



REVIEW ARTICLE

A Review of Rasnadasamooladi ghrita: A Classical Ayurvedic Herbal Formulation With Multicentric Actions

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Abstract

Background: *Bhaishajya Kalpana* is a specialised branch of Ayurveda concerned with the preparation of herbal and herbo-mineral formulations. *Ghrita* (ghee) is regarded as the foremost among the four types of *Sneha*, such as *Ghrita*, *Taila*, *Vasa*, and *Majja*. Among these *Sneha* preparations, *ghrita* (ghee) occupies a prime position due to its exceptional ability to assimilate and retain the therapeutic properties of incorporated drugs without altering its inherent characteristics. *Rasnadasamooladi ghrita*, a classical formulation described in the *Brihatrayi* (*Charaka Samhita*, *Ashtanga Sangraha*, and *Ashtanga Hridaya*), is traditionally indicated in the management of *Kasa* (cough) and other disorders associated with *Tridosha rogas* predominated by *Vata* and *Pitta doshas*.

Objectives: To examine the *Rasapanchaka* (fivefold pharmacodynamic properties), phytoconstituents, pharmacological actions, and therapeutic indications of *Rasnadasamooladi ghrita*, and to identify its potential use in clinical conditions extending beyond the traditionally mentioned *phalasruti* (stated benefits).

Results: *Rasnadasamooladi ghrita* contains twenty-five herbal ingredients, along with *Ajamamsa* (goat meat), *Goksira* (cow's milk), and *Goghrita* (cow ghee). The majority of its components possess *Madhura* and *Tikta rasa*, *Guru* and *Snigdha guna*, and *Sheeta virya*, which collectively render its *Vata-Pitta* predominant *tridosha samaka* nature. The formulation has shown notable therapeutic value in diseases affecting the *Urdhvajatra* (head and neck region), *Yoni* (female reproductive system), *Pliha* (spleen), and *Sarvanga* (systemic or whole-body disorders).

Conclusion: *Rasnadasamooladi ghrita* is an important classical Ayurvedic formulation exhibiting broad therapeutic applicability. Its pharmacodynamic properties support its effectiveness in conditions characterised by *Vata-Pitta* predominance. The formulation's relevance is further supported by current scientific observations, underscoring its utility in contemporary Ayurvedic clinical practice and community health management, with potential for broader evidence-based applications beyond its classical references.

Introduction

Ayurveda, the ancient system of medicine rooted in Indian tradition, views health as a dynamic equilibrium between the body, mind, and spirit. Its approach to disease management and health preservation emphasizes maintaining this harmony through individualized treatment strategies. Ayurvedic formulations often comprise a blend of medicinal herbs, minerals, and occasionally animal-derived substances, carefully processed to enhance their therapeutic potential. The selection and preparation of these medicines are tailored to the patient's condition and the nature of the disease, with careful consideration of the three *Doshas* (*Vata*, *Pitta*, and *Kapha*) as well as the individual's *Prakriti* (constitutional type) and any existing imbalances. These evaluations are grounded in a distinctive set of physiological, anatomical, and spiritual principles outlined in Ayurvedic science. Nevertheless, several of these principles are only partly understood or remain beyond the scope of present-day scientific interpretation.

With the increasing global recognition of Ayurveda, it is essential to bring standardisation to those elements of the system that can be objectively analysed and validated. Among these, classical formulations known for their potent therapeutic actions and regular clinical application particularly require scientific substantiation to enhance their global credibility and usage. One such traditional preparation is *Rasnadasamooladi ghrita* (also known as *Rasnadi ghrita*), a classical polyherbal medicated ghee indicated in the management of *Kasa* (cough) and allied conditions.

Although multiple versions of *Rasnadasamooladi ghrita* are mentioned across various classical Ayurvedic texts, the

formulation most commonly used in current clinical practice is based on the references found in the *Charaka Samhita*¹, *Ashtanga Sangraha*², and *Ashtanga Hridaya*³, under the management of *Kasa*. This *Ghrita* is prepared using twenty-five herbal constituents along with specific base materials intended to restore balance in *Vata-Pitta* predominant *Tridosha* conditions. It is particularly valued for its efficacy in alleviating *Vata* disorders associated with *Dhatukshaya* (tissue depletion) and exhibits notable therapeutic potential in a variety of *Vata-Pitta* predominant diseases.

Materials And Methods

The materials and methods of this study encompass a comprehensive review of the formulation, focusing on the following key aspects:

1. Various classical references of *Rasnadasamooladi ghrita*/*Rasnadi ghrita*.
2. Ingredients of *Rasnadasamooladi ghrita*.
3. *Rasa Panchaka* (five pharmacodynamic properties) of the ingredients.
4. *Doshakarma* and *Vyadhikarma* of the ingredients.
5. Phytoconstituents of the individual drugs

Table 1: References of *Rasnadasamooladi ghrita*.

SL NO	Reference	Context
1.	<i>Charaka Samhita</i>	<i>Kasa chikitsa</i>
2.	<i>Ashtanga Sangraha</i>	<i>Kasa chikitsa</i>
3.	<i>Ashtanga Hridaya</i>	<i>Kasa chikitsa</i>

Table 2: Ingredients of *Rasnadasamooladi ghrita*.

DRUG	BOTANICAL NAME	FAMILY	PART USED	RATIO
INGREDIENTS OF KWATHA				
<i>Rasna</i>	<i>Alpinia calcarata</i> Roscoe.	Zingiberaceae	Root	1 part
<i>Vilwa</i>	<i>Aegle marmelos</i> Corr.	Rutaceae	Root	1 part
<i>Agnimantha</i>	<i>Premna integrifolia</i> Linn.	Verbenaceae	Root	1 part
<i>Dunduka</i>	<i>Oroxylum indicum</i> Vent.	Bignoniaceae	Root	1 part
<i>Patala</i>	<i>Stereospermum suaveolance</i> Dc.	Bignoniaceae	Root	1 part
<i>Kasmari</i>	<i>Gmelina arboroea</i> Linn.	Verbenaceae	Root	1 part
<i>Prsniparni</i>	<i>Uria picta</i> Desv.	Papilionaceae	Root	1 part
<i>Salaparni</i>	<i>Desmodium gangeticum</i> D.C.	Papilionaceae	Root	1 part
<i>Brhati</i>	<i>Solanum indicum</i> Linn.	Solanaceae	Root	1 part
<i>Kantakari</i>	<i>Solanum xanthocarpum</i> Schard.	Solanaceae	Root	1 part
<i>Gokshura</i>	<i>Tribulus terrestris</i> Linn.	Zygophyllaceae	Root	1 part
<i>Shatavari</i>	<i>Asparagus racemosus</i> Willd.	Liliaceae	Tuberous root	1 part
<i>Kulatha</i>	<i>Dolichos biflorus</i> Linn.	Papilionaceae	Seed	4 part
<i>Badara</i>	<i>Ziziphus jujuba</i> Mill&Lamk.	Rhamnaceae	Fruit	4 part
<i>Yava</i>	<i>Hordeum vulgare</i> Linn.	Poaceae	Seed	4 part
<i>Ajamamsa</i>				50 part
<i>Ghrita</i>				64 part
<i>Goksheera</i>				64part
JEEVANIYA GANA: KALKA				
<i>Jeevanti</i>	<i>Leptadenia reticulata</i> W.&A.	Asclepiadaceae	Tuberous root	1 part
<i>Kakoli</i>	<i>Fritillaria cirrhosa</i> D.Don.	Liliaceae	Bulb	1 part
<i>Ksheera Kakoli</i>	<i>Lilium polyphyllum</i> D.Don.	Liliaceae	Bulb	1 part
<i>Medha</i>	<i>Polygonatum verticillatum</i> Linn.	Asparagaceae	Rhizome	1 part
<i>Mahamedha</i>	<i>Polygonatum cirrhifolium</i> Linn.	Asparagaceae	Rhizome	1 part
<i>Mudgaparni</i>	<i>Phaseolus trilobus</i> Ait.Hort.	Papilionaceae	Root	1 part
<i>Mashaparni</i>	<i>Teramnus labialis</i> Spreng.Syst.	Papilionaceae	Root	1 part
<i>Jeevaka</i>	<i>Crepidium acuminatum</i> D.Don.	Orchidaceae	Pseudo bulb	1 part
<i>Rshabhaka</i>	<i>Malaxis mucifera</i> Lindl.Kuntze.	Orchidaceae	Rhizome	1 part
<i>Madhuka</i>	<i>Glycyrrhiza glabra</i> Linn.	Papilionaceae	Root	1 part
SUBSTITUTE FOR JEEVANIYA GANA				
<i>Aswagantha</i>	<i>Withania somnifera</i> L.Dunal.	Solanaceae	Root	1 part
<i>Vidariganda</i>	<i>Pueraria tuberosa</i> DC.	Papilionaceae	Tuber	1 part
<i>Shatavari</i>	<i>Asparagus racemosus</i> Willd.	Liliaceae	Tuberous root	1 part

Table 3: Rasapanchaka of the ingredients⁴

DRUG	RASA	GUNA	VEERYA	VIPAKA	DOSHA KARMA
Rasna	Tikta	Guru	Ushna	Katu	Vata kapha hara
Vilwa	Katu ,Tikta	Laghu, Snigda	Ushna	Madhura	Vata kapha hara
Agnimantha	Katu, Tikta	Laghu ,Ruksha	Ushna	Katu	Vata kapha hara
Dunduka	Tikta,Kashaya,Katu, Madhura	Laghu ,Ruksha	Ushna	Katu	Kapha vata hara
Patala	Tikta, Kashaya	Laghu ,Ruksha	Sheeta	Madhura	Tridosha hara
Kasmari	Tikta, Kashaya	Guru, Snigda	Ushna	Katu	Vata kapha hara
Prsniparni	Madhura, Katu	Laghu, Sara	Ushna	Madhura	Tridosha hara
Salaparni	Madhura, Tikta	Guru, Snigda	Sheeta	Madhura	Vata pitta samana
Brhati	Katu, Tikta	Laghu, Ruksha, Teekshna	Ushna	Katu	Kapha vata samana
Kantakari	Tikta, Katu	Laghu ,Ruksha	Ushna	Katu	Kapha vata samana
Gokshura	Madhura	Guru, Snigda	Ushna	Madhura	Tridosha hara
Shatavari	Madhura , Tikta	Guru, Snigda	Sheeta	Madhura	Vata pitta samana
Kulatha	Kashaya	Laghu, Ruksha, Teekshna	Ushna	Katu	Vata kapha hara
Badara	Madhura, Amla, Kashaya	Guru, Snigda, Pichila	Sheeta	Madhura	Vata pitta samana
Yava	Kashaya, Madhura	Laghu, Ruksha	Sheeta	Katu	Kapha pitta hara
Ajamamsa	Madhura	Guru, Snigda	Sheeta	Madhura	Vata pitta hara
Ksheera	Madhura	Guru, Snigda, Pichila	Sheeta	Madhura	Vata pitta samana
Ghrita	Madhura	Guru, Snigda	Sheeta	Madhura	Vata pitta samana
KALKA :JEEVANEYYA GANA					
Jeevanti	Madhura	Laghu, Snigda	Sheeta	Madhura	Tridosha hara
Kakoli	Madhura	Laghu ,Snigda	Sheeta	Madhura	Tridosha hara
Ksheera Kakoli	Madhura	Guru, Snigda	Sheeta	Madhura	Tridosha hara
Medha	Madhura	Guru ,Snigda	Sheeta	Madhura	Tridosha hara
Mahamedha	Madhura	Guru, Snigda	Sheeta	Madhura	Tridosha hara
Mudgaparni	Madhura	Laghu, Ruksha	Sheeta	Madhura	Tridosha hara
Mashaparni	Madhura	Laghu, Ruksha	Sheeta	Madhura	Tridosha hara
Jeevaka	Madhura	Guru, Snigda, Pichila	Sheeta	Madhura	Tridosha hara
Rshabhaka	Madhura	Guru, Snigda	Sheeta	Madhura	Tridosha hara
Madhuka	Madhura	Guru, Snigda	Sheeta	Madhura	Vata pitta samana
SUBSTITUTE FOR JEEVANEYYA GANA					
Aswagantha	Tikta, Kashaya	Laghu, Snigda	Ushna	Madhura	Vata kapha hara
Vidariganda	Madhura	Guru, Snigda	Sheeta	Madhura	Vata pittahara
Shathavari	Madhura, Tikta	Guru, Snigda	Sheeta	Madhura	Vata pitta samana

Table 4: PHARMACOLOGICAL PROPERTIES⁴

Drug	Pharmacological properties	Therapeutic action
Rasna	Anti-bacterial, Anti- inflammatory.	Sophahara ,Vatasulahara,Kasahara.
Vilwa	Anti-inflammatory, Anti-pyretic.	Sothahara ,Soolahara.
Agnimantha	Anti-inflammatory, Hypoglycaemic.	Sothahara , Jwarahara.
Dunduka	Anti-inflammatory, antiarthritic	Sothahara,Agnimandiyahara.
Patala	Anti-inflammatory, Analgesic.	Sothahara ,Swasahara.
Kasmari	Anti-inflammatory, Analgesic.	Sothahara ,Kasahara.
Prsniparni	Diuretic, anti-inflammatory.	Trshnahara , Kasahara.
Salaparni	Anti-inflammatory, Digestive.	Swasahara ,Kasahara.
Brhathi	Analgesic, expectorant.	Kantya ,Swasahara.
Kantakari	Anti-inflammatory,Analgesic.	Kasahara ,Krmihara.
Gokshura	Diuretic, Demulscient.	Sothahara, Mutrala.
Shatavari	Galactagogue, Diuretic.	Medhya ,Stanyavardaka.
Kulatha	Diuretic, Hypoglycaemic.	Kasahara ,Mutrala .
Badara	Expectorant, Laxative.	Dahasamaka ,Trishnasamaka.
Yava	Antidiabetic, Anti-hypertensive.	Lekhana , Vrshya.
Jeevanti	Analgesic ,Antiparkinsonic.	Brmhana ,Medhya.
Kakoli	Aphrodisiac	Sukrajanana
Ksheera Kakoli	Aphrodisiac	Sukrajanana
Medha	Immunomodulatory	Medhya
Mahamedha	Immunomodulatory	Medhya
Mudgaparni	Anti-inflammatory, Anti-microbial.	Sothahara, Kasahara.
Mashaparni	Nervine tonic, Antipyretic.	Sothahara, Pakshaghatahara.
Jeevaka	Analgesic, Antiparkinsonic	Brmhana ,Medhya.
Rshabhaka	Immunomodulatory.	Medhya.
Madhuka	Hepatoprotective, Antioxidant.	Trshnahara, Aruchihara.
SUBSTITUTES		
Aswagantha	Sedative, Hypnotic.	Kasahara,Sophahara.
Vidarigantha	Aphrodisiac, Hypnotic.	Brmhana, Balya.
Shathavari	Galactagogue, Diuretic.	Medhya ,Stanyavardaka.

Table 5: Phytoconstituents⁴

DRUG	PHYTOCONSTITUENTS
<i>Rasna</i>	Cineole, Camphor, Pinene, Alpinol, Methyl cinnamate.
<i>Bilva</i>	Pectin, Marmelosin, Aegelin, Aegelinin, Marmelide, Tannic acid, Marmin, Marmesin, Fatty acids, Essential oil.
<i>Kashmari</i>	Tannins, Flavonoids, Saponins, Terpenoids, Alkaloids, Phenols, Glycosides.
<i>Agnimantha</i>	β-sitosterol, D-mannitol, Ceryl alcohol, γ-sitosterol, Clerodin.
<i>Patala</i>	Cycloolivil, Lapachol, β-sitosterol, Dehydro-α-lapachone.
<i>Shyonaka</i>	Oroxylin A, Baicalein, Chrysin, Luteolin, Aloe-emodin.
<i>Brhati</i>	Solanine, Solanidine, Solasonine, Diesgenin, Betasitosterol, Lanosterol, Solamargine.
<i>Kantakari</i>	Diosgenin, Coumarins, Scopolin, Scopoletin, Esculin, and Esculetin.
<i>Gokshura</i>	α-Amyrin, Saponins, Flavonoids, Glycosides, Alkaloids, and Tannins.
<i>Salaparni</i>	Hypaphorine, Hordenine, Candicine, Genistein, Dalbergioiden, Desmocarpin-1.
<i>Prsniparni</i>	Aminoacids, Fatty acids.
<i>Shatavari</i>	Quercetine, Stigmasterol, Sarsapogenin, D-Glucose, D-Mannose.
<i>Kulatha</i>	Psoralidin, Betasitosterol, Strepogenin, Genistein, Urease, D-glucose.
<i>Badara</i>	Carbohydrates, Proteins, Anthocyanines, Zeatin, Zizogegin.
<i>Yava</i>	Folic acid, Glutelin, Arginine, Holarrhine, Holafrine, Conessine.
<i>Jeevanti</i>	Palmarin, Octacosanol, Hentriacontanol, α-Amyrin, Stigmasterol.
<i>Kakoli</i>	Alkaloids, Flavonoids, Beta eudesmol.
<i>Ksheera Kakoli</i>	Flavonoids, Glycosides, Guaiac acetate, Carbohydrates.
<i>Medha</i>	Saponins, Flavonoids, Triterpenic acid, Magnoflorine, Lucine.
<i>Mahamedha</i>	Saponins, Flavonoids, Dauvosterol, Stearic acid.
<i>Mudgaparni</i>	Stigmasterol, Tannins, Castasterone, Sulphoraphene, Steroidal sapogenins.
<i>Mashaparni</i>	Arginine, Aminoacids, Valine, Lucine, Isolucine.
<i>Jeevaka</i>	Palmarin, Octacosanol, Piperitone, Limonene, Eugenol.
<i>Rishabhaka</i>	Arginine, aminoacids, Oleic acid, Palmitic acid, Stearic acid, Eicosanoic acid.
<i>Yashtimadhu</i>	Quercitin, Deoxoglabrolide, Isoflavone, Glyza glabrin, Kaempferol.
SUBSTITUTES OF JEEVANIYA GANA	
<i>Aswaganda</i>	Nicotine, Betasitosterol, Withanin, Somniferine, Nicotin, Withaniol, Withasomnine.
<i>Vidariganda</i>	Beta sitosterol, Stigmasterol, Puerarin, Diadezin, Starch, Sugar, Resin, Tuberostan.
<i>Shathavari</i>	Quercetine, Stigma sterol, Sarsapogenin, D-Glucose, D-Mannose.

Table 6: Rasa of drugs in combination

Rasa	Number of drugs
<i>Madhura</i>	20
<i>Amla</i>	1
<i>Lavana</i>	0
<i>Katu</i>	6
<i>Tikta</i>	10
<i>Kashaya</i>	6

Observations

1. Predominance of *Madhura Rasa* (20 drugs).

The formulation is heavily dominated by *Madhura rasa*, indicating strong properties of nourishment, strengthening, tissue-building, and *Vata pitta* pacification. This suggests a formulation designed to support *dhatu poshana*, promote healing, and reduce dryness and degeneration.

2. Significant presence of *Tikta Rasa* (10 drugs).

A considerable number of *Tikta rasa* drugs introduce properties such as *Ama Pachana* (removing metabolic toxins), *Pitta* pacification and anti-inflammatory action. This balances the heaviness of *Madhura rasa* and prevents excessive unctuousness.

3. Moderate levels of *Katu* and *Kashaya Rasa* (6 drugs each)

Katu rasa contributes to *Kapha* reduction, stimulation of metabolism, and channel clearing. *Kashaya rasa* supports wound healing and also aids in *Pitta* and *Kapha* pacification. Together, they add astringent and penetrating qualities that support therapeutic action in inflammatory or obstructive conditions.

Table 7: Guna of drugs in combination

Guna of drugs	Number of drugs
<i>Guru</i>	14
<i>Laghu</i>	13
<i>Snigda</i>	16
<i>Rooksha</i>	9
<i>Tikshna</i>	2
<i>Pichila</i>	2
<i>Sara</i>	1

Observations

1. Predominance of *Snigda Guna* (16 drugs) The highest representation is *Snigda guna*, indicating strong, unctuous, nourishing, and *Vata*-pacifying qualities. This supports lubrication, tissue replenishment, and reduction of dryness, aligning with indications for *Vata vyadhi*, degeneration, and chronic pain conditions.

2. Balanced presence of *Guru* and *Laghu Guna* (14 and 13 drugs)

Guru guna contributes to heaviness, strength, stability, and *brmhana* (anabolic effect). *Laghu guna* supports lightness, digestibility, and ease of metabolism. The near-equal distribution of these opposing qualities suggests a formulation that is balanced and adaptable, offering nourishment without overwhelming digestive capacity.

3. Moderate *Rooksha Guna* (9 drugs)

Presence of *rooksha guna* in moderate proportion offers drying and *kapha*-reducing properties, preventing excessive unctuousness from the dominant *snigda guna*. This prevents channel clogging and maintains equilibrium in *srotas*.

3. Minimal *Tikshna* and *Pichila Guna* (2 drugs each)

Tikshna guna enhances penetration and supports deeper tissue action, but is kept minimal to avoid excessive irritability or *pitta* aggravation. *Pichila guna* aids in cohesion and stability, but its low presence ensures no promotion of *kapha* dominance or obstruction. Their controlled presence maintains therapeutic precision without causing unwanted side effects.

5. Very low *Sara Guna* (1 drug)

The minimal presence of *sara guna* indicates limited laxative or mobility-enhancing properties. This is appropriate for conditions requiring stability, nourishment, and *vata* control rather than stimulation of looseness or excessive motility.

Table 8: Veerya of drugs in combination.

Veerya of drugs	Number of drugs
Ushna	10
Sheeta	18

Observations

1. Predominance of *Sheeta Veerya* (18 drugs)

The majority of ingredients possess *sheeta veerya*, indicating strong cooling, calming, and stabilising effects. This helps pacify *pitta*, reduce inflammation, and protect tissues from heat-induced degeneration. The dominance of *sheeta veerya* aligns well with conditions involving irritation, burning, or chronic inflammation.

2. Moderate Presence of *Ushna Veerya* (10 drugs)

The presence of a moderate number of *ushna veerya* drugs introduces digestive stimulation and *kapha*-reducing action. This prevents excessive coldness from the *sheeta* group and supports better *agni*, metabolism, and circulation.

3. Balanced thermal profile

Although *sheeta veerya* dominates, the significant presence of *ushna veerya* ensures that the formulation does not become overly cooling or heavy. This thermal balance

supports both nourishment and metabolic activation, important in chronic *vata vyadhi*, where mild *Ushnatwa* improves function of *vata* without aggravating *pitta*.

Table 9: Vipaka of drugs in combination

Vipaka of drugs	Number of drugs
Madhura	20
Katu	8

Observations

1. Predominance of *madhura vipaka* (20 drugs)

The majority of ingredients have *madhura vipaka*. This contributes to nourishment (*brimhana*), strength (*balya*), and tissue building (*dhatu vardhana*). It also pacifies *vata* and *pitta*, supporting recovery in degenerative or chronic conditions.

2. Moderate Presence of *Katu Vipaka* (8 drugs)

The *katu vipaka* ingredients aid in stimulating digestion (*agni*), metabolism, and circulation. This ensures that the formulation does not become overly heavy or stagnating and helps eliminate toxins and excess *kapha*.

3. Balanced post-digestive effect

The predominance of *madhura vipaka* provides nourishment and stability, while the presence of *katu vipaka* prevents sluggishness and promotes therapeutic penetration. This balance enhances both nutritional and metabolic benefits.

Table 10: Doshakarma of drugs in combination

Doshakarma	Number of drugs
Vata kapha samana	5
Kapha vata samana	3
Vata pitta samana	7
Pitta vata samana	0
Pitta kapha samana	0
Kapha pitta samana	1
Tridosha samana	12

Observations

1. Predominance of *Tridosha Samana* (12 drugs)

The majority of drugs act in a *tridosha*-pacifying manner, indicating a broad-spectrum therapeutic potential. This suggests the formulation can restore overall *doshic* balance, making it suitable for complex or multisystem disorders where multiple doshas are involved.

2. *Vata-Pitta* and *Vata-Kapha* pacifying actions

Vata-pitta samana drugs (7) suggest significant effectiveness in *vata-pitta* predominant disorders, such as neurological, musculoskeletal, and inflammatory conditions. *Vata-kapha samana* drugs (5) indicate usefulness in conditions with *vata-kapha* predominance, like chronic respiratory and degenerative disorders.

Method of preparation

The preparation process involves collecting the raw materials, processing them appropriately, and formulating the final *Ghrita*. The *Kwatha* is to be prepared using one *Pala* (~48gm) each of *Rasna*, *Dasamoola* and *Shatavari*, and four *Pala* (~192gm) each of *Kulatha*, *Badara*, and *Yava*, along with fifty *Pala* of *Ajamamsa* (2400gm), in sixty-four *Pala* (3072 ml) of water. To this, *Kwatha*, *Jeevaniya gana kalka* is added, along with sixty-four *Pala* (3072gm) of *ghrita* and sixty-four parts of *Ksheera* (milk) should be added.

The contents are then heated gently with continuous stirring to ensure uniform processing and prevent charring. For preparations intended for *Nasya* (nasal administration), heating is discontinued at the *Mridu Paka* stage, characterized by a soft consistency, adequate moisture retention, and easy spread ability. For preparations intended for *Pana* (oral administration) and *Vasti* (enema) heating is continued further until *Madhyama Paka* is achieved, which represents a moderately cooked stage with optimum thickness, stability, and suitability for internal administration⁵.

Discussion

Rasnadasamooladi ghrita is referenced in *Vatika Kasa Cikitsa* across authoritative texts, including the *Ashtanga Sangraha*, *Caraka Samhita*, and *Ashtanga Hridaya*. Classical indications encompass *Vataroga*, *Panca Kasa*, *Sira Kampa*, *Yoni Vedana*, *Vanksana Vedana*, *Ekanga* and *Sarvanga Roga*, *Pliha Roga*, and *Urdhvanilaja Vikara*. The formulation is administered through *pana*, *nasya*, and *vasti*, reflecting its broad therapeutic versatility³. The spectrum of indications highlights predominant *Vata dosha* involvement. Classical management of *Vata vikara* centres on *Snehana*⁶, making this *ghrita*-based preparation particularly suitable for *snehapana*, *brmhana nasya*, and *anuvastana vasti*. Its *brmhana* and *snigdha* properties justify application not only in *Vatika Kasa* but also in *Ksataja* and *Ksayaja Kasa*, where depletion of *dhatu* influences disease progression. The predominance of *madhura rasa* and *sheeta virya* supports *sandhana* (tissue healing) in *Uraksata* and permits selective use in *Raktatisara*, *Raktarsas*, and *Asrgdara* when indicated. A distinguishing feature is its applicability across all forms of *Kasa*, since *Vata* vitiation is a consistent component. Classical descriptions of *snigdha upacara*, supported by *peya*, *yusa*, and *rasa* prepared with *vataghna ausadha*, provide a therapeutic context within which this formulation is well situated.³

The constituents, *Dasamula*, *Satavari*, *Badara*, *Yava*, and *Kulatha*, exert synergistic *Vatakapha samana*. *Ksira* and

ghrita contribute to *Vatapitta* pacification, while *aja mamsa* enhances the *brmhana* effect. The neuro-affinity of *ghrita*-based formulations aligns with classical references to action at *uttamanga*. This underlies its relevance in *Sira Kampa* (enumerated among the *sirorogas* in *Ashtanga Hridaya Uttarasthana*), where therapeutic recommendations include all *Vata*-pacifying measures except *daha karma*⁷. Conditions such as *Vataja Sirasula*, *Ardhavadhedaka*, *Suryavarta*, *Anantavata*, and *Sankhaka* may likewise benefit from its pharmacodynamic profile.^{8,9}

Within the *Vimsati Yoni Vyapath*, disorders presenting with *yoniv edana* and *vanksana Vedana*, including *Vatiki*, *Udavarta*, and *Mahayoni*, demonstrate *Vatapitta* involvement¹⁰. After the resolution of *ama* and *avarana*, administration through *pana*, *nasya*, *vasti*, or external *pichu dharana* helps address *sula*-dominant symptomatology.

The classical entity *Paksaghata*, described as a form of *Ekanga Vata*, closely parallels hemiplegic presentations in contemporary neurology. Its progression to *Sarvanga Roga* corresponds to quadriplegic or widespread neuromuscular deficits.¹¹ These patterns reflect mechanisms seen in compressive myelopathies, motor neuron degeneration, peripheral neuropathies, and chronic neuromuscular weakness. The therapeutic sequence of *snehana*, *swedana*, and *virecana*, implemented after correction of *ama* and *avarana*, offers a rationale for integrating this *ghrita* into management strategies for neurodegenerative and neuromuscular disorders characterised by *dhatu-ksaya* and heightened *Vata* activity.

Ayurvedic descriptions of *Pliha Roga* broadly correspond to splenic enlargement or functional disturbances in modern clinical practice. Management traditionally includes *snehapana* followed by *virecana*.¹² Accordingly, *Rasnadasamooladi ghrita* may be administered post-*virecana* (post-purgation) to pacify residual *pitta*, provided *dosa* predominance and *agni* status are favourable.

The formulation exhibits *dosa-samana*, primarily *Vatapitta* pacification (excluding *vidagdha pitta*) without aggravating *Kapha*, and *vyadhi-samana* through targeted action in *kasa*, *svasa*, *sula*, *yoniroga*, *siroroga*, and various *Vata-nanatmaja* conditions. This dual profile supports both symptomatic improvement and correction of underlying *doshic* pathology.

Owing to its *brmhana* and *anulomana* qualities, the formulation demonstrates potential in chronic neurodegenerative conditions involving *dhatu-ksaya*, such as Parkinsonian syndromes and multiple sclerosis. Clinical observations also suggest utility in chronic musculoskeletal degeneration, including tendinopathies, ligament injuries, osteoarthritis, and osteoporosis.

Adjuvant like *Usnodaka* enhances therapeutic action through its *kasaghna*, *parsva-ruja-hara*, and *anila-slesma-hara* properties.¹³ *Manda*, as an adjuvant, provides *dipana*, *vatanulomana*, *srotomrdhukara*, and *prana-dharana* actions.¹⁴ Both serve as a suitable *anupana* to potentiate the effect of the *ghrita*.

In *oja-ksaya*, classical guidelines recommend *jivaniya dravya*, *ksira*, and *mamsarasa*.¹⁵ As this formulation intrinsically contains these nourishing components, it is suited for weak, depleted, or convalescent states, offering both *samana* and *brmhana* effects during recovery.

Use of this formulation must be avoided in the presence of *ama*, *srotorodha*, *agnimandya*, or significant *dosa* accumulation. The optimal therapeutic window is characterised by elevated *Vatapitta*, reduced *Kapha*, and stable *agni* (*diptagni*). Caution is essential due to its strong *brmhana* potency.

Although classical rationale and preliminary clinical observations support broad therapeutic utility, systematic clinical studies employing contemporary diagnostic criteria, biomarkers, and validated outcome measures are essential to establish the efficacy of *Rasnadasamooladi ghrita* across respiratory, neurological, musculoskeletal, and gynaecological conditions.

Conclusion

It is essential to study and apply a formulation by analysing its ingredients and their actions on *dosha* and *vyadhi*, as this provides a deeper understanding of its therapeutic potential and ensures effective clinical practice. *Rasnadasamooladi ghrita* is primarily indicated in *vata vyadhis*, even though it is described under *kasa chikitsa*. A careful review of its ingredients and documented benefits suggests specific actions on *panchavayu* and *pacaka pitta*. As a *ghrita* formulation, it plays a significant role in the management of *vataja rogas*, since *snehana* constitutes a principal *samana upakrama* for *Vata dosha*. This formulation may be considered in conditions such as neurodegenerative disorders, degenerative joint diseases, and other *soola pradhana rogas*. However, *Rasnadasamooladi ghrita* is not generally recommended during the early stages of disease when *ama*, *avarana*, or *doshotklesha* are present. Traditional formulations with long-standing clinical relevance require systematic validation to support wider global acceptance, and this preparation used by traditional *vaidyas* across multiple clinical contexts warrants further structured exploration through clinical research.

Conflict of Interest

The author declares that no potential conflicts of interest exist.

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