

Review Article On Kaphaj Kasa And it's Management

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Abstract

Kasa is one of the most common ailments afflicting the Pranavahastrotas. Kaphajakasa dominated by kapha & Vatadusti. Ayurveda texts explain the nidana, Samprati & Treatment of kaphajakasa in detail in many contexts. Cigarette smoking, environmental pollution, unaccustomed occupational surroundings are major causes of chronic bronchitis. Kaphajakasa can be best compared with chronic bronchitis. The mucoids, expectorants and cough suppressants are failing to relieve the chronic bronchitis so there is a major role of ayurveda in treatment of kaphajakasa. In kaphajakasa where kasa with prabhuta, Ghana, snigdha, bahalakapha is present corresponds either to acute bronchitis or chronic obstructive bronchitis but in this review article critical analysis done on kaphajakasa (chronic bronchitis).

Key Words: Kaphajakasa, chronic bronchitis, cough, Pranavahastrotas.

Introduction:

In recent years, there has been an extraordinary increase of incidence related to Respiratory system kaphajakasa is common upper respiratory tract ailment present nowadays & it is increasingly annoying & irritating the individual in the routine activity.

Kasa is one of the pathological conditions explained in many contexts of ayurvedic texts. Kasa may develop as an independent disease or may be a lakshana associated to other disease, sometimes may develop as upadrava of a disease. Kasa is broadly classified as Ardrakasa & Shushkakasa. Shamanoushadi, Shodhana are different modes of treatments. In contemporary medicine system mucolytics, expectorants & antibiotics are the choice of treatments in chronic bronchitis as disease is chronic patient has to take medication for long duration due to disease modification from time to time has created resistance to which medication so ayurveda has major responsibility to treat these conditions.

Disease Review :-

Kaphajakasa consists of two words "kapha" & "Kasa". The word kapha is derived from the root of Ke, meaning "shirasikena Jalenavapalathi" that which is productive in shiras & nourished by

Jalaacharya Charaka has defined kasa as "shushkavata" means release of obstructed vata resulting in the production of abnormal sound the process which may be productive or dry.

NIDANA:- Samanya and Visheshanidana are explained for Kaphajakasa, where both play a major role in the manifestation of disease Kaphajakasa. Where both play a major role in the manifestation of disease Kaphajakasa can be categorized into Khavaigunyotpadaka, Vataprakopaka, Kaphaprakopaka.

1. Khavaigunyotpadaka Nidana: The Nidanas which cause srotodushti resulting in the susceptibility of srotas for the manifestation of disease. There are 2 causes for Srotodushti mentioned in Charaka Samhita.

1. Ahara and Vihara possessing the similar qualities to that of doshas and aggravates the doshas.

2. Ahara and Vihara which vitiate the dhatus.

The etiological factors like raja and Dhuma come under second category and these etiological factors have direct contact with pranavahastrotas leading to the Khavaigunyata in pranavahastrotas, damages the epithelium of respiratory tract.

2. Vataprakopaka Nidana: The etiological factors responsible for aggravation of vata are rukshannabojana, ratrijagarana, vegadeerana, vegdharana, vyayama.

For all types of kasa to occur, vata is the Samavayi Karana i.e. main dosha involved for the manifestation of disease. Vataprakopa occur either by DhatuKshaya or Avarana. Hence Nidanas mentioned by vagbhata for kasa are either of the two above. Aggravated vata moves all over the body, lodges in pranavahastrotas which has been affected by the Khavaigunyautpadakanidana like Dhuma, Raja.

3.Kapha Prakopaka Nidana : The etiological factors responsible for kaphaprakopa are guru, snigdha, utkedi, vijjalaahara, diwaswapna. These Nidhana aggravate Kapha in uras causing obstruction to downward movement of Vata in pranavashastrotas. This leads to the pratilomagati of vata which manifests Kasa with Kapha Shteevana.

Samprati:- Samprati of Kaphaja Kasa can be divided as Avasthikasamprathi and veg kalensamprathi. The causes have tendency to vitiate both vata and kapha. Udanavatadusti and kaphadusti is initial stage of samprati. Function of udanavata will be obstructed by kapha and these dosha will take stanasamshraya in Uraha, Kantha and Shiras.

At Vegakala Vyajakahetu like Raja, Dhuma, Shithambu will precipitate the Samprapti leading to Aadraj Kaphaja Kasa Vega, where Kasa is associated with Nishtivana.

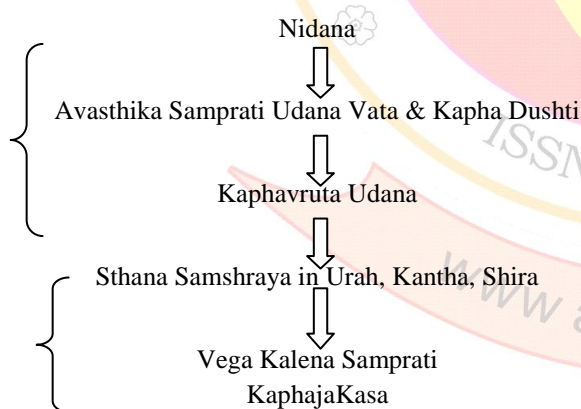


Table no:1:

Showing the Sampraptighataka's of kaphajakasa

Dosha	Kapha, Vata
Dushya	Rasa
Agni	Jatharagnimandya
Ama	Jatharagnimandyajanyaama
Strotas	Pranavaha&Rasavaha
Srotodusti	Sanga
Udbhavasthana	Amashya
Sancharasthana	Rasayani(Srotas)
Adhishtana	Urahpradesha

Vyaktasthana	Kantha, Mukha
Rogamarga	Abhyantara

Table no: 2

Showing Visisthtalakshanas of Kaphaja Kasa:

1.	Kasa (Cough)
2.	Bahala, Snigdha, Sweta Nishteavana (Expectoration)
3.	Aruchi (Tastelessness)
4.	Gourava (Heaviness)
5.	Sirasoola (Headache)
6.	Mandagni (Loss of appetite)
7.	Peenasa (Running nose)
8.	Utklesa (Excitation)
9.	KanthaKandu (Itching sensation in throat)
10.	Swarabhedha (Hoarseness of voice)

Table no: 3:

Showing interrelation between lakshana, Dosha, Dushya, Srotas & Sthana in Kaphajakasa

Lakshanas	Dosha	Dushya	Srotas	Sthana
Kasa	K, V	R	P, Ra	Mukha
Bahala, Snigdha, Sweta Shteevana	K	R	P	Uras
Aruchi	K	R	A, Ra	Mukha
Gourava	K	R	R	Sarvataha
Sirasoola	V	R	A	Siras
Swarabhedha	V	R	Ra, A	Mukha
Peenasa	K	R	P	Nasa
KantheKandu	K	R	P	Kantha
Utklesa	K	R	A	Amashaya
Mandagni	K	R	Ra	Amashaya

NOTE: V= Vata ; K= Kapha ; R=Rasa ; P= Pranavaha ; A= Annavaha ; Ra= Rasavaha

Chikitsa :-

In treatment of kaphajakasa there is a need of different mode of approaches at different stages. Most of time multi treatment protocol has to be adopted

Nidana Parivarjana :-

It is most important aspect of treatment. Person with KaphajaKasa has to avoid triggering factors like smoking, dust inhalation etc. some time person has to make some modification in his occupations to avoid these Nidana like mask wearing; avoiding Air Conditioned environment etc. patient should be more conscious during

cold/winter seasons and during travel to cold atmosphere.

Samshamana:-

There are many single drugs, Kastoushadhi and Rashushadis are indicated for KaphajaKasa. These have Katu ,Ushna, Tikshna, Sukshma, chedana, kaphanissaraka, kasagnaguna. Trikatu,Pippali, Kantakari Avaheha, Agastya Haritaki Avaleha are beneficial in KaphajaKasa. Pippali and AgasthyaHaritaki Yoga can be used as Rasayana in kaphajakasa.

Shodhana:-

The first line of Shodhana in KaphajaKasa is Vamana. Vamana will expel the DushitaKapha and relieve the Aavarana to Vata giving more and effective result in KaphajaKasa. The Virechana can be planned in Vaata, Pittanubandha. Here Vata should be controlled to relieve Vedana in Urah and Parshva. Nasya Karma is helpful because the Sthnasamshraya is in Urdhvajatrugata. Virechana and Nasya have minimal role in vegkale and Bahudoshaja Kaphajakasa. In Avasthika Kala these can be adopted as per the Yukthi of Physician.

If Bahudoshaja and Amashyagatha Kaphaja Lakshana are noticed Sadhyavamana can be adopted rather than classical Vamana.

Kavalagraha, Dhumapana are also helpful in condition of Kaphaja Kasa. After the Vamana Tikshana Dhumapana will be helpful in Kaphaja Kasa.

Conclusion-

- Though cough is considered as just a symptom in modern science but it is considered as disease in ayurveda.
- Types of the kasa can be understood on the basis of nature of cough and Sputum production. Kaphajakasa can be correlated to Chronic Bronchitis based on Nidana, samprati and lakshana.
- First and Foremost nidana told by our acharyas for the manifestation of kasa is raja and dhuma which initiate the pathological process in pranavahasamprati and even Chronic bronchitis manifests in those who are Chronic smokers and because of continuous exposure to dust at work.
- Nidana Parivarjana, different Shamnushdhi and different modes of Shodhana will help in

treating the Kaphajakasa. Probably these Shamana drugs act as cough suppressant, expectorants and mucolytic.

In future scope there is a need to prove the action of these shamana drugs clinically.

References :-

1. Prof. Dr. Y.G. Joshi, Charaksamitha of maharishi Agnivesha with charakdatta commentary, 2nd edition, Pune, VaidyamitraPrakashan (Academy),- 2005. Page no- 425.
2. Ambikadatta, SushrutraSamhita of Acharya Sushruta, Dalhancharaya commentary, 19th Edition, Varanasi, Chaukhamba Sanskrit Santhan-2009, Page no-465.
3. Dr. GaneshKrushnaGorade, SarthaVagbhat of maharshiVagbhat, Edition-2011 Varanasi. Chaukhambasurbharati(Prakashan)-2011.
4. http://en.wikipedia.org/wiki/Chronic_bronchitis
5. Sharma S.K, Chronic obstructive Pulmonary Disease, API text book of medicine, Edited by SiddharthN.Shah, The Association of physicians of india, Mumbai, 8 Edition, 1 Volume 2008, P. No. 361-367
6. Madhavakara, Kasachikitsa, MadhavaNidana, Madhukosa commentary, Published by ChaukhambaPrakashan Varanasi, Part 1, 2010 P.No. 303-314
7. Vagbhata, SutrasthanaSthana, AshtangaHridaya, Sarvangasundari of Arunadutta and Ayurveda Rasayana commentary of Hemadri commentary, 12th chapter, SurbhartiPrakashan, Varanasi, sixth edition, P.NO-469-472
8. Harrison's Principle's of Internal Medicine-vol.1, 16th McGraw Publication, 242th chap. Page No-1547.
9. Prof. Dr. Y.G. Joshi, Kayachikitsa, Pune Sahitya Vitaran-2015, chapter 34, page No-315-324.
10. Harsh Mohan, Textbook of pathology, Jaypee Brothers Medical Publishers, 15th ed, 2008:485.
11. Dr. Krushachandra Chunrkar & Dr. Gangassahay Pandeya, Bhavprakashnighantu of Bhavamishra, 9th Edition, Varanasi, Chaukhamba BharatiAcademy 1993. Page No-12-17, 216-219.