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An Ayurvedic Management of Koshthashrita Kamala with special reference to Hepatocellular Jaundice: A Case Study

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Abstract: *Kamala* is a condition characterized by yellowish discoloration of skin, eye and mucous membrane. *Kamala* is mainly cause due to excessive intake of *Ushna* (hot), *Tikshna* i.e *pitta prakopaka* (aggravation) diet and regimen. Due to this the increased *pitta dosha* with vitiation of *rakta* (blood), *mansa* (muscles) *dhatu* results in *Kamala roga*. Here we study of young male 28 year old had complains of *Chhardi*, *Ajirna*, *Dourbalya*, *Avipaka* with increased liver functional test value i.e S.G.P.T 1200U/L. on physical examination and as per the liver functional test this case was diagnosed as *Koshthaashrita Kamala* which is very similar to Hepatocellular Jaundice due to resemblance. In *Ayurveda*, *Virechana* is the first line of treatment of *Kamala* followed by *Virechaka* (purgative), *Rasayana* (rejuvenator) and *Dhatuvaradhaka* (nourishes body tissues) treatment for formulation Ayurvedic medicine.

Key words: *Ayurvedic*, Hepatocellular Jaundice, *Kamala*, *Virechana*

Introduction : According to *Acharya Charaka*, *Kamala* is considered as advance stage of *panduroga* (anaemia). It is classified as a *pittaja nanatmaja vyadhi* and a *rakta pradosaja vyadhi*⁽¹⁾. It occurs due to unhygienic food, road side food, contaminated drink etc. *Kamla* can be correlated with jaundice because of similarities in their causes, symptoms, pathophysiology etc. Jaundice is defined as a condition in which yellowish staining of skin, mucous membranes and sclera occurs due to the deposition of bilirubin⁽²⁾. Also stool and urine become red or yellow in color. Patient develops complexion like that of frog (*bhekvarna*)⁽³⁾. Patient gets emaciated and suffers from burning sensation, indigestion, weakness, anorexia and senses gets impaired. Modern medical science only has symptomatic treatment for *kamla* and no specific treatment. *Ayurvedic* texts describe *chikitsa sutra* of *kamala* as "*kamali tu virechane*"⁽⁴⁾ The basic concept behind this is that *rakta* and *pitta dusti* are responsible for *Kamala* and regular *virechana* and timely intervals helps to get rid of vitiated *rakta* and *pitta*.

Most clinical features of jaundice are much more analogous to *Kamala* ailment of traditional system of medicine in diverse aspects. The textual and pathological classification of *Kamala* has a vast significance in diagnosis and healing of disease. On the whole, there are two types of *Kamala*; *Koshthashrit* and *Shakhashrit*. *Koshthashrita kamala* arises due to excess break down of erythrocytes, it is also called *Bahupitta kamala* because it increase the production of *Pitta*. Second *Shakhashrita kamala* arises due to obstruction in *Pittavaha srotas* (intrahepatic cholestasis), here the cause *kamala* is only reduced the excretion of bilirubin, so called *Alp- pitta kamala*. Both types of jaundice are very much close to the haemolytic and hepato-cellular jaundice of

Case history: A 28 year male patient came to OPD on 28/08/2023 having complaints of Chardi since 2 day, Aruchi since 7day, Dourbalya since 2day, also complaint of dark yellow colored urination 4-5 time in a day. Physical examination found yellowish discolorations of scler, nail and skin. No other past medical illness or surgical history.

For this case patient was advised laboratory investigation and USG (Abdomen)

CBC, LFT's, Urine R-M were within normal limit except increased SGPT and Serum Bilirubin. Based on clinical findings, examination and laboratory investigation this patient was diagnosed as *Koshthaashrita*

Table no1: Lab report (28/8/2023)

CBC	Range	LFT's	Range
Hgm	12.2g/dl	Total bilirubin	4.5mg/dl
Wbc	9330	Direct bilirubin	3.1
PLT	200000	Indirect bilirubin	0.4
MCV	81.3	SGOT(AST)	1200 U/L

Physical examination of Urine		Microscopic examination of Urine	
Color	Yellow	Red cell	Absent
Appearance	Clear	Pus cell	3-4 H.P.F
Reaction	Acidic	Epithelial	1-2 H.P.F
Protein	Trace	Casts	Absent
Glucose	Absent	Crystals	Absent
Bile pigment	Present	Trichomonas vag.	Absent

Table no :2 USG Abdomen

Liver, Gall bladder ,Pancreas , Spleen , Kidney, Urinary bladder were found normal
Impression: Pericholecystic & peri portal cuffing & few enlarged peri portal lymph nodes.

Table no:3 Prescribed treatment Drug, Dose , Duration

Drug	Dose	Duration
<i>Phaltrikadiwath</i> ⁽⁵⁾	3 table spoon BD	20 days
<i>Arogyavardhinivati</i> ⁽⁶⁾	2 tablet TDS	20 days
<i>Sutshekhhar ras</i> ⁽⁷⁾	2 tablet TDS	20 days
<i>Shankha bhasma</i> ⁽⁸⁾	250 mg TDS	20 days
<i>Erand patra swarasa</i> ⁽⁹⁾	3 table spoon TDS	20 days

Table no:4 Liver function tests before and after treatment

LFT	Normal range	28/08/2023	05/09/2023	17/09/2023
SGPT	05-45 U/L	1200 U/L	500 U/L	30 U/L
Total bilirubin	0.1-1.2mg/dl	4.5mg/dl	2.5 mg/dl	0.23mg/dl
Direct bili	0-0.3mg/dl	3.1mg/dl	2.3 mg/dl	0.19mg/dl
Indirect bili	0.09mg/dl	0.4 mg/dl	0.2 mg/dl	0.04mg/dl

Results and Discussion: Treatment was advised for 20 days (Table no.3). With this treatment liver function tests were repeated after six days of treatment. The patient had shown remission in vomiting and also in associated symptoms after three days of treatment. Patient has been made to follow *Pathya* (wholesome) strictly as described in classics. Further subsidence was observed in all symptoms after sixteen days of treatment (Table no.4).

In Ayurveda *virechaka* (purgative), *Rasayana* (Rejuvenator) and *Dhatuwardhak* (nourishes body tissues) treatment is a concept used in *Kamala* disease where pathological factors are expelled out of the body by pitta *virechana*⁽¹⁰⁾. The *Ayurvedic* formulations selected for this case were planned considering aims to improve liver function and thereby improving digestion and metabolism. For this purpose we used formulations as presented above in Table no.3 which have actions mainly on digestive systems. Selection of formulations was based on principle of *Ayurveda* therapeutics involving improving the agni and administering *Rasayana* (Rejuvenator) drugs to offer increment in liver function and *dhatuwardhana* (nourishes body tissues).

Arogyavardhinivati contains *katuki* (*Picrorhiza kurroa*) as main ingredient having *tiktarasa* and *kaphapittahara dosha* karma. It has purgative property due to presence of *Katuki* (*Picrorhiza kurroa*) as *Kamala* is *pittapradhana vyadhi* and the pitta *virechana* is line of treatment for this disease. So, this formulation increases appetite and regulate the pitta secretion. As Go to Setting per its characteristics *Arogyavardhinivati* improves digestion power, clear waste products from body. In terms of pharmacodynamic properties, the individual drugs in *Phalatrikadikwath* have maximum *katu- kashayarasa*⁽¹¹⁾. Its *agnideepana*

function increase metabolism and reduces ama formation by virtue of *tikta-katurasa*. Ingredients of *Phalatrikadi kwath* individually evaluated hepatoprotective function for are their Choleric and cholegogue action of *katuki* (*Picrorhiza kurroa*), has been reported by fall in serum bilirubin due to clearance of bile passage. Antioxidant properties of formulation ingredients' i.e. *Amalaki* (*Phyllanthus emblica*), *Haritaki* (*Terminalia chebula*), *Vibhitaki* (*Terminalia bellirica*), *Nimba* (*Azadiracta indica*) they help to protect liver disease. While *Guduchi* (*Tinospora cordifolia*) is an important ingredient of this *kwath*, as established has an immune modulatory effect⁽¹²⁾. Patient cured with this *Ayurvedic* intervention without any complication in fifteen days. *kamla* which is further hampered by intake of *snigdha* (unctuous) *guru* (heavy) diet and *pishtanna* (Flour items) due to *agnimandhya*, *katu rasa* and *ushnaviryaaahar* also evaded by patient. In *viharaatapasevan* (exposure to sun) is strictly avoided. Patient took only boiled mung, boiled rice and *murmura* which was fried in minimum amount of ghee.

Conclusion: On the basis of above discussion it can be concluded that *pittavirechaka*, *rasayna* and *dhatuwardhaka* drugs give excellent results in *Kamala* (Hepatocellular jaundice). This protocol should be evaluated in more number of patients to demonstrate line of treatment of *Kamala* (Hepatocellular jaundice) for its scientific validation

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CONFLICTS OF INTEREST

This work is not published anywhere. The authors declare no conflict of interest

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