been designated as non-breathable. Similarly, after studying *Tindukaghanavati*, it is known that it is the combination of *Kuchala*, which is anti-phlegm. According to the texts of alchemists and *Dravyagun Nighantukars*, crushed water has also been said to reduce flatulence and decongestant breath.

In this way, the complete history of both the drug formulations and their constituent substances were studied. After that, standardization was done after proper manufacturing and drug formulations were tested for research on respiratory diseases, the results of which were encouraging. Research has shown that the drug has a wide impact on the symptoms of respiratory diseases, but the complete success of drug formulations requires long-term use. Therefore, considering her research work as meaningful, the student feels happy while presenting this topic and presents it for the perusal and blessings of the scholars.

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