



Review Article

A NARRATIVE REVIEW ON KAPHAJA KASA IN CHILDREN, WITH RESPECT TO CHRONIC BRONCHITIS

Prathiksha Y^{1*}, Reena K²

*¹UG Scholar, ²Professor & HOD, Department of Kaumarabhritya, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India.

Article info

Article History:

Received: 16-06-2026

Accepted: 19-07-2026

Published: 10-09-2026

KEYWORDS:

Agnideepana,
Cough in Children,
Chronic Bronchitis,
Kaphaja Kasa,
Pranavaha Srotas,
Vatanulomana.

ABSTRACT

Kaphajakasa is a common respiratory disorder affecting children. It is characterized by productive cough and excessive mucus secretion. Prevalence of *Kaphajakasa* estimated to be 33.3%. however a clear understanding in the light of contemporary concepts is rare. This emphasizes the need of narrative review. **Aim:** This narrative review aims to explore *Kaphajakasa* in the light of contemporary medical literature and correlate with chronic bronchitis. **Material and Methods:** This narrative review was drafted referring relevant literature on *Kasa* from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Kashyapa Samhita*. Details on chronic bronchitis were collected from pediatric textbooks and peer-reviewed articles from indexed publications. **Results:** Based on the literature review, attempt was done to correlate various aspects of *Kaphajakasa* with chronic bronchitis. Thus, it narrates the similarities between *Kaphajakasa* and chronic bronchitis in terms of pathophysiology, clinical features like productive cough, mucus hypersecretion and airway inflammation. Ayurvedic concepts such as *Kaphavridhi*, *Ama-utpatti*, *Srotorodha*, and *Avarana* closely parallel modern mechanisms like goblet cell hyperplasia, impaired mucociliary clearance, and inflammatory airway changes. Ayurvedic management emphasizes *Nidana Parivarjana*, *Shamana*, *Shodhana*, and *Rasayana* therapies. While contemporary treatment focuses on reducing airway inflammation, controlling infection, and improving mucus clearance. **Discussion and conclusion:** *Kaphajakasa* presents with recurrent wet cough, thick whitish sputum with or without fever based on predominance of pitta along with *Kapha* and *vata*. *Vatanulomana*, *Agnideepana* and *Kaphahara* is the line of treatment. Thus, it closely resembles chronic bronchitis in etiology, pathophysiology, features and management.

INTRODUCTION

Respiratory tract infections pose a significant global threat due to their exceptionally high incidence rates and substantial socioeconomic costs. More than half of the respiratory infections are limited to the upper respiratory tract, with the majority being mild and self-limiting, such as common cough and cold. [1] It is a major cause of pediatric consultations and markedly affects the well-being of children and their caregivers.

Cough often presents alongside with upper respiratory tract infections, acute pharyngitis, acute bronchitis, and chronic sinusitis.[2] Poor immunological status, improper food and eating habits, etc make the paediatric age group more vulnerable to recurring respiratory tract infections (RRTI), which are more similar to the illness *Kasa*, described in Ayurvedic literature.[3,4] Physiologically, cough is a protective reflex characterized by a sudden, vigorous expulsion of air from the lungs in response to irritation or stimulation of respiratory sensory nerves. [5]

Kasa is the most prevalent respiratory condition affecting the *Pranavaha Srotas* in *Bala* (children).[6] Ranking as the fifth most common symptom that prompts patients to seek medical care, with a global prevalence rate of 25% among children.[7]

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i4.2855>

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In India affecting nearly 35% of preschoolers (under 5 years) and around 9% of school-age children (7-11 years) and ranks second in primary healthcare system.^[8,9] *Kasa* can manifest in different ways, as a *Swatantra Vyadhi* (standalone disease), a *Lakshana* (a symptom associated with another condition), or as an *Upadrava* (complication) in the form of *Nidanarthakara Roga* and lead to *Kshaya* (emaciation).^[10]

MATERIALS AND METHODS

Sources

This narrative review is scripted by referring

- Ayurveda classics: *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*.
- Contemporary texts on Pediatric Cough: OP Ghai on Essential Pediatrics, Nelson Textbook of Pediatrics etc).
- Peer-reviewed journals and review articles on *Kaphaja Kasa* and bronchitis.

RESULTS

Among the five types of *Kasa*, children are more prone to *Kaphaja Kasa* (cough with sputum) due to their *Kapha*-predominant nature and frequent exposure to *Kapha*-increasing diet and lifestyle habits. It accounts for 33.3% of cough cases.^[11] *Kaphaja Kasa* is often correlated to chronic bronchitis, characterized by a productive cough occurring on most days for a minimum of three months in two successive years.^[12] Bronchitis is the inflammation of bronchi, characterised by the hypersecretion of mucus.

Nidana and Etiology

Main causes of *Kaphaja Kasa* include consuming *Guru* (heavy), *Abhishyandi* (obstructive), *Madhura* (sweet), and *Snigdha* (oily foods) *Ahara* and *Viharas* like *Atiswapna* (excessive sleep) and a sedentary lifestyle.^[13] Contributing factors to include environmental exposures to *Dhumopaghata*, *Rajas* (smoke and dust), *Vyayama* (excessive physical exertion) and *Kshavathuvegavarodha* (suppression of sneeze).^[14] *Balya Avasta* (childhood) being predominant with *Shlesma Dhatu* and the immaturity of *Agni*, make them more susceptible to recurrent respiratory illness leading to impaired *Pranavaha Srotas* functioning.

Kasa in children is frequently associated with *Sthanya Dusti* (vitiation of breast milk). Vitiated breast milk consumed by the infant leads to vitiation of *Kapha* causing obstruction of *Pranavaha Srotas*, resulting in symptoms such as *Kasa*, *Lala Srava* (excessive salivation), *Pratishyaya* (nasal discharge), and *Swasa* (respiratory discomfort).^[15] During *Dantotpatti Kala* (teething period), physiological stress, irritation, altered feeding patterns, and impairment of digestion

leads to *Kapha* aggravation and symptoms like *Jwara* (fever), *Atisara* (diarrhoea), and *Kasa* (cough) manifests.^[16] Children suffering from *Shosha*, (emaciation) due to undernutrition, *Kasa* is seen as a clinical feature. It occurs due to weakness of *Pranavaha Srotas*, diminished *Bala*, and associated *Kapha* accumulation.^[17] *Kasa* is also seen in certain *Graha Rogas* (disorders afflicting spirits), particularly in *Naigamesa Graha*, *Pitrugraha*, *Andhaputana Graha*, and *Revati Graha*. Symptoms such as *Kasa*, *Swasa* (breathing difficulty), *Rodana* (abnormal cry), and feeding disturbances are seen.^[18] Additionally, *Kasa* is encountered in *Parigarbhika* children, wherein lactation is adversely affected due to a subsequent pregnancy in the mother. The breast milk becomes nutritionally inadequate and vitiated, leading to *Kasa*, *Agnisada*, *Tandra*, *Karshya*.^[19]

These causes parallels to the etiological factors identified for chronic bronchitis in children, like, cigarette smoking (passive smoking) and atmospheric pollution.^[12,20] Additional contributing factors include occupational exposure to gases, mineral dust, fumes, and solvents or recurrent respiratory infections.^[12,21] Genetic factors also play a role, with research linking chronic mucus hypersecretion to a single nucleotide polymorphism on chromosome 3 and identifying a significant genetic locus at 11p15.5 that is associated with both COPD and chronic bronchitis.^[22] Consumption of sweets and bakery products, prolonged exposure to water during play, and increased contact with environmental irritants such as dust and smoke, makes them more susceptible to chronic bronchitis. Additional risk factors for chronic bronchitis include air pollution, asthma, gastroesophageal reflux, repeated respiratory infections, chronic aspiration, and allergies.^[23-24] By contrast, protracted bacterial bronchitis (PBB) in children is caused by chronic infection with non-typeable *Haemophilus influenzae*, *Streptococcus pneumoniae*, and *Moraxella catarrhalis*, resulting from impaired mucociliary clearance and airway malacia.^[25]

Samprapti (Pathogenesis)

A detailed understanding of pathogenesis of *Kaphaja Kasa* can be understood based on *Kriyakala* (stages of pathogenesis).^[18, 26]

Sanchaya Avastha (Stage of accumulation): Due to various *Nidana Sevana* (exposure to etiological factors) like cold environments, lack of physical activity and heavy foods, aggravates the *Kapha Dosha* in its *Swasthana* (own site) i.e., *Amashaya*. Though there are no symptom manifestation, patients may exhibit *Samanya Kaphavridhhi Lakshana* (general clinical features of increased *Kapha dosha*) like *Alasya* (lethargy) and *Gaurava* in *Ura*, *Shira*, *Jihwa*, *Kanta*, and

Ghrana (heaviness in chest, head, oral cavity, throat, nose).

Prakopa Avastha (Stage of Aggravation): Further aggravation of vitiated *Kapha Dosha* leads to obstruction of normal movement of *Prana* and *Udana Vata* due to *Avarana* by *Prakupita Kapha*.

Prasara Avastha (Spread): The *Prakupita Kapha* now starts to enter all other channels like *Pranavaha Srotas* and starts filling up in the areas of *Khavaigunya*.

Sthanasamshraya (Localization): The vitiated *Kapha* lodges in *Ura* and *Kanta Pradesha* and the patient here exhibits *Poorvaroopa Lakshana* (premonitory symptoms) like *Shooka Poorna Gala Asya* (a sensation of fullness in the throat and mouth), *Kante Kandu* (itching in the throat), *Bhojyanam Avorodha* (anorexia).

Vyaktha Avastha (Manifestation): The accumulation of vitiated *Kapha* alters the *Gati* of *Pranavayu* in the *Srotas*, propels upwards and erupts out of the mouth

Pathophysiology of Chronic Bronchitis^[28]

together with sputum, generating a specific sound, to remove the excess *Kapha* accumulated.

Samprapti Ghataka^[27]

Dosha: Vata, Kapha

Dushya: Rasa

Agni: Jataragni

Aama: Jatarangni Mandya Janya Aama

Srotas: Rasavaha, Annavaha, Pranavaha, Udakavaha Srotodusti

Srotodusti Prakara: Sanga, Vimargagamana

Adhistana: Pranavaha Srotas, Ura-Kanta

Udbhava Sthana: Amashaya

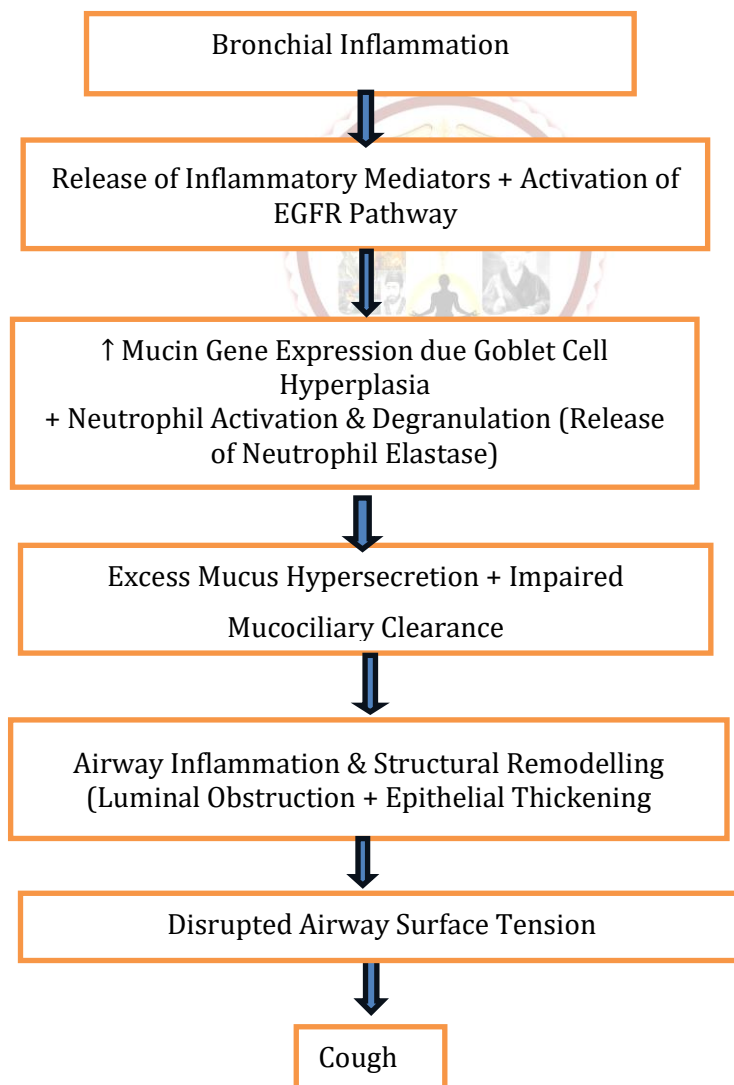
Sanchara Sthana: Rasayani

Vyakta Sthana: Ura, Kanta

Swabhava: Aashukari

Sadhya: Asadhya, Krichrasadhya

Figure 1: Pathophysiology of chronic bronchitis



In children, chronic bronchitis is characteristically associated with persistent neutrophil-predominant airway inflammation triggered by long-standing bacterial infection of the respiratory tract. Consequently, the condition is more appropriately termed protracted bacterial bronchitis.^[28]

Poorvaroopa (Premonitory Symptoms) ^[29-30]

The symptoms include *Shooka Poorna Gala Asya*, accompanied by *Kante Kandu* and *Bhojyanam Avarodha*, *Gala Talu Lepa* (coating in the throat and palate), *Arochaka* (anorexia), *Swasabda Vaishamya* (hoarseness of voice), *Agnisada* (reduced appetite) etc.

Lakshana (Clinical features)

The features of *Kaphaja Kasa* includes cough which is *Ghana* (solid) expectoration, *Snigdha* (unctuous), *Sandra* (thick) associated with *Peenasa* (rhinitis), *Chardi* (vomiting), *Alparuk* in *Uras* (mild chest pain), *Sthaimitya* (heaviness in the chest), *Kanta Upalepa* (coating in the throat), *Mandagni* (reduced appetite), *Aruchi* (anorexia), *Sampurnavakshas* (fullness in the chest), *Utklesha* (aggravation), *Gaurava* (heaviness), *Asyamadhurya* (sweetness in the mouth), *Kasamano Arug* (less discomfort on coughing), *Mukhalepa* (coating over palate), *Angaavasada* (body ache), *Shiroruja* (headache), *Kaphapurnadeha* (cold and clammy body parts), *Shweta Kaphakshteevana* (white cough expectoration) and *Loma Harsha* (horripilation). Clinical features of chronic bronchitis include long-standing cough with excessive sputum production. Breathlessness is typically mild at rest but worsens with activity, that aligns with features of *Kaphaja Kasa*. The bronchial walls show increased thickness with congestion and oedema, while the lumens of the bronchi and bronchioles are frequently obstructed by mucus plugs and purulent secretions.^[12]

Upashaya (Relieving Factors)/Anupashaya (Triggering factors)

Upashaya (wholesome measures) are any substances or activities that are *Satmya* (suitable) in subsiding the disease, like *Shashtika Shali* (60- days harvested rice), *Yava* (barley), *Mudga* (green gram), *Laja* (parched rice), *Godhuma* (wheat), *Gramya-Jangala-Bileshaya Mamsa* (meat of domestic, wild, and burrowing animals), *Ksheera* (milk), *Ghrita* (ghee), *Takra* (buttermilk), *Rooksha* (dry), *Ushna* (hot), and *Laghu Guna* (light quantity). While *Anupashaya* (unwholesome measures) are *Asatmya* (unsuitable) and should be avoided. Substances possessing *Snigdha* (unctuous), *Sheeta* and *Guru Guna Pradhana* (cold and heavy food articles) like *Sheetala Jalapana-Snana* (consumption of cold water for drinking and bathing), *Divaswapna* (excessive day sleeping), intake of chocolates, canned drinks, ice cream, deep-fried meals,

junk food, and baked goods are known to worsen the conditions.^[31]

Sadhyasadyata (Prognosis)

Kasa caused by a single *Dosha* is curable (*Sadhya*).^[32] However, *Kaphaja Kasa* is considered more challenging compared to *Vataja* and *Pittaja Kasa*, due to its *Prakruta Guna* being *Balavaan*.^[33] If *Kasa* is associated with complications like *Swasa* (breathing difficulty), *Shosha* (wasting), *Chardi* (vomiting), may become fatal.^[34]

Diagnosis

Diagnosis is done based on cardinal features, proper history taking and physical examination. Other special investigations include blood tests, chest x- ray, sputum culture and other helpful tests like oxygen saturation, spirometry etc.^[28]

Chikitsa (Management)

The core principles of management include *Nidana Parivarjana* (avoidance of etiological factors), *Shamana* (palliative measures), and *Shodhana* (purification therapy). The foremost objective of treatment is the elimination of causative factors and to avoid triggering factors like smoke, dust inhalation, *Divasvapna* that are responsible for aggravating *Kaphaja Kasa*. *Chikitsa* emphasizing *Kaphahara* and *Vatanulomana* measures such as *Langhana* (fasting) and *Pachana* (digestants) should be adopted.

Drugs endowed with *Katu Rasa* (pungent taste), *Ushna Virya* (hot potency), *Laghu* and *Ruksha Guna*, being opposite to *Kapha Guna*, are preferred as *Shamana Chikitsa*.^[35] As *Kaphaja Kasa* involves the *Pranavaha Srotas* and known for its recurrence, the use of *Shodhana Karma* aids in eliminating the pathology thereby providing a long-term relief. Children who are fit to undergo *Shodhana* procedures may be considered for *Vamana Karma* (therapeutic emesis) after the age of 6 years and *Virechana Karma* (purgative therapy) after the age of 4 years. *Vamana* expels the accumulated, vitiated *Kapha* and removes the *Avarana* (obstructed) over *Vata*, preventing the reoccurrence of the diseases. *Virechana* in *Vata* or *Pitta* association, helps relieve pain in the chest and flank regions. Following *Vamana*, *Dhumapana* (medicated smoke) with *Tikshna Dravya* (strong, potent medicine) and *Kavala Graha* (gargling) prevents further *Kapha* accumulation and clears the respiratory passages. However, in pediatric practice, the administration of *Shodhana Karma* must be judicious.

In *Sthanya Dusti Janya Kasa*, *Stanyashodhana* (purification of breast milk) is the primary line of treatment and the mother is treated with *Kapha-hara* (*Kapha* pacifying) *Ahara* and *Aushadha* to purify breast milk. *Kasa* associated with *Bala Shosha* requires *Brimhana* (nourishing) and *Rasayana* therapy

(rejuvenating) to improve *Dhatu* nourishment, *Bala*, and immunity. In *Graha rogas*, both *Daivavyapasraya* (spiritual therapy) and *Yukti Vyapasraya Chikitsa* (rational therapeutic approach) are indicated, including *Raksoghna* (protective measures against harmful entities) and *Graha-hara* measures such as *Dhupana* (fumigation), *Mantra* (sacred chants), *Homa* (fire oblation) along with *Kasa Chikitsa*. In *Parigarbhika* children, treatment is aimed at correcting malnourishment and improving alternative feeding practices along with *Brimhana* and *Balya* therapies to promote growth and resistance.

The first line of treatment in chronic bronchitis includes reducing the exposure to risk factors and to ***Pathya- Apathya*** [25, 36]

relieve symptom according to the severity, progression and clinical presentation. Treatment mainly focuses on decreasing excess mucus production, managing inflammation, and reducing cough. Bronchodilators in the form of inhalation, act by relaxing the airway smooth muscles, thereby enhancing airflow and easing respiration. In cases of more pronounced diseases, corticosteroids are also used to mitigate airway inflammation. Antimicrobial therapy is employed when bacterial infections arise, and in selected situations, to prevent secondary bacterial involvement following viral respiratory illnesses.

Table 1: Pathya and Apathya in Kasa Roga

Varga (Category)	Pathya (wholesome)	Apathya (unwholesome)
<i>Shooka dhanya</i> (cereals)	<i>Purana Shali</i> (old rice), <i>Yava</i> (barely), <i>Shastika Shali</i> , <i>Rakta Shali</i> (red rice)	Other varieties of <i>Shali</i> , <i>Godhuma</i>
<i>Shimbi Dhanya</i> (legumes/pulses)	<i>Mudga</i> (green gram), <i>Kulatha</i> (horse gram), <i>Masura</i> (red lentil)	<i>Masha</i> (black gram), <i>Tila</i> (sesame seeds)
<i>Shaka</i> (vegetables)	<i>Guduchi</i> (<i>Tinospora cordifolia</i>), <i>Baala moolaka</i> (tender radish), <i>Shigru</i> (drumstick), <i>Varthaka</i> (brinjal), <i>Paata</i> (<i>Cyclea peltata</i>), <i>Patola</i> (pointed gourd), <i>Karavella</i> (bitter gourd)	<i>Sarsapa</i> (mustard), <i>Palandu</i> (onion)
<i>Phala Varga</i> (fruits)	<i>Draksha</i> (grapes), <i>Matulunga</i> (citron), <i>Amalaki</i> (Indian gooseberry), <i>Bilwa</i> (bael fruit), <i>Triphala</i> (combination of <i>Haritaki</i> , <i>Bibhitaki</i> , and <i>Amalaki</i>)	<i>Panasa</i> (jackfruit), <i>Aamra</i> (mango), <i>Mocha</i> (banana/plantain), <i>Madhura Rasa Pradhana Dravya</i> (foods predominantly having a sweet taste)
<i>Anya</i> (others)	<i>Madhu</i> (honey), <i>Purana Sarpi</i> (aged ghee), <i>Yusha</i> (pulse soup), <i>Yavagu</i> (medicated rice gruel), <i>Peya</i> (thin rice gruel), <i>Ushna Jala</i> (warm water)	<i>Snigdha</i> , <i>Sheeta</i> , <i>Guru Ahara</i> , <i>Jalaja</i> , <i>Anupa Mamsa Rasa Madhura</i> , <i>Pichchila Ahara</i> ,
<i>Vihara</i> (activities)	<i>Vamana</i> , <i>Virechana</i> , <i>Swedana</i> (sudation therapy), <i>Nasya</i> (nasal therapy), <i>Dhumapana</i>	<i>Exposure to Raja</i> , <i>Anila</i> , <i>Dhuma</i> , <i>Sheeta Jala Snana</i> , <i>Divaswapna</i>

DISCUSSION

Balya Avastha (childhood) is characterized by the natural predominance of *Kapha Dosha* in the body, thereby making children more vulnerable to *Kaphaja Vikaras* (*Kapha*-predominant diseases) among which *Kaphaja Kasa* is a frequently encountered respiratory disorder. It originates from the *Amashaya*, due to *Kapha Dusti* leads to *Agnimandya* and *Ama Utpatti*. This impaired digestive process affects the formation of proper *Ahara Rasa*, resulting in inadequate nourishment of the *Dhatu*s and eventually causing *Dhatu Kshaya*. The vitiated *Kapha* obstructs the normal movement of *Vata* and blocks the *Srotas*, leading to the manifestation of *Kaphaja Kasa*. It shows a striking clinical and pathological similarity with chronic bronchitis. Ayurveda focuses on both *Aharaja* and *Viharaja Nidana*. While, contemporary science specifically mentions the environmental factors and genetic factors. However, the pathophysiology remains the same. Features seen in *Kaphaja Kasa* like *Bahu*

(excess), *Picchila* (slimy), *Shleshma Nishteervana* (expectorant), *Gauravata* (heaviness) can be correlated to goblet cell hyperplasia and excessive mucus secretion. Thus, *Kapha Vriddhi* parallels mucus hypersecretion, *Ama* resembles inflammatory exudates, *Srotorodha* corresponds to airway obstruction and *Vata Prakopa* mirrors the stimulated cough reflex.

CONCLUSION

Kaphaja Kasa is a common respiratory disorder in children resulting from the *Pratiloma Gati* (reverse movement) of *Vata* secondary to *Kapha* aggravation, primarily associated with frequent consumption of *Madhura Ahara* (sweet foods) and repeated exposure to cold environmental factors and activities. Therefore, the management of *Kaphaja Kasa* primarily aims to restore the normal movement of *Dosha*, relieve *Srotorodha* (obstruction of body channels), and correct *Agnimandya* (impaired digestive

and metabolic function). Appropriate *Shamana* and *Shodhana* therapies could facilitate *Dosha* equilibrium, while the administration of *Rasayana Dravya* following *Shodhana* may improve digestion and nutrient absorption, enhance metabolic function, and promote overall respiratory health and quality of life. As recurrent cough during childhood has the potential to impair nutrition, and normal growth and development, *Kaphaja Kasa* in children needs immediate attention to prevent long-term consequences and ensure optimal growth and development.

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Cite this article as:

Prathiksha Y, Reena K. A Narrative Review on Kaphaja Kasa in Children, with Respect to Chronic Bronchitis. *AYUSHDHARA*, 2026;13(4):393-399.

<https://doi.org/10.47070/ayushdhara.v13i4.2855>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Prathiksha Y

Final Year UG Scholar,
Shri Dharmasthala Manjunatheshwara
Institute of Ayurveda and Hospital,
Bengaluru, Karnataka.

Email: prathiksha1601@gmail.com

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