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Research Article

MANAGEMENT OF *VATAJA KASA* W.S.R. TO TROPICAL PULMONARY EOSINOPHILIA BY *SHRINGARABHRA RASA* WITH *MRIDU VIRECHANA*

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ABSTRACT

The clinical features of *vataja kasa* are oftenly compared to TPE are, *Shushka kasa, Alpa kapha nishtivana, Swarabedha, shushka ura kantha vaktrata, Dourbalya* etc. TPE is an occult form of filariasis and is characterized by dry cough, dyspnoea, nocturnal wheezing etc, and marked peripheral blood eosinophilia. This affects males and females at a ratio of 4:1 often during the 3rd decade of life. Keeping in view about the adverse effects of the modern sciences, an attempt was made to find an effective Ayurvedic treatment modality.

Methods: 15 subjects with classical signs and symptoms of *Vataja kasa* and raised esinophil count >500cells/cumm were selected. After *Amapachana* by *Shunti churna* with hot water, subjects were given *Kantakari ghrita* for *Snehapana* prior to *Virechana* with *Eranda taila* followed by *Shringarabhra rasa* for 21 days with follow up of 1 month.

Results: *Shringarabhra Rasa* with *Mridu Virechana* provided highly significant results in all parameters of assessment.

Conclusion: It is found that the relief was highly significant after *Mridu Virechana*. It is found that the effect of therapy was highly significant on *Shushka kasa* and *Shushka urah kantha vaktra*.

INTRODUCTION

The vitiated *Prana vata* along with *Udana vata* which further gets aggravated, takes an abnormal course through throat and mouth in association with other *Doshas* and expelled out abruptly with a 'coughing sound' malingering the broken- bronze vessel[1].

The clinical features of *Vataja kasa* has been described in our classics as *Shushka kasa*, *Prasakta manta*, *Shushka alpa kapha nishtivana*, *Swarabedha*, *Shushka ura kantha vaktrata*, *Dourbalya* etc[2].

Vataja kasa is often compared to Tropical Pulmonary Eosinophilia (TPE) because of similarities of signs and symptoms.

TPE is a syndrome resulting from immunological hyper responsiveness to human filarial parasites Wucheria bancrofti and Brugia malayi. The filariae are transmitted to humans by mosquitoes and adult worms eventually reside in lymphatics. There they release microfilariae, which travel to the lungs and create an intense inflamantory reaction[3].

AIMS AND OBJECTIVES

1. To study in detail about *Vataja kasa,* according to Ayurveda and TPE according to modern science.
2. To assess the efficacy of *Shringarabhra Rasa* in the management of *Vataja Kasa* (TPE).

MATERIALS AND METHODS

Materials

The present study titled "A Clinical Study in the Management of *Vataja Kasa* w.s.r. to Tropical Pulmonary Eosinophilia by *Shringarabhra Rasa* Along

With *Mridu Virechana"* was done with following materials.

1. ***Shunti choorna*:** 5gm/ day in 3 divided doses, half an hour before food with *Ushnodaka* as *Anupana* for *Amapachana* till *Nirama lakshanas* are seen.
2. ***Kantakari ghrita*:** The duration taken for *Ghrita paka* was 5 days. *Anupana: Ushnodaka*
3. ***Karpooradya taila***
4. ***Eranda taila***
5. ***Shringarabhra rasa*:** Dose– 250mg. 1 tid before food, *Anupana - Ushna jala*.

Source and Methods of Collection of Data

a. A clinical survey of subjects attending OPD and IPD of Post Graduate Department of Kayachikitsa, Ayurveda Mahavidyalaya Hospital, Hubli was made, and subjects fulfilling the criteria of diagnosis as per the proforma were registered for the study.
b. Special clinical Proforma based on criteria of selection and parameters were prepared for assessment.
c. Informed consent of all the subjects registered was duly taken before starting the interventions.
d. Clinical evaluation was done by collection of data through information obtained by history, physical examination and laboratory investigations wherever necessary.
e. Literature pertaining to the study was collected from Post Graduate Library, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, and from Authentic Research Journals, Websites and Digital Publications.
f. The data, which was obtained by the clinical trial were statistically analyzed by applying student's 't' test.

Sample

The subjects were selected incidentally and randomly placed.

Sample Size

15 subjects were placed *Mrudu virechana* followed by *Shringarabhra Rasa* internally for 21 days.

Inclusion Criteria

1. Subjects presenting with classical clinical features of *Vataja kasa* (Tropical Pulmonary Eosinophilia).
2. Subjects of either sex between the age of 20-50 years.
3. Subjects with chronicity of more than 6 months and less than 5years.
4. Subjects having increased AEC in the peripheral blood smear.
5. Subjects fit for *Virechana*.

Exclusion Criteria

1. Subjects with other systemic disorders like CHD, diabetes, hepatorenal complication etc.
2. Subjects with bronchial asthma, pneumonia, bronchitis, pulmonary tuberculosis.

Diagnostic Criteria

After detailed examination, the diagnosis was made based on the signs and symptoms of *Vataja kasa* explained in Ayurvedic classics along with AEC and ESR

Method of examination of the subjects

In this study the data was collected from the subjects with the help of interview. The detailed data related to general history, history of past illness, present illness, family history, food habits, history of treatment taken so far and other relevant details were recorded in the proforma. The systemic examination of the subject was also done and findings were recorded as per the proforma.

Investigations

Blood: Hb%
TC, DC
ESR
AEC
RBS

Urine: Albumin
Sugar
Micro

Radiological investigation: Chest X-Ray PA-view if required.

Parameters of Study

Parameters of assessment were totally based on the subsidence in the clinical features of *Vataja Kasa* (TPE).

Parameters of study is categorised as Subjective and Objective parameters.

Shushka kasa

Grade 0- No cough

Grade 1- Mild irritant dry cough but does not disturb the night sleep.

Grade 2- Moderate irritant dry cough which disturbs the night sleep but subside after medication.

Grade 3- Severe irritant dry cough not releaved by any measures and keeps patient awake.

***Alpha Kapha Nishtivana* (Expectoration)**

Grade 0 - Absence

Grade 1 - Occasional expectoration

Grade 2 - Expectoration with peristance of dry cough.

***Shushka Urakanthavaktrata* (Dryness)**

Grade 0 - Absence
Grade 1 - Mild
Grade 2- Moderate which releaved by home remedies
Grade 3 - Severe is constant dryness of oral cavity

Shoola Hrita/Ura/Parshwa/Udara/Shira/Shakha

Grade 0- Absent
Grade 1- Mild and occasional pain during cough
Grade 2- Moderate pain during cough
Grade 3- Constant pain

***Dourbalya* (General weakness)**

Grade 0- Absence
Grade 1- Mild weakness but doesn't hamper day to day activities.
Grade 2- Moderate weakness which alters the routine, but subside by rest.
Grade 3- Severe weakness

***Swarabedha* (Change in Voice)**

Grade 0- Absent
Grade 1- Present

Nirghosha

Grade 0- Absent
Grade 1- Present

***Amapachana*:** The subjects were given *Shunti Churna* 5gm/day in 3 divided doses half an hour before food with *Ushnodaka* as *Anupana* for *Amapachana* till *Nirama lakshanas* were seen.

***Snehana*:** *Sadya snehapana* by *Kantakari ghrita*.

On the first day patients were given *Hrisiyasi matra* of *Sneha* i.e., 30ml and based on the duration taken for digestion, the dose was calculated for 24hrs and given on second day as *Sadya snehapana*.

Table 1: Showing major symptoms (subjective parameters) wise distribution

Symptoms	No. of Patients	%
Shushka kasa	15	100%
Alpa kapha nishtivana	09	60%
Shushka urah kantha and *Vaktra*	13	86.6%
Swarabheda	06	40%
Shoola in Ura/ Udara/ Parshwa/ Shira/ Shanka and *Hrit pradesha*	06	40%
Dourbalya	05	33.3%
Nirghosha	03	20%

In 15 subjects (100%) had *Shushka kasa*, 09 subjects (60%) had *Alpa kapha nishtivana*, 13 subjects (86.6%) had *Shushkata* of *Urah kantha & vaktra*, 06 subjects (40%) had *Swarabheda*, 06 subjects (40%) had *Shoola* in *Ura/ Udara/ Parshwa/ Shira/ Shanka* & *Hrit pradesha*, 05 subjects (33.3%) had *Dourbalya* and 03 subjects (20%) had *Nirghosha*.

Table 2: *Vibandha*

Vibandha	No. of Patients	Percentage
Present	10	66.6
Absent	5	33.3

RESULTS

Table 3: Showing the effect of *Snehapana* on *Shushka kasa*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
Snehapana* on *Shushka kasa	2.3	1.6	31.42%	0.59	0.15	4.78	<0.0010	H.S

Showed 31.42% relief which was statistically highly significant at the level of $P < 0.001$ ('t' = 4.78).

Table 4: Showing the effect of *Virechan* on *Shushka kasa*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
Virechan* on *Shushka kasa	2.3	1.2	48.57%	0.35	0.09	12.47	<0.001	H.S

Showed 48.57% relief which was statistically highly significant at the level of P < 0.001 ('t' = 12.47).

Table 5: Showing the effect of therapy after *Shamanoushadi* on *Shushka kasa*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
Shamanoushadi* on *Shushka kasa	2.3	0.4	80%	0.74	0.19	9.72	<0.001	H.S

Showed 80% relief which was statistically highly significant at the level of P < 0.001 ('t'=9.72).

Table 6: Showing the effect of *Snehapana* on *Alpa kapha nishtivana*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Snehapana* on *Alpa kapha nishtivana* (n=9)**	0.8	0.73	15.38%	0.35	0.09	1.46	>0.10	N.S

Showed 15.38% relief which was statistically insignificant at the level of P > 0.10 ('t'=1.46).

Table 7: Showing the effect of *Virechan* on *Alpa kapha nishtivana*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Virechan* on *Alpa kapha nishtivana* (n=9)**	0.8	0.6	30.76%	0.45	0.11	2.25	>0.05	N.S

Showed 30.76% relief which was statistically not significant at the level of P > 0.05 ('t'=2.25).

Table 8: Showing the effect of therapy on *Alpa kapha nishtivana*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Alpa kapha nishtivana* (n=9)**	0.8	0.33	61.53%	0.51	0.13	4	<0.01	H.S

Showed 61.53% relief which was statistically highly significant at the level of P < 0.01 ('t'=4).

Table 9: Showing the effect of *Snehapana* on *Shushka urah kantha* and *Vaktra*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Snehapana* on *Shushka urah kantha* and *Vaktra* (n=13)**	1.4	0.53	61.90%	0.51	0.13	6.5	<0.001	H.S

Showed 61.90% relief which was statistically highly significant at the level of P < 0.001 ('t'=6.5).

Table 10: Showing the effect of *Virechan* on *Shushka urah kantha* and *Vaktra*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Virechan* on *Shushka urah kantha* and *Vaktra* (n=13)**	1.4	0.4	66.66	0.45	0.11	7.89	<0.001	H.S

Showed 66.66% relief which was statistically highly significant at the level of P < 0.001 ('t'=7.89).

Table 11: Showing the effect of therapy on *Shushka urah kantha* and *Vaktra*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
***Shushka urah kantha* and *Vaktra* (n=13)**	1.4	0.26	80.95	0.63	0.16	6.85	<0.001	H.S

Showed 80.95% relief which was statistically highly significant at the level of P < 0.001 ('t'=6.85).

Table 12: Effect of Therapy on other subjective parameters w.r.t. no. of subjects before and after treatment

General Symptoms	Before Treatment	After Treatment	% Relief
Shoola	6	2	66.6%
Dourbalya	5	4	20%
Swarabheda	6	1	83.3%
Nirghosha	3	0	100%

There was 66.6% relief in *Shoola* of *Ura/ Udara/ Parshwa/ Shira/ Shanka* & *Hrit pradesha*, effect of therapy in *Dourbalya* 20% relief, *Swarabheda* was 83.3% relief, 100% relief was seen in *Nirhosha*.

Objective Parameter

1. A E C
2. E S R

Table 13: Showing the effect of therapy on A E C.

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
A E C.	623.33	373.3	40.1%	179.28	46.29	5.40	<0.001	H.S

Showed 40.1% relief which was statistically highly significant at the level of P < 0.001 ('t'=5.40).

Effect of therapy on E S R

There were not much significant changes observed in E S R values.

Table 14: Showing overall effect of therapy on Subjective Parameters

Assessment criteria	No. of Patients
0- 25% no relief	2
26 -50% mild relief	4
51- 75% moderate relief	2
Above 75% marked relief	7

Table 15: Showing overall effect of therapy on Objective Parameters (A.E.C)

Assessment criteria	No. of Patients
0- 25% no relief	2
26 -50% mild relief	12
51- 75% moderate relief	1
Above 75% marked relief	0

DISCUSSION

Shunti Churna

Shunti churna was used for the purpose of *Amapachana*. Even though *Ama lakshanas* are not seen in *Vataja kasa*, *Shunti churna* was given for *Srotoshodhana* and *Vatanulomana* before *Sadya snehapana*. *Shunti* possess *Katu rasa, Teekshna guna* and *Madhura vipaka*. It is *Kaphaghna* and *Kasahara* because of *Katu rasa* and *Snigdha guna*. The *Teekshna guna* does the action of *Srotoshodhana*, *Amapachana*, etc which checks the disease pathogenesis.

Kantakari Ghrita

The *Sneha dravya* has *Guna* of *Pruthvi Mahabhuta* along with *Snigdha*, *Guru, Sukshma* properties. *Snigdha Guna* is *Vatahara*, *Guru Guna* hence pacifies *Vata*, *Sukshma Guna* enables the *Sneha Dravya* to reach to the minutest part of the body and thus bring about *Dosha Vilayana*.

These reasons may be attributed to the result observed that maximum subjects had notable relief in *Shushka kasa, Shushka urah*, *Kantha* and *Vaktra*, after *Sadya snehapana*. The qualities of *Ghrita* is antagonistic to the qualities of *Vata Dosha*, hence *Kantakari ghrita* with *Katu rasa* and *Ushna veerya pradhana dravyas* plays a major role on *Vataja kasa*.

Karpooradya Taila

Karpooradya taila was used for the purpose of *Abhyanga*. This contains *Karpoora, Ajamoda* and *Narikela taila*. *Karpoora* and *Ajamoda* have *Katu* and

Tikta rasa, *Ushna veerya* and *Katu vipaka* because of which are *Kapha* and *Vatahara*. So *Karpooradya taila* was selected for *Abhyanga* which is *Vata shamaka* and reduces congestion in the *Urah pradesha*.

Eranda Taila

Eranda taila is *Teekshna, Ushna, Guru* and does *Deepana*. It has *Madhura rasa* and *Ushna veerya*. *Eranda taila* was used for *Virechana* in the present study. *Eranda taila* is best known for its *Vatahara* property. The *Chikitsa* told by our *Acharyas* to treat *Vataja kasa* is *Snigdha virechana*, hence *Eranda taila* was used to induce *Virechana*.

Shrigarabhra rasa

In *Shrigarabhra rasa*, most of the drugs in this preparation possess *Katu* and *Madhura Rasa, Laghu, Snigdha Guna, Ushna veeya* and *Katu vipaka*. The *Katu rasa, Ushna guna* and *Veerya* help to reduce *Kapha* and pacify *Vata dosha*. The *Madhura rasa* and *Snigdha guna* also does *Vata shamana* without increasing *Kapha*. If we see the *Doshaghnata* of the ingredients it is mainly *Kapha* and *Vata hara*. The *Parada* being the *Yogavahi* it might carry the drug to its target tissue. *Kajjali* may acts as the catalytic promoter to the drug. *Parada* and *Gandhaka* being the *Rasayana* drugs these may act at the level of autoimmune antibodies as immuno-modulators, helping in alleviating the free radicals produced during the disease process. *Triphala* is also an antioxidant acts at the level of free radicals and corrects the constipation, improves digestion and assimilation. *Abhraka* is also *Yogavahi* hence it enhances the *Gunas* of all the other *Dravyas* when combined with it. The *Tankana* and *Abhraka bhasma* also acts as autoimmune enhancers and act on respiratory system. *Pippali* is a powerful stimulant for the digestive and respiratory systems. It is strongly heating and removes cold, congestion and ama and revives the weakened organic functions. It is also a rejuvenative to lungs and *Kapha dosha*. The other ingredients like *Karpoora*, *Javitri*, *Lavanga*, *Tejpatra* (leaves), *Talisapatra*, *Twak*, *Ela*, *Shunti* etc are *Kapha vata hara*, *Kanthya* and are soothing to the respiratory tract. *Shringarabhra rasa* is a *Rasayana*, hence it acts at the immune level and checks the disease further.

CONCLUSION

1) *Vataja kasa* can be compared to Tropical Pulmonary Eosinophilia of modern science purely based on similarities in *Nidana panchaka* and *Chikitsa*.
2) It is found that the relief was highly significant after *Mridu Virechana*.
3) It is found that the effect of therapy was highly significant on *Shushka kasa* and *Shushka urah kantha vaktra*.
4) It is found that the effect of therapy on A.E.C is highly significant, but however it was found non significant in ESR values.

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