



EFFICACY OF THE KHARJURADI LEHA IN PITTAJ KASA- A CASE STUDY

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ABSTRACT:

Kasa being the disease of Pranavaha Srotas. The vital Vayu of the body known as the Pranvayu combined with other doshas(Pitta and Kapha) is deranged by such causes as the smoke or of particles of dust into the nostril and larynx, over fatiguing physical exercise, inordinate use of any dry or Ruksha aahar, Viruddha Aahar, voluntary repression of sneezing or any other natural urges of the body(Vegdharan). Thus deranged Vata suddenly pressed upward and emitted through the mouth in unison with deranged Udan Vayu producing a particular sound resembles that of broken Indian bell metal. Kasa being the lakshna of Pranavaha SrotasDusti, It needs to relieve urgently. The present case study entitled was planned to evaluate the efficacy of Kharjuradi Leha in Pittaj Kasa as narrated in Sushrut Samhita.

KEY WORDS: Kasa, Pittaj Kas, Pranvaha Srotas, Kharjuradi Leha.

INTRODUCTION:

Acute Respiratory Infection (ARI) is very common in any age group and most of these are airborne spreading commonly by droplet method and cannot be completely prevented. ARI include both upper respiratory infection lower respiratory infection of which upper respiratory infection is more common and are easy recovered morbid state irrespective any disease stops not only the anabolic activity but rewards it the person in catabolic state. Upper respiratory tract infections generally present with symptoms of cough, vomiting during bouts, rhinorrhoea and Fever. Presence of cough disturbs the routines and decreases productivity of cough the individual. Because cough is partially produced due to forceful expulsion of the air from the lungs as reflex action to irritation and also associated with spasmodic contraction of muscles of the chest walls. Cough occurs in association with acute upper respiratory infection, acute pharyngitis, acute bronchitis and chronic sinusitis, all of which rank among the top 10 reasons for visiting family physicians. Persistent cough lead to chest pain and the infection can be further passed on to lower Respiratory Tract infection and might cause grave

complications. According to Vagbhata, due to Nidanasevana vitiation of Prana and Udanavayu takes place which moves upwards and gets filled up in the channels of throat and head. Due to increased pressure inside the channels Vayu expels out with a forceful forward bending of Urahpradesha and even feeling of eyeballs getting protruded out along with little pain. This creates a typical sound which is similar to the sound produced by a broken bronze vessel is called as Kasa. According to Sushrutacharya the vital Vayu of the body known as the Pranvayu combined with other doshas(Pitta and Kapha) is deranged by such causes as the smoke or of particles of dust into the nostril and larynx, over fatiguing physical exercise, inordinate use of any dry or Ruksha aahar, Viruddha Aahar, voluntary repression of sneezing or any other natural urges of the body(Vegdharan). Thus deranged Vata suddenly pressed upward and emitted through the mouth in unison with deranged Udan Vayu producing a particular sound resembles that of broken Indian bell metal. KharjuradiLeha in Kasa with not only suppressing Kasa but also provide nutrition during that period, so that the person is not deprive of nutrition.

CLASSIFICATION OF KASA:

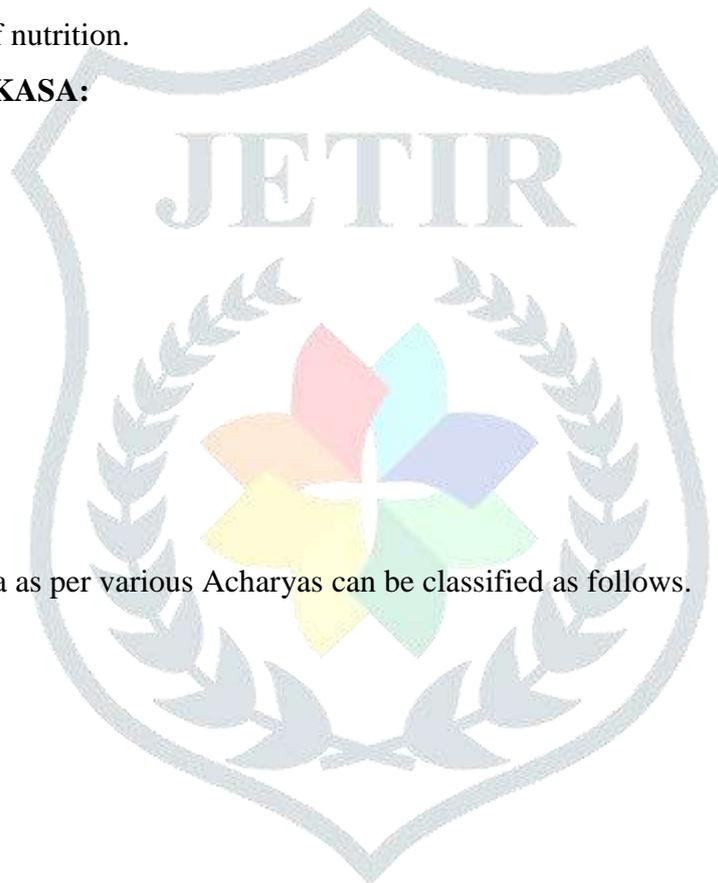
1. VatajKasa
2. PittajKasa
3. KaphajKasa
4. KshayajKasa
5. KhatajKasa

SAMANYA NIDANA:

1. Samanyanidas of Kasa as per various Acharyas can be classified as follows.
2. Aharajanidas
3. Viharajanidas
4. Manasikanidas
5. Vyadhijanyanidas

SAMANYA SAMPRAPTI OF KASA:

According to Acharya Charaka the Samanyasamprapti of Kasa is upward movement of vitiated Adho- Vayu afflicting the channels present in the shira, Ura and Greevapradesha. Vitiation of both Prana&Udanavayu together blocking of Srotasas results in increased pressure inside the channels of the head causing painful contraction of muscles in the areas like mandibular joint and cervical region, gives rise to cough with the presence or absence of sputum called as Kasa. Acharya Susrutha narrates the Samprapti of Kasa as, due to Nidanasevana vitiation of Pranavayu takes place and this gets mixed with Udanavayu and further moves upwards and gets filled in the channels of Kanta and Shirapradesha. The Prakopa of these two Vayus increases pressure inside the Stotasas causing abnormal, forceful expulsion of Vayu creating a peculiar sound similar to that of sound produced by broken bronze vessel.



SAMANYA CHIKISTA:

During treatment of Kasa first we have to treat the causative factor. Along with Doshaparakop the sthana of Pranavaha Srotas viz. Kantha, Phuphusa should undergo treatment. The Kanthya medicines should be used to treat Kasa. For that Gandush, Dhumpan, and Avaleha should be used. According to Dosha involvement the medicine used for treatment should be changed.

SYMPTOMS OF PITTAJ KASA:

A burning sensation in the region of the heart, fever, sense of dryness, bitter taste in mouth, thirst, yellow and pungent expectorant, paleness of complexion and burning sensation in the body.

CHIKITSA OF PITTAJ KASA:

As narrated in Sushruta Samhita the treatment of Pittaj Kasa includes the clarified butter duly cooked with the decoction of the drugs of the Vidarigandhadi, Utpaladi, Sarivadi, and Madhuragana and with the drugs of Kakolyadi Gana as Kalka and with addition of sugar as an after-throw. The Pittaj Kasa is relieved by use of compound prepared with Kharjura, Bhargi, Pippali, Piyala, Madhulika, Ela and Amalaka mixed in equal parts and taken with copious quantity of clarified butter, honey and sugar

CASE REPORT:

A 45 years male patient came to OPD with complaints of having cough with burning sensation in region of heart, bitter taste in mouth, mild fever, having recurrent thirst with yellow and pungent expectorant.

Past history: There is no any significant past history.

Family history: There is no any significant family history.

Personal history: There is no any significant personal history.

On Examination Samanya Parikshana:

1. General condition of patient is moderate
2. Pulse rate: 81/min
3. Raktachap (B.P.): 130/80 mmHg
4. Weight: 68 kg
5. RS-AE-BE: Clear
6. CVS- S1 S2: Normal
7. CNS: Well conscious, oriented
8. P/A: Soft, non-tender

Ashtavidha Pariksha:

Prakruti: Pittapradhan Vataanubandhi

Nadi: Pittapradhan

Mala: Samyaka Pravrutti

Mutra: samyak Pravruti

Jivha: Sama

Shabdha: Spashta

Sparsh: Ushna

Druk: Panduta

Local Examination: On examination paleness all over body and eyes is present. Slightly feverish.

METHODOLOGY: STUDY DESIGN:

Simple Randomised Single Case Study

TREATMENT SCHEDULE:

Kharjuradi Leha is given as narrated in Sushruta Samhita on the day of visitation in the dose of 14 Masha(10gms) QID in a day for 7 days and follow-up taken every day for 7 days.

ASSESSMENT CRITERIA:

1. Assessment was made by observing the improvement in the clinical features based on gradation before and after treatment.
2. Assessment was made on the following schedule
 - a) Initial assessment before the commencement of treatment
 - b) 2nd assessment on 1st day
 - c) 3rd assessment on 2nd day
 - d) 4th assessment on 3rd day
 - e) 5th assessment on 5th day
 - f) 6th assessment on the last day of treatment on 7th day

Patient was assessed on the parameters like signs and symptoms told by the patients or relatives and examination done on Modified Visual Ana log Scale.

OVERALL ASSESSMENT:

Gradation don on the basis of prognosis:

Observation	Gradation
Absence of signs and symptoms	0
Reduction in signs and symptoms	1
Slight reduction in signs and symptoms	2
No any change in signs and symptoms	3

OBSERVATIONS:

Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Cough	3	3	2	1	0	0	0
Burning Sensation at heart region	3	3	2	1	0	0	0
Fever	3	3	2	2	1	1	0
Recurrent Thirst	2	2	2	1	1	0	0
Yellow, Pungent expectorant	2	2	2	1	1	1	0

DISCUSSION:

The compound was prepared and dispensed in clean air tight container. Analysis was carried out of the drug at Indian Drugs Research Association & Laboratory. The compound is dark brown in colour, solid having a typical smell of dates; it is soft in touch like paste and contains moisture. It is sweet in taste. The compound leaves behind a bit of pungent taste which irritates the tongue which is because of the presence of Pippali. It is easily accepted as a drug and is quite palatable because of its characteristic test mainly of dates and Pippali.

On analysis the pH of 10% of solution of compound was 5.96 which is an acidic pH which does not favour growth of organisms in upper GI tract. The total sugar percentage was approximately 61% which is quite high. Sugar is known as soothing agent helping also expectoration and it might one reason make the compound effective in Kasa. The constituent's drugs are all predominantly Pittashamak, Madhur in Rasa and Vipak and Sheeta in Veerya. Thus the formation as a whole Madhur in Rasa and Vipak and Sheeta in Veerya. Thus helping in pacifying Pitta and Vata. Madhur rasa is constituted by Pruthvi and Jala Mahabhuta those totally opposite to constitution of Pitta and Vatadosha. Thus this is a good combination not only pacifying vitiated Vata and Pitta but also giving it a normal path by changing the Mahabhuta constituents during the diseased period and trying to establish normalcy. The data was obtained after administration of compound to the subject and frequent monitoring, this data is tabulated and analysed on statistical parameters to get concrete conclusions, the observation and the probable reasons. Those kinds of observations are discussed therefore.

CONCLUSION

1. Kharjuradi Leha has short shelf life of about 45 days and is effective when prepared freshly. It is sweet in taste due to high presence of sugar in natural form, dates,
2. The Leha has got soothing effect and demulcent activity due to the sugar content and in Agni Deepan activity due to the presence of Pippali.
3. The combination of these drugs is collectively known as Kharjuradi Leha. It is palatable due to its sweet taste and may acceptable to all age group as was observed.
4. The compound was found to be effective in Pittajkasa. This is due to the collective Shitaveerya of Leha and the Panchbhoutic composition of the Leha which is dominant in Pruthvi and Aapmahabhuta.

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