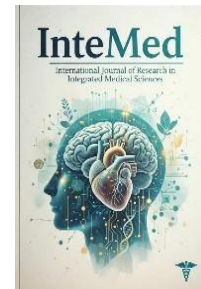




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A Case Study

EFFECT OF PADMAKADI AVALEHA IN THE MANAGEMENT OF KAPHAJA KASA.

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Abstract: Promoting good health remains a fundamental human aspiration, yet the presence of ailments poses significant hindrances to achieving optimal well-being. Among these, respiratory diseases emerge as notable challenges, impacting individuals across various life stages with varying degrees of severity. *Kasa*, a condition attributed to disturbances in the *Pranavaha Strotas* due to *Amashaya*-related imbalances, underscores the intricate nature of these ailments. The harmonious operation of the *Prana* and *Udana Vayu* holds the key to the proper functioning of the *Pranavaha Strotas*. Disruptions in this balance, brought about by causative factors, precipitate the onset of *Kasa*. Within the framework of *Samprapti*, the pathway of *Pranavata* faces obstructions from factors such as *Dhuma* and *Raja*, acting as irritants to the *Pranavaha Strotas*. The intricate cough reflex, involving both motor and sensory pathways mediated by *Prana* and *Udana Vata*, further underscores the complex nature of this ailment. Clinical manifestations encompass a range of symptoms, including *kasa vega*, *Kapha nishthivana*, *Shwaskrichhata*, *Urashool*, *Peenas* and *Aruchi*. among others. Drawing from the rich repository of Ayurvedic wisdom, a multitude of individual and compound remedies have been developed to address respiratory disorders effectively. This insightful case study, designed to evaluate the efficacy of Ayurvedic interventions in managing *Kaphaja kasa*, yielded promising outcomes in the context of enhancing respiratory health. This article is a case study of a 45 years male patient with signs & symptoms of *Kaphaj Kasa*. This case study shows potential of Ayurveda and it proves Ayurveda has evidence-based treatment. In this case study patient of *Kaphaj Kasa* was treated with the formulation of *Padmakadi Avaleha*.

KEYWORDS: *Kaphaj Kasa*, *Pranvaha Strotas*, *Padmakadi Avaleha*.

INTRODUCTION

Kasa, a condition described in Ayurveda, shares similarities with respiratory tract illnesses. In this context, *Prana* and *Udana Vayu* play a role in maintaining the proper functioning of the respiratory channels (*Pranavaha Strotas*). *Kasa* occurs when imbalanced *Kapha* obstructs the smooth flow of *Prana Vayu* in the throat and chest. This imbalance causes *Kasa*, where disturbed *Prana Vayu* and *Udana Vayu* create sounds reminiscent of striking broken pieces of bronze.^[1] *Kasa* can be an independent ailment or a symptom of various other diseases. Acharya Charak, identified five types of *Kasa*: *Vataja*, *Pittaja*, *Kaphaja*, *Kshataja*, and *Kshayaja*.^[2] Initial signs of *Kasa* include a sensation of particles in the throat and mouth, throat itching, and difficulty in swallowing food.

Kasa is often triggered by factors like exposure to dust, smoke, strenuous exercise, consuming excessively dry food, inhalation of food particles, and suppressing natural urges like coughing and sneezing.^[3] Since the COVID-19, Post COVID patients have been presenting with cough-related complaints in the OPD. These complaints include wet cough, headache, chest pain. Frequent coughing, particularly after exposure to cold air, can lead to significant rib pain. The cough pattern observed in post-COVID-19 patients closely resembles symptoms of *Kaphaj Kasa* described by Acharya Charaka. *Kaphaj Kasa* symptoms encompass bouts of cough (*kasa vega*), sputum production (*kapha nishthivan*), breathlessness (*shwaskrichhata*), chest pain while coughing (*urashool*), common cold (*peenas*),

tastlessness (aruchi) ⁽⁴⁾. Since *Kasa* can serve as a precursor to other ailments and prolonged *kaphaja Kasa* can potentially lead to serious conditions like chronic bronchitis and COPD,^[5] it is crucial to address this condition promptly to prevent its progression.

According to Acharya Charaka's *Chikitsa Sutra* of *kaphaj Kasa*,^[6] the initial step involves performing 1st *Vaman* which is one of *shodhan chikitsa* and other is *shaman chikitsa* which include various *kalpas*. Here we using Padmakadi avaleha for management of *Kaphaja kasa*.

Aim: To study Effect of Padmakadi avaleha in The Management of *kaphaj Kasa*.

Objective: To study role of Padmakadi avaleha to reduce sign and symptoms of *kaphaj Kasa*.

CASE REPORT

A 45-year-old male patient having following complaints was came in OPD of Kayachikitsa Department, SCM AVM, Satara, Maharashtra India.

Chief complaints

kasa vega

Kapha nishthivana

Shwaskrichhata

Urashool

Peenas

Aruchi- all since last 5-6 days

History of present Illness

45 years male patient came to OPD with Above complaints since last 5 to 6 days. he was taking Allopathy medicines (Anti-Histamines) for same complaints in the last 6 months but he did not get relief completely. So, for treatment, patient came to Kayachikitsa OPD for further treatment and management.

Past history: N/H/O: DM/HTN/BA/Hypothyroid

Present medicinal history: Tab Montac LC.... 1HS (Occasionally)

Family history: *Matruj Kula: Jivit Pitruj Kula: Jivit.*

Past surgical history: No History of any major Surgery.

General examination

• Temperature	• 98.4 F
• RR	• 22/ Min

• Pulse rate	• 82 /Min
• Blood pressure	• 120/80 mm of Hg

Systemic examination

• RS	• Mild B/L wheezes
• CVS	• S1 S2 Normal
• CNS	• Conscious, oriented
• P/A	• Soft and Non tender

Ashtavidha parikshan

• Nadi	• Sarpa Gati
• Mutra	• 5-6 times a day
• Mala	• Samyak
• Jivha	• Sama
• Shabda	• Spashta
• Sparsha	• Samshitoshna
• Druk	• Prakrit
• Akrti	• Madhyam

Hetu

Aharaj Nidan: Madhur Amla, Lavan and Sheet Ahar Atisevan, Viruddha and Asatmya Ahar, Pratimashan. Nishpav, Mash, Tiltail Atisevan,

Viharaj Nidan: Ati-Sheet vihar (AC cabin), Divaswap, Veg Dharan, Kam-Chinta-Bhay-Shokgrasta

Samprapti^[7]- \

Hetu sevan → *Kapha Prakopa* → *Pran Vayu Dushti* → *Prana Vayu* becomes *Udana Anugata* → *Prana Vayu* forcefully moves into *Srotas* → Typical sound obtained → *Kasa*.

Samprapti ghatak Dosha: Vaat + Kapha Dushya: Ras, Anna

Srotas: Rasvaha + Pranavaha

Srotodusti lakshna: Sanga

Adhithana: Ama- Pakwashayotha, Pranavaha srotas, Ura-Kantha

Swabhava: Aashukari

Sadhya- Asadhyata: Naveen - Sadhya, Jirna - Kric-chyasadhya

Agnidusti: Agnimandhya

Management: Padmakadi avaleha ^[8]

- *Drug:* Padmakadi avaleha
- *Matra:* 10 gm twice a day
- *Anupana:* Sukoshna Jala
- *Aushadhasevan Kala:* Vyano-Udane
- *Duration:* 14 days

Table 1: Latin name, Family and Part use in of dravya in Padmakadi avaleha. ⁽⁷⁾

•	• In gr ed ie nts	• La tin na me	• P a r t u s e d	• Q u a n ti ty
•	• Pad mak a	• Pr un us ce ra so id es (D · Don)	• B ar k	• 1 p a r t
•	• Vi da nga	• E m be lic a ri be s (B ur m. F)	• P h a l a	• 1 p a r t
•	• De vd ar u	• C ed ru s de od ar a (R	• K a n d a	• 1 p a r t

		ox b.)		
•	• Ba la	• Si da co rd if oli a (L in n.)	• M o o l a	• 1 p a r t
•	• Ra sn a	• Pl uc he a la nc eo lat e (D C.)	• L e a v e s	• 1 p a r t
•	• A m ala ka	• E m bli ca of fic in ali s (L .)	• P h a l a	• 1 p a r t
•	• Ha rit ak i	• Te r mi na lia ch eb ul a (R et z.)	• P h a l a	
•	• Bi bh ita k	• Te r mi na lia be lli ric a (G	• P h a l a	

		ae rt n.)		
•	• Sh un thi	• Zi ng ib er of fei na lis (R os co e.)	• Ka n da	• 1 pa rt
•	• Ma ri cha	• Pi pe r ni gr um (L .)	• Ka n da	
•	• Pi pp ali	• Pi pe r lo ng um (L .)	• Ph ala	
•	• Ma dhu (H oney)	• -	• -	• 7 pa rts
•	• G hr uta (G hee)	• -	• -	• 7 pa rts
•	• Se eta	• -	• -	• 7 pa rts

• Sympto m	• Gradat ion	• G r a d e	• 1
• Kasa Vega (Bouts of Cough) •	• No Cough ing	• 0	• 2
	• Cough ing 1 to 3 times in 24 hours	• 1	
	• Cough ing 4 to 6 times in 24 hours with not disturb ing sleep	• 2	
	• Cough ing more than 6 times in 24 hours and disturb ing sleep	• 3	
• Kapha Nishthi van (Sputu m Product ion)	• No Sputu m	• 0	• 3
	• Sputu m early in the morni ng	• 1	
	• Sputu m 2 to 3 times daily	• 2	
	• Sputu m with each cough	• 3	

Showing Observation and Results.

To summarize, the unique attributes (*Guna* and *Karma*) of individual *Dravyas* and the formulation as a whole counteract the factors contributing to *kaphaj Kasa*, offering a comprehensive approach to managing the condition.

CONCLUSION

kaphaj Kasa is present when *Vata-kaphapradhan Tridoshadushti* affect *Pranavaha Strotasa*. It occurs usually due to *Madhur, Amla, Lavan and sheeta Atisevan, Viruddha and Asatmya Ahar, Nishpav, Mash, Pinyak, Tiltail Atisevan, Tikshna and Vidagdhahar Sevan, Matsyasevan, Snehavibhram, Mridasevan, Pratimashan, Avyayam, Divaswap, Atimaithun, Veg dharan, Kam-chinta-bhay-shokgrasta, Panchakarma Visham Yog*. Ayurveda explains the *Nidanapanchaka* and *Chikitsa* of disease in holistic manner. Ayurvedic *Chikitsa* concentrates on proper functioning of “*VATA and KAPHA*” which is very important for function of *Pranavaha Strotas*. Ayurveda can provide better management in this area. With the Aim that ayurvedic medicines may be effective to manage *kaphaja Kasa* without any side effects. In this case study, there is reduction in Subjective parameters like *kasa vega, Kapha nishthivana, Shwaskrichhata, Urashool, Peenas, Aruchi*. The Ayurvedic Concepts in wet cough, having fruitful effect; be planned and evaluated systematically, adopting meticulous methods.

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