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Case Report

Management of *Jeerna Vataja Kasa* (Chronic Allergic Bronchitis) in Chronic Constipation Patient- A case report

[1]Vasant Patil, [2*]Anuja Daga

ABSTRACT:

Background: *Kasa* (cough) is the *Vata-Kapha Pradhana Vyadhi* which is caused by excessive intake of *Katu* (pungent), *Amla* (sour), *Lavana* (salty), *Ruksha* (dry), *Sheeta* (cold), *Guru* (heavy), *Snigdha* (oily) food along with *Divaswapna* (day sleep), *Ratri Jagarana*(night vigil). Due to *Nidana*, *Vata* gets aggravated causing *Shushka Kasa* etc *Lakshana* leading to *Vataja Kasa*. Allergic bronchitis is characterized by inflammation of bronchial tubes resulting in cough, chest pain etc. **Clinical Findings:** A 46 years old female patient with known case of HTN presented complaints of *Shushka Kasa* (dry cough) persisting from past 3 months aggravated during day time associated with *Malavarodha* (Constipation) since 15 years and *kshudha alpata* (reduced appetite) since 2days. Patient was intended to treat with *Ayurveda* line of treatment for 1month and got 90% improvement but again symptoms aggravated. So, consulted pulmonologist and was treated with steroid therapy for 5 days. Complaints aggravated since 2days, hence she opted for *Ayurvedic* management where she was diagnosed with *Jeerna Vataja Kasa* with chronic constipation and a structured ayurvedic treatment was adopted. **Interventions:** Treatment was planned according to classical approach which included *Shamana Aushada* (oral medication) and *Shamananga Snehapana* (internal oleation), *Pathyapthya*, *Yoga* and *Mudra* This intervention was administered over a period 4 months 4days with regular follow ups. **Outcome:** After 4months 4days, clinical assessment showed marked improvement in symptoms i.e. Bronchitis severity score (BSS-5 reduced to 0),Leicester cough questionnaire (LCQ-9.89 improved to 19.75) and Wexner constipation score reduced (from score 9 to score 1). **Conclusion:** A three months chronic case of *Kasa* and chronic constipation of over 15years was successfully managed highlighting the potential of whole-system *Ayurveda* in offering sustainable relief and management for chronic disorders unresponsive to modern medicine.

KEYWORDS: Allergic Bronchitis, Case report, *Jeerna Vataja Kasa, Shamana Chikitsa*, *Shamananga Snehapana, Vibandha.*

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Corresponding Author Email:

anujadaga770@gmail.com

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1. INTRODUCTION

Kasa Roga is a *Vata-Kapha Pradhana Vyadhi* which is caused due to excessive intake of *Katu, Amla, Lavana, Ruksha, Sheeta, Guru, Snigdha Bhojana, Ratri Jagarana, Diwaswapna* etc by which *Apana Vata* gets *Avarodha* and starts moving in upward direction taking *Sthana* of *Udana Vata* causing *Avarodha* in *Urah, Kantha*, and *Shiras* manifesting into *Kasa* ,By this *Nidana Vata* gets aggravated and brings *Sushkata* to *Urah, Kantha Mukha*, *Sushka Kasa*, with *Hridaya, Parshwa, Urah Shoola* and *Sushka Kasa* manifesting into *Vataja Kasa*. [1]

These symptoms overlap with Allergic Bronchitis, which is mainly caused due to exposure to allergens like dust, smoke, pollen or chemicals. Inflammation of bronchial tube results in coughing, chest pain and mucous production. As per Global Initiative for Asthma (GINA) large percentage of chronic respiratory disorders are caused by allergic components. Allergic bronchitis is a form of chronic bronchitis [2] which affects approximately 20% of adult men and 5% of adult women. [3]

Although*, Apana Vata Avarodha* may be a cause for constipation but in present case it acts as secondary cause as patient had chronic history of constipation.

In present case, due to chronic history of constipation this *Apana Vata Dushti* acts as secondary cause for manifesting *Kasa*.

Management of chronic cough was a challenge as patient had chronic history of cough and constipation, psychologically patient had a fear of asthma due to family history and which was not responsive to allopathy treatment.

2. CASE REPORT:

Patient information

A female patient aged 46years who was known case of HTN came with the complaints of *Shushka Kasa* since 3months which aggravated during day time associated with constipation since 15years and reduced appetite since 2days , she took ayurvedic medications for 1 month and got 90% relief but again symptoms aggravated So consulted Pulmonologist at Kolhapur and was treated with steroids for 5days, when she stopped steroid therapy, symptoms aggravated since 2days, psychologically patient had a fear of asthma so she consulted our hospital for further management.

Aggravating factors: Cough aggravates while tempering, exposure to dust.

Family history: Patient mother had history of Asthma.

Clinical findings

Respiratory Examination: Inspection: Shape of chest was bilaterally symmetrical

Auscultation: NBVS sound heard, Air entry- clear

Table 1: Timeline of Events:

Date	Events
10/06/2024	Initial symptoms appeared- *Shushka Kasa* which increases at day time*, kshudha alpata*
10/09/2024	First clinical consultation and diagnosis of *Jeerna Vataja Kasa* with *Vibandha.* Treatment initiated with *Shamana Aushada*, *Pathyaapathya* and *Mudra*
24/09/2024	*Shamana Sneha* was started along with *Shamana Aushada*
09/10/2024	*Kasa* reduced completely, *Kshudha* improved, unsatisfactory bowel habits
25/11/2024	All symptoms reduced
03/01/2025	For management of *Vibandha*, *Shamana Sneha* with increased dose was started
14/01/2025	Patient was kept on Mild laxative

3. DIAGNOSTIC ASSESSMENT:

Diagnsotic testing: Diagnostic testing included Complete Blood Count (CBC), chest X-ray (PA view), airway oscillometry and spirometry with pre- and post-bronchodilator assessment. Complete Blood Count showed eosinophils of 0.9% and an absolute eosinophil count of 60/cmm. In Chest X-ray no obvious acute cardiopulmonary abnormality was observed, spirometry showed near-normal values with FEV1/FVC of 84.6% pre-bronchodilator and 81.5% post-bronchodilator. Airway oscillometry showed small airway involvement.

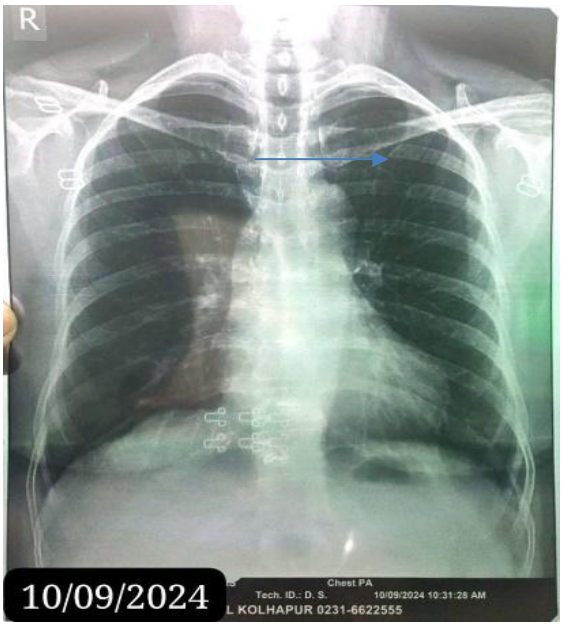

Image 01- Chest X-ray (PA view)

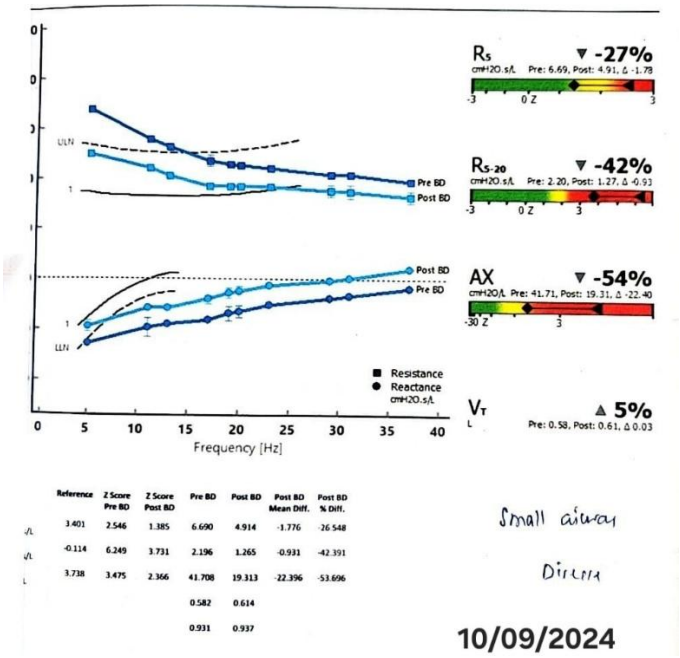

Image 02- Airwave Oscillometry dated 10/09/2024

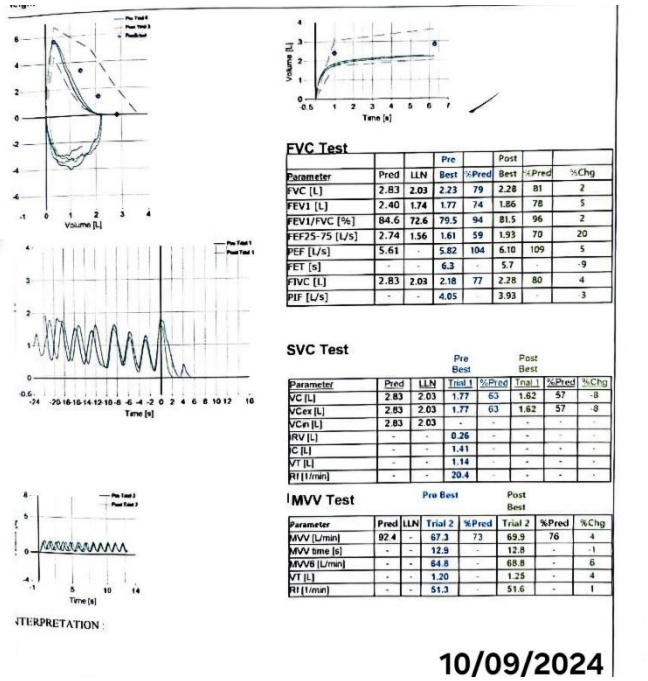

Image 03- Spirometry pre and post Bronchodilator dated 10/0/2024

Table 2. Spirometry-Pre, Post and % Pred values

Parameter	M.Pre	%Pred	M.Post	%pred
FVC	2.83	79	2.28	81
FEV1	2.40	74	1.86	78
FEV1/FVC	84.6	94	81.5	96
PEFR	5.61	104	6.10	109

Diagnostic challenges: Diagnosis was challenging because the patient presented with chronic dry cough despite normal chest X-ray and near-normal spirometry. However, airway oculometry suggested small airway involvement. Clinical features overlapped with asthma and chronic bronchitis, which required careful exclusion by differential diagnoses, also patient had history of chronic constipation which is also a causative factor for cough but in this case, it was a secondary cause.

Table 3: Differential diagnosis:

Condition	Key features	Distinguishing feature
Allergic bronchitis	Cough due to exposure to allergens like dust, smoke pollens.	Caused due to inflammation of bronchial tubes leading to cough, chest pain.
Chronic bronchitis	Productive cough for ≥3 months in 2 consecutive years usually with biomass exposure	Persistent sputum production, coarse crackles, history of smoking and biomass exposure
Asthma	Intermittent cough with wheezing	Symptoms vary, increases at night time
Tuberculosis	Chronic cough, weight loss, fever, hemoptysis	Chest x-ray shows infiltrates and positive AFB

Final Diagnosis: *Jeerna Vataja Kasa* (Allergic Bronchitis) in Chronic Constipation Patient

Prognosis: Marked improvement in both chronic cough and

constipation was observed after regular Ayurvedic treatment over 4 months and 4 days.

4. INTERVENTION

Table 4: Intervention

Date	Tab. Biomucos	*Pushkaramrith*	*Haridra Khanda*	Tab. *Swasakasa Chintamani* (Gold)	Tab. *Swasakasa Chintamani* (*Sada*)	*Sukumara Ghrita*	Tab. *Maha Shankha Vati*	*Svadistha Virechana Churna*
10/09/24	✓	✓	✓	✓				
24/09/24	✓	✓	✓	✓		✓		
09/10/24	✓	✓	✓		✓	✓		
04/11/24		✓	✓		✓	✓		
25/11/24		✓	✓			✓		
03/01/25						✓		
07/01/25						✓		
09/01/25						✓	✓	✓
14/01/25								✓

Sukumara Ghrita was given as per classical reference i.e.in *Kshudha Kala* [4] with *Ushna Jala* as *Anupana* and patient was asked to take *Snigdha, Ushna Ahara* after *Sneha Jeerna*. Procedure was continued till *Samyak Snigdha Lakshana* was Observed.

Table 5: Timeline

Shamana Aushadi	**Dose**	***Kala***	***Anupana***
Tab. Biomucos (Biotics)	1TID	A/F	*Ushna Jala*
Pushkaramrith (Swadeshi)	10ml TID	A/F	*Ushna Jala*
Haridra Khanda (Nagarjuna)	1tsp TID	A/F	*Ushna Jala*
Tab. *Swasakasa Chintamani* Gold (Zandu)	1OD	A/F	with 2ml Honey
Tab. *Swasakasa Chintamani Sada* (Swadeshi)	1BD	A/F	*Ushna Jala*
Sukumara Ghrita (Nagarjuna)+ 500mg *Yavakshara* (loin)	5ml BD (24/09/24-08/09/24) 10ml-0-5ml (09/09/24-02/01/25) 50ml (03/01/25-06/01/25) 40ml (07/01/24-13/01/24)	*Kshudha Kala*	*Ushna Jala*
Tab. *Maha Shankha Vati* (Baidyanath)	1TID	30mins B/F	*Ushna Jala*
Svadistha Virechana Churna (Zandu)	1 ½ tsp	HS	*Ushna Jala*

Table 6: *Pathyaapthya, Yoga* and *Mudra* during course of treatment:

Pathya	***Apathya***	**Yoga/ Pranayama**	**Mudra**
Buttermilk	Potato; Brinjal	Anuloma Viloma	Vayu Mudra
Greengram	Curd	Malasana	Prana Mudra
Jowar Roti	Excessive spicy, sour, salty food	Pavanamuktasana	Asthama Mudra
Ghee	Fried Food	Vajrasana	Bronchial Mudra
	Maida		

5. FOLLOWUP AND OUTCOME

Table 7: Assessment table:

Assessment	Base Line	24/09	14/01
Bronchitis Severity Score [5]	5	5	0
LCQ score [6]	Physical-3.25; Psycological-2.14 Social- 4.5; Total- 9.89	Physical-6.75; Psychological-6 Social-7; Total-19.75	Physical-6.75; Psychological-6 Social-7; Total-19.75
Wexner Constipation score [7]	9	6	1

Table 8: *Snigdha Lakshana*:

SL.NO	*Lakshanas*	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day	9th Day	10th Day	11th Day
1.	*Vata Anulomana*	+	+	+	+	+	+	+	+	+	+	+
2.	*Deeptagni*	+	+	++	++	++	+++	+++	+++	+++	+++	+++
3.	*Varchasnigdha*	-	+	++	++	++	++	++	++	++	++	+++
4.	*Asamhata Varchas*	+	+	+	+	++	++	++	++	++	++	++
5.	*Angamardhavata*	-	-	-	-	-	+	+	+	+	+	+

Table 9: Assessment of *Shamana Snehapana*:

Days	Quantity	Times taken for digestion	No of *Vegas*
1	50ml	7hrs	1
2	50ml	7hrs	2
3	50ml	8hrs	4
4	40ml	5hrs	2
5	40ml	4hrs	2
6	40ml	2hrs	1
7	40ml	2hr 30mins	2
8	40ml	3hrs	3
9	40ml	4hrs	3
10	40ml	3hrs	4
11	40ml	3hrs	4

Adherence: Adherence to the prescribed medications was assessed using the pill-count method and monitored through regular follow-ups and supervision by a family member.

Tolerance: The patient tolerated all prescribed medications well. Treatment tolerance was monitored through regular follow-ups throughout the treatment period.

Adverse effects: No adverse effects were reported by the patient or observed during the treatment period.

6. DISCUSSION:

According to Astanga Sangraha, due to *Nidana Sevana*, *Vata Dosha*, especially *Apana Vayu* and *Prana Vayu* aggravate. *Prana Vayu* leaves *Pratiloma Gati* (upward movement) and takes abnormal opposite pathway. Further, *Apana Vayu* initiates aggravation of *Udana Vayu* to make it move in *Pratiloma Gati* causing obstruction to pathway of Prana *Vayu*. Thus, aggravated Vata Dosha ultimately forces out of the mouth causing peculiar sound of kasana- coughing. [8]

When we look into *Samprapti* of *Vataja Kasa*, we can conclude that *Apana Vata Dushti is a* causative factor for *Malavarodha*, but in this case as the patient was having chronic constipation history (15years) and history of *Kasa* since 3months indicates that this *Malavarodha* is a *Vynajaka Nidana* (secondary cause) in contributing *Kasa* and cannot be taken as *Utpadhaka Hetu* (primary cause).

Complete Blood count showed reduced eosinophil count and airway oscillometry report (Image 02) indicating small airway disease. Even though rest of the investigations (Image 01 and Image 03) were in normal limit, diagnosis was done based on clinical features.

Therapeutic approach was planned according to Ayurvedic principles using *Shamana Aushadha*, *Shamananga Snehapana*, Pathya-apathya, *Yoga* and *Mudra* (Table 4, 5, 6). Previous study on efficacy of *Shamana Chikitsa* and *Prayogika Dhoomapana* in the management of *Jeerna Kaphaja Kasa* (Chronic Bronchitis) was done and it resulted in reduction of cough, Dyspnea, hoarseness of voice and heaviness in chest. After treatment marked improvement was seen in Chest X-ray and spirometry. [9]

Study was conducted on 110 subjects with stable chronic bronchitis where *Eladi Churna* 3gm with honey and *Draksharista* 20ml twice with warm water after food was given for 84 days. Which resulted that both *Eladi Churna* and *Draksharishta* are beneficial and safe in long-term use to improve the clinical features and functional status of the lungs in patients with Chronic bronchitis in both male and female patients. [10]

Tab Biomucos contains N-Acetylcysteine, Ginger extract, Vitamin C and *Haridra* which acts as potent antioxidant, natural mucoexpectorant, provides anti-inflammatory benefits and supports lung function.

Pushkaramrith contains *Pushkaramoola, Dashamoola, Haridra* etc. which has Anti-inflammatory action, Mucolytic and is used in Chronic Cough as a Bronchodilator.

Haridra Khanda contains *Haridra, Goghrita, Ksheera, Vidanga, Triphala, Trikatu, Trivritta, Loha Bhasma* etc which acts in Allergic bronchitis, controls hypersensitivity/hyperresponsivness of immune system to trigger factors and Chronic Respiratory disorders. [11]

Swasa Kasa Chintamani Rasa with Gold contains *Shuddha Parada, Makshika Bhasma, Swarna Bhasma, Mukta Bhasma, Shuddha Gandhaka, Abhraka Bhasma, Loha Bhasma and Ajadugdha, Yastimadhu Kwatha* and *Nagavalli Swarasa* as *Bhavana Dravyas* which acts mainly as bronchodilator and Mucolytic and repairs lung parenchyma. [12]

Sukumara Ghrita contains *Dashamoola, Eranda, Trinapanchamoola, Erandataila, Guda, Kshira etc* which is *Vatahara, Rechaka, balances Apana Vata* and *helps in Agni Deepana.* [13]

Mahashankha Vati contains *Saidhava Lavana, Saurvachala Lavana, Vida Lavana, Samudra Lavana, Hingu, Shankha Basma, Chicha, Shunti, Shuddha Vatsanabha* etc. which act as Deepana. [14]

Swadistha Virechana Churna contains Swarna Parti, Yasti, Gandhaka, Misreya and Sarkara which acts as *Agnideepaka*, *Pachana* and relieves *Vibandha*.

Strength: This article includes detailed data, globally accepted assessment scales and effective ayurvedic management.

Limitations: As a single case report, the findings have limited generalizability. Further clinical studies with larger sample sizes are required to validate these findings.

7. CONCLUSION:

A 3months chronic case of *Kasa* and chronic constipation of over 15years was successfully managed, Treatment plan included *Shamana Aushada, Shamananga Snehapana*, *Pathyapthya*, *Yoga* and *Mudra* This intervention was administered over a period 4 months 4days with regular follow ups. After 4months 4days, clinical assessment showed marked improvement in symptoms i.e. Bronchitis severity score (BSS-5 reduced to 0), Leicester cough questionnaire (LCQ-9.89 improved to 19.75) and Wexner constipation score reduced (from score 9 to score 1). No adverse effect was noted during this period. This highlights the potential of whole-system *Ayurveda* in offering sustainable relief and management for chronic disorders unresponsive to modern medicine.

Patient's Perspective: "Initially when I took ayurvedic medications I had good relief but somehow symptoms again aggravated, later even after taking allopathy treatment I did not get satisfactory result which built a fear of asthma. So again, consulted for ayurvedic treatment, wherein I was advised to followed diet, Yoga, mudra along with oral medications, with regular follow-ups I got satisfactory relief in both cough and constipation".

Declaration of patient consent: The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Authors Details:

[1*]Consultant Ayurveda and Panchakarma Physician, Atreya Ayurveda and Panchakarma center, Hubli, India

[2]Final year PG Scholar, department of Panchakarma, Ayurveda Mahavidyalaya, Hubli, India

Authors Contribution:

Conceptualization and clinical management: VP, AD

Data collection and literature search: AD

Writing – original draft preparation: AD

Reviewing & editing: VP, AD

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

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