



A CRITICAL REVIEW ON KAPHAJA KASA: A CLASSICAL APPROACH IN CHILDREN

Dr. Sriram Prajapati	PG Scholar, Department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College Farrukhabad, Uttar Pradesh.
Dr. Mithilesh Pathak	Associate Professor, Department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College Farrukhabad, Uttar Pradesh.
Dr Sreevisakh T S	Professor, HOD, Department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College Farrukhabad, Uttar Pradesh.
Dr Jasmine	Assistant Professor, Department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College Farrukhabad, Uttar Pradesh.

ABSTRACT

Kaphaja Kasa is one of the important subtypes of Kasa Roga described in classical Ayurvedic texts, predominantly characterized by Kapha-dominant symptoms such as guru (heaviness), snigdha (unctuousness), manda agni (low digestive power), and productive cough with shleshma. In pediatric age groups, this condition is highly prevalent due to the natural predominance of Kapha Dosha in Bala Avastha (childhood stage), making children more susceptible to respiratory disorders. This review critically analyzes the classical descriptions of Kaphaja Kasa from Ayurvedic literature including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, with special emphasis on etiology (nidana), pathogenesis (samprapti), clinical features (lakshana), and management (chikitsa). The role of Dushta Stanya, Agnimandya, and Kapha Prakopa in children has been highlighted as key contributing factors. The study also attempts to correlate Kaphaja Kasa with modern pediatric respiratory conditions such as productive cough, bronchitis, and upper respiratory tract infections. Emphasis is laid on classical therapeutic approaches including Deepana-Pachana, Kapha Shamana, Vamana (where indicated), and use of herbal formulations like Sitopaladi Churna, Talisadi Churna, and Vasa preparations, along with dietary and lifestyle modifications. In conclusion, a classical Ayurvedic approach provides a holistic and effective framework for understanding and managing Kaphaja Kasa in children, with potential relevance in modern integrative pediatric care.

KEYWORDS : Kaphaja Kasa, Children, Ayurveda, Kapha Dosha, Bronchitis, Pediatric Cough, Nidana (Etiology), Samprapti (Pathogenesis), Lakshana (Clinical Features), Chikitsa (Management), Bronchitis (Modern Correlation).

INTRODUCTION

Kaphaja Kasa is a significant subtype of Kasa Roga (cough disorder) described in classical Ayurvedic literature, particularly in pediatric practice under Kaumarabhritya. The term Kasa broadly denotes cough, while Kaphaja Kasa specifically refers to cough caused by the vitiation and aggravation of Kapha Dosha. Classical texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya provide a detailed description of its etiology (Nidana), pathogenesis (Samprapti), clinical features (Lakshana), and management (Chikitsa).

In Ayurveda, childhood (Bala Avastha) is considered a Kapha-dominant stage of life, characterized by growth, tissue development, and fluid predominance. This physiological predominance of Kapha makes children inherently more susceptible to Kapha-related disorders, including Kaphaja Kasa. Factors such as excessive intake of Guru (heavy), Snigdha (unctuous), and Sheeta (cold) foods, exposure to cold environments, poor digestive fire (Mandagni), and accumulation of Ama play a crucial role in the development of this condition.

Clinically, Kaphaja Kasa in children presents with symptoms such as productive cough, thick expectoration, heaviness in the chest, lethargy, anorexia, and mild respiratory discomfort. From a contemporary perspective, it can be correlated with conditions like upper respiratory tract infections, bronchitis, and allergic cough; however, Ayurveda provides a deeper understanding by emphasizing systemic imbalance rather than localized pathology.

A critical review of Kaphaja Kasa is highly relevant in the current era due to the increasing prevalence of pediatric respiratory disorders influenced by environmental pollution, allergens, and changing dietary habits. Moreover, the

frequent use of antibiotics and antitussives in modern medicine raises concerns regarding resistance and adverse effects, especially in children.

Aim and Objectives

To review classical Ayurvedic literature on Kaphaja Kasa, 2. To analyze its relevance in pediatric practice, 3. To correlate classical concepts with modern understanding.

MATERIALS AND METHODS

Review of classical texts: Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Analysis of contemporary Ayurvedic journals and clinical studies, Conceptual comparison with modern pediatrics.

Classical Etiology (Nidana)

The onset of Kaphaja Kasa in children is typically triggered by a combination of dietary and lifestyle factors that aggravate Kapha dosha:

Aharaja (Dietary): Excessive intake of heavy (Guru), oily (Snigdha), cold (Sheeta), and sweet (Madhura) foods like milkshakes, ice cream, yogurt (Dadhi), and junk food.

Viharaja (Lifestyle): Excessive daytime sleep (Diwaswapna), lack of physical activity, and exposure to environmental irritants like dust (Raja) and smoke (Dhooma).

Prajnaparadha: Suppressing natural urges like sneezing or eating too quickly, which can force food into the wrong channel and trigger a protective cough reflex.

Pathogenesis (Samprapti)

Vitiated Kapha accumulates in the stomach (Amashaya), then moves to the respiratory channels (Pranavaha Srotas). It obstructs the normal downward movement of Prana Vayu, forcing it upwards to produce the typical "broken bronze vessel" sound associated with coughing.

Nidana Sevan - Kapha Prakopa - Prana Vayu Dusti Prana

Vayu becomes Udana Anugata + Prana Vayu forcefully moves into Srotas + Typical sound obtained + Kasa

Clinical Features (Lakshana)

Productive Cough: Expulsion of thick (Ghana), stable (Sthira), and sweet (Madhura) phlegm.

Chest Fullness: Sensation of heaviness or fullness in the chest (Urah Gaurava).

Nasal Symptoms: Nasal congestion (Peenasa) and thick nasal discharge.

Digestive Disturbance: Poor appetite (Mandagni), nausea (Utklesha), and coating of the palate (Mukhalepa)

Modern Correlation of Kaphaja Kasa in Children

Kaphaja Kasa described in Ayurveda closely resembles several Kapha-dominant respiratory conditions seen in modern pediatrics. Because childhood (Bala Avastha) is naturally Kapha-predominant, children are more prone to mucus-related respiratory disorders. The classical symptom complex can be correlation.

Kaphaja Kasa shows similarity with Chronic bronchitis, Allergic bronchitis, Upper respiratory tract infections.

Pathophysiological Correlation

Agnimandya → improper digestion
Ama formation → toxic accumulation
Kapha, vriddhi → mucus overproduction
Obstruction of Pranavaha Srotas → cough

Table 1: Showing Modern Correlation

Ayurvedic Concept	Modern Correlation
Kaphaja Kasa	Productive cough
Kapha accumulation	Mucus hypersecretion
Srotorodha	Airway obstruction
Mandagni	Poor metabolism/immunity

Table 2: Showing Symptom-wise Correlation

Ayurvedic Feature (Kaphaja Kasa)	Modern Interpretation
Ghana, Picchila Shleshma	Thick, viscous sputum
Guru Gaurava (heaviness)	Chest congestion
Manda Agni	Poor appetite during infection
Shweta Kapha Nirgama	Whitish expectoration
Alpa Vedana	Mild or absent chest pain
Kasa with Shleshma	Productive cough

Table 3: Therapeutic Correlation

Ayurveda	Modern Medicine
Deepana-Pachana	Improve digestion & metabolism

Table 4: Showing Drug Dose Chart – Kaphaja Kasa in Children (Ayurvedic Classical Approach)

S.No	Drugs/Formulation	From	Dose(1-5 yrs)	Dose(5-10 yrs)	Anupana	Action
1.	Talisadi	Churna	500mg - 1g	1g -2g	Hony/Ghrita	Deepana,kapha hara
2.	Kantakari Churna	Churna	250 – 500 mg	500 mg – 1 g	Honey	Expectorant
3.	Ardraka Swarasa	Swarasa	1 – 2 ml	2 – 5 ml	Honey	Agni deepana, Kapha vilayana
4.	Vasa Swarasa	Swarasa	2 – 5 ml	5 – 10 ml	Honey/Water	Bronchodilator, Kasa-hara
5.	Vasavaleha	Avaleha	2 – 3 g	3 – 6 g	Lukewarm water/Milk	Expectorant
6.	Kantakari Avaleha	Avaleha	2 – 3 g	3 – 5 g	Milk/Honey	Shwasa-kasa-hara
7.	Lavangadi Vati	Vati	1 tab (125 mg)	1-2tab (125-250 mg)	Warm water	Kapha shodhana
8.	Amrutprabha Gutika	Vati	125 – 250 mg	250 – 500 mg	Warm water	Anti-inflammatory
9.	Talisapatra Churna	Churna	250 – 500 mg	500 mg – 1 g	Honey	Kasa-shamana
10.	Devadarvyadi Yoga	Churna	500 mg	1 – 2 g	Honey	Kapha pachana

DISCUSSION

Kaphaja Kasa is a significant subtype of Kasa Roga described in classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. In the pediatric population, its clinical relevance becomes more pronounced due to the physiological predominance of Kapha Dosha during Bala Avastha (childhood). This inherent Kapha dominance predisposes children to respiratory ailments, especially those involving excessive mucus production and impaired airway clearance.

Kapha Shamana	Mucolytics, expectorants
Herbal formulations (e.g., Sitopaladi)	Cough syrups
Vamana (selected cases)	Airway clearance therapy
Pathya (diet regulation)	Nutritional support & hydration

Classical Management Approach

Ayurvedic management focuses on restoring doshic balance and clearing the respiratory channels through Shamana (palliative) and cautious Shodhana (purificatory) therapies.

Shamana Chikitsa (Palliative Therapy)

Due to children's delicate nature, Shamana is generally preferred over intensive Shodhana.

Herbal Formulations: Commonly used remedies include Sitopaladi Churna, Talisadi Churna, Vasa, Avaleha, and Kantakari, Avaleh.

Herbs: like Vasa (expectorant), Pippali (bio-enhancer), and Yashtimadhu (soothing agent) are central to treatment.

Honey (Madhu): Often used as an Anupana (carrier) to improve palatability and provide antibacterial benefits.

Shodhana Chikitsa (Purificatory Therapy)

Vamana (Therapeutic Emesis): Indicated for children over seven years in chronic cases to expel accumulated Kapha from the chest.

Nasya (Nasal Medication): Mild forms like Pratimarsha Nasya using Anu Taila help relieve nasal congestion.

External Therapies: Local massage (Abhyanga) with warm oils followed by mild steam (Swedana) helps loosen mucus.

Diet and Lifestyle (Pathya-Apathya)

Wholesome (Pathya): Lukewarm water, freshly cooked hot food, and light meals.

Unwholesome (Apathya): Cold drinks, dairy products (curd), fried foods, and daytime sleep.

Would you like to explore specific dosages for these herbal formulations or more details on Panchakarma procedures for children?

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.

From a Nidana (etiological) perspective, factors such as

Guru, Snigdha, Sheeta Ahara, excessive intake of dairy products, day sleep (Diwaswapna), and exposure to cold environments contribute significantly to Kapha aggravation. In children, additional factors like Dushta Stanya (vitiated breast milk) and immature digestive fire (Agnimandya) further worsen the condition. These causative factors initiate Kapha Prakopa, leading to obstruction of Pranavaha Srotas, thereby producing classical symptoms like Gaurava (heaviness), Mandagni, Shleshma Yukta Kasa (productive cough), and

Kantha Upalepa (throat coating).

The Samprapti (pathogenesis) of Kaphaja Kasa highlights the central role of Kapha accumulation and stagnation in the respiratory channels. The involvement of Ama due to impaired digestion further complicates the disease process by increasing viscosity of secretions and reducing mucociliary clearance. In children, this pathological cascade tends to be more rapid due to underdeveloped immunity and frequent exposure to environmental allergens.

Clinically, Kaphaja Kasa presents with features comparable to modern conditions such as Acute bronchitis, Upper respiratory tract infection, and early stages of Bronchial asthma (Kapha-dominant phase). The presence of thick, white sputum, mild fever, lethargy, anorexia, and nasal congestion aligns well with these conditions. However, Ayurveda emphasizes a Dosha-based individualized approach, which provides an advantage in early diagnosis and prevention of complications.

Management strategies described in classical texts focus on Kapha Shamana and Agni Deepana. Therapeutic interventions such as Langhana, Pachana, and Swedana play a crucial role in reducing Kapha load. The use of classical formulations like Sitopaladi Churna, Talisadi Churna, and Vasa-based preparations is well-documented for their expectorant, anti-inflammatory, and immunomodulatory effects. In indicated cases, mild Vamana Karma (therapeutic emesis) is recommended, though its application in children requires careful consideration based on age and strength (Bala).

Dietary and lifestyle modifications are equally important in the management. Avoidance of Kapha-aggravating foods, promotion of light and warm diet (Laghu Ahara), and maintenance of proper hygiene are essential supportive measures. Additionally, correction of Agnimandya is a cornerstone in preventing recurrence.

A critical appraisal reveals that while classical Ayurvedic descriptions provide a comprehensive understanding of Kaphaja Kasa, there is a need for more evidence-based clinical studies to validate these approaches in modern pediatric practice. Integration with contemporary diagnostic tools and research methodologies can further enhance the applicability of Ayurveda in managing pediatric respiratory disorders.

In conclusion, the classical Ayurvedic concept of Kaphaja Kasa offers a holistic framework encompassing etiology, pathogenesis, and management. Its relevance in pediatric care lies in its preventive, individualized, and minimally invasive approach, which can complement modern medicine in achieving better clinical outcomes.

CONCLUSION

The treatment of Kaphaja Kasa in children is comprehensive and multidimensional, involving Nidana Parivarjana, Shodhana (where appropriate), Shamana therapy, diet regulation, and Rasayana support. Classical Ayurvedic interventions effectively target the root cause—Kapha imbalance—while ensuring safety in children. This approach not only alleviates symptoms but also prevents recurrence, making it highly relevant in modern pediatric respiratory care.

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