Lesson 6.2 Kasa in Children — Dry and Wet Cough, Doshic Understanding, Classical Medicines, and Supportive Management

Kasa in children should never be reduced to a single symptom. A cough is not merely a sound coming from the throat or chest. It is a sign that the body is attempting to expel, clear, protect, or respond to irritation within the respiratory passages. In pediatric practice, this distinction is very important, because not all coughs arise from the same cause, not all require the same treatment, and not all should be managed in the same stage. A child with thick Kapha-laden productive cough, blocked nose, and dull appetite is entirely different from a child who has a dry irritating night cough after fever, with constipation, poor sleep, and post-illness weakness. Both are called kasa, but their chikitsa is not the same.

In Kaumarbhritya, kasa is often closely linked with **pratishyaya, agnimandya, ama, and Kapha accumulation in pranavaha srotas**. Many children do not develop cough suddenly in isolation. The sequence is often clear if one takes the history properly: appetite becomes dull, cold begins, nasal blockage develops, mucus thickens, sleep is disturbed, and then cough appears. In other children, fever subsides, but dryness, irritation, and night cough persist. In such cases, the post-illness rise of Vata becomes very important. Therefore, pediatric kasa must always be understood through **stage, dosha, associated upper respiratory involvement, digestive condition, and bala**.

Definition and significance of kasa in children

Kasa refers to cough resulting from irritation, obstruction, Kapha accumulation, dryness, or doshic disturbance in the respiratory passages. In children, it is one of the commonest conditions, but its significance depends on the context. A brief mild cough with a common cold may be simple and self-limited. However, recurrent kasa, night-dominant cough, cough associated with wheeze-like breathing, poor appetite, sleep disturbance, repeated fever, or prolonged persistence after infection becomes clinically important.

The physician must therefore not ask only, “Is the child coughing?” but rather:

- Is the cough dry or productive?
- Is it worse at night, in the morning, or after food?
- Is there nasal blockage or post-nasal drip?
- Is fever present?
- Is appetite preserved?
- Is the child breathless?
- Is the cough recurrent or lingering after each illness?

These details determine the nature of kasa and guide management.

Nidana of kasa in children

The causative factors of pediatric kasa often overlap with those of pratishyaya and jvara, but a few patterns deserve special emphasis.

Dietary causes include excessive use of cold foods and drinks, sweets, curd, fried items, bakery foods, frequent processed snacks, and heavy night meals. These increase Kapha and promote ama, making the respiratory passages vulnerable.

Lifestyle causes include late sleep, irregular routine, day sleep in Kapha-heavy children, exposure to cold wind, speaking loudly or crying excessively during acute illness, and inadequate rest during recovery.

Environmental causes include dust, smoke, pollution, damp environment, cold weather, repeated school exposure, and poor ventilation.

Post-illness causes are extremely important. Many children develop lingering cough because they resume normal diet

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too early after jvara or pratishyaya, while agni is still weak and Kapha has not cleared fully. Others develop dry persistent cough because Vata rises after prolonged illness, poor intake, vomiting, diarrhea, or excessive drying medicines.

Thus, kasa in children may arise from:

- Kapha accumulation,
- ama and agnimandya,
- post-nasal drip from pratishyaya,
- post-fever Vata aggravation,
- recurrent respiratory exposure with incomplete recovery.

Purvarupa of kasa

In many children, kasa does not begin abruptly. Early signs may include:

- throat irritation or repeated throat clearing,
- mild heaviness in the chest or throat,
- nasal blockage,
- reduction in appetite,
- mouth breathing at night,
- disturbed sleep,
- low-grade irritation on lying down,
- repeated attempts to clear the throat.

These early features are especially important in recurrent children. If ignored, the disease proceeds to fuller manifestation.

Rupa of kasa

The clinical picture of pediatric kasa varies according to dosha and stage, but the common features include:

- repeated coughing,
- throat irritation,
- chest heaviness or rattling,
- disturbed sleep,
- post-tussive vomiting in some children,
- worsening after lying down,
- cough with or without sputum,
- reduced appetite,
- fatigue from repeated coughing.

Again, the physician must classify the cough qualitatively:

- Is it **shushka kasa** (dry cough)?
- Is it **ardra or productive Kapha-associated cough**?
- Does it appear mainly **at night**?
- Is it associated with **fever**?
- Does the child cough after food?
- Is there associated breathlessness or wheeze-like sound?

These questions are central to diagnosis.

Doshic patterns of kasa in children

Vataja kasa

This is usually dry, irritating, repetitive, and more troublesome at night. The child may have little or no expectoration, dryness of throat, poor sleep, restlessness, constipation, and post-illness weakness. The cough may worsen after talking, crying, exposure to cold air, or lying down. In pediatric practice, Vataja kasa is often seen after fever, after repeated vomiting, after prolonged reduced intake, or when over-clearing treatment has been continued too long.

Pittaja kasa

This pattern shows irritation, heat, burning in the throat or chest in older children, thirst, yellowish secretions in some cases, and more inflammatory signs. There may be associated fever, redness, irritability, and sensitivity to warm aggravating factors. Pittaja kasa is not as common as Kaphaja in children, but it must be recognized when inflammatory heat is prominent.

Kaphaja kasa

This is the most frequent pediatric type. The cough is wet, heavier, often more troublesome in the morning or after sleep, and associated with thick mucus, blocked nose, dull appetite, coated tongue, and sleep disturbance. The child may vomit mucus after coughing, especially in younger age groups. This pattern is strongly linked with pratishyaya, agnimandya, and ama.

Kshata-like or post-illness dry cough pattern

Though classical descriptions are broader, in practical pediatric understanding one should remember the child who develops prolonged dry cough after repeated fever, heavy coughing, dehydration, poor intake, or excessive medication. Here tissue irritation and Vata aggravation are more prominent than simple Kapha congestion.

Mixed patterns

In actual practice, many children show mixed kasa. A child may begin with wet Kapha cough and later, after fever settles, continue with dry night cough due to residual irritation and Vata. Therefore, stage reassessment is essential.

Samprapti of kasa

The general samprapti may be understood as follows:

Agni becomes disturbed by nidana. Ama forms and Kapha accumulates. This Kapha localizes in pranavaha srotas and upper respiratory passages, often after or along with pratishyaya. The passages become irritated or obstructed. The body attempts to expel the accumulated dosha or respond to the irritation, producing cough. If Kapha remains thick and uncleared, cough persists in wet form. If the illness continues and the child becomes depleted, Vata increases and dry irritating cough appears. Thus many pediatric coughs evolve from **Kapha-ama phase into Vata-dominant recovery-phase cough** if not managed properly.

This progression explains why the same child may require different treatment in different days of the same illness.

Chikitsa Siddhanta

The line of treatment in pediatric kasa depends on the stage and dosha, but the broad principles are:

1. **Nidana parivarjana**

2. **Ama pachana and agni dipana** when heaviness, coating, and poor appetite are present
3. **Kapha vilayana and shrotoshodhana** in productive, congested cough
4. **Vata shamana and mridu soothing management** in dry post-illness cough
5. **Protection of sleep and hydration**
6. **Management of associated pratishyaya**
7. **Complete recovery before return to heavy diet or exposure**

The physician must always differentiate between:

- wet, heavy, Kapha cough
  and
- dry, irritating, Vata-dominant post-illness cough.

This distinction is central to successful management.

Classical medicines commonly used in pediatric kasa

1. Sitopaladi Churna

Useful in mild to moderate cough with throat irritation, pratishyaya association, and kapha involvement. It is one of the commonly used formulations in children when oral tolerance is good.

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

2. Talishadi Churna

Useful when cough is associated with thicker Kapha, blocked nose, throat symptoms, and sluggish digestion.

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. Lavangadi Vati

Useful in older children with throat irritation, frequent throat-clearing, mild dry cough, and pharyngeal discomfort.

Approximate pediatric supervised use:

- 3–6 years: ¼–½ tablet to suck or powder form, 2–3 times daily if age-appropriate
- 6–12 years: ½–1 tablet, 2–3 times daily

Not suitable in very small children as a sucking tablet.

4. Khadiradi Vati

Useful in throat irritation, voice strain, and upper airway discomfort in older children.

Approximate pediatric supervised use:

- 3–6 years: ¼–½ tablet in suitable form

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

5. Haridra Khanda

Useful where cough is associated with allergic tendency, repeated sneezing, itching, or kapha-pitta involvement.

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

6. Tribhuvana Kirti Rasa

Traditionally used in acute kapha-vata jvara-kasa states with ama under strict physician supervision.

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

7. Godanti Bhasma

Useful where jvara, head heaviness, and pitta association accompany cough.

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

8. Samshamani Vati / Guduchi Ghana

Useful in recurrent fever-cough tendency, post-illness weakness, and inflammatory recurrence patterns.

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

9. Vasavaleha / Vasa preparations

Useful in selected children with cough where expectoration and respiratory irritation are significant, particularly in older children. Since avaleha form may be heavy in ama stage, it should be used only when digestion permits.

Approximate pediatric supervised dose:

- 3–6 years: 1–2 g, 2 times daily
- 6–12 years: 3–5 g, 2 times daily

It should not be used indiscriminately in thick ama-heavy, appetite-absent stage.

10. Kantakari-based formulations

Kantakari is classically important in kasa and shwasa patterns. In suitable physician-selected combinations, it is useful where cough extends toward obstructive respiratory tendency.

Dosage depends on the exact preparation and age.

All doses above are teaching ranges and must be individualized according to bala, agni, stage, and physician assessment.

Home remedies and supportive measures

Warm water sipping

One of the simplest and most useful measures in Kapha-dominant cough. Frequent small quantities of warm water help liquefy secretions and soothe the throat.

Tulasi-based warm infusion

In older children with mild productive cough, a gentle warm infusion of Tulasi may be helpful as supportive care.

Practical household range:

- 3–6 years: 5–10 ml lukewarm infusion, 2–3 times daily
- 6–12 years: 10–20 ml, 2–3 times daily

Shunthi-containing mild warm preparations

In Kapha-heavy children with good tolerance and no strong Pitta signs, mild dry ginger-based warm preparations may help. However, they should not be overused in very young children, in dry cough, or in children with heat and thirst.

Turmeric milk

Useful in selected older children, especially in mild recurrent throat irritation or cough when digestion permits and mucus is not excessively thick.

Practical household range:

- 3–6 years: ¼ teaspoon turmeric in 100 ml warm milk once daily
- 6–12 years: ½ teaspoon in 100 ml warm milk once daily

Not suitable in all children, especially where milk worsens congestion or ama is heavy.

Steam inhalation

Gentle supervised steam may help in thick Kapha congestion and associated blocked nose in older children. It should be avoided if the child is frightened, too small, or intolerant.

Warm saline gargles

Useful in school-age children with throat irritation and repeated cough due to pharyngeal involvement.

Honey-related caution

Honey should not be given to infants below 12 months. In older children it may be used in certain traditional household approaches, but only age-appropriately and where suitable.

Pathya and Apathya in kasa

Pathya

- warm water
- thin warm soups or light gruels according to appetite
- freshly prepared light food
- early dinner
- adequate rest
- keeping the child away from dust, smoke, cold exposure
- maintaining bowel regularity

Apathya

- ice cream, cold drinks, refrigerated food
- curd at night
- sweets, chocolate excess, bakery foods
- fried items and chips
- heavy milk preparations in ama-heavy stage
- late-night eating
- exposure to dust, smoke, and damp cold weather
- forcing heavy meals in low appetite state

Local therapies and Panchakarma considerations

In routine pediatric kasa, major Panchakarma is not generally the first line. However, some local supportive procedures may be useful.

Mild steam / local swedana

Helpful in Kapha congestion with blocked nose and throat heaviness.

Pratimarsha Nasya

In selected older children with recurrent upper airway dryness or chronic nasal irritation after the acute phase settles, physician-guided mild pratimarsha nasya may be considered. It is not used routinely in every acute wet cough child.

Abhyanga

Gentle oil massage in children with Vata-dominant post-illness dryness, poor sleep, and weakness may be useful after the acute Kapha-heavy phase has passed.

Basti and formal Panchakarma

Not routine for ordinary pediatric cough. Reserved for selected chronic or complicated cases under specialized care.

When kasa requires greater concern

Cough should not be treated as ordinary when:

- breathing becomes fast or difficult,
- chest indrawing is present,
- the child is unable to sleep because of cough,
- wheeze-like sound appears,
- feeding becomes difficult,

- fever persists or recurs repeatedly,
- the child vomits repeatedly after coughing,
- appetite and activity are markedly reduced,
- the cough lasts long after each illness,
- weight and stamina begin falling.

Such cases require careful evaluation and should not be managed only as simple household cough.

Summary

Kasa in children is a dynamic respiratory disorder whose management depends on proper assessment of dosha, stage, ama, and associated upper respiratory or digestive involvement. Kaphaja productive cough and Vataja dry post-illness cough require different approaches. Classical formulations such as Sitopaladi, Talishadi, Haridra Khanda, Samshamani, and physician-supervised use of other medicines become useful only when matched properly to the child's state. Supportive care, diet regulation, bowel regularity, nasal care, and complete recovery are equally important. The successful management of pediatric cough lies not in suppressing the symptom alone, but in correcting the terrain that keeps producing it.

Practice Questions

1. Why should wet productive cough and dry post-illness cough not be treated in the same way in children?
2. Describe the main features of Kaphaja kasa and mention suitable classical medicines.
3. Why does Vata often become prominent after fever-associated cough?
4. What is the role of pathya-apathya in recurrent pediatric cough?
5. In what situations does cough become a more serious pediatric concern?

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