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Role of *Dashamoola Shatphala Ghrita* in the management of *Vataja Kasa* w.s.r. to Tropical Pulmonary Eosinophilia - A Clinical Study

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ABSTRACT

Kasa is a very common disease of *Pranavaha Srotas*. When *Adhoga Gati* of *Vata* is obstructed by *Dusta Doshas*, it attains the *Urdhva Gati* and takes *Sthanasamshraya* in *Urah Pradesha* and producing to *Kasa*. *Vataja Kasa* is one among the types of *Kasa*, where *Shuska Kasa* is prominent symptom. *Vataja Kasa* is taken as special reference to Tropical Pulmonary Eosinophilia because of similarities of signs and symptoms. India being one of the tropical country, the prevalence of *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia is remarkably high. The syndrome is particularly endemic in India, Sri Lanka, South East Asia and Africa and has been reported from filarial epidemic areas worldwide. In this present study an attempt is made to evaluate the efficacy of *Dashamoola Shatphala Ghrita* in *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia. A minimum of 30 subjects who fulfilled the diagnostic & inclusion criteria was subjected to the intervention. The overall results in the study revealed statistically highly significant result.

Key words: *Dashamoola Shatphala Ghrita, Kasa, Pranavaha Srotas, Vataja Kasa, Tropical Pulmonary Eosinophilia.*

INTRODUCTION

A cough is the most common reason for visiting a primary care physician in India. Frequent coughing usually indicates the presence of a disease. Many viruses and bacteria benefit by causing the host to cough, which helps to spread the disease to new hosts. This problem has been compounded by our

modern lifestyle, urbanization, industrialization, pollution and population explosion. According to *Ayurveda*, *dhuma* and *Raja* are the main cause of *Pranavaha Srotodusti*.^[1] *Kasa* is a very common disease of *Pranavaha Srotas*.^[2] *Kasa* seems to be very simple diseases; if not controlled or not treated properly it may lead to diseases with poor prognostic condition. In *Ayurveda* *Kasa* is considered as an independent disease unlike in modern science. It may also occur as a *Lakshana* or an *Upadrava* in other diseases. When *Adhoga Gati* of *Vata* is obstructed by *Dusta Doshas*, it attains the *Urdhva Gati* and takes *Sthanasamshraya* in *Urah Pradesha* and producing to *Kasa*.^[3] *Vataja Kasa* is one among the types of *Kasa*, where *Shuska Kasa* is prominent symptom.^[4] Among them *Vataja Kasa* though it is not life threatening, it troubles the person as it hinders the day-to-day activity. *Vataja Kasa* is taken as special reference to Tropical Pulmonary Eosinophilia because of similarities of signs and symptoms. India being one of

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the tropical country, the prevalence of *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia is remarkably high. In 1943 Weingarten used the term tropical eosinophilia when describing a syndrome characterized by severe spasmodic bronchitis, eosinophilia, leucocytosis and bilateral mottling of the lungs. The syndrome is particularly endemic in India, Sri Lanka, South East Asia and Africa and has been reported from filarial epidemic areas worldwide.^[5] In *Shamana Chikitsa* of *Vataja Kasa* various *Ghrita* are explained to treat effectively. In this present study an attempt was made to evaluate the efficacy of *Dashamoola Shatphala Ghrita*^[6] in *Vataja Kasa*.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Dashamoola Shatphala Ghrita* in *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia.

MATERIALS AND METHODS

Source of Data

Total 30 Subjects with clinical features of *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia coming under the inclusion criteria approaching the out-patient and in-patient department of Acharya Deshabhushan Ayurvedic Medical College & Hospital, Bedkihal, Belagavi were selected for the study.

Diagnostic criteria

Diagnosis shall be based on the Clinical symptoms of *Vataja Kasa* and laboratory investigations mentioned below Symptoms:

1. *Swarabheda*
2. *Sushka Kasa*
3. *Ura Shoola*
4. *Hrudaya Shoola*
5. *Parshwa Shoola*
6. *Shira Shoola*

Inclusion criteria

- Subject presenting with Signs and symptoms of Tropical Pulmonary Eosinophilia

- Subject presenting with *Lakshanas* of *Vataja Kasa*
- Subject of either gender in between the age group 20 to 60 years
- Subject with history of less than 15 days of Cough

Exclusion criteria

- Subject showing signs and symptoms other than *Vataja Kasa* like *Pittaja Kasa*, *Kaphaja Kasa*, *Kshayaja Kasa*, and *Kshataja Kasa*
- Subject suffering from chronic diseases such as Diabetes, HTN, IHD, Chemotherapy, and Major operative procedures, HIV, TB will be excluded.
- Subject on long term regular medication
- Pregnant and lactating mother
- Dry Cough more than 15 days

Study design - A Single arm, active, open label clinical study

Intervention

Sample size	30 Subjects
Drug	<i>Dashamoola Shatphala Ghrita</i>
Dose	15 ml twice a day before food Treatment
Duration	21 days
<i>Anupana</i>	Lukewarm water
Follow up	0 th , 7 th , 14 th , 21 st day (during treatment), 28 th day (Post treatment)

Assessment criteria

Assessment was done - BT (Before treatment) & AT (After Treatment)

Subjective Parameter

- *Sushka Kasa*
- *Swarabheda*
- *Ura Shoola*
- *Hrudaya Shoola*

- Parshwa Shoola
- Shira Shoola

Investigation

TLC, AEC, HB%, ESR, DLC, CHEST X Ray – PA View

OBSERVATIONS

Total number of Subjects registered for the study - 34

Total number of Subjects completed the study - 30

Total number of Dropouts - 4

Statistical Analysis

- For the Statistical analysis, the data obtained in the study were recorded and presented in tabulations and graphs.
- To infer the clinical study and draw conclusions, Wilcoxon sign rank test was applied for within the group analysis for Subjective parameters.

Interpretation	P Value
Insignificant	>0.005
Significant	<0.005
Highly Significant	<0.01, <0.001

RESULTS

Effect of treatment on Swarabheda, Sushka Kasa, Ura Shoola, Hrudaya Shoola, Parshwa Shoola & Shira Shoola.

BT-AT	Mean Score			Median diff.	IQR of diff. Q3-Q1	Wilcoxon Signed rank test (T+)	P Value	Remarks
	BT	AT	Dif f.					
Swarabheda	3.43	1.20	2.23	2.00	1.0 (3.0-	465	<0.001	HS

					2.0)			
Sushka Kasa	3.40	1.20	2.20	2.00	1.0 (3.0-2.0)	465	<0.001	HS
Ura Shoola	3.27	1.17	2.10	2.00	1.0 (3.0-2.0)	435	<0.001	HS
Hrudaya Shoola	3.40	1.13	2.27	2.00	1.0 (3.0-2.0)	435	<0.001	HS
Parshwa Shoola	3.20	1.20	2.00	2.00	1.0 (3.0-2.0)	435	<0.001	HS
Shira Shoola	3.50	1.17	2.33	2.00	1.0 (3.0-2.0)	465	<0.001	HS

Before treatment to After treatment, Wilcoxon Signed rank test on all subjective parameters revealed statistically highly significant ($p = <0.001$)

DISCUSSION

Kasa appears to be a very simple disease, but if neglected or mis-managed may lead to various – critical conditions like *Kshaya*, *Rajyakshma* etc., as such has been described as *Swatantra Vyadhi*, unlike modern science. *Vatajakasa* presents with symptoms like *Shuska Kasa*, *Prasakta Vega*, *Uraha Shula*, *Parshwa Shula*, *Shira Shula*, *Hrut Shula*, *Swara Bheda*, *Kantha Kandu*, *Ksheena Bala*, *Ksheena Oja*, *Kshamana* etc. which are in tune with the features like repeated bouts of Dry cough, Chest pain, Weight loss, and Malaise etc. ascribed to T.P.E. in Modern science.

While explaining the *Chikitsa* of *Vataja Kasa* almost all *Acharyas* suggested *Snehana Chikitsa*, *Abhyantra Snehana* specially *Shamana Snehana*.

Vataja Kasa has an increasing prevalence overtime due to the external influences such as industrialization, urbanization, environmental pollution and population explosion. Since it's a demanding health concern, *Vataja Kasa* was taken up for the present clinical study and was approximately co-related to Tropical Pulmonary Eosinophilia (TPE) which is an immune hyper-responsiveness to microfilariae trapped in the lungs, characterised by paroxysmal nocturnal cough, breathlessness, wheezing, chest pain, scanty sputum production and eosinophilia. The study was conducted with the prime aim of assessing the efficacy of the trial drug *Dashamoola Shatphala Ghrita* in *Vataja Kasa* vis-à-vis Tropical Pulmonary Eosinophilia is hypothetically explained as – Increased Eosinophilia is subjected for season, allergy and many times associated with infections.

Vata Dosha gets obstructed in the lower part of the body. It moves upwards, afflicts the channels of circulation in the upper part of the body, takes over the function of *Udana Vayu* (i.e., the function of respiration), and gets lodged in the throat and the chest. This *Vata* afflicts and fills up all the channels (cavities) of the head to cause bending (*Abhanjan* = breaking) and flexing (*Akshipan*) of the body, jaws, sides of the neck and eyes. Thereafter, this *Vayu* having caused contraction (*Nirhujya*) and stiffness (*Stambhayan*) of eyes, back and sides of the chest, gives rise to coughing (*Kasanat*) which may be dry or with phlegm because of which it is called *Kasa* – Cough. The ingredients of *Dashamoola Shatphala Ghrita* are – *Dashamoola* (*Bilwa, Agnimantha, Shyonaka, Patala, Ghambhari, Bruhati, Kantakari, Shaliparni, Prishniparni, Gokshura*) is best *Vatahara* & *Shotahara* property, *Nagara, Pippali, Chitraka, Chavya, Ksheera, Yavakshara* all these have counteracted the *Samprapti* of *Kasa* in reducing the symptoms.

CONCLUSION

Dashamoola Shatphala Ghrita showed better results in reducing the symptoms of *Vataja Kasa* vis-a-vis Tropical Pulmonary Eosniophilia. The Study should be

conducted in larger sample to draw better conclusions.

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