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## The *Kasaghna* effect of *Akshawaleha* in the management of *Rajayakshma* w.s.r. to Pulmonary Tuberculosis - A Case Study

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### ABSTRACT

In modern era *Rajayakshma* can be correlated to Tuberculosis. *Rajayakshma* is a *Madhyama Rogamarga Vyadhi* manifested *Shosha*. Though there is a difference in the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis, the clinical picture of both is quite similar. It is a major public health problem in India due to the environmental changes, changes in behavioural, diet habits, poor quality of life, population explosion, under nutrition and lack of awareness about cause of disease and modern life style. Ayurveda can provide the satisfactory health service due to its comprehensive capacity of attaining all types of Pathological changes. To fulfil the applied aspect of these basic principles the symptoms of *Rajayakshma* have been under taken for study. Here we done a study on a patient of *Rajayakshma* to rule out the *Kasaghna* effect of *Akshawaleha* in the management.

**Key words:** *Ayurveda, Rajayakshma, Akshawaleha, Pulmonary Tuberculosis.*

### INTRODUCTION

Obesity Generally, 'Cough' is considered only as a 'symptom' which is commonly found in many other diseases but mostly in respiratory diseases. But in Ayurveda, 'Cough' is described as a '*Kasa Rogadhikar*' as a separate disease, in most of the *Samhitas*.

If any type of *Kasa* is not properly treated, it goes on worsening and develops into *Rajayakshma*. In *Ayurveda*, most of the *Samhitas* have described it as *Rajyakshma* viz. *Kshaya, Shosha*. It is known as a 'King of Diseases' and included in *Ashtau Mahagadas*. The most common signs and symptoms of 'Pulmonary Tuberculosis' are similar to '*Ekadash Rupani* of

*Rajayakshma*'.

There are five types of *Kasa*'s described, out of which description of 'Cough' and 'Sputum' in *Kshayaj Kasa* mostly resembles with the cough in *Rajayakshma* w.s.r. Pulmonary Tuberculosis.

Pulmonary Tuberculosis is caused by "Mycobacterium Tuberculi" and its transmission usually takes place through the air-borne spread of droplet nuclei, through cough, sneeze or spit, produced by patients with infectious Pulmonary Tuberculosis.

'Cough' or 'Cough with expectoration' is the predominant and troublesome symptom of all respiratory infections, but in Tuberculosis it is of prime importance for transmitting infection. So the patients along with AKT also need symptomatic treatment for Cough to improve the compliance to Anti-T.B. drugs.

Ultimately, only one possibility remains is to modify the process of transmission of infection to control the disease. Automatically control of Cough attracts significant attention as a focus of clinical research by using anti-tussives like Linctuses.

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**AIM AND OBJECTIVES**

1. Study of the efficacy of *Akshawaleha* in the management of *Kasa* in *Rajayakshma* w.s.r. pulmonary tuberculosis.
2. To study the etiopathology and prognosis of *Kasa* in *Rajayakshma* w.s.r. Pulmonary Tuberculosis.
3. To study the standardization of *Akshawaleha*.

**CASE REPORT**

The present case study is a successful Ayurvedic management *Kasa* in *Rajayakshma* (pulmonary tuberculosis).

A 38yr old male patient came with Complaints of

- *Kasa*
- *Parshwashula*
- *Swarabheda*
- *Dyspnoea* on exertion
- Generalised weakness since 3-4 months

H/O - Typhoid fever

No H/O any major illness

Sx H/O not specific

Addiction - Smoking; tobacco chewing, alcohol consumption from 15 yrs.

**On Examination**

- *Nadi* (Pulse) - 84/min
- *Mala* (Stool) - *Samyakpravrutti*
- *Mutra* (Urine) - *Samyakpravrutti*
- *Jivha* (Tongue) - *Sama*
- *Kshudha* - *Mandya*
- *Nidra* - *Khandita*
- *Ura* - *B/L Crepitus*
- *Udara* - *Soft, Not tenderness*
- *Bala* - *Alpa*
- *Akruti* - *Krusha*
- *Twak* - *Ruksha*

- *B.P.* - 110/70 mm of Hg

**MATERIAL AND METHODS**

In the present study, a single patient of symptoms of *Rajayakshma* was selected from Dr. M.N. Agashe Charitable Hospital, Satara.

***Akshawaleha***

SN	Drug	Latin Name	Part used	Quantity
1.	Bibhitaka	Terminalia Belarica Roxb.	Phala (Fruit)	1 Part
2.	Madhu	MEL	-	2 Parts
3.	Glycerol		-	Will be added depending upon the need of viscosity of Linctus.
4.	Colouring Agents	Like Amaranth, Rhobamine	-	Q.S. (Quantity Sufficient)
5.	Preservatives	Like Methyl Paraben Propyl Paraben	-	Q.S. (Quantity Sufficient)

**Details of Drug administration**

Drug	Akshawaleha
Form of drug	Syrup
Dose	10 ml – T.D.S.
Anupana	-
Sevankala	Adhobhakta (After meal) Thrice in a day
Duration	Maximum 2 months (60 Days)
Ahar (Diet)	As per Pathyakara Ahara mentioned

	in Ayurvedic texts.
Vihar	As per Pathyakara Vihara mentioned in Ayurvedic texts. Use of appropriate masks

*Akshawaleha* will be prepared in the form of Linctus, without interfering the original concept of formulation in *Samhita*.

### OBSERVATION

In the patient of *Rajayakshma* (pulmonary tuberculosis) taking AKT medication having the above symptoms. Regarding above symptoms the *Kasa* (cough) is the cardinal symptom.

After the intake of *Akshawaleha* as mentioned above the Patient get relief from the *Kasa* and also from other complaints.

It is observed that, the *Akshawaleha* is effective in the *Rajayakshma* having *Kasa* (cough).

### DISCUSSION

In this research work the diagnosed case of tuberculosis is taken because *Rajayakshma* is a disease can better correlated with pulmonary tuberculosis in this era. Maximum sufferers are Males as compared with females because of their leaving style and also by the habit to take alcohol and smoking. Many patients are having habit to take Pan, Tobacco and Tea or Coffee frequently. It may be due to periodic or chronic intoxication detrimental to the individual and society produced by repeated intake of habit forming drugs. Tuberculosis is mainly the disease of the poor, majority of subjects are migrant Labourers, from middle class and no patient found in higher class. The prevalence of Tuberculosis diminishes on social and economic conditions improve, poor housing with associated over or re infection if one of the occupants suffer from infection Tuberculosis.

No patient is having good Appetite due to the involvement of *Agni* in *Rajayakshma*. The patients are having reduced Appetite, Hunger is aroused by the

physical need of the food, whereas Appetite is the emotional desire to which may or may not be associated with need of food. *Bala* is most important factor in adopting *Rajayakshma chikitsa*, Even in the presence of all the symptoms but if *Bala* is good then disease is curable by treatment but if *Bala* is not good then disease is difficult to cure because the patients who are having good strength they can withstand the severity of medicine.

*Rajayakshma* is the chronic condition where the involved prime *Dosha* is *Tridosha* and *Dathu* is *Rasa, Rakta. Srotodushti Prakara* is *Sanga Vimargagamana. Pratishyaya* and *Kasa* are considered as *Nidanartakara Rogas* for *Rajayakshma* and these will accompany the disease throughout the pathogenesis. A small shift in the *Dosha, Dushya, Srotodusti Prakara* it can give rise to manifest other disease. This shift may be due to some etiological trigger or susceptibility of specific bodily elements. If the original disease doesn't subside after producing another disease, it gives *Vyadhi Sankara*. *Kasa* or cough with sputum is the cardinal feature of *Rajayakshma* as well as in pulmonary tuberculosis.

### CONCLUSION

*Akshawaleha* is effective in the management of *Kasa* in *Rajayakshma* as a *Kasaghna* medicine.

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