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AN OBSERVATIONAL STUDY TO ASSESS THE ETIOLOGICAL FACTORS IN PATHOGENESIS OF VATAJA, PITTAJA AND KAPHAJA KASA

Ayurveda

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ABSTRACT

Kasa is an enervating diseases of Pranavaha Srotas. Early intervention is necessary in case of Kasa as it is a potential Nidanarthakara Roga to produce Kshaya. Cough can be correlated to the description of Kasa in Ayurveda. Ayurveda has given a wide description of the disease by giving its definition, explanation of types of Kasa along with Nidana Panchaka, Sadhyasadhyata and Chikitsa. In this context different Nidana & Lakshana of Vataja, Pittaja and Kaphaja Kasa explained by Acharya in Ayurveda can be used for diagnosis as well as prognosis of the disease. Thus, with help of this study alternate safe methods of treatment can be employed. The main objective of the study is to evaluate and analyze the etiological factors of Vataja, Pittaja and Kaphaja Kasa, for this purpose an observational study was done on 50 patients, based on Demographic Data, Aharaja, Viharaja Nidana.

KEYWORDS

Kasa, Doshaja Kasa, Nidana Panchaka

INTRODUCTION

There are certain diseases which may not be life threatening but increasingly annoying and irritating to the individual in their routine activity. More over when neglected they may lead to a series of complications later. Cough is one among them and now a days, demanding greater concern over it. There is forceful expulsion of Vayu through *Kanth* produces *Vikrit* sound i.e. *Kasa*. It is *Pranvaha Strotodushti* in which mainly *Prana* and *Udana Vayu Vikriti* takes place. In *Ayurveda*, *Kasa* has been described as an independent disorder as well as *Lakshana* (symptom) or an *Upadarava* (complication) of many diseases and if neglected it may result in disease with poor prognostic condition. As a symptom *Kasa* completely correlates with cough reflex but as disease, it cannot be correlated with any single respiratory disease in Modern Medical Science. It is the most frequent symptom of respiratory disorder.[1] The prevalence of cough in India is 5% - 10%.[2] It is the one of the most common presenting complaints (30%) at the primary care setting.[3] In the rural areas of India, the causes for maximum respiratory infections are use of wood and coal, poor housing, dampness in the house, cooking in open, sanitary condition, low living standard while in the urban areas pollution from industry and vehicles, tobacco, smoke, exposure to allergens, irritant gases have been correlated with the respiratory infections. Cold drinks, ice creams, Alcohol with ice, Improper eating habits like Yoghurt at night, Cold coffee, sweets at night. Processed and packed food items, excess spices, taste enhancers, food colours, road side eating habits, unhygienic drinking water etc. also increases respiratory infections. The diagnostic evaluation of Cough can be challenging for physicians because it is a disorder of respiratory system having broad differential diagnosis. Early intervention is necessary in case of *Kasa* as it is a potential *Nidanarthakara Roga* (disease itself become causative factor for other disease) to produce *Kshaya*[4] (depletion of bodily tissues or *Dhatu*). Cough is a common manifestation of tuberculosis in India with an incidence of 2.79 million.[5]

Maximum *Nidana* explained in *Ayurvedic* classics were found to act as precipitating factors in production of *Kasa* especially the *Viharaja Nidana* like exposure to *Raja, Dhumo* and *Sheetavayu* and are also responsible for the increase in TLC in blood. Keeping the gravity of the situation, the present study has been undertaken to clinically explore the etiopathogenesis of *Vataja, Pittaja, Kaphaja Kasa.*

AIMS AND OBJECTIVES

1) To study of *Vataja Kasa, Pittaja Kasa, Kaphaja Kasa* from Ayurvedic Literature.
2) To study Etiopathogenesis of *Doshaja Kasa* i.e. *Vataja, Pittaja, Kaphaja Kasa*.

MATERIALS AND METHODS

PLAN OF STUDY

a) Selection of patients-

1) Total 50 patients having Chief complaints of *Doshaja Kasa* of either sex with age group 16-70 years, after thoroughly history taking were selected from OPD/IPD of Rog Nidan avam Vikriti Vigyan, Rishikul Campus, UAU Haridwar.
2) All the registered cases were evaluated clinically and investigated thoroughly. *Dashvidha Pariksha* of the patients was done.

b) Type of study- Observational study.

C) Inclusion Criteria-

- Patients having classical symptoms of *Vataja, Pittaja, Kaphaja Kasa.*
- Patients between age group of 16 to 70 years of both sexes.

D) Exclusion Criteria-

- Patients of less than 16 years age.
- Known case of chronic heart diseases, kidney diseases, HTN, DM, UTI, severe infections, worm infestations, COPD, Bronchial Asthma
- Patients having *Kshataja* & *Kshayaja Kasa*.

E) Investigations –

1) Hematological test-TLC, DLC, AEC
2) Other **hematological test** like Hb%, ESR.
3) Urine examination (R/M) (if required)
4) Radiological Examination – X Ray

OBSERVATIONS

Total 50 patients of were registered and their observations are as follows:

- Maximum patients, i.e. 50% belonged to 16 – 30 years of age group and 58% of patients were males and 90% of patients were Hindu. 48% of patients were Graduated from the middle class (70%) with 32% of students and 84% belonged to urban areas.
- Majority of the patients, i.e. 64% were having regular diet and 36% were having poor appetite, 82% were taking *Madhura Rasa*, whereas 70% were taking *Lavana Rasa* as their dominant Rasa. Maximum patients, i.e. 56% were having a vegetarian diet. History of recurrence was present in 56% of patients.
- *Dashavidha Pariksha* biostatistics revealed that maximum number of the patients were having *Vata-Pitta Prakriti* (52%), *Rajasika Manasa Prakriti* (66%), *Madhyama Sara* (68%), *Madhyama Samhanana* (74%), *Madhyama Satmya* (66%), *Madhyama Satva* (68%). In *Pramana,* maximum patients, i.e. 56% were of *Madhyama Pramana.* Maximum patients (64%) were having *Madhyama Abhyavarana Shakti*, *Madhyama Jaraṇa Shakti* (56%), *Madhyama Vyayama Shakti* (52%).
- *Vataja Kasa Pradhana lakshana* were observed in patients, i.e. *Sira Shula* (56%), *Hṛt Shula* (24%) *Sankha shula* (12%), *Parshava Shula* (12%), only 6% of patients were having *Urah Shula. Ksheena Bala* (34%), *Ksheena Swara* (14%), while *Swara Bheda* found in 22% of patients. *Sushka Kasa* (20%), *Prasakta Vega* (22%).
- *Pittaja Kasa Pradhana Lakshana* were observed in patients, i.e. *Jwara* (36%), *Paṇḍu* (24%), *Pita Nishtivana* (20%), *Chardi* (4%), *Urodumayana* (22%), *Aruchi* (32%), *Tṛishna* (30%) *Mukha*

Kanthe Sosha (26%).

- *Kaphaja Kasa Pradhana Lakshana* were observed in patients, i.e. *Sira Shula* (56%)*, Nishtivana Kapha* (34%), *Utklesha* (20%)*, Aruchi* (32%). *Peenasa* (24%), *Gaurava* (22%) *Kaṇdu* (26%).

Table No. 1: According to *Kasa Bheda*

Kasa Bheda	No. of patients	Percentage (%)
Vataja Kasa	21	42 %
Pittaja Kasa	12	24 %
Kaphaja Kasa	17	34 %

Table No. 2: According to *Vataja Nidana*

Vataja Nidana	No. of patients	Percentage (%)
Rukshya Aahar Sevana	20	40 %
Sheet Aahar Sevana	34	68 %
Alpa Aahar	14	28 %
Upwasa	8	16%
Kashaya Rasa Sevana	2	4%
Vegavarodh	14	28%
Shrama	7	14%

Table No. 3: According to *Pittaja Nidana*

Pittaja Nidana	No. of patients	Percentage (%)
Katu Aahar Sevana	27	54 %
Amla Aahar Sevana	22	44 %
Vidahi Aahara Sevana	3	6 %
Ushna Aahar Sevana	5	10%
Krodha	13	36%
Surya & Agni Taap	5	10%

Table No. 4: According to *Kaphaja Nidana*

Kaphaja Nidana	No. of patients	Percentage (%)
Madhur Aahar Sevana	41	82 %
Guru Aahar Sevana	11	22 %
Snigdha Aahara	13	26 %
Abhisyandi Aahara Sevana	11	22%
Divaswapana	14	38%

DISCUSSION

Doshika Dominancy

Most of the patients in this present study i.e. 42% are of *Vataja Kasa,* 24% are of *Pittaja* type of *Kasa* while 34% are of *Kaphaja Kasa*. As the main vitiated *Dosha* are *Vata* and *Kapha* for the *Vyadhi*, so fewer patients found as *Pittaja* type of *Kasa*. During classification of *Kasa, Ayurvedic* classics didn't talk about its *Samsargaja* varieties while in treatment they have described special interventions in case of conditions associated with other *Dosha.*[67]

VISHESA NIDANA

Vataja Kasa

In the present study, 40% patients had *Ruksha Ahara Sevana,* 68% of patients had *Sheet Ahara Sevana*, 28% of patients had *Alpa Ahara* whereas 16% patients had *Upwasa* and 4% of patients had *Kashayarasa Sevana,* 28% of patients are doing *Vegavarodha* while 14% are exposed to *Srhma*.

Consumption of *Ruksha Ahara, Kashayarasa* and *Sheet Ahara Sevana* in excess and all the above *Viharaja Nidan* vitiates *Vata Dosha* and held responsible for the manifestation of *Vataja Kasa* by vitiating *Prana* and *Udana Vayu* and the downward movement of *Prana Vayu* is obstructed and it attains the upward movement along with the *Udana Vayu*. *Prana Vayu* gets *Pratiloma* direction reaches to *Ura*, *Kantha* and leads to expulsion of *Sadosha Prana Vayu* through mouth producing *Kasa*.

PITTAJA KASA

Out of 50 patients, 54% patients had *Katu Ahara Sevana* like chilies, Garlic, most spices mainly black pepper, cardamom, cloves, onions etc. 44% patients had *Amla Ahara Sevana* like lemon, tamarind, pickles, tomatoes, sour cream, vinegar and most fermented foods etc., both these in excess vitiates *Pitta Dosha.* On the other hand, *Katu Ahara* also vitiates *Vata Dosha* and *Amla Ahara* vitiates *Kapha Dosha*. 6% patients had *Vidahi Ahara Sevana* i.e. food that causes burning sensation in chest. eg. Chilies, *Pakodas, Vada Pava* etc. 10% of patients had *Ushna Ahara Sevana*, 36% of patients had *Krodha*, 10% of patients exposed to *Surya Taap, Agni Taap.* All these *Nidana* vitiate *Pitta Dosha* with association of *Vata* & responsible for *Pittaja Kasa.* According to *Ayurveda, Vata Dosha* is the *Samvayi Karana* for all types of *Kasa.*[8]

KAPHAJA KASA

82% patients had *Madhura Ahara Sevana* like Mangoes, Bananas, Sweet potatoes, Rice, potatoes, *Urad Daal*, melons, Corn, Wheat, Milk, Ghee, All Sweet items etc. 22% of patients had *Guru Ahara* like Milk, Meat, Paneer, Eggs, *Urad Daal*, Jackfruit etc. and 26% of patients had *Snigdha Ahara Sevana* eg. Oil, Ghee, Butter etc. 22% of patients had *Abhisyandi Ahara Sevana* like Curd etc. On the basis of *Viharaja Nidan,* 18% of patients exposed to *Ativishram*, 32% of patients had *Achesta*, 38% of patients doing *Divasvapana***,** all these *Nidan* aggravate *Kapha* in *Uras* causing obstruction to downward movement of *Vata* in *Pranavaha Srotas. Prana Vayu* gets *Pratiloma* direction reaches to *Ura*, *Kantha* and leads to expulsion of *Sadosha Prana Vayu* through mouth producing *Kasa*.

CONCLUSION

In this present study it was found that *Nidana* described in Ayurveda for *Vataja, Pittaja and Kaphaja Kasa* are very much relevant to present era, as maximum patients are frequently exposed to *Sheet Ahara, Guru, Rukshyanna, Alpa Ahara, Abhishyandi Ahara* are observed today like Cold drinks, ice creams, Alcohol with ice, Improper eating habits like Yoghurt at night, Cold coffee, sweets at night. Processed and packed food items, excess spices, taste enhancers, food colours, road side eating habits, unhygienic drinking water etc. The patients were instructed to follow the *Pathya Apathya* regarding food, food habits, and life style to the extent possible, because they play major role in causation and prevention of *Kasa*.

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