



AYURVEDIC APPROACH OF TREATMENT OF RECURRENT/ CHRONIC COUGH IN CHILDREN WITH SPECIAL REFERENCE TO PANCH VIDHA KASA

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ABSTRACT Chronic and as well as recurrent respiratory disorders are major concern in childhood pediatric practice as we commonly come across such cases in day today pediatric practice. Recurrent respiratory infections are attributed to immaturity of the immune system, functional, structural limitations, dependency on others, unawareness of hygienic importance and nutritional issues related to weaning etc. Excess intake of sweetish substances, growth potential and school environment also contribute for the same. Mean time the congenital abnormalities of the respiratory and cardio vascular system; also significantly contribute the recurrent respiratory tract infections. Ayurveda explains the stage of Bala or the childhood as stage of immaturity in structural, functional, emotional, and linguistic and behavior and sexual facets with predominance of the Kapha Dosha. Certain of the Respiratory problems in children are also aggravated by the habit of withholding the natural urges or Vatanulomana as maximum protective reflexes in the upper part of the body pertaining to respiratory system and helps to prevent the portal of entry for maximum infections. Protective reflexes like sneezing, coughing, Hiccough, Shrama shwasa, Yawning, Lacrimation etc are in true sense keep away the respiratory tract infections. Classics of Ayurveda explain the treatment Kasa in detail and by keeping classical explanation narrated in Kasa chikitsa of different Samhita as base, a treatment protocol has been prepared, so that uniform methodology of management can be followed. Although the drugs mentioned may be differ in terms of place, physician and condition, the same treatment principles can be adopted in practice. Certain treatment principles like Vatanulomana treatment, Antitussive, expectorant drugs, Mucolytics, lubricating drugs, immune enhancing drugs etc should be employed in treatment as per the need in Vataja, Pittaja, and Kaphaja, kshataja and Kshayaja Kasa.

KEYWORDS : Kapha Dosha, Kasa chikitsa, Vatanulomana, Vatanulomana, Antitussive

INTRODUCTION

While explaining the treatment of Kasa, in classics it mentioned that administration of medicine can be done in the form of Bhojya, Pana, Sarpi, Leha, Panaka Ksheera Sarpi Guda, Dhooma pana etc. Frequent administration or Muhur/ Muhur administration medicine is advised in Kasa and Shwasa. Further the individual Kasa or stronger in successive order and Kasa and Shwasa both are interrelated and Shawasa may leads to Kasa and vice versa. We find involvement of Respiratory mucosa and subsequent pathology by Dust/cold / breeze/ virus/ bacteria/ change in temperature / etc irrespective of the cause. Enquire the Vega dharana habits or withholding of the natural urges, especially Kasa, Kshavatu etc by child as this will be a strong precipitating factor for Respiratory infections¹.

General Description n

One more important factor which has to be kept in mind during treatment is status of Vata. Ayurveda clearly explains the movement of Apana Vata and it direction gets reversed in to Udana Vata in samprathi of Kasa which is the root of pathology. Vitiated Apana Vata has to brought back to normalcy to overcome the Kasa Vega. Hence a potent Vatanulomana drug should be prescribed. Drugs like Haritaki, or intake of Hot water with Ginger or Leha like Agsthya Haritaki will render this action. Vatanuloma can be also attained by local Abhyanga over the chest area by using the Talia-. Direction of the Apana Vata can be also regularized by Sroto shodaka like Shunti and Maricha. Clinically it is observed that half of the severity of Kasa is reduced administration of Vatanulomana drug in all type of Kasa²

Vataja Kasa is condition where in there will be irritation of the respiratory Mucosa by different causes. These causes leads to break in the epithelial lining, mucus glands with drying effects on mucosa. As a result irritable hacking cough, due to irritation of cough centre is obvious. Hence there will be Irritating cough with less sputum, with vigorous coughing bouts leading to increased pressure in all body cavities and pain the chest, flanks Kanta and headache (Hritkanta parshwa ruja). Patient is also restless due to continuous bouts of Kasa. Management of such Kasa should be done by aiming the Vatahara treatment. Vataharamana may be aimed by internal and external administration of the drug³.

Internal administrations of Madura Rasa drugs which are Vatahara in

the form of Yatimadhu is good. Different Taila prayoga like Tila, Erimedadi Taila, also acts as Vata hara. Application of soothing substances having Fragrance like Ela will decrease the irritation. In Vataja Kasa Ushna pryooga should be done in different forms as Ushna is Vatahara. Taila pryooga is good as it is Ushna Snigha tand both acts as Vatahara. Ushna Ambhu Paryoga i.e frequent consumption of the warm water renders the function of Vataharamana and Vatanulomana. Madhura rasa drugs can be also provided through the diet or through milk like Milk mixed Haridra.

Similarly Vata hara effects can be obtained by external application of drugs. Snehana in the form of local Abhyanga with Vata hara Taila followed by Pata Swedana over the chest and neck region helps in Vata shamana.

Mean while to reduce the severity of cough, cough centre inhibition should be done to get the instant relief. Same is also called as anti tussive treatment. Certain drugs which have mild sedative action like one or two drops of Ahiphenasava, Kolasthi majja, Badari kwatha, Vibhitaki chorna, Tagara Gojihwa Atasi or Shati choorna can be also used either internally or as Snehika Dhoopana⁴.

At times Vataja Kasa is associated with Pitta and presenting with mild feverish and burning sensation in chest, and should be treated by Vata pitta hara Ghrita preparations like Rasna Ghrita and Kantakari Ghrita. Similarly in association of Vataja Kasa with Kapha child usually presents with Irritation with loss of appetite, heaviness of head and body can be administered with Chitkrakadi leha, Agasthya Haritaki leha, Kantakari Avaleha etc which is Vata Kapha hara. However in Vataja Kasa as there is no formation of the sputum, treatment given to expel out the sputum with Teekshna oushadhi like Maricha may leads to worsening of condition. So administration of Yasti- Madhu which is Madhura, Kapha vardhaka, and Kapha -chedaka properties is best drug in treating Vataja Kasa⁵.

Promptly treated Vataja Kasa it leads to subsidence of disease provided child having good immunity while its mismanagement and immunodeficiency leads to Pittaja Kasa. Damage to Mucosa lining leading to permeability changes of the cell leads to infective process. This can be appreciated clinically by a cough persisting for 3- 4 days along with gradual development of fever or feverish feeling, burning

sensation respiratory tract , experiencing bitter taste in the mouth (Tikthasyatha) with formation of thick , foul smelling sputum. This Pittaja kasa should be treated by Pittahara treatment⁸. As there is infection and inflammation, the presence of Dhatugata Ama is obvious and a good Amapachana drug should be administered. Shunti , Maricha , Pippali, Mustha (Bala chaturbadra, Naga keshara) .Ama pachana can be achieved by Langana . Kasa due to Pitta can be also treated by application of Pratimarga Harana Chikitsa by administration of the Virechanopaga drugs like Avipathikara choorna. Basically Pittaja Kasa is a infective condition hence aroma therapy which acts a anti-infective treatment can be administered by using the drugs which possess strong aromatic smell like , Tulasi, Ela , Vacha, Shati etc. can be used. Formation of excessive foul smelling sputum is common in Pittaja kasa, need to be cleared by expectoration to prevent descending infection .Hence potent expectorant drugs like Trikatu , Yatimadhu like Kapha nissarana drugs can be used⁹.

There are certain presentations of Pittaja Kasa where in Pitta with Bahu Kapha conditions witnessed by copious, foul smelling sputum with exudates . This condition necessitates forceful excretion of sputum by using certain Vamaopaga drugs like Yastimadhu, Vacha or strong expectorants or Pramathi drugs are used in this conditions .Similarly Pittaja Kasa is Pitta with Tanu Kapha conditions should be treated with Tiktha Rasa drugs.¹⁰

Promptly treated Pittaja Kasa will leads to Subsidence while failure of treatment leads to Kaphaja Kasa where symptoms are somewhat similar to Bronchitis. Child with loss of appetite , heaviness of head and body ,feeling of typical sweetish taste in the mouth (Madura taste) , copious , thick sweetish sputum which is devoid of foul smelling , Anga mardha , less discomfort , feeling as if all body cavities are heavy and gets covered with Kapha (Kaphapooma deha) should be suspected for Kaphaja Kasa . Kaphaja kasa becomes chronic if Nidana like Khavaigunya , , less Immunity , Dhoshi visha exposure , Virudha ahara sevana are continued¹¹.

Kaphahara Chikitsa is main stay of treatment in Kaphaja Kasa. During the Kaphaja Kasa the sputum quality transforms in to three stages and accordingly the treatment like offensive exudates type of sputum in the beginning followed by wet cough with whitish copious sputum and at the end condensed thick sputum¹² (Shuska kapha).

Mucolytic drugs which split the condensed Kapha are key in the management. Vasa , Bhrihati , Kantakari and other drugs of Solanacea family contain bromohexin as chemical content which renders the mucolytic action. This should be followed by expectorant drugs to remove the excessively collected Kapha . Condensed Kapha may lead to difficulty in breathing especially in small kids.The drugs with Teekshna, Ushna and Katu rasa drugs acts as Kaphahara like Pipplai , Maricha etc are drug of choice. Drugs with Amala Rasa and Lavana Rasa acts as both mucolytic and expectotant.¹³ Classics also explains the use of Kshara which helps in Kapha Vilayana.

Often in the clinical practice we find another variety of Kasa due to combination of Vata and Kapha with certain allergies as causative factors. Kapha which is Immunity gets irritated by Vata resulting in sudden hypersensitivity reaction with wheezing, dryness , nasal blockage , stuffy nose etc. At time Vata prakopa leads to acute presentation as it may also leads to bronchospasm .One more variability mimicking the same situation is Kapha Pittaja Kasa –where along with Kaphaja kasa there will be mild wheezing with certain Pitta Rakataja symptoms like generalized reddish patches , urticaria , over the body¹⁴.

However the treatment includes Nidana Parivarjana¹⁵(removal of allergic factor) followed by a Amapachana drug like Shunti. Kapha should be stabilized by certain Immune modulator drugs like Guduchi, Haridra etc. Mean while Mast cell inhibition should be achieved by Vishagna drugs like Shirisha , Haridra Laghu suta shekara Rasa etc which effectively stabiles the mast cell and reverse the bronchospasm. Inhalational therapy by using certain drugs like Haridra , Dattura , tualsi Ela etc are quite useful to reverse the mild bronchospasm¹⁶.

But when the disease Kaphaja kasa becomes chronic and reach the terminal portion of the lower respiratory tract continued inake Nidana is continued, leads to Kshataja Kasa with involvement of Lung parenchyma. As the name suggest there is structural , Functional immunological injury to the lung parenchyma leading to further

worsening of the condition Patient usually present with frequent Jwara , Prana , oja kshya (Immune compromised state, weight loss , blood in the sputum after coughing .He also develop the symptoms of chronic lung disease like Poor weight gain, Poor appetite Emaciation , mediastinal shifting(sthanath hridayam chuta)as in Hydrothorax, pneumo thorax , pyothorax , Bronchiostasis etc. Ultimately lung tissues are either calcified, fibrosed , consolidated with Kshata of lung tissue and make it nonfunctional, and Very less parenchyma performing ventilation¹⁷

Treatment is very difficult during this stage and classics consider it under Asadhya condition. .However Bala mamsa Vivardhabana by Madhura , Brahmana Rasayana Chikitsa and Jeevaneeya drugs to increase the general condition of the patient Should be given¹⁸ . This condition require the drugs like Makardwaja , Rasa Manikyaa , Abhraka basma , Rajata Basma etc to impart the Rasayana effects and to correct the Micro mineral and vitamin deficiencies.

This stage will further leads to a condition called Kshayaja kasa which is again a Asadhya condition. This is Final stage of chronicity with total tissue loss, Lung collapse , Fibrosis, Atelectais . Dhatu Vardhana Chikitsa and Rasayana Chikitsa , Jeevaneeya Sarpi, Vidharydi Ghrita, Brihmana Dhumapana can be administered although survival of the patient is doubtful.¹⁹

Conclusion – Hence it can be concluded that identification of stage Kasa is very crucial to identify the Dosha involved conditions of Chronic Cough to employ the justified treatment. Mean while the treatment principles explained for individual Kasa should be followed strictly although drugs are subjected to change depending on availability and yukthi of the physician.

REFERENCES:

1. Kashyap samhita,by vridha jivaka,the vidyotini Hindi Commentaryby Sri satyapal bhisagacharya,Choukhambha Sanskrit sansthan.Varanasi reprint2016.113/3.
2. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,539/62
3. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,536/34.
4. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,532/11.
5. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,533/13.
6. Vagbhat,Astang hridaya,Vidhyotini bhasha teeka by kaviraj Atridev Gupta,Choukhambha prakashan Varanasi,Reprint,2007.313/148.
7. Vagbhat,Astang hridaya,Vidhyotini bhasha teeka by kaviraj Atridev Gupta,Choukhambha prakashan Varanasi,Reprint,2007.315/167.
8. Vagbhat,Astang hridaya,Vidhyotini bhasha teeka by kaviraj Atridev Gupta,Choukhambha prakashan Varanasi,Reprint,2007.306/29.
9. Vagbhat,Astang hridaya,Vidhyotini bhasha teeka by kaviraj Atridev Gupta,Choukhambha prakashan Varanasi,Reprint,2007.306/31
10. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,542/84.
11. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,534/19.
12. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,545/109
13. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,546/109
14. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,549/109.
15. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,547/109
16. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,542/83.
17. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,548/140.
18. Agnivesha,Charak samhita,vidyotini hindi commentary,by kashinath shastri,G.N chaturvedi,Choukhambha Bharti Academy, Varanasi.reprint 1998,548/134.
19. Vagbhat,Astang hridaya,Vidhyotini bhasha teeka by kaviraj Atridev Gupta,Choukhambha prakashan Varanasi,Reprint,2007.309/68.