

**CLINICAL REVIEW OF KASA IN CHILDREN: AN AYURVEDIC INSIGHT****Dr. Apoorva Sharma<sup>\*1</sup>, Dr. Ramesh Kumar Gautam<sup>2</sup>**<sup>1</sup>MD Scholar, P.G. Department of Kaumarabhritya, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India.<sup>2</sup>Reader, P.G. Department of Kaumarabhritya, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India.**\*Corresponding Author: Dr. Apoorva Sharma**

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**ABSTRACT**

In the Ayurvedic classics, *Kasa* (cough) is considered as an independent disease. It may also occur as *Lakshana* (symptom) or *Upadarava* (complication) in other diseases. *Kasa* is one of the most common disease in children which affect *Pranavaha Srotas*. *Kapha* and *Vata* are the elements dominated in *kasa*. *Kasa* is not life threatening but it disturbs the normal life style of children and if neglected without following proper treatment may hamper the growth and development of children. *Kasa* is a disease which characteristically produces a typical sound. Its incidence varies from locality to locality depending upon the atmosphere. To and from movement of air through the *Pranavaha srotas* is the vital sign of life, the normalcy of which suggests health. The abnormality in respiration indicates disease, and its cessation marks death. This unique sign of life is affected in the disease *kasa*. *Kasa* seems to be a simple everyday hurdle; it can cause considerable damage to the respiratory system as explained in Ayurveda. *Kasa* when it is untreated it can result into *kshayaja* conditions.

**KEYWORDS:** *Ayurveda, kasa, pranavahastrotasa, children.***Historical Review**

The concept of *Kasa* has evolved through successive historical periods, reflecting both medical observation and spiritual understanding. References first appear in the *Atharvaveda*, where *Kasa* is described as a complication of *Takman-jwara* and addressed through mantras and natural remedies.<sup>[1]</sup> The *Puranas* (e.g., *Garuda* and *Agni Purana*) elaborate on types, symptoms, and treatments. The classical *Samhitas* (*Charaka*, *Sushruta*, *Bhela*, *Harita*, *Kashyapa*) provide systematic accounts of *Kasa* as an independent disease, including its classification, pathogenesis, prognosis, and therapies. The *Sangraha* texts (*Ashtanga Sangraha*, *Ashtanga Hridaya*, *Madhava Nidana*, *Chakradatta*, *Sharngadhara*) refined these descriptions and emphasized clinical management. Later compendia such as *Bhava Prakasha*, *Yogratnakara*, and *Bhaishajya Ratnavali* offered comprehensive guidelines. In the modern era, *Kasa* has been interpreted under *Pranavaha Srotovikara* with attempts to correlate Ayurvedic understanding with contemporary respiratory disorders. This trajectory highlights a continuous quest for effective management of *Kasa* across traditions.

**Review of Ayurvedic Literature**

*Kasa* (cough) is a commonly encountered disorder in the paediatric age group; however, it is not described in *Ayurveda* as a distinct paediatric entity. Instead, it is recognized as a condition affecting both adults and children alike. Almost all classical *Acharyas* have elaborated on *Kasa* in their respective treatises.

In *Charaka Samhita*, it is mentioned.

दोष दूष्य मलाश्रैव महतां व्याधयश्च ये ।

त एव सर्वे बालानां मात्रा त्वल्पतरामता ॥ (चि. चि. 30/287)

This implies that the *dosas*, *dusyas*, *malas*, and the diseases seen in adults are also found in children, with the only difference being that their magnitude or intensity is relatively less.

Consequently, the *nidana* (etiology), *samprapti* (pathogenesis), and *lakshana* (clinical features) of *Kasa* in children are considered identical to those described for adults in the classical Ayurvedic literature, with variations only in their degree of manifestation.

**Vyutpatti (Etymology)**

The term *Kasa* has two different derivations according to *Panini's Sabda Anusasana*. These are as follows.

*Kasa* is derived from the verbal root “*Kasri*”, meaning “*shabda kutsanyam*”—an “unpleasant sound.”

*Gangadhara*, the commentator of *Charaka Samhita*, also derives *Kasa* from the root “*Kasri*”, interpreting it as “*Bhinnaswara*”—a distorted or broken voice.

From the root “*Kas*” (*Kas + gatau*). *Chakrapani* derives the term *Kasa* from this root, interpreted as “*Gatisatanayoh*”—which means “a falling or downward movement.”

**Nirukti (Definition)**

*Acharya Charaka.*

कसति शिरः कण्ठादूर्ध्वं गच्छति वायुरिति कासः ।

शुष्को वा सकफो वा कासनात् कास उच्यते ॥ (Ch. Chi. 18/8)

*Kasa* is described as the upward movement of obstructed *vayu* from the head and throat, accompanied by the production of an abnormal sound. This manifestation may be either dry (without expectoration) or productive (with expectoration).<sup>[2]</sup>

*Acharya Susruta*

संभिन्नकांस्यस्वनतुल्यघोषः ।

*Kasa* is described as a condition characterized by the production of a distinctive sound resembling that produced by a broken bronze vessel.<sup>[3]</sup>

In Sir Monier-Williams' Sanskrit-English Dictionary, the term *Kasa* is simply defined as “cough.”<sup>[4]</sup>

**Nidana of Kasa**

*Prana Vayu* and *Udana Vayu* are responsible for the normal functioning of the *Pranavaha Srotas* (respiratory channels). Any factor that disturbs the normal activity of these *Vayus* can lead to the manifestation of *Kasa* (cough). Since the *Pranavaha Srotas* are directly connected to the external environment through the nose and mouth, they are more vulnerable to allergens and droplet infections.

Children with weak immunity are more prone to recurrent episodes of *Kasa*, as they are easily affected by causative (*nidanakara*) factors.

*Acharya Sushruta* has mentioned the *Samanya Nidana* (general causes) of *Kasa*,

धूमोपधाताद्रजसस्तथैव व्यायामरूक्षात्रनिषेवणाच्च ।  
विमार्गत्वादपि भोजनस्य वेगावरोधात् क्षवथोस्तथैव ॥ (Su. Utt. Tan. 52/4)

Inhaling harmful smoke and dust, excessive physical exertion, intake of dry and irritating food, accidental entry of food into the wrong passage (trachea),

suppression of natural urges (*Adharaniya Vega*), and suppression of sneezing can lead to the onset of *Kasa*.

The classification of *Kasa* into *Kshayaaja* and *Kshataja*, in addition to the *Doshika* varieties, indicates that the symptom of *Kasa* can arise from the pathophysiology of three distinct conditions — *Kasa*, *Rajayakshma*, and *Kshataksheena*.

**SAMPRAPTI**

The vitiated *Prana Vayu* and *Udana Vayu* move upwards and become obstructed within the channels (*srotasas*) of the *siras*, *ura* and *griva pradesha*. This obstruction leads to increased intraluminal pressure within the channels of the eyes, nose, ears, and throat. The resultant pathological changes give rise to painful muscular contractions in regions such as the temporo-mandibular joint and cervical area, culminating in a forceful expulsion of air. This expulsion produces a characteristic sound, with or without the presence of sputum, which is identified as *Kasa*.<sup>[5]</sup>

Vayu impeded from below (अधःप्रतिहतोवायुः)



Move to the upper channel (उर्ध्वस्रोतः समाश्रितः)



Attains the character of *udaana vata* and sticks in throat and chest

(आविश्य शशिरसः खानिसर्वाणिप्रतिपूरयन्)



Producing breaking pain and jerking in whole body (आमज्जन्नाक्षिपन्)



Particularly causing strain and stiffness in *hanu*, *manya*, *akshi*, *prishtha*, *ura*, *parshva*

(हनुमन्येतथाअक्षिणी)



Thus, *kasa* arises (शुष्को व सकफोवाअपि)

**Samprapti Ghataka**

*Dosha:*

*Vata Pradhan kaphaja*

*Dushyas:*

*Rasa, Swara, Anna*

*Srotas:*

*Rasa vaha, Pran vaha srotas.*

*Adhisthana:*

*Aam Pakouasyoth, Uraha-*

*khandh*

*Srotodusti Lakshan:*

*Sanga (Avarodha)*

*Agni vyapar:*

*Mandagni*

*Swabhawa:*

*Asukari*

*Sadyata- Asadhyata:*

*Sadhya (Naveen sadhya,*

*Jeerna Krachsadya)*

**Purvarupa**

In the context of *Kasa*, the *Purvarupas* have been described in general for all types of *Kasa*. s. They are enumerated as follows.<sup>[6]</sup>

1. **Shuka-purna-galasyata** – feeling of fullness or obstruction in the throat
2. **Kanthe kanḍu** – itching in the throat
3. **Bhojyanam avarodha** – obstruction to swallowing food

*Hridaya Aswasthata* has been mentioned as *Poorva roopa* of *Kasa* by *Vagbhata* in *Astanga Sangraha*.

*Hridaya-aswasthata* has been exclusively described in the *Ashtanga Sangraha*.

**Rupa**

The *Rupa* refers to the manifest signs and symptoms of a fully evolved disease observed during the *Vyakta Avastha*, wherein *Doṣha–Duṣhya Sammurcchana* has taken place. Recognition of *Rupa* is crucial for confirming the diagnosis and for planning appropriate management.

**Rupa** is classified into two categories.

**Samanya Lakshanas of Kasa**

Vataja Samanya Lakshanas	Pittaja Samanya Lakshanas	Kaphaja Samanya Lakshanas
Kasa	Kasa	Kasa
Deha Kshepana	Bhrama	Aruchi
Parshwa Shoola	Daha	Asya Madhurata
Prista Shoola	Moha	Sharira Gurata
Urah Shoola	Trushna	Vamana
	Urodhooma	Loma harsha

**Vishishta Lakshanas of Vataja, Pittaja and Kaphaja Kasa.**

Vataja	Pittaja	Kaphaja
Shushka Kasa	Peeta ghana kapha nishteevana	Bahula, madhura, snigdha sandra kaphanishteevana
Kruchrena alpa kapha shteevana	Tiktasyata	Peenasa
Shushka – ura, kanta, vaktra		

**Upashaya and Anupashaya**

Though no direct references regarding *Upashaya* and *Anupashaya* in the context of *Kasa* are available, relevant therapeutic tests can be extracted from *Charaka Samhita*, *Chikitsa sthana*, Chapter 18, which may be applied to different types of *Kasa*.

**Upasaya in Kasa****•Vataja Kasa**

Food and practices having *snigdha* (unctuous), *amla* (sour), *lavaṇa* (salty), *uṣhṇa* (hot), and *vata-hara* properties are beneficial and provide relief.

**•Pittaja Kasa**

*Sneha* (unctuous), *sheeta* (cold), *tikta rasa* (bitter-tasting), and *pitta-hara* diet and measures act as *Upashaya*.

**•Kaphaja Kasa**

Substances with *kaṭu* (pungent), *ruksha* (dry), *ushna* (hot), and *kapha-hara* properties provide relief. In cases where *Kaphaja Kasa* is associated with *Pitta*, *tikta rasa* substances serve as effective *Upashaya*.

**Anupashaya in Kasa**

The term *Anupashaya* refers to factors that lead to aggravation or worsening of the disease condition when administered. Identifying these helps in confirming the diagnosis as well as in planning the avoidance of such causative influences.

**•Vataja Kasa**

Consumption of *ruksha* (dry), *sheeta* (cold), and *kashaya* (astringent) substances, intake of insufficient or irregular food (*alpa bhojana*, *pramita bhojana*), suppression of natural urges (*vegadharana*), and excessive exertion (*parisrama*) act as *Anupashaya*. In conditions where *Vataja Kasa* is associated with *Pitta* or *Kapha*, administration of *snehana dravyas* may also produce *Anupashaya*.

**•Pittaja Kasa**

Substances with *katu* (pungent), *ushna* (hot), *vidahi* (irritant), *amla* (sour), and *kshara* (alkaline) qualities, along with exposure to hot climate or weather, act as *Anupashaya* factors, thereby worsening the condition.

**•Kaphaja Kasa**

Intake of *guru* (heavy), *snigdha* (unctuous), *abhishyandi* (channel-blocking), and *madhura* (sweet) substances, as well as indulgence in daytime sleep (*divasvapna*), act as *Anupashaya* and aggravate the manifestations of *Kaphaja Kasa*.

**Upadrava of Kasa**

There is no explicit mention of the *Upadrava of Kasa* in the works of *Charaka* and *Sushruta*. However, *Charaka*, in the context of *Nidanarthakara Roga*, states that untreated or partially treated *Kasa* eventually progresses to *Kshaya*.<sup>[7]</sup>

प्रतिश्यायाद् भवेत्कासः कासात् संजायते क्षयः ।  
क्षयो रोगस्य हेतुत्वे शोषस्याप्युपजायते ॥ (च. नि. 8/9)

### **Sadhyasadhya**

According to *Charaka Kasa* manifested due to the involvement of a single *Dosha* is considered *Sadhya* (curable). Hence, *Vataja Kasa*, *Kaphaja Kasa*, and *Pittaja Kasa* fall under the curable category. However, in elderly individuals, the disease tends to be *Yapya* (manageable but not completely curable).<sup>[8]</sup>

### **Chikitsa of Kasa**

The management of *Kasa* in children has not been elaborated in detail in the classical texts. However, a comprehensive description of *Kasa Chikitsa* in adults has been presented by various *Acharyas*.

In pediatric cases, the treatment approach should be determined on the basis of *Rogi Bala* (strength of the patient) and *Roga Bala* (severity of the disease). Although both *Shodhana* (purificatory) and *Shamana* (palliative) therapies have been prescribed for *Kasa Roga*, it is prudent to primarily adopt the *Samana* line of management in children, unless the clinical condition strongly necessitates *Shodhana*.

### **Chikitsa Siddhanta of Vataja Kasa According to Charaka Samhita<sup>[9]</sup>**

In patients of dry constitution (*Ruksha Rogi*), unctuous applications (*Snigdha Dravyas*) should be employed, such as *Ghrta*, *Basti*, *Yusha*, *Kshira*, and meat soup. The physician should administer *Snigdha Vata-nashaka* procedures including *Dhuma*, *Avaleha*, *Abhyanga*, *Parisheka*, and *Svedana*. In cases presenting with *Malavarodha* (constipation) or retention of *Apana Vayu*, *Ghrta* should be prescribed post-prandially. For patients suffering from *Vataja Kasa* with associated *Pittaja* or *Kaphaja* involvement (*Anubandha*), purgation (*Virecana*) with *Sneha Yogas* is recommended.

### **According to Sushruta Samhita<sup>[10]</sup>**

In *Vataja Kasa*, *Snigdha Virechana* with *Eranda Taila* is advised. *Asthapana* and *Anuvasana Basti* are also considered highly beneficial. In *Vataja Kasa*, *Snaihika Dhuma-pana* is indicated, and *Manda-ushna Ghrta* may be administered along with lukewarm milk (*Sukhoshna Kshira*) or water. In addition, *Mamsa-rasa-siddha Yavagu*, medicated *Kshira*, *Avaleha*, and various medicated *Ghrtas* are recommended.

### **According to Ashtanga Hridaya<sup>[11]</sup>**

When *Kasa* arises due to *Vata* alone, the line of management should begin with *Vata-nashaka* measures. The patient should be administered *Snigdha Peya*, *Yusa*, *Mamsa-rasa*, and *Vata-nasaka Lehya*. Additionally, therapies such as *Dhuma*, *Abhyanga*, *Sveda*, *Seka*, and *Avagaha* are advised. In cases of *Mala* and *Vayu Avrodha*, *Basti* therapy is indicated.

When *Vata* is associated with *Pitta Anubandha*, management should include the administration of *Ghrta* and *Kshira* immediately after meals.

In cases where *Vata* is associated with *Kapha Anubandha*, *Sneha Virechana* with *Eranda Taila* is recommended.

### **Chikitsa Siddhanta of Pittaja Kasa According to Charaka Samhita<sup>[12]</sup>**

In *Pittaja Kasa* associated with *Kapha Anubandha*, the patient should be managed with *Vamana Dravyas* such as *Madanaphala*, *Gambhari*, or *Mulethi* decoction (*Kwatha*), as well as formulations prepared with *Mulethi* and *Madanaphala*, or *Ikshu Rasa*. Once the aggravated *Doshas* are eliminated effectively, the patient should be administered cooling (*shitala*) and sweet (*Madhura*) preparations in a sequential dietary regimen (*Krama*), beginning with *Peya* and followed by *Vilepi*.

If *Kapha Anubandha* is mild or if the *Kapha* is of a thin consistency, *Nishotha Churna* should be administered along with *Madhura Dravyas* for *Virechana*. When *Kapha* secretions are thick, *Nishotha* should be given with *Tikta Rasa* to promote effective purgation. In conditions where *Kapha* is thin, *Ruksha* and *Shitala ahara Dravyas*, or preparations of *Sneha* and *Avalehya*, are indicated.

### **According to Sushruta Samhita<sup>[13]</sup>**

*Pittaja Kasa* should be managed using *Ghrta* preparations processed with *Vidarigandhadi Gana*, *Utpaladi Gana*, *Sarivadi Gana*, and *Madhuradi Gana*.

### **According to Ashtanga Hridaya<sup>[14]</sup>**

In cases of *Pittaja Kasa* with *Kapha Anubandha*, *Vamana* should be administered using *Ghrta* as the vehicle. Drugs such as *Madanaphala*, *Gambhari*, *Mulethi Kwatha*, or formulations of *Madanaphala-Mulethi Kalka* combined with *Vidari Rasa* or *Iksu Rasa* are recommended. When *Kapha* is scanty or thin, *Nishotha Churna* with *Madhura Dravyas* is advised for *Virechana*. Conversely, in conditions with excessive *Kapha* involvement, *Nishotha Churna* should be administered with *Tikta Rasa* for purgation. Following proper elimination of *Doshas*, *Shitala*, *Madhura*, and *Snigdha* preparations should be prescribed as part of the *Samsarjana Krama*. If *Kapha* is dense and thick, a regimen of *Shitala*, *Ruksha*, and *Tikta Dravyas* in the form of *Peya* should be followed.

### **Chikitsa Siddhanta of Kaphaja Kasa According to Charaka Samhita<sup>[15]</sup>**

In a *Balavan Rogi* (a patient possessing good strength), management should begin with *Vamana* (therapeutic emesis). Thereafter, *Kapha-nashaka* measures should be adopted. Wholesome food articles that are *Yava*, *Katu*, *Ruksha*, and *Ushna* in nature are recommended.



**According to Sushruta Samhita<sup>[16]</sup>**

In *Kaphaja Kasa*, management begins with *Vamana*, utilizing drugs such as *Jayapala*, *Snuhi*, and *Dugdha*. For *Virechana*, *Kapha-nashaka Ushna Virechana Dravyas* are indicated. For *Shiro-virechana*, drugs like *Apamarga*, *Pippali*, and *Jayphal* are prescribed. Following this, *Kapha-nashaka Dravyas* in the form of *Dhuma* and *Tikta-Kashaya Svarasa Kwatha* should be employed for *Kavala-graha*. Additionally, *Ushna Avaleha* and light, *Kapha-soshaka* meals are advised for patients of *Kasa*.

**According to Ashtanga Hridaya<sup>[17]</sup>**

The resinous extract (*Sneha*) exuding from the burning wood of *Devadaru* should be administered along with *Trikaṭu* and *Yavak sara*. Thereafter, purification

(*Shodhana*) should be performed using *Tikta ushna Virechana Dravyas*. Following *Shodhana*, *Peya* and *Vilepi* should be prescribed as part of *Samsarjana Krama*. Dietetic measures should include *Ruksha*, *Ushna*, and *Ati-katu* articles such as *Yava*, *Mudga*, and *Kulatha*. Along with these, formulations prepared with *Kasaundi*, *Baḍi-Kateri*, *Yavak sara*, and *Pippali* should be administered. Oils prepared with *Tila*, *Sarshapa*, and *Nimba*, as well as the meat soup of animals from *Jangala* and *Vileshya jiva* categories, are also recommended within the *Samsarjana Krama*.

**Treatment of Kasa**

Treatment of Kasa			
	Shamana	Shodhana	Anubandi Dosha Chikitsa
Vataja Kasa			
Abhyantara	Sneha Gritha Ksheera Mamsa Lehya		* Mala vibhandha – Anuvasana Basti * Mala shushka – Ghritha given after food. * Anubandha with Pitta & Kapha – Sneha virechana.
Bahya	Dhooma Pariksheka Abyanga		
Pittaja Kasa			
Abhyantara	Lehya Choorna Ksheera	* Tanu kapha -Virechana * Ghana kapha -Virechana with Tikta dravya	* Kaphanubandha – Vamana * Vatanubandha – ghritha pana
Kaphaja Kasa			
Abhyantra	Lehya Choorna Gritha Kalka Kavalagraha	Vamana or Virechana with Kaphaghna Dravyas	* Pittanubandha causing Tamaka shwasa - treat like Pittaja Kasa. * Vatakaphajanya – Rooksha Annapana. * Shushka Kapha - snigdha Annarasa.

**Shamanaushadi for Kasa**

	VATAJA	PITTAJA	KAPHAJA
<b>Choorna</b>	Dhanyadhi choorna	Chitrakadi choorna	Hingwadi choorna
	Hingwadi choorna	Drakshadi choorna	Panchakoladi choorna
	Pathyadi choorna	Pippalyadi choorna	Pushkaradi choorna
	Vidangadi choorna		Talisadi choorna
			Yavaksharadi choorna
<b>Leha</b>	Agasthya haritaki	Baladi leha	Kantakaryadi leha
	Chitrakadi leha	Drakshadi leha	Pippalyadi leha
	Duralabhadi leha	Kantakari leha	Pushkaradi leha
	Dusparshadi leha	Katphaladi leha	Vamshalochana leha
	Nagaradhi leha	Kharjuradhi leha	Vyaghri kushmanda leha
	Vamshalochanadi leha	Musthadi leha	
	Vidangadi leha	Yoshadi leha	
<b>Ghritha &amp; Taila</b>	Kantakaryadi ghritha	Karanjadi ghritha	Dashamuladi ghritha
	Pippalyadi ghritha		Kantakaryadi ghritha
	Rasna ghritha		Kulathadhi ghritha
	Vyoshadi ghritha		
<b>Dhooma yoga</b>	Harathala dhooma		Haridradi dhooma
	Mansheeladhi dhooma		

	Prapondarikadi dhooma		
<b>Vati Rasayoga Kshreera &amp; Kwatha</b>	Akshadi vata	Bhagottara vati	Kantakaryadhi kwatha
	Aladhi gutika	Guda gutika	Kaphaghna vati
	Dashamula kwata	Karjuradhi vati	Katphaladi kwatha
	Panchakola ksheera	Panchamuladi kwatha	Lavangadhi vati
	Shrangavera swarsa	Tintidipatra kwatha	Marichadi gutika
		Vartakaswarsa	Pippalyadi kwatha
			Pushkaradi kwatha

*Rasa Yogas mentioned for Kasa*

*Amrutarnava Rasa (B.R.)*

*Chandramrita Rasa (B.R.)*

*Kasa Kuthara Rasa (R.S.)*

*Kasantaka Rasa (B.R.)*

*Kasasamharabhairavi Rasa (B.R.)*

*Lakshmivilasa Rasa (B.R.)*

*Mahakaleshwara Rasa (B.R.)*

*Nityodaya Rasa (R.S.S.)*

*Panchamrita Rasa (B.R.)*

*Vijaya Bhairavi Rasa (B.R.)*

**Ekamuliya Dravyas** - having action on *Pranavaha Srotas*

*Agnimantha, Apamarga, Bala, Bilva, Bharangi, Bruhati, Chitraka, Gajapippali, Gambhari, Gokshura, Haritaki, Jeevaka, Jeevanti, Kakoli, Kantakari, Kshreerakakoli,*

*Madhuka, Mahameda, Mashaparni, Meda, Mudgaparni, Pippalimoola, Prushniparni, Pushkaramoola, Shati, Shyonaka, Vrushabaka, Yashtimoola.*

### **Pathya–Apathya**

#### **Pathyas in Kasa Roga**

**According to Acharya Charaka<sup>[18]</sup>**

•In *Vataja Kasa*, the patient should be maintained on a wholesome diet comprising *Shali and Sashtika* rice, barley (*Yava*), and wheat (*Godhuma*), along with meat soup prepared from domestic, marshy, and aquatic animals.

•In *Pittaja Kasa*, the patient should be given cereals such as *Syamaka*, barley (*Yava*), and *Kodrava*, accompanied by sweetened meat soup of wild animals, or soup prepared from green leafy vegetables. Additionally, bitter vegetables in proper quantity are considered beneficial.

<b>Madhu Varga</b>	<i>Madhu</i>	<i>Madhu</i>	<i>Madhu</i>
<b>Ikshu Varga</b>	<i>Ikshu Rasa, Sharkara, Guda</i>	<i>Ikshu Rasa, Sharkara.</i>	<i>Guda padartha</i>
<b>Taila Varga</b>	<i>Tila Taila, Sarshapa taila, Bilva taila</i>		

### **APATHYA IN KASA ROGA**

*Acharya Charaka* not explain unwholesome diet of *kasa*.

### **DISCUSSION**

The historical review of *Kasa* illustrates a continuous evolution of medical thought in Ayurveda. From its earliest mention in the *Atharvaveda* as a complication of *Takman-jwara*, to detailed clinical classifications in the *Samhitas* and *Sangraha* texts, *Kasa* has been consistently recognized as both symptom and independent disease. The uniform emphasis on five classical types—*Vataja*, *Pittaja*, *Kaphaja*, *Ksataja*, and *Ksaya-ja*—demonstrates diagnostic precision, while expansions in later texts (e.g., *Harita Samhita*) reflect clinical adaptability.

Nidana such as smoke, dust, faulty diet, and suppression of urges closely parallel modern risk factors like allergens and pollutants. The *samprapti*, describing obstruction of *prana* and *udana vayu*, resonates with the biomedical mechanism of reflex coughing. Management emphasizes *samprapti vighatana* through *shodhana* and *shamana* therapies, with pediatric cases requiring gentler measures tailored to *rogi bala*. The inclusion of *upashaya–anupashaya* and prognosis shows remarkable clinical pragmatism. Thus, Ayurvedic descriptions of *Kasa* remain highly relevant, offering an integrative framework for understanding and managing respiratory disorders across ages.

### **CONCLUSION**

The review of *Kasa* across historical periods underscores the progressive refinement of Ayurvedic knowledge, from its ritualistic origins in the *Atharvaveda* to its structured clinical framework in the *Samhitas* and *Sangraha* texts, and its reinterpretation in the modern era. The consistent emphasis on causative factors, doshic involvement, and systematic classification highlights Ayurveda's diagnostic precision. The pathogenesis described in terms of *prana* and *udana vayu* obstruction finds resonance with modern concepts of the cough reflex, reflecting Ayurveda's observational accuracy. Therapeutically, the dual approach of *shodhana* and *shamana* chikitsa, tailored to dosha predominance and patient strength, illustrates Ayurveda's comprehensive strategy. For pediatric cases, the stress on gentle, bala-appropriate interventions highlights its anticipatory and individualized orientation.

Thus, Ayurveda offers not only a historically rich but also a clinically relevant framework for understanding and managing *Kasa*. Its principles remain significant in contemporary practice, providing valuable insights for integrative approaches to respiratory health across both pediatric and adult populations.

**REFERENCES**

1. Atharva Veda (1986) Hindi commentary by Kumar. R. Pt., Sharma. R.S. Sanatani Dharma, Ptaka Moradabad Sambad.
2. Charaka samhita with "Vidyotini" Hindi commentary by Pt. Kashinath Shastry and Dr. Gorakhnath Chaturvedi, Part 2, Chaukhambha Bharati Academy, edition Charaka Chikisasthana (18/Charaka samhita with "Vidyotini" Hindi commentary by Pt. Kashinath Shastry and Dr. Gorakhnath Chaturvedi, Part 2, Chaukhambha Bharati Academy, edition -2011, Charaka Chikisasthana (18/8).
3. Sushruta samhita with "Ayurveda Tattva Sandipika commentary by Kaviraj Ambikadutta Shastri part 2 Chaukhambha Sanskrit Sansthan, Varana edition-2012. Uttara sthana (52/5)
4. Monier Williams, Sanskrit-English Dictionary, E Leumann, C. cappeller, editors, Searchable Digital Facsimile Edition, The Bhakti Vedanta Book Trust.
5. Monier Williams, Sanskrit-English Dictionary, E Leumann, C. cappeller, editors, Searchable Digital Facsimile Edition, The Bhakti Vedanta Book Trust
6. Charaka samhita with "Vidyotini" Hindi commentary by Pt. Kashinath Shastry and Dr. Gorakhnath Chaturvedi, Part 2, Chaukhambha Bharati Academy,(18/5)
7. Charaka samhita with "Vidyotini" Hindi commentary by Pt. Kashinath Shastry and Dr. Gorakhnath Chaturvedi, Part 1, Nidanasthana (8/19) Chaukhambha Bharati Academy.
8. Charaka samhita with "Vidvotini" Hindi commentary by Pt. Kashinath Shastry and Dr. Gorakhnath Chaturvedi. Part 2. Chaukhambha Bharati Academy,. Chikitsa Sthana, (18/30,31).
9. Charak Chikitsa Sthana, Kasachikitsa Adhyaya
10. Sushrut Uttarsthan 52/28
11. Astanga Hrdayam 31/1-3.
12. Chark Chikitsa Sthana, Kasachikitsa Adhyaya (18/83-86)
13. Sushrut Uttarsthan 52/33
14. Astanga Hrdayam 3/25-28
15. Chark Chikitsa Sthana, Kasachikitsa Adhyaya, (18/108)
16. Sushrut Uttarsthan 52/29
17. Astanga Hrdayam 3/41 -43.
18. Charaka samhita with "Vidyotini" Hindi commentary by Pt. Kashinath Shastry and De Gorakhnath Chaturvedi, Part 2, Chaukhambha Bharati Academy, edition 2012, Chikitsa Sthana, Adhyaya (18/76,77).