

ALLERGIC BRONCHITIS IN CHILDREN AND ITS MANAGEMENT THROUGH AYURVEDIC AND MODERN APPROACHES

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ABSTRACT

Vatika Kasa (Allergic Bronchitis) is a cough disease as per Ayurveda, primarily caused by aggravation of *Vata Dosha* characterized by cough and respiratory distress which basically means a serious disease. According to modern medicine allergic bronchitis causes inflammation of the airways characterized by bronchial hyper-reactivity because of exposure to the allergens. In Ayurvedic perspective, aggravated *Vata* makes effects on *Pranavaha Srotas* leading to impaired functioning of respiratory system because of persistent cough. Treatment entails *Vata* pacification through food consumption that is warm and oily and by using herbs like *Dashmoola* and *Vasavaleha*. On the other side, modern medicine focuses on allergic management techniques which put emphasis on treatment of symptoms. The goal of this paper is to discuss about *Vatika Kasa* as well as its relation to allergic bronchitis.

KEYWORDS: *Ayurveda, Vatika Kasa, Allergic Bronchitis, Bronchial, Pranavaha Srotas.*

INTRODUCTION

The respiratory ailments in childhood seen with cough and phlegm might have similarities with *Kaphaja Kasa* and *Shwasa Roga*. *Kasa* can be differentiated into 5 sub-classes based on the predominating *Dosha*. They include *Vataja*, *Pittja*, *Kaphaja*, *Kshataja* and *Kshayaja*. Out of all these types, *Vataja Kasa* is associated with the aggravation of *Vata* due to smoking, dust, cold air, and exercise. Ayurveda believes that imbalance in *Prana* and *Udana Vata* might interfere with the functioning of *Pranavaha Srotas* and cause the occurrence of typical *Kasa*. The symptoms of *Vatika Kasa* correspond to modern forms of bronchitis such as dry bronchitis, cough variant asthma, and allergic cough. Therefore, the treatment focuses on balancing between *Kapha* and *Vata doshas* and proper nutrition and lifestyle.^[1-4]

Nidana

The causative factors involved in the etiology of *Vatika Kasa* include the aggravation of *Vata Dosha*.

- ✓ The dietary factors or *Aharaja Nidana* include too much consumption of cold and astringent food items, irregular eating patterns and inadequate food intake, etc.
- ✓ The lifestyle factors or *Viharaja Nidana* include over-talkativeness, suppression of natural urges and overexertion, etc.
- ✓ Psychological factors like stress, emotional disturbances and anxiety, etc. can also play a role.

Rupa

The symptoms occurring ahead of an attack of *Vatika Kasa* include *Shooka Purna Galasyata*, *Kantha Kandu* and *Bhojyanavarodha*, etc. The characteristics of *Vatika Kasa* include the presence of *Hrit-Shoola*, *Parshva-*

Shoola, *Ura-Shoola*, *Shira-Shoola*, *Swarabheda* and *Shushka Ura-Kantha*. The cough is dry and is usually convulsive and leaves pain on the chest as a symptom of the aggravation of the *Vata Dosha*.^[4-6]

Samprapti (pathogenesis)

In *Vatika Kasa*, *Vata* worsens affecting the *Pranavaha Srotas* particularly the functions of *Prana* and *Udana*

Vayu. The affected *Vata* gives rise to the dryness in the respiratory tract, leading to dry and spasmodic cough. When *Kapha* is inadequate, the cough becomes ineffective. The aggravated *Vata* starts moving from the lower part of the throat towards the chest causing pain, irritation, spasmodic movements of the chest and stiffness, etc. The major etiological factors of allergic bronchitis in children are depicted in **Figure 1**.

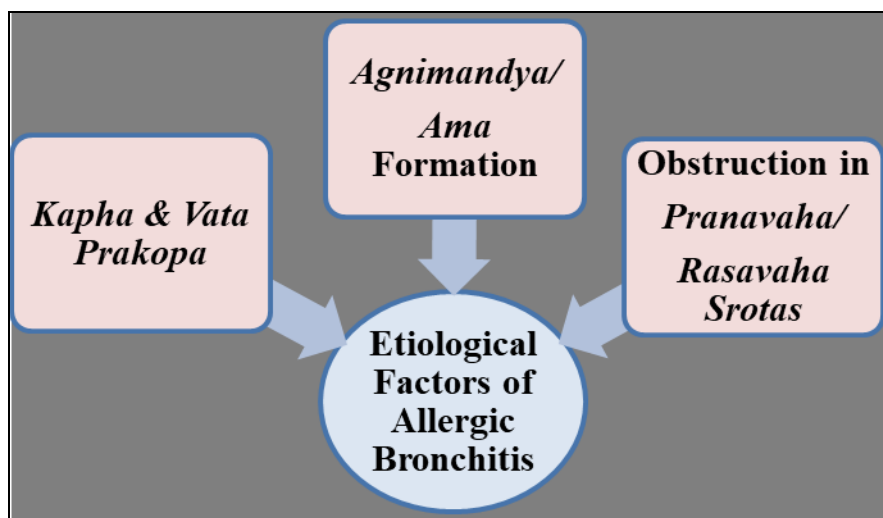


Figure 1: Major etiological factors of allergic bronchitis.

Ayurvedic treatment of allergic bronchitis in children

Ayurvedic treatment has the primary aim of focusing on balancing the *Vata* and *Kapha Dosha*; offering better

respiratory functions; and reducing aggravating causes of allergic symptoms. The medicinal herbs offers benefits in allergic bronchitis as depicted in **Table 1**.^[5-7]

Table 1: Herbs suggested for allergic bronchitis.

Drug	Botanical Name	Traditional Role
Vasa	<i>Adhatoda vasica</i>	Facilitates expectoration and helps relieve bronchial discomfort
Haridra	<i>Curcuma longa</i>	Exhibits anti-inflammatory activity
Tulsi	<i>Ocimum sanctum</i>	Supports respiratory health
Mulethi	<i>Glycyrrhiza glabra</i>	Soothes sore throat and helps relieve cough

Abhyanga with appropriate warm oils and moderate *Swedana* are examples of supportive external therapies that assist ease respiratory secretions and encourage relaxation. Traditionally used to preserve respiratory and nasal health, *Pratimarsha Nasya* should only be administered to children under the supervision of expert.

Adequate warm fluids, avoiding heavy or difficult-to-digest foods when they exacerbate symptoms, eating regular meals, and reducing exposure to dust, tobacco smoke, pet allergies, and abrupt temperature changes are examples of dietary and lifestyle interventions.

Allergic bronchitis in children can be associated with *Kaphaja* or *Vatika Kasa* and treated with various medications that reduce *Kapha*, facilitate digestion, relieve airway congestion, and promote expectoration. Some examples of such medications include *Sitopaladi Churna* with *Pippali*, *Vanshlochan* and other ingredients that is used in Ayurveda for treating cough and sore throat, *Talisadi Churna*, which is used in case of *Kapha*

and respiratory congestion, *Vasavaleha* prepared from *Vasa*, also used in the treatment of *Kasa*, *Yashtimadhu Churna* used for throat and cough relief and *Kantakari Avaleha* traditionally used in *Kasa* and *Shwasa* treatment. It is important to mention that *Haridra* and *Pippali* can be included in treatment in order to achieve their traditional *Kapha*-reducing and respiratory-supportive effect. However, medications prescribed to children have to be selected carefully according to their age, *Bala*, *Agni*, and other symptoms including the presence of wheezing and difficulties with breathing.^[6-9]

Modern Aspect

The contemporary approach to managing allergic bronchitis in the pediatric population involves the identification and management of factors activating allergic reactions, reducing airway inflammation, and preventing recurrent respiratory manifestations. An evaluation for asthma or allergic respiratory conditions should be conducted if the patient has experienced episodes of wheezing, dyspnea, nighttime cough, or

exercise-related symptoms. Management methods include eliminating trigger factors like dust, pollen, smoke, air pollution, animal dander, or viral infections and ensuring good air quality indoors. Inhalers with bronchodilators are used for treating acute bronchospasm, while if asthma or significant inflammation is confirmed, inhaled corticosteroids are prescribed. Antihistamines may be prescribed if the symptoms are due to allergic rhinitis. It is also necessary for the patient to maintain proper hydration and nutrition.^[10-12]

CONCLUSION

Vatika Kasa (Allergic Bronchitis) is a medical condition as explained in the ancient texts of Ayurveda and can be studied through some methods of diagnosis. Ayurveda points to *Dosha*-wise treatments based on dietary aspects, change of lifestyle, and supportive therapies to bring back respiratory balance. The clinical features of *Vatika Kasa* resemble modern diseases, such as allergic bronchitis, in terms of coughing and irritation of the respiratory passages. Ayurvedic descriptions of *Vatika Kasa* fit with the physiological mechanism of the cough reflex where the obstruction of the respiratory tract is caused by the imbalances in *Vata* and *Kapha Dosha*. While modern medications may provide prompt convenience from the symptoms, there might be a need for lengthy pharmacological therapy in some cases. In Ayurveda, allergic bronchitis treatment in children focuses on achieving a balance between the *Vata* and *Kapha dosha*. It also suggests improving *Agni*, relieving congestion, and avoiding triggers. Various herbs and medicines that are suitable for children can be used, including *Vasa*, *Haridra*, *Tulsi*, and *Mulethi*, which serve as Ayurvedic remedies for respiratory conditions. In today's medicine, allergic bronchitis treatment primarily involves avoiding triggers, determining whether the child has asthma, managing airway inflammation, and providing the necessary bronchodilator or anti-inflammatory medications.

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