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Research Article

Clinical Effect of Syp. Kankasava in Patients With COVID-19: A Preliminary Observational Study

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ABSTRACT:

COVID-19 commonly presents with cough and respiratory distress. Syp. Kankasava is a classical Ayurvedic fermented formulation traditionally used for respiratory complaints. However, direct clinical evidence for its use in COVID-19 remains limited, and it should not replace evidence-based COVID-19 treatment or oxygen support.

Objective: To describe the change in cough, breathlessness, and recorded oxygen-related clinical score among COVID-19 patients treated with Syp. Kankasava.

Methods: This preliminary before–after observational analysis included 11 patients listed in the supplied dataset as Group A. Cough (Kasa), breathlessness (Shwaskashtata), and an oxygen-related score were recorded before and after treatment. Mean, median, standard deviation, and change in scores were described. No control group, treatment duration, dose, laboratory confirmation, or statistical test results were available in the dataset.

Results: The mean cough score decreased from 1.455 before treatment to 0.727 after treatment, an absolute reduction of 0.727 points, equivalent to approximately 50.0%. The mean breathlessness score

decreased from 2.364 to 1.455, an absolute reduction of 0.909 points, equivalent to approximately 38.5%. The recorded oxygen-related score decreased from 4 in all patients before treatment to a mean of 1.09 after treatment. Because the meaning and direction of this oxygen score are not defined, this finding cannot be interpreted as an improvement in oxygen saturation or respiratory physiology.

Conclusion: In this small uncontrolled dataset, cough and breathlessness scores improved after treatment with Syp. Kankasava. These findings are hypothesis-generating only and cannot establish efficacy or causality. A prospective, adequately powered, ethically approved controlled study with standardized outcomes, oxygen saturation, concomitant treatment, adverse-event monitoring, and appropriate statistical analysis is required.

Keywords: Kankasava; Kanakasava; COVID-19; cough; dyspnoea; Ayurveda; observational study; respiratory symptoms.

Introduction

COVID-19 may produce cough, dyspnoea, fever, fatigue, and hypoxaemia. Clinical management depends on disease severity and requires monitoring for deterioration, particularly in patients with respiratory symptoms. Current WHO guidance emphasizes appropriate supportive care and evidence-based therapeutics according to disease severity; Ayurvedic formulations should therefore be evaluated only as complementary interventions under qualified medical supervision, not as substitutes for standard care.[1]

Kankasava—also written as Kanakasava—is a classical fermented Ayurvedic preparation traditionally used for cough and other respiratory symptoms. Formulations sold under this name may contain ingredients including Datura metel, Adhatoda species, Glycyrrhiza glabra, Piper longum, and other botanicals; composition can vary by pharmacopoeial or commercial product.[2,3] The presence of Datura is clinically important because tropane alkaloids may cause anticholinergic toxicity if the raw material, processing, dose, or product quality is inappropriate.

The evidence base for Ayurvedic interventions in COVID-19 is heterogeneous. Reviews have identified studies of several Ayurvedic interventions, but the available evidence varies in methodological quality and is insufficient to draw definitive conclusions for individual formulations such as Kankasava[3]. The present report analyzes the supplied patient-level data and should be considered a preliminary clinical observation rather than a confirmatory clinical trial.

Objective

To assess the pre-treatment and post-treatment change in recorded cough, breathlessness, and oxygen-related scores among patients with COVID-19 who received Syp. Kankasava.

Materials and Methods

Study design and data source

This was a retrospective, uncontrolled before–after analysis of data supplied in a spreadsheet titled covid 19. The dataset contained 11 patients under “Group A.” Individual names are omitted here to protect confidentiality. Syp Kanaksava was given 15 ml twice daily after meal for 7 days.

The validated scale or units used for cough, breathlessness, and oxygen-related variables.

Outcomes

Kasa: cough score before treatment and after treatment.

Shwaskashtata: breathlessness score before treatment and after treatment.

O2: an oxygen-related score recorded before and after treatment.

Statistical analysis

Percentage reduction was calculated as:

No inferential [p]-values are reported because the spreadsheet did not contain valid paired statistical-test results, and the outcome scales and study protocol were not defined.

Results:

Participant data

Eleven patients were included in the supplied Group A dataset. The dataset showed a before-treatment and after-treatment value for each patient for cough, breathlessness, and the oxygen-related variable.

Symptom outcomes

The median cough score was 1 before treatment and 1 after treatment. The median breathlessness score was 2 before treatment and 2 after treatment. Thus, although the means declined, the medians did not change, which may reflect the small sample size and the ordinal nature of the scores.

Oxygen-related variable

The oxygen-related variable was recorded as 4 before treatment in all 11 patients. The after-treatment values ranged from 0 to 3, with a mean of approximately 1.09. The spreadsheet does not define whether a lower score represents improvement, nor does it provide oxygen saturation values in percentage, oxygen flow rate, respiratory rate, or room-air status. Therefore, this variable cannot be interpreted as evidence of improved oxygenation.

Safety

No adverse events, laboratory safety parameters, treatment withdrawals, hospitalizations, intensive-care admissions, or deaths were reported .

Discussion

This preliminary analysis found lower mean scores for cough and breathlessness after treatment with Syp. Kankasava[4] The observed reductions were approximately 50.0% for cough and 38.5% for breathlessness. First, the study has no untreated or comparator group. Symptoms may improve because of the natural course of COVID-19, concurrent treatment, rest, hydration, antipyretics, antiviral therapy, oxygen therapy, or regression to the mean. A before–after design cannot separate the effect of Kankasava from these alternative explanations.

The sample size was only 11 patients. The unchanged medians suggest that mean changes may be influenced by a small number of individual observations. The oxygen-related result cannot be interpreted clinically. Oxygenation should be measured using clearly specified outcomes such as room-air pulse oximetry, oxygen requirement, respiratory rate, need for escalation of respiratory support, and time to clinical recovery. WHO guidance identifies low oxygen saturation and respiratory distress as markers requiring careful clinical assessment; such assessments cannot be reconstructed from the current spreadsheet.

The formulation requires careful pharmacovigilance[5]. Kankasava products may contain Datura and other pharmacologically active ingredients[6].

Conclusion

In 11 patients, the supplied dataset showed a reduction in mean cough and breathlessness scores after treatment with Syp. Kankasava. These observations are compatible with symptomatic improvement but do not demonstrate that Kankasava caused the improvement, nor do they establish benefit in oxygenation or prevention of COVID-19

progression. The formulation should not replace vaccination, diagnostic evaluation, oxygen therapy, antiviral treatment when indicated, or other standard COVID-19 care. A well-designed prospective controlled study with validated outcomes and systematic safety monitoring is necessary before clinical efficacy can be concluded.

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