

**A COMPREHENSIVE REVIEW OF KAMALA THROUGH THE LENS
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ABSTRACT

The disease kamala is one among the liver disorders explained by our acharyas. it can be correlated with jaundice according to its resemblance in signs and symptoms. kamala is classified as both as pitta nanatmaja vyadhi and raktapradoshaja vyadhi, characterized by yellowish discolouration of mucous membranes, skin, eye. based on hetu and samprapthi it is categorized into two types: shakhashrita and koshashrita kamala. shakhashrita kamala also known as alpa pitta kamala, vatakapha pradhana kamala, swatantara kamala and ruddhapata kamala. shakashrita kamala needs different principle of management, since malarupa pitta is in the shakha and virechana will not be effective till dosha are brought into koshtha. here kapha, vata which obstructs the path of pitta, should be treated primarily thereafter pitta should be alleviated. it can be correlated with obstructive jaundice in which the bile ducts are obstructed by gall stone or other causes and bile is accumulated in liver, resulting in elevation of blood bilirubin

level responsible for yellowness of eye, skin, mucous membrane and stool become clay colored due to lack of bile in the intestine. the line of treatment can be decided by analyzing the investigation and clinical findings.

KEYWORDS: Shakashrita Kamala, Malarupi Pitta, Koshtha.

INTRODUCTION

In ayurveda, kamala is primarily discussed in relation to pandu roga, which broadly encompasses disorders of the blood, liver, and biliary system. the term pandu refers to conditions caused by pitta-predominant tridosha aggravation, leading to symptoms such as gourava, dhatu shaithilya, alpa rakta, alpa meda, nissarata, and shithilendriyata, collectively outlining the samprapti of pandu roga.^[3]

Acharya charaka describes kamala as a more advanced stage of pandu, whereas acharya vagbhata classifies it as an independent disease entity. Acharya sushruta acknowledges both views, considering kamala as either a consequence of pandu or a distinct disorder.

shakhasrita kamala, a subtype characterized by vata and pitta aggravation, arises due to independent etiological factors. In this condition, vata displaces pitta and kapha from their natural sites, resulting in systemic imbalance. chakrapani refers to this variant as alpa pitta kamala, wherein pitta gets obstructed and accumulates in peripheral tissues, manifesting clinically as pale or clay-colored stools. This form is considered a Swatantra Vyadhi rather than a complication.

Samprapthi

Nidana Sevana → Margavarana due to Prakupitakapha which results in Vataprakopa → Kupitavata expels Pitta from its Ashaya → Manifest lakshanas → Shakhashrita Kamala

Lakshanas

Due to Excessive intake of guru, sheeta, ruksha, and Madhura ahara, along with overexertion and vegadharana, leads to the simultaneous aggravation of Vata and Kapha. The aggravated Vata combines with Kapha and displaces Pitta from its natural site in the Koshta. As a result, classical symptoms manifest, including yellowish discoloration of the eyes, urine, and skin, accompanied by pale or whitish stools, abdominal gurgling, constipation, and a sense of heaviness in the cardiac region. Due to the obstruction of Pitta flow towards the gastrointestinal tract by Kapha, the patient may pass stools resembling the color of sesame paste (Tila pistanibha swetha varchas).^[4]

Chikitsa

shakashrita kamala needs different principle of management, since malarupa pitta is in the shakha and virechana will not be effective till dosha are brought into koshta (mahasrotasa).

Here kapha, vata which obstructs the path of pitta, should be treated primarily thereafter pitta should be alleviated. as there is kapha avarodha, usage of teekshna, ushna dravyas, having katu, lavana and amla rasa are to be used. amla rasa dravyas due to its snigdha guna, deepana, vatanulomana and kledana karma helps in balancing vitiated vata dosha and cleansing the channels of ranjaka pitta. lavana rasa dravyas due to their teekshna, usna guna and chedana, bhedana kledana, and marga vishodhana, sanghata vidhamana karma help in removing the obstruction. in the same way katu rasa dravyas are usna, kapha shamaka, mala shodhana, shonita sanghata bhinatti, bandhanschinatti, marga vivrnoti srotoshodhana, and deepana in nature helps in removing obstruction

so initial treatment should be kaphahara. sosoup of sikhi, teetara, and daksa and sushkamulaka, kulattha, matulunga svarasa with honey, pippali, maricha and sunti have to be given. by giving these drugs pitta is brought in koshta and then pittahara chikitsa is done.^[4]

Next virechana treatment can be adopted when the mala turns to the normal colour.

Virechanakarma

CRITERIA To Undergo Virechana In Shakashrita Kamala:

- Apitta Raga
- Vayu Prashama
- Pureesha Pitta Ranjeeta
- Swasthana Agate Pitta
- Nivrita Upadrava

Snehapana

Purgation therapy is to be given to the patient suffering from visarpa, pidaka, sophia, kamala, pandu, injury and poisoning only when the patient is not excessively oiled.

Ghrita used for snehapana

1. Panchgavya Ghrita.⁵[Cha.Chi 16]
2. Mahatiktak Ghrita.⁵[Cha.Chi 16]
3. Kalyanaka Ghrita.⁵ [Cha.Chi 16]

With the help of vridhhi, vishyandan and pachana guna, ghrita has capacity to bring dosha in koshta from shakha.

Swedana

In pitta predominant condition one Should Go For Mridhu Swedha.

Virechana

In Kamala, Virechana Should Be Done By Tikta And Mrudu Dravya, Following Are Advised By Charaka In Panduroga Chikitsa

- 1 Gomutra And Godugdha In Equal Quantity.⁵ [Cha.Chi 16]
2. Trivrita Churna(One Part) And Sharkara (Two Parts)-paittika Pandu⁶[su.utt44/33]
3. Sunthi with jiggery.^[6][su.utt44/33]
4. Danti Phala Qwatha With Kasmari Phala Qwatha /Draksha⁵[ch.Chi 16/55]
5. Gomutra Haritaki With Ksheeranna Pathya⁵[ch.chi16/68]
7. Trivrita Churna with triphala kashaya ⁵[ch/chi16/59]
8. Triphala Kwatha/ Guduchi Swarasa /Daraharidra Swarasa/ Nimbpatra Swarasu With Madhu In The Early Hours.^[5][ch.chi 16/63]

Above mentioned yoga are should be used according to prakriti, dosha, dushya, bala, kala and agni. they should be used in small quantity but used repeatedly. after mrudu virechana, anulomana of sanchit dosha occurs and manda agni becomes normal.

NASYA

- ✓ Jimutaka Avapeeda Nasya[SH]
- ✓ Karkota Moola Churna Pradhamana Nasya[CD]
- ✓ Jaalini Phala Churna Pradhamana Nasya[CD]

Aschothana Anjana

- ✓ Dronapushpi Swarasa Aschothana[BP,YR,CD]
- ✓ Haridra Gairika Amalaki-kamalapahamanam^[7] (AH.CHI. 16/44)
- ✓ Erandabeeja Anjana[A.S]

Shamana aushadhis

- Aragwadha +Ikshu Rasa / Vidaryadi/Amlaki Rasa +Trikatu Ch (1 Pala ; Bilwa Matra)-kamalapaham^[7]
- Triphala/Guduchi/Darvi/Nimba Swarasa Along With Madhu During Pratha (Morning Hours)^[7]

- Lauha Bhasma Churna+haritaki +Haridra(all In Eq. Qty)with Honey And Ghee OR Haritaki With Guda And Madhu^[5]
- Lehya-triphala, Haridra, Darvi, Katurohini, Lauha Bhasma With Honey^[5]
- Lehya-churna Of Darvi Twak+triphala+vyosha+vidanga+ Lauha Bhasma

+Honey+madhu^[5]

- Triphala Kwatha/ Guduchi Swarasa /Daraharidra Swarasa/ Nimbpatra Swarasu With Madhu In The Early Hours.^[5]

Paana-water Cooked With Laghupanchamula, mrdvika And Amalaka Rasa

In kumbi kamala

- Swarna makshika or shilajatu with gomutra^[6]
- Loha kitta immersed in gomutra for 1 month added with saindhava should be taken. Many of the drugs mentioned for kamala chikitsa are Pittahara, Pittarechaka, Deepana, Shothahara, Jwarahara, Rakthashodhaka, Rasayana, Srothoshodhaka.^[6]

Modern Perspective

Kamala Can Be Correlated With Jaundice In Modern Medical Science. In Modern Science Jaundice Is Considered As Symptom Of Liver Disorder Whereas In Ayurveda Kamala Is Considered As Disease. In Modern Science Jaundice Is Classified In Three Types

1. Haemolytic Jaundice
2. Obstructive Jaundice
3. Hepatocellular Jaundice

Koshthashakhashrita kamala which occurs as a result of pitta vridhi has similarity with the mechanism of pre hepatic jaundice or haemolytic jaundice in which more bilirubin is found in blood due to excessive destruction of r.b.c and is not excreted adequately by liver resulting in hyperbilirubinaemia. These are responsible for various symptoms like yellow discoloration of eye, skin etc.

Shakhashrita kamala is produced due to the obstruction of normal pittavaha srotas by kapha and vata, resulting in pitta vridhi in the rakta dhatu. In obstructive jaundice, there is same mechanism in which the bile ducts are obstructed by gall stone or other causes and bile is accumulated in liver, resulting in elevation of blood bilirubin level responsible for yellowness

of eye, skin, mucous membrane and stool become clay colored due to lack of bile in the intestine.

In hepatocellular jaundice, when there is complete obstruction the bile canaliculi due to their compression by oedematous hepatocytes, jaundice is produced just like shakhashrita kamala. when there is incomplete obstruction or when all the bile canaliculi are not obstructed then it is produced like that of koshtashrita kamala. therefore the mechanism of hepatocellular jaundice can be compared to koshtashrita kamala or shakhashrita.

DISCUSSION

If we look into the Liver function tests, Serum Bilirubin amount (unconjugated hyperbilirubinemia) mostly raised in conditions of Koshta shakhashrita Kamala. Rakta dhatu mala is Pitta, when there is Dhatvagnimandya, the formation of Saara and Mala bhaga will be hampered. Serum bilirubin can be taken as Malaroopi Pitta which is found more in conditions like haemolytic jaundice where there is excessive damage to Rakta dhatu. This can be compared with the samprapti of BahuPitta Kamala (asruk mamasam dagdhwa Rogaya kalpate).

Aspartate aminotransferase (AST; SGOT) and alanine aminotransferase (ALT; SGPT); are sensitive indicators of liver cell injury; ALT more specific measure of liver injury; ethanol-induced liver injury usually produces modest increases with more prominent elevation of AST than ALT. Both these en-zymes can be considered as Tejo mahabhoota pradhana entities in view of Ayurveda. Whenever there is increase in these enzymes they indicate the Agnidushti and Pitta vrudhi. Alkaline Phosphatase is a Sensitive indicator of cholestasis, biliary obstruction (enzyme increases more quickly than serum bilirubin), and liver infiltration; mild elevations in other forms of liver disease. Hence the raised values can be indicating the possi-bility of Shakhashrita Kamala or Alpa-Pitta Kamala. In Stool examination, the whitish bulky and Tilapishtanibha varchas is seen, on examination we can find excess amount of fat in it as there will be less fat metabolism in liver.

CONCLUSION

Shakhashrita kamala also known as alpa pitta kamala, here shakha means it is one among the trividha rogamargas. in alpa pitta kamala patient will not give history of much pittakara nidana. here the pitta prakopa is paratantra. samprapti of shakhashrita kamala reveals that it is nothing but ruddhapathakamala resulted from obstruction of kapha. due to the obstruction by kapha in srotas the vimargagamana of pitta dosha. from koshta to shakha occurs. to

understand the exact pathology of shakhashrita kamala, it is necessary to know the concept of doshagati, ashayapkarsha. due to such vimarga gamana of pitta dosha one of the prakruta karma of malaroopi pitta, i.e. malaranjana gets hampered resulting in tilapishtanibha varchas which clearly means there is obstruction for the passage of pitta by kapha. in view of amshamsha kalpana, the vitiation of kapha is more of its manda guna, pitta due to its sara guna and vata due to its chala and ruksha guna, hence shakhashrita kamala needs different principle of management. at first kapha avarodha should be removed by using teekshna, ushna dravyas, having katu, lavana and amla rasa and then management of koshtashakhashrita kamala should be adopted.

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