

## Management of *Kaphaj Kasa* (Chronic bronchitis) with modified use of *Naimitika Rasayana* and various Ayurvedic medicinal preparation - A Case Study

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### ABSTRACT:

An ayurvedic line of treatment is based on various *Siddhanta* in *Samhita*. *Rasayana* is explained as “*Labhopyo hi Shasatanam Rasadinam Rasayanam*” So *Rasayana* is not only limited to a healthy person but it can be used as *Apunarbhava Chikitsa* in different patients. As *Rasayana* itself suggest *Rasa Dhatu Aayana* with affective on others *Dhatu* also. This is useful in various *Vyadhi* people as *Apunarbhava Chikitsa*. In this particular successful case study, various medicinal measures were used with the help of various principles explained in *Samhita*. A case study of *Kasa* patient explained with medicinal management with the use of *Naimittika Rasayana* of *Wardhamana Pippali*. There is 90-95% relief in the patient’s symptoms with the use of *Shukmashodhana*, *Dhatuposhana*, and *Rasayana chikitsa*.

**KEY WORDS:** *Apunarbhava*, Chronic Bronchitis, *Naimittika Rasayan*, *Rasayana*.

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### INTRODUCTION: -

*Kasa* is described as a disease under a *Pranavaha Strotas*.<sup>[1]</sup> Chronic bronchitis is having similar symptoms of *Kasa* described in *Samhita* in *Kasa chikitsa* with its types. <sup>[1]</sup> Diseases of Respiratory system are accounted as the third most death cause in many countries. however, it has a very broad spectrum of symptoms, and *hetus* (cause) so the line of treatment varies accordingly. *Siddhantasa* describes in our *Ayurveda* are the soul of *Samhita* and one who understands the application of these *Siddhanta* using logical interpretation get the successes in giving

treatment to the patients. There are many kinds of principles are explained in *Samhita* like *Samanya Vishesh Siddhanta*, *Swatantra – Paratantra Vyadhi Siddhanta*, *Doshaapakarsha Siddhanta*, *Dwividhopakramaniya Siddhanta*, *Trividha Langhana Siddhanta* etc. These principles are used to explain and plan the line of treatment in various diseases. In this case study patient with diagnosed case of chronic bronchitis and taking long term conventional therapy was given a *Ayurveda* treatment with modification in classical *Rasayana chikitsa* as this patient has a chronic history of the above symptoms, *naimitik rayasan* is essential for this

case. There is speculation that *Ayurveda* takes long time for showing its effect but in this case patients take less time than expected.

#### CASE REPORT:

A 30 yrs. old Male patient, reported with symptoms of chronic bronchitis since 1 year, with evening rise in temperature and mimicking the symptoms of *kaphaja Kasa*, in the ayu-deep clinic.

Having chief complaints of cough (recurrent) Productive cough discharge of green and white colour, Runny nose, sometimes evening rise in temperature and minimal weight loss (1-2 kg in last 6 months) The patient gives an history of increase in symptoms after being in contact with cold air and dust.

#### DIAGNOSTIC ASSESSMENT:

**On Clinical Examination:** It is found as General condition was fair, Patient was afebrile; Local examination of the chest; Inspection-no deformity found; Palpation – vocal fremitus was present on both sides equally; Auscultation bilateral rhonchi present; Mild crepitation on right Lower lobe present; AFB sputum test- negative (repeated in 15 days); X-ray chest – suggestive of Chronic Bronchitis; Weight – 58 Kg.

**On Astavidha Parikshana:** It was found as Nadi – 92/ minutes Mala – Baddhamala Pravrutti ; Mutra – Samyak; Jivha- sama; Druka- prakrut; Shabda- spashta; Sparsha- samasheetoshna; Akruti- krusha

#### THERAPEUTIC INTERVENTION:

The following line of treatment was used step by step (table-1).

**Table-1: Treatment protocol**

Sr no	Medicine used	Dosages	Duration
1.	<i>Triphala churna+ Musta churna+ Guduchi churna+ Vasa churna+ Kirattikta churna</i> This combination in form of <i>kwath</i>	40 ml in the morning (6 AM) 40 ml in the evening (6 PM)	1 <sup>st</sup> to 15 <sup>th</sup> days-
2.	<i>Lavangadi Vati</i> 1tab (for chewing)	( <i>Muhur-muhu</i> ) (3- 4 times in a day)	16 <sup>th</sup> to 30 <sup>th</sup> day (After 15 days follows up,)
(Note - The productive cough of green/ yellow colour subside Evening rise temperatures were not noted by the patient in these 15 days.			
3.	<i>Vasavleha</i>	1 tsp (2 times) ( <i>kaphakale</i> ) (6 am- 6pm)	31 <sup>st</sup> to 45 <sup>th</sup> day
4.	<i>Triphaladi Guggule</i>	2- 2 ( <i>vyanodane</i> ) after meal (Prescribed only from day 16 <sup>th</sup> to day 30 <sup>th</sup> )	
5.	<i>Lavangadi Vati</i>	(2 for chewing when coughing impulse is aggravated)	
6.	<i>Yashtimadhu Phanta</i>	<i>panartha</i> ( <i>muhur-muhu</i> )	
7.	<i>Bruhad saindhavadi tail</i>	For local application in the chest and back region.	

8.	<i>Vardhmana pipaali rasayana</i>	Start with ½ <i>pipalli</i> (1/ 2 for 3 days... increases ½ after every 3 days) Matra increases up to 3 <i>pippalis</i>	From 45 <sup>th</sup> day
9.	<i>Talisadi Churna</i>	5 gm with honey ( <i>vyanodane</i> )	

**Preparation of Vardhmana Pipaali Rasayana:** For *Apunarbhava* effect *Naimitika Rasayana* is used in the patient. So *Vardhmana pipaali rasayana* with modified dose were prescribed. Start with ½ *pipalli* (1/2 for 3 days... increases ½ after every 3 days) (Method- *Pipalli* boiled with 40 ml *Go-Dugdha* {cow's milk} and 40 ml water reduced to half of the quantity) *Matra* increases up to 3 *Pippalis*.

#### RESULT:

After 1<sup>st</sup> visit to clinic, Patient was prescribed with medicine mentioned in table (Sr .No. 1 and 2) when Patient gives follow up after 15 days. There was relief in *Kshudhamandya*; he did not feel any evening rise temperature in during span. Also there was relief in productive cough but coughing present. (Patient told 20-30 % relief in overall symptoms) On Auscultation, Mild rhonchi were present in both side but crepitation was absent this time. After 1 month, the patient came to the clinic having NO above-mentioned complaints; minimal rhonchi were present at lower lobe. There was No Productive cough; No evening rise temperature; *Kshudha- Prakrit* (gain in appetite) the patient also didn't get much affected by contact of cold air and dust. The patient put on weight and found as 60 kg (increase in 2kg weight in last 45 days of treatment)

#### FOLLOW UP AND OUTCOME:

Month after the above treatment, the patient was asked for follow up. The patient came to the clinic with no any fresh complaints and manifestation of any

symptoms additionally, patient don't have to go for any conventional management for his condition along with that patient did not need to take conventional precautionary measures alike prior time. Also, there is relief in symptoms like coughing and runny nose in contact with cold air and dust.

#### DISCUSSION: -

**1. Principles of Treatment:** As *Ayurveda* always focuses on *Siddhanta* like "*Purusha-purusham vikshaya*".<sup>[2]</sup> In this case, the line of treatment was decided with presenting symptoms, *hetu*, and occupation of the According to this *siddhanta*, the actual treatment protocol, medicinal dosage changes according to the person. So, using *Yukti Pramana* all above medicinal management was done.<sup>[3]</sup>

Further will explained detailed Properties and concept behind using each drug.

**2. Rukshana- Pachana Kwath:** *Shodhana* like *Vamana, virechana* is not advisable in this patient so *Shukshma Shodhana* in form of *Rukshna churna* (combination of *Triphala, Musta, Kiratatikta, and Vasa*) was administrate to patient. This combination is *Katu-tikta rasadhikya* so it will use to remove '*avarodha*' in *strotas* as *katu-rasa* is '*Margan vivrunotti*'.<sup>[4]</sup> *Triphala, Guduchi* are also studied for Anti-inflammatory activity.<sup>[5]</sup> There were many In-vitro and clinical studies done before.

**3. Medicine act directly on Srotas and Vyadhi:** After this *dhatu poshan* and medicine directly working on this disease

was used. In this step *Vasavleha*, *lavangadi Vati*, and *yashtimadhu phant* for drinking time to time were prescribed to patient.

A. *Lavangadi Vati*- There are many clinical studies were published regarding this classical formulation. This formulation and its contents are directly act on *Kasa vyadhi udhbbhava sthana* i.e. Lungs and *Pranavaha srotas*<sup>[6]</sup>

B. *Vasavleha*- This yet another Classical preparation for *Pranavaha srotas*. This *leha* also act as *balya* as it is *leha* formulation. *Vasa* i.e. *adhatoda vasaka* have bronchodilator property with its various kind of preparation *kwath*, *ghrita*, *churna* and *avaleha*. *Avaleha* shows good result from all of this.<sup>[7]</sup>

C. *triphal Guggul*- In this case study *Triphala guggul* is used as Anti-microbial drug agent. *Triphala* is one the best *Ayurvedic* formulation which is used for anti-microbial action in many disease conditions<sup>[8]</sup>

**4. Naimitika Rasayana:** In the next step *vardhamana Pippali Rasayana* and *Talisadi churna* as *Naimitika Rasayan*. It is explained in *Sushruta Samhita*.<sup>[9]</sup> This type of *rasayan* is usually used after relieve in *vyadhee lakshana* to avoid reoccurrence of disease. *Vardhaman-pippali* is *rasayana kalpa* explained in *Charak Samhita*.<sup>[10]</sup> In this particular case study, dose of *Vardhamanpippali* is reduced as patient was not administrated with *Shodhana* like *Vamana* due patient's *Bala*. *Talisadi Churna* is explained *Rajyakshmachikitsadhyay* of *charak samhita* also having *rogadhikar* of *Kasa*.<sup>[11]</sup> So this *Kalpa* can be used as *Naimitika rasayan* in this particular case report.

#### CONCLUSION:

So, in this case, there was use of many drugs combination, little modification *Vardhamana pipalli Rasayana* and it was

found effective in this case. This case study helps to establish a fact that, an *ayurvedic* medicine and treatment can act fast as significant result was obtained within 30days without higher expenditures.

#### CONSENT:

Authors certify that patient's written consent was obtained before publishing data without disclosing patient's personal information.

#### REFERENCES:

1. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, chikitsasthana, 18<sup>th</sup> Adhyaya, verse 6, Chaukhamba Publications, reprinted 2010, p-540
2. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala Sutrasthana, 1<sup>st</sup> Adhyaya, verse 123, Chaukhamba Publications, reprinted 2010, p- 22
3. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Sutrasthana 11<sup>th</sup> Adhyaya, verse 25, Chaukhamba Publications, reprinted 2010, p-72
4. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, Sutrasthana 26<sup>th</sup> Adhyaya, verse 43(4), Chaukhamba Publications, reprinted 2010, p-144
5. Sireeratawong et al., Evaluation of Anti-Inflammatory And Antinociceptive Activity Of Triphala Recipe, Afr J Tradit Complement Altern Med. (2013) 10(2):246-250
6. Shilpa LS, Prashanth AS. A Clinical Study on the efficacy of Lavangadi Vati and Kaphaketu Rasa in the management of Kaphaja Kasa w.s.r. to Chronic Bronchitis. Journal of Ayurveda and Integrated Medical Sciences, 2017; 2(03): 38-42.

7. Gupta A, Prajapati PK, A clinical review of different formulations of Vasa (Adhatoda vasica) on Tamaka Shwasa (asthma); Ayu. 2010; 31(4):520-524.
8. Ziad Omran et. al, Evaluation of Antimicrobial Activity of Triphala Constituents and Nano formulation, Hindawi Evidence-Based Complementary and Alternative Medicine Volume 2020, Article ID 6976973.  
<https://doi.org/10.1155/2020/6976973>
9. Yadav Ji Trikamji Acharya, Sushruta Samhita of Sushruta, chikitsasthana, 27<sup>st</sup> Adhyaya, 1 and 2 verse commentary, Chaukhamba Publications, reprinted 2014, reprinted 2014
10. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, chikitsasthana, 1<sup>st</sup> Adhyaya, 3<sup>rd</sup> pada, verse 36-40, Chaukhamba Publications, reprinted 2010, p- 385
11. Yadav Ji Trikamji Acharya, Charaka Samhita of Agnivesha elaborated by Charaka and Dridhabala, chikitsasthana, 8<sup>th</sup> Adhyaya, verse 148, Chaukhamba Publications, reprinted 2010, p- 466.

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