

**REVIEW ARTICLE ON KAPHAJKASA W.S.R. CHRONIC BRONCHITIS AND IT'S  
MANAGEMENT****Poonia Jaipal\*<sup>1</sup>, Deepshikha<sup>2</sup> and Garg G. P.<sup>3</sup>**<sup>1</sup>PG Scholar, <sup>2</sup>Assistant Professor and <sup>3</sup>Professor and H.O.D.

Department of Kaumarbhritya, Uttarakhand Ayurveda University, Gurukul Campus, Haridwar.

**\*Corresponding Author: Poonia Jaipal**

PG Scholar, Department of Kaumarbhritya, Uttarakhand Ayurveda University, Gurukul campus, Haridwar.

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**ABSTRACT**

One of the most prevalent diseases affecting the Pranavahastrotas is kasa. Kapha and Vatadusti influence Kaphaja Kasa. In various instances, Ayurvedic texts provide detailed explanations of the nidana, Samprati, and treatment of kaphajakasa. The leading causes of chronic bronchitis include cigarette smoking, environmental pollutants, and unusual job environments. The most significant comparison for kaphajakasa is chronic bronchitis. Ayurveda plays a significant role in the therapy of kaphajakasa because mucoid, expectorants, and cough suppressants cannot relieve chronic bronchitis. In kaphajakasa, the presence of kasa with prabhuta, Ghana, Snigdha, or bahalakapha correlates to either acute bronchitis or chronic obstructive bronchitis; however, in this review article, kaphajakasa (chronic bronchitis) is critically analyzed.

**KEYWORDS:** Kaphaja kasa, chronic bronchitis, cough, Pranvahastrotas.**INTRODUCTION**

Kasa is a disease that is mentioned in several Ayurvedic holy texts. Kasa can be a symptom (Lakshana) of another disease or a separate condition; it may also present as Upadrava of a disease. Kasa is divided into two types: Ardrakasa and Shushkakasa.<sup>[1]</sup> Understanding and identifying the Kasa is critical for effective treatment. Chronic bronchitis can be defined as a persistent cough with expectoration for at least three months of the year for more than two years.<sup>[2]</sup> Its prevalence is directly associated with the prevalence of tobacco smoking and the usage of biomass fuels in poor and middle-income countries.<sup>[3]</sup> The bronchial wall is thicker, hyperaemic, and oedematous in the gross appearance of chronic bronchitis, and the Reid index is elevated in the microscopically histologic characterization of chronic bronchitis.<sup>[4]</sup> Ayurveda describes multiple approaches to managing the Kaphaja Kasa, such as Nidanaparivarjana, Shamanoushadhi, and Shodhana. The most common type of therapy for chronic bronchitis in the modern medical system is a combination of mucolytic expectorants and antibiotics. Because the condition is persistent, the patient must take these medications for a long time. Resistance to these drugs has occasionally developed as a result of disease modification, hence Ayurveda has a key role in assisting in treating this condition.

**Etiology of Kaphaja Kasa (Chronic Bronchitis)**

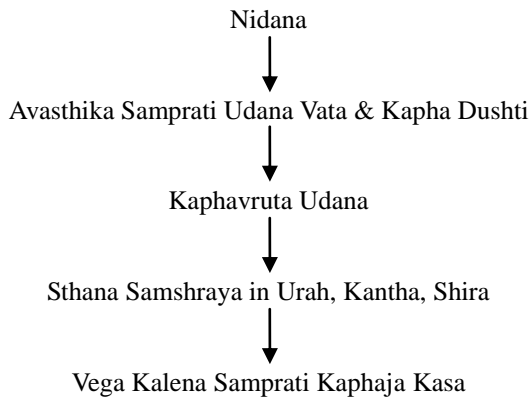
Nidana of any disease can be classified as Samanya and Vishesha. Charakacharya had not explained the

Samanyanidana for Kasa. As Kasa is one of the Pranavaha Srotho Dustijanita Vyadi and have similarity in etiopathogenesis with Hikka and Shwasa, so Pranavahasrotho dusti Nidana and Hikka Shwasa Samanya Nidana can be considered as Kasa and Kaphaja kasa Samanya Nidana, like Dhum, RajaVyayam, Rukshanna, Bhojan Vimargagaman, Kshvathu vegavrod.<sup>[5]</sup> The Kapajakasa Vishesha Nidana is used to explain the intake of Guru, Abhishyandi, Madhura, Snigdha Ahara, Divaswapna, and Achesta.<sup>[6]</sup> These will function as Uthpadhaka Hetu, Vyanjaka Hetu, and Dosha Hetu. These reasons will initiate Kaphaja Kasa's Samprapthi, but on occasion, they will also function as triggers that exacerbate symptoms. Cigarette smoking, air pollution, work-related exposure to noxious gases or dust, recurrent respiratory infections in children, family and genetic factors (alpha-1 antitrypsin deficiency), and low birth weight are only a few of the risk factors.<sup>[7]</sup> Long-term consumption of these Nidana will result in Kasa, and they will also serve as triggers.

**Samprati of Kaphaja Kasa<sup>[8]</sup>**

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 stanasamsraya in Uraha, Kantha and Shiras. At Vegakala Vyajakahetu like Raja, Dhuma, Shithambu will precipitate the Samprapthi

leading to Aadraj Kaphaja Kasa Vega, where Kasa is associated with Nishtivana.



Productive cough often increases after a cold throughout the winter season, with intensity and duration increasing steadily over the years until the cough is present all year. Thereafter the development of exertional breathlessness with morning cough and wheeze which is due to increased bronchial obstruction by the inflammatory pathology and repeated respiratory tract infection in the trachea bronchial tree. Breathlessness is exacerbated by a variety of etiological variables, including infection, cigarette smoking, and environmental conditions.

**Table no. 1: Showing the Sampraptighataka's of kaphajakasa.**<sup>[8]</sup>

Dosha	Kapha, Vata
Dushya	Rasa
Agni	Jatharagnimandya
Ama	Jatharagnimandyajanyaama
Strotas	Pranavaha&Rasavaha
Srotodusthi	Sanga
Udbhavasthana	Amashya
Sancharasthana	Rasayani(Srotas)
Adhishtana	Urahpradesha
Vyaktasthana	Kantha,Mukha
Rogamarga	Abhyantara

#### Clinical feature of Kaphaja Kasa<sup>[9-11]</sup>

Kasavega (cough) is cardinal symptom of Kasaroga, which will be present in all types of Kasa. The differentiating symptoms of Kaphaja Kasa help to make more precise diagnosis. Clinical symptoms of Kasa can be again divided as Avasthika Lakshana and Vegakalen Lakshana. Even symptoms can be segregated as Sarvdiaheka Lakshana and Urdvajathrogatha Lakshana.

#### Bahala Madhura Snigdha Ghana Nishtivana

This is the Kaphaja Kasa's Pratyatama Lakshana. Where, in comparison to other types of Kasa, more amount of sputum is created. Sputum will have the characteristics of Ghana, Snigdha, and Madura. These Lakshana belong to the Kaphadosha Guna, such as Guru, Manda, Snigda, Slakshna, Sandra, and so on.

#### Mandagni

Dravyatha and Gunatha Kaphadusti in Aamashaya will lead to Mandagni.

#### Aruchi

When Vata, Pitta, and Kapha lodge in Jihwa and Hridaya individually or all together, or when Manoanukula Ahara is not accessible, Aruchi results.

#### Kanthakandu

The Kleda and Sheetatwa produced by Karmatmaka Vriddhi of Kapha leads to these symptoms.

#### Pinasa

According to commentator Dalhana Pinasa is Prana Vayu Prakopa Janitha Vyadhi. In Kaphaja Kasa due to the Pranavaha Sroto Dusti and vitiation of PranaVayu, the patient may suffer from Pinasa.

#### Shiroruja

From Vegavarodha there will be a Prakupita Vayu which inturn gets Pratiloma Gati of Vayu gets Sanchita in Murdhavaha Siraas and causes Shiroruja.

#### Chardi

Vitiated Kapha causes excessive coughing, which causes greater abdominal pressure, which causes the contents of the stomach to be expelled outside of the stomach.

#### Asyamadhurya / Mukhapralepa / Kantaupalepa

Sweetness in the mouth is distinct indicative of Kaphadosha. Increase in the Picchilaguna Vriddhi in the Kapha Dosha will cause adherence in the oral cavity or the pharynx.

#### Kasamanoruk Vaksha

Even though Kapha is the major Dosha in Kaphaja Kasa, Vata will also be implicated. Sthanasamshraya of Vata in Urah, Kanta, and Shira will cause symptoms such as chest discomfort, headache, and sore throat.

#### Gaurava

This is the feeling of heaviness caused by an increase in the quality of the Kapha, such as Guru, Snigdha, and Picchila Guna. This may be interpreted as internally heaviness or chest heaviness caused by increased secretion in the Pranavaha Srotas.

#### Swarabheda

The Gala Talulepa by the aggravated Kapha and vitiation of Udana Vayu is responsible for the Swarabheda.

#### Chikitsa<sup>[12-13]</sup>

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

At first, the patient of Kaphaja kasa, if strong, should be evacuated with emesis(Vaman) and then managed with edibles made of barley, pungent, rough and substances

and other kapha-decreasing items Patient may drink honey (mixed with water), sour drinks warm water butter milk, or harmless alcoholic drinks.

### Nidana Parivarjana

It is the most important aspect of therapy. A person with Kaphaja Kasa must avoid things that could cause it, such as smoking and breathing in dust. To prevent these Nidana, a person occasionally has to change his line of work. Examples include using a mask and avoiding air conditioning. When traveling to cold climates and throughout the winter months, patients should exercise greater caution.

### 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 AgastyaHaritaki Yoga can be used as Rasayana in kaphajakasa.

### Shodhana

Vamana is the first line of Shodhana in the Kaphaja Kasa. The Dushita Kapha will be removed by Vamana, who will also relieve the Aavarana to Vata, producing a more potent outcome for the Kaphaja Kasa. Vata, Pittanubandha may be used to plan the Virechana. Vata needs to be in check to recreate Vedana in Urah and Parshva. Because the Sthnasamshraya is in Urdhvajatrugata, Nasya Karma is beneficial. In Vegakalen and Bahudoshaja Kaphaja Kasa, Virechana and Nasya have relatively small roles. In Avasthika Kala, these can be implemented based on the Yukthi of the physician. Sadhyovamana can be used instead of conventional Vamana if Bahudosh and Amashyagatha Kaphaja Lakshana are observed. Kavalagrha and Dhumapana are also beneficial in the treatment of Kaphajakasa. Tikshana Dhumapana will be useful after Vamana in Kaphajakasa.

### CONCLUSION

- Though cough is considered as just a symptom in modern science but it is considered as diasee in ayurveda.
- Kaphaja Kasa can be studied parallely with contemporary understanding of chronic bronchitis. The causes and symptamatology of both Kaphaja Kasa and chronic bronchitis mimics each other so these can be best correlated.
- Our Acharyas explain to us that the first and foremost nidana for the manifestation of kasa is raja and dharma, which commence the pathological process in pranavahasamprati and even Chronic bronchitis develops in chronic smokers and those who are constantly exposed to dust at work.
- To treat the Kaphajakasa, Nidana Parivarjana, various Shamnoushdhis, and other Shodhana techniques would be helpful. These Shamana

medications most likely include expectorant, mucolytic, and cough suppressant properties. Future research must demonstrate clinically how these shaman medicines work.

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