

Use of Katu Taila in Paediatric Splenic Disorders

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Abstract:

There are certain hereditary and congenital disorders of haemopoietic system in which involvement of spleen occurs. Thalassaemia, sickle cell anemia etc. By understanding the risk of splenic disorders in children kashyapa dedicated a separate chapter 'Pleeha Halimaka Adhyaya and treatment under the heading of "Katu Taila kalpa Adhyaya where different preparations of katu taila have been mentioned for the effective management of childhood spleen disorders. Hence there is real need of highlighting the principles of treatment of splenic disorders, especially role of katu Tail and its preparations for its qualitative and medicinal properties.

Keywords : Thalassaemia, sickle cell anemia, katu Tail

Introduction:-

Spleen perform hemopoietic function in fetal life and responsible for major function like filtering the blood by removing dead as well as damaged red blood cells.

Splenic disorders like Thalassaemia, sickle cell anemia, hereditary spherocytosis, leukemia are common in childhood². As per the Ayurveda spleen gets enlarged and displaced maximum to the size of the Tortoise and become stony hard². Improper treatment may even worsen the condition as it continues to compress the sides and lower abdomen and pancreas resulting with full pledged manifestations of splenomegally.

Common symptoms which manifest are Dourbalya (Weakness), Aruchi (anorexia), Avipaka (Indigestion), Varcha-Mutraghata (retention of urine and stool), pipasa (excessive thirst) anga marda (Malaise), kasa (cough), shwasa (dyspnea), mrudujwara (mild fever), Anaha (immobility of wind in the abdomen) Agninash (loss of power of indigestion), Karshya (emaciation) Asya vairasya (distaste in the mouth), Para bbeda (pain in finger joints), Shyava arunaudara (blackishness or discoloration of the abdomen), appearance of network of veins having blue, green and yellow color⁴ child also develop gradual but continuous enlargement of left feeling of heaviness in left side

associated with mild fever. In this course of time child develop emaciation and marked anemia⁵.

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 spleen⁶.

❖ Treatment of splenic Disorder acc to Ayurveda :-

Kashyapa will be always remembered for his contribution by introducing a special medicine for pleeha Rogas in children by name katu taila kalpa⁷ Administration of the katu taila preparation should be done only after properly conducted shodhana procedure. As per kashyapa kalyanak and shatpala Ghrita are most preferred oleation materials katu Taila is nothing but the Taila extracted from sarshapa which is known as Brassia 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. The drug possesses the qualities like Tikshana, Ruksha, snigha. Sarshapa has kapha vatashamaka properties and predominantly pitta vardhak activities along with added actions like Deepana, Vidaci, and krimighna property⁸. Mainly two varieties of sarshapa has

been identified as sweta strshapa and Rakta sarshapa. For all medical uses sweeta sarshapa which is also called as "Sidharthaka" is considered as best⁹.

Methods 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 decide the dose of the medicine. Patient's will be divided strong, medium and weak patients on this basis and dose of katu Taila will be fixed as 12,06 and 04 as maximum, medium, minimum doses preferably the drug should be taken after the procedure of shodhan to yield the beneficiary effects. In this process the snehan should be done with kalyanaka Ghrita and shatpala Ghrita. Rules and regulation should be followed after taking shehana 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, Tandra will appear during the phase of digestion and udgara shuddhi (clarity of blenching), Vaishadhya (Clarity of srotas), Laghava (lightness) after digestion of karu 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 virechana should be given with mridu odano katu Taila mixed with juice of Amla Draya, mixed with deepan pachana Draya should be given daing¹⁰.

Defferent Preparation of Katu Taila for pleeha Rogas:-

1. Draksha, Kashmari, Madhuka, Balaka, Usheera, Chandenna with katu Taila for the use in pleena and Daha (burning sensation) diseased person.
2. Fish, Katu Taila, Dahi, 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 Ushan Jala should take Haritaki fried in katu Taila and medicated with curd and coocked with shali and kambalika. If this produced buring sensation then give kalyanaka Gharita.

4. Use of power or juice of karnikara katu Taila.
5. One fistful of red mustered pasted and added with kanji mixed with karobalika. 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.

Precantions before consumption of katu Taila preparation in Pleeha Rogas 12.

1. While admistering the katu taila-Udwartana, celibacy, comfortable be and sitting in a comfortable place, good sleep, being free from stress should be followed.
2. Sleeping in lift lateral position.
3. Use of curd and fish, Lahgu sneha substance will pacify pleeha rogas.

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 splenomegaly is quite common in pediatric practice. Certain hereditary tra of hemoglobinopathies which ultimately end up 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 infections 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 enzymes defects, aplastic anemia and different type of leukemia are also the common cause of splenomegaly¹³.

Ayurveda believes in trating the disease from the route without disturbing the body physiology will be aiming the spleen under healthy functional state is a sunique approach. Yakruta and pleeha are considered moola of Rakta Vaha stratus. Abberation in the level of Rakta Dhatawagni leads to formation of defective, abnormal Red bood cells which need to filter. As we know decrease or

increase in the Jatharagni is inversally prapotional to level of Dhata Agni. i.e increase in Dhata Agni leads to kshaya of Dhata and decrease leads to Dhata vridhi.i.e sada (deevase) leads to abnormal Dhata vridhi or abnormal enlargement of the spleen. So role of katu Taila is very significant as it's deepaka, pitta vardhak property, Teekshna Gana, Ushna Guna helps to increase or augments the Agni at Dhata level and regularize the abnormal Dhata vridhi at Raktavaha strots and hence decreasing the degree of spleenomegaly such regular consumption of katu Taila which is known for it's stroto shodhan, Agni vardhan, Ama hava and Deepan-pachau 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 admini stration of the katu Taila and it's preparations will be very useful not only in prevention of massive spleenomegaly but also maintain the spleen in it's regular functioning mode. Further the prone population of India for splenic disorders should included 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 pediatries by explaining the katu Taila kalpa 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 burinig problem judicious administration of katu Taila as mentioned by kashyapa will be a signigicant land mark and great contribution of Ayurveda in the effective management of spleenomegaly in childhoodpediatric.

Referances –

1. Nelson Text Book of Pediatrics- by Richard E.Behrman, Robert M.Kliegman, Hal B. Jenson,

published by Harcour India pvt.limited, printed in India at Thomson press (1) LTD, NOIDA, Part II, part xx, section 8, The spleen (Anatomy and function of spleen), page no.

2. Acharya's Text book of kaumarbharitya by Dr. Shrinidhi.K. Acharya, published by Chaukhambha Orientalia Varanasi, Chapter-61, Pleeha Rogas in Kaumarabharitya, Vol, II, first Edition 2017; page no. 962.
3. Astanga Hridayam of Vagbhat. Edited with Nirmala hindi Commentary by Dr. Brahmanand Tripathi published by chaukhamba Sanskrit pratishthan Delhi Edition 2003, Nidana Sthana Chapter-12, Shloka no. 22-24.
4. Charak samhita by sri satya Narayan Shashtri with Hinidi commentary pt kasinatha Sastri and Dr.Gorakha Natha Chaturvedi, published by chaukhambha Bharti Academy Varanasi, Edition 2007, part-11, Chikitsa sthana Chapter-13, Shloka no. 38.
5. Susruta Samhita-by Kaviraja Amibikadatta Shastri published by chaukhambha Sanskrit sansthan, Varanasi, Edition 2007, Nidana sthana Chapter-1, Shloka no.15.
6. Ghai Essential pediatries, Editors vinod K poul, Arvind Bagga, published by CBS published and Distributors Pvt LTD, New Delhi, 8th Edition 2013, Reprint 2016, Chapter-11 (spleenomegaly), page no.309.
7. Kasyapa samhita (Vrddhajivakiya Tantra) by pands Hemaraja shirma with Hindi commentary by Sri satyapala Bhisagacharya, published by chaukhambha sana, katu Taila, page no.273.
8. Dravyaguna vijnana by proff. P.V. Sharma published by chaukhambha Bharti Academy Varanasi, Reprint 2006, Sarshapa, page no. 152-153.
9. Bhavaprakasa Nighantu of sri Bhavamisra commentary by Dr. K.C. Chunekar, Edited, by Dr. G.S.Pandey, published by Chaukhambha Bharta Academy Varanasi, Reprint 2004, Dhanya Varga, Shaloka no. 69,71, page no 654.
10. Kasyapa Samhita (Vrdhajivakiya Tantra) by pandit Hemaraja Sharma with Hinid Commentary by sri satyepala Bhisagacharya, published by chauk hambha sanskrit sansthan Varanasi, Edition 2016 kalpa sthana, katu Taila, page no. 278, shloka no. 21,22.
11. Kasyapa samhita (Vrddhajivakiya Tantra) by pandit Hemaraja Sharma with Hindi Commentary by sri Satyapala Bhisagacharya, published by Chaukhambha sanskrit sansthan

varanasi, Edition 2016, Kalpa Sthana, Katu Taila, page no. 274-75, shloka no. 13-20,23,25,26

12. Kasyapa Samhita (Vrddhajivkiya Tantra) by pandit hemaraja Sharma with Hindi commentary by sri Satyapala Bhisagacharya, published by chaukhambha Sanskrit Sansthan Varanasi, Edition 2016, kalpa sthana, katu Taila, page no.274-75, shloka no. 13-20,23,25,26.
13. Ghai Essential Pediatrics, Editors vinod K poul. Arvind Baggu, Published by CBS publish hers and Distributors pvt Ltd, new Delhi, Eighth Edition 2013, Reprint 2016, Chapter-11 (Splenamegaly), page no.310.

