WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
CodenUSA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 1841-1852. Case Study ISSN 2277–7105

KAMALA ASSOCIATED WITH UDARA VRIDDHI AND ASCITES: AN AYURVEDIC CLINICAL CASE REPORT

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Article Received on 06 October 2026,
Article Revised on 26 October 2026,
Article Published on 01 Nov. 2026

https://doi.org/10.5281/zenodo.23913310

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How to cite this Article: [1]*Dr. Chanamma S. Hiremath, [2]Dr. Aditi V. Dongare, [3]Dr. Kushal N. Jain.(2026). Kamala associated with udara vriddhi and ascites: an ayurvedic clinical case report.. World Journal of Pharmaceutical Research, 15(21), 1841–1852.

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ABSTRACT

Kamala is an important clinical condition described in Ayurveda, primarily associated with Pitta Dosha vitiation and characterized by yellowish discoloration of the skin and sclera. The present case report describes a 37-year-old male patient presenting with Kamala associated with Udaravriddhi (abdominal distension), ascites (fluid accumulation in the abdominal cavity), bilateral Pada Shotha (pedal edema), loss of appetite, and generalized weakness. The patient was evaluated through Ayurvedic clinical assessment and appropriate contemporary diagnostic investigations, including liver function tests, serum bilirubin estimation, and abdominal ultrasonography, as indicated. The Ayurvedic treatment regimen comprised Kadunimbsal Churna, Patola Churna, Daruharidra Churna, Haritaki Churna, and Kutaki Churna, each in a listed quantity of 0.2 g, Kadha administered twice daily. The treatment duration, frequency of Churna administration, and follow-up findings are to be documented from the patient's clinical records. This case highlights the importance of correlating Ayurvedic clinical features with contemporary diagnostic findings in patients presenting with Kamala and associated abdominal fluid accumulation. Appropriate evaluation of the underlying etiology, regular monitoring of biochemical parameters, and assessment of treatment safety are essential for comprehensive patient management. The clinical outcome

and therapeutic significance of the intervention must be established through documented follow-up observations.

KEYWORDS: Kamala, Udara vriddhi, Ascites, Pada Shotha, Kayachikitsa, Ayurveda, Serum Bilirubin, Case Report.

INTRODUCTION

Kamala is described in Ayurvedic literature as a disorder characterized by yellowish discoloration of the skin, eyes, urine, and other body tissues[1]. It is discussed in relation to Pitta vitiation and disorders involving the liver and biliary system when interpreted in the context of contemporary clinical medicine. The classical understanding of Kamala provides a framework for assessing the patient's symptoms, associated features, digestive status, and systemic involvement.

In contemporary medicine, jaundice is a clinical manifestation of hyperbilirubinaemia and may result from hepatocellular disease, cholestasis, biliary obstruction, haemolysis, or other conditions. The coexistence of jaundice with ascites, bilateral pedal oedema, generalized weakness, and breathlessness raises concern for significant hepatic dysfunction, fluid imbalance, renal involvement, or cardiopulmonary complications. Such manifestations require prompt clinical evaluation and should not be attributed to a single disease without appropriate investigations.

Udara Vriddhi refers to an increase in abdominal size, while Udara Pradeshi Jala Sanchiti describes suspected fluid accumulation in the abdominal region. When ascites is objectively confirmed, its underlying cause and severity must be determined. The presence of bilateral pedal swelling and respiratory difficulty further increases the importance of evaluating fluid status and organ function.

The present case report describes a 37-year-old male patient presenting with features suggestive of Kamala associated with abdominal distension and suspected ascites. The objective is to document the clinical presentation, diagnostic assessment, prescribed Ayurvedic management, and subsequent clinical course in a structured format. The report also emphasizes the need for objective outcome measures and patient-safety monitoring when documenting an individual clinical case.

4. MATERIALS AND METHODS

A 37-year-old male patient presented with
yellowish discoloration of the body associated with
bilateral pedal pain and swelling,
abdominal enlargement.
suspected fluid accumulation in the abdomen,
generalized weakness, and
breathlessness.

Duration of complaints

Clinical Findings: 2 Months

Pallor : Present

Icterus : Present

Cyanosis : Absent

Clubbing : Absent

Lymphadenopathy : Absent

Bilateral pedal oedema : Present

Abdominal Examination

- Inspection: Abdominal distension (Udara Vriddhi) reported. Abdominal contour, dilated veins present.
- Palpation: Abdominal tenderness Present.
- Percussion: shifting dullness present and other signs suggestive of ascites.
- Auscultation: Bowel sounds Present.

INVESTIGATIONS

Complete blood count

Hb : 7.6 g/dl, Total Leucocyte Count : 7000 cells /cumm, Platelet count : 1.01 Lakhs /cumm Sr. Billirubin Total : 5.5 mg/dL, Sr. Billirubin Direct : 3.08 mg/dL, Sr. Billirubin Indirect : 2.42 mg/Dl, SGOT : 338.98 IU/L, SGPT : 88.82 IU/L USG Abdomen and Pelvis S/O: Mild Hepatomegaly and Mod. Gross Spleenomegaly Changes of alcoholic liver disease with sign ofliver cirrhosis showing surface nodularity with portal hypertension and mild ascitis in abdomen pelvic cavity about 300 cc to 400 cc. Clinical diagnosis suggestive of Kamala with Ascitis. Treatment protocol:

Chikitsa

1)

Churna Kadunimbsal	0.2 Gm
Churna Patol	0.2 Gm
Churna DARUHALAD	0.2 Gm
Churna Haritaki	0.2 Gm
Churna KUTAKI	0.2 Gm

Prepared kadha with above 1 gm churna and administred twice a day. The decoction combines bitter drugs traditionally used for Pitta-Kapha Shamana with Haritaki for Anulomana. In Ayurvedic terms, the combination is intended to address features of Kamala and support bowel regulation.

2) Gandharv Haritaki churna 2 gm with warm water at night Gandharva Haritaki is used primarily for Anulomana and Vatanulomana. Promotes bowel evacuation and helps relieve constipation.

3) Trivrutavleha 10gm with triphala kadha at night Trivrit (Operculina turpethum) is traditionally described as a Virechana drug, while Triphala is used for bowel regulation. Promotes therapeutic purgation (Virechana), traditionally associated with the elimination of aggravated Pitta Supports bowel evacuation and Anulomana.

4) Tablet Liv 52 DS 1bd twice a day after food with warm water.

5) Arogyavardhini Vati 2 bd before food with warm water
Arogyavardhini Vati is traditionally used in selected disorders involving Yakrit (liver), Pitta, and Agni. Traditionally intended to support Agni Deepana and Pachana.

6) Punarnavadi Guggule 3 bd after food with warm water Punarnava (Boerhavia diffusa) is traditionally used for Shotha (swelling) and disorders associated with fluid accumulation. Guggulu-containing formulations are also used in selected inflammatory and metabolic conditions.
Shothahara: traditionally used to address peripheral swelling.
Mutrala: diuretic action is attributed to certain ingredients in traditional Ayurvedic descriptions; a clinically meaningful diuretic effect of this formulation in cirrhotic ascites.

7) Punarnavasav 10 ml bd after food

RESULTS AND DISCUSSION

Investigations	Before Treatment	After Treatment
Hb	7.6 g/dl	7.8 g/dl
Total Leucocyte Count	7000 cells /cumm	2260 cells /cumm
Platelet count	1.01 Lakhs /cumm	0.68 Lakhs /cumm
Sr. Billirubin Total	5.5 mg/dL	2.36 mg/dL
Sr. Billirubin Direct	3.08 mg/dL	1.51 mg/dL
Sr. Billirubin Indirect	2.42 mg/dL	0.85 mg/dL
SGOT	338.98 IU/L	63.54 IU/L
SGPT	88.82 IU/L	18.86 IU/L
Weight	70 kg	61 kg
Abdominal Girth	91 cm at umbilicus	75 cm at umbilicus

A 37-year-old male patient diagnosed with Kamala associated with Udara Vriddhi and ascites was treated with a combination of Ayurvedic formulations, including a decoction prepared from Kadunimbsal, Patola, Daruharidra, Haritaki and Kutaki Churna; Gandharva Haritaki Churna; Trivritavaleha with Triphala Kwatha; Liv.52 DS; Arogyavardhini Vati; Punarnavadi Guggulu; and Punarnavasava. Before and after treatment, clinical and laboratory parameters were assessed to document changes in jaundice, liver enzymes, haematological indices, body weight and abdominal girth.

The serum total bilirubin level decreased from 5.5 mg/dL to 2.36 mg/dL, representing a reduction of approximately 57.1%. Direct bilirubin decreased from 3.08 mg/dL to 1.51 mg/dL, while indirect bilirubin decreased from 2.42 mg/dL to 0.85 mg/dL. SGOT (AST) decreased from 338.98 IU/L to 63.54 IU/L, and SGPT (ALT) decreased from 88.82 IU/L to 18.86 IU/L, indicating a marked reduction in the measured liver enzyme levels. Haemoglobin increased from 7.6 g/dL to 8.8 g/dL, whereas the total leucocyte count decreased from 7,000 to 5,260 cells/cumm. The platelet count declined from 1.01 lakh/cumm to 0.88 lakh/cumm. Clinically, body weight decreased from 70 kg to 61 kg, and abdominal girth measured at the umbilicus decreased from 91 cm to 75 cm. These changes suggest reduced abdominal distension and possible reduction in fluid accumulation; however, confirmation of ascites improvement requires clinical examination and, preferably, repeat ultrasonography. Despite the improvement in several parameters, anaemia and thrombocytopenia persisted.

DISCUSSION

Kamala is an Ayurvedic clinical condition characterised by yellowish discoloration of the skin, sclera and mucous membranes, and it is commonly correlated with jaundice in contemporary clinical practice. In the present case, Kamala was associated with Udara

Vriddhi, ascites, bilateral pedal oedema and biochemical abnormalities suggestive of significant hepatocellular injury.[2] The treatment regimen incorporated formulations traditionally used for Pitta-Kapha Shamana, Anulomana, Virechana and Shothahara. The observed changes in biochemical and clinical parameters are discussed below.

1. Effect on serum bilirubin

The total serum bilirubin level decreased from 5.5 mg/dL to 2.36 mg/dL, while direct bilirubin decreased from 3.08 mg/dL to 1.51 mg/dL and indirect bilirubin from 2.42 mg/dL to 0.85 mg/dL. These findings indicate a substantial reduction in hyperbilirubinaemia during the treatment period.

The decoction containing Kadunimbsal, Patola, Daruharidra, Haritaki and Kutaki was selected according to traditional Ayurvedic principles, particularly Pitta-Kapha Shamana. Kutaki, Nimba and Patola are traditionally used in formulations for Pitta-associated disorders, while Haritaki is used for Anulomana. Gandharva Haritaki Churna and Trivritavaleha with Triphala Kwatha were included to support bowel evacuation and the traditional therapeutic objective of Virechana.[3]

2. Effect on liver enzymes

SGOT (AST) decreased from 338.98 IU/L to 63.54 IU/L, and SGPT (ALT) decreased from 88.82 IU/L to 18.86 IU/L. The reduction in these enzymes suggests a decrease in biochemical indicators of hepatocellular injury during the observation period.[4]

Liv.52 DS and Arogyavardhini Vati were included as supportive formulations for the hepatobiliary component of the treatment regimen. Arogyavardhini Vati is traditionally used in selected disorders involving Yakrit, Agni and Pitta, whereas Liv.52 DS is a proprietary polyherbal preparation.

3. Effect on Udara Vriddhi, ascites and body weight

Body weight decreased from 70 kg to 61 kg, while abdominal girth at the umbilicus decreased from 91 cm to 75 cm. These changes are consistent with reduced abdominal distension and may indicate a reduction in fluid accumulation.

Punarnavadi Guggulu and Punarnavasava were incorporated because of their traditional use in Shotha and fluid-related disorders. Punarnava is traditionally regarded as Shothahara, while Punarnavadi Guggulu is used in Ayurvedic practice for selected conditions involving

swelling. These properties provide a traditional rationale for their selection in a patient presenting with pedal oedema and ascites. However, a 9 kg reduction in body weight and a 16 cm reduction in abdominal girth cannot, by themselves, confirm resolution of ascites.

The treatment was based on a multimodal Ayurvedic approach. The combination of bitter drugs was selected according to the traditional principles of Pitta-Kapha Shamana; Gandharva Haritaki and Trivritavaleha were used for bowel regulation and Virechana; Arogyavardhini Vati and Liv.52 DS were included as supportive hepatobiliary formulations; and Punarnavadi Guggulu and Punarnavasava were selected for their traditional use in Shotha.

The observed reductions in serum bilirubin, AST, ALT, body weight and abdominal girth indicate improvement in several measured parameters during the treatment period.[5]

6. CONCLUSION

The present case of Kamala associated with Udara Vriddhi and ascites demonstrated improvement in biochemical parameters and clinical indicators following the administered Ayurvedic treatment regimen. The reduction in serum bilirubin and transaminase levels, together with decreased body weight and abdominal girth, suggests improvement in jaundice and abdominal distension during the observation period.[6] Nevertheless, the decline in total leucocyte and platelet counts, along with persistently severe anaemia, represents a significant clinical concern requiring urgent assessment and appropriate management. The reduction in body weight and abdominal girth alone cannot confirm resolution of ascites without clinical and ultrasonographic correlation. As this is a single case, the observed changes cannot establish the efficacy or safety of the treatment regimen or demonstrate a causal relationship. Further evaluation, close monitoring and well-designed clinical studies are required to assess the role of Ayurvedic interventions in patients with Kamala associated with ascites.

7. ACKNOWLEDGEMENTS

The authors express sincere gratitude to the faculty and staff of the Department of Kayachikitsa, Seth Govindji Raoji Ayurved Mahavidyalaya and Hospital, Solapur for their guidance and support. Special thanks are extended to the patient for providing consent and cooperation throughout the treatment period

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