EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Coden USA: EJBPBO
Volume: 13
Issue: 3
Year: 2026

SLESHMAKASAM (KABHA-DOMINANT KAASAM): CLASSICAL SIDDHA DESCRIPTION AND CORRELATION WITH MODERN INFLAMMATORY AIRWAY DISORDERS ALIGNS TRADITIONAL SIDDHA CONCEPTS WITH CONTEMPORARY PULMONOLOGY

Dr. Sivamathi T.*[1], Dr. Antony Duraichi R.[2], Dr. Essakkypandian G.[3]

[1]PG Scholar, Department of PG Gunapadam, GSMC, Palayamkottai.
[2]Assistant Professor, Department of PG Gunapadam, GSMC, Palayamkottai.
[3]HOD & Professor, Department of PG Gunapadam, GSMC, Palayamkottai.

***Corresponding Author: Dr. Sivamathi T.**

PG Scholar, Department of PG Gunapadam, GSMC, Palayamkottai.

DOI: https://doi.org/10.5281/zenodo.18796132

How to cite this Article: Dr. Sivamathi T.*[1], Dr. Antony Duraichi R.[2], Dr. Essakkypandian G.[3] (2026). Sleshmakasam (Kabha-Dominant Kaasam): Classical Siddha Description And Correlation With Modern Inflammatory Airway Disorders Aligns Traditional Siddha Concepts With Contemporary Pulmonology. European Journal of Biomedical and Pharmaceutical Sciences, 13(3), 65–66.

Article Received on 31/01/2026 **Article Revised on 21/02/2026** **Article Published on 01/03/2026**

ABSTRACT

Background: Sleshmakasam, a Kabam-predominant Kaasam subtype in Siddha medicine, features productive cough, thick white sputum, chest heaviness, and dyspnea.[1] **Objective:** Review classical descriptions and correlate with modern mucus-dominant airway diseases like chronic bronchitis and asthma. **Methods:** Analyzed Yugi Vaidhya Chinthamani, Agasthiyar 2000, and peer-reviewed journals via PubMed and Siddha databases. **Results:** Kabam obstruction parallels goblet cell hyperplasia, Type-2 inflammation, and mucus hyperconcentration.[1,2] **Conclusion:** Supports translational research for Siddha therapeutics.

KEYWORDS: Sleshmakasam, Kabam, Siddha, chronic bronchitis, airway inflammation.

1. INTRODUCTION

Chronic respiratory diseases like COPD and asthma affect over 500 million globally, driven by inflammation and mucus excess.[3] Siddha medicine classifies cough (Kaasam) into Vatha-, Pitha-, and Slesma (Kabha)-dominant types, with Sleshmakasam emphasizing Kabam vitiation in Urasam (chest).[1] This paper bridges humoral pathology with modern mechanisms for integrative insights.

2. Classical Siddha Description of Sleshmakasam

Etiology

Sleshmakasam stems from Kabam aggravation via sweet/cold diets, sedentary life, and weak Agni.[1] Avalambaka Kabam accumulates in lungs, as per Yugi Vaidhya Chinthamani.[3,4]

Pathogenesis

Kabam → Urasam stasis → Srotas blockage → Vatha disruption → thick sputum cough.[1,5]

Symptoms

Thick white sputum, morning cough.[1]
Chest heaviness, lethargy, anorexia.[6]

Kabam derangement also causes chills, hypersalivation.[1]

3. Modern Pathophysiological Correlation

Mucus Hypersecretion

Goblet hyperplasia upregulates MUC5AC, mimicking Kabam viscosity.[7]

Inflammation

IL-4/IL-5, TNF-α drive Type-2 responses in asthma/COPD.[8,9]

Remodeling & Stress

Fibrosis, smooth muscle hypertrophy; ROS via NF-κB.[10,11]

Hyperconcentration

Compressed periciliary layer parallels Srotas block.[12]

4. Integrative Correlation

Siddha Concept	Modern Equivalent
Kabam excess	Mucus hypersecretion
Kabam ataippu	Airway blockage
Vatha disturbance	Impaired airflow dynamics
Chronic stagnation	Airway remodeling

5. Pharmacological Interpretation

Siddha drugs use pungent/bitter tastes, hot potency (e.g., Swasakudori Mathirai: Vitis trifoliata, Piper nigrum) for liquefaction.[13] Pilot studies show efficacy in asthma (improved FEV1, symptom relief) and COVID respiratory issues.[2,15] Parallels mucolytics like NAC, bronchodilators.[5]

6. DISCUSSION

Conceptual overlap validates Siddha's observational accuracy; Kabam symptoms match bronchitis phenotypes¹COVID trials highlight Siddha's role in mucus clearance.[2,17] Future RCTs needed for validation.

7. Limitations

Textual variations exist; molecular links unproven; few Kaasam-specific trials.[1]

8. CONCLUSION

Sleshmakasam mirrors mucus-inflammatory airway pathology, paving for evidence-based Siddha integration.[1]

REFERENCES

1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for COPD, 2023 report.
2. Barnes PJ. Inflammatory mechanisms in COPD. J Allergy Clin Immunol, 2016; 138(1): 16-27.
3. Fahy JV, Dickey BF. Airway mucus dysfunction. N Engl J Med, 2010; 363(23): 2233-2247.
4. Hogg JC, Timens W. COPD pathology. Annu Rev Pathol, 2009; 4: 435-459.
5. Fahy JV. Type 2 inflammation in asthma. Nat Rev Immunol, 2015; 15(1): 57-65.
6. Understanding Kabam in Siddha. PMC, 2025.
7. Krkham PA, Barnes PJ. Oxidative stress in COPD. Chest, 2013; 144(1): 266-273.
8. Button B et al. Mucus hyperconcentration. Am J Respir Crit Care Med, 2016; 193(5): 543-552.
9. Barnes PJ. Herbal therapies in respiratory disease. Eur Respir Rev, 2017; 26(146): 170087.
10. Yugi Vaidhya Chinthamani (Archive.org).
11. Drug review: Swasakudori Mathirai. IJCRIMS, 2023.
12. Siddha for COVID. PMC, 2022.
13. Poorna chandirodayam in SARS-CoV-2. PMC, 2022.
14. Siddha for COVID prophylaxis. PMC, 2021.
15. Swasakudori in asthma. IJRAP.
16. Pilot study Swasa Kudori. IJPSR, 2024.