

Effect of Praval Panchamrita Rasa in Kasaroga

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ABSTRACT

Kāsa is a commonly encountered respiratory disorder described in Ayurveda, characterized by repeated bouts of cough with or without expectoration. It is classified into five types based on Doṣa predominance-Vātaja, Pittaja, Kaphaja, Kṣayaja and Ksataj Kāsa. Classical Ayurvedic texts emphasize the use of Rasauṣadhis for their quick action, small dose, and higher bioavailability. Praval Panchamrita Rasa, a herbo-mineral formulation containing Praval Bhasma and other Pitta-śāmaka components, is traditionally indicated in Kāsa, Śvāsa, Raktapitta and Kṣaya. The formulation exhibits Madhura Rasa, Śīta Vīrya, Laghu-Rūkṣa Guṇa and Pitta-Kaphahara properties. This article reviews the Ayurvedic rationale, probable mode of action, and therapeutic utility of Praval Panchamrita Rasa in Kasaroga, highlighting its role in restoring Dosha's balance, strengthening Prāṇavaha Srotas, and improving respiratory function.

KEYWORDS: Kāsa Roga, Praval Panchamrita Rasa, Rasauṣadhi, Prāṇavaha Srotas, Ayurveda.

INTRODUCTION

Kāsa is described as an independent disease as well as a Lakṣaṇa of several respiratory and systemic disorders. According to Caraka Saṃhitā, Kāsa originates due to vitiation of Vāta and Kapha in the Prāṇavaha Srotas, often associated with Pitta involvement in chronic or complicated cases. Modern parallels include acute and chronic cough seen in bronchitis, upper respiratory tract infections, and pulmonary conditions.

Ayurveda advocates Śamana therapy using herbal and herbo-mineral drugs to alleviate symptoms and prevent progression to Śvāsa. Among Rasauṣadhis, Praval Panchamrita Rasa holds a significant place due to its cooling, nutritive, and Rasāyana properties.

Nidāna (Etiology):

1. Exposure to dust, smoke (Raja–Dhūma)
2. Intake of cold, dry, or incompatible food
3. Suppression of natural urges
4. Excessive speaking or exertion

Samprāpti: Vitiated Vāta obstructed by Kapha in the respiratory tract leads to abnormal movement of air, producing cough. In chronic cases, Pitta involvement

causes throat irritation, burning sensation, and sometimes blood-stained sputum.

Lakṣaṇa:

- A. Repeated bouts of cough
- B. Chest discomfort
- C. Hoarseness of voice
- D. Dry or productive sputum depending on Doṣa predominance

Praval Panchamrita Rasa

Classical Reference: Bhaishajya Ratnāvali, Kāsa–Śhvāsa Rogādhikāra 139 to143

Ingredients (Panchamrita):

	Quantity
1) Praval Bhasma	3 part
2) Mukta Bhasma	1 part
3) Saṅkha Bhasma	1 part
4) Śhukti Bhasma	1 part
5) Kapardika Bhasma	1 part

Bhāvanā Dravya: Gulāb Arka or Kumari Svarasa (as per reference)

Rasapanchaka and Pharmacological Properties

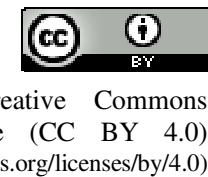
Rasa: Madhura

Guṇa: Laghu, Rūkṣa

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Vīrya: Śīta

Vipāka: Madhura

Doṣaghna: Pitta–Kapha Śāmaka

Mode of Action in Kasaroga

1. Pitta–Śamana:

Praval and Mukta Bhasma reduce inflammation and burning sensation in Prāṇavaha Srotas.

2. Kapha–Niyamana:

Laghu and Rūkṣa properties help in reducing excessive mucus secretion.

3. Srotoshodhana:

Clears obstruction in respiratory channels, improving airflow.

4. Rasāyana Effect:

Enhances tissue nutrition and immunity, useful in chronic and recurrent cough.

5. Calcium Supplementation (Modern View):

Coral calcium supports mucosal integrity and neuromuscular stability of respiratory passages.

Dose: 125–250 mg twice daily

Anupāna: Madhu, Ghṛta, or Vāsā Kvātha (according to Doṣa predominance)

Discussion

Praval Panchamrita Rasa is particularly beneficial in Pittānubandhi Kāsa, chronic cough, and cough associated with debility.

Its Śīta Vīrya counteracts inflammatory pathology, while Madhura Vipāka promotes tissue healing.

When used judiciously under proper supervision, it provides symptomatic relief and prevents complications.

Conclusion

Praval Panchamrita Rasa is an effective Rasauṣadhi in the management of Kāsa Roga, especially where Pitta and Kapha are involved. Its multi-dimensional action-Doṣa Śamana, Srotoshodhana, and Rasāyana-makes it a valuable formulation in Ayurvedic respiratory therapeutics. Further clinical studies can substantiate its efficacy through evidence-based validation.

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