

## AYURVEDIC APPROACH IN THE MANAGEMENT OF *BAHUPITTA* *KAMALA*- A CASE REPORT

Ashish Kamble<sup>\*1</sup>, Sanjivani Rathod<sup>2</sup> and Rajan Kulkarni<sup>3</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Assistant Professor, Dept. of Kayackitsa, <sup>3</sup>HOD & Professor Dept. of  
Kayachikitsa),

College: A.S.S. Ayurvedmahavidyalya & Arogyashalarugnalaya, Ganeshwadi, Panchvati,  
Nashik, Maharashtra.

Article Received on  
20 August 2021,

Revised on 10 Sept. 2021,  
Accepted on 30 Sept. 2021

DOI: 10.20959/wjpr202112-21970

### \*Corresponding Author

Ashish Kamble

PG Scholar, College: A.S.S.  
Ayurvedmahavidyalya &  
Arogyashalarugnalaya,  
Ganeshwadi, Panchvati,  
Nashik, Maharashtra.

### ABSTARCT

Modern culture and advanced technology have made life easier, but they have also opened the door to a slew of diseases. *Bahupittakamala* is one of the important disease. Fast food, spicy food, and Chinese cuisine items are becoming increasingly popular, and according to *Ayurveda*, these foods have *Atilavana*(more salty), *Atimadhura*(more sweet), *Snigdha*(fatty), and *Guru*(hard to digest) qualities. Damage to the hepatic cells causes infective hepatitis. In *Ayurveda*, jaundice is known as *kamala vyadhi*. The *ayurvedasamhita* gives a detailed explanation of *kamala*. Hepatocellular jaundice is similar to *ayurvedic kamala vyadhi* in terms of description. Here is a case report of a 36-year-old guy who was diagnosed with *Bahupitta Kamala* (Jaundice)

and treated with *ayurvedic* medicine and *panchakarma*, which produced positive results.

**Case Description-** A case report of a 36-year-old male patient with *Bahupitta kamala* is managed with formulations like *Arogyavardhiniras*, *Chandraprabhavati*, *Abhayadimodaka* and *panchkarma* procedures over a period of 1 month with encouraging results which is evident from photographs of case recorded. **Conclusion-** *Ayurvedic* treatment modalities are capable of treating patients without any side effects.

**KEYWORDS:** Jaundice, *Bahupittakamala*, *virechanavisheshchikitsa*, *Abhayadimodaka*, *Suvarnasuthshekhar ras*.

## INTRODUCTION

Human beings have been disconnected from nature as a result of their fast-paced lives in a competitive environment. New eating habits, such as *Pittakaraahara*, such as salted food, Chinese food, *vadapav*, *missal*, and alcohol usage, are on the rise. Most patients present with symptoms of sickness and exhaustion, which are ultimately confirmed as *Kamala* (jaundice). Such disorders are becoming more common by the day. Hepatocellularjaundice is a type of jaundice in which the skin, eyes, and urine turn yellow due to an excess of bilirubin, a bile pigment in the blood. The patient also has genaralised weakness, anorexia, and nausea.<sup>[1]</sup>

In *Ayurvedic* texts like *charaksamhita* and *ashtanghrudayaacharya* have explained in relation to hepatocellular jaundice. *Charak* had mentioned *virechana*<sup>[2]</sup> as treatment for *kamala* in *charaksamhita* and it is *raktapradoshajvikara* (disease).<sup>[3]</sup>

### Hetu(cause) found in Patient

*Aharajhetu* (food habit)- *madhur* (sweet), *snighda* (oily), *sheet* (cold), *atilavana* (more salty) *ahara* (food)

*Viharajhetu*- *Aatapsewana* (exposure to excess heat), *Marutsewana* (exposure to excess air), *shayyasana* (lying in bed), *ratri-jagrana* (stay wake up at night).

### Samprapti Ghatak

- 1) *Dosha*– *Pitta* (Bile)
- 2) *Dushya*– *Rasa* (circulatory fluid), *rakta* (blood), *mamsa* (flesh/muscles)
- 3) *Adhishtana* - *Rakta*, *mamsa*
- 4) *Srotas* - *Rasavaha*, *raktavaha*, *annavaha*

## CASE REPORT

### AIMS

- 1) To study the effect of *Virechanain Bahupitta kamala*.
- 2) To study the effect of *Nityavirechana* and *Shamanachikitsa* in *Bahupitta kamala*.

**BACKGROUND:-** The present case study is successfully treated and cured with *Ayurvedic* management. A 36 year old male patient came to Arogyashala Rugnalaya Ganeshwadi, Panchvati, Nashik for treatment because he believed in *Ayurvedic* medicine. with following complaints;

C/O –*Nakhnetratwakpeetata*(yellow discolouration of skin and sclera), *Jwara*(fever), *Aruchi*(loss of appetite), *Udarshool*(pain in abdomen), *Urodaha*(burning chest pain), *Mutradaha*(burning micturition), *Shirahshool*(headache), *Vitsanga*(constipation) Since 20-25 days

### HISTORY OF PRESENT ILLNESS

Patient had travelled back from Indore 15 days ago, then he gradually developed *jwara*, *udarshool* mainly at *nabhipradesh*(umbilical area), *kshudamandya*(loss of appetite), *hrullasa*(nausea), *nakhnetramutrapitata*. Patient had taken allopathic treatment at private hospital for 10 days but didn't get any relief. For *Ayurvedic* treatment patient came to our hospital.

**PAST HISTORY:-**No any other major illness

Surgical history-None

Addiction history-None

Personal history – Not specific

### ON EXAMINATION

GC – Moderate,

BP- 110/80 mm of hg

PULSE- 78/min

SPO2- 98% on RA(room air)

TEMP – 99<sup>0</sup> F Febrile

### SYSTEMIC EXAMINATION

CNS- Conscious, Oriented

CVS- S<sub>1</sub> S<sub>2</sub> Normal

RS- AEBE B/L Clear

PA – Soft mild tenderness at right hypochondrium region

### ASHTAVIDHA PARIKSHAN

*Nadi*(pulse)– 78/min *pittapradhanvataj*

*Mutra*(urine) – *sadahapitavarni*

*Mala*(stool)- *pitavarni*, *kwachitsamayivitsanga*

*Jivha*(Tongue)– *Saam*, *pitta varni*

*Shabda(sound)-prakrit(Normal)*

*Sparsha(Touch) – prakrit*

*Druka(Eyes)- pitavarni*

*Kshudha(Appetite) – mandya*

*Akruti(Physique) – madhyam*

*Bala(strength)- Madhyam*

*Raktadaab(BP)- 110/80 mm of Hg*

In the present study, a single patient with symptoms of *Bahupitta kamala* was selected.

TREATMENT PROTOCOL –Patient was admitted in male general ward under *Kayachikitsa* Department on 12<sup>th</sup> March 2019. Detailed clinical assessment including routine biochemical investigations was done before and after treatment.

The treatment regimen planned for patient as follows

1. *Pachanachikitsa*

2. *Virechana– Triphalaghrita, Trivruttaavleha*

3. *Nityamruduvirechana- Trivruttaavleha*

4. *Ayurvedic medications*

1. *Pachanachikitsa-* for 3 days.

1. *Aampachakkadha* 20 ml BD before meal

2. *Hingvashtakchurna* 1 gm with *Goghrtia* BD *samaanakala*

3. *Dhanyak* and *shunthi sidhha jala* for drinking.

After *samyakapachanalakshana* like *kshudavidhi*, *samyak mala-mutrapravriti* then we have given *Triphala ghrita* as a *sneha kalpa* for *virechanpurva snehapan* in increasing order, we started at 30 ml on day 1<sup>st</sup> at early morning before 6.30 am, gradually increasing the dose like 60 ml on 2<sup>nd</sup> day, 90ml on 3<sup>rd</sup> day and 120<sup>th</sup> ml on 4<sup>th</sup> day. *Sarvangsnehana-swedana* done for next 2 days with *tilataila* and *dashmoolakwatharespectively*. *Virechana* done with *Trivruttavaleha* 25gm with *Koshnajala* for one day, patient had total 12 *malavegas*, After this *samsarjanakrama* given for 3 days which includes *manda(soup)*, *mugda-yusha*. *vilepi*(steamed rice). Then patient assessed for *agnimandya*, *daurbalya*, *aruchi*. As patient had *BahudoshaSamprapti* in *sharira*(body), to pacify the remaining *dosha*, *NityamruduVirechana*(daily purgation) given for next 15 days along with *Shamanachikitsa*(oral medications)

**SHAMAN CHIKITSA**

Sr.no	Kalpa	Dose	Duration	Anupana
1	<i>Arogyavardhinivati</i>	250mg	<i>Vyanodaana</i> (after meal)	<i>Jal</i> (water)
2	<i>Kumariasava</i>	15ml	<i>Vyanodaana</i>	<i>Jal</i>
3	<i>Punarnavashtakakwacha</i>	20ml	<i>Vyanodaana</i>	<i>Jal</i>
4	<i>Paripathadikadha</i>	15ml	<i>Vyanodaana</i>	<i>Jal</i>
5	<i>Tapyadiloha</i>	250mg	<i>Vyanodaana</i>	<i>Jal</i>
6	<i>Samshanivati</i>	250mg	<i>Vyanodaana</i>	<i>Jal</i>
7	<i>Trivruttaavleha</i>	10gm	<i>Apanakala</i> (empty stomach)	<i>Koshnajaal</i> (lukewarm water)

**Nityavirechana assessment**

Date	Day	Mala-Vega
27/3/2019	1	7-8
28/3/2019	2	6-7
29/3/2019	3	6-7
30/3/2019	4	7-8
31/3/2019	5	5-6
01/4/2019	6	5-6
02/4/2019	7	6-7
03/4/2019	8	6-7
04/4/2019	9	5-6
05/4/2019	10	4-5
06/4/2019	11	4-5
07/4/2019	12	5-6
08/4/2019	13	6-7
09/4/2019	14	6-7
10/4/2019	15	6-7

Patient was admitted on 12/03/2019 and discharged on 18/04/2019 during this time, received above mentioned treatment. On discharge following medications given for next 10 days, Next follow-up on 26/04/2019.

**APUNARBHAVA CHIKITSA**

Sr.no	Kalpa	Dose	Duration	Anupana
1	<i>Suvarnasuthshekharras</i>	125mg	<i>Apanakala</i>	<i>Jal</i>
2	<i>Arogyavardhinivati</i>	250mg	<i>Vyanodanakala</i>	<i>Jal</i>
3	<i>Chandraprabhavati</i>	250mg	<i>Vyanodanakala</i>	<i>Jal</i>
4	<i>Abhayadimodaka</i>	250mg	<i>Apanakala</i>	<i>Jal</i>

## OBSERVATION AND DISCUSSION

## SUBJECTIVE PARAMETERS

<b>LAKSHANA</b>	<b>BEFORE TREATMENT</b>	<b>AFTER VIRECHANA KARMA</b>	<b>AFTER NITYA-VIRECHANA for 15 days</b>
<i>Nakhapeetata</i>	++++	+++	+
<i>Netrapeetata</i>	++++	+++	+
<i>Aruchi</i>	++++	++	Nil
<i>Udarshoola</i>	+++	+	Nil
<i>Mutradaha</i>	+++	++	Nil
<i>Vitasangha</i>	++	+	Nil

## OBJECTIVE PARAMETERS

## LFT Reports

	4/3/2019	13/3/2019	19/3/2019	27/3/2019	12/4/2019	18/4/2019	26/4/2019
<b>T. Bilirubin</b>	46.0	14.5	16.7	9.8	9.4	6.1	4.5
<b>D. Bilirubin</b>	35.0	10.7	14.1	6.1	6.2	4.6	3.7
<b>I. Bilirubin</b>	11.0	3.8	2.6	3.7	3.2	1.5	0.8
<b>SGOT</b>	113	68	125	116	106	82	60
<b>SGPT</b>	96	44	74	91	113	74	57

## Urine Report

	4/3/2019	13/3/2019	12/4/2019
<b>Ketone</b>	2+	Absent	Absent
<b>Bile Salt</b>	3+	2+	1+
<b>Bile Pigment</b>	3+	2+	1+

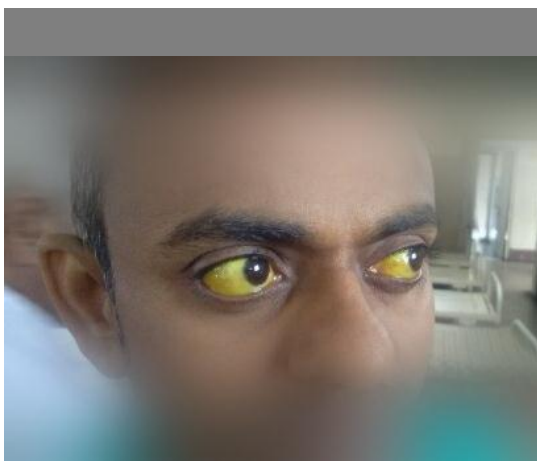
## USG Report

- Edematous thickening of GB wall noted.
- Splenomegaly Noted.

## CBC Report

	13/3/2019	12/4/2019
<b>Haemoglobin</b>	8.00 gm%	7.9 gm%
<b>WBC</b>	9800/cmm	5200/cmm
<b>RBC</b>	4.17 mil/cmm	4.15 mil/cmm
<b>Platelets</b>	549 lac	363 lac
<b>ESR</b>	30	14

Before treatment fig no.1



After treatment fig no.2



## CONCLUSION

After treatment patient noticed marked decrease in above mentioned symptoms and the serum bilirubin levels decreasesignificantly. It is observed that, the *Virechana*, *Shaman Chikitsa*, *Nityamrudu Virechana* and *Apunarbhava Chikitsa*s effective in the *Bahupitta kamala*.

**Patient perspective-** Patient was having faith in *Ayurvedic* medicine so he approached for management of disease. He had loss of appetite, yellowish discolouration of eyes, fatigue, difficulty in doing daily instrumental activities. Doctors diagnosed *bahupitta kamala* and started *ayurvedic* medications like *chandrprabhavati*, *arogyavardhiniras*, then purgatives which gave significant positive effect, without any hazardous side effect.

## DISCUSSION

In *Ayurveda*, ancient *Acharyas* have mentioned *Agnimandya* and *Pitta dosha* as the main etiological factors for *Bahupitta kamala*. The etiological factors which have been mentioned above like *Katu*, *Amla*, *Lavana Aahara* vitiates the *Jatharagni*, this hypo functioning of *Jatharagni* leads to *Kamala*. The hypo functioning of *Agni* produces *Ama/ Amavisha* which corresponds with *Rakta* and may produce *kamala*. *Kamala* is a *Pitta* and *Rakta pradoshaj vyadhi* in which *Pitta dosha* is vitiated and it can be normalized by the *Madhura*, *Tikta*and *KashayaRasa*. Normally the liver cells absorb the bilirubin and secrete it along with other bile constituents. In *Ayurvedic* texts many herbo-mineral compounds, mercurial formulations mentioned for *bahupitta kamala* along with *Virechana karma* as specific *panchkarma* modality. *ViruddhaAhara* was stopped, and instructions on daily practice were given, preventing the sickness from spreading further. The patient's treatment plan was able to break the disease's pathophysiology without causing any negative effects. *Apunarbhavachikitsa*



means medicines and treatment which help in preventing the recurrence of the diseases, that is why *apunarbhava* treatment modality prescribed to the patient for cure and prevention of disease.

**Aarogyavardhini Vati**<sup>[4]</sup> - It contains *Kutaki* as main ingredient having *Tikta Rasa* and *Kapha pittahara doshakarma*, it act as *Yakrutshodhana*, *pachani*, *deepani*, *pathyakaraka*, *malshudhikaraka*.

**Kumariasava**—has *deepana*, *pachaka*, *mutrala*, *balyashothahara*, *raktaprasadak*, *dahanashaka*.

**Paripathadi kadha**<sup>[5]</sup>—all the content are having properties of *pittashamana* and some having *pittarechana*, it pacify *pitta dosha* and digestive action.

**Tapyadi loha** - act as *Tridoshahara*, *yakrut karyakari*, *raktavrudhikara*.

**Chandraprabha Vait**<sup>[6]</sup> - it acts as *raktavardhak*, *balvardhaka*, *viryavardhaka* and *andrasayana*, *jara-vyadhinashak*.

**Abhayadi modak**<sup>[7]</sup> – it has *dravya* like *Amalki*, *Danti* which are *virechak*, *Trivrutta* has *virechanaprabhava*, *marich* is of *pramathiprabhava*.

**SuvarnaSuthshekhar ras**<sup>[8]</sup> - it helps to reduce *Tikshnaguna* and *amlaguna* of *pitta dosha*, also balances *vatadosha*, *aampachak*, *pachana*, *shoolaghna*, promotes bile(*pitta*) discharge.

**Trivrutta aveleha**<sup>[9]</sup> - It has *krumighna*, *raktashodhana*, *jwaraghna* and anti –inflammatory properties, it has action on *yakruta*, maintaining healthy Cholesterol levels.

## CONCLUSION

*Bahupitta kamala* can be treated with *ayurvedic* medications by identifying the causal factors and breaking the disease's pathophysiology. As a result, by avoiding the trigger variables, we can avoid the disease recurrence. The effectiveness of therapeutic procedures mentioned in *ayurvedic* scriptures can be shown in the case study above. More research should be done to find out how these systems work. From the above discussion, we have concluded that proposed *Ayurvedic* management is successful in treating *bahupitta kamala*.

## REFERENCES

1. SP Mehta; SR Joshi; Nihar P Mehta; practical Medicine 20<sup>th</sup> edition page no 19-22.
2. Dr.Y.G. Joshi, (5th edition), Charak Samhita part -2, maharshicharak, Chikitsastan, Pandurogchikitsa-adhya, chapter 16, verse no.5-7: Pune: vaidyamidraprakashana, 2003; page no.381.



3. Acharya Vidyadhar Shukla; Prof. Ravi Dutt Tripath(2009); Carakasamhita edited with Vaidyamanorama Hindi commentary foreword by Acharya Priyavrata Sharma, Chaukhambaparakashan, Varanasi, India, Vol-1, Chapter 28, verse 11-12, page no-430.
4. Ayurvediyaaushadhigunadharmashastra, By Vaidyapanchanan Gangadharshastri Gune part-2, page no-27.
5. Dr.Sudhakar Haladavnekara, Dr.Gayatri Bhosekar; written, Panchbhutikachikitsa Padhdatee Aooshadhikalp; Vaidyaraj Datar Panchbhutik Chikitsa Shanshodhan Kendra, Sangli 1999; 67.
6. Sharangdharsamhita, Pandit. Sharangdharacharya; elaborated by Dr, BramhanandTripathi with Hindi-Deepika commentary, Choukhamba-surbhartiprakashan, Varanasi, india-40131, Mandyamkhanda, chapter 7, page no-201-202.
7. Acharya Vidyadhar Shukla; Prof. Ravi Dutt Tripath(2009); Carakasamhita edited with Vaidyamanorama Hindi commentary foreword by Acharya Priyavrata Sharma, Chaukhamba prakashan, Varanasi, India, Chapter16, verse 40, page no-401.
8. Sharangdharsamhita, Pandit. Sharangdharacharya; elaborated by Dr, Bramhanand Tripathi with Hindi-Deepika commentary, Choukhamba-surbhartiprakashan, Varanasi, india-40131; Uttarkhand; Chapter 4, verse-27-33; page no-346.
9. Ayurved Sara Sanghraha, edition 17<sup>th</sup>; page no-397-400.
10. The Bhavprakashnighantu with elaborated Hindi commentary by Padmashri prof. K.C. Chunekar, edited by Dr.G.S.Pandey; verse 193-194, edition 1998; page no-397-398.