

AYURVEDIC PERSPECTIVE OF KASA (ACUTE BRONCHITIS) IN CHILDREN WITH SPECIAL REFERENCE TO DHANYAKA, SITA AND TANDULODHAKA - A REVIEW

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ABSTRACT

Kasa is a commonly encountered respiratory disorder described in Ayurvedic classics and frequently observed in pediatric practice. Acute bronchitis, a common lower respiratory tract infection in children, presents primarily with cough and associated symptoms. Ayurveda explains *Kasa* as a disorder of *Pranavaha Srotas* involving mainly *Vata* and *Kapha Dosha*. *Dhanyaka* (*Coriandrum sativum*), *Sita* (*Saccharum officinarum*) and *Tandulodaka* are simple dietary and therapeutic measures described in Ayurveda with *Tridoshanut*, *deepana*, *pachana* and soothing properties. This review aims to analyze *Kasa* from an Ayurvedic perspective and correlate it with acute bronchitis in children, highlighting the therapeutic importance of *Dhanyaka*, *Sita* and *Tandulodhaka*.

KEYWORDS: *Kasa*, Acute Bronchitis, Children, *Dhanyaka*, *Sita*, *Tandulodaka*, Ayurveda.

INTRODUCTION

Respiratory illnesses are among the most important and challenging problems encountered in general and pediatric practice, accounting for nearly one-third of new consultations and a significant proportion of overall outpatient visits^[1]. Acute bronchitis is a common lower

respiratory tract infection in children and is characterized by an acute onset of persistent cough with or without sputum production.^[2] The incidence increases during winter months, coinciding with a higher prevalence of respiratory viral infections.^[3] Although the condition is generally self-limiting, recurrent episodes are frequently observed in children and may cause diagnostic confusion, particularly with bronchial asthma.^[4] Acute bronchitis is predominantly caused by viral pathogens such as respiratory syncytial virus, rhinovirus and influenza viruses, while bacterial causes such as *Mycoplasma pneumoniae* and *Bordetella pertussis* are relatively uncommon^[4]. Clinically, cough is the predominant symptom and may be associated with expectoration, wheezing and breathlessness.^[5] The condition usually resolves within a few weeks with symptomatic and supportive management.^[6] In *Ayurvedic* literature, recurrent acute bronchitis can be correlated with *Kasa Roga*, a disorder of *Pranavaha Srotas*. *Kasa* is defined as the forceful expulsion of obstructed *Vayu* producing abnormal sound and may present as dry or productive cough.^[7] Classical texts describe *Kasa* as a *Nidanarthakara Vyadhi*, which if not managed appropriately may progress to *Kshaya Kasa*, emphasizing the importance of early intervention, especially in pediatric patients.^[8] According to *Acharya Bhavaprakasha*, *Dhanyaka* (*Coriandrum sativum*) possesses *Deepana*, *Pachana*, *Jwaraghna* and *Kasahara* properties and is beneficial in the management of *Kasa* when administered with *Sita* and *Tandulodaka* as *Anupana*.^[9] Modern studies have also reported anti-inflammatory and antimicrobial activities of *Dhanyaka*, attributed mainly to its bioactive phytoconstituents such as linalool.^[10] Therefore, the present clinical study was undertaken to evaluate the efficacy of *Dhanyaka-Sita Yoga* with or without *Tandulodaka Anupana* in the management of *Kasa* (Acute bronchitis).

Historical Review

Kāsa has been described in Ayurvedic literature from Pūrvakāla (Vedic, Purāṇic and Sāṁhitā periods) through Madhyakāla to Ādhunika Kāla. It is recognized as an independent disease entity by ACHARYA CHARAK AND ACHARYA SUSHRUT, who have elaborated the panchvidha Kāsa, including its *nidāna*, *lakṣaṇa*, *upadrava*, and prognosis in charak sharir and sushrut sharir.^[11]

Review of Ayurvedic Literary

Kasa has been described in Ayurvedic classics as a distinct disease entity affecting the *Pranavaha Srotas*. *Acharya Charaka* elaborately explained the *Nidana*, *Samprapti*, *Lakshana* and *Chikitsa* of *Kasa* in *Chikitsa Sthana*, emphasizing the role of vitiated *Vata*

Dosha either alone or in association with *Kapha* and *Pitta Dosha*. Five types of *Kasa*, namely *Vataja*, *Pittaja*, *Kaphaja*, *Kshayaja* and *Kshataja*, have been described based on *Dosha* predominance and etiopathogenesis. Among these, *Kaphaja* and *Vata-Kaphaja Kasa* show close resemblance to acute bronchitis in children due to symptoms such as productive cough, chest congestion and mild fever.^[12] **Acharya Sushruta** described *Kasa* as a disease involving the respiratory passages and emphasized the importance of early management to prevent complications such as *Shwasa* and *Rajayakshma*. He highlighted dietary regulation and use of mild, nourishing and *Kapha*- pacifying substances, especially in *BalaRoga* (pediatric disorders).^[13] **Acharya Vagbhata** further elaborated the concept of *Kasa* in *Ashtanga Hridaya*, stating that impaired *Agni* and accumulation of *Kapha* in the *Pranavaha Srotas* play a significant role in disease manifestation.^[14] Although **Kashyapa Samhita** does not describe *Kasa* as an independent disease entity in pediatric practice, it is mentioned as a symptom in childhood disorders such as *Kaphaja Stanyadushti* and *Balagraha*. In the *Khilasthana*, *Kasa* is described under the context of *Uroghata*, where five types of *Kasa* along with their *Chikitsa* are explained.^[15]

Dhanyaka (*Coriandrum sativum*) is mentioned in *Bhavaprakasha Nighantu* under *Haritakyadi Varga*. It possesses *Katu-Tikta-Madhur-Kashya Rasa*, *Laghu Guna* and *Ushna Virya* and is known for its *Deepana*, *Pachana* and *Tridosha samak* properties. Classical texts recommend *Dhanyaka* in respiratory and digestive disorders, suggesting its supportive role in *Kasa* management.^[16]

धान्यं चशकर् रायुक्तं तण्डुलोदकसंयुतम्। पानमेतत्प्रदातव्यं कासश्वासापहं शशोः॥(भा.प्र.म.ख.४ च) 8| 71|162)

Coriander mixed with *sita* and rice water as *anupan* , helps in decreasing the symptoms of children's *kasa* (Acute bronchitis).^[16]

Modern studies have reported the antioxidant, anti-inflammatory and antimicrobial properties of *Coriandrum sativum*, which may contribute to its therapeutic action in respiratory tract infections.^[17]

SITA

Matsyandika (brown sugar), *khanda* (sugar candy) and *Sitā* (white crystalline sugar) in their succeeding order are better (than guda-jagger/treacle), are aphrodisiac, good for the emaciated and the wounded, cure bleeding diseases and aggravation of *vāta*. *Sita*, commonly

known as *Miśrī*, is a purified crystalline sugar obtained from sugarcane (*Saccharum officinarum* Linn.). It is traditionally used in Ayurveda as a sweetening agent, palatability enhancer, and supportive *Anupāna*. *Sitā* provides nutritive value, exhibits demulcent and cooling effects, and improves acceptability of oral herbal formulations.^[18]

Tadulodhaka

किण्डतंतण्डुलपलंजलेऽष्टगुणतःक्षपेत् भावृयत्वाजलंग्राह्यंदेयंसवर्तकमसु॥(शा.म.ख 1|28)

Tandula jala (rice-wash) is obtained by soaking and squeezing one pala broken rice in eight times its quantity of water.^[19]

Physical and Nutritional Characteristics of Tandulodhak

Tandulodhaka is a clear to slightly turbid liquid with a bland taste. It primarily contains soluble starch, glucose polymers, trace proteins, and minerals. These constituents make it light, easily digestible, and suitable as a supportive nutritional liquid.^[20]

Therapeutic Utility as Anupāna

As an *Anupāna*, *Tandulodaka* facilitates the administration and assimilation of herbal formulations. Its bland and demulcent nature helps in reducing mucosal irritation and supports hydration. These properties make it ideal for use in conditions involving dryness or inflammation.^[21]

DISCUSSION

The combined use of *Dhanyaka*, *Sita* and *Tandulodhaka* provides a holistic and safe approach in managing *Kasa* in children. These measures help in improving digestion, reducing *Kapha*, soothing the respiratory tract and enhancing recovery.

CONCLUSION

Ayurvedic management of *Kasa* emphasizes correction of *Dosha* imbalance along with supportive care. *Dhanyaka*, *Sita* and *Tandulodhaka* are simple, safe and effective remedies in pediatric practice. Further clinical studies are needed to establish their efficacy.

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