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Case Report

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# Rapid Ayurvedic Management of Kaphaja (Drava) Kāsa with Śvāsa in Atyayika Avastha: A Case Report

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## ABSTRACT:

**Background**:Kaphaja Kāsa associated with Śvāsa represents a Kapha-dominant respiratory disorder characterized by productive cough, airway obstruction, and dyspnea. Acute exacerbations (Atyayika Avastha) require prompt intervention to relieve Srotorodha and restore respiratory function. **Case Presentation**: A 42-year-old male presented with severe productive cough, chest congestion, dyspnea at rest, throat irritation, and disturbed sleep for seven days. Peripheral oxygen saturation ($SpO_2$) was 87% on room air. Based on Ayurvedic evaluation, the condition was diagnosed as Kaphaja (Drava) Kāsa with Śvāsa in Atyayika Avastha. **Intervention**: The patient was administered Sitopaladi Churna (3 g), Shrungarabhra Rasa (250 mg), and Shwaskuthar Rasa (250 mg) twice daily with honey. Kanakasava (5 ml) and Dashamularishta (5 ml) were given twice daily after meals with equal water. External application of Saindhavadi Taila followed by mild fomentation was performed. **Outcome:** Within 4 hours, dyspnea reduced significantly and $SpO_2$ improved from 87% to 95%. By day 5, sputum and chest congestion reduced markedly. By day 10, approximately 90% overall symptomatic relief was observed. No adverse events were reported. **Conclusion**: Classical Ayurvedic management demonstrated rapid clinical improvement in acute Kaphaja Kāsa with Śvāsa. Further controlled clinical studies are warranted.

**Key words:** Kaphaja Kāsa, Śvāsa, Atyayika Avastha, Kapha-śamana, $SpO_2$

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## Introduction:

Kāsa and Śvāsa are described as major Pranavaha Srotas disorders in classical Ayurvedic literature [1–3]. Kāsa is primarily Vātaja in origin but frequently associated with Kapha, leading to Srotorodha (airway obstruction). Kaphaja Kāsa is characterized by guru (heaviness), snigdha (unctuousness), picchila (stickiness), and drava (fluidity), resulting in productive cough and chest congestion [1].

Śvāsa is described as a serious respiratory disorder caused by obstruction of Pranavaha Srotas with aggravated Vāta [2]. When Kapha accumulates excessively, it blocks respiratory channels and precipitates dyspnea. Acute worsening is termed Atyayika Avastha.

From a contemporary perspective, such presentation resembles acute lower respiratory tract obstruction with impaired oxygenation. This case report evaluates the rapid effect of classical Ayurvedic formulations in managing acute Kaphaja (Drava) Kāsa with Śvāsa.

## Case Report

### Patient Information

Age: 42 years
Gender: Male
Occupation: Service sector
Duration: 7 days

### Presenting Complaints

Severe productive cough
Chest congestion
Dyspnea at rest
Throat irritation
Disturbed sleep

### Clinical Findings

$SpO_2$: 87% (room air)
Respiratory rate: Elevated
Thick mucoid sputum
No major comorbidities

### Ayurvedic Assessment

Dosha: Kapha predominant with Vāta association
Dushya: Rasa
Srotas: Pranavaha Srotas
Srotodushti: Sanga (obstruction)
Diagnosis: Kaphaja (Drava) Kāsa with Śvāsa – Atyayika Avastha

### Therapeutic Intervention

### Internal Medication

Sitopaladi Churna – 3 g
Shrungarabhra Rasa – 250 mg
Shwaskuthar Rasa – 250 mg
(Twice daily with honey)
Kanakasava – 5 ml
Dashamularishta – 5 ml
(Twice daily after meals with equal water)

### External Therapy

Saindhavadi Taila application over chest
Mridu Svedana (mild fomentation)

### Pathya (Dietary Advice)

Warm water intake
Light digestible diet
Avoidance of cold, heavy, oily food

### Outcome Measures

Dyspnea grading
Cough frequency
Sputum quantity
Sleep quality
Peripheral oxygen saturation ($SpO_2$)

### Results

| Parameter | Day 1 | Day 5 | Day 10 |
|---|---|---|---|
| $SpO_2$ | 87% | 95% | 97% |
| Dyspnea | Severe | Mild | Absent |
| Sputum | Profuse | Moderate | Minimal |

Marked improvement in dyspnea was observed within 4 hours. $SpO_2$ increased from 87% to 95% on the same day. By day 10, approximately 90% overall symptomatic improvement was noted. No adverse drug reactions occurred.

## Discussion:

Kaphaja Kāsa develops due to Kapha accumulation in Pranavaha Srotas causing Srotorodha, which secondarily aggravates Vāta resulting in Śvāsa [1,3]. The treatment principle was Samprapti Vighatana through:

- Kapha-śamana
- Vāta-anulomana
- Srotoshodhana

Sitopaladi Churna acts as Kapha-pācaka and Deepana. Shrungarabhra Rasa and

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Shwaskuthar Rasa possess Shwasahara properties. Kanakasava is indicated in Kāsa-Śvāsa [6], while Dashamularishta alleviates Vāta-Kapha imbalance.

Rapid improvement in $SpO_2$ suggests effective airway clearance and improved ventilation. The integrative use of classical formulations with objective monitoring highlights the relevance of Ayurveda in acute respiratory care.

**Conclusion:**

This case demonstrates that classical Ayurvedic intervention can produce rapid and clinically measurable improvement in acute Kaphaja (Drava) Kāsa associated with Śvāsa. The patient presented with significant respiratory compromise, including reduced oxygen saturation ($SpO_2$ 87%), productive cough, and dyspnea at rest, indicating an urgent condition corresponding to Atyayika Avastha. The therapeutic approach was based on fundamental Ayurvedic principles of Kapha-śamana, Vāta-anulomana, and Srotoshodhana, aiming at reversing the underlying Samprapti.

Administration of Sitopaladi Churna, Shrungarabhra Rasa, Shwaskuthar Rasa, Kanakasava, and Dashamularishta resulted in a rapid rise in $SpO_2$ within four hours, suggesting effective relief of airway obstruction and improved oxygenation. Progressive reduction in sputum production and dyspnea over 10 days indicates sustained therapeutic benefit. The absence of adverse events further supports the safety of these formulations when used judiciously under supervision.

Although this is a single case report, the objective improvement in oxygen saturation combined with symptomatic relief suggests that Ayurveda may offer effective management in selected acute respiratory conditions. However, larger randomized controlled trials with standardized protocols and objective outcome measures are essential to validate these findings scientifically and to integrate such approaches into broader evidence-based practice.

**Patient Consent**

Written informed consent was obtained.

**Conflict of Interest**

None declared.

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