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A Critical Review on the Etiopathogenesis and Treatment of *Kaphaja Kasa* (Chronic Bronchitis)

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ABSTRACT

Kasa is one of the most common *Vikara* which makes the patient to consult a physician. *Kasa* is one of the *pranavaha srothodusti janita vyadhi* which hinders the normal life style. *Kaphaja Kasa* is a type of *Kasa* dominated by *Kapha* and *Vatadusti*. Ayurveda texts explains the *Nidana*, *Samprapti* and treatment of *Kaphaja Kasa* in detail in many contexts. Chronic bronchitis is a pathological condition characterized by the chronic cough and excessive mucous secretion in the tracheo bronchial tree. Cigarette smoking, environmental pollution, unaccustomed occupational surroundings are major causes of chronic bronchitis. Even though it is not life threatening, but on triggering causes may lead to acute exacerbation of symptoms and may need immediate intervention. *Kaphaja Kasa* can be best compared with chronic bronchitis. The mucolids, expectorants and cough suppressants are failing to relieve the chronic bronchitis, so there is a major role of Ayurveda in treatment of *Kaphaja Kasa*. Here an attempt is made to review causes, pathogenesis and treatment of *Kaphaja Kasa* w.s.r. to chronic bronchitis.

Key words: *Kaphaja Kasa*, *Chronic bronchitis*, *Mucolids*, *Expectorants*.

INTRODUCTION

Kasa is one of the pathological conditions explained in many contexts of Ayurveda texts. *Kasa* may develop as an independent disease, may be a *Lakshana* associative to other disease, sometimes may develop as *Upadrava* of a disease. *Kasa* is broadly classified as *Ardrakasa* and *Shushkakasa*. Understanding and differentiating the *Kasa* is most important to treat the condition effectively. Contemporary understanding of respiratory airway diseases, focal and diffuse lung

diseases can be studied parallel with understanding of *Kasa*.

Chronic bronchitis is characterized by cough associated with sputum on most days for at least 3 consecutive months for more than 2 successive years. The initial symptoms are repeated attacks of productive cough which shows a steady increase in severity during the winter months and present all the year round with recurrent respiratory infections.^[1]

According to estimates from national interviews taken by the national center for health statistics approximately 9.5 million people or 4% of the population were diagnosed with chronic bronchitis. In one study acute bronchitis affected 44 of 1000 adults annually. Chronic bronchitis is more prevalent in people older than 50 years.^[2]

Ayurveda explains different approaches to treat the *Kaphaja Kasa*. *Nidanaparivarjana*, *Shamanoushadhi* and *Shodhana* are different modes of treatments. These different modes of treatments have shown clinical efficacy in many institutional clinical trials. In contemporary medical system mucolytics,

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expectorants and antibiotics are the choice of treatment in chronic bronchitis. As disease is chronic, patient has to use these medicines for long duration. Due to disease modification from time to time has created resistance to these medications, so Ayurveda have major responsibility to treat this condition.

Etiology of Kaphaja Kasa (Chronic Bronchitis)

Nidana of any disease can be classified as *Samanya* and *Vishesha*. *Charakacharya* had not explained the *Samanyanidana* for *Kasa*. As *Kasa* is one of the *Pranavaha Srotho Dustijanita Vyadi* and have similarity in etiopathogenesis with *Hikka* and *Shwasa*, so *Pranavahasrothodusti Nidana* and *Hikka-Shwasa Samanya Nidana* can be considered as *Kaphajakasa Samanya Nidana*.

Intake of *Guru*, *Abhishyandi*, *Madhura*, *Snigdha Ahara*, *Divaswapna* and *Acheta* are explained as *Kapajakasa Vishesha Nidana*.^[3] These will act as *Dosha Hetu*, *Vyanjaka Hetu*, even *Uthpadhaka Hetu*. These causes will set the *Samprapthi* of *Kaphaja Kasa* and sometimes these will also act as triggering factors leading to exacerbation of symptoms.

Cigarette Smoking, Occupational exposure like exposure to dust, coal mining, cotton textiles etc. Ambient air pollution, Respiratory Infections are considered as major causes for chronic bronchitis.

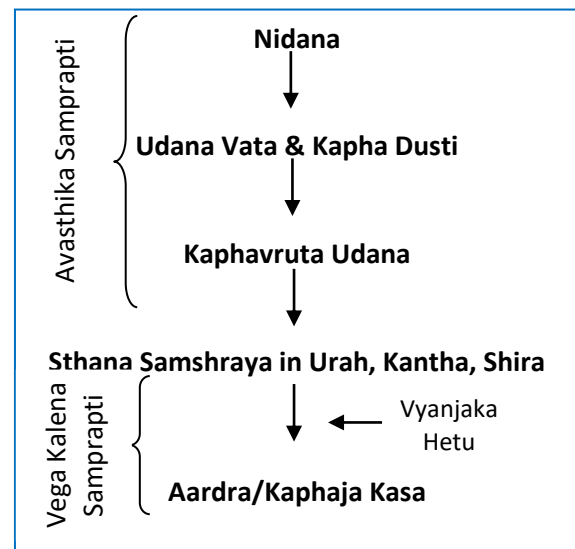
Raja, *Dhuma*, *Sheeta Snana* and intake of *Sheetambu* are explained as *Hikka-Swasa Nidana*.^[4] these can also be considered as cause for *Kasa*. The long term indulge in these *Nidana* will cause the *Kasa* and these will also act as triggering factors.

Samprapthi of Kaphaja Kasa

Samprapthi of *Kaphaja Kasa* can be divided as *Avasthika Samprapthi* and *Vega Kalen Samprapthi*. The causes have tendency to vitiate both *Vata* and *Kapha*. *Udana Vata* and *Kaphadusti* is initial stage of *Samprapthi*. Function of *Udanavata* will be obstructed by *Kapha* and these *Dosha* will take *Stanasamshraya in Uraha, Kantha and Shiras*.

At *Vegakala Vyanjakahetu* like *Raja*, *Dhuma*, *Shithambu* will precipitate the *Samprapthi* leading to

Aardra/ kaphajakasa Vega, where *Kasa* is associated with *Nishtivana*.



Etiopathogenesis of Chronic Bronchitis

Chronic Bronchitis is defined clinically as persistent cough that produces sputum for at least three months per year in two consecutive years. It is classified under the broader heading COPD because of the core pathological process of the obstruction to the airflow which is not fully reversible. WHO recognized and stated this disease as one of the major illness of the respiratory system with increasing incidence and mentioned it under ICD 10 section J42^[5]

Etiological factors causes thickened, edematous, hyperaemic bronchial wall which reduces lumina of the bronchi and bronchioles which contain mucous or muco purulent exudates. The main pathological changes that takes place in the trachea bronchial tree are the hypertrophy, hyperplasia and fibrosis i.e. hypertrophy of the mucous secreting cells, hyperplasia of the goblet cells in the respiratory tract, and luminal or peribronchial fibrosis.^[6]

Adding on to above pathology there will be decrease in the ciliated cells which will reduce the efficient transport of the increased mucous in the airways. Here airflow limitation reflects both mechanical obstruction in the tracheo bronchial tree as well as the reduced elastic recoil.^[7]

Productive cough usually exacerbate after colds during winter season, which show steady increase in severity and duration with successive years until cough is present all the year round.

There after development of exertional breathlessness with morning cough and wheeze which is due to increased bronchial obstruction by the inflammatory pathology and repeated respiratory tract infection in the tracheo bronchial tree. Breathlessness is aggravated due to various etiological factors such as infection, cigarette smoking and atmospheric condition.

Types of Chronic Bronchitis

This classification is based on the severity of the illness or the extent of involvement of the pathological changes, thus it can be classified into,

- a) Simple Chronic Bronchitis
- b) Mucopurulent Bronchitis
- c) Chronic obstructive Bronchitis

Clinical feature of Kaphaja Kasa

Kasavega (cough) is cardinal symptom of *Kasaroga*, which will be present in all types of *Kasa*. The differentiating symptoms of *Kaphaja Kasa* help to make more precise diagnosis. Clinical symptoms of *Kasa* can be again divided as *Avasthika Lakshana* and *Vegakalen Lakshana*. Even symptoms can be segregated as *Sarvdiaheka Lakshana* and *Urdvajathrogatha Lakshana*.

Bahala Madhura Snigdha Ghana Nishtivana^[8]

This is the *Pratyatama Lakshana* of the *Kaphaja Kasa*. The disease *Kaphaja Kasa* will be with expectoration. Where relatively more quantity of sputum will be produced comparing to *Vataja* and *Kaphaja Kasa*. The character of sputum will be *Ghana*, *Snigdha* and *Madura*. These *Lakshana* are in accordance with *Kaphadosha Guna* like *Guru*, *Manda*, *Snigda*, *Slakshna*, *Sandra* etc.

Mandagni^[9]

Dravyatha and *Gunatha Kaphadusti* in *Aamashaya* will lead to *Mandagni*.

Aruchi^[10]

Vata, *Pitta* and *Kapha* separately or all together when lodges in *Jihwa* and *Hridaya* or due to non availability of *Manoanukula Ahara* inturn causes *Aruchi*.

Chardi^[11]

Vitiated *Kapha* which will produce the excessive act of coughing which in turn produce increased abdominal pressure which will cause expulsion of the contents outside from the stomach.

Pinasa^[12]

According to commentator Dalhana *Pinasa* is *Prana Vayu Prakopa Janitha Vyadhi*. In *Kaphaja Kasa* due to the *Pranavaha Sroto Dusti* and vitiation of *PranaVayu*, the patient may suffer from *Pinasa*.

Gaurava^[13]

This is feeling of the heaviness which is due to the increase in the quality of the *Kapha* such as *Guru*, *Snigdha*, and *Picchila Guna*. This can be understood as heaviness of the body or the heaviness of the chest due to increased secretion in the *Pranavaha Srotas*.

Asyamadhurya / Mukhapralepa / Kantaupalepa

Sweetness in the mouth is distinct indicative of *Kaphadosha*. Increase in the *Picchilaguna Vridhhi* in the *Kapha Dosha* will cause adherence in the oral cavity or the pharynx.^{[14],[15],[16]}

Kasamanoruk Vaksha^[17]

Even though *Kapha* is predominant *Dosha* in *Kaphaja Kasa*, there will be involvement of *Vata* also. *Sthanasamshraya* of *Vata* in *Urah*, *Kanta*, *Shira* will lead to the symptoms like pain in chest region, head ache and sore throat.

Shiroruja^[18]

From *Vegavarodha* there will be a *Prakupita Vayu* which inturn gets *Pratiloma Gati* of *Vayu* gets *Sanchita* in *Murdhavaha Siraas* and causes *Shiroruja*.

Kanthakandu^[19]

The *Kleda* and *Sheetatwa* produced by *Karmatmaka Vridhhi* of *Kapha* leads to these symptoms.

Swarabheda^[20]

The *Gala Talulepa* by the aggravated *Kapha* and vitiation of *Udana Vayu* is responsible for the *Swarabheda*.

Chikitsa

In treatment of *Kaphaja Kasa* there is a need of different mode of approaches at different stages. Most of time multi treatment protocol has to be adopted.

Nidana Parivarjana

It is most important aspect of treatment. Person with *Kaphaja Kasa* has to avoid triggering factors like smoking, dust inhalation etc. some time person has to make some modification in his occupations to avoid these *Nidana* like mask wearing; avoiding Air Conditioned environment etc. patient should be more conscious during cold/winter seasons and during travel to cold atmosphere.

Samshamana

There are many single drugs, *Kastoushadhi* and *Rashoushadis* are indicated for *Kaphaja Kasa*. These have *Katu*, *Ushna*, *Tikshna*, *Sukshma*, *Chedana*, *Kaphanissaraka*, *Kasagna Guna*. *Trikatu*, *Pippali*, *Kantakari Avaleha*, *Agastya Haritaki*, *Kapha Ketu Rasa*, *Agastyavaleha*, *Vyghri Haritaki Avaleha* are beneficial in *Kaphaja Kasa*. *Pippali* and *Agasthya Haritaki Yoga* can be used as *Rasayana* in *Kaphaja Kasa*.

Shodhana

The first line of *Shodhana* in *Kaphaja Kasa* is *Vamana*. *Vamana* will expel the *Dushita Kapha* and relive the *Aavarana* to *Vata* giving more and effective result in *Kaphaja Kasa*. The *Virechana* can be planned in *Vata*, *Pittanubandha*. Here *Vata* should be controlled to relive *Vedana* in *Urah* and *Parshva*. *Nasya Karma* is helpful because the *Sthnasamshraya* is in *Urdhvajatrugata*. *Virechana* and *Nasya* have minimal role in *Vegakalen* and *Bahudoshaja Kaphaja Kasa*. In *Avasthika Kala* these can be adopted as per the *Yukthi* of physician.

If *Bahudosh* and *Amashyagatha Kaphaja Lakshana* are noticed *Sadhyovamana* can be adopted rather than classical *Vamana*.

Kavalagrha, *Dhumapana* are also helpful in condition of *Kaphajakasa*. After the *Vamana Tikshana Dhumapana* will helpful in *Kaphajakasa*.

CONCLUSION

Kaphaja Kasa is one of *Pranvaha Srothodusti Janita Vyadhi* where *Kasavega* is associated with *Bahala Ghana Nishtivana*. *Kaphaja Kasa* can be studied parallelly with contemporary understanding of chronic bronchitis. The causes and symptomatology of both *Kaphaja Kasa* and chronic bronchitis mimics each other so these can be best correlated. *Nidana Parivarjana*, different *Shamnoushdi* and different modes of *Shodana* will help in treating the *Kaphajakasa*. Probably these *Shamana* drugs act as cough suppressant, expectorants and mucolytic. In future scope there is a need to prove the action of these *Shamana* drugs clinically and pharmacologically.

REFERENCES

1. Christopher Haslett, Edwin R. Chilvers, Nicholas A. Boon, Nichi R. Colledge, Davidson's principles and practice of Medicine, Elsevier Churchill Livingstone, 19th ed. 2002:508-510.
2. JazeelaFayyaz, Chronic Bronchitis, Medscape, March 2011<http://emedicine.medscape.com/article/297108-overview#a0156>.
3. Agnivesha, Charaka Samhitha, revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, editor by Yadavji Trikamjiacharya, Chikithsasthana, ed.2013,Chaukamba Sanskritsansthan, Varanasi, 2013:540.
4. Agnivesha, Charaka Samhitha, revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, editor by Yadavji Trikamji acharya, chikithsasthana, ed. 2013,Chaukamba Sanskrit sansthan, Varanasi, 2013:540.
5. http://en.wikipedia.org/wiki/Chronic_bronchitis
6. Harsh Mohan, Textbook of pathology, New Delhi, Jaypee Brothers Medical Publishers, 15th ed, 2008:485.

7. Davidson, Goldberg; Principles and Practice of Medicine, edited by Christopher Haslet, Edwin R Chilvers, Nicholas A Boon, Nicki R Colledge, New Y Churchill Livingstone Publication, 19th edition, 2002:509.
8. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
9. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
10. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
11. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-54.
12. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
13. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
14. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
15. Vagbhata, Ashtanga Hridayam. Sarvangasundari commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri, Edited by Bhisagacharya Harishastri Paradakara Vaidya, 9th Edition. Choukhambha Orientalia; Varanasi. 2005:470.
16. Sushruta, Sushruta Samhita, with Nibhandha Sangraha comentary by Dalhana, foreword by Acharya Yadavji Trikamji. 8th edition. Choukhamba Sanskrit Sansthan, Varanasi, 2005:766.
17. Agnivesha, Charaka Samhita revised by Charaka & Dridabala, with Ayurveda Dipika comentary by Chakrapanidatta, foreword by Acharya Yadavji Trikamji. 5th edition. Varanasi: Choukhamba Sanskrit Sansthan; Varanasi. 2001:539-540.
18. Vagbhata, Ashtanga Hridayam. Sarvangasundari commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri, Edited by Bhisagacharya Harishastri Paradakara Vaidya, 9th Edition. Choukhambha Orientalia; Varanasi. 2005:470.
19. Sushruta, Sushruta Samhita, with Nibhandha Sangraha comentary by Dalhana, foreword by Acharya Yadavji Trikamji. 8th edition. Choukhamba Sanskrit Sansthan, Varanasi, 2005:766.
20. Vaidya Shodala, Gadanigraha, edited by Ganga Sahaye Pandeya, 1st ed. Choukhambha Sanskrit Sansthan, Varanasi, 2nd part, 1969:335.

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