

AYURVEDIC MANAGEMENT OF BAHUPITTA KAMLA W.S.R TO JAUNDICE –A CASE STUDY

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ABSTRACT

Kamala is a *Pitta*-dominant disorder explained in Ayurvedic literature, either as a progressive stage of *Pandu Roga* or as an independent pathological condition. From a contemporary medical perspective, *Kamala* closely resembles jaundice, a condition marked by elevated serum bilirubin and visible yellowish discoloration of the sclera and skin. Ayurvedic management primarily focuses on normalizing aggravated *Pitta*, improving digestive and metabolic functions, and correcting *Rakta Dushti* to restore hepatic balance. The present case study documents the clinical outcome of Ayurvedic *Shaman Chikitsa* in a 41-year-old male patient who presented with *Udarshoola*, *Pitavarnata Mutrata*, *Arochaka*, *Daurbalya*, *Mutradaha* and irregular bowel habits. Detailed clinical examination, *Ashtavidha Parikshan*, and laboratory investigations confirmed the diagnosis of *Bahupitta Kamala*, corresponding to non-obstructive jaundice. A comprehensive treatment protocol comprising classical Ayurvedic formulations

such as *Arogyavardhini Vati*, *Triphala Guggul*, *Punarnava Guggul*, *Sutashekhar Rasa*, *Kamdunder Vati*, *Sanjivani Vati*, *Praval Bhasma*, and *Pitta-shamaka Churnas* including *Avipattikar*, *Amalaki*, *Haritaki*, *Shatavari*, and *Kutaki* was administered, along with supportive proprietary medications and dietary regulation. Following the intervention, the patient exhibited substantial clinical improvement accompanied by significant biochemical normalization. Serum total bilirubin levels declined from 3.57 mg/dL to 1.16 mg/dL, while platelet count increased from 61,000/cumm to 1,24,000/cumm over a short treatment duration. No adverse effects were observed. This case highlights the potential of individualized Ayurvedic *Shaman* therapy, supported by appropriate diet and lifestyle modifications, in the effective management of *Bahupitta Kamala* and in preventing disease progression.

KEYWORDS: *Kamala*, *Bahupitta Kamala*, Jaundice, Ayurvedic Intervention, *Shaman Chikitsa*, Case Study.

INTRODUCTION

In our ancient *samhitas*, *Kamala* is briefly described. *Kamala* can be correlated with jaundice in modern medical science. In Ayurveda, *Kamala* is the disease related with *pitta dosha*. With Ayurvedic medicines, we can treat and avoid recurrence of *kamala*. The management of *Kamala* and its complications along with drug, diet and lifestyle have been mentioned in Ayurvedic classics.

Charak Acharya has considered *Kamala* as advance stage of *Pandu roga*. When person with *panduroga* continues intake of *pittakar ahar* then he may develop *kamala*.^[1]

Sushrut Acharya has considered *Kamala* as separate disease and also may be due to further complication of *panduroga*.^[2]

Vagbhat Acharya has described *Kamala* as a separate disease.^[3]

Acharya Chakrapani has used the term *Bahupitta kamala* as the synonyms of *koshthashakhashrita kamala* and *Alpapitta kamala* as the synonyms of *shakhashrita kamala*.^[4] *Kamala* is *pittaj nantmaja vyadhi* and also *Rakta Pradoshaj vyadhi*. In *Kamala* there is no any desire to eat or drink. An individual suffers from severe *Arochaka*, *Avipaka*, *Agnimandya* in *kamala*.

Clinically relevant due to its impact on liver function and systemic health.

Jaundice is usually detectable clinically, when the plasma bilirubin exceeds 50 μ mol/L(3mg/dL).^[5]

CASE DESCRIPTION

A 41 years male patient came to OPD of kayachikitsa department with chief complaints of

1. *Udarshool* in the last 1 month
2. *Pitavarni Mutrata* for 15 days
3. *Daurbalya* in the past 8 days
4. Dark-Yellowish coloured *malapravrutti* for 8 days
5. *Arochaka* in the last 8 days
6. *Mutra daha* in the last 8 days

History of present illness – Patient had a complaint of *Udarshoola* since 1 month gradually he developed symptoms like *Pitavarni Mutrata*, *Daurbalya*, DarkYellowish coloured *Malapravrutti*, *Arochaka* and *Mutradaha*, so he comes to Kayachikitsa O.P.D. of L.K. Ayurvedic hospital for further treatment.

N/H/ 0 – DM/ Asthma/ HTN/Thyroid or any major illness

Surgical History – Haemorrhoidectomy 15 years ago

Family History- No any family history related to patient's illness

Addiction History – Alcoholic in the last 10 Years

Rugna Parikshan

ASHTAVIDHA PARIKSHAN

Nadi- 72/Min

Mala- *Malavshambh*

Mutra – *Mutradaha and Pitavarnata*

Jivha – *Saam*

Shabda– *Spashta*

Sparsha – *Samshitoshna*

Druka – *Slight Icterus present*

Aakruti – *Madhyam*

GENERAL EXAMINATION

B.P- 120/80 mmofHg

Pulse -77/Min

Temperature –Afebrile(96.6°f)

RR – 18/min

SYSTEMIC EXAMINATION

CVS- S1S2 Sound Audible, No murmur sound.

CNS- Conscious and Oriented.

RS- AEBE Clear

P/A – Slight tenderness in right upper quadrant and liver palpable

LOCAL EXAMINATION

Bulbar conjunctiva- slight Icterus present

Nails- Yellowish Discoloration

RADIOLOGICAL EXAMINATION

USG-Abdomen and Pelvis

-Grade II Liver parenchymal disease and Altered Echotexture of Pancrease.

CLINICAL LABORATORY INVESTIGATION

CBC-Platelet count 61,000 /cumm and rest all other values are within normal limits.

ESR-15 mm/hr

Biochemistry- Sr.Bilirubin Total-3.57 mg/dl; Sr.Bilirubin Direct-2.00 mg/dl; Sr.Bilirubin Indirect-1.57 mg/dl; SGOT-90 IU/L; SGPT-59 IU/L

Urine-Physical- Appearance- Hazy; Colour-Yellow

Microscopic-Nil

HBsAg- Non- Reactive

SAMPRAPTI GHATAKA

1. *Dosha-Pitta.*
2. *Dushya-Rakta and Mansa.*
3. *Adhisthana-Kostha(Mahasrotasa) and shakha.*
4. *Srotas- Rasavaha srotas, Raktavaha srotas, Annavaaha srotas, Purishvaha srotas, mutravaha srotas.*

5. *Srotodushti- Atipravritti, Sanga, Vimarga gamana.*

6. *Vyadhimarg- Aabhyantar*

Here, *Kamala* (Non obstructive Jaundice) was diagnosed on the basis of symptoms described in the classics of Ayurveda along with investigation reports.

DIAGNOSIS

Ayurvedic diagnosis: *Kamala*

Subtype- *Bahupitta Kamala*.

Modern correlation: Non obstructive jaundice.

MATERIAL AND METHOD

Method – Single Case Study

Material- Ayurvedic literature Samhitas and Journals.

SHAMAN CHIKITSA^[6]

Drug	Dose	Anupana	Kala
<i>Triphala Guggul</i> ^[7]	500mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Punarnava Guggul</i>	500mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Arogyavardhini vati</i>	250mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Sutshekhar Rasa</i>	250mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Kamadudha Vati</i>	250mg	<i>Koshnajal</i>	<i>Apame</i>
<i>Sanjivani Vati</i>	250mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Praval bhasma</i>	125mg	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Avipattikar churna</i> <i>Haritaki churna</i> <i>Aamalaki churna</i> <i>Shatavari churna</i> <i>Kutaki churna</i>	1gm each	<i>Koshnajal</i>	<i>Vyanodane</i>
<i>Panchsakar churna</i>	3gm	<i>Koshnajal</i>	<i>Nishakale</i>
<i>Kamalahar Kwath</i>	30 ml		<i>Vyanodane</i>

Other medicines

Cap. Caprijil 1 TDS Syp. Caprijil 2 TSP TDS

CLINICAL INVESTIGATION VALUES THROUGHOUT SHAMANA CHIKITSA

Investigation / Date	8/11/24	11/11/24	12/11/24	21/11/24
Platelet count	61,000/cumm	84,000	83,000	1,24,000
Serum Total Bilirubin	3.57mg/dl	2.43	2.1	1.16
Serum Direct Bilirubin	2mg/dl	1.02	1.1	0.65

Serum Indirect Bilirubin	1.57mg/dl	1.41	1.0	0.51
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DISCUSSION

The integrated Ayurvedic therapeutic approach adopted in this case produced a synergistic effect in the management of *Kamala Vyadhi*, addressing the disease at the level of *Dosha*, *Agni*, *Ama*, and *Yakrit* (liver). The combination of classical formulations ensured comprehensive management by promoting detoxification, supporting liver function, pacifying aggravated *Pitta*, and improving overall metabolic balance.

Detoxification and *Ama Pachana*

Formulations such as *Triphala Guggul*, *Punarnava Guggul*, *Aarogyavardhani Vati*, and *Sanjivani Vati* played a pivotal role in detoxification (*Shodhana* and *Ama Pachana*). These medicines help eliminate accumulated toxins, clear metabolic waste, and restore digestive efficiency. *Triphala Guggul* supports bowel regularity and internal cleansing, while *Sanjivani Vati* enhances *Jatharagni* and aids in the digestion of *Ama*, which is a key pathogenic factor in *Kamala*. This detoxifying action helped in reducing systemic toxicity and facilitated faster clinical recovery.

Liver Support and Bile Regulation

Aarogyavardhani Vati and *Punarnava Guggul* acted directly on the liver (*Yakrituttejaka*), promoting hepatoprotection and proper bile secretion. *Aarogyavardhani Vati*, with ingredients like *Kutki* and *Tamra Bhasma*, is well known for its role in regulating liver enzymes and bile flow, thereby reducing yellow discoloration of skin and sclera. *Punarnava Guggul* aids in reducing hepatic congestion and edema, improving liver metabolism and excretory functions, which are crucial in the management of *Kamala Vyadhi*.

***Pitta Shamana* and Symptomatic Relief**

The administration of *Sutshekhar Ras*, *Kamduudha Ras*, and *Praval Bhasma* was effective in pacifying aggravated *Pitta Dosha*, the principal *Dosha* involved in *Kamala*. These formulations possess *Sheetala*, *Pittashamaka*, and *Dahaprashtamana* properties, which helped alleviate classical *Pitta*-dominant symptoms such as *peetata* (yellow discoloration), *daha* (burning sensation), *ushna bhava*, and excessive heat. *Praval Bhasma* also supports electrolyte balance and contributes to systemic cooling, providing symptomatic relief and improving patient comfort.

Improvement in Digestion and Bile Flow

Avipattikar Churna, *Haritaki*, and *Kutki* were instrumental in enhancing digestive fire (*Agni Deepana*) and facilitating bile flow. *Avipattikar Churna* corrects *Pitta*-induced *Amlata* and improves digestion without aggravating heat, while *Haritaki* supports bowel cleansing and metabolic balance. *Kutki*, a key hepatoprotective drug in Ayurveda, promotes bile secretion and reduces liver inflammation, thereby alleviating symptoms such as nausea, bloating, indigestion, and anorexia commonly seen in *Kamala Vyadhi*.

Rasayana Effect and Restoration of Strength

Shatavari and *Amalaki*, functioning as potent *Rasayana* drugs, contributed to tissue nourishment and post-disease recovery. *Amalaki*, with its antioxidant and *Pitta*-pacifying properties, supports liver regeneration and enhances immunity. *Shatavari* helps restore strength, counteracts debility (*Daurbalya*), and nourishes depleted tissues, promoting overall convalescence and preventing relapse.

Role of Papaya Leaf Extract

Papaya leaf extract provided additional hepatoprotective and detoxifying support by improving liver function and bile flow, thus aiding in faster resolution of jaundice. Its known platelet-boosting properties are particularly beneficial in cases of *Kamala* associated with viral infections such as dengue or other causes of thrombocytopenia. By supporting hematological parameters and liver health simultaneously, *papaya* leaf extract complemented the Ayurvedic formulations effectively and enhanced overall therapeutic outcomes.

CONCLUSION

From the present case study, it can be concluded that Ayurvedic management was highly effective in the treatment of *Kamala Vyadhi*, as evidenced by the marked reduction in both signs and symptoms. The patient showed significant improvement in clinical features such as *peetata* (yellowish discolouration), *daurbalya* (weakness), *aruchi* (loss of appetite), and *mala-mutra vaivarnya*, indicating proper pacification of aggravated *Pitta Dosha* and restoration of normal *Agni*. The therapeutic approach, when combined with appropriate *Pathya Ahara* and *Vihara*, enhanced the treatment outcome. Adoption of a *Pitta*-pacifying diet, avoidance of spicy, sour, fatty, and fried foods and inclusion of light, cooling foods such as *moong dal* and *papaya* leaf extract supported hepatic function and facilitated quicker resolution of symptoms.

Additionally, lifestyle modifications including adequate rest, proper hydration, and strict avoidance of alcohol and processed foods contributed significantly to clinical improvement.

This case study highlights the potential of Ayurveda as a safe, holistic, and effective treatment modality for *Kamala Vyadhi* and underscores the importance of early intervention and strict adherence to dietary and lifestyle guidelines for optimal recovery.

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