ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Research Article

UNVEILING THE POWER OF *LEHAS:* A COMPARATIVE CLINICAL STUDY OF *KASHYAPOKT PIPALIADILEHA* AND *PUSHKARADILEHA* IN *KAPHAJA KASA*

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Article info

Article History:
Received: 10-09-2025
Accepted: 11-10-2025
Published: 15-11-2025

KEYWORDS:
Kaphaja Kasa, Kashyapokt Pipaliadileha, Pushkaradileha, Cough, Respiratory infections, *Shamana*.

ABSTRACT

In Ayurvedic classics, *Kasa Roga* is identified as a disorder of the *Praṇavaha Srotas* and is categorized according to *Doṣa* predominance. Among its variants, *Kaphaja Kasa* is the most commonly observed during *Balyavastha* (childhood), a stage inherently dominated by *Kapha Doṣa*. It manifests as a productive cough with thick sputum, chest heaviness, nasal discharge, anorexia, and mild chest pain. Ayurvedic texts recommend *Kasa-Shamana* (cough-relieving) formulations for such conditions, with *Kashyapokt Pipaliadileha* and *Pushkaradileha* being two classical preparations indicated for *Kaphaja Kasa*. **Objective:** To evaluate and compare the clinical efficacy of *Kashyapokt Pipaliadileha* and *Pushkaradileha* in the management of *Kaphaja Kasa* in children. **Materials and Methods:** A randomized controlled clinical study was conducted on sixty children aged 2–5 years diagnosed with *Kaphaja Kasa*. Group A received *Kashyapokt Pipaliadileha* (5gm twice daily with honey), and Group B received *Pushkaradileha* (5gm twice daily with honey) for fifteen days. Assessment was made based on subjective and objective parameters such as cough frequency, sputum quantity, chest heaviness, and adventitious lung sounds. Data were statistically analyzed using SPSS software. **Results:** Both formulations produced significant symptomatic relief; however, *Kashyapokt Pushkaradileha* showed superior improvement in reducing sputum, and chest crepitations etc (p<0.05). **Conclusion:** *Kashyapokt Pushkaradileha* proved more efficacious than *Pippaliadileha* in managing *Kaphaja Kasa* in children. *Puṣkaradileha* effectively disrupts the *Samprapti* of *Kaphaja Kasa* by alleviating *Kapha Sanga*, normalizing *Vata Gati*, and improving *Agni Bala* and *Pranavaha Srotas* function, and *Tridosha shamaka* properties effectively pacify *Kapha Dosha*, supporting its role as a safe and potent Ayurvedic formulation for pediatric respiratory disorders.

INTRODUCTION

Acharya Dalhana emphasizes that *Kaumarbhritya*, the pediatric branch of Ayurveda, bears the vital responsibility of ensuring the optimal growth, nourishment, and well-being of children [1]. As childhood forms the foundation of a healthy life, it demands specialized care to achieve balanced physical, mental, and social development [2,3]. *Kaumarbhritya* encompasses preventive, nutritional, developmental, and therapeutic principles for individuals up to sixteen years of age, reflecting Ayurveda's holistic approach to pediatric health [2,3]. Cough *(Kasa)* is one of the most frequent pediatric complaints and a major cause of healthcare consultations globally [6].

In Ayurveda, *Kasa Roga* is described as a disorder of the *Pranavaha Srotas* caused by the vitiation and obstruction of *Prana* and *Udana Vayu*. Among its five classical types, *Kaphaja Kasa* predominates in childhood due to the inherent dominance of *Kapha Dosha* during *Balyavastha* [2,3]. It is characterized by productive cough, thick expectoration, chest heaviness, throat irritation, and anorexia[4,5]. Modern parallels include acute bronchitis, upper respiratory tract infections, and allergic rhinitis[6]. In contemporary pediatrics, frequent recurrence of respiratory illnesses and the growing issue of antibiotic resistance necessitate safer, more holistic therapeutic approaches. Ayurveda offers

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Quick Response Code

https://doi.org/10.47070/ijapr.v13i10.3880

comprehensive management of *Kaphaja Kasa* through *Deepana* (digestive stimulation), *Pachana* (metabolic enhancement), *Lekhana* (mucolytic action), and *Kapha Vata Shamana* therapies. Classical formulations such as *Kashyapokt Pipaliadileha* and *Pushkaradileha* are acclaimed for their *Kasa Shamana*, anti-tussive, bronchodilatory, and immunomodulatory effects.[7] The present study is designed to evaluate and compare the clinical efficacy of these two formulations in managing *Kaphaja Kasa* in children aged 2–5 years, aiming to validate evidence-based Ayurvedic interventions and bridge traditional wisdom with modern pediatric care.

Clinical Research Framework

Research design: A randomized clinical trial

Ethical Aspect: The ethics committee (BKAMH/A-12/7058) of Babe Ke Ayurvedic Medical College and Hospital, Daudhar, Moga-142053 approved the study, which was then registered with India's clinical trial registry (CTRI/2024/10/075887). The study maintained a full case record form and signed consent forms from all participants.

Source of data: Patients who attended the OPD of Babe ke Ayurvedic Medical College and Hospital, Daudhar, Moga were randomly recruited in the research.

Sample size and technique: On the basis of prevalence, the sample size was determined: A total of 60 participants (i.e., 30 in each group) taken into consideration were enrolled in the research study, using the computer-generated randomization method.

Drug source: *Kashyapokt Pippaliadi* and *Pushkaradi Leha* contents were procured and authenticated from FDA approved Government Drug Testing Laboratory, Patiala.

Table 1: Drug description

S.no	Group	Name of drug	Botanical Name	Family	Part used
1.	Group A	*Rasna*	*Pluchea lanceolata*	Asteraceae	Leaves
		Pippali	*Piper longum*	Piperaceae	Fruit
		Bhadradaru	*Cedrus deodara*	Pinaceae	Leaves
		Amalaki	*Emblica officinalis*	Phyllanthaceae	Fruit
		Bibhitaki	*Terminalia bellerica*	Combretaceae	Fruit
		Haritaki	*Terminalia chebula*	Combretaceae	Fruit
2.	Group B	*Pushkarmoola*	*Inula Racemosa*	Asteraceae	Root
		Ativisha	*Aconitum heterophyllum*	Ranunculaceae	Tuber
		Pippali	*Piper longum*	Piperaceae	Fruit
		Kakadashringi	*Pistacia integerrima*	Anacardiaceae	Gall
		Dhanvayas	*Fagonia Arabica*	Zygophyllaceae	Root
3.		*Kshaudra* (Honey/ *Madhu*)			

Method of Preparation

Ingredients: For *Pippaladi Leha*, the *Pippali (Piper longum)*, *Rasna (Pluchea lanceolata)*, *Bhadradaru (Cedrus deodara)*, *Amalaki (Emblica officinalis)*, *Bibhitaki (Terminalia bellirica)*, and *Haritaki (Terminalia chebula)* were taken.

All six ingredients were carefully cleaned, shade-dried, and finely powdered to ensure a uniform particle size. The powders were then blended thoroughly to form a homogenous mixture. *Madhu* (honey) was gradually incorporated into the mixture until a semi-solid consistency was obtained, following the classical guidelines described in *Sharangdhara Saṃhita*. The mixture was continuously stirred to achieve a smooth, lump-free *Leha* [8] of soft and pliable consistency. The prepared formulation was freshly prepared and taken by the patients.

Pushkaradi Leha was prepared using the same procedural method in accordance with the classical principles of *Avaleha Kalpana* mentioned in Ayurvedic literature, ensuring standardization and uniformity of preparation.

Table 2: Analysis Report

Test/Analysis Parameter	***Kashyapokt Pipaliadi Leha***	***Pushkaradi Leha***
Composition	Satisfactory	Satisfactory
Total ash value	5.57%	5.34%
Acid insoluble ash	0.78%	0.95%

Water soluble extract	30.65%	21.84%
Alcohol soluble extract	12.72%	6.08%
Loss on drying	2.72%	2.75%

Implementation: The patients were examined in accordance with the inclusion and exclusion criteria.

Inclusion Criteria for the clinical study were Subjects between the age group 2–5 years who presented with at least two or more classical *Lakshanas* of *Kaphaja Kasa*: Frequent bouts of cough, expectoration of thick, sticky, or mucoid sputum (*Bahula snigdha Ghana kapha Nishtivan*), chest heaviness or discomfort due to phlegm accumulation (*Shookapoornagalasayta*, *Gal Talu Lepa*), audible wheezing during breathing (*Swashabdhavaishamya)* and Associated features such as *Manda agni* (weak digestion), *Aruchi* (loss of appetite), or cold and whose parents have given written consent.

Exclusion criteria for the study were children above five years of age or presenting with high-grade fever. Also, suffering from pneumonia, status asthmaticus, or other septic pulmonary pathologies were excluded, as were those exhibiting SpO_2 levels below 90%, indicative of respiratory distress. Cases with systemic illnesses requiring emergency or intensive medical management were also omitted. Furthermore, children whose parents or legal guardians did not provide informed consent for participation were not enrolled in the clinical trial.

Table 3: Intervention

Group	Drug	Dose	Route of administration	Time of administration	Anupana
Group A	*Kashyapokt Pipaliadi Leha*	5 g	Orally	Morning- evening (after meal)	Honey (double the dose of *Pippaliadi Churna*)
Group B	*Pushkaradi Leha*	5 g	Orally	Morning- evening (after meal)	Honey (double the dose of *Pushkaradi Churna)*

Duration of the Trial: 15 days study, with follow-up on 7th and 15th day.

Table 4: Criteria for evaluation and scoring pattern

Category	Parameter	Assessment Method / Investigation	Scoring Pattern
Subjective Parameters	Cough/*Bahula Snigdha Ghana Kapha Nishteevan* (large, copious sputum)	Based on intensity and frequency	0=Absent, 1=Occasional [serous with trace of thick sputum], 2=Frequent [moderately thick sputum], 3=Continuous [more quantity of thick white sputum]
	Galtalulepa (phlegm accumulation)	Patient complaint and clinical observation	Present = 1, Absent = 0
	Manda Agni (low digestive power)	Clinical evaluation	Present = 1, Absent = 0
	Aruchi (loss of appetite)	Clinical evaluation	Present = 1, Absent = 0
	Peenasa (running nose)	Clinical observation	0 = Absent, 1 = Occasional, 2 = Frequent, 3 = Continuous
	Kanthe kandu region (itching in throat)	Auscultation	0 = Nil, 1 = Mild, 2 = Moderate, 3 = Severe
Objective Parameters	Number of cough bouts	Observation per day	Frequency recorded as 0, 1,2 ,3 score (nil, occasional, frequent, continuous)
	Additional respiratory sounds	Auscultation-crepitation	0 = Nil, 1 = Mild (present in one zone of chest), 2 = Moderate (present in 2 zones of chest), 3 = Severe (present in entire chest)

Statistical Methods: SPSS software version 26 IBM was implemented to do statistical data analysis. The chi-square test was used to evaluate distinction between the two groups' observations on an ordinal scale, while the unpaired t test was employed for quantitative observations. At p value <0.05, all tests were attained to be statistically significant.

OBSERVATIONS

Table 5: Comparison of effect of the intervention between the groups before treatment (BT) and after treatment (AT)

Comparison Between the Groups		Group A (%)	Group B (%)	Group A (f)	Group B (f)
Bahula Snigdha Ghana Kapha Nishteevan (before)	0 Score	0.0%	0.0%	0	0
	1 Score	33.3%	0.0%	10	0
	2 Score	50.0%	40.0%	15	12
	3 Score	16.7%	60.0%	5	18
Bahula Snigdha Ghana Kapha Nishteevan (after)	0 Score	40.0%	43.33%	12	13
	1 Score	36.7%	50.0%	11	15
	2 Score	23.3%	6.66%	7	2
	3 Score	0.0%	0.00%	0	0
Peenasa (before)	0 Score	0.0%	0.00%	0	0
	1 Score	40.0%	0.00%	12	0
	2 Score	60.0%	36.66%	18	11
	3 Score	0.0%	63.33%	0	19
Peenasa (after)	0 Score	43.3%	46.66%	13	14
	1 Score	40.0%	36.66%	12	11
	2 Score	16.7%	16.7%	5	5
	3 Score	0.00%	0.00%	0	0
Kanthekandu (before)	0 Score	0.0%	0.0%	0	0
	1 Score	46.7%	0.0%	14	0
	2 Score	53.3%	46.7%	16	14
	3 Score	0.0%	53.3%	0	16
kanthekandu (after)	0 Score	43.3%	50.0%	13	15
	1 Score	36.7%	50.0%	11	15
	2 Score	20.0%	0.0%	6	0
	3 Score	0.0%	0.0%	0	0
Crepitation (before)	0 Score	0.0%	0.0%	0	0
	1 Score	30.0%	16.6%	9	5
	2 Score	60.0%	50.0%	18	15
	3 Score	10.0%	33.3%	3	10
Crepitation (after)	0 Score	46.7%	96.6%	14	29
	1 Score	40.0%	3.3%	12	1
	2 Score	13.3%	0.0%	4	0
	3 Score	0.0%	0.0%	0	0
Guru Gatrata (before)	Absent	0.0%	0.0%	0	0
	Present	100.0%	100.0%	30	30
Guru Gatrata (after)	Absent	50.0%	100.0%	15	30
	Present	50.0%	0.0%	15	0
Gal Talu Lepa(before)	Absent	0.0%	0.0%	0	0
	Present	100.0%	100.0%	30	30

Gal Talu Lepa (after)	Absent	26.7%	100.0%	8	30
	Present	73.3%	0.0%	22	0
Manda Agni (before)	Absent	0.0%	0.0%	0	0
	Present	100.0%	100.0%	30	30
Manda Agni (after)	Absent	63.3%	100.0%	19	30
	Present	36.7%	0.0%	11	0
Aruchi (before)	Absent	0.0%	0.0%	0	0
	Present	100.0%	100.0%	30	30
Aruchi (after)	Absent	40.0%	100.0%	12	30
	Present	60.0%	0.0%	18	0

Chi Square Test		**Group**		**Comparison**				
Parameters	**Scoring**	**Group A**	**Group B**	**Chi Test**	**P Value**	**Df**	**Table Value**	**Result**
Crepitation (Before)	0 Score	0	0	22.18	0.000	3	7.815	Significant
	1 Score	9	5					
	2 Score	18	15					
	3 Score	3	10					
Crepitation (After)	0 Score	14	29	26.67	0.000	3	7.815	Significant
	1 Score	12	1					
	2 Score	4	0					
	3 Score	0	0					
Peenasa (Before)	0 Score	00	00	32.69	0.000	3	7.815	Significant
	1 Score	12	00					
	2 Score	18	11					
	3 Score	00	19					
*Peenasa (*After)	0 Score	13	14	11.48	0.009	3	7.815	Significant
	1 Score	12	11					
	2 Score	05	05					
	3 Score	00	00					
Bahula Snigdha Ghana Kapha Nishteevan (Before)	0 Score	00	00	29.26	0.000	3	7.815	Significant
	1 Score	10	00					
	2 Score	15	12					
	3 Score	05	18					
Bahula Snigdha Ghana Kapha Nishteevan (After)	0 Score	12	13	9.63	0.022	3	7.815	Significant
	1 Score	11	15					
	2 Score	07	02					
	3 Score	00	00					
Kanthekandu (Before)	0 Score	00	00	30.133	0.000	2	5.991	Significant
	1 Score	14	00					
	2 Score	16	14					
	3 Score	00	16					
Kanthekandu	0 Score	13	15	6.758	0.034	2	5.991	Significant

(After)	1 Score	11	15					
	2 Score	6	00					
	3 Score	00	00					
Guru Gatrata (Before)	Absent	00	00	NA				
	Present	30	30					
Guru Gatrata (After)	Absent	15	30	20.000	0.000	1	3.841	Significant
	Present	15	00					
Gal Talu Lepa (Before)	Absent	00	00	NA				
	Present	30	30					
Gal Talu Lepa (After)	Absent	8	30	34.737	0.000	1	3.841	Significant
	Present	22	00					
Manda Agni (Before)	Absent	00	00	NA				
	Present	30	30					
Manda Agni (After)	Absent	19	30	13.469	0.000	1	3.841	Significant
	Present	11	00					
Aruchi (Before)	Absent	00	00	NA				
	Present	30	30					
Aruchi (After)	Absent	12	30	25.714	0.000	1	3.841	Significant
	Present	18	00					

Here for parameters like *Guru Gatrata*, *Gal Talu Lepa*, *Manda Agni*, and *Aruchi*, all subjects in both groups had the symptoms present before treatment. Hence, there was no intergroup variation, and the Chi-square test could not be applied (NA). Hence, Mann-whitney U test is also applied. After treatment, significant improvement was observed in all these parameters with $p < 0.05$.

Table 6: Comparison of effect of intervention within groups before treatment (BT) and after treatment (AT). Descriptive statistics expressed in mean and standard deviation

Parameter	Group	Mean ± Standard Deviation		P-value
		Before Treatment	After Treatment	
Peenasa (running nose)	Group A	1.60 ± 0.49	0.96 ± 0.41	0.009
	Group B	1.56 ± 0.50	0.13 ± 0.35	0.009
Bahula Snigdha Ghana Kapha Nishteevan/ Kasa Vega (cough bouts)	Group A	1.86 ± 0.59	0.74 ± 0.44	0.022
	Group B	1.93 ± 0.58	0.13 ± 0.35	0.022
Kanthe Kandu (throat itching)	Group A	1.86 ± 0.50	0.87 ± 0.63	0.034
	Group B	2.03 ± 0.61	0.10 ± 0.31	0.034
Guru Gatrata (body heaviness)	Group A	2.00 ± 0.00	1.00 ± 0.41	0.000
	Group B	2.00 ± 0.00	0.00 ± 0.00	0.000
Gal Talu Lepa (phlegm accumulation)	Group A	2.00 ± 0.00	0.53 ± 0.51	0.000
	Group B	2.00 ± 0.00	0.00 ± 0.00	0.000
Manda Agni (weak digestive fire)	Group A	2.00 ± 0.00	0.73 ± 0.45	0.000
	Group B	2.00 ± 0.00	0.00 ± 0.00	0.000
Aruchi (loss of appetite)	Group A	2.00 ± 0.00	1.20 ± 0.55	0.000
	Group B	2.00 ± 0.00	0.00 ± 0.00	0.000
Crepitation	Group A	1.70 ± 0.62	0.80 ± 0.45	0.015
	Group B	1.83 ± 0.59	0.13 ± 0.35	0.015

Table 7: Comparison between the groups from day 0 to day 15 expressed in mean rank and percentage effect

Parameter	Group	% Effect	Mean Rank	p-Value
Peenasa (running nose)	Group A	40%	12.15	0.009
	Group B	100%	23.85	0.009
Bahula Snigdha Ghana Kapha Nishteevan (cough bouts)	Group A	60%	11.73	0.022
	Group B	93.3%	22.27	0.022
Kanthe Kandu (throat itching)	Group A	53.3%	13.40	0.034
	Group B	100%	22.60	0.034
Guru Gatrata (body heaviness)	Group A	50%	12.90	0.000
	Group B	100%	23.10	0.000
Gal Talu Lepa (phlegm accumulation)	Group A	73.3%	11.00	0.000
	Group B	100%	24.00	0.000
Manda Agni (weak digestive fire)	Group A	63.3%	13.87	0.000
	Group B	100%	22.13	0.000
Aruchi (loss of appetite)	Group A	40%	12.43	0.000
	Group B	100%	23.57	0.000

Table 8: Overall effect of intervention on each parameter

S.No.	Criteria of Assessment (Parameter)	Overall % Effect Group A	Overall % Effect Group B	Result / Interpretation
1	*Peenasa* (running nose)	66.83 %	86.25%	Marked improvement in Group B
2	*Bahula Snigdha Ghana Kapha Nishteevan* (cough bouts)	61.52 %	81.11%	Significant improvement in Group B
3	*Kanthe Kandu* (throat itching)	58.22 %	84.41%	Marked improvement in Group B
4	*Guru Gatrata* (body heaviness)	60.33 %	80.44%	Marked improvement in Group B
5	*Gal Talu Lepa* (phlegm accumulation)	70.56 %	88.15%	Marked improvement in Group B
6	*Manda Agni* (weak digestive fire)	63.48 %	86.33%	Marked improvement in Group B
7	*Aruchi* (loss of appetite)	59.25 %	79.25%	Moderate to marked improvement in Group B
8	Crepitation	62.41 %	83.42%	Significant improvement in Group B

Table 9: Overall improvement in condition of patients in both groups

Grade of Improvement	% Improvement	Group A	%	Group B	%
Marked improvement	75–100%	6	20%	18	60%
Moderate improvement	50–74%	19	63.3%	10	33.3%
Mild improvement	25–49%	5	16.7%	2	6.7%
Poor improvement	0–24%	0	0%	0	0%

Demographic data: The study population predominantly comprised children aged 3–4 years (43.33% and 33.33%), followed by 5 years (16.7%) and 2 years (6.7%), indicating peak prevalence of *Kaphaja Kasa* in the pre-school age group. This susceptibility may be attributed to increased exposure to dust, cold environments, and consumption of cold and sweet foods such as chocolates and ice creams. Most patients exhibited a *Kapha*-dominant *Vata Prakriti***,** and classical features of the condition were consistently recognized and reported by caregivers. The hallmark sign, *Bahula Snigdha Ghana Kapha-Nishteevana*, was observed in all children (100%), forming the primary diagnostic criterion. Other frequently noted manifestations included *Mandagni* (100%), *Aruchi* (100%), *Kanthekandu* (46.7%–53.3%),

and *Gal Talu Lepa* (100%), along with *Guru Gatrata* (100%). Notably, none of the subjects exhibited high-grade fever, vomiting, or headache. The predominance of *Kapha* and *Vata* doshas likely underlies the higher incidence of *Kaphaja Kasa* among children with a *Kapha-Vata Prakriti*.

RESULTS

In *Peenasa* (running nose), the mean score reduced from 1.60±0.49 to 0.96±0.41 in Group A and from 1.56±0.50 to 0.13±0.35 in Group B, showing better improvement in Group B (91.67%) with statistical significance ($p<0.01$). For *Kasa Vega*/ *Bahula Snigdha Ghana Kapha Nishteevan* (frequency of cough bouts), the mean decreased from 1.86±0.59 to 0.74±0.44 in Group A and from 1.93±0.58 to 0.13±0.35 in Group B, where Group B achieved 93.26% improvement ($p<0.05$).

In *Kaṇṭhe Kaṇḍu* (throat itching), the mean score declined from 1.86±0.50 to 0.87±0.63 in Group A and from 2.03±0.61 to 0.10±0.31 in Group B, with Group B attaining 95.07% improvement (*$p<0.05$*). For *Guru Gatrata* (heaviness of body), mean reduction was from 2.00±0.00 to 1.00±0.41 in Group A and from 2.00±0.00 to 0.00±0.00 in Group B, showing complete relief in Group B ($p < 0.001$).

Galatalu Lepa (phlegm accumulation) showed mean reduction from 2.00±0.00 to 0.53±0.51 in Group A and 2.00±0.00 to 0.00±0.00 in Group B, where the latter demonstrated 100% improvement ($p<0.001$). *Mandagni* (weak digestive fire) improved markedly, reducing from 2.00±0.00 to 0.73±0.45 in Group A and 2.00±0.00 to 0.00±0.00 in Group B, with complete normalization of digestive function in Group B ($p<0.001$).

In *Aruchi* (loss of appetite), the mean declined from 2.00±0.00 to 1.20±0.55 in Group A and 2.00± 0.00 to 0.00±0.00 in Group B, corresponding to 100% improvement in Group B ($p<0.001$). Crepitation decreased from 1.73±0.52 to 0.80±0.41 in Group A and 1.76±0.49 to 0.13±0.35 in Group B, revealing superior relief (92.61%) in Group B ($p < 0.01$).

Overall, both groups showed statistically significant improvement in all cardinal symptoms of *Kaphaja Kasa*, but Group B (*Puṣkaradileha*) demonstrated faster and more complete relief, particularly in *Kasa Vega*, *Kaṇṭhe Kaṇḍu*, and *Kapha Nishteevan* related symptoms, compared to Group A (*Pipalyadileha*).

On overall assessment, 20% of patients in Group B achieved marked improvement compared to 6% in Group A; moderate improvement was observed in 36.6% of Group B and 63.3% of Group A patients. Intergroup comparison revealed highly significant results ($p<0.01$), confirming the superior therapeutic efficacy of *Puṣkaradileha* over *Pipalyadileha* in the management of *Kaphaja Kasa*.

DISCUSSION

Kaphaja Kasa is primarily a disorder of *Kapha* and *Vata Doṣas*, where *Kapha* undergoes *Saṅga* (obstruction) and subsequently hinders the natural *Gati* of *Vata*. This results in *Srotorodha* within the *Praṇavaha Srotas*, leading to classical manifestations such as *Kasa Vega* (cough bouts), *Peenasa* (nasal discharge), *Kaṇṭha Kaṇḍu* (throat irritation), *Galatalu Lepa* (phlegm adhesion), *Mandagni*, and *Aruchi*. The pathological cascade reflects both *Ama* formation and disturbed *Agni*, which perpetuate mucous accumulation and impaired respiratory clearance [9].

Both *Kashyapokta Pipalyadileha* (Group A) and *Puṣkaradileha* (Group B) are designed to address these core derangements through *Dipana*, *Pachana*, *Kapha-Vata Shamana*, and *Srotoshodhana* actions. The predominance of *Kaṭu-Tikta Rasa*, *Laghu-Ruksha Guna*, and *Ushna Virya* in both formulations counteracts the *Snigdha* and *Guru* attributes of aggravated *Kapha*, thereby facilitating expectoration and restoring the patency of respiratory channels.

In Group A, *Kashyapokta Pipaliadileha* produced statistically significant improvement in symptoms such as *Kasa Vega*, *Peenasa*, *Kaṇṭha Kaṇḍu*, and *Mandagni*. The formulation's primary ingredients exert potent *Agnidipana* and *Amapachana* effects, enhancing metabolism and facilitating mucolysis. Their *Rasayana* potential may further support immune modulation and mucosal integrity.

In Group B, *Puṣkaradileha* demonstrated comparatively superior outcomes across nearly all subjective and objective parameters, particularly in *Peenasa*, *Kasa Vega*, and *Galatalu Lepa*. *Puṣkaramula* (*Inula racemosa*) is renowned for its *Kaphavatahara*, *Shothahara*, and *Kasahara* properties. Phytochemical studies attribute its efficacy to alantolactone and isoalantolactone, which possess bronchodilatory, anti-inflammatory, and expectorant actions These pharmacodynamic effects align closely with the Ayurvedic descriptions of *Srotoshodhana* and *Praṇavaha Srotas Shuddhi.*[10]

Comparative analysis revealed that both formulations were effective in reducing the severity and frequency of cough and associated symptoms; however, *Puṣkaradileha* (Group B) achieved more pronounced and sustained relief, with 100% overall improvement compared to 83% in Group A. The difference was statistically significant, reflecting a broader spectrum of therapeutic action in *Puṣkaradileha*.

The results substantiate that *Puṣkaradileha* effectively disrupts the *Samprapti* of *Kaphaja Kasa* by alleviating *Kapha Sanga*, normalizing *Vata Gati*, and improving *Agni Bala* and *Pranavaha Srotas* function. Therefore, it can be concluded that *Puṣkaradileha*

provides a more comprehensive and rapid recovery in *Kaphaja Kasa* compared to *Kashyapokta Pipaliadileha*.

CONCLUSION

The results of both intervened drugs demonstrated statistically significant improvement ($P<0.05$) across all study parameters. *Puṣkaradileha* exhibited better effectiveness in key parameters such as *Peenasa* (running nose) and *Kasa Vega* (cough bouts), while *Kashyapokta Pipaliadileha* showed superior relief in other symptoms like *Kaṇṭhe Kaṇḍu* (throat itching), *Galatalu Lepa* (phlegm adhesion), *Mandagni*, and *Aruchi*. Overall, *Puṣkaradileha* was more effective across the majority of parameters; however, *Kashyapokta Pipaliadileha* provided notable improvement in a primary symptom (*Kaṇṭhe Kaṇḍu*: 73.3%), along with visible amelioration of other associated symptoms. These findings highlight the therapeutic potential of both formulations, with *Puṣkaradileha* offering comprehensive relief and *Kashyapokta Pipaliadileha* demonstrating targeted efficacy in critical symptoms, making both valuable options in the management of *Kaphaja Kasa*.

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Cite this article as:
Simran, Sachin Kathuria. Unveiling the Power of Lehas: A Comparative Clinical Study of Kashyapokt Pipaliadileha and Pushkaradileha in Kaphaja Kasa. International Journal of Ayurveda and Pharma Research. 2025;13(10):53-61.
https://doi.org/10.47070/ijapr.v13i10.3880
Source of support: Nil, Conflict of interest: None Declared

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