

**“THE ROLE OF AYURVEDIC MANAGEMENT OF KAPHAJA KASA WITH AYURVEDIC FORMULATIONS – A CASE STUDY”****Dr. Pranauti B. Awathare<sup>1</sup>, Dr. Mrityunjay V. Sharma<sup>2</sup>, Dr. Archana S. Dachewar<sup>3</sup>**

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**ABSTRACT:**

In India, the second most typical symptom in basic care is a cough. Ayurveda states that coughing (kasa) is both a distinct illness entity with its own pathogenesis (swatantravyadhi) and a symptom (paratantravyadhi). The condition known as Kasa mostly affects pranavahasrotas. There are five different kinds of Kasa. Among them is Kaphaja Kasa. Even though it is a fairly common disease, it is not fatal, but if mishandled or ignored, it can result in more serious, difficult-to-treat disorders like tamakaswasa and kshayajakasa. Thus, prompt management is essential. h. Ayurvedic texts address kasa in great depth. The classics mention a variety of Shodhana and Shamana remedies for the treatment of Kaphajakasa. The patient, a 32-year-old married woman, arrived at the outpatient department complaining of losing her appetite, experiencing a change in taste, feeling heavy, having asyamadhurya (sweet taste in her mouth), having nasal discharge, Utklesh, Sthivan (expectoration), Chardi veg/day (vomiting), and having rhinochi. The objective criterion used for the subjective assessment was haemoglobin concentration, or ESR, and the questionnaires used contained particular questions. For fifteen days, the patient was recommended to take shodhan and shaman chikitsa. Both the subjective and objective assessments showed improvement. Thus, this therapeutic approach may be beneficial in treating Kaphaja Kasa and reinstating Pranavaha Srotas' functioning ability.

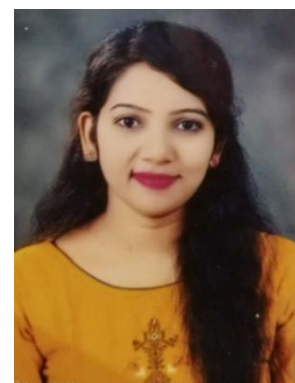
**KEY WORDS:-** Shamana Chikitsa, Kaphaja Kasa, Pranavaha Srotas, Kapha Dosha, and Shodhana

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E-Mail: [prajayashree12345@gmail.com](mailto:prajayashree12345@gmail.com)**How to cite article:****Dr. Pranauti B. Awathare, Dr. Mrityunjay V. Sharma, Dr. Archana S. Dachewar****The role of Ayurvedic Management of Kaphaja Kasa with Ayurvedic Formulations – A case study, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2024; 2(2): 44-60 : <http://doi.org/10.55552/SDNJAY.2024.2205>**

## INTRODUCTION

Approximately 8% of patient consultations with primary care physicians are related to cough. This is the most common cause for patients to visit them. According to reports, 10-33% of the general population coughs annually. One of the five forms of kasa that are referenced in Ayurvedic literature is kaphajakasa. If left untreated, kaphajakasa can lead to more severe, difficult-to-manage diseases including tamakaswasa and kshayajakasa. Thus, it is crucial to intervene as early as possible. One of the illnesses that primarily affects Pranavahasrotus is Kasa.

According to Acharya Charaka and Acharya Vagbhata, apanavayu becomes deranged as a result of nidanasevana, rises higher, and affects the channels in the upper body. It settles in uras and kandapradesha and disturbs udanavayu's functioning. Subsequently, it penetrates the skull, causing the anga and akshi to contract, causing slight discomfort in the prista, uras, and parswa, and then forcing vayu out of the mouth with a sound that sounds like a broken bronze utensil falling.

The role of pranavayu and udanavayu in the kasa disease's expression is explained by Acharya Susruta. The frequency of Kaphaja Kasa is increased by indulging in Kaphakara aahara and Vihara (foods and activities that collect Kapha). Kaphaja Kasa is typically worse by prolonged exposure to dust, pollen, chilly environments, and sleeping during the day. The specific aetiologies of Kaphaja Kasa are: Swapna (excessive sleep), Madhura (sweet), Snigdha aahara (unctuous), Abhishyandi (ingredients which create obstruction to the channels of circulation), and Vicheshtana (indolence). These elements cause Kapha to become vitiated, which obstructs Vata's flow and resulting in Kaphaja Kasa. The clinical condition known as Kaphaja Kasa is characterised by a coating of kapha in the mouth, kapha-sampoorna (a sensation of phlegm gathered in the chest), an aversion to food, a feeling of heaviness in the body, debility, and coughing up thick kapha as sputum. The sixth prevalent symptom for which patients seek medical attention is a cough. Serious respiratory pathology results from the symptom's recurrence, which eventually causes complications.

Many herbal combinations are described in Ayurveda, but it is unknown how they would work therapeutically in Kasa. Therefore, developing a long-term solution for Kaphaja kasa management that is safe, affordable, efficient, and tasty is imperative. In light of the aforementioned considerations, the current task is carried out by selecting Lawangadi Gutika with lukewarm water, as suggested in Kaphaja Kasa.

### Case Report –

A 32 years married female patient visited the OPD of Kayachikitsa department at Shree Ayurved college and hospital, Nagpur with following history.

**Chief Complaints –**

1. Mandagni (Loss of appetite)-
2. Aruchi (loss of taste)
3. Gaurav (heaviness)
4. Asyamadhurya (sweetness of mouth)
5. Peenasa (nasal discharge)
6. Utklesh
3. Sthivan (expectoration)
4. Chardi veg /day (vomiting)
5. Rhonchi
6. frequency of cough attack in 24 hrs- 21
7. Duration of each cough attack in 24 hrs – 82 sec

Patient having above complaints from 5 days.

**History of present illness-**

Patient was said to be healthy before 5 days. The patient came to kayachikitsa opd with the complaints of Mandagni (Loss of appetite), Aruchi (loss of taste), Gaurav (heaviness), Asyamadhurya (sweetness of mouth), Peenasa (nasal discharge), Utklesh, Sthivan (expectoration), Chardi veg /day (vomiting), Rhonchi. Patient had already consulted with allopathic doctor and Patient had taken oral medication from 5 days but had not found much relief. But these drug got temporary relief for some days. Her symptoms worsened as she stop taking medicine. So she came to Kayachikitsa opd Shri Ayurvedic hospital, Nagpur.

**History of past illness-**

- No H/O- DM, HTN, Thyroid dysfunction, Surgery and any other major illness

**Drug History-** No

**Past Surgical History-** No

**Family History-** No

**History of Allergy-** Dust Allergy and cold environment

**Personal History-**

1) Ahara- Praman – Alpa

Rasa in diet-Madhur, Amla, Kashay

Guna-snigdha

Dietetic Habit - Adhyashan

Type of food - non-vegetarian

2) Vihar- Nature of work- Sedentary

3) Vyasana-No

4) Kshuda- Avar

5) Pipasa- Madhyam

6) Nidra- Asamyak

7) Vishram- 2 hours Diwaswap

8) Malpravriti- Asamyak

9) Mutrapravritti- Asamyak

10) Svedpravritti- Samyak



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**Emotional Status-** Tensions

National Journal of Ayurveda & Yoga

**Ashthavidh Pariksha-**

1. Nadi: 74 / min

2. Mutra: Samyak

3. Mala: Asamyak

4. Jivha: Sama

5. Shabda: Spashta

6. Sparsha: Samshitoshna

7. Drik: Samanya

8. Aakriti: Madhyam

**DASHAVIDHA PARIKSHAN –**

1. Prakriti–a) Doshaj- V, K b) Manas –Rajasik
2. Vikruti–Madhya Bala
3. Saratah – Rakta
4. Samhananah –Madhyam
5. Pramana– Madhyam
6. Satmya- Madhyam
7. Satvatah- Madhyam
8. Aharshakti– a) Abhyavaharanshakti: Madhyam b) Jaranshakti: Avar
9. Vyayamshakti – Madhyam
10. Vayatah–Madhyavastha

**SAMANYA PARIKSHAN -**

1. Twaka – Avishesh
2. Nakha – Avishesh
3. Netra – Avishesh
4. Danta – Avishesh
5. Dehoshma(temp.)- 98<sup>0</sup>F
6. Shwasanagati (R.R) – 22 / min
7. Rakta chap (B.P)- 120/80 mmHg
8. Sharir bhara (wt. in Kg)- 68kg

**SYSTEMIC EXAMINATION-**

1. CVS-S<sub>1</sub>S<sub>2</sub> Normal
2. RS- B/L upper lobe Rhonchi present
3. CNS-Conscious and oriented
4. P/A-Soft

**STROTAS PARIKSHAN****1. Pranvaha – A] Inspection**

- a) Shape of chest- Bilaterally symmetrical
- b) Movement of chest- Normal
- c) Respiratory rate- 22/min
- d) Rhythm – Normal
- e) Charechter- Thorasico abdomino
- f) Movement of accessory muscle – Not visible
- g) Breath holding time-4sec
- h) Chest expansion – symmetrical

**B] Palpation-**

- a) Position of trachea – Central
- b) Tactile vocal fremitus- Nomal

**C] Percussion-**

- a) Dull note – B/L Apex

**2. Annavaha – Aruchi, Mandagni****3.Rasavaha- Aruchi****4.Purishvaha – Malabadhata****Laboratory Examination Date: 19-6-23**

1. Haemoglobin-11.9gm/dl
2. Lymphocyte count-20%
3. Neutrophil- 74%
4. Eosinophil- 4%
5. Monocyte- 2%
6. Platelet count- 2,19,0000 /cmm
7. E.S.R. By Wintrobe-15 mm/1 Hr

**Vikriti Parikshan –**

- Dosha -Vaata- Kapha
- Dushya -Rasa
- Strotovikriti – Pranvaha, Annavaha, Rasavaha , Purishvaha
- Adhishthan – Urpradesh, kanth
- Roga Marga - Koshtth
- Avastha - Nava
- Sadhyasadhyatva – Sadhya

**MATERIAL AND METHODS:****Method-**

1. A case study
2. Centre- Department of Kayachikitsa Pakwasa Ayurvedic Hospital, Nagpur affiliated to Shri Ayurved College, Nagpur.

**Material-** Management of Kaphaja kasa (table 1 & 2)

Table 1: Showing material for management of Kaphaja kasa as –

Dravya	Dose	Duration	Anupana
Lawangadi	3gm	Twice a day	Luke warm
Gutika		After meal	water

Table 2 -Showing Panchakarma for management of Kaphaja kasa as -

1. Snehan- Bala tail
2. Swedana- Nadi swed with Dashmool kwath
3. Vaman with Madanphal kwath 350 ml



6:00 am	Snehan with bala tail	-
6:30 am	Swedan with nadi	-
6:45 am	Kheer	2 lit
	Veg	2
7:05 am	Madanphal kwath	4 lit
	Veg	3
7:25 am	Sindhaw lavan water	800 ml
	Veg	2

### Pathya Apathya-

**Pathya-** Shashtikashali, Yava ,Laja,, Godhuma ,Mudga, Kulatha, Masha ,Gramamamsa, Jangalamamsa ,Bileshayamamsa ,lasun, dalimb, Gritha, Takra , Jalvarga, Ushnodaka, Bimbi, Bijapura, Madhu ,Ikshuvarga, Gudapadartha, jwari, bajari

### National Journal of Ayurveda & Yoga

### Apathya -

Rasa - Madhura, Guna - Snigdha, Guru, Picchila ahar, Abhishyandi, atishit, dahi, keli, kakadi, mula, besan, sabudana, dhur, dhool, mothyane bolne ,Diwaswap, Alasya, Asyasukh, Avyayam, etc.

### Methods- Assessment criteria



**Table No. 03. Frequency of cough attack in 24hrs**

Grade	Explanation
0	No cough attacks
1	1-10 cough attacks in 24hrs
2	11-20 cough attacks in 24hrs
3	21-30 cough attacks in 24hrs

**Table No. 04. Duration of Each cough attack.**

Grade	Explanation
0	Absent
1	5-10 sec
2	11-90 sec
3	More than 90 sec

**Table No. 05. Sthivan (expectoration)**

Grade	Explanation
0	Absent
1	Mild- twice a day
2	Moderate- 3-5 times a day
3	Severe- more than 5 times a day

**Table No. 06. Chardi Vega / Day (vomiting)**

Grade	Explanation
0	Absent
1	Mild- twice a day
2	Moderate- 3 times a day
3	Severe- more than 3 times a day

**Auscultation -Table No. 07.****A] Rhonchi- (wheezes)**

Grade	Explanation
0	Absent
1	Coarse sound audible with stethoscope
2	Fine sound audible with stethoscope
3	Sound audible without stethoscope

**Table No. 08 B] Crepts-**

Grade	Explanation
0	Absent
1	Crackling sound disappearing after coughing
2	Crackling sound persisting after cough but in limited areas of lungs
3	Crackling sound persisting after cough throughout the lungs

**b) Subjective Parameters :-****Mandagni (loss of appetite)****Table No. 09**

Grade	Sign
0	Abhyavaharana- patient diet is same as his standard diet Jaran-feeling of complete digestion & hunger after 3hrs of taking Meal
1	Abhyavaharana- patient can take only 1/2 of his standard diet Jaran-hunger after 4-7hrs of taking meal
2	Abhyavaharana- patient's intake only 1/4th of his standard diet Jaran-hunger after 8-11hr
3	Abhyavaharana- patient can't take meal Even less than 1/4th of his standard diet Jaran-No feeling of hunger even after 12hrs of taking meal

**Table No. 10****2) Aruchi (loss of taste)**

Grade	Explanation
0	None - Equal willing to food of all tastes (bahurasatmak)
1	Mild - Willing to food of any 2 tastes (dwirasatmak)
2	Moderate- Willing food of only one taste (ekrasatmak)
3	Severe -No willingness to food of any taste

**Table No. 11****3) Gourava-(heaviness)**

Grade	Explanation
0	None- No feeling of heaviness
1	Mild- Feeling of heaviness without hampering routine work
2	Moderate- Feeling of heaviness and hampering routine work
3	Severe- feeling of heaviness unable to do any work

**Table No. 12****1) Asyamadhurya- (sweetness of mouth)**

Grade	Explanation
0	None- Absent
1	Mild- present but disappears after eating food
2	Moderate- present and persists even after eating food
3	Severe- present all the time

**Table No. 12****2) Peenasa-(nasal discharge)**

Grade	Explanation
0	None- No Nasal discharge
1	Mild- Nasal discharge in less quantity
2	Moderate- scanty Yellowish nasal discharge with heaviness in head
3	Severe- large quantity Yellowish discharge with headache

**Table No. 13****7)Utklesha-**

Grade	Explanation
0	None- No Utklesha
1	Mild- Utklesha often
2	Moderate- Often, but relieved by vomiting
3	Severe- No relief even after vomiting

**Table No. 14****8) Lomaharsha-**

Grade	Explanation
0	None – absent
1	Mild – Occasionally during a day
2	Moderate – multiple times a day
3	Severe – during entire day

# Sanjeevani Darshan

**OBSERVATION AND RESULTS- Table No.15**

Symptoms (subjective criteria)	Before	After
<b>Mandagni</b>	3	1
<b>Aruchi</b>	3	0
<b>Asyamadhurya</b>	2	0
<b>Peenasa</b>	3	0
<b>Utklesh</b>	2	1
<b>Lomaharsha</b>	2	1

Table No.16

Objective Criteria	Before	After
Sthivan	3	1
Chardi veg	1	0
Rhonchi	2	0
Crepts	0	0
Frequency of cough attack in 24hrs	3	0
Duration of cough attack in 24 hrs	2	0

### Blood Investigation after treatments-

Date: 03-07-23

8. Haemoglobin-11.8gm/dl
9. Lymphocyte count-18%
10. Neutrophil- 61%
11. Eosinophil- 3%
12. Monocyte- 1%
13. Platelet count- 2,83,0000 /cmm
14. E.S.R. By Wintrobe-08 mm/1 Hr

### DISCUSSION

A single patient of Kaphaja Kasa received Shamana Chikitsa (palliative treatment) with Lawangadi gutika in a dose as per age for a period of 15 days. The effects of therapy are being discussed as follows. The deepana-Pachan property of the Marich and Lawang acts on the agni, alleviating ama. This also clears up the rasadhātu dusti and excessive production of kapha. The ushna veerya and kaphahara properties of the drug neutralized the felt over dusti of kapha, which can no more creates sanga in the pranavaha srotas to the vaata. The drug has vaataanulomana properties which helps the prakupita vaata to return normal gati. Thus, the Balance of the katu vipaka and ushna veerya of the drug pacify the both the doshas without

agitating the other with its vipreeta guna. The katu gunas of the drug helps in penetrating through the sanga, created by vaayu is controlled by the ushnaveerya and vaat shamak property of drug. It also has the property as kasa shamaka.

Most of the drugs have Ushnaveerya (hot potency), which helps in alleviating Kapha by its Kaphavilayana (liquification of kapha) property, action of Agni Deepana and Amapachaka Guna. Every medication possesses Kapha Shamaka and Vata qualities. This results in relief from Srothovarodha (channel obstruction) and Kaphavilayana (liquification of kapha) by easing Prakupita (aggravated) Vata and Kapha. In this way it helps in Samprapthi Vighatana (regaining of physiology) and thus relieving the signs and symptoms associated with KaphajaKasa.

### Mode Of Action –

#### a) Lawangadi Gutika

Lavangadi gutika contains the churnas of Lawang, Marich, Bibhitaki, Babbul and Khadir Kath. Katu, Tikta, Kashaya rasa pradhana, Katu vipaka and Ushna veerya drug which mitigates the vaat and kapha which directly antagonizing the sheet guna of the vaat and cough. So, these drugs help in Kaphavata shamana. Lavanga, Maricha, bibhitaki tvak has deepana and paachana property.

Since Kaphaja Kasa is an agnimandhya janya, Aamashayottha vikara these drugs act on Amashaya, help in the digestion of Ama and improve Agni. therefore, the ultimate goal is achieved i.e. kapha gets mitigate at its own seat. Hence the vitiation of the cough is under control. Lavanaga because of its Katu rasa and Tikshna guna have Kapha vilayana property. Bibhitaki has Bhedana property that helps in the removal of Kapha. Bibitaki has bronchodilator action. Hence it relieves cough. All the drugs in the Lavangadi gutika have Kasagna property. Maricha because of its Katu rasa, Teekshna guna, Usna veerya has Kaphavata shamana property. Due to its bronchodilator property Maricha is beneficial in cough and respiratory disorders. Khadira sara has anti-inflammatory property Hence the drugs in combination help in the reduction of Kaphaja kasa. These properties in the formulation's drugs have proved to be effective in the condition of kasa.

**b) Vaman** – The first line of shodhan chikitsa in Kaphaja kasa is Vaman. Vamana will expel the Dushita kapha and relive the Aavarana to vata giving more and effective result in Kaphaja kasa.

**C) Swedan** – Ushna guna of swed dilate the capallaries thus it increses circulation. Due to arterial dilatation the part get more circulation. so, act as stambhaghna, gaurabaghna and



strotomukhashodhana. This treatment helps to expel the phlegm from the chest region and clears the pranwaha strotasa.

## CONCLUSION

Kaphaja Kasa is a disturbing disease of Pranavaha Srotas, commonly observed in all age groups. Vitiated Kapha and Vata dosha plays an important role in manifestation of Kaphaja Kasa. Kapha-Vata Prakopa Viharas like dust, weather acts as an Utpadaka Nidana and Ahara acts as a Vyanjaka Nidana for the manifestation of Kaphaja Kasa. The drugs in this yoga possess Deepana (digestive), Kaphavatahara property as well as Hrudya (palatable) and Rasayana (rejuvenative) property. The probable mode of effect of Lawangadi gutika may be due to the Vata and Kaphasamaka alleviating properties of all the drugs. It helps in alleviating Prakupita (aggravated) Vata and Kapha and thereby it causes relief in Srothovarodha (obstruction of channels and Kaphavilayana (liquefaction of kapha). In this way, it helps in Samprapti Vighatana (regaining of physiology) of the disease. This drug has no adverse effects reported. It is cost effective, easily administrable and safe in Patient. So it can be concluded that the drug Lawangadi gutika can be a drug of choice in the management of Kaphaja Kasa. So the ayurveda can be used as primary interventions in Kaphaja kasa.

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