

MANAGEMENT OF VATAJA KASA WITH SHAMANAUSHADHI: A CASE STUDY**Jiji Geevarghese¹, K. Ravindra Bhat², Waheeda Banu³**

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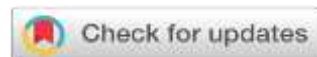
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**ABSTRACT**

Kasa is one of the common complaints for which patients seek medical attention. As a result *raja* and *dhooma*, the main cause of *Pranavaha srotodushti*, has become unavoidable, making *Kasa* the most common disease. *Acharya Bhela* tells that, due to *nidana sevana*, the vitiation of *Vata* takes place and moves to the *Hrudaya*. In *Hrudaya*, it creates *Hrudgraha* and reaches *Urdhwa dhamanees* thereby producing *Vataja Kasa*. It is characterized by lakshanas like *Shuska Gala*, *Shuska kasa* with *Shuska-Alpa-Kapha*, *Swarbheda*, *Parshvashoola*, *Shirashoola*, *Urashoola*, *Dourbalya* etc. *Shuntyadi lehya* from the reference of *Chikitsakrama* and *Sarvaroga chikitsanoool* was selected for the study. The patient was treated for 8 days & the follow-up was done on the 9th day. Significant improvement was observed in the symptomatology of *Vataja kasa* and Absolute Eosinophil Count. As a result, this article addresses Ayurvedic treatment methods like the use of *Shuntyadi lehya* which delivers a safe and effective solution.

Keywords: *Vataja Kasa*, *Shuntyadi lehya*, *Pranavaha srotodushti*

INTRODUCTION

Ancient Ayurvedic classics are based on the concept of *Tridosha*, *Saptadhatu*, *Trimala*, and the *Srotas* carrying these objects. *Pranavaha srotas* is one among them which conveys the *Pranavayu*. According to *Charaka*, the deranged *Pranavaha srotas* may lead to excess secretion (*Atisrashtam*), discharge of more thick mucus (*Atibaddham*), shortness of breath (*Alpampambheekshnam*), and labored or painful breathing (*Sashabdashoolamuchwasam*). According to *Sushruta*, the impaired *Pranavaha srotas* causes irritability and frustration (*Akroshana*), bending of the body (*Vinamana*), loss of consciousness (*Moha*), giddiness (*Bhramana*), tremors (*Vepana*) and even to the death (*Marana*). All clinical conditions associated with organs of the respiratory system can be considered the same as clinical conditions affecting the *Pranavaha srotas*. For the equilibrium of *Doshas*, Ayurveda explains *Dvidividhopakrama* i.e., *Oorjaskara* and *Roganuth*. *Roganuth* includes *Shodhana* and *Shamana chikitsaa*. *Shamana chikitsaa* is the one in which the doshas are pacified but will not be expelled from the body, here the *Oushadha dravya* is administered with proper *Anupana*. By the *Yukti* of a *Vaidya*, a specific *Anupana* with a specific *Dravya* gives a specific effect in specific *doshas* and *rogas* of a *Rogi*.

Kasa or Cough is one of the commonest complaints in day-to-day practice and is also a symptom of various systemic diseases. *Kasa*, in Ayurveda, is of 5 types. Among them *Vataja Kasa* though it is not life-threatening, it troubles the person as it hinders day-to-day activities. For the same reasons, many treatment modalities have been mentioned in Ayurveda in the context of *Vataja Kasa* to get rid of the problems. The incidence of *Kasa* may occur in any age group, because of continuous exposure of the respiratory system to the external environment affected by industrialization and population explosion and with an influence of modern life style. The prevalence of cough was found to be between 2.4 and 5.6 percent in rural areas and 1.7 to 5.4 percent in urban areas in different centers in India.¹ *Vataja Kasa* is having symptoms like *Shushka kasa*, *Kapha shushkataa*, *Alpa* and *krucchra*, *Kapha*, *Hritshoola*, *Parshwashoola*, *Urashoola*, *Shirashoola*,

Swarabheda, *Shushka ura- kanta- vaktra*, etc. by different acharyas. The symptoms of *Vataja kasa* are found in diseases like Tropical Pulmonary Eosinophilia,² simple pulmonary eosinophilia³, etc. In general, non-productive cough is produced by either viral illness, bronchospasm, allergies, exposure to dust, fumes, chemicals in the environment, etc.⁴ As currently available methods of management of Non-productive respiratory conditions include antitussive alone or in a combination of codeine, antihistamines, decongestants, and expectorants which have their own limitation and adverse effects.⁵ Hence *Shuntyadi leha* which is described in *Chikitsakrama (Bhasha vyakhya sahita)*⁶ and *Sarvaroga chikitsanool*⁷ has been taken for the study.

Material and Methods

Place of Study: Karnataka Ayurveda Medical College Hospital, Mangalore, Karnataka.

Case report: A 50yr female, the pharmacist came to the outpatient department of Kayachikitsa (OPD No.21004451) on 29/06/22 with complaints of dry cough, pain in flanks, hoarseness of voice since 1 month, and headache since 2 weeks.

History of Present illness: Patient was alright before 1 month. Later after intake of cold food and exposure to dust all the signs and symptoms started insidiously, and they were gradually progressive in nature. For these complaints, she was undergoing ayurvedic treatment. Initially, she was getting mild relief later as the symptoms hindered her day today activity, a patient came to our care for better management.

History of past illness: History revealed that the patient is nonhypertensive, non-Diabetic, and has no surgical history.

Treatment history: Ayurvedic treatment

Personal History: No H/o tuberculosis, hypothyroidism, any surgery or chronic illness

Systemic Examination

URA PAREEKSHA:-

INSPECTION :

The shape of Chest - Bilaterally symmetrical

Movements of Chest - Expansion - symmetrical

Breathing type – Diaphragmatic

Measurement of Chest –

Inspiration- 85 cm

Expiration- 82 cm

PALPATION :

Pain – nil

No Swelling

Position of Cardiac impulse – Normal

Position of Trachea – Central

Vocal Fremitus –Normal

No Lymph node enlargement

PERCUSSION :

Apical percussion - NAD

Basal percussion - NAD

Percussion of Mediastinum -NAD

AUSCULTATION :

Breath sound –

Intensity – Normal

Quality – Vesicular

Vocal resonance - Approximately equal

No Added sounds

Investigations

AEC – 520 cells/mm³

Assessment Criteria

SUBJECTIVE PARAMETER:

- *Shushka kasa*
- *Prasakta vega*
- *Shirah shoola*
- *Parshwa shoola*
- *Hrit shoola*
- *Swarabheda*
- *Kshamanana*

OBJECTIVE PARAMETER: Absolute Eosinophil Count

The course of treatment: The patient was given 2gm of Shuntyadi lehya, 6 times per day with kosha jala as anupana for 8 days. Follow-up was done on the 4th day and 9th day of treatment And Assessment was done on the 0th and 9th day of the treatment.

Results

Sl.no.		B.T	A.T
1	Shushka kasa vega	Grade 3	Grade 0
2	Shirah shoola	Grade 2	Grade 1
3	Parshwashoola	Grade 1	Grade 0
4	Urashoola	Grade 0	Grade 0
5	Swarabheda	Grade 2	Grade 0
6	Mukhashushkata	Grade 0	Grade 0
7	Balakshaya	Grade 0	Grade 0
8	Absolute Eosinophil count	520 cells/mm ³	370 cells/mm ³

Thus, *Shuntyadi lehya* was found effective in reducing *Shushka kasa vega*, *Parshwashoola*, and *Swarabheda*. The medicine also proved effective in reducing absolute eosinophil count. Also, the patient felt a noticeable change in *Shirashshoola*.

DISCUSSION

The treatment was decided on the basis of the predominance of *Dosha* and *Dhatu* involvement. The

symptoms indicated vitiation of *Vata dosha* in *Pra-navaha srotas*. Treatment was planned according to the treatment principles of *Vataja Kasa*, in which acharya has mentioned the usage of *lehya* preparation. *Shuntyadi lehya* which consists of ingredients like *shunti* has *vatakaphagna* property by its *Ushna-veerya* and *Madhura vipaka*. Acharya mentioned *Sthanantara dosha chikitsa*, where he explains that the dosha that has established itself in another dosha's site should be treated first in accordance with the seat

when *Agantu doshas* are weak; when the *Agantu dosha* is commanding it is treated according to its own nature. When the *Agantu* and *Sthanika dosha* are of equal strength, then the *Agantu dosha* should be pacified after treating the *Sthanika dosha*, or else to say both have to be given importance in mitigation.⁸ In *Vataja kasa*, *Vata* have been vitiated in *Kapha* sthana. Hence property of *Shunti* contributes to the reduction of symptoms of *Vataja kasa*. *Yashtimadhu* has the *Tridoshagna* effect because by its *Guru*, *Snighda guna*, *Madhurarasa*, due to *Madhura vipaka* it is *Vatashamaka*, due to *Madhur* and *Sheeta* it is *Pittashamaka* And due to *Tikta rasa(kinchit)* it is *Kaphashamaka*. *Tila* is *Vataghna dravya* by its *Guru guna*, *Ushna veerya*, *Madhura vipaka*⁹. Using preheated *Tila* enhanced the *Vataghna* property, as by preheating *tila* the oil content in it had got faster processing time.¹⁰

Guda is having *Vata pittaghna* property due to its *Madhura rasa* and *Snighda guna*¹¹. Thus by the action of this formulation, the symptoms of *Vataja kasa* remarkably have been reduced along with Absolute eosinophil count.

CONCLUSION

Hence the treatment with *Shuntyadi lehya* has a significant role in the management of *Vataja kasa*. The treatment was cost-effective, comfortable for the patient, and with nil or minimal side effect. The present case study sets an example in the management of *Vataja kasa*.

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