



## Lesson 6.5 Chikitsa of Pratishyaya and Kasa in Children

The successful management of pediatric pratishyaya and kasa depends far more on **stage recognition** than on the mere selection of medicines. This is one of the most important clinical truths in Kaumarbhryta. A child with thick Kapha, coated tongue, poor appetite, heavy nasal blockage, and wet cough cannot be managed in the same way as a child whose fever has subsided, appetite is slowly returning, mucus has reduced, but dry night cough and sleep disturbance continue. In the first situation, the body is still in an **ama-Kapha dominant stage**. In the second, **Vata is beginning to rise after illness**, and excessive clearing will only prolong weakness and irritation.

Therefore, treatment must always proceed according to the following order:

1. assess stability and danger signs,
2. identify whether the stage is ama-heavy or recovery-dominant,
3. judge whether Kapha, Vata, or Kapha-Vata is predominant,
4. assess the digestive state,
5. then choose medicines, diet, and local measures.

This lesson brings together the practical management of pediatric pratishyaya and kasa in a stage-wise manner.

### Stage 1 — Ama-dominant cold-cough with poor appetite and thick Kapha

This is the most common early pediatric pattern. The child has:

- blocked nose,
- thick mucus,
- dull appetite,
- coated tongue,
- heaviness,
- cough with mucus,
- disturbed sleep,
- and often mild fever or post-fever heaviness.

In this stage, the main goals are:

- reduce ama,
- improve agni,
- liquefy and mobilize Kapha,
- prevent the disease from descending deeper,
- avoid burdening the child with heavy food or heavy formulations.

### Medicines commonly considered in this stage

#### Sitopaladi Churna

Useful in mild to moderate cough-cold with throat irritation and Kapha association.

#### 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

#### Talishadi Churna

Useful when Kapha is thicker, nasal blockage is heavier, and the child has more productive cough or throat congestion.

**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

**Balachaturbhadra Churna**

Particularly relevant in younger children with mild fever-cold, digestive disturbance, and Kapha-ama tendency.

**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

**Tribhuvana Kirti Rasa**

Used traditionally in acute Kapha-Vata jvara-kasa states with ama, under physician supervision only.

**Approximate supervised pediatric 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

This should not be treated as a routine household remedy.

**Godanti Bhasma**

Useful when fever, head heaviness, and pitta-associated irritation coexist with respiratory symptoms.

**Approximate supervised pediatric 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

**Diet and regimen in this stage**

At this stage, food should be warm, light, and easy to digest. Thick milk preparations, sweets, bakery foods, fried foods, and curd worsen the condition. Appetite must not be forced. Warm water in small repeated quantities is one of the most useful simple measures.

**Useful local measures**

- mild supervised steam inhalation in older children,
- gentle saline gargling in school-going children with throat symptoms,
- keeping the child warm and avoiding cold wind, dust, and damp exposure,
- maintaining nasal cleanliness.

**Stage 2 — Productive Kapha cough with chest heaviness and lingering mucus**

Sometimes the acute ama phase begins to reduce, but Kapha remains in the chest and upper respiratory passages. The child may no longer be very febrile, yet still has:



- rattling cough,
- productive expectoration or mucus swallowing,
- post-nasal drip,
- night cough after lying down,
- reduced appetite,
- morning worsening,
- throat congestion.

At this stage the treatment still requires Kapha reduction, but the physician must judge whether digestion is recovering enough to tolerate slightly stronger or more sustained support.

### Medicines commonly considered in this stage

#### Talishadi Churna

Continues to be useful where Kapha remains dominant.

##### 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

#### Sitopaladi Churna

Useful when cough is less heavy but still persistent, especially with throat irritation.

##### 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

#### Vasavaleha

Useful in selected older children when cough, expectoration, and respiratory irritation are significant and ama is no longer very heavy.

##### Approximate pediatric dose:

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

It should not be used in children with marked tongue coating, nausea, or absent appetite.

#### Kantakari-based formulations

Useful when Kapha cough begins showing a deeper bronchial tendency or recurrent obstructive features. Exact dosing depends on the formulation used.

#### Haridra Khanda

Useful when recurrent respiratory symptoms have allergic tendency or Kapha-Pitta irritation pattern.

##### 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



### Local and supportive measures

- warm water sipping,
- gentle steam where tolerated,
- avoidance of lying flat immediately after meals,
- early dinner,
- mild chest and back warmth if the child finds comfort in it.

### Stage 3 – Dry lingering cough after fever or after heavy Kapha illness

This is an extremely common pediatric stage and one of the most commonly mishandled. The thick Kapha has reduced, but the child is not fully normal. Instead, there is:

- dry cough, especially at night,
- throat irritation,
- light sleep,
- poor recovery,
- constipation,
- reduced stamina,
- and sometimes anxiety or restlessness during coughing.

Here the physician must stop thinking only in terms of Kapha clearing. This is the point where **Vata becomes prominent**. If one continues overly drying medicines or a reducing diet, the cough may persist much longer.

### Medicines commonly considered in this stage

#### Sitopaladi Churna

Still useful in many dry-irritative upper respiratory conditions when used appropriately.

#### 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

#### Lavangadi Vati

Useful in older children with throat irritation, repeated throat-clearing, and dry cough.

#### Approximate pediatric supervised use:

- 3-6 years: ¼-½ tablet in age-appropriate form, 2-3 times daily
- 6-12 years: ½-1 tablet, 2-3 times daily

#### Khadiradi Vati

Useful in older children where the pharyngeal component is prominent.

#### Approximate pediatric supervised use:

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

#### Samshamani Vati / Guduchi Ghana

Useful when the child has repeated respiratory episodes, lingering post-fever weakness, or incomplete recovery.

**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

**Vasavaleha**

In selected children with lingering cough and respiratory irritation, when digestion permits.

**Approximate pediatric dose:**

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

**Regimen in this stage**

This stage requires:

- protection from cold exposure,
- proper sleep,
- correction of constipation,
- gradual return to normal diet,
- avoiding dry, spicy, fried, and junk food,
- and not pushing the child back into school stress or outside food too early if recovery is incomplete.

Gentle abhyanga may be useful in selected children after the acute phase has passed, especially when dryness, poor sleep, and post-illness weakness are obvious.

**Stage 4 — Recurrent cold-cough tendency between episodes**

Some children appear well for a few days but never truly regain full appetite, sleep, and stool rhythm. Then the next episode begins. In such children, the target is not only current symptoms. The target is prevention of recurrence.

The preventive plan should include:

- fixed meal times,
- no constant snacking,
- early and light dinner,
- warm or room-temperature water instead of chilled water,
- bowel regularity,
- proper sleep,
- seasonal protection,
- gradual strengthening only after appetite and tongue become normal.

**Medicines commonly considered in recurrence-prone children****Samshamani Vati / Guduchi Ghana**

Useful in children with repeated inflammatory upper respiratory episodes and poor post-illness recovery.

**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



## Haridra Khanda

Useful in recurrent allergic cold-cough tendency.

### 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

## Chyavanaprasha

Useful in selected children only after acute Kapha and ama have fully settled and appetite is stable.

### Approximate pediatric dose:

- 2-5 years: 2-3 g once daily
- 5-12 years: 5-10 g once daily

It should not be started in active congestion, coated tongue, poor appetite, or ongoing heavy cough.

## Agastya Haritaki Avaleha

In selected older children with recurrent cough, constipation tendency, and respiratory weakness, after proper assessment.

### Approximate supervised pediatric dose:

- 5-12 years: 3-6 g once or twice daily

Again, this is not for the ama-heavy acute stage.

## Home remedies and household support

### Warm water sipping

Very useful in Kapha-prone children and during acute and subacute stages.

### Tulasi-based warm infusion

Useful in older children with recurrent mild Kapha-dominant cold-cough.

### Practical household range:

- 3-6 years: 5-10 ml lukewarm infusion, 1-2 times daily
- 6-12 years: 10-20 ml, 1-2 times daily

### Turmeric milk

Useful in selected older children if digestion permits and milk does not worsen congestion.

### 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



## Steam inhalation

Useful in thick congestion and blocked nose in older children, with supervision.

## Warm saline gargles

Helpful in school-going children with throat irritation and repeated throat clearing.

## Honey caution

Honey should not be given to infants below 12 months.

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## Pathya-Apathya according to stage

### In ama-heavy stage

**Pathya:** thin warm gruels, light soups, warm water, simple food in small amounts according to appetite.

**Apathya:** curd, sweets, ice cream, bakery foods, fried snacks, heavy milk preparations, force-feeding.

### In productive Kapha stage

**Pathya:** warm water, light meals, early dinner, reduced mucus-promoting foods, proper rest.

**Apathya:** sleeping immediately after meals, cold drinks, day sleep in heavy child, repeated sweets.

### In dry post-illness Vata stage

**Pathya:** warm digestible food, bowel regulation, gradual nourishment, proper rest, gentle soothing support.

**Apathya:** excessive fasting, drying foods, late nights, continued strong reducing medicines.

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## Local therapies and Panchakarma-related measures

### Mild steam / local swedana

Useful where Kapha obstruction is obvious.

### Pratimarsha Nasya

In selected older children with chronic upper airway sensitivity after the acute stage, physician-guided mild nasya may be helpful. It is not a routine acute-stage intervention.

### Abhyanga

Very useful in children with post-illness Vata aggravation, poor sleep, dryness, and weakness after the acute stage has settled.

### Formal Panchakarma

Not routine for ordinary pediatric cold-cough. Chronic difficult cases require specialist assessment and individualized planning.



## When the case should no longer be managed as simple cold-cough

The case becomes more serious when:

- breathing becomes fast or labored,
- chest indrawing appears,
- the child cannot feed properly,
- cough leads to repeated vomiting,
- fever persists or returns repeatedly,
- the child becomes lethargic,
- wheeze-like sound develops,
- cough lasts too long after each episode,
- appetite and growth begin falling.

These situations require careful evaluation and may need integrated or urgent management depending on severity.

### Summary

The treatment of pediatric pratishyaya and kasa must always be stage-wise. Ama-dominant wet Kapha states require a very different approach from post-illness dry cough states. Recurrent cases require even deeper attention to agni, stool, sleep, pathya, and complete recovery. Classical medicines such as Sitopaladi, Talishadi, Balachaturbhadra, Vasavaleha, Samshamani, Haridra Khanda, and selected avalehas become useful only when matched properly to the stage and condition of the child. The true skill lies not in knowing many names, but in knowing when each medicine belongs.

### Practice Questions

1. Why is stage recognition essential before selecting medicines in pediatric pratishyaya and kasa?
2. Describe the management priorities in ama-dominant cold-cough with thick Kapha.
3. Why does dry lingering night cough after fever require a different line of treatment from productive Kapha cough?
4. In which situations are avaleha preparations more useful, and when should they be avoided?
5. Why must recurrent cold-cough be managed through long-term correction of digestion, sleep, stool, and pathya rather than acute medicines alone?