CLINICAL MANEGMENT OF POST VIRAL COUGH W.S.T. *VATAJ KAS* – A CASE STUDY

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ABSTRACT

Acute viral upper infection is most common infection in human generally known as common cold or upper respiratory tract infection (URTI). Cough (*Kas*) is typical symptoms of upper respiratory tract infection along with fever (*Jwar*), Running Nose (*Pratishyay)*, sore throat (*Galshoola*) which remains continue for 4-8 weeks after post viral infection. Post viral cough typically dry cough which is attack of continuous coughing for 10-15 min increase more in night times. All post viral cough feature resembles like *Vataj Kas.* Patients come in *Kayachikitsa* OPD having such post viral cough typical symptoms daily not cover by any modern medications. Considering this study was conducted on group of 10 patients with a combination of *Laghumalinvasant ,Laxmivilasras, and sitophaldichurna* as 7 days treatments.

Keywords: Post viral cough; Post infection cough; *Vataj Kas; Kas*

RESEARCH QUESTION:

Is post viral cough considering as *Vataj Kas* is treated with *Ayurvedic* Medicine?

OBJECTIVE:

1) To study the effect of Ayurvedic Medicine on Post viral cough
2) To study Post viral cough, consider as *Vataj Kas*

INTRODUCTION

Lingering coughs after upper respiratory infections are called post-infectious coughs or post viral cough. A lingering cough is mostly dry and is often referred to as "sub-acute," meaning it persists for more than three weeks after the infection, but less than eight weeks. [3] Most prevalence causes of acute and subacute cough are infectious. Monto and Arbor (1995) and Greenberg (2002) revealed that respiratory infections significantly affect death rate of children and adults. [4-5] As Ryan et al. (2012) showed, although symptoms of respiratory infections are usually resolved after control of infection, but sometimes symptoms such as coughs may continue. [6] As such 40% of adults are afflicted with coughs after an incidence of acute airway infections. The pathogenesis of the postinfectious cough is not known, but it is thought to be due to the extensive inflammation and disruption of upper and/or lower airway epithelial integrity. [7]

The *Prana* and *Udana Vayu* are responsible for normal functioning of *praanvahasrotas*, which can be altered due to causative factors in turn lead to manifestation of Kasa which is characterized by these *lakshanas Shuska gala*, *Shuskakasa* with *shuskaalpakapha, Swarbheda, ParshavShool, Shriashool, Urashool, Dourbalya* etc. [9]

MATERIAL AND METHODS

SELECTION OF CASES

Post viral cough patients approaching *Kayachikitsa* OPD of P. R. Pote Patil Institute and Hospital of Medical Sciences Ayurved Amravati in the period of September to November with 5-7 days modern medicine course symptoms of viral infection like fever, running nose, body ache, headache reduced but

progressive symptoms of cough increasing. So, group of 10 patients 20 to 50 years of age are selected for this study having progressive increase cough more than 3 weeks and less than 8 weeks selected for the study

CRITERIAL FOR ASSESSMENTS

on above the case study 10 patients of post viral cough was selected on following inclusion and exclusion criteria

Inclusion criteria: -

1. Age group between 20 to 50 years of patients was selected
2. Both sexes were selected for study
3. Patients having only cough i.e. *Kas* symptoms was selected
4. Cough over 3 weeks and below 8 weeks was selected

Exclusion criteria: -

1. Below 20 years and above 50 years of age patients was excluded
2. Patients having fever (*Jwar), Pratishyay, etc.*
3. Patients having other know disorder like diabetes mellitus, hypertension, asthma etc.

Withdrawal of treatments: -

Patients was withdrawing from study developed others symptoms than cough or not follow up of study.

On the basis of symptoms of cough i.e. *Kas* for evaluation Numeric cough score system was taken for considerations.

Numeric cough score system [8]

Score	Day	Night
0	No cough during the day	No cough during the night
1	Cough for one short period	cough on waking only
2	Cough for more than two short period	Wake once on early because of cough
3	Frequent coughing that did not interfere with usual day time activity	Frequent waking because of cough
4	Frequent coughing that did interfere with usual day time activity	Frequent cough most of night
5	Distressing cough most of day	Distressing cough most of night

SELECTION OF TREATMENT: -

Taking the symptoms and the *Samprapti* of post viral cough i.e. *vataj kas* into consideration, a proposed drug formulation a combination of oral medication of

1. ***Laghumalini vasant***

- **Dose** – 250 mg
- **Composition-**
- ***Rogadhikar-*** *Yogratnakar Jwarchikitsa*
- *Kharpar Bhasma – Bhasma (Calx)* of Zinc Sulphide – 2 parts
- *Vallija Nistusha – Maricha* – Black pepper – Piper nigrum – 1 part
- Butter and lemon juice – quantity sufficient.

To be ground with butter and Lemon juice till the stickiness is removed from the medicine.

2. ***Laxmivilas Ras***

- **Dose** – 250 mg
- **Composition-**
- ***Rogadhikar-*** *bhaishajya Ratnavali*
- *Abhrak Bhasma* – 4parts
- *Shudha Parad, Shudha Gandhak* – 2 parts each
- *Karpura, (Gnnamomus camphora), Jatikosha (Myristica fragrans), Jatiphala(Myristica fragnans), Vrddhadaraka bija (Ipomoea petaloidia), Dhattura bija (Dhatura Metel), Bhanga bija(Cannabis sativa), Vidari mula(Pueraria tuberose), Shatavari (Asparagus racemosus), Nagbala (Grewia Hirsuta), Atibnala (Abutilon indicum), Gokshura(Tribulus terrestris), Samudrashosh bija (Argyreia nervosa)*

3. ***Sitophaladi churna***

- **Dose**- 3grams
- **Composition**-
- ***Rogadhikar-*** *Sharangdhar Samhita*
- *Sita*- sugar candy powder- 16 parts
- *Vamshalochana*- inner white light part of bamboo tree- 8 parts
- *Pippali- long papper*- 4 parts
- *Ela- cardamom*- 2 parts
- *Twak- cinnamon*- 1part
- *Anupana*- honey

OBSEVATION: -

Evaluation Post viral cough symptoms before and after treatments

Sr. NO.	Age	Sex	Before treatment cough score	After 7 days of treatments cough score
1	43	M	3	1
2	25	M	2	0
3	37	F	3	1
4	48	M	4	1
5	32	F	2	0
6	21	M	3	2
7	29	F	1	0
8	36	M	3	1
9	45	F	4	2
10	29	M	2	0

RESULT:

At the end of 7th days of treatments, group of 10 patients got significant results from above observation of numeric cough scale. Pos viral cough i.e. The *Vataj kas* showed effective results by combination oral medication of *Laghumalinvasant* ,*Laxmivilasras*, and *sitophald ichurna* as 7 days treatments. Though on the basis of 10 patients of case study, we can't state this hypothesis to be true but it could guide us for further clinical trials.

DISSCUSSION:

Post viral cough is common condition now a days after acute viral infections which affect health of patients. In modern modality there is no specific pathophysiology of post viral cough which resembles nearly same like *vataj kas* having symptoms of *Shuska gala*, *Shuskakasa* with *shuskaalpakapha, Swarbheda, etc.* Morden modality faith to define their pathophysiology as well as treatments too. Currently, available medications for the symptomatic management of acute cough are inadequate due to lack of proven efficacy and/or their association with undesirable or intolerable side effects at anti-tussive doses.

A combination of *Laghumalinvasant ,Laxmivilasras*, and *sitophaldi churna* with *Anupana* honey for 7 days of treatments following actions may takes on post viral infections.

- ***Laghumalini Vasant*** – Act as *Rasayana, Jirna jwar, Dhatugat Jwar, Vikshamjwar. Kshayagna.* In Post viral cough *kas* is developed after *Jwar* so *Jwaraghna* property help to recover the cough symptoms. In *Vataj kas Dosh Dhatu Kshaya* also manage by *Rasayana* property of *Laghumalini Vasant Ras.*
- ***Laxmivilas Ras-*** *Tridoshagna,*five types of *Kasagna, Rasayana, Phufus Shothagna. Trdohagna, Vatagna Property of* Laxmivilas Ras reduce the post viral cough also reduce the inflammation of lung tissue. It also acts as *rasayan on Pranvaha stratus*
- ***Sitophaladi Churna-*** *Kasagna, Shwasagna, Kshayagna.* Reducing irritation and inflammation of upper respiratory tract infection giving smoothening effect. Also *Vat shaman* and balya for *Pranvaha Strotas*
- **Honey-** *Tridoshangna yogavahi guna* which give medium to good absorption and enhancing action of medicine

Above combination of drug is effective treatments for post viral cough act as *dosh shaman, rasayana*, anti-inflammatory, tissue constructing and smoothening effect in post viral cough.

CONCLUSION:

Active viral infection symptoms like fever, running nose body ache covers in 3 to 5 days of modern modality of treatments but symptoms of cough aren't subsided by Morden modality of treatments. Symptoms of post viral cough is like *Vataj kas* dry cough continuous for 10 to 15 minutes exaggerated night or morning time. The combination of oral drug *Laghumalini vasant, Laximivilas ras* and Sitophaladi churna with honey for 7 days works *vatshaman, rasayan, bruhan* treatment is effective treatment for post viral cough.

LIMITATION OF STUDY:

1. It is case study group of 10 patients which is too small sample size
2. What action of drugs works on post viral cough exactly unknown
3. Need to randomize controls trial for efficacy of drug

REFERENCES

1. F Y Li et al. ZhonghuaJie He He Hu Xi ZaZhi, Progress in the pathogenesis of post infection persistent cough, Pubmed 2022doi: 10.3760/cma.j.cn 11217-20210610-00415
2. Peter V. Dicpinigaitis, Effect of viral upper respiratory tract infection sensitivity, Journal of thoracic disease, oct 2014, 6(suppl): S708-S711
3. Smith JA. Assessing efficacy of therapy for cough. Otolaryngol Clin North Am. 2010 Feb;43(1):157-66, xi. doi: 10.1016/j.otc.2009.11.014. PMID: 20172265.
4. Monto A. Viral Respiratory Infection in the Community: Epidemiology, Agents, and Interventions. Am J Med. 1995;99:24-7.
5. Greenberg SB. Respiratory Viral Infections in adults. Curr Opin Pulm Med. 2002;8:201-8.
6. Chung KF, Pavord ID. Prevalence, pathogenesis, and causes of chronic cough. Lancet. 2008;371:1364-74. PubMed PMID: 18424325.
7. Sidney S Barman, Postinfectious cough: ACCP evidence-based clinical practice guidelines. PMID: 16428703 DOI: 10.1378/chest.129.1_suppl.138S

8. Kefang Lai Huahao Sen Clinical Practice Guidelines for Diagnosis and Management of Cough—Chinese Thoracic Society (CTS) Asthma Consortium; Journal of thoracic disease; 2018 Nov; PMCID: PMC6297434; PMID: 30622806; doi: 10.21037/jtd.2018.09.153
9. Baloda, Anshul & Patil, Aboli & Kumar, Amit. (2021). An Ayurvedamanagement of Vataj Kasa – A Case Study. Journal of Pharmaceutical Research International. 150-157. 10.9734/jpri/2021/v33i39B32191.
10. Yogaratnakara with Vidyotini Hindi Commentary by Vaidya Lakshmipati Sastry, Chaukhambha prakashan Varanashi 2012 Page no.245
11. Ayurved Sar Sangraha, Baidhyanath ayurved bhavan, 2009 page. No.387
12. Sharangdhar Samhita Dipika Hindi Vyakhya by Bramhanad Triphati, Chaukhambha Surbharti Prakashan 2007 page no. 190