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

Deepika Chakole, 1* Bhagyashri Chakole 2

1Assistant Professor, Dept. of Kayachikitsa, MGACH & RC, Salod (H), Wardha, Maharashtra, India  
2 MD scholar, All India Institute of Ayurveda, Sarita Vihar, New Delhi, India

ABSTRACT:
An *ayurvedic* line of treatment is based on various *Siddhanta* in *Samhita*. *Rasayana* is explained as "*Labhopayo 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 *Vyadhit* 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.*

INTRODUCTION: -
*Kasa* is described as a disease under a *Pranavaha Strotas*.1 Chronic bronchitis is having similar symptoms of *Kasa* described in *Samhita* in *Kasa chikitsa* with its types. 1 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 Vishesha Siddhanta, Swatantra – Paratantra Vyadhi Siddhanta, Doshapakarsha Siddhanta, Dwividhopakramanya 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 it effect but in this case patients takes less time than expected.

CASE REPORT:
A 30 yrs. old Male patient, reported with symptoms of chronic bronchitis since 1 year, with evening rise temperature and mimicking the symptoms of kaphaja Kasa, in the ayu-deep clinic.
Having chief complaints of cough (recurrant) 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; Aakrut- krusha

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

Table-1: Treatment protocol

<table>
<thead>
<tr>
<th>Sr no</th>
<th>Medicine used</th>
<th>Dosages</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Triphala churna+ Musta churna+ Guduchi churna+ Vasa churna+Kirattikta churna This combination in form of kwath</td>
<td>40 ml in the morning (6 AM) 40 Ml in the evening (6 PM)</td>
<td>1st to 15th days-</td>
</tr>
<tr>
<td>2.</td>
<td>Lavangadi Vati 1tab (for chewing)</td>
<td>(Muhur-muhu) (3-4 times in a day)</td>
<td>16th to 30th day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(After 15 days follows up,)</td>
</tr>
</tbody>
</table>

(Note - The productive cough of green/yellow colour subside Evening rise temperatures were not noted by the patient in these 15 days.)

<table>
<thead>
<tr>
<th>Sr no</th>
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<th>Dosages</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Vasavleha</td>
<td>1 tsp (2 times) (kaphakale) (6 am-6pm)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Triphaladi Guggule</td>
<td>2-2 (vyanodane) after meal (Prescribed only from day 16th to day 30th)</td>
<td>31st to 45th day</td>
</tr>
<tr>
<td>5.</td>
<td>Lavangadi Vati</td>
<td>(2 for chewing when coughing impulse is aggravated)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Yashtimadhu Phanta</td>
<td>panarthra (muhur-muhu)</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Bruhad saindhavadi tail</td>
<td>For local application in the chest and back region.</td>
<td></td>
</tr>
</tbody>
</table>
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 1st 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 “*Purushapurushham vikshaya*”. [2] 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. [3]
   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 ‘avarođha’ in strotas as *katu-rasa* is ‘*Margan vivrunotti*’. [4] *Triphala, Guduchi* are also studied for Anti-inflammatory activity. [5] 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 udbhava sthana i.e. Lungs and Pranavaha srotas. This formulation also acts as balya as it is leha formulation.

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.

C. triphala 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.

4. Naimitika Rasayana: In the next step vardhamana Pippali Rasayana and Talisadi churna as Naimitika Rasayan. It is explained in Sushruta Samhita. This type of rasayana is usually used after relieve in vyadhee lakshana to avoid reoccurrence of disease. Vardhaman-pippali is rasayana kalpa explained in Charak Samhita. 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. 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.

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