

## CLINICAL UTILITY OF *KATU TAILA* AND ITS PREPARATIONS IN PAEDIATRIC SPLEENIC DISORDERS-A REVIEW ARTICLE

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### ABSTRACT

As evidenced by recent medical practice, incidence of splenomegaly is considerably increasing in pediatric clinical practice. There are certain hereditary and congenital disorders of hemopoietic system which definite involvement of spleen like Thalassemia, sickle cell anemia, etc significantly affecting the future life of the kids. By understanding the risk of splenic disorders in childhood clinical practice *Kashyapa* dedicated a separate chapter for splenic disorders by name "*Pleeha Halimaka*" *Adhyaya* and treatment of same under the heading of *Katu Taila Kalpa Adhyaya* where different combinations of *Katu Taila* have been mentioned for the effective management of childhood splenic disorders. Further geographical distribution of incidences of *Pleeha Rogas* has been dealt in *Desha Satmya Adhyaya*. Hence there is real need of highlighting the principles of treatment of *Pleeha Rogas* as explained by *Kashyapa*, especially role of *Katu Taila* preparations for its qualitative and medicinal properties. As existing management protocol of Splenic disorders is quite unsatisfactory, there is real need of highlighting the *Kashyapa's* opinion of treating the same with help of *Katu Taila Kalpa* which may prove beneficial to mankind.

**Keywords:** Hemoglobinopathy, *Katu Taila*, *Desha Satmya*

### INTRODUCTION

Spleen is a vital organ of hemopoietic system and responsible major functions like filtering the blood by removing dead as well as damaged red blood cells and perform hemopoietic functions in fetal life.<sup>1</sup> Mean while incidence of splenic disorders are not uncommon in pediatric age group owing to increased prevalence of congenital hemoglobinopathy

like Thalassemia, sickle cell anemia, hereditary spherocytosis, leukemia, etc.<sup>2</sup> *Ayurveda* considers the *Pleeha* (Spleen) & *Yakrita* (liver) as the root of *Raktavaha Srotus* (Hemopoietic system). *Pleeha* can be correlated with Spleen to certain extent and *Raktha Vaha Srotus* with Hematopoietic system, against a common belief of circulatory system.<sup>3</sup>As

per knowledge of *Ayurvedic* texts, Spleen is located in the left side of the abdomen gets enlarged and displaced maximum to the size of the Tortoise (*Kurma*) and becomes stony hard<sup>4</sup> due to certain causes like excessive travelling or excess activity after intake food, over indulgence in sex, lifting heavy weight, long distance walking and cachexia (weakness) caused by excess purificatory therapy, and due to certain chronic disorders. Mean while Spleen also gets enlarged due to increase in the quantity of *Rakta* and *Rasa*<sup>5</sup>. Improper treatment may even worsen the condition as it continue compress the *Kukshi* (sides and lower abdomen) and *Agni Adhithana* (Pancreas) resulting with full pledged manifestations of *Pleehodara* (Splenomegaly). Further Consumption of *Vidahi* (Spicy food) and *Abhishyandi Ahara* (like curd, milk product etc) in excess, these causative factors resulting in vitiation of the *Kapha* and *Rakta*.<sup>6</sup> As per *Kashyapa*, certain places of the country especially eastern part are known as more consumption of sweet, cold and heavy. People residing in these areas were more prone to splenic disorders and *Galaganda*. This may is due to dietary habits as often they use *Guda*, *Shali*, fish, sweet diet and people are mostly *Vata* and *Kapha Prakriti* dominant in nature. There are advised to take *Katu*, *Tikta*, dry and hot food items in their diet and follow *Kaphajahara* methods.<sup>7</sup>

Common symptoms which manifest are *Daurbalya* (weakness), *Aruchi* (anorexia), *Avipaka* (indigestion), *Varcha-Mutragraha* (retention of stool and urine), *Tamha Pravesha* (entering into darkness), *Pipasa* (excessive thirst), *Anga Marda* (Malaise), *Kasa* (Cough), *Shwasa* (Dyspnoea), *Mrudu Jwara* (mild fever), *Anaha* (immobility of wind in the abdomen), *Agni Nasha* (loss of power of digestion), *Karshya* (emaciation), *Aasya Vairasya* (distaste in the mouth), *Parva Bheda* (pain in finger joints), *Kostha Vata Shula* (distention of abdomen by wind and colic pain), *Shyava Aruna Udara* (blakishness or discoloration of the abdomen), appearance of net work of veins having blue, green or yellow color.<sup>8</sup> Patient also develop gradual but continuous en-

largement of left side of the abdomen and flanks along with feeling of heaviness in left side associated with mild fever. In due course of time child develop emaciation and marked anemia.<sup>9</sup>

Although *Samhitakaras* didn't mentioned the types, but *Laghutrayi*'s mention the same as four types as *Rudhira Pleeha*, *Pittaja Pleeha*, *Kaphaja Pleeha*, *Vataja Pleeha*.<sup>10</sup> In *Rudhira Pleeha* child have symptoms like body discomfort, giddiness, burning (*Vidhaha*), unconsciousness, *Vaivarnya* (discoloration like Cyanosis) etc while in *Pittaja Pleeha* child presents with encounter fever, thirst, burning sensation, Unconsciousness, yellowish body. Children with *Kaphaja Pleeha* experiences enlargement with hard splenic swelling, but less pain and discomfort as well as feeling of heaviness, While in *Vataja Pleeha*, flatus associated with excessive pain, compression, obstruction and discomfort due to obstruction in abdomen is common.<sup>11</sup> The diagnosis may be confirmed with blood test, an X-ray or other imaging studies of the abdomen. For example, an Ultrasonography or CT scan can help to determine the size of spleen. MRI can be used to trace blood flow through the spleen.<sup>12</sup>

### Treatment of Splenic Disorders - an Ayurvedic Approach

*Kashyapa* was the first one to introduce the *Katu Taila Kalpas* in the management of splenic disorders and will be always remembered for his contribution by introducing a special medicine for *Pleeha Rogas* in children by name *Katu Taila Kalpa* (Mustard oil preparations).<sup>13</sup> For the same he dedicated a separate chapter called *Katu Taila Kalpa Adhyaya* and as per opinion of *Kashyapa Katu Taila* the drug of choice for *Pleeha Roga*. Mean while administration of the *Katu Talia* preparations should be done only after properly conducted *Shodhana* procedure. As per *Kashyapa Kalyanka* or *Shatpala Ghrita* are most preferred oleation materials. As we know disorders of spleen are more common in pediatric practice. Rightly *Kashyapa* consider the same with more

interest and explained the same in separate chapters although it is missing or incomplete unfortunately.<sup>14</sup> *Katu Taila* is nothing but the *Taila* extracted from *Sarshapa* which is known as *Brassica Campestris*, and belongs to Family of *Cruciferae* and popularly called as *Sarshapa* in *Sanskrit*, In English it is popularly called as Mustard, The *Panchabouthika* constitution of the drug is very special and having *Katu Tikta*, *Rasa* and *Ushna Veerya* and *Katu Vipaka*. This drug possesses the qualities like *Tikshna*, *Ruksha*, *Snigdha*. *Sarshapa* has *Kapha Vatashamaka* properties and predominantly *Pitta Vardhka* activities along with added actions like *Deepana*, *Vidahi*, and *krimighna* property<sup>15</sup>. Mainly two varieties of *Sarshapa* has been identified as *Sweta* (*Goursarshapa*) and *Raktasarshapa*. For all medical uses *Sweta Sarshapa* which is also called as 'Sidharthaka' is considered as best.<sup>16</sup>

#### Method of Administration of *Katu Taila Kalpa*

*Kashyapa* advised different preparations of Mustard oil or *Katu Taila* for the effective management of the *Pleeha Rogas* in childhood clinical practice. Selection of the patients will be done by considering the severity of the *Pleeha Rogas* and those with extensive complications will be excluded. Further consideration of *Desha*, *Kala*, *Agni*, *Prakriti* will be also done to decide the dose of the medicine. Patients will be divided strong, medium and weak patients on this basis and dose of *Katu Taila* will be fixed as 12, 06 and 04 *Pala* as maximum, medium, minimum doses. Preferably the drug should be taken after the procedure of *Shodhana* to yield the beneficiary effects. In this process the *Snehana* should be done with *Kalayanaka Ghrita* and *Shatpala Ghrita*. Certain precautionary and preliminary criteria's should be followed while administration of *Katu Taila Kalpas* in children owing to *Katu Rasa* and *Vidahi*, *Teekshana* nature of drug. Rules and regulation should be followed after taking *Snehana*. Child should be advised to keep awakening, stay away from air current, and avoid excessive use of fire, free movement under the sky etc.

After intake of *Katu Taila*, *Vyatha* and *Tandra* will appear during the phase of digestion and *Udgara Shuddhi* (clarity of belching), *Vaishadhya* (clarity of *Srotus*), *Laghava* (lightness) after digestion of *Katu Taila*. The one who have undergone *Karshya* (emaciated) and excessive *Virechana* (purgation) should be given with *Mandadi Peya*. Those who are strong and has received mild *Virachana* should be given with *Mridu Odana*. *Katu Taila* mixed with juice of *Amla Dravya*, mixed with *Deepana Pachana Dravya* should be given daily.<sup>17</sup>

#### Different Preparation Of *Katu Taila* For *Pleeha Rogas*<sup>18</sup>

1. *Draksha*, *Kashmari*, *Madhuka*, *Balaka*, *Usheera*, *Chandana* with *Katu Taila* for the use in *Pleeha* and *Daha* (burning sensation) diseased person.
2. Fish, *Katu Taila*, *Dadhi*, *Masha*, *Ghrita*, and milk should be cooked with *Kshara* of *Parijata*. This *Ghrita* cures *Pleeha Roga*.
3. After digestion of *Snehana*, during afternoon after intake of *Laghu* and *Ushana Jala* should take *Haritaki* fried in *Katu Taila* and medicated with curd and cooked with *Shali* and *Kambalika*. If this produced burning sensation then give *Kalyanaka Ghrita*.
4. 1 *Tula* of *Karnikara* should be cooked with 4 *Drona* of water, when one fourth remains *Kwatha* is filtered and is then re-cooked with equal quantity of milk, 1 *Prastha* of *Katu Taila*, 2 *Prastha* of curd and *Masha* (*Urada*). In this, soup of *Rohita* fish medicated with *Dashamula*, *Kshara*, drugs of *Jeevaneeya gana*, *Saindhava* and *Deepana Pachana* drugs will be added. Thus the best *Karnikara Taila* is prepared.
5. Use of past, powder or juice of *Karnikara* with *Katu Taila*.
6. One fistful of red mustered pasted and added with *Kanji* mixed with salt and *Kshara*, should be taken with *Kambalika*. On taking this massively enlarged spleen will reduce by one week. If burning sensation troubles too much then milk and meat soup should be taken.

### **Precutions before Consumption of Katu Taila Preparations in Pleeha Rogas<sup>19</sup>**

1. While administering *Katu Taila* – *Udwartana*, Celibacy, Comfortable bed, sitting in a comfortable place, good sleep, being free from stress should be followed.
2. Sleeping in a left lateral position.
3. Use of curd and fish, *Laghu Sneha* substance will pacify *Pleeha Roga*.

### **DISCUSSION**

The contribution of *Kashyapa* for the management of *Pleeha Roga* by explaining the *Katu Taila Kalpa* is unique and need of the public as incidences of Spleenomegaly is quite common in pediatric practice. Certain hereditary traits of hemoglobinopathies which ultimately end up in splenic enlargement in certain geographical areas of India like sickle cell trait, thalassemic trait, hereditary spherocytosis etc, which runs in families involving major population of the tribal belt. Many infectious disorders like Typhoid, malaria, Kalajar etc are also prevalent in certain areas and become a cause of splenic enlargement. Further certain inborn and acquired errors of metabolism; toxicities, red cell enzyme defects, aplastic anemias, and different types of leukemia are also the common cause of Spleenomegaly.<sup>20</sup>

In all the above conditions, irrespective of causes of the disease, spleenomegaly will be manifested during different phases of the disease and massively increased spleen is major problem. As spleen as got multidimensional functional utility, a sick spleen or massively enlarged spleen will be the main hindrance in the treatment. Hence *Ayurveda* which believes in treating the disease from the route without disturbing the body physiology will be aiming the spleen under healthy functional state is a unique approach. As told by *Kashyapa* certain places of the country where splenic disorders are quite common due to hereditary traits and geographical distribution the drugs with *Katu Rasa* and *Vidahi Guna* properties should be included in the regular diet to decrease the manifestations of the diseases<sup>21</sup>.

In all the conditions of *Pleeha Rogas* there will existing *Khavaigunya* which may be structural function defects at the site leading the formation of the *Sanga*. This leads to *Sroto Rodha* leading to *Ekadeshiya Vridhi* and *Anya Deshiya Kashya* which result in enlargement of the spleen. Administration of the *Katu Taila Kalpa* in judicious way which contain *Katu Rasa*, *Teeksha Guna*, *Vidahi Guna* not only cleanses the *Srotus* but also removes the cause of obstruction.

Further *Yakrita* and *Pleeha* are considered *Moola* of the *Rakta Vaha Srotus*. As mentioned earlier the *Rakta Vaha Srotus* is better correlated with Hemopoietic system instead of Circulatory system owing to functional and structural contribution to the same. Hence decrease in the *Raktha Dhatwagni* will be major cause for decreased functional capacity of different organs involved and spleen is one among them. Aberration in the level of *Rakta Dhatwagni* leads to formation of defective, abnormal Red blood cells which needs to filter. As we know decrease or increase in the *Jatharagni* is inversely proportional to level of *Dhatu Agni* i.e. increase of *Dhatu Agni* leads to *Kshya* of *Dhatu* and decrease leads to *Dhatu Vridhi* i.e. *Sada* (decrease) leads to abnormal *Dhatu Vridhi* or abnormal enlargement of the spleen<sup>22</sup>. So Role of *Katu Taila* is very significant as its *deepaka*, *Pitta Vardhaka* property, *Teeksha Guna*, *Ushna Guna* helps to increase or augments the *Agni* at *Dhatu* level and regularize the abnormal *Dhatu Vridhi* at *Raktha Vaha Srotus* and hence decreasing the degree of Spleenomegaly. Such regular consumption of *Katu Taila* which is known for its *Sroto Shodana*, *Agni Vardhana*, *Ama Hara*, and *Deepana*, *Pachana* properties help to keep the spleen under normal position although the basic problem of spleenomegaly like genetic traits etc are persisting in the body.

Hence *Kashyapa's* advice of administration of the *Katu Taila* and its preparations will be very useful not only in prevention of massive spleenomegaly but also maintaining the spleen in its regular functioning mode. Further the prone population of India

for splenic disorders should inculcate the food habits rich in *Katu Taila* preparation to prevent the possibility of Splenic disorders in future.

## CONCLUSION

*Kashyapa's* contribution to the field of pediatrics by explaining the *Katu Taila Kapla* is a unique one and can be better employed in the present scenario. This also explains that prevalent rate of splenic disorders in ancient times and challenge of treating the same. Prevalence of hereditary hemolytic disorders has been increasing day by day due to altered life style, faulty food habits and lack of awareness regarding genetic disorders. Contemporary medical science contributed a lot in the management of same. But in search of a satisfactory solution for this burning problem judicious administration of *Katu Taila* as mentioned by *Kashyapa* will be a significant landmark and great contribution of *Ayurveda* in the effective management of splenomegaly in childhood pediatric practice.

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