



Lesson 6.1 Pratishyaya in Children — Ayurvedic Understanding, Clinical Patterns, and Principles of Management

Pratishyaya is one of the most frequently encountered disorders in pediatric practice, yet it should never be dismissed as a minor complaint. In many children, repeated episodes of nasal discharge, sneezing, blockage, heaviness in the head, and disturbed sleep are not isolated events. They are expressions of a deeper imbalance involving **Kapha accumulation, impaired agni, repeated ama formation, and incomplete recovery after earlier illnesses**. If this pattern is not understood correctly, the child gradually enters a cycle of recurrent cold, mouth breathing, disturbed sleep, reduced appetite, repeated cough, and lowered bala.

In Kaumarbhritya, pratishyaya is therefore studied not merely as a nasal disorder, but as a condition of the **urdhvajatrugata region** with strong relationship to the digestive state of the child. A child who repeatedly develops cold after dietary mistakes, late sleep, weather change, or school exposure is showing us that the internal terrain has become susceptible. The nose is only the most visible site of expression.

The physician must therefore look beyond the discharge and ask: What is the doshic state? Is there ama? How is the child's appetite? Is the cold acute, recurrent, or chronic? Is it only pratishyaya, or is it already extending toward kasa, karnaroga, sleep disturbance, or reduced growth and stamina?

Definition and clinical importance

Pratishyaya may be understood as a disorder of the nasal passages characterized by discharge, obstruction, sneezing, heaviness, irritation, and altered breathing comfort. In children, the condition often appears in a mixed and rapidly changing form. One child begins with sneezing and watery discharge, then develops thick congestion and cough. Another begins with appetite loss and coated tongue, and only later develops nasal blockage. A third child has minimal discharge but persistent nasal obstruction, mouth breathing, and disturbed sleep. These variations are important because they reflect differences in dosha and stage.

The practical significance of pratishyaya in children is far greater than families usually realize. Repeated nasal blockage affects sleep, sleep affects appetite, appetite affects dhatu poshana, and disturbed nourishment gradually affects ojas, growth, immunity, and behavior. Many children who are later brought for low immunity, poor concentration, or recurrent cough have an earlier history of neglected recurrent pratishyaya.

Why children are especially prone to pratishyaya

Children are naturally in the Kapha-dominant stage of life. This gives them softness, growth potential, unctuousness, and tissue-building power. At the same time, it also makes them more prone to **mucus formation, congestion, heaviness, and slow clearance** when agni becomes disturbed. Since pediatric agni is delicate and easily affected by food habits, sleep rhythm, season, and environment, even relatively small errors may lead to recurrent Kapha accumulation.

Among the common factors that make children especially prone are:

- excessive use of cold foods and drinks,
- curd, ice cream, refrigerated items, and sweets taken repeatedly,
- late sleeping and irregular routine,
- repeated snacking with poor mealtime appetite,
- dust exposure, smoke, pollution, damp weather, and seasonal transition,
- incomplete recovery after jvara or kasa,
- constipation and poor elimination,
- low outdoor activity and excessive indoor sedentary habits.

These factors repeatedly disturb agni and generate ama. Once that happens, the nasal passages become one of the



easiest places for Kapha to localize.

Nidana of pratishyaya

The causes of pratishyaya in children can be understood under the classical framework of aharaaja, viharaja, and paryavaranaaja factors.

Aharaaja nidana include excessive madhura, guru, snigdha, sheeta, abhishyandi items; repeated sweets; bakery products; cold milk preparations; curd at night; chilled beverages; fried snacks; and irregular eating habits that suppress natural hunger.

Viharaja nidana include day sleep in children with heavy digestion, sleeping late at night, exposure to cold wind after sweating, bath followed by inadequate drying, speaking loudly or crying excessively during acute episodes, and low physical movement.

Paryavaranaaja nidana include weather change, monsoon dampness, winter exposure, polluted air, dust, smoke, poor ventilation, overcrowded classrooms, and repeated contact exposure in school-going children.

Another important cause is **post-illness vulnerability**. A child recovering from fever or cough may appear outwardly improved while appetite remains poor and Kapha remains uncleared. In such a child, pratishyaya develops easily with the slightest trigger.

Purvarupa of pratishyaya

Pratishyaya usually gives early warnings before it becomes fully obvious. These early signs are important because timely correction at this stage can reduce the intensity of the episode.

Common purvarupa include:

- diminished appetite,
- mild tongue coating,
- heaviness or cloudiness in the head,
- repeated sneezing, especially on waking,
- slight irritation or itching in the nose,
- mild throat clearing,
- unusual sleepiness or irritability,
- dislike for food,
- a sense in older children that “cold is coming.”

In actual practice, parents often notice these features but do not connect them to the beginning of an illness. A trained pediatric physician should always ask whether appetite had reduced before the discharge began. Very often, this reveals the agni-ama origin of the episode.

Rupa of pratishyaya

Once fully expressed, pratishyaya may present with one or more of the following:

- nasal discharge,
- nasal blockage,
- repeated sneezing,
- heaviness of head,
- reduced smell in older children,



- nasal irritation,
- post-nasal drip,
- associated cough,
- disturbed sleep,
- mouth breathing,
- reduced appetite,
- daytime dullness and low activity.

These symptoms should always be assessed qualitatively. Is the discharge clear and watery, or thick and sticky? Is there more sneezing or more blockage? Is the child heavy and sleepy, or restless and irritated? Is the complaint worse in the morning, at night, or after cold food? These details guide doshic understanding.

Doshic patterns of pratishyaya

Vataja pratishyaya

Vataja pattern is characterized by dryness, frequent sneezing, variable obstruction, scanty discharge, light sleep, restlessness, and sensitivity to cold air. The child may also have constipation, irregular appetite, and rapid fluctuation of symptoms. Night worsening is common.

Pittaja pratishyaya

Pittaja pattern shows more irritation and heat. The discharge may be yellowish or more inflamed in character. There may be burning in the nose, redness of eyes, thirst, irritability, and greater discomfort with heat. Sometimes fever or sore throat accompanies this pattern more prominently.

Kaphaja pratishyaya

This is the most common pattern in children. There is thick discharge, marked blockage, heaviness of head, dull appetite, sluggishness, and frequent extension into cough. The child may snore lightly, sleep with open mouth, wake unrefreshed, and show persistent coating on the tongue. This pattern is very often associated with ama.

Sannipataja or mixed pattern

In many children, the disease is mixed. A child may begin with watery sneezing, then develop thick blockage, and later show dryness and night cough after prolonged illness. Therefore, the present stage must always be given more importance than rigid categorization.

Samprapti

The samprapti of pratishyaya in children may be understood as follows:

Repeated ahara-vihara errors disturb jatharagni. Impaired digestion leads to ama formation and Kapha accumulation. This Kapha, often mobilized by Vata, moves toward the upper channels and localizes in the nasa, kantha, and adjacent passages. Obstruction, discharge, sneezing, and heaviness then manifest. If the Kapha is not completely cleared, if agni is not restored, or if the child is again exposed to causative factors, the disease recurs. Over time, this may extend into kasa, karna problems, disturbed sleep, reduced appetite, and weakened bala.

Thus, recurrent pratishyaya is not merely repeated exposure to infection. It is the repeated recreation of the same internal terrain.



Chikitsa Siddhanta

The line of treatment in pediatric pratishyaya depends upon the stage and doshic predominance, but the broad principles are clear:

1. **Nidana parivarjana** — removal of causative factors
2. **Ama-pachana and agni dipana** where ama is present
3. **Kapha-vata shamana** in the upper channels
4. **Shrotoshodhana and mucous clearance** in suitable cases
5. **Protection of sleep, appetite, and bowel rhythm**
6. **Recurrence prevention after the acute stage settles**

In children, chikitsa must always be mridu, stage-sensitive, and digestively tolerable.

Classical medicines commonly used in pediatric pratishyaya

The following formulations are commonly taught and used according to dosha, stage, bala, and physician judgment.

1. Sitopaladi Churna

Useful when pratishyaya is associated with mild kasa, throat irritation, or kapha predominance, especially when the child is able to take oral medicine and digestion is not completely collapsed.

Approximate pediatric dose:

- 1-3 years: 250-500 mg, 2-3 times daily
- 3-6 years: 500 mg-1 g, 2-3 times daily
- 6-12 years: 1-2 g, 2-3 times daily

It is often given with suitable adjuvants according to age and condition. In small children, only physician-supervised, child-safe adjuvants should be used.

2. Talishadi Churna

Useful in kapha-dominant pratishyaya with cough, throat symptoms, and congestion. It is especially relevant where mucus and heaviness are prominent.

Approximate pediatric dose:

- 1-3 years: 250-500 mg, 2-3 times daily
- 3-6 years: 500 mg-1 g, 2-3 times daily
- 6-12 years: 1-2 g, 2-3 times daily

3. Haridra Khanda

Useful where pratishyaya is associated with itching, allergic tendency, recurrent sneezing, or kapha-pitta irritation patterns.

Approximate pediatric dose:

- 1-3 years: 1 g, 2 times daily
- 3-6 years: 1-2 g, 2 times daily
- 6-12 years: 2-3 g, 2 times daily



4. Tribhuvana Kirti Rasa

Traditionally used in acute kapha-vata jvara-pratishyaya presentations with ama and fever, under proper supervision. Because this is a herbo-mineral preparation, its use in children must be cautious and physician-directed.

Approximate pediatric supervised dose:

- 1-3 years: 15-30 mg once or twice daily
- 3-6 years: 30-60 mg once or twice daily
- 6-12 years: 60-125 mg once or twice daily

It should not be used casually or as a household medicine.

5. Godanti Bhasma

Useful where fever, head heaviness, or pitta-associated irritation accompanies pratishyaya.

Approximate pediatric supervised dose:

- 1-3 years: 125 mg, 2 times daily
- 3-6 years: 125-250 mg, 2 times daily
- 6-12 years: 250 mg, 2 times daily

6. Samshamani Vati / Guduchi Ghana

Useful in recurrent episodes, post-fever states, and when agni restoration and pitta-kapha balancing are needed, especially in children with repeated infective tendency.

Approximate pediatric dose:

- 1-3 years: ¼-½ tablet, 2-3 times daily
- 3-6 years: ½-1 tablet, 2-3 times daily
- 6-12 years: 1 tablet, 2-3 times daily

7. Balachaturbhadra Churna

Useful in younger children with mild fever, cough, digestive disturbance, and kapha-ama pattern.

Approximate pediatric dose:

- below 1 year: 100-125 mg, 2-3 times daily
- 1-3 years: 125-250 mg, 2-3 times daily
- 3-6 years: 250-500 mg, 2-3 times daily
- 6-12 years: 500 mg, 2-3 times daily

All the above doses are teaching ranges and require adaptation according to the child's age, bala, digestive state, and physician assessment.

Local and supportive measures

Warm water sipping

In older infants and children who can take oral fluids, warm water in small repeated amounts helps reduce Kapha stagnation and supports throat comfort.



AYUSH Bal Kwath or similar mild pediatric decoction

Where appropriate, a mild child-friendly decoction containing Tulasi, Shunthi, Dalchini, Haridra, and Draksha may be used in age-appropriate doses under supervision, especially in recurrent cold tendency.

Steam inhalation

Very mild steam exposure in older children can help in thick nasal blockage. It should be gentle and supervised. It should not be forced in frightened or very young children.

Warm saline gargling

In older children with throat irritation and post-nasal drip, lukewarm saline gargle is useful.

Turmeric milk

In school-going children with recurrent kapha-prone pratishyaya and throat discomfort, turmeric milk at night may be used where digestion permits and milk does not aggravate congestion. It should not be used in every child indiscriminately, especially in those with clear ama, thick mucus, and poor digestion.

Nasal cleansing and hygiene

Gentle cleaning of the nose, maintaining hydration, and avoiding dust exposure are very important. Children should not be left with persistent blocked nose throughout the night without supportive care.

Pathya and Apathya

Pathya

- light, warm, freshly prepared meals
- thin rice gruel, light soups, warm water
- simple digestible food according to appetite
- early dinner
- proper rest and sleep
- keeping the head and neck protected from cold exposure

Apathya

- curd, especially at night
- ice cream, cold drinks, refrigerated food
- excessive sweets and bakery items
- fried, heavy, sticky food
- day sleep in kapha-heavy child during acute stage
- dust exposure, smoke, and damp cold environment
- forcing heavy food when appetite is absent

Nasya and Panchakarma-related considerations

In acute pediatric pratishyaya, strong shodhana procedures are generally not the first choice. The child's age, bala, and stage must always be respected.



Pratimarsha Nasya

In suitable older children, mild pratimarsha nasya with physician guidance may be considered in recurrent dryness, post-illness nasal irritation, or recurrent upper airway sensitivity. It is not routinely used in every acute ama-heavy blocked-nose child.

Dhoomapana

Not appropriate in small children and generally avoided in pediatric routine practice.

Swedana

Mild local warmth or steam is often more practical than formal swedana in young children.

Shodhana

Strong Panchakarma procedures are not routine for ordinary pediatric pratishyaya. Chronic, complicated, or highly recurrent cases require specialized evaluation, and management is individualized.

When pratishyaya is no longer “simple cold”

The case becomes more significant when:

- episodes recur every few weeks,
- sleep is regularly disturbed due to blockage,
- the child breathes through the mouth,
- snoring begins,
- appetite remains poor between episodes,
- cough repeatedly follows cold,
- hearing, ear blockage, or throat issues begin,
- the child becomes dull and less active.

Such children should not be managed only with repeated symptomatic medicine. Their digestion, sleep, pathya, and complete recovery pattern must be corrected.

Summary

Pratishyaya in children is a disorder of much greater importance than it appears at first sight. It commonly reflects Kapha accumulation on a background of disturbed agni and ama. The child's age, natural Kapha predominance, food habits, seasonal exposure, and incomplete recovery all contribute to recurrence. Proper management therefore requires not only symptomatic relief of discharge and blockage, but correction of agni, reduction of ama, stage-wise medicine selection, local support, and long-term recurrence prevention.

A child with recurrent pratishyaya is not merely suffering from a blocked nose. The condition is often the first visible sign of a larger imbalance in the child's internal rhythm.

Practice Questions

1. Why is pratishyaya in children closely related to agni disturbance and ama formation?
2. Describe the features of Kaphaja pratishyaya and mention suitable classical medicines.
3. Why should appetite always be assessed in a child with recurrent cold?
4. What is the role of pathya-apathya in recurrent pratishyaya?



5. In which situations does pratishyaya become a more serious long-term pediatric problem?

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