



## A CASE REPORT REGARDING MANAGEMENT OF KAMALA THROUGH AYURVEDA

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<https://doi.org/10.46607/iamj3609112021>

(Published Online: November 2021)

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Article Received: 23/10//2021 - Peer Reviewed: 05/11/2021 - Accepted for Publication: 06/11/2021



### ABSTRACT

*Ayurveda* is traditionally skilful in treating liver diseases for centuries. Although named Jaundice as a liver disorder was not mentioned in *Ayurveda* literature but based on common characteristics and Pathology, *Kamala* can be correlated with jaundice. Jaundice is a clinical manifestation of disorders of underlying bilirubin metabolism, hepatocellular dysfunction, or biliary obstruction. Jaundice occurs in settings of cholestasis or inability to effectively secrete bile as well as disorders of bilirubin metabolism and hepatocellular dysfunction. Today's lifestyle with unhygienic and poor dietary habits and alcoholic habits, etc are responsible factors to promote hepatic damage which is clinically reflected as *Kamala*. This paper discusses a patient seen in the OPD of *Kayachikitsa* Quadra Institute of Ayurveda Roorkee Haridwar. Her chief complaints *Udara shool* (pain in the abdomen), *Kshudha Mandhya* (loss of appetite), *Daurbalya* (weakness), *Hrullas* (Nausea), *Mutrapitata* (yellow discolouration of urine, *Vibhandha* (constipation) for 15 days. This patient was effectively treated by the combination of *Kutaki Churna*, *Triphala*, *Trivrita Churna*, *Bhunimba Churna*, *Arogya Vardhini Vati*, *Phalatrikadi Kashaya*, *Punarnava Mandoor* and Liv 52. All the symptoms showed highly significant results. Hence it can be concluded that these medicines are very effective in patients with jaundice.

**Keywords:** *Udara shool, Kshudha mandhya, Daurbalya, Hrullas, Mutrapitata, Vibhandha.*

## INTRODUCTION

In today's era, most people have got addicted to oily, junk food & alcohol which is a primary cause for the occurrence of hepatic disease. Jaundice, also known as icterus, is a yellowish or greenish pigmentation of the skin and whites of the eyes due to high bilirubin levels.<sup>[1]</sup> The faces may be pale and the urine dark.<sup>[2]</sup> Causes of jaundice vary from non-serious to potentially fatal. Jaundice is an inflammatory disease affecting the liver. High bilirubin is divided into two types: unconjugated (indirect) and conjugated (direct). Clinical features of Jaundice are abdominal pain, Nausea, Anorexia, Fatigue.<sup>[3]</sup> The same clinical features are also explained in the case of *Kamala*, So, based on common characteristics and Pathology, *Kamala* (Jaundice) can be correlated with jaundice. Ayurveda has classified *Kamala Shakhasrita* s also called *Rudhpatha Kaamala* (obstructive jaundice) and *Koshtrasrita* is also called *Bahupitta Kaamala* (haemolytic jaundice).<sup>[4]</sup>

### Case Report:

A 32-year-old female came to OPD of Kayachikitsa Quadra Institute of Ayurveda Roorkee Haridwar with the chief complaints of *Udara shool* (pain in the abdomen), *Kshudha mandhya* (loss of appetite), *Daurbalya* (weakness), *Hrullas* (Nausea), *Mutrapitata* (yellow

discolouration of urine, *Vibhandha* (constipation) since 15 days.

### History of present illness:

The patient was asymptomatic before 15 days gradually she developed abdominal pain, nausea, vomiting, weakness, discolouration of urine. The patient has not taken any medication before. For *Ayurvedic* treatment, he came to our hospital Quadra Institute of Ayurveda in *Kayachikitsa* outpatient department. The patient was clinically examined and decided to investigate for some biochemical laboratory tests.

### History:

Not significant.

### Personal History:

- Bowel – constipation,
- Bladder –yellowish discolouration of urine
- Appetite - poor
- Sleep- altered
- Built – Normal
- No history of any type of addiction like smoking, alcohol.

### Asthavidha Pariksha -

Assessment of the general condition of the patient:

**Table 1:** *Asthavidha Pariksha*

<i>Naadi</i>	<i>Kaphaja</i>
<i>Mala</i>	<i>Malavshambha</i> (constipation)
<i>Jivha</i>	<i>Malavrit</i>
<i>Sabada</i>	<i>Samanya</i>
<i>Spersha</i>	<i>Peetavarniya, Anushnasheet</i>
<i>Driga</i>	<i>Arakta pitata</i>
<i>Aakriti</i>	<i>Samaakriti</i>

### On Local Examination Clinical Finding As

On examination of the patient, no abnormality was detected in CVS, CNS and RS. soft and mild Tenderness over the epigastric region in P/A examinations.

**Diagnosis –** *Kamala* (Jaundice)

**Date of attending OPD–**04/08/2021

In consideration of the findings of clinical examination and investigations (Given in Observation and Result), the following treatment was given.

### Treatments Given

Treatment was given for a period of 45 Days.

**Table 2: Medicine**

<i>Kutaki churna</i>	1gm
<i>Triphala</i>	1 gm
<i>Trivrit Churna</i>	1 gm
<i>Bhunimba Churna</i>	1 gm
	1×2 with Lukewarm water after meal.

1. *Aarogyavardhani Vati* – 2-tab BID
2. *Punarnava Mandoor* – 1 tab BID
3. *Phalatrikadi Kashaya* - 20 ml BID
4. Syp Liv. 52 - 10 ml TID

**Pathya ahara and vihara-****1. AHARA**

Carbohydrate rich diet- bread, rice, potato, yam, custard, sugarcane juice, Cereals - Old rice (*Oriza Sativa*), Barley (*Hordeum vulgare*), *Godhuma* (wheat). Pulses

- *Adhaki* (red gram-Cajamus cajan), *Kulattha* (horse gram), *Mudga* (green gram) Vegetables – leafy vegetables like lettuce and spinach. Fruits - Orange, Watermelon, Apple, *Jambu* (*Syzygium cumini*), *Kapitha* (*Feronia limonia*), grapes, pears, carrot and beets. Avoid fried and fatty food.

**2. VIHARA- (LIFESTYLE MODIFICATION)-**  
*Aasanas* (*Gomukhasana*, *Nokasana*, *Matsyendrasana*, *Dhanurasana*) *kapalbhati pranayama*.

**RESULT****Table 3: Showing Changes in Blood Investigation during Treatment**

Assessment Parameters	04/08/2021	20/08/2021	04/09/2021	20/09/2021
Sr. Bilirubin total	4.62	4.02	1.15	0.96
Direct	2.02	1.59	0.67	0.42
Indirect	2.74	1.83	0.74	0.54
SGOT	97	39	40	17
SGPT	118.9	51.80	19.48	14

During the treatment, the patient was kept only on oral medication for a period of 1 month 15 days. Thus, after one month 15 days of treatment, the patient had got significant improvement in all symptoms. Now the patient is gradually improving and there is no recurrence of symptoms after the 45 days of follow up.

The results were appreciable in both the clinical and laboratory criteria. Statistically, relief in the yellowish colour of eyes and urine, loss of appetite, weakness and reduction in serum bilirubin levels.

**DISCUSSION**

In today's era of industrialization and life-threatening competition, the lifestyle of mankind has been hugely changed. In *Ayurvedic Samhita*, *Kamala* is explained under *Raktavaha Strotas Vyadhi*. Regular consumption of *Ushna-Tikshna Ahara* by *Pandurogi* causes vitiation of *Pitta Dosh*. Due to *Katu*, *Amla Lavan Ahara* there is vitiation of *Pitta* which leads to

hypofunction *Jatharagni* followed by the production of *Amavisha*, and the formation of the disease called *Kamala*. As it is *Pitta* and *Rakta Pradoshaj Vyadhi* it will be managed by *Madhura Tikta* and *Kashaya Rasa*. In *Ayurveda*, various formulations are described for the management of *Kamala* as a supportive medicine. In this case study formulations like *Arogyavardhini Vati*, *Liv.52*, *Phalatrikaadi Kwath* and *Punarnava Mandoora*, *Triphala Churna*, *Kutaki Churna*, *Trivrit Churna*, *Bhonimbadi Churna* are used for the management of *kamala*. All these *Ras Aoushadhi* & herbomineral formulations contain the drugs having *Tikta Rasa*, *Dipana*, *Pachana*, *Rechan*, *Pit-takaphashamaka*, *Yakruttoejaka* and *Rasayana* properties.

**Mode of Action of Drugs-**

*Kutaki* <sup>[5]</sup> is *Rechak*, *dipan*, *raktashuddhikara*, *malabhedani*, *Triphala* <sup>[6]</sup> is *Pittaghna*, *pitta-virechaka*, *anuloman*, *rasayani*, *jwaraghna*, *dipan*,

*kamalahara*, *Trivruta* <sup>[7]</sup> is *Anuloman*, *pittaghna*, *Bhunimba* <sup>[8]</sup> is *Pitta sarak*, *yakrit uttejak* and *Rechan*.

<sup>[9]</sup> **Arogyavardhinivati**: The drug is extremely beneficial in Cirrhosis of the liver, jaundice and case of poor liver functioning, the formulations of *Arogyavardhanivati* contains *Tikta Rasatmak dravyas* predominantly *Tikta Rasa* compose of *Vayu and Aakash mahabhoot* that causes *Dosha Paachana*. Significant results were noted in *Lakshana* the like Anorexia and Vomiting were seen in the patient, indicating the action of the formulation mainly on *Agni* and *Yakruta*.

<sup>[10]</sup> **Punarnava Mandura**: *Agni Deepan*, *Pitta shamak*, *Rasayana*, *Amanashaka*, *Pachana*, *Vatanulomaka*.

<sup>[11]</sup> **Phalatrikadi Kashaya Pittahara**, *Pitta Recana*, *Yakriduttejaka*, *Dipana*, *Recana*, *Shothahara*, *Jvarahara*, *Kamala-hara*, *Pandu-hara*, *KaphaPitta Shamaka*, *Tridosahara*, *Rasayana*, *Kshayaghna*.

<sup>[12]</sup> **Liv 52** contains *Himsra* (*Capparis spinosa*), *Kasani* (*Cichorium intybus*), *Mandur Bhasma* (Ferric oxide calx), *Kakamachi* (*Solanum nigrum*), *Arjun* (*Terminalia arjuna*), *Kasamarda* (*Cassia occidentalis*), *Bhiranjasipa* (*Achillea millefolium*), *Jhavuka* (*Tamarix gallica*), all these drugs are being used to improve functional efficacy of liver with antioxidant, stimulant, antibacterial property.

## CONCLUSION

From the above case study, it can be concluded that effective treatment of *Kamala* is possible by *Ayurveda*. In patients with jaundice, there was a marked reduction of symptoms like yellowish discolouration of the skin, icterus, yellowish discolouration of urine, Anorexia. No unwanted effect of the medicine was observed during treatment and during follow up period. As this was a single case study, if taken on large sample size, the treatment of *Kamala* can be emphasised more effectively for the betterment of society.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Charu Sharma: A Case Report Regarding Management Of Kamala Through Ayurveda. International Ayurvedic Medical Journal {online} 2021 {cited November 2021} Available from: [http://www.iamj.in/posts/images/upload/2866\\_2869.pdf](http://www.iamj.in/posts/images/upload/2866_2869.pdf)