



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

THE REVIEW ARTICLE ON THE ROLE OF VATSNABH IN KAPHAKETU RASA W.S.R. KAPHAJA KASA

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ABSTRACT: -

A man wishing to be healthy throughout his life has to be healthy everyday as well. Human being is continuously attached with external environment through Respiration and prone to diseases because of Urbanization. Due to less resistance or due to decreased immunity and non adaptability, against environmental influences, leads to body protecting phenomenon produces Cough. In Ayurvedic texts kasa is dealt in detail. Various Shodhana and Shamana therapies are mentioned for the treatment of Kaphajakasa in the classics. Amongst the various formulations indicated for Kaphajakasa, Kaphaketu Rasa along with Vyagrahadi Kashaya as Anupana and Lavangadi Vati along with Elakanadi Kashaya as Anupana is selected in different 2 groups as drugs are easily available and economical. Kasa is one of the most common ailments afflicting the Pranavahastrotas. KaphajaKasa dominated by kapha&Vatadusti. Ayurveda texts explains the nidana, Samprati& Treatment of kaphajakasa in detail in many contexts. Cigarette smoking, environmental pollution, unaccustomed occupational surrounding are major causes of chronic bronchitis. Kaphajakasa can be best compare with chronic bronchitis. The mucoids, expectorants and cough suppressants are failing to relieve the chronic bronchitis so there is a major role of ayurveda in treatment of kaphajakasa. In kaphajakasa where kasa with prabhuta, Ghana,snigdha, bahalakapha is present corresponds either to acute bronchitis or chronic obstructive bronchitis but in this review article critical analysis done on kaphajakasa (chronic bronchitis). It is an erect, perennial herb, that occurs in subalpine and alpine zones of the western Himalayas. It is used as the main ingredient of Kapha Ketu rasa. It is a plant-based poison but acts as a medicine if used after a proper purification process. It has antipyretic, analgesic, anti-rheumatic, appetiser, and digestive properties. It is used in Ayurveda only after purification. It is used in Tridosha vikara, especially in Kapha-Vataj roga such as cough, bronchitis, and fever.

KEYWORDS: - Kaphajakasa, Kapha Ketu rasa, chronic bronchitis, cough, Ayurveda, Pranavahastrotas.

INTRODUCTION: -

In recent years, there has been an extra ordinary increase of incidence related to Respiratory system kaphajakasa is common upper respiratory tract ailment present nowadays & it is increasingly annoying & irritating the individual in the routine activity. Kasa is one of pathological conditions explained in many contexts of ayurvedic 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 & Shushkakasa. Shamanushadi, Shodhana are different modes of treatments. In contemporary medicines system mucolytics expectorants & antibiotics are the choice of treatments in chronic bronchitis as disease is chronic patient has to take medication for long duration due to disease modification from time to time has created resistance to which medication so ayurveda has major responsibility to treat these conditions.

Vatsanabha has been traditionally classified as a Svedajanana drug (drugs enhancing sweating). Brown adipose tissue in humans is responsible for thermogenesis and Aconitine, when administered in cold stressed mice has led to an increase in the weight of brown adipose tissue by upregulating the uncoupling protein-1 level which is responsible for its thermogenic effect. The weight of white adipose tissue in these models has reduced, these findings make aconitum a possible therapeutic agent in obesity, fever, and conditions with low basal metabolic rate.[59] The antimicrobial effect of Aconitum has also been explored and its potential inhibitory effect against Staphylococcus aureus has been found.

MATERIAL AND METHOD: -

Kaphaja kasa: -

Kaphajakasa consists of two words “kapha” & “Kasa”. The word kapha is derived from the root of Ke, meaning “shirasikena Jalenavapalathi” that which is productive in shiras & nourished by Jalaacharya charaka has defined kasa as “shushaka va a kaphovaapikasanathkasaha” means release of obstructed vata resulting in the production of abnormal sound the process which may be productive or dry. Samanya and Visheshanidana are explained for KaphajaKasa, where both play a major role in the manifestation of disease KaphajaKasa. Where both play a major role in the manifestation of disease Kaphajakasa can be categorized into Khavaigunyotpadaka, Vataprakopaka, Kaphaprakopaka.

Nidana: -

The Nidanas which cause srotodushti resulting in the susceptibility of srotas for the manifestation of disease. There are 2 causes for Srotodushti mentioned in CharakaSamhita. 1. Ahara and Vihara possessing the similar qualities to that of doshas and aggravates the doshas. 2. Ahara and Vihara which vitiates the dhatus. The etiological factors like Raja and Dhuma come under second category and these etiological factors have direct contact with pranavahastrotas leading to the Khavaigunyata in pranavahastrotasie., damages the epithelium of respiratory tract. Vataprakopaka Nidana: The etiological factors responsible for aggravation of vata are rukshannabojana, ratrijagarana, vegadeerana, veg dharana, vyayama. For all types of kasa to occur, vata is the Samavayi Karana i.e. main dosha involved for the manifestation of disease. Vataprakopaka occurs either by Dhatushaya or Avarana. Hence Nidanas mentioned by Vagbhata for kasa are either of the two above. Aggravated vata moves all over the body, lodges in pranavahastrotas which has been affected by the Khavaigunyautpadakanidana like Dhuma, Raja. Kapha Prakopaka Nidana: The etiological factors responsible for kaphaprakopaka are guru, snigdha, utkedi, vijjalaahara, diwaswapna. These Nidhana aggravate Kapha in uras causing obstruction to downward movement of Vata in pranavahastrotas. This leads to the pratilomagati of vata which manifests Kasa with Kapha Shteevana.

Samprati:-

Samprati of Kaphaja Kasa can be divided as Avasthikasamprathi and veg kalensamprathi. The causes have tendency to vitiate both vata and kapha. Udanavatadusti and kaphadusti is initial stage of samprati. Function of udanavata will be obstructed by kapha and these dosha will take stanasamshraya in Uraha, Kantha and Shiras. At Vegakala Vyajakahetu like Raja, Dhuma, Shithambu will precipitate the Samprati leading to Aadraj Kaphaja Kasa Vega, where Kasa is associated with Nishtivana.

Nidana Parivarjana :-

It is most important aspect of treatment. Person with KaphajaKasa 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 Rashushadis are indicated for KaphajaKasa. These have Katu, Ushna, Tikshna, Sukshma, chedana, kaphanissaraka, kasagnaguna. Trikatu, Pippali, Kantakari, Avaheha, Agastya, Haritaki, Avaleha are beneficial in KaphajaKasa. Pippali and AgasthyaHaritaki Yoga can be used as Rasayana in kaphajakasa.

Shodhana:-

The first line of Shodhana in KaphajaKasa is Vamana. Vamana will expel the DushitaKapha and relive the Aavarana to Vata giving more and effective result in KaphajaKasa. The Virechana can be planned in Vaata, 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 vegkalen and Bahudoshaja Kaphajakasa. In Avasthika Kala these can be adopted as per the Yukthi of Physician. If Bahudoshaja and Amashyagatha Kaphaja Lakshana are noticed Sadhyavamana can be adopted rather than classical Vamana. Kavalagraha, Dhumapana are also helpful in condition of Kaphaja Kasa. After the Vamana Tikshana Dhumapana will helpful in Kaphaja Kasa.

Vatsanabha (Aconitum chasmanthum) :-

Vatsanabha, a poisonous drug mentioned in Schedule E1 of the Drug and Cosmetic rule 1945, is Katu (pungent), Tikta, Ashukari (fast acting), Vyvayi (permeation all over body before digestion), Vikasi (distribution all over body without passing through routine digestive process), Ushna, and Teekshna, spreads rapidly in the body with a fast onset of action. Amashaya (seat of Ama i.e., upper part of gastrointestinal tract) is the dominant site of Kapha in the body and is also involved in pathology of Jwara (fever). Weak digestive fire (Mandagni) is responsible for Kapha and Ama production, having the potential to obstruct the micro channels (Srotas) of the body. Chronic obstruction in the channels further aggravates the Vata and disease manifests as Kapha and Vata related signs and symptoms. As the name implies KKR, it abolishes the vitiated Kapha and thus subsides the Vata. Due to its Kapha and Jwara mitigating properties, Vatsanabha is main ingredient of Ayurvedic formulations designed for the treatment of Kapha and febrile conditions. Ayurvedic classics have described methodology for making it useful in therapeutics and studies have shown that these purification procedures reduce the toxic effects of aconite significantly. After therapeutic processing, percentage of ingredients like aconitine decrease to therapeutic value. After purification, the total alkaloid content of toxic substances decreases, while the percentage of less toxic substances such as aconine, hypoaconine, and benzyloaconine increase due to the conversion of the toxic aconitine into aconine or hydrolysis of the alkaloids to their respective amino alcohols after the purification process.

Owing to its Vednasthapaka (analgesic) and Shothahara (anti-inflammatory) properties, it has been used in Ayurvedic clinical practice for treating autoimmune, musculoskeletal, respiratory illnesses, and gastrointestinal disorders. Pharmaceutical studies have identified Aconitine, Mesaconitine, etc. As its major alkaloids which have been studied experimentally for different outcomes. Aconitine, a diester alkaloid in mice models has shown antinociception properties. It has been found beneficial in different types of pains including acute, visceral pain and pain arising due to inflammations. These findings render it as a useful therapeutic agent for painful musculoskeletal as well as clinical conditions presenting with the pain of visceral origin. Aconitum alkaloids have also shown metabolism stimulation properties experimentally and could be a possible therapeutic agent in diseases associated with a lower metabolic rate like hypothyroidism. Bulleylaconitine, a diterpenoid alkaloid found in Aconitum chasmanthum, has shown anti-allergic and anti-inflammatory effects in asthma models by reducing the immunoglobulin E (IgE), monocyte chemoattractant protein-1, eosinophil, and lymphocytes which are important inflammatory mediators involved in the

pathogenesis of asthma. Aconitum is also a potential therapeutic agent in various arthropathies including autoimmune conditions like rheumatoid arthritis. Interleukin-6 (IL-6) is an important cytokine involved in the pathogenesis of rheumatoid arthritis responsible for joint destruction and other systemic features present in rheumatoid arthritis. Benzoylaconitine, a monoester alkaloid of aconitum has shown its antirheumatic effect by inhibiting IL-6 and IL-8 in experimental models.

CONCLUSION: -

Though cough is considered as just a symptom in modern science but it is considered as disease in ayurveda. Types of the kasa can be understood on the basis of nature of cough and Sputum production. Kaphajakasa can be correlated to Chronic Bronchitis based on Nidana, samprati and lakshana. First and foremost, nidana told by our acharyas for the manifestation of kasa is raja and dhuma which initiate the pathological process in pranavahasamprati and even Chronic bronchitis manifests in those who are Chronic smokers and because of continuous exposure to dust at work. Nidana Parivarjana, different Shamnoushdhi and different modes of Shodhana 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.

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