



AN AYURVEDIC MANAGEMENT OF KAPHAJ KASA – A CASE STUDY.

Ayurveda

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ABSTRACT

A sudden loud hacking sound based on air clearing the throat or irritation of the airways is called a cough^[1]. A cough can be caused by irritants such as smoke and gas, tobacco use or improper intake of food and liquids. This is the body's way of reacting when something irritates the throat or airways. In Ayurveda, cough can be associated with *Kasa Vyadhi*^[2], which can also be an independent disease. It has five different presentation modes described in classical texts. The characteristic sound and pain of cough produced will be deferent according to causes of *Dosha* vitiation and nature of obstruction to the forceful movement of the *Vata Dosha*. We are now talking about the case of *Kaphaj Kasa*^[3], who experienced the following symptoms for 15 days: *Peenas* (headache and nose block), *Kaphanishthivan* (cough expectoration), *Uragaurav* (heaviness in chest), and *Aruchi* (tastelessness). Herbo-mineral combinations such as *Sitopaladi Churna*^[4] with *Abhrak Bhasma*^[5], *Rasasindur Bhasma*^[6] and *Tankan Bhasma*^[7] with *Guduchi Satwa*^[8] have been used to treat the patient. For *Vatanuloman*, *Gandharvahratik Churna*^[9] was given. External treatment was administered to the patient using *Snehana* and Til oil, as well as *Saidhava* and *Swedana* with *Eranda Patra*. The patient displayed impressive results from the internal and external treatment regimen indicated above.

KEYWORDS

Cough, Kaphaj Kasa, Sitopaladi Churna, Abhraka Bhasma, Rasasindur Bhasma

INTRODUCTION

Though cough forms the most important respiratory symptom, it is also seen as an independent disease. So, it is very important to differentiate between them to treat the condition. It occurs due to irritation of the mucous membrane anywhere in the respiratory tract. The onset may be acute, slow with diurnal variation, more severe during the night or early in the morning. It is common respiratory symptom of cigarette/bidi smokers. Cough may be dry or productive of sputum. The excess secretion may be mucoid, mucopurulent or purulent.

In recent systematic review and meta-analysis on the global epidemiology of chronic cough in general adult populations, it has been identified four studies that met the requisite criteria for inclusion from India. Compared to the pooled global prevalence of 9.6%, that from India was less than 5%^[10].

In Ayurveda, there are plenty references of *Kasa* in *Charaka*, *Sushruta*, *Vagbhata* and other *Samhitas*. There are five types of *Kasa* given, namely *Vataj*, *Pittaj*, *Kaphaj*, *Kshayaj* & *Kshataj* in *Charak Samhita*. The causative factor given in *Samhita* for *Kaphaj Kasa* are, exposure to dirt, sleeping in daytime, excessive intake of *Guru* and *Atimadhur* food and sedentary lifestyle. *Kasa* mainly means that, the irregular *gati* of *Prana* and *Udan Vayu* causing *Gharshana*, thus make the sound as *Kasa*. The vitiated *Kapha* and *Vata* create *agnimandya* resulting in the obstruction and *guruta* in the *urapradesh*. When the *gati* of *Prana* and *Udana* gets irregular, it produces *Kaphanishthivana*. The symptoms of *Kaphaj Kasa* given in *Samhita* are *Agnimandya*, *Aruchi*, *Peenas*, *Utklesh*, *Lomharsh*, *Shirogaurav*, *Urogaurav* etc. The *Kaphaj Kasa* gets treated with *Ushna*, *Tikshna* and *Kaphashodhak Dravyas*.

MATERIAL AND METHODS:

Case Study:

Past History

A 45 yr old male patient came to opd with complaints of,

1. *Peenas* (Nose block with headache)
2. *Kaphanishthivan* (Cough Expectoration)
3. *Uragaurav* (Heaviness in chest)
4. *Aruchi* (Tastelessness)

Patient was having all these symptoms for 3 months, but more since last 15 days.

Patient had taken Allopathy treatment previously but got only symptomatic relief.

Patient did not have any history of, hypertension/ diabetes mellitus/ epilepsy/ tuberculosis.

No history of any surgical illness.

History of addiction – chronic smoker since last 12 yrs but not done smoking in last 3 yrs.

General Examination:

The general condition of patient was fair and afebrile.

Pulse – 80/min

Blood Pressure – 130/80 mm of Hg

Respiratory Rate – 24/min

SPO – 94%

Chest Xray does not show any findings of Tuberculosis and other respiratory disorder. Only shows haziness over both lungs. Sputum test was negative. RTPCR Test was negative.

Local Examination:

Nose and ear appear normal functioning.

Throat: Congested ++ **Systemic Examination**

In the systemic examination findings of respiratory system shows crepitations all over chest & cardiovascular system was within normal limits. Abdomen was distended, nontender & bowel sounds were present. All vitals were normal. Patient was conscious and well oriented and pupillary reaction was normal to light. Deep tendon reflexes and muscle power grade was normal.

MANAGEMENT

Internal Medication:

1. Sitopaladi Churna 2gm+Abhrak Bhasma 2gm+Rasasindur Bhasma 1gm+Tankan Bhasma 1gm+Guduchi Satwa: thrice a day Anupana Madhu
2. Gandharvahratik Churna 3gm: at night before sleep Anupana Koshna Jal

External Medication:

Urapradeshi (Over Chest Area)

1. Bahya Snehana with Koshna Til Tail mixed with Saindhava at Urupradesh twice a day
2. Bahya Swedana with Nadi swedana with Eranda Patra twice a day

Duration:

All above medications were given for 30 days.

Follow Up:

Patient was assessed after every 15 days of medication.

Pathya-Apathya:

Patient was advised with *Koshna Ahara* and *Koshna Jal* avoiding

chilled, fried, sour, *Ruksha ahar*, fermented and oily food. He was advised to avoid contact with fumes, smoke and stress. He was recommended with regular *Pranayam*, Meditation and Yoga.

Assessment Criteria:

1. *Peenas* (Nose block with headache)

Grade 0: No nose blocks

Grade 1: Nose block relived after mild sneezing and no headache

Grade 2: Nose block relived after more sneezing and mild headache

Grade 3: Severe Nose block, not relived even if sneezed and severe headache

2. *Kaphanishthivan* (Cough Expectoration)

Grade 0: No *Kaphanishthivan*

Grade 1: *Sakaph nishthivan* easily (expectoration)

Grade 2: *Sakaph nishthivan* with slight difficulty

Grade 3: *Sakaph nishthivan* with restlessness because of difficulty in expectoration

3. *Uragaurav* (Heaviness in chest)

Grade 0: No *urogaurav*

Grade 1: *Urogaurav* relived after some expectoration

Grade 2: *Urogaurav* relived after heavy expectoration

Grade 3: *Urogaurav* not relived even after heavy expectoration

4. *Aruchi* (Tastelessness)

Grade 0: No *aruchi*

Grade 1: Mild *aruchi*

Grade 2: Moderate *aruchi*

Grade 3: Sever *aruchi*

Readings were taken before starting the treatment, on 15th Day and on 30th day.

OBSERVATIONS AND RESULT:

Sr No	Symptoms	Before Treatment	After 15 days	After 30 days
1	Peenas	Grade 3	Grade 2	Grade 0
2	Kaphanishthivan	Grade 4	Grade 2	Grade 0
3	Uragaurav	Grade 4	Grade 2	Grade 0
4	Aruchi	Grade 3	Grade 1	Grade 0

Dravya	Latin Name	Rasa	Vipaka	Veerya	Guna	Karma
Pippali [11]	Piper Longum	Katu	Madhur	Anushna Sheet	Laghu, Snigdha Tikshna	Kasahar
Vansha Lochan [12]	Bambus arundinacea	Madhur, Kashay	Madhur	Sheet	Ruksha, Laghu, Tikshna	Kapha Nissarak
Ela [13]	Elettaria cardamomum	Katu, Madhur	Madhur	Sheet	Laghu, Ruksha	Aruchihar, Kasahar
Twak [14]	Cinnamomum zeylanicum	Katu, Tikta, Madhur	Katu	Ushna	Laghu, Snigdha Tikshna	Mukha shodhan, Kasahar
Khanda Sharkara [15]	Saccharum officinarum	Madhur	Madhur	Sheet	Guru, Snigdha	Shleshma Nissarak
Guduchi Satwa [8]	Tinospora cordifolia	Tikta, Kashay	Madhur	Ushna	Guru, Snigdha	Kasahar, Rasayan
Abhraka Bhasma [9]	Mica	Madhur	-	Sheet	Snigdha, Sheet	Balya, Rasayan, Kshayaghn
Rasasindur Bhasma [10]	Red Sulphide of Mercury	-	-	-	Laghu, Ruksha	Urobalya, Kapha Shoshak
Tankan Bhasma [11]	Borax	Katu	-	Ushna	Ruksha, Tikshna Sara	Kapha Vishleshana, Kasahar, Deepan

Eranda [16]	Ricinus communis	Madhur, Katu, Kashay	Madhur	Ushna	Snigdha Tikshna Sukshma	Vata Anuloman
Haritaki [17]	Terminalia chebula	Kashay, Amla, Madhur, Katu, Tikta	Madhur	Ushna	Laghu, Ruksha	Peenashar, Kasahar, Kapaha shoshan, Rasayan

DISCUSSION:

Agnimandya, *Aruchi*, *Kapha Nishthivan*, *Peenasa*, *Shirashul* and *Urogaurav* are the generalised symptoms of *Kaphaj Kasa*. The stagnant vitiated *kapha dosha* causes *agnimandya* and *aruchi*. Also, aggravation of *dushta kapha* and *vata* causes *urogaurav*, *shirshul*. The chronicity of these can also cause *kaphanishthivana* and *peenasa*. The *pratiloma apan vaayu* causes disturbances in the *prana vaayu* and *udana vaayu gati*, which ultimately causes *gharshana* in between them causing symptom as *kasa*, when it is more with vitiated *kapha*, resulted in the *kaphaj kasa*. The *Katu rasatmaka*, *Ruksha*, *Tikshna gunatmaka* predominance with *rasadravyas* like *Abhraka Bhasma*, *Tankan Bhasma* and *Rasasindur Bhasma* with *madhu anupana*, acts on the vitiated *kapha* and *vata*, causing *kapha nissaraka* and *kaphahara* effect. Also, *Eranda* and *Haritaki* causing *agnivardhana* and *Vata anuloman* causing *anuloman* of *apan vaayu* with regulation of *Prana* and *Udan vaayu*. The *abhraka Bhasma* is *balyakar* and *rasayan*, helps in the formation of new mucous membrane and its nourishment. *Rasasindur* and *Tankan Bhasma* are causing *kaphashoshana* and helps in the expectoration. *Guduchi satwa* is *kasahar* and *rasayan* in nature. The local application of Til oil with *saidhava* causes *kapha vilayana* and *swedana* with *eranda patra* causes *laghuta* in the *uopradesh*,

CONCLUSION:

Observing all above mentioned phenomenon, it is concluded that, mixture of *sitopaladi churna* and *guduchi satwa* with *rasadravyas* like *Abhrak Bhasma*, *Rasasindur Bhasma* and *Tankan Bhasma* with *Madhu Anupana* can relieve *kaphaj kasa* effectively. The external *snehan* and *swedana* acts as supportive in the nature.

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