



Kaphaja Pratishyaya Managed With Trikātu Choorna – A Case Report

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ABSTRACT:

Pratishyaya is a commonly described disease entity in Ayurvedic classics, occurring in various pathological contexts and primarily involving the *Nasavaha* and *Prāṇavaha Srotas*. Rhinitis is one of the most frequent upper respiratory conditions in children, with a global prevalence ranging from 10–30% and approximately 20–30% in India. Upper respiratory tract infections contribute significantly to morbidity in the paediatric age group, particularly among school-aged children. Although nasal discharge and sneezing act as protective mechanisms to expel irritants, persistence of symptoms such as nasal obstruction, thick nasal discharge, and heaviness of head can adversely affect a child's health, sleep, and quality of life. Ayurvedic management of *Pratishyaya* includes *Nidana Parivarjana*, *Sodhana*, and *Samana Chikitsa*. In paediatric practice, *Samana Chikitsa* is preferred due to its safety, palatability, and better compliance. A 8-year-old South Indian Hindu male child presented with complaints of continuous headache, nasal obstruction for 4 days, associated with nasal discharge, throat irritation, sneezing since past 2 days. Based on clinical features, the condition was diagnosed as *Kaphaja Pratishyaya*. *Trikātu Choorna* was administered with *guda* for a duration of seven days, and the patient was followed up on the 14th day. Marked improvement was observed in nasal discharge, nasal patency, and associated symptoms. The formulation was well tolerated, safe, and effective, with no adverse effects noted. This case highlights the potential role of *Trikātu Churna* as an effective and child-friendly *Samana* therapy in the management of *Kaphaja Pratishyaya* in the paediatric age group.

Key words: *Pratishyaya, Kaphaja Pratishyaya, Trikātu choorna*

INTRODUCTION:

Pratishyaya is a commonly described *Nasa Roga* in Ayurvedic classics such as *Charaka Samhita*¹, *Sushruta Samhita*², and *Ashtanga Hridaya*³, characterized by sneezing, nasal discharge, nasal obstruction, and heaviness of the head due to vitiation of *Doshas* in the nasal passages. *Charaka* explains *Pratishyaya* as a condition where aggravated *Doshas* move upward and manifest through the nostrils, disturbing normal nasal physiology. Based on *Dosha* predominance, *Pratishyaya* is classified into *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, and *Sannipataja* varieties.

Kaphaja Pratishyaya occurs due to aggravation of *Kapha Dosha* caused by intake of *guru, snigdha, sheeta*, and *madhura ahara*, excessive daytime sleep, exposure to cold climate, and impaired digestive fire (*mandagni*). The aggravated *Kapha* accumulates in the *Nasavaha* and *Pranavaha Srotas*, producing classical features such as thick whitish nasal discharge (*ghana peenasa*), nasal obstruction (*nasaavarodha*), heaviness of head (*shirogaurava*), itching (*kandu*), and mild sneezing. *Kashyapa Samhita* emphasizes *Kapha* predominance during *Balya avastha*, explaining the increased susceptibility of children to this condition.

From a modern perspective, *Kaphaja Pratishyaya* closely correlates with allergic rhinitis, a chronic inflammatory disorder of the nasal mucosa. Epidemiological data from the International Study of Asthma and Allergies in Childhood (ISAAC) report a prevalence of approximately 11.3% in children aged 6–7 years and up to 24.4% in those aged 13–14 years⁴, indicating a significant burden among the paediatric population. The recurrent nature of the disease adversely affects quality of life, sleep, and academic performance, highlighting the importance of early diagnosis and holistic Ayurvedic management.

CASE REPORT:

CHIEF COMPLAINTS:

A 8-year-old male child presented with complaint of headache, nasal obstruction for 4 days, associated with nasal discharge, throat irritation, sneezing since past 2 days.

HISTORY OF PRESENT ILLNESS:

The child was apparently normal before 4 days. Gradually he developed watery thick nasal discharge. Discharge was white and sticky in nature. Associated with nasal blockage, throat irritation and repeated sneezing. Symptoms were aggravated in cold climate. No history of fever or breathlessness. In view of these complaints, the patient was brought to the hospital by her mother for further evaluation and management.

HISTORY OF PAST ILLNESS:

No history of any major illness.

FAMILY HISTORY:

nothing significant

PERSONAL HISTORY:

Bowel : once / day

Micturition : 5times / day

Sleep : Disturbed, due to nasal blockage

Appetite : Reduced

GENERAL EXAMINATION:

Built : Moderate
Nourishment : Moderate
Temperature : 98.6°F
Pulse : 82/min
Respiratory rate : 24/min
SPO₂ : 99%
Pallor : Absent
Icterus : Absent
Cyanosis : Absent
Clubbing : Absent
Lymphadenopathy : Absent
Oedema : Absent

ANTHROPOMETRY:

Weight : 22kg
Height : 120 cm
Head circumference : 50cm
Mid-arm circumference : 17cm
Chest circumference : 54cm

ASTAVIDHA PAREEKSHA

Nadi : 82/min
Mutra : 5 times / day
Mala : once / day
Jihwa : Liptata
Shabda : Prakruta
Sparsha : Prakruta
Drik : Prakruta
Akriti : Prakruta

DASHAVIDHA PAREEKSHA

Prakriti	: Kapha
Vikriti	: Kapha
Sara	: Madhyama
Samhanana	: Madhyama
Pramana	: Avara
Satmya	: Madhyama
Satva	: Avara
Ahara Shakti	: Avara
Vyayama Shakti	: Avara
Vaya	: 8 years

Vikriti:

- Dosha : Kapha
- Dushya : Rasa
- Srotas : Pranavaha
- Srotodushti : Sanga
- Agni : Mandagni
- Adhisthana : Nasa
- Udbhava sthana : Amashaya
- Rogi Bala : Avara
- Roga Bala : Madhyama

SYSTEMIC EXAMINATION:

Cardiovascular examination = No abnormality detected

Gastrointestinal examination = No abnormality detected

Central nervous system examination = No abnormality detected

Respiratory examination:**Inspection:**

- Nasal polyp: absent
- Nasal septum: Normal
- Chest: Bilaterally symmetrical
- Respiratory rhythm: Regular
- Type of breathing: Abdomino-thoracic
- Accessory muscle: Not involved

Palpation:

- Position of trachea: Central
- Lymph node: Normal
- Tenderness: Absent

Percussion:

- Note: Normal

Auscultation:

- Type of breathing sounds : Vesicular breath sounds
- Added sounds : Absent
- Wheezing : Absent

GRADATION INDEX:

Sl. No	Clinical Features	Gradings	Number
1	<i>Shirogaurava</i>	Continuous Heavyness	3
		Frequent Heavyness	2
		Occasional Heavyness	1
		No Heavyness	0
2	<i>Nasa- avarodha</i>	Continuous Nasal obstruction	3
		Frequent Nasal obstruction	2
		Occasional Nasal obstruction	1
		No Nasal obstruction	0
3	<i>Galakandu</i>	Continuous Throat Itching	3
		Frequent Throat Itching	2
		Occasional Throat Itching	1
		No Throat Itching	0
4	<i>Nasa srava</i>	Continuous Nasal discharge	3
		Frequent Nasal discharge	2
		Occasional Nasal discharge	1
		No Nasal discharge	0
5	<i>Aruchi</i>	Present	0
		Absent	1
6	<i>Kshavatu</i>	Present	0
		Absent	1

TREATMENT GIVEN :

- *Trikatu choorna*: 5.5gm two times per day mixed with Guda to be taken after food for 7 days.

FOLLOW-UP AND OUTCOME:

Parameters	BT	DT(3 rd day)	AT(7 th day)	FU (14 th day)
<i>Sirogourava</i>	3	2	1	0
<i>Nasa avarodha</i>	2	2	1	0
<i>Galakandu</i>	2	1	0	0
<i>Nasa asrava</i>	3	2	1	0
<i>Aruchi</i>	1	1	0	0
<i>Kshavatu</i>	1	0	0	0

Following the administration of *Trikatu choorna*⁵ with *guda* for a period of seven days, the paediatric patient showed marked clinical improvement in the symptoms of *kaphaja pratishyaya*. A significant reduction in frequency and severity of nasal discharge and sneezing was observed, with noticeable relief from the third day of treatment. Symptoms such as nasal obstruction and a sensation of heaviness in head gradually subsided, leading to complete resolution by the seven days of treatment.

Associated complaints including throat irritation and nasal congestion showed steady improvement throughout the treatment duration. Appetite improved within four to five days, indicating restoration of digestive function. On follow-up assessment asymptomatic with no recurrence of complaints. The formulation was well accepted due to good palatability of *guda*, and no adverse drug reactions were observed, indicating that *Trikatu choorna* with *Guda* is safe and effective management option for *Kaphaja Pratishyaya* in children.

DISCUSSION:

Kaphaja Pratishyaya is a *Kapha*-dominant nasal disorder characterized by nasal discharge, nasal obstruction, sneezing and heaviness of head, resulting from *Kapha prakopa* due to *Kapha-vardhaka nidanas* and subsequent *srotorodha* in the *Pranavaha Srotas*. *Agnimandya* and *Ama* play a significant role in the persistence and recurrence of the condition. Management primarily aims at *Kapha-hara*, *Deepana-Pachana* and *Srotoshodhana* measures, with *Shamana* therapy being preferred in children because of its safety and ease of administration. Early and appropriate treatment provides symptomatic relief and helps prevent chronicity of *Pratishyaya*⁶.

Trikatu Choorna, consisting of *Shunthi*, *Maricha* and *Pippali*, possesses *Katu Rasa*, *Laghu-Tikshna Guna* and *Ushna Virya*, which help in liquefying and eliminating aggravated *Kapha*, thereby relieving nasal congestion and discharge. *Shunthi* corrects *Agnimandya* and reduces *Ama* formation, *Maricha* aids in clearing obstructed nasal passages, and *Pippali* acts on *Pranavaha Srotas* and enhances therapeutic efficacy.

Administration of *Trikatu Choorna* with *Guda* further augments its action by improving palatability and patient compliance in children, while also acting as a *Yogavahi* to enhance absorption. The observed improvement in nasal discharge, sneezing, nasal obstruction and heaviness of head indicates effective *Kapha shamana* and restoration of normal *srotas* function. Improvement in appetite reflects correction of *Agni*, which helps prevent recurrence of the disease. From a pharmacological perspective, *Trikatu Choorna* exhibits anti-inflammatory, mucolytic, expectorant and bioavailability-enhancing actions due to the presence of gingerols (*Shunthi*), piperine (*Maricha* and *Pippali*). These actions help reduce nasal mucosal

edema, liquefy thick secretions and improve sinus drainage, thereby relieving symptoms of *Kaphaja Pratishyaya*. Additionally, piperine enhances drug absorption and metabolic activity, contributing to improved therapeutic efficacy. Thus, *Trikatu Choorna* with *Guda* can be considered a safe, effective and well-tolerated *Shamana* therapy in the management of *Kaphaja Pratishyaya* in pediatric patients⁷.

CONCLUSION:

Kaphaja Pratishyaya adversely influences a child's routine activities and general health, resulting in discomfort due to nasal blockage, excessive nasal discharge, and a sense of heaviness in the head. Persistent symptoms may lead to recurrent upper respiratory tract involvement if not managed appropriately. *Ayurvedic* management aims at pacifying *Kapha Dosha*, enhancing *Agni* through *Deepana-Pachana*, and cleansing the *Pranavaha Srotas*. The present case demonstrates that the prescribed *Ayurvedic* formulation effectively relieved the clinical features of *Kaphaja Pratishyaya*⁸ and improved respiratory function without any observed adverse effects, highlighting *Ayurveda* as a safe and comprehensive treatment modality.

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