

**“Study the efficacy of bala sidhaksheera nadi swedan in vataja kasa.”****Khirodkar Sushama Ramdas\*<sup>1</sup> Wankhede Arun Uttam<sup>2</sup>, Borkar Ishan Moreshwar<sup>3</sup>**

1. Assistant Professor –Department of Swasthivritta,
2. Professor Department of Rognidan e [mail-drarun.wankhede76@gmail.com](mailto:mail-drarun.wankhede76@gmail.com)
3. Assistant Professor<sup>3</sup> –Department of Rognidan, Wardha [email-borkarishan@gmail.com](mailto:email-borkarishan@gmail.com)  
MGAC, DMIMS , Wardha, Maharashtra

\*Corresponding Author: e [mail-drsushama.khirodkar20@gmail.com](mailto:mail-drsushama.khirodkar20@gmail.com)

**ABSTRACT:**

Vataja kasa is one among such disease which troubles the person by hindering the day today activities due to identical nidana, lakshana & upashaya. Vataj kasa a very common disease especially among geriatric age group, often diagnosis is vague and treatment is half left. In the present study experimental group was subjected to Balasidhaksheer Nadi Sweden along with shaman chikitsa as per Charak chikitsa sthan. While control group was given only Shaman Chikitsa viz. Sitopaladi churna, Kantakari ghritta & Duralabhadi yoga. Observations and results obtained after trial was presented & statistical analysis done after completion of the therapy. It was seen that in the symptom Shuska Kasa (Dry Cough), Shool in ura, Parshwashool, Swarbheda, Daurbalya trial drug has found effective as it seems statistically extremely significant. After comparison of both groups there was significant result was noted in experimental group comparatively control group as p value is significant in all subjective criteria of Vataj kasa. In the present study along with above treatment Balasidhasheera Nadiswedan has been observed very effective and giving satisfactory relief in the symptoms of Vataja Kasa.

**KEYWORD:** Kasa, nidana, shushka kasa, balasidhasheera Nadisweda, shaman, eosinophilia

## INTRODUCTION:

Vataja kasa is one among such disease which troubles the person by hindering the day today activities. The disease vataja kasa can be compared to simple tropical pulmonary eosinophillia and it is characterized by dry cough which may be associated with little amount of sputum, paroxysmal cough, headache, feeble voice, generalized weakness, chest pain. *Acharya Charaka* stated that, one should cure the first three types i.e. *Vataja*, *Pittaja* and *Kaphaja Kasa*. Thereafter *Acharya Charaka* coated separate *Chikitsa* for each type of *Kasa*, which includes *Snigdha*, *Ushna*, *Anulomana Dravyas* for *Vataja Kasa*. In the present study experimental group was subjected to *Balasidhaksheer Nadi Sweden* along with *shaman chikitsa* as per *Charak chikitsa sthan*. While control group was given only *Shaman Chikitsa* viz. *Sitopaladi churna*, *Kantakari ghritta* & *Duralabhadi yoga*. Observations and results obtained after trial was presented & statistical analysis done after completion of the therapy.

## AIMS & OBJECTIVES:

### AIM:

TO STUDY THE EFFICACY OF BALASIDHAKSHEERA NADI SWEDAN IN VATAJA KASA.

### OBJECTIVES:

- 1) To study in details about Vatajakasa according to Ayurveda & tropical pulmonary eosinophillia according to modern science.
- 2) To assess the efficacy of Balasidhaksheerapak nadiswedana in the management of Vatajakasa.
- 3) To study efficacy of Balasidhaksheera nadi swedan with shaman aushadhi & without shaman aushadhi.

## MATERIALS AND METHOD

### I. Materials:

#### Clinical Study:

A. **Study population** – The patients complaining mainly of Vataja Kasa were selected from Panchkarma OPD of Hospital irrespective of occupation, religion and prakruti.

B. **Sample size** - in each group 30 patients were selected for this clinical study.

#### C. Selection criteria

The cases are selected as per signs and symptoms of Vataja Kasa.

#### D. Diagnostic criteria

Patients were diagnosed based on clinical feature of Vataja Kasa like Dry cough (*Shushka Kasa*), *Shoola in ura* & *hritpradesha*, *Parshwashula*, *Swarbheda* and *Daurbalya*.

#### E. Inclusion Criteria:

- 1) Both male and female age between 13 to 80 years patients of Vataja Kasa.
- 2) Subjects presenting with classical features of Vataja Kasa.

#### F. Exclusion Criteria:

- 1) Those Patients who were suffering from pulmonary tuberculosis.
- 2) Any other medical or surgical illness in which performing swedana will pose threat.
- 3) Swedana Anarh as told in Charak Sutrasthana chapter 14.

#### G. Withdrawal Criteria :

- 1) Patients not giving regular follow up.
- 2) Patients who suffer from complication of Swedana during course of study were withdrawn from the study and the complications were treated by suitable therapy.

#### Group management:

Particulars	Experimental Group (A)	Control Group (B)
No. of patients	30	30
<b>Treatment -1</b>	<b>Sitopaladi Churna</b>	<b>Sitopaladi Churna</b>
<i>Doses</i>	1 to 3 gm.	1 to 3 gm.

<i>Anupaan</i>	Honey	honey
<i>Duration</i>	3 times in a day for 15 days	3 times in a day for 15 days
<b>Treatment -2</b>	<b>Kantkari Ghrita</b>	<b>Kantkari Ghrita</b>
<i>Dose</i>	10 ml	10 ml
<i>Anupan</i>	Ushnodak	Ushnodak
<i>Duration</i>	2 times in a day for 15 days	2 times in a day for 15 days
<b>Treatment -3</b>	<b>Durlabhadi leha</b>	<b>Durlabhadi leha</b>
<i>Dose</i>	15 gm	15 gm
<i>Anupan</i>	Til Taila	Til Taila
<i>Duration</i>	2 times in a day for 15 days	2 times in a day for 15 days
<b>Treatment -4</b>	<b>Balasidhasheera Nadiswedan</b>	-
Operative	Balasidhasheera nadiswedan at part of Kantha, Shir, Parshva	-
Duration	20 to 30 minutes daily for 15 days.	-
Post Operative	Clean chest by towel Rest, Avoid air	-

	contact	
Pathyapathya	Use of hot water for drinking and bathing food as told in kasachikitsa.	Use of hot water for drinking and bathing food as told in kasachikitsa.

Authentication & standardization of drug material were done.

A) Equipments:

Sr. No.	Name of equipment
1	DRONI
2	COOKER
3	GAS STOVE
4	GAS CYLINDER
5	RUBER TUBE
6	TOWELS

## II. METHOD:

- 1) Total 60 patients attending OPD & IPD department of Panchakarma and fulfilling inclusion criteria were selected randomly in the study.

Those patients who suffering from Vataja kasa and willing to undergo the medication/procedure were selected in the study. Written

consent was taken prior to study.

- 2) Ksheerpaka were prepared by the method as per Sharangdhara Samhita ( D:M:W = 1:8:32 ). Fresh Milk was taken from local market for every procedure and was used for Nadiswedana immediately after preparation.

**DURATION:** 15 DAYS

**FOLLOW UP:** on the 16th day

**Assessment Criteria:**

Parameters of study were categorized in to two groups “A” and “B” groups.

- 1) Parameter of assessment were totally based on subsides in the clinical features of Vataja Kasa.
- 2) The data were obtained by clinical trials; it was statistical analyzed for changes in subjective & objective features of Vataja Kasa before and after treatment.

## SUBJECTIVE CRITERIA

- 1) Dry cough (Shushka Kasa)
- 2) Shoola in ura & hritpradesha
- 3) Parshwashula
- 4) Swarbheda
- 5) Daurbalya

**SHUSHKA KASA(Dry Cough)**

**Gradation :**

- 1) 0 - No cough.
- 2) 1 - Occasional cough.
- 3) 2 - Moderate cough.
- 4) 3 - Continuous cough with throat and chest pain.
- 5) 4 - Severe continuous cough with throat and chest pain.

**Gradation of Shool in Urah, Parshva, Hrutapradesh (Pain Level) :**

- 1) 0 – No Pain
- 2) 1 – Mild Pain with kasa
- 3) 2 – Moderate Pain with kasa not disturbing the sleep
- 4) 3 – Severe Pain with kasa, Does not even allow to sleep at night.

**Swarbheda ( Horshness of Voice )**

**Gradation :**

- 1) 0 –Not affected
- 2) 1 – Horshness of voice during morning, Pain in throat during speech
- 3) 2 –Horshness of voice throughout day & night, Pain in throat, Able to speak only phrases
- 4) 3 – Unable to speak / Speak only words difficulty.

**Daurbalya ( Generalise Weakness ) :**

- 1) 0 – Nil
- 2) 1 – Mild generalise weakness
- 3) 2 – Moderate Generalise weakness
- 4) 3 – Severe generalise weakness

**OBJECTIVE CRITERIA:**

**A) No of kasa vega.**

- 1) 0 – No Kasa Vega
- 2) 1 – Occasional Kasa Vega
- 3) 2 – Kasa Vega, Some pain, Not disturbing the sleep
- 4) 3 – Very troublesome kasa, Does not even allow to sleep at night.

**Sputum**

- 1) 0 – less than 2.5 ml/day
- 2) 1 - 2.5 to 15 ml/day
- 3) 2 – 15 to 25 ml/day
- 4) 3 - >25 ml/day

**INVESTIGATIONS:**

- 1) CBC (If Necessary)
- 2) Absolute eosinophilic count(If Necessary)
- 3) Sputum AFB ( If necessary to exclude TB ) (If Necessary)
- 4) Radiology – X Ray ( If Required for rule out other Pulmonary complications)

**OBSERVATION & RESULTS**

**Showing Percentage of Relief (Subjective Criteria) in Each Symptom of 60 Patients of Vataja Kasa**

Sr. No.	Symptoms	Experimental Group				Control Group			
		BT	AT	Diff	% of Relief	BT	AT	Diff	% of Relief
1	Shuska Kasa (Dry Cough)	59	09	50	<b>84.74</b>	59	39	20	<b>33.88</b>
2	Shool in ura & hritpradesh	64	14	50	<b>78.12</b>	78	57	21	<b>26.92</b>
3	Parshwashool	60	13	47	<b>78.33</b>	75	49	26	<b>34.66</b>
4	Swarbheda	33	04	29	<b>87.87</b>	32	18	14	<b>43.75</b>
5	Daurbalya	38	08	31	<b>79.48</b>	42	23	18	<b>42.85</b>

**Showing Percentage of Relief (Objective Criteria) in 60 Patients of Vataja Kasa:**

Sr. No.	Parameters	Experimental Group				Control Group			
		BT	AT	Diff	% of Relief	BT	AT	Diff	% of Relief
1	No. of Kasa vega	54	16	38	<b>70.37</b>	57	25	32	<b>56.14</b>
2	Sputum	27	07	20	<b>74.07</b>	17	08	09	<b>52.94</b>

**Showing Comparison between Two Group w.r.t Symptoms of 60 Patients of Vataja Kasa By Mann-Whitney 'U' Test**

No	Symptoms	Mean ± SD		Statistics		S Ed	P Value
		Gr-A	Gr-B	U'	U		
A.	Subjective Criteria						
1	Shuska Kasa  (Dry Cough)	1.66 ± 1.71	0.66 ± 0.54	754	146	0.10	<0.001

2	Shool in ura	1.66 ± 0.47	0.70 ± 0.53	785	115	0.08	<0.001
3	Parshwashool	1.56 ± 0.56	0.86 ± 0.34	729	171	0.08	<0.001
4	Swarbheda	0.96 ± 0.55	0.46 ± 0.57	643	256	0.10	<0.005
5	Daurbalya	1.03 ± 0.49	0.60 ± 0.67	619.5	280.5	0.08	<0.01

**Showing Comparison between Two Group w.r.t Symptoms of 60 Patients of Vataja Kasa by Mann-Whitney 'U' Test**

No	Symptoms	Mean ± SD		Statistics		S Ed	P Value
		Gr-A	Gr-B	U'	U		
A.	Subjective Criteria						
1	No. of Kasa vega	1.26 ± 0.73	0.30 ± 0.46	754.5	145.5	0.13	<0.001
2	Sputum	0.66 ± 0.54	0.30 ± 0.46	604.5	295.5	0.09	<0.05

**Showing Total Effect of therapy in 60 Patients of Vataja Kasa**

**Total Effect of Therapy:-**

Sr. No	Effect Of Therapy	No. Of Patients			Percentage %		
		E.G.	C.G.	Total	E.G.	C.G.	Total
1.	Markedly Improved >75%	09	00	09	30.00	00	15.00
2.	Moderate improved (51-75%)	20	08	28	66.67	26.67	46.67
3.	Mild improved 25-50 %	01	17	18	03.33	56.67	30.00
4.	No improvements <25%	00	05	05	00.00	16.67	08.33

## Discussion:

**Gender :**In this study, totally 37 [61.67%] were male & 23 [38.33%] were female while more male were recruited in experimental group it may be due random selection of patients.

**Religion :**In experimental group most of patients belongs to Hindu religion, they were 23[76.67%] and 20[66.67%] in control group. While out of 60 patients in the study patients were found in 08 [13.33%], 09 [15%], were from Buddha & Muslim religion respectively, it may due to population distribution.

**Education:**Education wise Status, in experimental group out of 30 patients, 21 [70%] were literate and 09[30%] were illiterate, while in control group 23[76.67%] were literate and 16[23.33%] were illiterate. Totally out of 60 patients, 44[73.33%] were literate patients and 16[26.67%] were illiterate.

**Habitat :** In experimental group out of 30 patients, 22 [73.33%] were from rural area and 08[26.67%] were from urban area, while in control group 23[76.67%] were from rural area and 07[23.33%] were from urban area. Totally out of 60 patients, 45[75%] were from rural area and 15[30%] were from urban area.

**Diet :**Out of 60 patients, 38[63.33%] were having mixed type of diet and 22[36.67%] purely vegetarian.

**Vihar :**In this study out of 60 patients 20[33.33%] were indulging sedentary type of work, 24[40%] were having active type of work while 16[26.67%] were having medium type of work.

**Vyasan :**In this study, out of 60 patients 06[10%] were having vyasan of Tobacco, 27[45%] having vyasan of tea, 11[18.33%] were having vyasan of alcohol while 16[26.67%] were having no any vyasan.

**Agni & Koshtha:**In this study totally 25[41.67%] patients having manda agni, 27[45%] were madhyam and 08[13.33%] were having visham type of agni. Most of patients 47[78.33%] were having manda koshtha while 13[21.67%] were having krur type of koshtha.

**Prakruti :**Out of 60 patients in 24[40%] were belong to Vata-pittaj prakruti, 20[33.33%] were of Vata-kaphaj prakruti followed by 16[26.67%] patients were Pitta-kaphaj prakruti.

## CLINICAL OBSERVATIONS:

### Percentage of Relief: Subjective

**Criteria:** In experimental group percentage of relief was obtained as follows:-In Shuska Kasa(Dry Cough), before treatment (BT) score was 59 and reduced after treatment (AT) to 09 so the percentage of relief was 84.74%. In



Shool in ura & hritpradesh, before treatment (BT) score was 64 and reduced after treatment (AT) to 14 so the percentage of relief was 78.12%. In other symptoms like Parshwashool, Swarbheda & Daurbalya the percentage of relief was noted as 78.33%, 87.87 % and 79.48% respectively. In control group marginally not observed much percentage relief comparatively experimental group. In Shuska Kasa (Dry Cough), before treatment (BT) score was 59 and reduced after treatment (AT) to 39 so the percentage of relief was only 33.88%. In Shool in ura & hritpradesh, before treatment (BT) score was 78 and reduced after treatment (AT) up to 57 so the percentage of relief was 26.92% only. In other symptoms like Parshwashool, Swarbheda & Daurbalya the percentage of relief was noted as 34.66%, 43.75 % and 42.85% respectively which was much less compare to experimental group in this study.

#### **Percentage of Relief (Objective Criteria)**

In experimental group, in parameter No. of kasa vega before treatment score was 54 and after treatment it was 16 the percentage of relief was obtained is 70.37% while in Sputum it was observed 74.07% relief. In control group, in parameter No. of kasa vega before treatment score was 57 and after treatment

it was 25 the percentage of relief was obtained is 56.14% while in Sputum it was observed 52.94% relief which was slightly low compare to experimental group.

#### **Effect of Therapy on Symptoms of Vataja Kasa in Experimental Group Statistically:-**

In Experimental Group, symptom Shuska Kasa (Dry Cough) the Mean  $\pm$  SD value obtained Before Treatment (BT) was  $1.96 \pm 0.88$  and After Treatment (AT) it was obtained as  $0.30 \pm 0.46$  which was statistically considerably extremely significant ( $p < 0.001$ ). In symptom Shool in ura, the Mean  $\pm$  SD value obtained Before Treatment (BT) was  $2.13 \pm 0.68$  and After Treatment (AT) it was obtained as  $0.46 \pm 0.50$  which was statistically considerably extremely significant ( $p < 0.001$ ). In symptom Parshwashool, the Mean  $\pm$  SD value obtained Before Treatment (BT) was  $2.0 \pm 0.52$  and After Treatment (AT) it was obtained as  $0.43 \pm 0.56$  which was statistically considerably extremely significant ( $p < 0.001$ ). In symptom Swarbheda, the Mean  $\pm$  SD value obtained Before Treatment (BT) was  $1.10 \pm 0.60$  and After Treatment (AT) it was obtained as  $0.13 \pm 0.34$  which was statistically considerably extremely significant ( $p < 0.001$ ). In symptom Daurbalya the Mean  $\pm$  SD value obtained Before Treatment (BT) was  $1.30 \pm 0.53$  and After

Treatment(AT) it was obtained as  $0.26 \pm 0.44$  which was statistically considerably extremely significant ( $p < 0.001$ ).

**Total Effect of Therapy:** In Experimental group, 9 patients got markedly improved, 20 were moderately improved while 1 patient got mild improvement. In control group, no patients got markedly improved, 8 patients were moderately improved, 17 were mild improvement while 05 patients got no improvements. Totally 9 patients got markedly improved, 28 were moderately, 18 patient got mild improvement while 05 were had no improvements.

## CONCLUSION

In Experimental group, 9 patients got markedly improved, 20 were moderately improved while 1 patient got mild improvement. In control group, no patients got markedly improved, 8 patients were moderately improved, 17 were mild improvement while 05 patients got no improvements.

Totally 9 patients got markedly improved, 28 were moderately, 18 patient got mild improvement while 05 were had no improvements. Vataj kasa is somewhat troublesome disease for patients as well as normal individual because it leads to some complication like bronchitis, eosinophilia, tuberculosis etc. Though it is not fatal, it deficiently affects personal and social life

of the patients. Unavailability of satisfactory treatment and increasing intensity of disease and some more factors which worsen the situation. After the scientific analysis of the clinical observations in the present study the following concluding points were drawn. Sitopladhi Churna, Kantkari Ghrita, Durlabhadi leha are easily available in the market & it's cost effective. In the present study along with above treatment Balasidhasheera Nadiswedana has been observed very effective and giving satisfactory relief in the symptoms of Vataja Kasa. Vata- Khapha dominant dosha are involved in the Samprapti of Vataja Kasa.

## References:

1. Amarkosha Amarkosha edited by Amarsimha published by Chaukhambha Sanskrit Sansthan, Varanasi. 2001
2. Apte V.S. The practical Sanskrit English Dictionary published by Banarasidas M. Indillogical publishers and Book Sellers, Delhi 1965
3. Baghel Researches in Ayurved published by Mridu Ayurvedic Publication and sales, Jamnagar 1997
4. Bhavmishra Bhavprakash published by Chaukhambha Sanskrit Sansthan, Varanasi 2003

5. Bhel Bhel Samhita of Bhel edited by Girijadhar Shukla, published by Chaukhambha Bharati Academy, Varanasi. 1999
6. Chakrapanidatta A commentary entitled Ayurved Dipika on Charak Samhita, edited by Yadavji Trikamji Acharya, published by Krishnadas Academy, Varanasi 2000
7. Charaka Charka Samhita alongwith commentary entitled Ayurved Dipika by Chakrapani and published by Nirnay Sagar press, Mumbai and edited by Yadavaji Trikamji Acarya. 2001
8. Chakradatta Chakradatta of Chakrapanidatta edited by Ramanath Divedi, published by Chaukhambha Sanskrit Sansthan, Varanasi. 2002
9. Dalhana A commentary entitled Nibandha Sangraha on Sushruta Samhita, edited by Yadavji Trikamji and published by Chaukhambha Orientalia, Varanasi 2002
10. Department of Ayush The Ayurvedic Pharmacopoeia of India Part II volume I published by controller of publication, Govt. of India 2007 1st
11. Harit Harita samhita edited by Ravidatta Shastri, published by Shri Venkateshvar Mudranalaya, Mumbai 1927
12. Harshamohan Harshamohan textbook of pathology, published by Jaypee publication 2002
13. Indu A commentary on Ashtanga Sangraha edited by Anant Athavale, Atreya Prakashan, Pune. 1980
14. Kashinath Shastri Rasatarangini 1994
15. Kashyap Kashyap Samhita edited by Satypal and published by Chaukhambha Sanskrit Sansthan. Varanasi 1988
16. Madhavakar Madhav Nidan published by Chaukhambha Sanskrit Bhavan, Varanasi 2003
17. Nadkarni & Ghosh Indian Materia Medica, edited by Late K.M.Nadkarni published by Bombay popular prakashan 1993
18. Santosh Khandal Rasabhaishajya Kalpana Vidnyan 2004
19. Shastri K.N. A hindi commentary entitled Vidyotini on charka Samhita published by Chaukhambha Bharati Academy, Varanasi. 2001
20. Sharangdhar Sharangdhar Samhita edited by Bramhanand Tripathi published by

- |   |  |
|---|--|
| <p>Chaukhambha Surbharati<br/>Prakashan, Varanasi 1998</p> <p>21. Shah S.N. A.P.I. Medicine<br/>edited by Shaha S.N. published by<br/>the Association of Physicians of<br/>India, Mumbai 2003</p> <p>22. Vagbhat "Ashtang Sangraha"<br/>With "Shashilekha" commentary<br/>by Indu, Edited by Dr. Tripathi R.,</p> | <p>Published by Chaukhambha<br/>Sanskrit Sansthan, Varanasi 1996</p> <p>23. Vaidya Haridas Shridhar Kasture<br/>Ayurvediya Panchakarma<br/>Vigyan – Published by – Shree<br/>Baidyanath Ayurved Bhavan Ltd.<br/>2008</p> |
|---|--|

***Cite this article:***

**“Study the efficacy of bala sidhaksheera nadi swedan in vataja kasa.”**

Khirodkar Sushama Ramdas, Wankhede Arun Uttam, Borkar Ishan Moreshwar

*Ayurlog: National Journal of Research in Ayurved Science-2017; 6(1): 1-12*