Original Research Paper

Volume - 16 | Issue - 04 | April - 2026 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Ayurveda

MANAGEMENT OF *KAPHAJA KASA* IN CHILDREN WITH *DEVADARVYADI YOGA CHOORNA*: A CASE REPORT

Dr. Sreeraj. R* — Ph.D Scholar, Department of Kaumarabhritya, P.D.E.A College of Ayurveda and Research Center, Nigdi, Pune, Maharashtra & Associate Professor, K.J. Institute of Ayurveda and Research, Savli, Vadodara, Gujarat *Corresponding Author

Dr. Madhavi S Deodas — Professor & H.O.D, Department of Kaumarabhritya, P.D.E.A College of Ayurveda and Research Center, Nigdi, Pune, Maharashtra

ABSTRACT *Kasa* is one of the commonest symptoms of respiratory diseases in pediatric practice. Cough is the fifth common symptom for which patients seek care and prevalence rate of which is 25% in children worldwide. Acute respiratory infections account for significant burden in the pediatric age group, particularly among children aged 5-12 years. Although cough acts as a protective reflex that helps clear airway secretions, persistant symptoms can negatively impact a child's health and quality of life. In *Kasa*, management includes Nidana *Parivarjana, Shodhana Chikitsa* and *Shamana Chikitsa*. In pediatric practice, *Shamana Chikitsa* is generally preferred because it is safer, easier to administer and ensures better patient compliance. A 12-year-old Western Indian Hindu Male child from Gujarat presented with complaints of productive cough for three days, associated with throat congestion, nasal discharge and reduced appetite for seven days. Based on clinical features, the condition was diagnosed as *Kaphaja Kasa*. *Devadarvyadi yoga choorna* was administered with *Madhu* for a duration of 10 days, and the children was followed up on the 15th day. Significant improvement was noted in the severity and frequency of cough, along with relief from associated symptoms. The formulation was well tolerated, palatable and safe with no adverse effects observed. This case highlights the potential role of *Devadarvyadi yoga Choorna* as an effective and child-friendly *Shamana Chikitsa* in the management of *Kaphaja Kasa* in the pediatric age group.

KEYWORDS : *Devadarvyadi Yoga Choorna,* Productive Cough, *Kaphaja Kasa* and Case Report.

INTRODUCTION

Children being the building blocks of the nation, are the most vulnerable group in the community, hence requires to be treated with care and concern.[1] *Kasa* is a disease which characteristically produces a typical sound of a broken bronze vessel. In the pathogenesis of the disease, there is obstruction of *Prana* and *Udana Vayu* due to various reasons.[2] *Kasa* is one of the commonest symptoms of respiratory diseases noticed during the Pediatric practice. *Kaphaja Kasa* is one among the five varieties of *Kasa*.

Indulgence in *Kaphakara ahara* and *vihara* increases the incidence of *Kaphaja Kasa*. Excessive exposure to dust, pollens, cold environment, sleeping in daytime usually aggravates *Kaphaja Kasa*. Excessive exposure to dust, pollens, cold environment, sleeping in daytime usually aggravates *Kaphaja Kasa*. Specific etiologies of *Kaphaja Kasa* are *Guru, Abhishyandi, Madhura, Snigdha aahara, Swapna* and *Vichestana*. These factors result in the vitiation of *Kapha* which creates an obstruction for the movement of *vata* producing *Kaphaja Kasa*.[3] The recurrence of the symptom leads to serious respiratory pathology and will gradually lead to complications. *Ayurvedic management* of *Kasa* includes *Nidana parivarjana, Shodhana* and *Shamana Chikitsa*. Among these, *Shamana Chikitsa* is preferred in pediatric practice due to its safety, ease of administration and better compliance. As *Devadarvyadi Yoga choorna* was my study drug for post-graduation. *Devadarvyadi yoga* mentioned in *Charaka samhitha Chikitsa sthana*, is indicated in the *management of Kaphaja kasa* and possesses properties that help in alleviating *Kapha Dosha* and restoring the normal function of *Pranavaha Srotas*.[4] The findings of this case suggest that *Ayurvedic* intervention can effectively alleviate symptoms and improve appetite in acute pediatric respiratory illness without the need for antibiotics.

CTRI Number: CTRI/2023/11/059707 (Registered on 09/11/2023)

CASE REPORT

MAIN COMPLAINTS:

A 12-year-old male child presented with productive cough for 3 days, associated with throat congestion, nasal discharge and reduced appetite for 7 days.

HISTORY OF PRESENT ILLNESS:

The child was apparently normal 7 days prior to presentation. After exposure to dust and certain foods, the child developed cough which became productive over the last 3 days. It was associated with throat congestion, nasal discharge and reduced appetite, with symptoms more pronounced in the early morning and night. The child was brought to the hospital by his father for further evaluation and management.

PAST HISTORY: No history of any major illness
FAMILY HISTORY: Nothing significant
TREATMENT HISTORY: Nothing significant

PERSONAL HISTORY:

Bowel	: 1 times/day
Appetite	: Reduced
Micturition	: 6 times/day
Sleep	: Disturbed due to cough

ASHTA STHANA PAREEKSHA

Nadi	: 84/min
Mootra	: 6 times/day
Mala	: 1 times/day
Jihva	: *Liptata*
Shabda	: *Vaikruta*
Sparsha	: *Sheeta*
Druk	: *Prakruta*
Akruti	: *Prakruta*

ANTHROPOMETRY

Weight	: 37 Kg
Height	: 147 cm
Head Circumference	: 51 cm

DASHA VIDHA PAREEKSHA

Prakruti	: *Vata-Kapha*
Vikruti-Desha	: *Jangala*
Vikruti- Dosha	: *Kapha*
Vikruti- Dushya	: *Rasa- Rakta*
Sara	: *Madhyama*
Samhanana	: *Madhyama*
Pramana	: *Avara*
Satmya	: *Madhyama*
Satwa	: *Avara*
Aharashakti	: *Avara*
Vyayama Shakti	: *Avara*
Vaya	: *Baalya*

GENERAL EXAMINATION:

General appearance

Pallor	: Absent
Icterus	: Absent
Clubbing	: Absent
Cyanosis	: Absent

Lymph nodes : Not Palpable
Edema : Absent

VITAL SIGNS
Temperature: 98.6 ^{0}F
Heart rate: 84/ min
Respiratory rate: 26/min

SYSTEMIC EXAMINATION
Respiratory examination:
Inspection
Size and shape of the chest: Normal
Type of Breathing: Abdomino-thoracic
Respiratory rhythm: Regular

Palpation
Trachea: Centrally placed
Movements of chest: Symmetrical
Tenderness: Absent
Chest expansion: Inspiration:88 cm, Expiration: 86 cm

Percussion
Note: Normal

Auscultation
Type of Breathing sounds: Broncho vesicular
Added sounds: Rhonchi present

Cardio vascular system: S_1 S_2 Heard, no murmur
Central Nervous system: No abnormality detected
Gastro intestinal system: No abnormality detected

ASSESSMENT CRITERIA
A) Subjective Parameters
Gradation Index
1. Mandagni
0-Normal feeling of hunger after 3-6 hours of previous food taken
1-Feeling of hunger after 6-9 hours of previous food taken
2-Feeling of hunger after 9-12 hours of previous food taken
3-No feeling hunger after 12 hours of previous food taken

2. Aruchi
0-Willing towards normal food
1-Willing towards only most likely food and not to others
2-Unwilling for food but could take meals only
3-Totally unwilling for meals, does not take meal

3. Peenasa
0-Absent
1-Mild intermittently
2-Moderate at specific time period
3-Severe throughout day

4. Disturbance in sleep
0-Kasa not interfering sleep
1-Kasa occasionally disturbed sleep
2-Gets *Kasa* before sleeping and / or awakes him in the morning due to *Kasa*
3-Kasa is always disturbs sleep

***5. Kasa*-Severity**
0-No cough
1-Brief exacerbation for few hours. Intermittent cough in the morning and/or After exercise or in connection with accelerated respiration, which does not inhibit routine activities.
2-Exacerbation for few hours in a day. Continuous cough during day as well as in the morning, which inhibits the routine activities
3-Exacerbations throughout day and night. Continuous cough during day and night, which disturbs sleep and prohibits the routine activities.

6. Nishteevana
0-No expectoration
1-Thick mucoid expectoration which is intermittent during cough
2-Mucoid and sticky expectoration which is accompanied during cough
3-Mucopurulent expectoration which is accompanied with each bout of cough

7. Number of bouts of Cough
The number of bouts of cough in one hour was noted in each patient and graded as follows
0-Absence of bouts of cough
1-Less than 3 bouts of cough
2-3-7 bouts of cough
3-More than 8 bouts of cough

8. Duration of each bout of cough
The duration of each bout of cough in seconds was observed and the duration of 10 such bouts was counted and mean time of cough was calculated
0-Absence of cough
1-Duration of cough less than 5 seconds
2-Duration of cough in between 5-10 seconds
3-Duration of cough more than 10 seconds

9. Throat congestion
0-Absent
1-Present

B) Objective Parameters
1. Blood Examinations-
1.Hemoglobin Estimation
2.Total Leukocyte Count
3.Differential Leukocyte Count
4.Erythrocyte Sedimentation Rate
5.Absolute Eosinophil Count

2. Rhonchi
0-Absent
1-Present
3. Crepitation's
0-Absent
1-Present
4. Wheezing
0-Absent
1-Present

Treatment Given
Devadarvyadi Yoga Choorna – 3 gm three times per day mixed with *Madhu* to be taken after food for 10 days.

FOLLOW UP AND OUTCOME
Subjective Parameters

Sl.no	Symptoms	B.T (1st day)	5th Day	A.T (10th day)	Follow up (15th day)
1	***Mandagni***	3	2	1	0
2	***Aruchi***	2	1	0	0
3	***Peenasa***	3	2	0	0
4	**Disturbance in sleep**	3	3	1	0
5	***Kasa- severity***	2	2	1	1
6	***Nishteevana***	3	2	1	1
7	**Number of bouts of cough per hour**	3	2	0	0
8	**Duration of each bout of cough**	3	2	0	0
9	**Throat congestion**	1	0	0	0

Objective Parameters

Sl. no	Hematological Examination	B. T	A. T
1	**Hemoglobin %**	15.5	12.5
2	**Total Count WBC**	11.300	7.600
3	**Differential count of WBC: -**		
	Neutrophils	70	49
	Lymphocytes	46	26
	Eosinophils	04	01
	Monocytes	01	00
	Basophils	00	00
4	**Erythrocyte sedimentation rate**	30	20
5	**Absolute eosinophil count**	286	266
6	**Rhonchi**	1	0
7	**Crepitation's**	0	0
8	**Wheezing**	0	0

After administration of *Devadarvyadi Yoga choorna* with *Madhu* for 10 days, the child showed marked clinical improvement with complete relief from symptoms. The frequency and severity of productive cough gradually reduced with significant improvement observed by the 10th

day. Associated symptoms such as throat congestion and nasal discharge subsided by the 5th day. Appetite also improved during the treatment period. On follow-up on the 15th day, the child remained asymptomatic with no recurrence of cough. The formulation was well tolerated, palatable and no adverse effects were observed. Overall, the outcome suggests that *Devadarvyadi Yoga choorna* is effective and safe in the management of *Kaphaja Kasa* in this pediatric case.

DISCUSSION

In *Kaphaja Kasa*, vitiated *Kapha* along with *Vata* plays a major role in the pathogenesis. Excess intake of *Kaphakara Ahara* and improper *Vihara* leads to the aggravation and accumulation of *kapha* in the *Pranavaha Srotas*. Simultaneously, Vitiation of *Prana* and *Udana Vayu* cause *Avarana* by *Kapha*, disturbing the normal movement of *Vayu*. This results in excessive mucus production, throat congestion and productive cough. Hence, *Kapha Shamana* and *Vatanulomana* are the main principles of management in *Kaphaja Kasa*.

Devadarvyadi Yoga Choorna containing *Devadaru, Abhaya, Musta, Pippali* and *Vishva-Bheshaja* is mentioned in *Charaka Samhita* (*Chikitsa Sthana*, Chapter-18) for the management of *Kaphaja Kasa*. The formulation predominantly possesses *Katu* and *Kashaya Rasa, Laghu, Ruksha* and *Snigdha Guna, Ushna-Sheeta Veerya* and *Madhura-Katu Vipaka*. *Kashaya Rasa* helps absorb *Kapha* and reduce secretions, while *Ushna Veerya* liquefies *Kapha*, facilitating expectoration and relieving *Srotorodha*. The *Laghu, Ruksha* and *Snigdha Gunas* counteract the *Guru* and *Snigdha* properties of *Kapha*, thereby promoting *Srotoshodhana*.

The presence of *Madhura* and *Katu Vipaka* along with *Rasayana* properties promotes mucosal healing, enhances respiratory immunity and helps prevent recurrence. By performing *Kapha-Vata Shamana*, *Vata Anulomana* and *Kasa-hara* actions, *Devadarvyadi Yoga* helps break the *Samprapti of Kaphaja Kasa*. Bioactive constituents such as cedrinoside, cedrol, chebulinic acid, B-selinine, piperine and flavonoids provide expectorant, bronchodilator, anti-inflammatory, antioxidant and antimicrobial effects, thereby reducing airway inflammation, improving mucociliary clearance and strengthening mucosal defense.

CONCLUSION

Kaphaja Kasa can significantly affect a child's daily activities and overall well-being, reducing functional capacity and quality of life. *Ayurvedic management* focuses on restoring *dosha* balance and improving *Pranavaha Srotas* function. This case report indicates that the administered *Ayurvedic formulation* effectively relieved symptoms of *Kaphaja Kasa* and was well tolerated without adverse effects.

REFERENCES

1. K. S Dinesh, Kaumarabhritya, 2nd edition, Thrissur, Vasudevi publications, 2010, P.g no-28-30
2. S. K. Ramachandran, Text book on Kaumarabhritya, 1st edition, Kerala-Thiruvananthapuram, Government Ayurvedic publications-27, 2011, p.g no-256
3. Agnivesha, Charaka Samhitha, Text with English Translation and Critical Exposition Based on (Cakrapani Datta's Ayurveda Deepika), Volume IV, Chikitsasthana, 18th Chapter. Edited by Ram Karan Sharma. Vaidya Bhagwan Dash. Reprint Edition. Varanasi-I, Chaukhambha Sanskrit series office, 2009, p.g.no-160
4. Agnivesha, Charaka Samhita, Text with English Translation and Critical Exposition Based on (Cakrapani Datta's Ayurveda Dipika) by Dr Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Sanskrit Series Office, Varanasi-1, Reprint Edition, 2009, Volume IV, Chikitsa sthana, 18th Chapter, 120-121th Sloka, 549 Pp, P.g no-185