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A Clinical Study on the efficacy of *Lavangadi Vati* and *Kaphaketu Rasa* in the management of *Kaphaja Kasa w.s.r* to Chronic Bronchitis

Shilpa L. S.,¹ Prashanth A. S.²

¹Post Graduate Scholar, ²Professor, H.O.D & Guide, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

ABSTRACT

A man wishing to be healthy throughout his life has to be healthy everyday as well. Human being is continuously attached with external environment through Respiration and prone to diseases because of Urbanization. Due to less resistance or due to decreased immunity and non adaptability, against environmental influences, leads to body protecting phenomenon produces Cough. In Ayurvedic texts *kasa* is dealt in detail. Various *Shodhana* and *Shamana* therapies are mentioned for the treatment of *Kaphajakasa* in the classics. Amongst the various formulations indicated for *Kaphajakasa*, *Kaphaketu Rasa* along with *Vyagrahadi Kashaya* as *Anupana* and *Lavangadi Vati* along with *Elakanadi Kashaya* as *Anupana* is selected in different 2 groups as drugs are easily available and economical. So an attempt will be made to evaluate the effect of *Kaphaketu Rasa* along with *Vyagradi Kashaya* as *Anupana* and *Lavangadi Vati* along with *Elakanadi Kashayam* as *Anupana* in the management of *Kaphaja Kasa w.s.r* to Chronic Bronchitis. So the objective of the study is to establish such a treatment modality which can be helpful to treat *Kaphaja Kasa* and restoring the functional capacity of *Pranavaha Srotas*.

Key words: *Kaphaja Kasa*, *Kaphaketu Rasa*, *Vyagradi Kashaya*, *Lavangadi Vati*, *Elakanadi Kashaya*.

INTRODUCTION

Cough is a powerful physiological mechanism that is characterized by violent expiration, which provides high flow rates to clear excess secretions and foreign bodies from airways. Common cold, chronic postnasal drib, smoking, environmental irritants, noxious gases, dusts, inhalation of allergens, pollution, inhaling pollen grain, etc. are the commonest causes which produces cough reflex. Various studies have proved

that smoking is that which leads to condition called Chronic bronchitis featured with chronic productive cough for 3 months.

In Ayurvedic texts *Kasa* is explained as an independent disease. In the disease *Kasa* there is *Pranavaha Srotas Dusti* and as described in the Ayurvedic texts *Prana* is related with life, therefore any abnormality in its function leads to disturbance of all the body functions as *Prana* is *Sarvagata*. So its significance in this disease is of utmost importance, though *Kasa* has remained only as a minor and neglected problem in this era, it is related with ones immunity. Thus it is a major setback for the affected persons, which has become major hurdle in day to day activity of a person.

As described by Acharya Charaka, whenever a foreign body is trapped in the respiratory tract, *Prakupita Vayu* tries to evacuate this foreign body. At this time when an injury or stimulus is caused in the respiratory tract, an abnormal sound which resembles that of a Broken bronze metal bell is heard, the sound thus

Address for correspondence:

Dr. Shilpa L. S.

Post Graduate Scholar, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, India.

E-mail: shils.cluster@gmail.com

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produced is *Kasa* and whenever *Kapha Dosh* dominate in making of *Kasa Samprapti* the disease resulted with *Nisteevana* of *Sandra Bahu Kapha* called as *Kaphaja Kasa*.

The word *Kapha* applies to both *Dosha* and *Rasa Dhatu Mala*, in *Prakruta Avasta* it does its *Prakruta Karma* along with the help of *Vata Dosh*, the relation between *Dosha Dhatu* and *Mala* can be well defined in regards to *Kapha Dosh* that's why it is called as *Bala* in *Prakruta Avasta*.

The clinical features of *Kaphaja Kasa* are *Bahula Madhura Snigda Ghana Kapha Nistivana, Mandagni, Aruchi, Chardi, Peenasa, Utklesha, Gourava, Lomaharsha, Asyamaduryrata, Kleda*^[1] etc. has been explained.

When it comes to a treatment aspect of *Kaphaja Kasa*, the *Kasa Roga* is broadly categorized into *Ardra* (wet) *Kasa* and *Shuska* (dry) *Kasa*, so the treatment procedures and formulations of *Ardra Kasa* should have the properties of *Agni Deepana, Kapha Nissaraka, Srotoshodaka, Vatanulomana* property and it should also possess anti-histaminic, mast cell stabilizing, bronchodilatory, antitussive, mucolytic, anti microbial, anti inflammatory, anti oxidant properties. Hence the formulation should have the property of liquefying the *Kapha*, easing expectoration, relieving and ensures bronchial congestion and which controls the symptoms associated with Respiratory system.

In Modern system of medicine Chronic Bronchitis is treated with bronchodilators and corticosteroids symptomatically. But long term usage of these drugs will show adverse effects like loss of bone mineral density, weakened immune system, dryness of mouth, irritated throat, loss of appetite and anxiety.^[2] so there is a serious and urgent need of better management and safe drugs without the adverse effects.

In the present study, 40 patients were selected incidentally and placed randomly into two groups, Group A and Group B, with 20 subjects in each group. Classical signs and symptoms form the main diagnostic criteria and were also studied for

assessment criteria. Group A received *Lavangadi Vati*^[5] with *Elakanadi Kashaya*^[3] for 1 month. Group B received *Kaphaketu Rasa*^[4] with *Vyagradi Kashaya*^[3] for 1 month. In both the groups follow up was done for biweekly for 1 month.

OBJECTIVES OF THE STUDY

To compare the efficacy of *Lavangadi Vati* along with *Elakanadi Kashaya* as *Anupana* and *Kaphaketu Rasa* along with *Vyagrahadi Kashayam* as *Anupana* in *Kaphajakasa* w.s.r to Chronic Bronchitis.

MATERIALS AND METHODS

Group A

- *Lavangadi Vati* 2 bid before food (500 mg)
- Duration : 1 month
- Follow up : Twice in a week for 1 month
- *Anupana* : *Elakanadi Kashaya* of 30-45 ml
- Total Duration of Clinical trail : 1 Month
- *Pathya Ahara* and *Vihara* will be advised to all Subjects

Group B

- *Kaphaketu Rasa* 2 bid before food (125 mg)
- Duration : 1 month
- Follow up : Twice in a week for 1 month
- *Anupana* : *Vyagrahadi Kashaya* of 30-45 ml
- Total duration of Clinical trail : 1 month
- *Pathya Ahara* and *Vihara* will be advised to all Subjects

Study Design

- Present Study is Comparative Clinical Study.
- It is Pre and Post test clinical design.
- Purposive sampling technique will be employed

Inclusion criteria

1. Subjects with any of two or more symptoms described in the context of *Kaphaja Kasa* along

with age group between 20-60 yrs will be selected.

- Subjects of either sex, religion, occupation will be selected.
- Both fresh and those who have undergone treatment will be selected.

Exclusion criteria

- Subjects who do not fulfill Inclusion criteria will be excluded.
- Subjects suffering from Acute Bronchitis will be excluded.
- Presence of other Pulmonary diseases like Emphysema, Cyanosis, Pneumonia, Asthma, Cystic Fibrosis, Pulmonary Tuberculosis, Lung Cancer, Cor-Pulmonale will be excluded.
- Subjects with any other systemic illness which will interfere the study will be excluded.
- Pregnant and lactating women will be excluded.

Parameters of Study

Parameters of assessment will be totally based on relief of symptoms

Subjective parameters

- Cough with whitish expectoration with two or many following features of *Kaphaja Kasa*: *Mandagni* (Suppression of power of digestion), *Aruchi* (Anorexia), *Angagourava / Angasaada* (Feeling of heaviness of body), *Asyamadhurya* (Sweetness of mouth), *Peenasa* (Rhinitis), *Shiroruk* (Headache).
- The Clinical features of Chronic Bronchitis are: Cough with expectoration, Sore throat, Nasal congestion / Running nose, Headache, Muscle ache, Fatigue

Objective parameters

- Blood Investigations - TC, DC, ESR, AEC.
- Nisteevana Pareeksha* (Examination of Sputum)

Grading

A) *Kasa* (Cough)

Grade 0	No cough
Grade 1	Slight cough lasts for 2-4 hours
Grade 2	Cough lasts for 4-6 hours
Grade 3	Cough continuously and disturbs day to day activities

B) *Sore Throat*

Grade 0	No sore throat
Grade 1	Present occasionally
Grade 2	Present frequently
Grade 3	Present all the time

C) *Peenasa*

Grade 0	No <i>Peenasa</i>
Grade 1	Present on and off
Grade 2	Present continuously with slight blockage
Grade 3	Present continuously which disturbs day to day activities

D) *Mandagni*

Grade 0	No <i>Mandagni</i>
Grade 1	Present food digests 4 to 6 hours
Grade 2	Present food digests in 8 hours
Grade 3	Present food digests in 12 hours

E) *Shirashula*

Grade 0	No headache
Grade 1	Headache occasionally

Grade 2	Headache frequently
Grade 3	Headache continuously which disturbs day to day activities

F) Angagourava

Grade 0	Absent
Grade 1	Present for 1 -2 hours in some parts
Grade 2	Present for 4-6 hours all over body
Grade 3	Present all the time all over body

G) Asya Madhurya

Grade 0	Absent
Grade 1	Present only at time of intake of food
Grade 2	Present also after intake of food
Grade 3	Present all the time

Table 1: Showing Major Symptoms (Subjective Parameters)

Symptoms	Group A	%	Group B	%	Total	%
Mandagni	20	100%	20	100%	40	100%
Aruchi	14	70%	12	60%	26	65%
Angagourava	15	75%	14	70%	29	72.5%
Asyamadurya	02	10%	04	20%	06	15%
Peenasa	11	55%	14	70%	25	62.5%
Shirashoola/gourava	18	90%	16	80%	34	85%
Sore throat	14	70%	13	65%	27	67.5%

									%
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Figure 1: Showing major symptoms

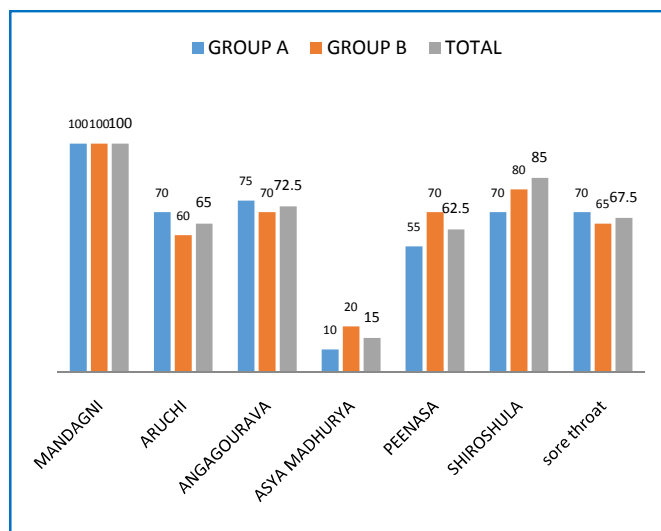


Table 2: Table showing comparative efficacy of therapies

Parameters of Assessment	No of Pts	Group A			Group B			t	P	Remarks
		Mean	S.D (±)	S.E (±)	Mean	S.D (±)	S.E (±)			
Kaasa	20	2.75	1.25	0.32	2.65	1.25	0.32	0.37	0.70	NSS
Sore Throat	20	2.06	1.05	0.27	2.65	1.23	0.31	1.63	0.11	NS
Peenasa	20	2.06	1.04	0.27	1.86	0.93	0.24	0.64	0.52	NS
Mandagni	20	2.4	0.94	0.24	2.1	1.05	0.26	0.59	1.0	NS
Shirashoola	20	2.25	1.12	0.29	1.75	0.92	0.23	1.54	0.13	NS

Angagourava	20	2.46	1.18	0.30	1.96	0.88	0.22	1.51	0.13	NS
Asyamadura	20	0.53	0.59	0.15	0.73	0.60	0.15	1.06	0.29	NS

Table 3: Comparative Efficacy of Therapies

Parameters of Assessment	No. of Pts	Group A			Group B			t	P	Remarks
		Mean	S.D (±)	S.E (±)	Mean	S.D (±)	S.E (±)			
AEC	40	1.95	1.538	0.343	1.45	0.998	0.223	1.2196	=0.2301	NSS
ESR	40	1.25	1.25	0.279	1.08	0.894	0.2	1.6005	=0.1178	NSS

CONCLUSION

Any Research work would not be Fruitful without sincere, keen, unbiased observations. Observations made during the study will help in analysis, eventually to draw rational conclusions. *Kaphaja Kasa* can be compared to Chronic Bronchitis of Modern Science purely based on similarities in *Nidanapanchaka* and *Chikitsa*. It is clearly evident that majority of the subjects committed *Nidana* such as *Abhishandi Ahara*

Sevana, Raja, Dhoomasevana and *Diwaswapna* etc. It is found that majority of the subjects suffered with *Vibandha*. Study shows that both the groups are effective in treating a disease *Kaphaja Kasa*.

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