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Review Article

KANTAKARI AVALEHA IN *VATAJA KASA*: AN AYURVEDIC CONCEPTUAL REVIEW

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ABSTRACT

Kasa (cough) is described in Ayurveda in five varieties, including *Vataja Kasa*, which is associated with dry cough, dryness of the mouth, change of voice, weakness and pain. *Kantakari Avaleha* is a classical polyherbal preparation traditionally used for *Kasa* and *Shwasa*. **Aim:** To review the Ayurvedic rationale and probable mode of action of *Kantakari Avaleha* in *Vataja Kasa*. **Materials and Methods:** Classical Ayurvedic material cited in the author's postgraduate dissertation was reviewed for *Vataja Kasa*, *Kantakari* and *Kantakari Avaleha*. Contemporary peer-reviewed literature on Solanum xanthocarpum and *Kantakari Avaleha* was also reviewed. **Discussion:** *Kantakari* is described in the dissertation with *Tikta*, *Katu* and *Kashaya Rasa*, *Laghu* and *Ruksha Guna* and *Ushna Virya*, with *Kaphavata-shamaka* action and *Kasahara*, *Shwasahara* and *Deepana-Pachana* relevance. Published reviews describe multiple classical variations of *Kantakari Avaleha*; the Sharangadhara formulation contains *Kantakari* as the decoction drug together with *Guduchi, Chavya, Chitraka, Musta, Karkatashringi, Shunthi, Maricha, Pippali, Dhanvayasa, Bharangi* and *Rasna*, with the *Avaleha* base and *Prakshepa* ingredients described in the classical formulation. Modern studies report respiratory, bronchodilator, antitussive and anti-inflammatory observations for S. xanthocarpum, while a randomized clinical trial has evaluated *Kantakari Avaleha* and its granules in bronchial asthma. **Conclusion:** *Kantakari Avaleha* has a coherent Ayurvedic conceptual basis for respiratory disorders through combined *Kapha-Vata*-oriented, *Kasahara*, *Shwasahara* and *Deepana-Pachana* actions. Its role in *Vataja Kasa* can be understood through reduction of *Kapha*-associated obstruction, support of *Agni* and regulation of *Vata* movement. Direct clinical evidence specifically for *Vataja Kasa* remains limited and warrants further study.

INTRODUCTION

Kasa is described in Ayurveda as an independent disease and also as a manifestation of other disorders. The classical classification includes *Vataja, Pittaja, Kaphaja, Kshayaja* and *Kshataja* varieties[1]. *Vataja Kasa* is characterized predominantly by *Vata* involvement and may present with *Shushka Kasa, Mukhashushkata, Swarabheda, Daurbalya* and pain involving the *Ura, Parshva, Shira* or abdomen.

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The author's dissertation discusses *Vataja Kasa* in relation to *Pranavaha Srotas* and environmental or dietary factors such as dust, smoke, pollen and cold or dry exposures.

Kantakari is traditionally associated with respiratory disorders[2,4]. In the dissertation, *Kantakari* is identified as a classical drug with the synonyms *Kantakari, Kshudra, Dushprasha, Vyaghri* and *Nidhagdika* and is discussed as useful in *Kasa*, *Shwasa* and related disorders. *Kantakari Avaleha* was selected as the control formulation in the author's randomized clinical study of *Vataja Kasa*. The dissertation notes that the formulation is mentioned for *Kasa Chikitsa* and that it was considered an appropriate comparator for assessing *Bharangyadi Avaleha*.

The present article is designed as a conceptual review of *Kantakari Avaleha* itself. The previous

clinical trial is used only as contextual evidence and is not reproduced as a second clinical research report.

AIM AND OBJECTIVES

Aim: To review the Ayurvedic rationale and probable mode of action of *Kantakari Avaleha* in *Vataja Kasa*.

Objectives: (1) To review the Ayurvedic concept of *Vataja Kasa*; (2) To describe *Kantakari* and the classical formulation; (3) To analyse the constituent drugs in relation to *Dosha*, *Agni* and *Pranavaha Srotas*; and (4) To correlate the Ayurvedic rationale with available modern evidence.

MATERIALS AND METHODS

The conceptual framework was prepared from the Ayurvedic references cited in the author's postgraduate dissertation, including *Charaka Samhita*, *Sushruta Samhita*, *Bhavaprakasha*, *Dravyaguna Vijnana*, *Chakradatta* and other classical sources. The dissertation's drug review and discussion sections were used specifically for *Kantakari* properties and the interpretation of its use in *Vataja Kasa*.

For modern correlation, PubMed-indexed studies and peer-reviewed review literature concerning Solanum xanthocarpum and *Kantakari Avaleha* were examined. Classical statements, dissertation-derived interpretations and contemporary experimental findings are distinguished in the discussion.

Concept of *Vataja Kasa*

The dissertation describes the general *Kasa* process through disturbance of *Prana* and *Udana Vayu* and their upward movement, with involvement of channels in the head, neck and chest. It also notes that the *Vataja* interpretation is constructed from the general *Kasa Samprapti* together with the characteristic clinical features[1].

A conceptual sequence is therefore: The proposed sequence begins with *Nidana Sevana*, followed by *Vata Prakopa*, involvement of *Pranavaha Srotas*, disturbance of *Prana* and *Udana* movement, and manifestation of *Kasa* with *Vata*- predominant symptoms.

The therapeutic selection of *Kantakari* can be interpreted in the context of both *Vata* and *Kapha*. Although the disease is called *Vataja Kasa*, respiratory obstruction or *Kapha* association may contribute to the clinical picture. A formulation possessing *Kapha-Vata*-oriented and respiratory actions may therefore be considered relevant.

Kantakari – Drug Profile

The dissertation identifies *Kantakari* with the botanical name *Solanum xanthocarpum*/related nomenclature used in the source material and places it in the Solanaceae family. It describes the plant as a prickly, spreading herb.

The pharmacodynamic profile recorded in the dissertation is: *Tikta, Katu* and *Kashaya Rasa; Laghu* and *Ruksha Guna; Ushna Virya*; and *Kaphavata-shamaka Dosha Karma*. The text also records *Kasahara*, *Shwasahara, Hikka-nigrahana, Shothahara, Deepana* and *Pachana*-related actions and respiratory indications. [2].

These properties are relevant to a formulation intended for respiratory disorders because *Ushna*, *Katu* and *Tikshna*-oriented attributes can be interpreted as opposing *Kapha*-associated heaviness and obstruction, while the *Kaphavata-shamaka* description provides a rationale for its use where both *Dosha*s participate.

Kantakari Avaleha: Classical Formulation

A peer-reviewed review of *Kantakari Avaleha* reports that Sharangadhara Samhita describes the formulation and that later texts also contain versions of it[4]. The review identified four variations in formulation composition across classical references and emphasized that formulation differences should be considered when interpreting research findings.

For the Sharangadhara formulation, *Kantakari* is used as the main decoction drug. The *Churna* group includes *Guduchi, Chavya, Chitraka, Musta, Karkatashringi, Shunthi, Maricha, Pippali, Dhanvayasa*, *Bharangi* and *Rasna*. Contemporary publications reproducing the classical composition list 48gm of each of these *Churna* drugs with *Kantakari* as the *Kwatha Dravya*.

Because classical sources contain variations, an article should specify the exact textual version and pharmaceutical method being discussed rather than combining ingredients from different versions. The present review uses the Sharangadhara-based composition for conceptual discussion.

Ingredient-wise Ayurvedic Rationale

Table 1: Ingredient-wise Ayurvedic rationale of *Kantakari Avaleha*

Ingredient	Principal relevance	Possible relation to *Vataja Kasa*	Formulation role
Kantakari	*Kaphavata-shamaka; Kasahara; Shwasahara*	Acts as the principal respiratory-oriented drug	Main *Kwatha Dravya*
Guduchi	Supportive *Dosha*-balancing and restorative relevance	May support systemic balance in a respiratory formulation	Supportive *Churna*
Chavya	*Katu/Deepana-Pachana*-oriented relevance	May assist digestion and *Kapha*-related obstruction	Digestive-supportive drug
Chitraka	*Deepana-Pachana*	Addresses *Agnimandya/ Ama* conceptually	*Agni*-oriented component
Musta	Digestive and *Kapha*-oriented relevance	Supports correction of digestive disturbance	Supportive component
Karkatashringi	*Kasahara* relevance	Directly supports cough-oriented action	*Kasahara* component
Shunthi	*Ushna, Deepana-Pachana* and *Vatanulomana* relevance	May reduce *Kapha*-associated obstruction and support *Vata* movement	*Agni*/respiratory component
Maricha	*Katu, Ushna* and *Kapha*-oriented relevance	Supports *Kapha* reduction and channel clearance conceptually	Respiratory/digestive component
Pippali	*Kasahara, Shwasahara, Deepana* and *Vatanulomana* relevance	Supports respiratory function and *Agni*	Respiratory/*Agni* component
Dhanvayasa	Respiratory and supportive relevance	Contributes to formulation's multi-drug respiratory action	Supportive component
Bharangi	*Kaphavata-shamaka* and respiratory relevance	Complements *Kantakari* in respiratory *Dosha* management	Respiratory-supportive component
Rasna	*Vata*-oriented and pain-related relevance	May support associated *Shoola* manifestations	Supportive component

Probable *Samprapti Vighatana*

Kantakari Avaleha can be understood as a multi-level formulation rather than a simple cough suppressant. *Kantakari* provides the primary *Kasahara* and *Shwasahara* orientation. The formulation also contains several *Deepana-Pachana* and *Ushna* drugs such as *Chitraka, Shunthi, Maricha* and *Pippali*, which can be interpreted as supporting *Agni* and reducing *Kapha*/*Ama*-associated obstruction.

The conceptual sequence may be represented as: In this conceptual sequence, *Vataja Kasa* involves *Vata Prakopa*, potentially accompanied by *Kapha*-associated obstruction, followed by *Pranavaha Srotas* disturbance and cough-related symptoms. *Kantakari Avaleha* may be interpreted as acting through *Kaphavata-shamana*, *Deepana-Pachana*, *Kasahara* and *Shwasahara* actions, with a proposed effect on relevant components of *Samprapti*.

The dissertation's clinical discussion interprets the two study formulations as acting through *Ushna Virya*, *Tikshna Guna* and *Katu-Tikta Rasa* for clearing *Margavarodha* and *Kapha*, while *Ushna Virya* and *Madhura Vipaka* were interpreted as supporting *Vata* pacification. For *Kantakari* specifically, the source describes *Kaphavata-shamaka*, *Kasahara* and respiratory actions.

The formulation's multi-ingredient nature is important. The effect cannot be attributed to *Kantakari* alone; the other drugs may contribute through digestion, channel clearance, cough relief, *Vata* regulation and support of associated symptoms.

Modern Pharmacological Correlation

Modern experimental evidence supports investigation of Solanum xanthocarpum in respiratory disorders[6]. An early pharmacological study investigated chemical and pharmacological properties of S. xanthocarpum and included respiratory-system effects among its experimental outcomes.

A 2013 animal study evaluated an ethanol extract of S. xanthocarpum for anti-inflammatory

activity[7]. The study found that acute treatment did not significantly reduce carrageenan- or histamine-induced paw edema, whereas seven days of treatment at 100mg/kg reduced granuloma formation in the cotton-pellet model. The authors interpreted this as supporting the traditional anti-inflammatory use of the plant.

Clinical research has also examined S. xanthocarpum in bronchial asthma[8]. A 2004 study reported progressive improvement in ventilatory function over three days and reductions in symptom scores after administration of S. xanthocarpum, although the study population and intervention differ from Ayurvedic *Vataja Kasa* and from *Kantakari Avaleha*.

A randomized clinical trial published in AYU evaluated *Kantakari Avaleha* versus a modified *Kantakari Avaleha* granule formulation in mild-to-moderate bronchial asthma[5]. Both groups showed statistically significant improvement in several outcomes, while the between-group difference was reported as statistically insignificant. This study supports investigation of the formulation in respiratory disease but should not be presented as direct evidence of efficacy in *Vataja Kasa*.

A 2026 computational study investigated phytochemicals of S. xanthocarpum in relation to pulmonary fibrosis targets using network pharmacology and molecular docking[9]. Such findings are hypothesis-generating and require experimental and clinical validation.

Clinical Context from the previous clinical study

In the author's postgraduate randomized clinical study, *Kantakari Avaleha* was used as the comparator against *Bharangyadi Avaleha* in children aged 6–12 years with *Vataja Kasa*. The protocol administered the two formulations in *Lehana* form with *Koshna Jala* as *Anupana* for seven days.

The dissertation reports improvement in both treatment groups across symptoms including *Kasa*, *Mukhashushkata*, *Swarabheda*, *Daurbalya* and pain-related parameters. It also reports eosinophil count as an objective parameter.

The study should not be interpreted as a dedicated efficacy trial of *Kantakari Avaleha* because it was designed as a comparative study and the manuscript contains discrepancies between the planned sample size and some final tables. The overall dissertation conclusion states that both formulations were approximately equally effective, while some symptom-specific percentage comparisons favored one formulation and others favored the other.

DISCUSSION

Kantakari Avaleha has a strong conceptual relationship with respiratory disorders in Ayurveda. *Kantakari* itself is described as *Kaphavata-shamaka* and *Kasahara*/*Shwasahara*, while the formulation combines it with several drugs having *Deepana-Pachana*, *Ushna*, *Katu* and respiratory-oriented actions. This creates a formulation-level rationale for conditions in which *Kapha* obstruction and *Vata* disturbance coexist.

In *Vataja Kasa*, the challenge is to address *Vata* without ignoring *Kapha*-associated obstruction. *Kantakari*'s reported *Kaphavata-shamaka* profile is therefore relevant. The *Ushna* and *Tikshna* attributes of several accompanying drugs may help address *Kapha* and *Srotas* obstruction conceptually, while *Pippali* and *Shunthi* provide *Vatanulomana* and *Agni*-oriented dimensions.

The formulation should nevertheless be discussed carefully because classical versions differ. Published review literature identifies four variations of *Kantakari Avaleha* across classical texts. Consequently, the name of the formulation alone does not guarantee an identical pharmaceutical composition.

Modern research provides biological plausibility for further study. Evidence includes experimental respiratory effects, anti-inflammatory observations and clinical investigation of *Kantakari*-containing preparations. However, experimental studies of the plant, studies of other preparations and studies in bronchial asthma cannot automatically be extrapolated to *Vataja Kasa* or to every classical *Kantakari Avaleha* formulation.

Future research should therefore specify the classical reference, authenticated raw materials, exact composition, pharmaceutical processing, dose, *Anupana* and clinical diagnostic criteria. Comparative pediatric studies of *Vataja Kasa* could help determine whether the formulation has reproducible effects on cough severity, associated symptoms and objective respiratory parameters.

Limitations

This is a conceptual review and does not establish clinical efficacy. Ayurvedic *Samprapti Vighatana* represents an interpretive framework and is not a direct molecular mechanism. Modern evidence includes individual-plant experiments, studies in bronchial asthma and investigations of formulations that may differ in composition. The author's previous clinical study was comparative rather than a dedicated *Kantakari Avaleha* efficacy trial.

CONCLUSION

Kantakari Avaleha has a coherent Ayurvedic rationale for *Vataja Kasa* through the combined actions of *Kantakari* and accompanying drugs directed toward *Kapha-Vata* balance, *Agni*, *Vata* movement and respiratory manifestations. *Kantakari* provides the principal *Kasahara* and *Shwasahara* orientation, while *Pippali, Shunthi, Chitraka, Maricha* and other constituents provide complementary *Deepana-Pachana*, *Ushna* and respiratory-supportive actions. Modern experimental and clinical literature provides supportive evidence for further investigation, but direct evidence specific to *Vataja Kasa* remains limited. Standardized formulation-specific pharmacological and clinical studies are required.

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