

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF KAPHAJA KASA IN CHILDREN - A CASE REPORT

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ABSTRACT

Kasa is one among the *Pranavaha Srotho Vikara*. Both *Kapha* and *Vata dosha* plays a key role in the manifestation of this disease. *Kaphaja Kasa* is one among the five main types of *Kasa*. Excess intake of *Kaphakara ahara* and excess indulgence in *Kaphakara vihara* leads to the manifestation of the same in children. Cough is one of the most common symptoms of respiratory disease and is defined as an explosive and noisy bout of expiration aimed at expelling the unwanted secretions and or foreign material from the tracheobronchial tree. It can be acute or chronic, mild or severe, dry or with expectoration. It is one of the leading symptom for which patients seeks health care and its prevalence in children is comparatively high. The nature of cough and the circumstances under which the cough occurs helps in understanding the cause. A 9 year old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by parents with complaints of recurrent attacks of cough since 3 months and currently, presenting with productive cough associated with expectoration of sputum since 1 week. Aggravates especially during night hours, during rainy season and even during early morning. This condition can be understood as *Kasa*. After a detailed evaluation and thorough clinical examination, we have started with *Deepana Pachana*, *Snehapana* and later *Sarvanga Abhyanga*, *Nadi Sweda* and *Virechana*. There were significant improvements in the condition of the patient. Later, she was discharged with medicines, especially *Kasahara* and with *Rasayana* effect to be continued at home for a period of 15 days. Even 15 days after the completion of the course of treatment also, the patient did not get any further attacks.

Keywords: *Kaphaja Kasa*, *Shodhana*, *Shamana*, *Rasayana*

INTRODUCTION

Kasa is a symptom, reflex, complication or even an independent disease wherein *Vayu* gets expelled from the *Shrothas* of *Shiras* like *Kantha* and *Swarayantra* producing a sound like “*Khass*”¹. When the vitiated

Prana Vayu leaves the body through the *Urdhwa bhaga* with a loud sound, can be considered as *Kasa*. *Kasa* as a separate disease entity comes under *Pranavaha srothas vyadhi*. Children are more prone to respi-

ratory diseases and infections because of their exposure to the environment for the purpose of playing and other related activities. As *Balyavastha* is to be given special care and attention because of the unique characteristics of *Bala* like *Aparipakwa dhathu*, *Ajathavyanjanam*, *Akleshaham*, *Saukumaryam*, *Asampoorna Balam*, *Shleshmadhatu prayam* and *Ashodasha varsham*. Because of which, children gets easily afflicted with one or the other illnesses especially in their early days of life. *Kasa* is one such illness of the Respiratory system, which is very commonly seen in children right from very young to even till 16 years of age as well. Recurrent attacks of *Kasa* make the school going children to suffer and it may adversely affect their academics and school performance².

Nidana of *Kasa Roga* can be broadly categorized under *Aharaja*, *Viharaja*, *Manasika* and *Vyadhijanya*. There are mainly 5 types of *Kasa* according to *Brihat-trayees*³. They are *Vataja*, *Pittaja*, *Kaphaja*, *Kshathaja* and *Kshayaja*. Depends upon the *Aharaja* and *Vihaaraja Nidana*, individual *Dosha* predominance also varies. Intake of *Guru*, *Madhura*, *Snigdha*, *Abhishyandi*, *Pichila ahara* and *Dadhi sevana*, *Divaswapna* all are causative factors for the manifestation of *Kaphaja Kasa* in children⁴. *Kapha* and *Vataprakopaka Aharavihara* are the *Utpadakahetu* (productive cause) and exposure to *Raja* (dust), *Dhooma* (fumes) acts as the *Vyanjakahetu* (distant cause) in manifestation of *Kaphaja Kasa*⁵ *Poorvaroop* of *Kasa* are *Shookapurnagalaasyata* (A sensation of throat and mouth being filled with bristles), *Kande Kandu* (Itching in the throat) and *Bhojyanaam avarodha* (Obstruction to the movement of food in the gullet)⁶.

When there occurs an obstruction to the *Vayu* in the lower portion of the body, it moves upwards and afflicts the channels of circulation there and takes the function of *Udana Vayu*, gets lodged in the throat region and chest. In turn, this *Vayu* enters the channels of head resulting in bending and stretching of the body, jaws, neck and eyes. After causing contraction in these areas, *Vayu* causes coughing which can be dry or can be with phlegm and known by the name *Kasa*⁷. The clinical manifestation of *Kaphaja Kasa* in children is with *Mandagni* (Suppression of digestive fire),

Aruchi (anorexia), *Chardi* (Vomiting), *Peenasa* (Rhinitis), *Utklesha gaurava* (feeling of nausea and heaviness of body), *Lomaharsha* (horripilation), *Aasya madhurya* (Sweetness in mouth) *Kledasamsadanairyuta* (Stickness in mouth), *Bahulam Madhuram snigdham nishteevati ghana kapha* (Spitting of thick phlegm in a large quantity which is sweet and unctuous). *Kaasamano hyarug vaksha sampoornamiva* (feeling of fullness of chest region)⁸. It is suggested to treat the 3 varieties of *Kasa* which are *Saadhya* namely *Vataja*, *Pittaja* and *Kaphaja* with *Pathya oushadha* and *Ahara*. *Snigdham Virechayet Urdhvamadhho Murdhni cha* (*Snehana* and followed by *Shodhana* has to be done). Both *Urdhva* (upper), *Adhobhaga* (lower) regions and *Murdhni* (head)⁹. Early intervention is very much essential in case of *Kasa* as it is a potential *Nidanarthakara Vyadhi* (disease having tendency to produce secondary diseases) to produce *Kshaya*¹⁰.

Cough is an important defence mechanism which helps in removing the infected secretions from trachea and bronchi. After a maximal inspiration, the air gets immediately released through the partially closed glottis, as a result of forceful contraction of expiratory muscles. This results in the production of a bout of cough¹¹. Cough is the fifth common symptom for which patients seek care and its prevalence rate in children worldwide is 25%¹². Cough is a most common symptom of respiratory disease and is defined as an explosive and noisy bout of expiration aimed at expelling the unwanted secretions and or foreign material from the tracheobronchial tree. It can be acute or chronic, mild or severe, dry or with expectoration¹³. There are various causative factors for cough which includes exogeneous irritants which includes foreign bodies, dust, smoke and endogenous factors which includes upper and lower airway inflammation, allergy, asthma etc¹⁴. An acute cough is associated with respiratory infections or irritant exposure like smoke etc and gets subsided when the infection gets controlled or the exposure is eliminated¹⁵. The nature of cough and the circumstances under which the cough occurs helps in understanding the cause. Chronic cough is defined as a daily cough lasting longer than 3

weeks. The common causes behind it are asthma, postnasal drip and post infectious tussive syndromes¹⁶.

CASE HISTORY:

A 9 year old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by her parents with complaints of recurrent attacks of cough since 3 months and currently, presenting with productive cough associated with expectoration of white sputum since 1 week. Aggravates especially during night hours, during rainy season and even during early morning.

HISTORY OF PRESENT ILLNESS:

The patient was apparently healthy 3 months back. The she developed cough which was mild in intensity initially, but it continued for a week and the parents had taken her for a consultation in a Private Clinic nearby their home and started with cough syrups and few other medications, which was taken for a period of 10 days, later she got relief and they stopped it.

Again, the next month when rain was there, she started with continuous cough aggravating especially during night hours and exposure to cold. Continued with medications, but did not get satisfactory relief. Then they have shown her to a nearby hospital and started with medications and later cough got reduced. But, after few days, cough again started and was associated with expectoration of white colour sputum which is thick and more in quantity. Associated running nose and slight distaste in mouth was also there. They did not get any satisfactory relief even after trying those previous medications, for which they brought the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan.

After a detailed interrogation with the parents regarding the diet, life style and habits of the child and the history of her present illness and after a thorough evaluation regarding the present condition of the child, she was admitted to the Inpatient department of our hospital and planned for *Deepana pachana*, *Snehapana* and *Virechana*.

EXAMINATION:

Table 1: Assessment of general condition of the child:

Bowel	Regular
Appetite	Reduced
Micturition	Regular
Sleep	Sound

RESPIRATORY SYSTEM:

O/E: Inspection: Inspection of the chest- No any chest wall deformities, No any scars. Respiratory Rate: 16/min., Palpation: Chest expansion-normal and range and symmetry of movements-normal on both Sides.

Percussion: Percussion notes-resonant. Auscultation: Breath sounds- Crackles heard over bilateral upper and lower lobes in the anterior chest. No wheeze or rhonchi.

Table 2: CHIEF COMPLAINTS:

SL No.	Complaints
1	<i>Snigdam nishteevati ghana Kapha</i> (Spitting of thick phlegm in large quantity which is unctuous)
2	<i>Tiktasyata</i> (bitter taste in mouth)
3	<i>Aruchi</i> (anorexia)
4	<i>Peenasa</i> (rhinitis)
5	<i>Mandagni</i> (reduced digestive fire)
6	<i>Utklesha gaurava</i> (feeling of nausea and heaviness of body)

TREATMENTS GIVEN: A single course of treatment which consists of *Deepana Pachana*, *Snehapana*, *Abhyanga*, *Nadi Sweda* and *Virechana* was given.

Table 3: TREATMENTS GIVEN:

Day-1:	<i>Deepana paachana</i> with: <i>Chithrakadi vati</i> (1-1-1) before food. <i>Panchakola phanta</i> (40ml-40ml-40ml) before food.
Day-2	<i>Snehapana</i> with <i>Kantakari Ghrita</i> (30ml) <i>Ushna jala pana</i>
Day-3:	<i>Snehapana</i> with <i>Kantakari Ghrita</i> (60ml) <i>Ushna jala pana</i>
Day-4:	<i>Snehapana</i> with <i>Kantakari Ghrita</i> (100ml) <i>Ushna Jala pana</i>
Day-5:	<i>Snehapana</i> with <i>Kantakari Ghrita</i> (130ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Kantakari Ghrita</i> (160ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Brihat Saindhavadi thaila</i> , <i>Nadi sweda</i> ; <i>Virechana</i> with <i>Trivrit leha</i> (50gm) & <i>Draksha Rasa</i> (100 ml); Total number of Vegas: 14

ADVISE AT THE TIME OF DISCHARGE:

Table 4: Advice at the time of discharge:

SL No.	TREATMENT
1	<i>Samsarjana Krama</i> for 6 days
2	<i>Sithopaladi Churna</i> (1tsp tid with honey) after food
3	<i>Agasthya Rasayana</i> (1tsp bd) before food with luke warm water
4	<i>Dashamoola Katutraya Kashaya</i> (7.5ml bd with 20ml luke warm water) before food
5	<i>Kanakasava</i> (7.5ml) bd after food with equal amount water
6	<i>Ushnajala pana</i>
7	<i>Helin Capsules for inhalation (bd)</i>
8	Avoid the use of cold food & drinks, oily and sweet food items, excess exposure to dust and fumes, cold wind.
Discharge medicines were given for a period of 15 days and again proper assessment and evaluation was done 15 days after treatment.	

OUTCOME OF THE TREATMENTS:

PATIENT AND CARE TAKER'S FEEDBACK:

- As per the mother's statement, patient was having the complaints of recurrent attacks of cough since 3 months and presently, with productive cough associated with expectoration of sputum since 1 week. Cough aggravates especially during night hours, during rainy season and even during early morning.
- They have started with medications from a private clinic nearby their home and got slight relief when the medicine was continued for 10 days. After a month, cough again started and the continuous cough was controlled to an extent by the medicines they started after a consultation from a nearby hospital. But, after that also, cough again started. For getting relief from the recurrent attacks of cough, they came to our hospital.
- Here, even though during the course of *Snehapana*, cough was persisting, but it got slightly reduced when whole body massage and sudation was started. Intensity of cough has reduced and heaviness in the body has reduced. Child was feeling better.
- After *Virechana*, productive cough which was persisting has totally reduced and child expressed a feeling of lightness of the body, more easy to breathe, a feeling of congestion in the throat and chest region in the initial days has also got reduced.
- She was straining a lot initially, because of the continuous cough and expectoration of sputum. There was whitish coloured thick sputum initially

and which got reduced. She skipped many classes because of her recurrent attacks of cough. But, now after purificatory therapy the cough has totally reduced.

6. Child has expressed a better feeling of relief when after discharge, as per the instructions, medicines were started for a period of fifteen days.
7. Child has got improved interest in taking food and the nauseating feeling because of the accumulation of phlegm especially in the throat region and the distaste in the mouth has reduced.
8. Even after slight exposure to cold climate, wind and in rainy season, there were no attacks of cough like before for almost one month.
9. The overall general health status of the child has improved and she was able to focus on studies and play activities better than before.

CLINICIAN ASSESSED OUTCOMES:

1. Productive cough associated with heaviness of body and slight running nose and expectoration of whiteish coloured thick sputum was the presenting feature in this child. There were recurrent attacks since months. Cough and associated features which was disturbing the child has reduced remarkably after *Virechana*. Chest was clear.
2. Appetite has improved. The interest towards food items has increased.
3. Child was getting relief while drinking hot water etc. But, without these also, child is healthy and better.
4. Congestion in the throat and chest region has totally reduced.
5. General health status has improved considerably and the immunity power has risen as the child was totally well without even a single attack for more than a month.
6. Child used to skip classes for many days because of her illness, but after treatment and medications for another course of fifteen days has changed her a lot and she is more active.
7. Sustained effect of *Shodhana*, with *Kasahara* and *Rasayana osushadhi* given after it as a preventive method had good clinical outcomes.
8. Diet restrictions and *Pathya Apathya* were clearly advised to the child and patient care takers, after strictly following the same had a positive change in the child and the chances of new attacks has totally diminished.

DISCUSSION

In the present case, the child complains of paroxysmal episodes of productive cough with thick and white sputum. The paroxysmal nature of the cough indicates its having the *Swabhava* of *Pitta*. In *Pittaja kasa*, *Satata kasa vegam* is mentioned. The productive cough with white and thick sputum represents the nature of *Kaphaja kasa* ie, *Ghana snigdha shwetha sleshma pravartanam* is mentioned as a *Laskhana* of *Kaphaja kasa*. The child was also complaining of running nose and bitter taste in mouth which shows the *Prakopa* of *Kapha* and *Pitta dosha* respectively. The appetite was reduced due to the excess production of *Mala rupi kapha* resulting from *Ama* or *Rasa dhatwagnimandyam*. Hence the case was diagnosed as *Kaphaja kasa* with *Pittanubandha* in *Sama avastha*.

Since the disease is chronic (> 3 months) and also having *Punarbhavatva* (relapse), *Shodhana* was planned. For *Kaphaja kasa*, *Vamana* is mentioned as the line of management but due to the *Anubandha pitta dosha*, *Virechana* was given after *Snehapana*. Due to the presence of *Ama*, *Deepana* and *Pachana* was started with *Chitrakadi vati* and *Panchakola phanta*. After *Deepana pachana*, *Snehapana* was started with *Kantakari ghritam*. *Kantakari* is the *Agryoushadhi* for *Kasa*. It is having *Katu* and *Tikta rasa*, *Ushna virya* and *Ushna vipaka*. Because of its *Katu* and *Tikta rasa* it helped in the *Kleda shoshana* and *Kapha shamana*. The *Tikta rasa* is *Pitta hara* also. *Sarvanga abhyanga* was planned with *Brihat saindhavadi taila* followed by *Nadi sweda*. *Brihat sanidhavadi yoga* is *Ama pachana* in nature and due to the presence of *Saindhava lavana*. It is having a *Vyavayi*, *Sukshma* and *Sroto shodhana* property. The *Saindhava lavana* also helped in *Kapha vilayana* thereby brought relief to the patient. After 3 days of *Abhyanga* and *Sweda*, *Virechana* was planned with *Trivrit lehya* and *Draksha rasa*. *Trivrit lehya* was se-

lected for providing *Ruksha virechana* in *Kaphaja kasa*. *Draksha rasa* helped in synergising the effect of *Trivrit leha* as *Draksha rasa* is having *Sara guna*. After *Virechana*, *Samsarjana karma* was observed as per the *Shuddhi*.

The patient was discharged with internal medications for a period of 15 days. *Sithopaladi churna* was advised as its both *Pitta* and *Kapha hara*. Along with it, *Agasthya rasayana (Naimittika rasayana)* and *Dashmaoola katu traya kashaya* was administered to pacify the *Vata dosha*. To prevent the reoccurrence of the disease and also for attaining *Dhatu satmya*, *Rasayana* therapy was started. *Kanakasava* was advised as it is *Vata kapha hara* and it helps in smooth muscle relaxation and bronchodilation thereby relieves the congestion.

CONCLUSION

The present case was diagnosed as *Kaphaja kasa* with *Pittanubandha* in the *Sama avastha*. *Virechana* being a proper *Shodhana* therapy for both *Pitta* and *Kapha* was adopted in the present case after *Snehapana*. The treatment was mainly focussed on the *Nirharana* of the excess *Mala rupi kapha*, thereby brings *Srotoshodhana* in the *Prana vaha srotas*. To prevent the remission and relapse, *Naimittika rasayana* was advised after *Shodhana* along with different *Kasahara Yogas*. Significant improvement was observed in the subjective and objective parameters after the therapy.

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