

**AN APPROACH TO VATAJA KASA THROUGH AYURVEDIC
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ABSTRACT

Kasa is an important disorder described in Ayurveda and is classified on the basis of predominant *Dosha* involvement. *Vataja Kasa* is characterized predominantly by a dry cough and features of *Vata* aggravation. This case report presents a 21-year-old male student with a history of approximately 15 days of dry cough, more noticeable during the morning and evening, along with recurrent episodes of rhinitis during the cold season. The case record also noted *Vata* predominance with *Kapha* association. An Ayurvedic treatment protocol recorded in the case notes was administered with supportive dietary and lifestyle measures. The case is presented in a structured format to highlight the clinical assessment of *Dosha* predominance, *Nidana*, *Samprapti* and individualized Ayurvedic management of *Vataja Kasa*.

KEYWORDS: *Vataja Kasa*, *Kasa*, Dry cough, Ayurveda, Case report.

INTRODUCTION

Kasa is a frequently encountered respiratory complaint in which the clinical presentation varies according to the predominance of *Dosha*. In *Vataja Kasa*, dryness and irritation are prominent, and the cough is commonly described as *Shushka Kasa* (dry cough). Proper identification of the predominant *Dosha* is important because treatment is planned according to the specific *Samprapti* and associated features.

Ayurvedic management therefore focuses on correcting the causative factors, alleviating the aggravated Dosha, improving the functional state of the relevant Srotas and providing appropriate supportive measures. Continuous allopathy treatment could not help him to cure.

CASE STUDY

Patient details: A 21-year-old male student was recorded

Sr. No.	Complaint	Duration/remarks
1.	Dry cough (Shushka Kasa)	Approximately 15 days
2.	Cough more noticeable in the morning and evening	Recorded as ++
3.	Seasonal rhinitis / Pratishyay	2–3 episodes, particularly during the cold season (as recorded)
4.	Associated upper-respiratory features	Nasal symptoms were recorded variably; no persistent nasal discharge was noted
5	sweating	On and off
6	Fever mild	On and off in 15 days

History of present illness

History and associated observations: The seasonal pattern of *Pratishyaya*, with symptoms tending to occur during the cold season. A bowel history of approximately once daily evacuation was also recorded. Sleep was noted as approximately 9–10 pm to 6–7 am. Eating habits of patient having milk at bed time regularly, eating bakery products daily, eating fruits daily at night, eating papad daily. These hetu clearly indicate vata kapha predominance and causative factor for disease. The notes indicate that the Vikriti was predominantly *Vata* with Kapha association (*Vata* ++, *Kapha*).

H/O-measles, mumps, covid, fever

F/H/O-skin disorder, *amlapita* (mother), *shitpitta*, *pratishay* (sister). S/H/O-none

Allergy-none

AGGRAVATING FACTORS

Excess intake of fruits in night, having milk daily at bed time, too much gurgur ahar. Dry eating habits less intake of *Sneha*.

General Examination

Bp-120/80 mm/hg GC -Fair

Pulse-72/min

Spo2-97%

RR-19/min

S/E (Systemic Examination) RS- slight wheeze in both sides CVS-S1S2 Normal

CNS-Conscious Oriented

Ashtavidha Pareeksha

Nadi-Saam, jalad Mala- samyak, krut Mutra-Prakrut

Jiva-Sama, shwetabh Shabd-Mand

Sparsh-Ushna Druka-Prakrut Aakruti-Krusha

Kanth- aaraktata absent

NIDANA PANCHAKA

Hetu (as inferred from the recorded clinical context): The case suggest recurrent seasonal exposure and travel-related routine. Features of Vata aggravation were clinically prominent, while Kapha association was also recorded. Eating habits of patient are having milk at bed time regularly, having bakery products daily, having fruits daily at night, having papad daily. These hetu clearly indicate vata kapha predominance and causative factor fir disease.

Purvarupa / Rupa: The predominant Rupa was Shushka Kasa of approximately 15 days duration, with greater occurrence during morning and evening. Seasonal *Pratishyaya* was noted as an associated recurrent complaint.

Dosha predominance: *Vata* pradhana with *Kapha anubandha*, according to the recorded Vikriti assessment.

Dushya: Rasavaha and Pranavaha srotas involvement are considered in the Ayurvedic clinical interpretation of Kasa. ura and kanth are sthan involved.

Srotas involved: Pranavaha Srotas, with possible contribution of *Rasavaha* Srotas.

Vyadhi: *Vataja Kasa* with *Kapha* association.

SAMPRAPTI

Hetu sevan and seasonal influences → aggravation of Vata with associated Kapha → disturbance in the normal functioning of Pranavaha Srotas → shushkta and rukshata in pranavaha srotas→ manifestation of Shushka Kasa, more prominent during the morning and evening.

SAMPRAPTI GHATAKA

Component	Finding
Dosha	Vata pradhana with Kapha association
Dushya	Rasa (clinical interpretation)
Srotas	Pranavaha Srotas; Rasavaha Srotas may be associated
Adhithana	Pranavaha system / Uras and upper respiratory tract
Vyadhi	Vataja Kasa

CHIKITSA

included a combination containing *Vidangadi* (for Kasa), *Kantakari*, *Laxmi vilas* , and *Ananta*, *Yashtimadhu* with quantities recorded as 250, 125, 60 and 125 250 mg respectively. Additional entries included *Narayana Taila*, *Gokshuradi* as *anupan* .

SHAMANA CHIKITSA - VATAJA KASA

Date	Symptoms	Name of Kalpa / Aushadhi	Matra	Aushadhi Kala / Frequency	Anupana
6/6/2026	Kasa shushk continuous,Urahshoola / chest discomfort,pratishyay	1)Vidangadi Churna (Kasa) + Kantakari + Laxmi vilas + Ananta +yashtimadhu	250 mg + 125 mg + 60 mg + 125 mg+250mg	Chaatana, every 2 hours	Guda
		2) Narayana Taila	2 spoon	4 times daily	-
		3) Gojihvadi kashay	2 tsp	4 times daily	Water
		4) Vishva + Madan +	30 mg + 30	kshirpak	evening
		Kantakari + Sitopaladi	mg + 60 mg + 125 mg		
		5) chaushashthi kana	1 tablet	Morning empty stomach	Warm milk
		Yashtimadhu / Kashaya preparation	500ml	Take sip by sip	-
		Urah-Prishta Snehana	2-3 times Narayana Taila + [unclear]		
		Electric heating pad swedan-urah	Every 4 hours, 3-4 times		
		Dietary advice	Add ghrut in meals		
20/6/2026 5/7/2026	Shushk kasa upshay 50%	Same as above	Aushdadhi kala is reduced to 3 times a day		
	Pratishay upshay Jwar not present Shushk kasa upshay	Same as above	Aushadhi kala is reduced to 2 times		

	90% Bala is increased		
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DISCUSSION

The present case showed a predominance of dry cough, which is consistent with the Vataja presentation of Kasa. The recorded assessment also noted Vata predominance with Kapha association. Therefore, the therapeutic approach was directed toward Vata-shamana while addressing associated Kapha features.

Kantakari is commonly selected in Ayurvedic practice in respiratory complaints, and the recorded prescription combined multiple formulations intended to support the management of Kasa and associated upper-respiratory features.

The case also demonstrates the importance of documenting associated seasonal complaints. Recurrent Pratishyaya during the cold season may contribute to the overall clinical background and should be considered while planning individualized management. Supportive measures, dietary regulation and avoidance of aggravating factors are integral parts of Ayurvedic case management.

Kantakari: Kantakari reduces kapha by tikta katu rasa and ushan virya, and reduces vata by ushana virya. That is the reason used in vataj kasa. Widely used in cold, cough, and asthma.

Laxmi vilas: ushna virya, snigdha balya and vatahara properties reduces vata and kapha. And give strength to pranavaha strotasa.

Ananta: Reduces pitta without increasing vata and kapha, and gives strength to kanth . As hetu causes rakt dushti ,Aanta being sheet does raktprasadan.

Vidangadi (kasa): It reduces kapha and contain all ushna virya elements.

Narayan tail: In vataj kasa tail as anupan help in anuloman of vata.

Sitopaladi: It balances vata and pitta dosha. It helps in removing strotas avarodh without compromising bala in patient.

CONCLUSION

This case report presents a clinical approach to Vataja Kasa in a young adult male with approximately 15 days of dry cough and associated seasonal upper-respiratory complaints.

The case record indicated Vata predominance with Kapha association and an Ayurvedic treatment protocol consisting of Kasa-oriented formulations, Kantakari-containing preparations, supportive measures and dietary/lifestyle advice. Accurate identification of Dosha predominance remains important for individualized management of Kasa.

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