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Case Study

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A CASE STUDY ON KAMALA (JAUNDICE) MANAGEMENT: AN AYURVEDIC APPROACH

Dr. Deshpande P. V.¹*, Dr. Shinde R. B.¹, Dr. Khobarkar P. N.², Dr. Gulhane J. D.³ Dr. Wankhede S. N.²

> ^{1,2}PG. Student, ³Associate Professor and Guide, Department of Kaychikitsa, GACH Nagpur.

ABSTRACT

Jaundice (*Kamala*) is a yellowish pigmentation of the skin, the conjunctival sclera, and other mucous membranes caused by hyperbilirubinemia (increased levels of bilirubin in the blood). Unhygienic lifestyles and poor dietary habits contribute for its cause. Addiction of alcohol seems hindering the normal pathophysiology of liver leading to risk of liver diseases. These responsible factors promote hepatic damage which clinically reflects as *Kamala Roga*. The effect of Ayurvedic treatment was assessed in relation to improvement in overall clinical signs and symptoms and haematological

investigations on the basis of grading and scoring system. This case represents *Kamala*(jaundice), treated by ayurvedic medicines, patient 28 yr old showing remarkable improvement evidenced by SGPT that improved from1171 IU/ml to 52.58 IU/ml, with significant relief from all the signs and symptoms.

INRODUCTION

Jaundice is not a particular disease but it is occurred due to associated pathologies of other diseases like infective hepatitis, obstruction of the bile duct by gall stone or tumor, alcoholic liver diseases, hemolysis, etc. It refers to yellowish discoloration of skin, sclera or mucous membrane and it is resulting of excess level of bilirubin in the blood. Bilirubin undergoes conjugation within the liver resulting water soluble, then excreted in the form of bile into the gastrointestinal tract. Jaundice occurred when this pathway is disturbed. There are mainly three types of jaundice wisely prehepatic jaundice due to excessive breakdown of RBCs which leads to unconjugated hyperbilirubinemia. Hepatocellular jaundice which is also called

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*Corresponding Author Dr. Deshpande P. V. PG. Student, Department of Kaychikitsa, GACH Nagpur. as intrahepatic jaundice and it is due to dysfunction of the liver itself. This leads to both conjugated as well as unconjugated bilirubin in the blood. Third is post hepatic jaundice due to obstruction of biliary drainage and result into conjugated hyper-bilirubinemia.^[1]

In *Ayurveda Kamala* is described under *Raktavaha Strotasa* (circulatory system).^[2] *Yakruta* (liver) and *Pleeha* (spleen) are the *Moolasthana* (origin) of the *Raktavaha Strotasa*.^[3] *Kamala* is caused due to *Ushna- Tiksna* (hot, spicy) food which is responsible for aggravation of *Pitta* (bile) in blood and circulating all over body through blood circulation. Due to this symptom like *Nakha, Netra, Twaka, Mutra, Purish Pitata* (discoloration of nails, sclera, skin, urine and stool) are seen.^[4] There are mainly two types of *Kamala* i.e. *Bahupitta Kamala* (Haemolytic or hepatocellular jaundice) and *Ruddhapatha Kamala* (obstructive jaundice). Main difference in between both *Kamala* is *Tilapishtanibha Malapravrutti* which is present in *Ruddhapatha Kamala* due to biliary duct obstruction results in bile not entered in gastrointestinal tract and this symptom is formed. *Bahupitta Kamala* is also known as *Koshtha shakhashrita Kamala* (limbs). *Ruddhapatha Kamala* is also called as *Shakhashrit Kamala* or *Alpapitta Kamala* because, in this type production of bile (*Pitta*) is normal but obstruction to biliary system present.

Jaundice is mainly treated by underline cause. There is no significant treatment for jaundice. In *Ayurvedic Samhita* there are main two type of treatment given for Kamala i.e. specific and non-specific. Non-specific treatment is given for all diagnosed patient of jaundice. Specific treatment is for specific type of Kamala i.e. *in Bahupitta Kamala, Snehana* and *Mrudu Virechana* are given and *in Ruddhapatha Kamala, Snehana karma* (procedure) is totally *Varjya* (restricted) and *Tikshna Virechana* is given. Present case study is on Ayurvedic management of *Kamala* including *Virechana* (purgation procedure) and oral drug administration of *Kutki choorna, Arogyavardhini Vati, Guduchi Choorna Kwath* and *Bhunimbadi Kwatha*. By above medication patient was successfully managed and had a significant relief.

AIM: To evaluate Ayurvedic management of Kamala (Jaundice).

OBJECTIVE

- 1. To study concept of Jaundice.
- 2. Detail study of Ayurvedic management of Kamala.

MATERIALS AND METHOD

Setting: Government Ayurvedic Hospital, Nagpur.

CASE REPORT

This case study is on successful management of Kamala (Hepatocellular jaundice) by Ayurvedic purification procedure like *Virechana karma* (Purgation therapy) along with internal medication such as *Arogyavardhini Vati, Kutki Choorna* and *Bhunimbadi Kwath*.

A 28-year-old male patient having registration no.(OPD) 18579 came to Government Ayurvedic Hospital, Nagpur, dated: 6 March 2019.

Patient having following chief complaints.

- 1. Udar Shool (Abdominal pain)
- 2. Pita Netra (Yellowishness of sclera)
- 3. Pita Varniyatwaka (Yellowish discoloration of skin)
- 4. Pita Mutra (Yellowishness of urine)
- 5. Daurbalya (Weakness)
- 6. Anannabhilasha (Anorexia)

Along with associated symptoms like

- 1. Anidra (insomnia)
- 2. Malabadhata (Constipation)
- 3. Agnimandya (indigestion)

History of present illness

Patient was normal before 30 days. Since then he had been suffering from *Pita Varniyatwaka* (Yellowish discoloration of skin), *Pitta Varniya Mutra* (Yellowish discoloration of urine), *Daurbalya* (weakness), *Anidra* (insomnia), *Malabadhata* (Constipation), *Agnimandya* (indigestion), *Udar Shool* (Abdominal pain), *Pita Netra* (Yellowishness of sclera). He also had taken treatment in private hospital but complaints not recovered. So came to Government Ayurvedic Hospital, Nagpur for further management and treatment, on dated 6 March 2019. With reference to above complaints patient was prior screened for anti HEV antibodies for Hepatitis E, which were found reactive.

Past history

- No any history of major illness such as Hypertension, Diabetes mellitus, Asthma.

- No any specific maternal history
- Addiction: History of Alcohol consumption.
- No any surgical history

Clinical findings - Physical examination

Ayurvedic

Nadi (pulse) - 94/min Mala (stool) –Asamyakpravrutti, Malavasthambha Mutra (urine) - Pitavarniya. Jihwa (tounge) - Niram. Agni - Kshudhamandya. Shabda (speech) - Spashta (Normal). Sparsha (skin) - Samshitoshna. Druka (eyes) - Netrapitata Prakriti - Vata kapha Sara, Sahanan, Satva, Satmya - Madhyam. Vyamshakti, Aharshakti – Alpa

Modern

CVS - S1, S2 normal, Murmur and cyanosis absent. Brachial and carotid artery pulsation bilaterally equal. *Raktachaapa* (B.P) - 130/80 mm/Hg
Pulse - 94/min regular
RS - shape and size of chest normal
RR - 21/min, Chest clear, air entry bilaterally equal, No crepitations.
CNS - Pt. is well oriented, Pupillary function normal, all joint reflexes normal, sensory reflexes normal.

Per abdomen

- _ Inspection: Shape of abdomen normal
- _ Palpation : Liver palpable (tenderness absent),

Spleen, kidney - non-palpable.

Hard and tender at hypochondriac region.

_ Percussion: Tympanic sound, Auscultation : bowel sound normal

Investigation

Sonography - Liver: Moderately enlarged and shows echogenicity. Parenchymal echogenicity is altered. Sonographic findings of liver are suggestive of Acute Hepatitis.

Treatment schedule

Table 1: Treatment schedule.

Date	Medicine	Dose	Aushadhi Kala	Anupan	
6/03/2019 to	Arogyavardhini	250 mg two	Vyanodanee	Koshsna jala	
09/03/2019	vati	times	vyunouunee	Kosnsna jala	
6/03/2019 to	Kutki churna	5 gm two times	Vyanodane	Koshsna jala	
15/03/2019	Панкі спагна	5 gin two times	• yunouune	Rosnsna jaia	
6/03/2019 to	Guduchi churna	40 ml two times	Vyanodane	Koshsna jala	
15/03/2019	Kwath	40 mi two times	v yunouune	Rosnsna jala	
6/03/2019 to	Syp. Liv 52	5ml two times	Vyanodane	Koshsna jala	
15/03/2019	<i>Syp. Liv 52</i>	Jill two tilles	v yanoaane	кознъна јана	
6/03/2019 to	Syp. Duphalac	10ml daily once	Nishsakale		
12/03/2019	Syp. Duphaiac	Tomin daily once	Τνιδηδακαιε	-	
6/03/2019 to	Bhunimbadi	10ml three times	Apane		
15/03/2019	kwath	Tomi three times	Tipune	_	
6/03/2019 to	Syp. Jaundex	10 ml two times	Vyanodane		
15/03/2019	<i>Бур. </i>	10 mi two times	v yunduune	-	
6/03/2019 to	Tab. Biplex Forte	1 tab O.D			
12/03/2019	Tub. Diplex Porte	1 tao 0.D		_	

Pathya-Apathya

Pathya is one which is compatible and does not prove harmful to the body. In *Chikitsasthana*, *Acharya Charaka* stated another definition for *Pathya* such that everything that is *Priyam* (suitable) to *Manasa* and *Shareera* is called *Pathya*.^[5]

Diet schedule

Morning: Breakfast- milk, poha.

Lunch: 2-3 Chapati, Sabji, green vegetables, cow ghee, Dal-Rice.

Apathya: Oily - spicy food, fermented and bakery food stuff.

RESULTS

Table 2: Liver function test and kidney function test.

Date	1/03/2019	5/03/2019	7/03/2019	14/03/2019	27/03/2019
SGOT			High	263.3 IU/L	38.74 IU/L
SGPT	1171 IU/L	2450 IU/L	High	465.3 IU/L	52.58 IU/L
Bilirubin T	8.38 mg/dl	12.12 mg/dl	20.63 mg/dl	7.38 mg/dl	1.95 mg/dl
Bilirubin D	6.4mg/dl	8.44 mg/dl	12.39 mg/dl	4.03 mg/dl	1.68 mg/dl
Creatinine	-	-	0.57 mg/dl	-	-

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Uric acid		3.4 mg/dl	
Cholesterol		70 mg/dl	
Triglyceride		263.8 mg/dl	

Table 3: Hemogram tests.

Date	7/03/2019	27/03/2019
Blood sugar	96 mg/dl	-
HB	13.6 gm %	12.4 gm %
TLC	8500 cu/mm	4400 cu/mm
DLC	N-52, L- 31,	N-42,L-
DLC	E+M- 17%	41,E+M-17%
ESR	32 mm/hr.	47 mm/hr.

Table 4: Assessment criterion for Kamala.

SN	Symptoms	Normal	Mild	Moderate	Severe
1	Pita Varniyatwaka (Yellowish discoloration of skin)	0	1	2	3
2	Pitta Varniya Mutra (Yellowish discoloration of urine)	0	1	2	3
3	Daurbailya(weakness)	0	1	2	3
4	Anannabhilasha(Anorexia)	0	1	2	3

Table 5: Observation of Results.

SN	Symptoms	Before treatment	After treatment
1	Pita Varniyatwaka (Yellowish discoloration of skin)	3	0
2	Pitta Varniya Mutra (Yellowish discoloration of urine)	3	0
3	Daurbailya(weakness)	3	1
4	Anannabhilasha(Anorexia)	3	0

DISSCUSION

In *Ayurvedia*, *Kamala* is considered under *Raktavaha Strotasa Vyadhi* (Disease of circulatory system). It is caused due to when *Pandurogi* (Anaemic patient) frequently consumes *Ushna-Tikshna Ahara* (hot and spicy food) then vitiation of *Pitta Dosha* occurred and all symptoms are seen.^[6] All above aggravating factors along with prolong consumption of alcohol was taken by patient. Ayurvedic treatment is cost effective and it is famous for irreversible treatment (*Apunarbhava Chikitsa*) hence patient came for Ayurveda management.

In Ayurveda, treatment for *Kamala* contain *Snehana* (internal oleation therapy) and *Virechana Karma* (purgation therapy). Patient having *Pitta Pradhan Kapha prakruti* and consume all causative factors leading *Pitta Dushti*. According to *Ayurveda, Virechana*

therapy is best for *Pitta Vikara*. It removes increased *Pitta* (bile) and purify the body and give significant relief in Kamala patient. *Kutki choorna* is used for *Virechana Karma* due to its purgative property. *Arogyavardhini Vati* was selected due to it increases appetite and as patient was complaining giddiness, weakness and anorexia, it reduces due to its *Balya* property. Also, it contains *Tamra Bhasma* which act as a *Hridya and yakrutya*, hence reduces sign of fatty liver.

The drugs and its properties are as follows (described in table no. 6).

Sr. No.	Name of drug	Properties
1.	Arogyavardhini Vati ^[7]	Malashuddhikara (Purgative), Kshudhavardhaka (Appetizer), Balya (Toinic), Hrudya (Heart tonic)
2.	Kutki Choorna ^[8]	Rechaka,Deepana, Raktashudhikara, Malabhedana.
3.	Bhunimbadi Kwath ^[9]	Laxative, Digestive, Antibacterial, Haemostatic
4.	Guduchi Choorna	Jwaraghna, Balya, Rasayana, Yakrutya.

Table 6:

CONCLUSION

Kamala (jaundice) is successfully managed by *Shamana* therapy and *Pathya Apathya* management. Oral Ayurvedic drugs like *Arogyavardhini Vati, Bhunimbadi Kwatha, Kutaki Choorna, Guduchi Choorna* were effective in relieving the signs and symptoms of *Kamala* without any harmful effect.

REFERENCES

- 1. http://teachmesurgery.com/hpb/presentations/jaundice.
- Ravidatta Tripathi, Charaka Samhita, Sutrasthana 28, vividhashitapitiya adhyaya, editionreprinted, 2009, publish by Chaukhamba Surbharati Prakashan varanashi, page no. 430. 6.
- Ravidatta Tripathi, Charaka Samhita, Vimanasthana 5, Strotovimana adhyaya, editionreprinted, 2009, publish by Chaukhamba Surbharati Prakashan varanashi, page no. 588.
- 4. Y.G.Joshi, Charaka Samhita part2, chikitsasthana 16, pandurogachikitsa adhyaya, 4th edition, publish by vaidyamitra prakashan pune, 2014; 386: 389.

- Kashinath Shastry. Editor, Charaka samhita, Commentary by Chakrapanidatta, 8th edition, Varanasi: Chaukambha Sanskrit Samsthana; 2004. Sutra sthana 30th chapter, verse 26, pp 450.
- 6. Y.G.Joshi, Charaka Samhita part2, chikitsasthana 16, pandurogachikitsa adhyaya, 4th edition, publish by vaidyamitra prakashan pune, 2014; 386: 389.
- Prof. D.A. Kulkarni Rasa Vagabhatta, Rasa Ratna Samuchchya, Visarpadi chikitsa; Adhyaya 20/106-112 Reprint 1998, Meharchanda Lachhmandas, 1802
- 8. The Ayurvedic Pharmacopoeia of India First Edition, Government of India Ministry of Health & Family Welfare Department of Ayush New Delhi, 2008; 85.
- Shashtri AD, editor, (4th ed., Bhaishjya Ratnavali of Govind Das, Jvara Chikitsa 5/127-128 Varanasi: Chaukhambha Sanskrit Sansthan, 2008; 270.