

# INTERNATIONAL JOURNAL OF PHARMACY AND ANALYTICAL RESEARCH

ISSN: 2320-2831

IJPAR |Vol.10 | Issue 2 | Apr - Jun -2021 Journal Home page: www.ijpar.com

Case Study

Open Access

# Effect of Samasharkara Churna in the management of Vataja Kasa: A case study

# Dr S M Chabanur<sup>1</sup>, Dr Megha Patil<sup>2</sup>, Dr S Kalyani<sup>3</sup>, Dr Namita Minajagi<sup>4</sup>

<sup>1</sup>Associate Professor Department of Kayachikitsa, BVVS AMCH, Bagalkot, Karnataka, India.

\*Corresponding Author: Dr S M Chabanur Email: drsunilkumar09@gmail.com

#### **ABSTRACT**

Respiratory illness is one of the most important and challenging area of general practice and its now mainly in the present pandemic situation COVID-19. *Prana* is related with life therefore any abnormality in its function leads to disturbance of all the body functions as *Prana* is *Sarvagata*. A 27 year old female patient was presented with *Vataja Kasa Lakshanas*. The *Samasharkara Churna* 6gm with *Madhu* twice a day is given for 7 days and good reduction seen in subjective & objective parameters in result assessment. *Samasharkara Churna has* Antimicrobial, Antiviral, Antitussive property and balances *Dushita Doshas* does *Sroto Shodana*. *Samasharkara Churna* proved to be an efficient measure in *Vataja Kasa*.

**Keywords:** Vataja Kasa, Kasa, Simple Pulmonary Eosinophilia, Samasharkara Churna.

# INTRODUCTION

Vataja Kasa is a Pranavaha Srotasa Dushti Vikara and it is described as Shighra Prana Hara in the Ayurvedic texts, Prana is related with life therefore any abnormality in its function leads to disturbance of all the body functions as Prana is Sarvagata. Acharya Sharangadhara says Pranavayu acts as Amrutha to nourish the body. So it is most vital for the substance of life from the first breathe to the last breathe. As a result of "Dhuma" and "Raja" the main causes of Pranavahasroto Dusti, which have become unavoidable. Kasa the most common disease of total diseases being recorded as its prevalence in india is 5%-10%.

Acharya Charaka explained the Nidana as Samanya & Vishesh Nidana i,e Dhooma, Dhooli, Raja, Rukhsya Anna Sevana, Bhojana vimargaman, Chavathu-Vegadharana. Further he explained Samprapti of Vataja Kasa — as because of Vata Prakopa, Adhogamana of Pranavayu is obstructed and thus attains Urdhwagamana with Udana Vayu and located in Kantha, Uraha Pradesh. This Avarodha at the level of Uraha And Kantha Pradesh

forces them to get filledup in the *Srotas* of *Shira* and *Kantha*, after that sudden extension in the *Hanu, Manya* and whole body accompanied by contraction of thoracic cage and eyes leading to increase in the intrathoracic cage and eyes leading to increase in the intrathoracic pressure, all directed towords glottis. Then there is forceful expulsion of air because of the sudden opening of glottis producing a typical sound is called *Kasa*. which results in *Shwasakruchrata Pranavaha Srotas*, *Annavaha Srotas* and *Udakavaha Srotas* are also involved in the *Vataja Kasa*, a condition, which in modern parlance is known as Simple Pulmonary Eosinophilia. Definition of Eosinophilic lung diseases is Heterogenous group of pulmonary disorders characterized by pulmonary parenchymal or peripheral blood eosinophilia.

Hence Shamana treatment as directed in Ayurveda and their therapeutic effect is proved in some researches works, so in this study Samasharkara Churna is selected. Its properties like Ushna, Snigdha Guna, Madhura, Katu, and Tikta Rasa which alleviates Vata and does the Vatanulomana hence breaks the Samprapti of Vataja

<sup>&</sup>lt;sup>2</sup>Final Year Post Graduate Scholar Department of Kayachikitsa, BVVS AMCH, Bagalkot, Karnataka, India.

<sup>&</sup>lt;sup>3</sup>Professor & Head of The Department of Kayachikitsa, BVVS AMCH, Bagalkot, Karnataka, India.

<sup>&</sup>lt;sup>4</sup>Assistant Professor Department of Kayachikitsa, BVVS AMCH, Bagalkot, Karnataka, India.

Kasa. In this study, the efficacy of drug Samasharkara Churna is analyzed.

## **CASE REPORT**

A female patient aged 27 years, presented at Kayachikitsa OPD of BVVS AMCH Bagalkot, Karnataka with chief complaints of dry cough, throat irritation, and headache since 5 days. Associate complaints were generalized weakness. The body weight was 62kgs. Occupationally, she was student. No significant personal history and No any respiratory illness in family. There was no history of diabetes mellitus or hypertension and COVID-19. No any travel history in recent 15 days. Her vitals were within normal limits. All vital parameters were within normal limits.

## **GENERAL EXAMINATION**

Built: Medium

Cyanosis: Absent
Lymphadenopathy: Absent
Pallor: Absent
Clubbing: Absent
Icterus: Absent
Edema: Absent

#### LOCAL EXAMINATION

# **INVESTIGATIONS**

- a. Radiological examination
  - Chest X-ray PA view:

#### Inspection

Shape: Bilaterally Symmetric

RR-19/min No scars

Thoraco abdominal respiration seen

Movements of Chest Wall- Accessory Muscles of

Respiration

#### **Palpation**

Trachea Position-Midline Respiratory Movements-AEBE Vocal Fremitus -Equal on both sides Expansion of Chest- Symmetrical Tenderness-Absent

#### Percussion

Chest- Resonant

#### Auscultation

Vocal Resonance- Equal on both sides Breathing Sounds- Vesicular Added Sounds-Present Crackles on both sides

#### METHODS AND MATERIALS

Patient was treated with *Samasharkara Churna* with *Madhu* 6gm BD for 7 days.

Findings: There are no cavitations, consolidation or nodular pattern. There are no fibronodular changes.

- b. Haematological examinations
  - CBC Count:

**TABLE NO 1: Reports of haematological Examination** 

PARAMETER	VALUES
Hb%	11.7gm%
WBC	9500 cells/cumm
NEUTROPHILS	76%
LYMPHOCYTES	18%
EOSINOPHILS	04%
BASOPHILS	0%
MONOCYTES	02%
ESR	75mm/hr
A.E.C	480 cells/cu.mm

#### TREATMENT PROTOCOL

TABLE NO 2: QUANTITY OF INGREDIENTS OF SAMASHARKARA CHURNA

SL.NO	Ingredients	<b>Latin Name</b>	Family	Quantity
1	Lavanga	Syzygium aromaticum	Myrtaceae	1 part
2	Jatiphala	Myristica fragrans	Myristicaceae	1 part
	*	www.ijpar.com	•	•
		~251~		

3	Pippali	Piper longum	Piperaceae	1 part	
4	Maricha	Piper nigrum	Piperaceae	½ part	
5	Shunti	Zingiber officinale	Scitamineae	16 part	
6	Sharkara			21 part	

**TABLE NO 3: TREATMENT PROTOCOL** 

Medicine	Samasharkara Churna
Dose	6gm twice a day, after food
Anupana	Madhu (Q.S)
Duration	7 days
Follow Up	10 <sup>th</sup> day

#### RESULTS

TABLE NO 4: Gradeings of assessment criteria for subjective & objective parameters

SL. No	a) Subjective	В.Т	A.T	F/U
1	Shushka Kasa	2	1	1
2	Shirashoola	3	2	0
3	Kanth Ura Vaktra Shushkata	0	0	0
4	Swarabheda	0	0	0
5	Hrithshoola	0	0	0
6	Parshwashoola	0	0	0

SL.No	a) Objective	B.T	A.T
1	A.E.C	0	0
2	E.S.R	3	0

#### **DISCUSSION**

#### Mode of action of Samasharkara Churna

The presence of Katu Rasa of Lavanga, Pippali, Jatipahala, Maricha Shunti, Samasharkara Churna acts as Krimihara, Kanduvinashayati, and Shrotoshodhana. The effect of Tikta Rasa of Lavanga, Pippali, Jatiphala, Maricha Shamasharkara Churna acts as Krimihara, Kanduhara and Lekhana property. The effect of Ruksha Guna, Ushna Virva of Maricha, Jatiphala, and Shunti acts on the site of affected Doshas and does the Srotoshodana. The Krimihara and Kasahara property of Lavanga, Jatiphala, Maricha and Pippali helps in the reduction of vitiated Doshas. In the Vataja Kasa Madhu is selected as Anupana because Madhu act as Pittajit because Vataja Kasa Uttpatti Satana is Pitta Sthana, Vatanulomana action is on Prana and Vyana Vata because of Madhura Rasa. Guru Guna, and Ushna Veerva thus breaks the Samprapti of Vataja Kasa. So based on the studies. It is observed that in this present study there is reduction in the ESR i,e Before treatment it was 75mm/hr and after treatment 15mm/hr, AEC count Before treatment it was 480cells/cu.mm and after treatment 480cells/cu.mm and reduction in subjective parameters i,e Shushka Kasa BT it was Grade 2 and AT Grade 1, Shirashoola BT it was Grade 3, AT it was Grade 2.

The Shirashoola is Vata Pradana Lakshana i,e Chala Guna is increased in Shira, because of the drugs having Ushna Veerya this might be reduce. The Shushka Kasa is Vata Pradana Vyadhi and here

increased Khara Guna (dryness of mouth) of Vata in Kantha Pradesh is pacified by Madhura Vipaka and Madhura Guna of Sharkara and Chala Guna(Kasa). The reduction in Objective parameters (ESR) suggests that the formulation acts as Krimihara (Antimicrobial, Antiviral), Svasakasahara, Immunomodulator. The patient followed Pathya and Apathya as per instructions, i,e Goghrita, Goduddha, Ushna Jala Pana was advised along with medication. The Madhu is used as Anupana here because it is Pittanut, Svasa Kasajit, Tridosha Shaman, Guru Guna , Laghu Vipaka, Vatanulomana, Vataghna, does Pittaslemaghna, Chedana, Yogavahi qualities, So this might be also a noticeable point for changes in results. Overall the Drugs containing Guru Snigdha Guna, Ushna Veerya & Madhura Vipaka are known to be Vatashamaka and Vatanulomaka and Madhu removes the Sroto Avarodha in Pranavaha Srotas. Srotas vitiated is Pranavaha Srotas, which is corrected by all the drugs, as they are Kasahara and Swasahara. Srotodusti is Sanga, which is relieved by Ushna Veerya and Srotoshodaka properties of the drugs. Hence this formulation helps to breaks the Samprapti of Vataja kasa.

#### **CONCLUSION**

After analysis of all data, it is concluded that *Samasharkara Churna* is effective in treating this case study of *Vataja Kasa* (Simple Pulmonary Eosinophilia) gives better relief to the patient. There were no adverse effects found during the Ayurvedic medication.

## **REFERENCES**

- [1] Kashinath Shastri Pandit, Natha Dr. Chaturvedi Gorakha, Editors. Charaka Samhita of Agnivesa elaborated 'vidyotini' Hindi commentary, Part 2. Varanasi, India: Chaukhamba Bharati Academy. Reprint Chikitsa Sthanam Chapter 18 Kasachikitsa, Verse 6-8; 1994. p. 642.
- [2] Srikantha Murthy Prof KR ed. Sarangadhara Samhita, prathma khanda; 7/21, chaumbha Sanskrit samsthan, P.-33.
- [3] Srikantha Murthy Prof KR, Samhita Sushruta. Uttara Sthana. Vol. 1st ed. 2002; 4:52/4-5. Varanasi Chaukhambha Orientalia, P.-344.
- [4] Crothers Kristina, Rochester Carolyn. The Eosinophilic Pneumonias. Fishman's pulmonary disease and disorders. 4th ed. Vol. 72. p. 1214.
- [5] Fauci, Braunwald, Kasper, Hause, Longo Jameson Loscalzo, editor. Harrison's principles of internal medicine. 17th ed; 2008, Publisher- McGraw Hill Medical Publishing division.
- [6] Mohan Harsh. Text book of Pathology. 6th ed, Publisher- Jaypee brothers medical publishers.
- [7] Tripathi Dr. Brahmanand, Hrudyam Astanga. Of sri Vagbhata with Hindi commentary, nidana Sthana, 3/22-23. reprint ed; 2007. Samsthan Chaukhambha Sanskrit. Delhi, P.-441.
- [8] Upadhyaya Prof Yadunandana ed. Madhava Nidanam of sri Madhavakara. reprint ed. 2009, Chaukhambha Prakashan; 1(11) / 2, P.-303.
- [9] Chakradatta. Sri Chakrapanidatta viracita, commentary by Dr Indravela, Chaukambha Sanskrit Sansthan, chapter 11, Shloka 33-34, Varanasi, Print 1997 3<sup>rd</sup> Edition, Pp-103.
- [10] Essentials of Medical Pharmacology, Section 5, Respiratory system drugs, edited by K D Tripati, published by Jaypee Brothers, Edition 3<sup>rd</sup>, Pp-197.