

# Management of *Kamala* (Jaundice) through Ayurved – A Case Report

## Case Report

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## Abstract

Jaundice is a yellow pigmentation of the skin, the conjunctival membrane over the sclera and other mucous membrane caused by hyperbilirubinemia (increase level of bilirubin in blood). Today's lifestyle with unhygienic and poor dietary habit and alcoholic habits, etc. which are responsible factor to promote hepatic damage which clinically reflect as *kamala*. In this case study 25 years male patient having *kamala* who was suffering from pain in abdomen, weakness, anorexia, burning micturition and fever on and off, the patient was treated with *shodhan chikitsa* (*Virechan* with *panchatikta ghrita*) followed by *shaman chikitsa*. Patient got significant result as per the values of bilirubin with symptomatic relief in complaints within 30 days, *Kamala* can be successfully managed by *shodhan* and *shaman chikitsa*, the effect of ayurvedic treatment was assessed in relation to improvement in overall clinical sign and symptoms and biochemical investigations. Further study will be needed as per different assessment criteria.

**Key Words:** *Kamala, Shodhan, Virechan, Jaundice.*

## Introduction

In today's era lifestyle of most of the peoples has got addicted to oily, junk food & alcohol which is a primary cause for occurrence of hepatic disease.

Recent researches prove that sedentary lifestyle is also responsible for hepatic impairment which eventually leads to manifestation of symptoms such as lack of appetite weakness yellowish discoloration of eyes and skin., indicating excess bilirubin which is bile pigment in the blood. Patients also complain of fatigue, anorexia and nausea (1). These are particularly called as hepatocellular jaundice.

An ayurvedic text has mentioned hepatocellular jaundice as *kamala* (*bahupitta kamala*) *kamala* is describe under *raktavaha strotas* (2). *Yakruta* and *pleeha* are the *moolasthan* of the *raktavaha strotas*(3). So *Rakta* and *pitta* has *ashray ashrayi sambhandha*. So ancient acharya has mentioned "*kamali tu virechanama*" as a *Chikitsa sutra*(4).

## Case report

A 25 years old patient working as a waiter came to OPD of kayachikitsa Mahatma Gandhi Ayurvedic Hospital, Salod (H) Wardha.

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### Chief complaint-

- *Udara shool* (pain in abdomen)
- *Kshudha mandhya*(loss of appetite)
- *Daurbalya*(weakness)
- *Hrullas* (Nausea)
- *Mutrapiyata* (yellow discoloration of urine)
- *Vibhandha*(constipation)

### History of present illness

Patient was asymptomatic before one month gradually he developed abdominal pain, nausea, vomiting, weakness, discoloration of urine. Patient has not taken any medication before. For *ayurvedic* treatment he came to our hospital Mahatma Gandhi Ayurved Hospital in *Kayachikitsa* outpatient department. We admitted patient in Inpatient department section for better management.

### Personal history

- Addiction- alcohol consumption
- Frequent consumption of junk, oily and spicy food was observed

### On examination

- *Nadi* (Pulse)- 72/min
- *Mala* (stool)- *Malavshatmbha*( constipation)
- *Mutra*(urine)- *Peetavarniya*
- *Jivha* (Tongue)- *Samata*
- *Kshudha*(Appetite)- *Mandya*
- *Shabda* (speech)- *spashta*
- *Sparsha* (skin)- *peetavarniya, anushnasheet*
- *Druk* (eyes) – *Arakta pitata*
- *Akruti* – *Madhyam*

- Bala – Madhyam
- Raktadab (BP) - 120/70 mmHg

### Investigation

Blood investigation revealed raise level of serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), Srerum bilirubin, etc.

### Treatment

Virechan Karma: Due to excessive intake of *Pittakara ahara* causes vitiation of *pitta dosha* and *virechana* is the first line of treatment for *Pittadusti*. Patient was given 20ml *panchatikta ghrita* before a day of *virechana* as a *snehapana* followed by *sadya virechana* on next day. 20 ml *quath* is prepared with *Manuka* 20gm and *Kutaki churna* 20gm along with 1 tablet of *ichabhedi rasa*. *Virechan* was given on first and seventh day followed by internal medicines for 30 days.

### Internal Medication

**Table No.1: (List of Internal Medicines with dose and duration and time)**

Sr. No	Drug given	Dose	Duration and time
1	<i>Arogyavardhini vati</i>	250 mg x Twice a day	15 days x Before meal
2	<i>Bhunimbadi kwath</i>	20 ml x Twice a day	30 days x After Meal
3	<i>Syp Liv52</i>	20 ml x Twice a day	30 days x After Meal
4	Tablet <i>Kutaki</i>	1 tab x Twice a day	10 days x Before Meal

### Observations and Result

**Table no. 2 ( Result in the form of blood investigations before and after virechan)**

Sr. No.	Investigation	Before treatment	After first virechan	After second virechan	After 30 day
1	Hb gm%	12.2	12.7	12.7	12.9
2	Total bilirubin (mg%)	16.98	7.49	4.25	1.15
3	SGPT (IU/L)	3465	194	54	24.12
4	SGOT (IU/L)	2871	500	45	28.16
5	Sr.Protein (gm%)	7.1	7.2	7.2	7.3
6	Sr.Albumin (gm%)	3.7	4.2	4.2	4.6
7	Globulin (gm%)	3.4	3.4	3.4	3.6

### Discussion

In *Ayurvedic Samhita*, *kamala* is explained under *Raktavaha Strotas Vyadhi*. Due to regularly consumption of *Ushna-Tikshna Ahara* by *Pandurogi*, causes vitiation of *Pitta Dosha*. All above aggravating factor and consumption of alcohol was taken by patient. Due to *katu, amla lavan ahara* there is vitiation of *pitta* which leads to hypo function *jatharagni* followed by production of *amavisha* and formation of disease called *kamala*. As it is *pitta* and *rakta pradoshaj vyadhi* it will be managed by *madhura tikta* and *kashaya rasa*. According to texts *snehapana* followed by *virechana* is the best treatment modality for *kamala*. It removes increased *Pitta* (bile) and purifies the body and give significant relief in *Kamala* patient act as detoxification process. *Kutaki churna* with *ichabhedi rasa* tablets followed by *manuka quath* was used for *virechana* as it is having purgative property.

In *Ayurveda* various formulations are described for the management of *kamala* as a supportive medicine with *virechana*. In this case study formulations like *Arogyavardhini vati*, *Liv52*, *Bhunimbadi kwath* and *Tablet kutaki* are used for the management of *kamala*. All these ras aoushadhi & herbomineral formulations contain the drugs having *tikta rasa*, *dipana*, *pachana*, *rechan*, *pittakaphashamaka*, *yakruttotejaka* and *rasayana* properties.

### Probable mode of action of medicines

**1) Arogyavardhini vati** - usually indicated for the treatment of jaundice, and other liver disorders wisely having *deepan ,paachan, strotoshodhan, yakruta pleeha shothkar ,tridoshashamak* properties(5), produces *agnivedhan* by acting on *madagni* of *yakrit* helping in formation of new liver cells which contains *Haritaki (Terminalia Chebula Retz.)*, *Bibhitaki(Terminalia Bellerica Roxb.)*, *Amalaki(Emblica Officinalis Gaertn.)*, *Suddha Silajatu (Asphaltum)*, *Shuddha Guggulu (Commiphora wightii Arn.)*, *Eranda (Ricinus communis L.)*, *Katuka (Picrorrhiza kurroa Royleex Benth)*, *Nimba (Azadirachta indica A Juss)*, with *Shuddha Rasa (Purified mercury)*, *Shuddha Gandhaka (Purified sulfur)*, *Lauha bhasma, Abhrak bhasma, Tamra bhasma*, this vati is mentioned in *Ayurveda* formulary(6), Research conducted on it proves its choleric, anti-inflammatory and antiviral action. Hence this drug is widely used in the hepatic disorders(7).

**2) Liv52(8)** contains *Himsra (Capparis spinosa ) 65 mg*, *Kasani (Cichorium intybus) 65mg*, *Mandur Bhasma (Ferric oxide calx) 33mg*, *Kakamachi (Solanum nigrum) 32mg*, *Arjun (Terminalia arjuna) 32 mg*, *Kasamarda (Cassia occidentalis) 16 mg*,

*bhiranjasipha* (*Achillea millefolium*) 16mg, *Jhavuka* (*Tamarix gallica*) 16 mg ,all these drugs are being used to improve functional efficacy of liver with anti-oxidant, stimulant, antibacterial property.

### 3) Tablet kutaki(9)

(*Picrorhiza kurrooa*) Being katu tikta rasa, and ushna viryak property it is having rechak, deepak, raktashudhikar, malabhedaniya activity.

### 4) Bhunimbadi kwath(10)

Contains Bhunimba (*Andrographis paniculata*), Ativisha (*Aconitum heterophyllum*), lodhra (*Symplocos racemosa*), Musta (*Cyperus rotundus*), Indrayava (seeds of *Holarrhena antidysenterica*), Amruta (*Tinospora cordifolia*), Balaka (*Coleus vettiveroides*), Dhanyaka (*Coriandrum sativum*), Bilva (*Aegle marmelos*) which is used mainly in liver disorders as it is having laxative, digestive, antibacterial and haemostatic property.

## Conclusion

From the above case study it can be concluded that effective treatment of *kamala* is possible by *Ayurveda* with the help of *virechana* as a main modality and other formulations as a supportive medicines. As this was a single case study, if taken on large sample size, treatment of *kamala* can be emphasise more effectively for the betterment of society.

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