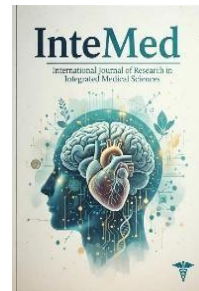




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Review Article

Bharangyadi Avaleha in Vataja Kasa: An Ayurvedic Conceptual Review

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Abstract:

Background: Kasa is described in Ayurveda as an independent disease as well as a manifestation of other disorders. Vataja Kasa is characterized predominantly by Vata involvement and may present with Shushka Kasa, Mukhashushkata, Swarabheda, Daurbalya and pain involving the Ura, Parshva or Shira. Bharangyadi Avaleha is a classical Leha preparation used in the author's postgraduate work for Vataja Kasa.

Aim: To review the Ayurvedic rationale and probable mode of action of Bharangyadi Avaleha in Vataja Kasa.

Materials and Methods: Classical Ayurvedic references and the author's postgraduate dissertation concerning Vataja Kasa, Bharangyadi Avaleha and its pharmacodynamic interpretation were reviewed. Selected contemporary scientific literature on Bharangi (*Clerodendrum serratum*) and Bharangyadi preparations was also considered.

Discussion: The formulation described in the dissertation contains Bharangi, Draksha, Shati, Karkatashringi/Shruni, Pippali and Shunthi, prepared as an Avaleha. The conceptual action of the formulation is discussed through Dosha-prashamana, Deepana-Pachana, Vatanulomana and Kasahara/Shwasahara actions. The formulation combines drugs directed toward Vata-Kapha involvement and respiratory manifestations, while the Madhura component of the Leha preparation is discussed as a counterbalance to the Ruksha qualities of several ingredients. Contemporary studies of *C. serratum* report traditional respiratory use and experimental anti-asthmatic, mast-cell-stabilizing, anti-allergic and anti-

inflammatory activities. A separate experimental study has also reported antihistaminic, mast-cell-stabilizing and bronchodilator activity for a polyherbal Bharangyadi preparation, although its composition differs from the formulation in the present dissertation.

Conclusion: Bharangyadi Avaleha has a coherent Ayurvedic conceptual basis for Vataja Kasa through combined effects directed toward Dosha imbalance, Agni, Vata movement and respiratory manifestations. The available modern evidence is supportive at the experimental level, while direct clinical evidence for the complete classical formulation remains limited. Standardized clinical studies are required.

Keywords

Bharangyadi Avaleha; Vataja Kasa; Bharangi; Ayurveda; Pranavaha Srotas; Samprapti Vighatana; Kasahara.

1. Introduction

Kasa is described in Ayurveda both as an independent Vyadhi and as a symptom or manifestation occurring in other diseases. Classical descriptions recognize five varieties: Vataja, Pittaja, Kaphaja, Kshayaja and Kshataja Kasa. Among these, Vataja Kasa is associated with predominant Vata involvement and characteristic symptoms such as dry cough, dryness of the mouth, change of voice, weakness and pain in different regions.

The author's dissertation relates Vataja Kasa to Pranavaha Srotas and describes aggravating factors including dust, smoke, pollen and excessive exposure to cold or dry food and environment. It also emphasizes that school-age children may be particularly exposed to recurrent

respiratory complaints because of environmental and social factors. These dissertation observations are retained here as the source framework rather than presented as independently established prevalence estimates.

Ayurvedic management of Vataja Kasa is based on the involved Dosha, Agni, Srotas and strength of the patient. The dissertation discusses Sneha, Peya, Ksheera, Leha, Abhyanga, Swedana and other measures. Bharangyadi Avaleha was selected in the original clinical study because the constituent drugs were considered relevant to Vata-Kapha involvement and respiratory manifestations.

The purpose of this review is not to reproduce the original clinical trial but to examine the formulation as an Ayurvedic therapeutic concept and to explain its probable Samprapti Vighatana.

2. Aim and Objectives

Aim: To review the Ayurvedic rationale and probable mode of action of Bharangyadi Avaleha in Vataja Kasa.

Objectives: (1) To review the Ayurvedic concept of Vataja Kasa; (2) to describe the formulation and relevant properties of its constituents; (3) to analyse the formulation in relation to Dosha, Agni, Vata movement and Pranavaha Srotas; and (4) to correlate the Ayurvedic rationale with selected contemporary evidence.

3. Materials and Methods

This conceptual review was prepared from the classical references cited in the author's postgraduate dissertation and from the dissertation's sections on Vataja Kasa, Bharangyadi Avaleha, drug pharmacodynamics and discussion. The dissertation cites Charaka Samhita, Sushruta Samhita, Bhavaprakasha, Dravyaguna Vijnana and Chakradatta among its principal Ayurvedic sources.

Contemporary literature was searched for Bharangi (*Clerodendrum serratum*) and Bharangyadi-related pharmacological studies. Classical statements, dissertation-derived interpretations and modern experimental findings are distinguished throughout the article. No new patient-level data were analysed for this review.

4. Ayurvedic Concept of Vataja Kasa

The dissertation explains the general Samprapti of Kasa through disturbance of Prana and Udana Vayu and their upward movement, with involvement of channels in the head, neck and chest. It also notes that a separate, fully explicit Samprapti for Vataja Kasa is not clearly detailed in the classical material reviewed; consequently, its Vataja interpretation is constructed from the general Kasa Samprapti together with the characteristic symptoms.

A conceptual sequence may therefore be expressed as: Nidana Sevana → Vata Prakopa → involvement of Pranavaha Srotas → disturbance of Prana/Udana movement → manifestation of Kasa and associated Vata-predominant symptoms.

The clinical features considered in the dissertation include Shushka Kasa, Mukhashushkata, Swarabheda, Daurbalya and pain involving Ura, Parshva, Shira and sometimes the abdomen. This symptom complex provides the therapeutic basis for considering drugs with Kasahara, Shwasahara, Vata-Kapha-shamana, Deepana-Pachana and Vatanulomana relevance.

5. Bharangyadi Avaleha

The dissertation cites Chakradatta, Kasa Chikitsa, chapter 7, for Bharangyadi Avaleha. It describes Bharangi, Draksha, Shati, Shrungi/Karkatashringi, Pippali and Shunthi among the constituent drugs. The exact formulation proportions should be reproduced from the authenticated classical source used for pharmaceutical preparation rather than inferred from the dissertation narrative.

The original clinical protocol administered the preparation by Lehana with Koshna Jala as Anupana for seven days. The dissertation records age- and Agni-Bala-based dosing in its pediatric protocol. These details belong to that clinical protocol and should not be presented as a universal dose recommendation for the formulation.

A key conceptual feature of an Avaleha is that the formulation combines multiple pharmacodynamic attributes in a palatable dosage form. In the dissertation discussion, Guda is described as helping overcome the Rukshata of the herbal drugs and as providing Madhura Vipaka and supportive Vatanulomana/Balya effects.

6. Ingredient-wise Ayurvedic Rationale

Ingredient	Source-derived therapeutic relevance	Possible relation to Vataja Kasa	Proposed formulation role
Bharangi	Kaphavata-shamaka; Kasahara/Shwasahara relevance	Respiratory symptoms and Vata-Kapha involvement	Principal respiratory-oriented component
Draksha	Discussed in dissertation under supportive, antioxidant and respiratory actions	May support the formulation where dryness and weakness are prominent	Supportive and balancing component
Shati	Respiratory and anti-allergic relevance in dissertation	Supports action directed toward respirator	Respiratory-supportive component

		y manifestat ions	
Karkatash ringi / Shrungi	Kasahara and Deepana- Pachana relevance in dissertation	Addresses cough and supports digestion	Kasahara and digestive- supportive component
Pippali	Deepana, Vatanulomana and respiratory relevance	Supports Agni and normal movement of Vata	Agni- and Vata- oriented component
Shunthi	Deepana- Pachana and Vatanulomana relevance	Addresses Agnimand ya and Kapha- associate d obstructio n conceptua lly	Digestive and respiratory - supportive component
Guda	Madhura component; discussed as helping overcome Rukshata	Provides a balancing componen t in a formulati on contain ing Ruksha drugs	Avaleha base/suppo rtive vehicle

7. Probable Samprapti Vighatana

The formulation may be interpreted as acting on several components of the Vataja Kasa process rather than through one isolated action. Bharangi provides the major respiratory orientation. Pippali and Shunthi contribute Deepana-Pachana and Vatanulomana actions as described in the dissertation. Karkatashringi contributes Kasahara relevance, while Shati and Draksha are included among the constituents discussed for respiratory and supportive actions.

The conceptual sequence may be represented as: Vataja Kasa Samprapti → Vata Prakopa with associated Kapha obstruction → disturbance of Pranavaha Srotas and Prana-Udana movement → Kasa and associated symptoms. Bharangyadi Avaleha → Dosha-prashamana + Deepana-Pachana + Vatanulomana + Kasahara/Shwasahara actions → proposed reduction of relevant Samprapti components.

The dissertation specifically interprets the combined Dosha-prashamana effect of Bharangi, Pippali, Shunthi, Shati, Draksha and Karkatashringi; Deepana-Pachana through Pippali, Shunthi and Karkatashringi;

Vatanulomana through Pippali and Shunthi; and Shwasa, Kasa and Shothahara effects through the combined formulation. This is a conceptual interpretation of the formulation and not a demonstrated molecular pathway.

The combination of relatively Ruksha/Laghu/Katu/Tikta attributes with Madhura and comparatively Snigdha supportive components is also relevant. According to the dissertation discussion, Guda helps counteract the Rukshata of the herbal ingredients. Thus, the formulation is conceptually different from administration of a single strongly Ruksha drug.

8. Modern Pharmacological Correlation

Modern evidence provides supportive pharmacological observations for Bharangi. A peer-reviewed review of *Clerodendrum serratum* reports its traditional use in respiratory disorders and summarizes experimental anti-asthmatic, mast-cell-stabilizing and anti-allergic activities, together with reported antioxidant and anti-inflammatory potential. The authors also emphasize the need for further mechanistic and safety research before clinical validation. [6] □cite□turn0search0□

An experimental study using *C. serratum* root extract in an ovalbumin-induced asthma model reported reductions in inflammatory-cell infiltration, IgE, several cytokines and nitrites, with improvement in selected lung-function measures. These findings are preclinical and relate to an extract of the plant, not to the complete Bharangyadi Avaleha formulation. [7] □cite□turn0search1□

An earlier animal study reported antihistamine and anti-allergic activity after prolonged administration of a saponin from *Clerodendron serratum*. [8] □cite□turn0search2□

A separate experimental study evaluated a polyherbal preparation called Bharangyadi containing Bharangi, Sati and Pushkarmoola. It reported histamine antagonism, mast-cell stabilization and spasmolytic activity. Because that experimental composition differs from the Bharangyadi Avaleha described in the present dissertation, the finding should be considered supportive evidence for the broader Bharangyadi concept, not direct evidence for the exact formulation reviewed here. [9] □cite□turn0search6□

9. Clinical Context

The author's postgraduate dissertation evaluated Bharangyadi Avaleha against Kantakari Avaleha in school-age children with Vataja Kasa. The study recorded subjective parameters including Kasa, Mukhashushkata, Swarabheda, Daurbalya and pain symptoms, with eosinophil count as an objective parameter. The dissertation reports improvement in both treatment groups and describes them as broadly comparable.

The previous clinical work provides a clinical context for the present conceptual review, but it cannot establish the individual contribution of Bharangi or any other constituent because the intervention was a polyherbal formulation. It should therefore not be used to claim that the modern

pharmacological activity of a single constituent explains the entire clinical response.

The dissertation contains discrepancies between the planned sample size and some final tables, and between certain summary percentages and detailed symptom tables. These figures should be reconciled against the original master chart before any numerical clinical results are included in a future research article.

10. Discussion

Bharangyadi Avaleha can be understood as a formulation designed to address several therapeutic dimensions relevant to Vataja Kasa. Its conceptual basis is not limited to suppression of cough; rather, the formulation is discussed in relation to Dosha-prashamana, Agni, Vata movement and respiratory manifestations.

Bharangi is particularly relevant because of its traditional association with respiratory disorders and the dissertation's attribution of Kaphavata-shamaka and Kasahara/Shwasahara relevance. Pippali and Shunthi provide a Deepana-Pachana and Vatanulomana dimension. Karkatashringi contributes cough-oriented action, while Shati and Draksha provide additional respiratory/supportive components.

The formulation-level interpretation is important because the therapeutic profile of a classical polyherbal preparation cannot be reduced to the pharmacology of one constituent. The combination, relative quantities, pharmaceutical processing, vehicle and route of administration may all influence the final effect.

Modern studies on *C. serratum* provide a plausible pharmacological basis for further investigation, particularly in relation to allergic and inflammatory respiratory processes. However, experimental antiasthmatic or anti-inflammatory effects cannot be equated with efficacy in Ayurvedic Vataja Kasa. Similarly, findings from a differently composed Bharangyadi experimental preparation cannot be directly transferred to the exact formulation described in the dissertation.

11. Limitations

This is a conceptual review and does not establish clinical efficacy. Some Ayurvedic explanations represent Samprapti-based inference rather than experimentally demonstrated mechanisms. Modern studies are heterogeneous and include individual-plant extracts and differently composed polyherbal preparations rather than the exact Bharangyadi Avaleha. The previous clinical study was a multi-ingredient intervention and therefore cannot establish the effect of individual constituents.

12. Conclusion

Bharangyadi Avaleha has a coherent Ayurvedic conceptual basis for Vataja Kasa through its combined Dosha-prashamana, Deepana-Pachana, Vatanulomana and Kasahara/Shwasahara-oriented actions. Bharangi provides important respiratory relevance, while Pippali,

Shunthi, Karkatashringi, Shati and Draksha contribute complementary therapeutic attributes described in the Ayurvedic drug review. The Madhura component of the Avaleha preparation is discussed as providing a counterbalance to the Ruksha nature of several herbal ingredients. Contemporary evidence, particularly for *C. serratum*, is supportive at the experimental level but does not establish clinical efficacy of the complete formulation. Standardized pharmacological studies and appropriately designed clinical trials are needed to further evaluate Bharangyadi Avaleha in Vataja Kasa.

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Author Note

The manuscript has been prepared as a conceptual/review article rather than a second report of the author's clinical trial. Classical references, formulation details and Ayurvedic interpretations derived from the postgraduate dissertation should be checked against the original editions and authenticated pharmaceutical record before submission. Author list, designation, institutional affiliation and corresponding-author contact details should exactly match the information entered in the InteMed submission portal.

