



Management of *Kaphaja Kasa* with *Pippalyadi Churna*: A Case Report

Dr. Betsi Mary Kharbyngar¹, Dr. Jithesh Chowta²

¹3rd Year PG Scholar, ²Associate Professor Dept. of Kaumarabhritya.

Alva's Ayurveda Medical College and Hospital, Moodubidri, Karnataka-574227.

Email id: betsymarykharbyngar@gmail.com

ABSTRACT:

Kasa is a commonly described disease entity in *Ayurvedic* classics, occurring in various pathological contexts and primarily involving the *Praṇavaha Srotas*. Cough is one of the most frequent respiratory symptoms in children, with a global prevalence of approximately 9.6% and 5–10% in India. Acute respiratory infections account for a significant burden in the pediatric age group, particularly among children aged 5–9 years. Although cough serves as a protective reflex by clearing airway secretions, persistence of symptoms can adversely affect the child's health and quality of life. *Ayurvedic* management of *Kasa* comprises *Nidana Parivarjana*, *Shodhana* and *Shamana Chikitsa*. In pediatric practice, *Shamana Chikitsa* is preferred due to its safety, ease of administration and better compliance. A 7 year-old South Indian Hindu female child presented with complaints of productive cough for three days, associated with throat congestion, nasal discharge and reduced appetite for two days. Based on clinical features, the condition was diagnosed as *Kaphaja Kasa*. *Pippalyadi Churna* was administered with *Madhu* for a duration of seven days, and the patient was followed up on the 14th day. Significant improvement was observed in the severity and frequency of cough, along with relief in associated symptoms. The formulation was well tolerated, palatable and safe, with no adverse effects noted. This case highlights the potential role of *Pippalyadi Churna* as an effective and child-friendly *Shamana* therapy in the management of *Kaphaja Kasa* in pediatric age group.

Keywords: *Kaphaja Kasa*, Cough, *Pippalyadi Churna*, Case Report

INTRODUCTION:

Kasa is one of the pathological conditions described in various contexts in *Ayurvedic* classics and is among the most common diseases affecting children, primarily involving the *Praṇavaha Srotas*. *Kasa* may present as an independent disease (*Swatantra Vyadhi*), as a symptom associated with other disorders, or as an *Upadrava* of systemic diseases. The normal functioning of *Praṇavaha Srotas* is governed by *Praṇa* and *Udana Vayu*. Due to the influence of various *Nidanas*, vitiation and obstruction of these *Vayu* occur, leading to the manifestation of *Kaphaja Kasa*, in which *Kapha* and *Vata* are the predominant pathogenic factors¹. Excessive

indulgence in *Kaphakara Ahara* and *Vihara* further contributes to its increased incidence. *Ayurvedic* texts describe five types of *Kasa*, among which *Kaphaja Kasa* is commonly observed in children due to the predominance of *Kapha Doṣha* during *Balya Avastha*². The classical clinical features include *Pinasa*, *Gaurava*, *Aruchi*, *Snigdha Niṣṭhivana*, and *Ghana Kapha Praseka*. If left untreated, *Kasa* may progress to serious complications such as *Shwasa*, *Shoṣha*, *Uraḡsata*, and *Raktapitta*³. From a modern medical perspective, cough is the fifth most common symptom for which patients seek medical care, with a global prevalence of approximately 9.6% and an estimated prevalence of 5–10% in India⁴. About half of the subjects with acute respiratory infections (52.2%) belong to the 5-9 years of age group and females were 52.3%⁵. Although cough acts as an important protective reflex of the respiratory system, especially in children, inappropriate suppression may result in complications. *Ayurvedic* management of *Kasa* includes *Nidana Parivarjana*, *Shodhana* and *Shamana Chikitsa*. Among these, *Shamana Chikitsa* is preferred in pediatric practice due to its safety, ease of administration, and better compliance. *Pippalyadi Churṇa*, mentioned in *Aṣṭaṅga Saṅgraha*, is indicated in the management of *Kaphaja Kasa* and possesses properties that help in alleviating *Kapha Doṣha* and restoring the normal function of the *Praṇavaha Srotas*⁶. This case highlights the effective symptom clearance and appetite restoration without antibiotics supporting the clinical utility of *Ayurveda* in acute pediatric respiratory illness.

CASE REPORT:

Chief Complaints:

A 7-year-old female child presented with the complaints of productive cough for three days, associated with throat congestion, nasal discharge and reduced appetite for the past two days.

History of present illness:

The patient was asymptomatic three days ago. Then, she gradually developed cough, which became productive and persisted for the last three days. The cough was associated with throat congestion, nasal discharge and reduced appetite for the past two days. In view of these complaints, the patient was brought to the hospital by her mother for further evaluation and management.

History of past illness:

No history of any major illness.

Family history: Nothing significant

Treatment history: Nothing significant

Personal history:

- Bowel : Once/ day
- Micturition : 5-6 times/ day
- Sleep : Disturbed
- Appetite : Reduced

CLINICAL FINDINGS:

Pallor : Absent
Icterus : Absent
Cyanosis : Absent
Clubbing : Absent
Lymphadenopathy : Absent
Oedema : Absent
Pulse rate : 82 bpm
Respiratory rate : 22/min
Temperature : 98.6°F
SPO₂ : 99%

ANTHROPOMETRY:

Weight : 17 kg
Height : 109cm
Head circumference : 49 cm
Mid-arm circumference: 17.5cm
Chest circumference : 51.5 cm

ASTAVIDHA PAREEKSHA:

Nadi : 82 bpm
Mutra : 5-6 times/day
Mala : once /day
Jihwa : *Liptata*
Shabda : *Prakruta*
Sparsha : *Prakruta*
Drik : *Prakruta*
Akriti : *Prakruta*



DASHAVIDHA PAREEKSHA:

Prakriti : *Vata-Kapha*

Sara : *Madhyama*

Samhanana : *Madhyama*

Pramana : *Avara*

Satmya : *Madhyama*

Satva : *Avara*

Ahara Shakti : *Avara*

Vyayama Shakti: *Avara*

Vaya : 7 years

Vikriti :

- *Dosha* : *Kapha*
- *Dushya* : *Rasa dhatu*
- *Srotas* : *Rasavaha, Annavaha, Pranavaha srotas*
- *Sroto Dushti Prakara* : *Vimargagamana*
- *Agni* : *Mandagni*
- *Ama* : *Agnijanya*
- *Adhishthana* : *Uras*
- *Rogi Bala* : *Avara*
- *Roga Bala* : *Madhyama*

SYSTEMIC EXAMINATION:**Respiratory examination:****Inspection:**

- Size and shape of the chest: Normal
- Type of breathing: Abdomino-thoracic
- Respiratory rhythm: Regular

Palpation:

- Trachea: Centrally placed
- Movement of the chest: Symmetrical
- Vibration: Absent
- Tenderness: Absent

Percussion:

- Note: Normal

Auscultation:

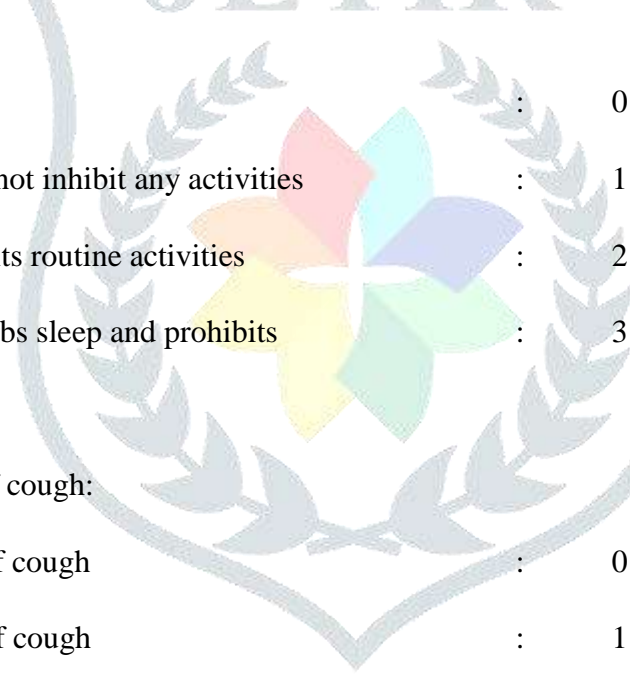
- Type of breathing sounds: Vesicular breath sounds
- Added sounds: Rhonchi present

Cardiovascular examination : No abnormality detected

Gastrointestinal examination : No abnormality detected

Central nervous system examination : No abnormality detected

ASSESSMENT:**GRADATION INDEX:****SUBJECTIVE CRITERIA:**

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1. Cough:
 - No cough : 0
 - Cough which does not inhibit any activities : 1
 - Cough which inhibits routine activities : 2
 - Cough which disturbs sleep and prohibits routine activities : 3
 2. Number of bouts of cough:
 - Absence of bouts of cough : 0
 - Less than 3 bouts of cough : 1
 - 3 – 7 bouts of cough : 2
 - More than 8 bouts of cough : 3
 3. Throat Congestion:
 - Absent : 0
 - Present : 1
 4. Nasal discharge:
 - No nasal discharge : 0
 - Watery nasal discharge : 1

- Mucoïd or muco-purulent nasal discharge : 2

OBJECTIVE CRITERIA:

1. Quality and consistency of sputum:

- No productive cough : 0
- Serous expectoration : 1
- Mucoïd expectoration : 2
- Muco-purulent expectoration : 3

2. Additional breath sounds on auscultation:

- Absent : 0
- Present : 1

Treatment given:

- **Pippalyadi Churna:** 5.5gm two times per day mixed with *Madhu* to be taken after food for 7 days.

FOLLOW-UP AND OUTCOME:

Parameters	BT	DT(3 rd day)	AT (7 th day)	FU (14 th day)
Cough	2	1	0	0
No. of bouts of cough in one hour	3	2	1	0
Throat congestion	1	1	0	0
Nasal discharge	2	1	0	0
Quality and consistency of sputum	2	2	0	0
Additional breath sounds on auscultation	1	0	0	0

After administration of *Pippalyadi Churna* with *Madhu* for a duration of seven days, the patient showed good clinical improvement with complete relief. The frequency and severity of productive cough were significantly reduced by the end of the treatment period, with improvement noted from the third day of treatment. Associated symptoms such as throat congestion and nasal discharge gradually subsided, and complete relief was observed by the seventh day. Appetite improved within five days of treatment. On follow-up assessment conducted on the 14th day, the patient remained asymptomatic, with no recurrence of cough or associated complaints. The formulation was well accepted by the child, indicating good palatability and no adverse drug

reactions or untoward effects were observed during the treatment or follow-up period. Overall, the clinical outcome demonstrated that *Pippalyadi Churna* was effective, safe, and well tolerated in the management of *Kaphaja Kasa* in the present pediatric case.

DISCUSSION:

In *Kaphaja Kasa*, vitiated *Kapha* along with *Vata* plays a pivotal role in the pathogenesis of the disease. Due to indulgence in *Kaphakara Ahara* and *Vihara*, *Kapha Doṣha* undergoes aggravation and accumulates in the *Praṇavaha Srotas*. Simultaneously, vitiation of *Vata*, particularly *Praṇa* and *Udana Vayu*, leads to obstruction (*Avaraṇa*) by *Kapha*, resulting in impaired movement of *Vayu*. This causes excessive mucus production, throat congestion, productive cough, and difficulty in expectoration. Hence, *Kapha Shamana* and *Vatanulomana* form the principal line of management in *Kaphaja Kasa*.

Pippalyadi Churna, consisting of *Pippali*, *Pippalimula*, *Śrṅgavera*, and *Vibhitaki*, is described in *Aṣṭāṅga Saṅgraha* for the management of *Kasa*. The formulation predominantly possesses *Kaṭu* and *Kaṣhaya Rasa*, *Laghu* and *Rukṣha Guṇa*, *Uṣhṇa Virya*, and *Madhura Vipaka*. *Kaṣhaya Rasa* facilitates *Kapha Shoṣhaṇa* and reduces excessive secretions, while *Uṣhṇa Virya* helps in liquefaction of *Kapha*, promoting easy expectoration and relieving *Srotorodha*. The *Laghu* and *Rukṣha Guṇas* counteract the *Snigdha* and *Guru* properties of *Kapha*, thereby aiding *Srotoshodhana*. The *Madhura Vipaka*, along with the *Rasayana* property of the ingredients, supports mucosal healing, enhances respiratory immunity, and helps prevent recurrence. Through *Kapha-Vata Shamana*, *Vatanulomana*, *Kleda Shoṣhaṇa*, and *Kasa Nigraha*, *Pippalyadi Churna* effectively breaks the *Samprapti* of *Kaphaja Kasa*. From a pharmacological perspective, the presence of bioactive constituents such as piperine, gingerols, shogaols, tannins, gallic acid, and flavonoids contributes to expectorant, bronchodilator, anti-inflammatory, antioxidant, and antimicrobial actions. These properties help reduce airway inflammation, enhance mucociliary clearance, and strengthen mucosal defense, resulting in sustained symptomatic relief in *Kaphaja Kasa*.

CONCLUSION:

Kaphaja Kasa significantly affects a child's daily activities and overall well-being, leading to reduced functional capacity and quality of life. The *Ayurvedic* approach to management focuses on restoring *Doṣha* equilibrium and improving *Praṇavaha Srotas* function, thereby promoting a healthy and blissful life. The findings of the present case report indicate that the administered *Ayurvedic* formulation was effective in alleviating the symptoms of *Kaphaja Kasa* without producing any adverse effects.

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