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AN UNUSUAL PRESENTATION OF ICTERUS DURING *SAMSARJANA KRAMA* FOLLOWING *VIRECHANA*: A CASE REPORT

Dr. Priyanka Kalase*[1], Dr. Vrushali Swami[2]

[1]PG Sch., [2]Associate Professor,

MES Ayurved Mahavidyalaya, Ghanekhunt, Lote, Dist. Ratnagiri.

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***Corresponding Author**
Dr. Priyanka Kalase
PG Sch., MES Ayurved Mahavidyalaya, Ghanekhunt, Lote, Dist. Ratnagiri.

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ABSTRACT

Background

Urticaria (Shitpitta) is an Ayurvedic disorder characterised by recurrent episodes of itching, erythema, and skin eruptions resulting from vitiation of Doshas, predominantly Pitta and Vata. Virechana Karma is considered the principal Panchakarma therapy for the management of Pitta-predominant disorders. **Case Presentation:** A 20-year-old female patient presented with chronic, recurrent complaints of Kandu (itching), Araktavarnatā (erythematous discolouration), and Twak Maṇḍalotpatti (skin eruptions), diagnosed as Shitpitta. Considering the predominance of Pitta Dosha, Virechana Karma was planned. Detailed pre-procedural assessment revealed no contraindications or complications. **Intervention:** The patient underwent Dipana–Pachana followed by Snehapāna in escalating doses until Samyak Snigdha Lakṣaṇas were achieved. Subsequently, Virechana Karma was performed successfully, resulting in Madhyama Shuddhi with classical Vega and no immediate adverse events. Thereafter, Samsarjana Krama was administered according to classical guidelines. **Outcome:** During the post-procedural period, the patient developed mild icterus characterised by yellowish discolouration of the skin and sclera, accompanied by generalised weakness. No associated symptoms such as abdominal pain, nausea, vomiting, anorexia, or fever were observed. Further evaluation revealed a history of intermittent episodes of yellowish discolouration of the skin, indicating an underlying latent hepatic susceptibility. **Conclusion:** The clinical presentation was comparable to Gilbert syndrome, in which intermittent unconjugated

hyperbilirubinemia manifests during physiological stress. This case highlights the importance of thorough history taking and vigilant post-procedural monitoring during Panchakarma therapies, particularly in individuals with an underlying predisposition to hepatic dysfunction.

KEYWORDS: Shitpitta, Urticaria, Virechana Karma, Panchakarma, Mild Icterus, Hyperbilirubinemia, Gilbert Syndrome, Case Report, Ayurveda.

INTRODUCTION

Shitpitta is a skin condition in *Ayurveda* where a person gets itching, red patches, and raised rashes on the skin. These symptoms are very similar to urticaria (allergic hives). In *Ayurveda*, this condition is mainly caused by an imbalance of *Pitta* and *Vata doshas*. To treat this, *Virechana Karma* is often advised. It is a *Panchakarma* therapy that helps remove excess *Pitta* from the body through controlled purgation. This process aims to detoxify the system and bring the *Doshas* back to balance.

Usually, Virechana is considered safe when done properly by following classical guidelines. However, in rare cases, some unexpected effects can occur. One such rare complication is icterus (jaundice). This may happen especially in patients who already have an undetected liver condition. For example, mild disorders like Gilbert syndrome may not show any symptoms normally, but stress on the body—like during detox therapy—can sometimes trigger visible signs such as jaundice.

In this case, a patient with *Shitpitta* developed jaundice after undergoing *Virechana*. This highlights the importance of careful patient evaluation before treatment. It also shows that even well-known therapies need to be planned according to each individual's body condition. Every patient responds differently, so understanding their unique physiology is very important to avoid such rare complications.

Case Details

20-year-old female patient with *Shitpitta* presented with *Kandu*, *Araktavarnata* and *Twak Mandalotpatti*, recurring over several 8-10 months. She also had a past medical history of intermittent yellowish discolouration of skin and sclera. She also had taken allopathic(antihistamines) medicines for a diagnosed disease, but still recurrence occurred, so she came for *Ayurvedic* treatment.

Timeline of Clinical Events

Recurrent Shitpitta symptoms (Kandu, Araktavarnatā, Twak Maṇḍalotpatti) for 8–10 months

↓

Intermittent episodes of yellowish discolouration of the skin (history suggestive of latent hyperbilirubinemia)

↓

Conventional antihistamine therapy → Temporary symptomatic relief → Recurrence of symptoms

↓

Ayurvedic consultation (Day 0)

↓

Poorva Karma: Deepana–Pachana followed by Snehapāna until attainment of Samyak Snigdha Lakṣaṇas

↓

Virechana Karma performed → Madhyama Shuddhi achieved without immediate complications

↓

Initial improvement in Shitpitta symptoms

↓

Samsarjana Krama initiated

↓

Development of mild icterus (yellowish discolouration of skin and sclera with generalised weakness)

↓

Clinical evaluation and review of past history → Suspicion of underlying hepatic susceptibility compatible with intermittent unconjugated hyperbilirubinemia (Gilbert syndrome-like presentation

DIAGNOSTIC ASSESSMENT

1. Clinical Diagnosis (Ayurvedic)

Diagnosis of *Shitpitta* was made based on classical symptoms like *Kandu* (itching), *Araktavarnata* (reddish discoloration of skin), *Twak Mandalotpatti* (raised erythematous patches)

History of recurrent episodes supported chronic nature of disease. Temporary relief with antihistamines indicated symptomatic management without complete cure.

2. Ayurvedic Assessment

Condition assessed as: *Pitta-pradhana Tridoshaja Vyadhi*

Vikrut Dhatu - *Rasa Dhatu* and *Rakta Dhatu*

EXAMINATION

Dashavidha Pariksha

1. Prakriti : Pitta-pradhana

2. Vikriti : Pitta-pradhana Tridoshaja Dushti

3. Sara : Rasa Sara – Madhyama, Rakta Sara – Madhyama

4. Samhanana : Madhyama

5. Pramana : Sama (proportionate)

6. Satmya : Madhyama

7. Satva : Madhyama

8. Ahara Shakti: Abhyavaharana Shakti – Madhyama, Jarana Shakti – Tikshna

9. Vyayama Shakti: Madhyama

10. Vaya : Yuva Avastha (20 years)

Ashtavidha Pariksha

1. *Nadi :Pitta pradhan*
2. *Mala :Normal*
3. *Mutra :Normal*
4. *Jihva :Niram*
5. *Shabda :Spashta*
6. *Sparsh :Anushna*
7. *Druka :Prakrut*
8. *Akruti :Madhyam*

Indication for Virechana

Selected due to predominant *Pitta* involvement, Chronic and recurrent symptoms and Need for *Shodhana* therapy.

Post-Procedure (*Paschat karma*) Observation

During *Samsarjana Krama*, patient developed mild yellowish discoloration of sclera and skin along with ggeneralized weakness. No associated symptoms like Fever, abdominal pain, nausea or vomiting were seen.

Modern Correlation

The condition could be correlated with Gilbert syndrome due to mild, intermittent increase in bilirubin often triggered by fasting, thirst, stress, reduced food intake.

INVESTIGATIONS

1. Mild elevation of unconjugated bilirubin
2. Other liver function parameters within normal limits

DIFFERENTIAL DIAGNOSIS: *Shitpitta, Udarda, Kotha*

Final Diagnosis- *Shitpitta (Pitta-dominant Tridoshaja Vyadhi)*

Associated with post-Virechana transient icterus likely triggered by reduced dietary intake during Samsarjana Krama underlying predisposition.

9. Clinical Interpretation

The icterus was transient and non-pathological emphasizes importance to follow proper S*amsarjana Krama* and monitoring during post-panchakarma phase.

Clinical findings

1. Multiple erythematous, raised papular lesions observed over the body
2. Diffuse reddish patches (*Araktavarnata*) present on trunk and extremities
3. Lesions associated with severe itching (*Kandu*)
4. Transient wheal-like eruptions (*Twak Mandalotpatt*i) noted
5. No discharge or scaling observed
6. Vital signs within normal limits
7. Systemic examination: no significant abnormalities detected

Therapeutic Intervention

1. *Laghusutshekhar250 mg* 2 BD
2. *Bhunimbadi Kwath* 15 ml BD with *koshna jala*
3. *Gandharva Haritaki Churna* 5gm with *koshna jala*.

It was given for 3 days

Pachan and Deepan

1. *Laghusutshekhar* 250 mg 2BD
2. *Shankh Vati 125 mg* 2BD

It was given for further 5 days

Snehapana

Snehapana was given using *Go-ghrita* in *Madhyam Matra*, gradually increased as recommended in the classical texts (*Vardhamana Matra*) until proper oleation signs were achieved (*Samyak snigdha lakshanas*). During *Snehapana*, the *Dosha Gati* was observed towards the *Adho Marga*; hence, the patient was considered suitable for *Virechana Karma*, and the procedure was continued.

After *Snehapana*, *Sarvanga Abhyanga* and *Swedana* were performed for 2 days as part of pre-*Virechana* preparation.

Table No. 1

Day	Snehapana matra	Lakshanas
1st	30ml	_
2nd	50ml	*Drava mala* 2 *vega*
3rd	100ml	*Diptagni Twakasnigdhata Sharirlaghavta Adhastatsneha Darshan*

VIRECHANA

1. *Virechana yog :Trivrutta avaleha*, 30gm.
2. *Virechanopaga yog: Triphala kwath* 150ml
3. *Virechana Vega:*15 *Pradhana*, 5 *Anuvega*
4. *Kaphanta virechana: Kaphanta Virechana*, was achieved, indicating proper purgation with predominance of *Pitta* and minimal *Kapha*.
5. *Shuddhi : Madhyam shuddhi*
6. *Samsarjana Krama*: 5 days *Peyadi Samsarjana Krama*, was advised.

On the 3rd day of *Samsarjana Krama*, the patient developed mild icterus

Follow-up and outcome: *Virechana karma* was performed as per classical guidelines, followed by *Samsarjana Krama*. On the 3rd day of follow-up, the patient developed mild

yellowish discolouration of the sclera and skin along with general weakness. Liver function test showed raised unconjugated bilirubin, suggestive of Gilbert syndrome.

This was considered an unanticipated event, as *Virechana* is indicated in *Kamala*. The condition was mild and managed conservatively with diet regulation and observation. On further follow-up, the patient improved clinically with a reduction in weakness and discolouration. No further complications were noted, and relief in *Shitpitta* symptoms was maintained.

DISCUSSION

Virechana Karma is an important *Panchakarma* treatment used to remove excess *Pitta Dosha* from the body through the anal route. It is commonly used in chronic and recurring *Shitpitta*, where blood and skin are involved. The success of this therapy depends not only on how well the procedure is done, but also on proper patient selection, preparation, and care after the treatment.

In this case, the patient developed mild yellowish discolouration of the eyes and skin during *Samsarjana Krama*, even though all steps like *Snehapana*, *Abhyanga*, *Swedana*, and *Virechana* were done correctly. From an *Ayurvedic* view, this may be due to increased movement of Pitta in a sensitive patient, which affected the liver (*Yakrit*) and blood channels, leading to signs of *Kamala*.

The patient already had a history of occasional yellowish discolouration, which suggests a hidden liver-related tendency. This can be compared with Gilbert syndrome, where bilirubin levels increase during stress, weakness, or fasting. This shows that even properly performed *Panchakarma* procedure can sometimes cause mild symptoms in such individuals.

Modification in Samsarjana Krama: In such patients, some changes are helpful. The diet should be increased slowly step by step. The patient should take enough fluids and avoid long gaps between meals. Light and *Pitta*-pacifying food should be given. Heavy, spicy, or oily food should be avoided. Regular monitoring is important during this period.

So, taking a proper history to identify such conditions is very important. Proper counselling, careful diet planning, and close follow-up can help prevent such problems. This case shows the need to combine *Ayurvedic* knowledge with modern understanding for safe and effective treatment.

Patient perspective: The patient experienced relief from itching and skin rashes after the treatment. During the diet phase (*Samsarjana Krama*), the patient noticed mild yellowish discolouration of the eyes and skin along with weakness. This caused some stress and there was also inadequate intake of food and water during this period. After evaluation, she was informed about the condition related to Gilbert syndrome and was reassured. With proper diet and care, her condition improved. She also noticed that the gap between two episodes of icterus increased compared to earlier. Overall, the patient was satisfied with the treatment and reported good relief from her main complaints.

Informed consent: Informed consent was obtained from the patient for publication of this case report and any accompanying images. The patient was explained the nature and purpose of the publication in a understandable language. It was assured that all personal identifiers would be kept confidential and efforts would be made to conceal identity. The patient understood that the information would be used solely for academic and scientific purposes and provided voluntary consent for the same.

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