



ISSN 2456-3110

Vol 6 · Issue 1

Jan-Feb 2021

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

# JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

Indexed

# An Ayurvedic approach to *Koshtashakashrita Kamala* w.s.r. to Alcoholic Hepatitis - A Case Study

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## ABSTRACT

*Kamala* explained in Ayurvedic texts is a disease therefore it cannot be correlate to jaundice as it is only sign which means yellowishness. But it can be correlated to hepatitis of either cause viral or non-viral. *Yakrit Vikara* is developed due to excessive consumption of *Madya* continuously for a prolonged period and is chronic in nature. Excessive alcohol consumption could result in alcoholic, fatty liver disease or steatosis, alcoholic hepatitis (AH), and eventually cirrhosis. Alcoholic hepatitis is a severe syndrome of alcoholic liver disease (ALD), characterized by rapid onset of jaundice, malaise, tender hepatomegaly, and with subtle features of systemic inflammatory response. *Ayurveda* is traditionally skilful in treating liver diseases since centuries. The description of Hepatocellular jaundice is similar to Ayurvedic description of *Kamala Vyadhi*. Here a case report of a 46 years male who is chronic alcoholic having *Bahupitta Kamala* who was treated with herbo mineral medicines and which gave effective result by *Pitta Sramasana* (lowering *Pitta*) in the same case.

**Key words:** *Koshtashakashrita Kamala, Alcoholic Hepatitis, Pitta Sramsana, Shamanoushadis.*

## INTRODUCTION

In human beings *Rakta Dhatu* is given utmost importance as the diseases pertaining to *Rakta* is more in incidence. *Kamala* is such a disease where in the *Raktadhatu* is vitiated primarily by *Pitta Dosha*.<sup>[1]</sup> If the patient suffering from *Pandu* indulges in *Pittala Ahara-Vihara* (diet and regimens), the *Pitta* aggravates and burns the *Rakta* and *Mamsadhatu* to cause the disease *Kamala*. Mainly *Ranjak Pitta Vikruti* is mentioned in *Kamala* etiopathogenesis.<sup>[2]</sup> Eyes, skin, nails and face of the patient become exceedingly

yellow. Stool and urine become red or yellow in colour. Patient develops complexion like that of frog (*Bhek Varna*). Senses gets impaired, patient gets emaciated and gets afflicted with burning sensation, indigestion, weakness and anorexia.<sup>[3]</sup> Two types of *Kamala* are mentioned on the basis of pathogenesis and clinical presentations, *Kostashakashrita* and *Shakashrita Kamala*. *Kostashakashrita Kamala* is a common disorder seen in urban as well as rural areas with poor hygiene and sanitation. Individual who indulges in *Nidana Sevana* as indicated under *Kostashakashrita Kamala* become victims of the diseases. Ayurvedic literatures have wealth of resource information regarding the treatment of *Kamala* and preventing its complications. By considering all these factors the study is aimed at understanding the disease; bearing in mind, the etiological factors, its *Samprati*, role of different present-day investigations in evaluating the disease *Kamala*.

## OBJECTIVES OF THE STUDY

1. To study concept of *Kamala* (Jaundice)

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Submission Date: 12/01/2021 Accepted Date: 07/02/2021

### Access this article online

#### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

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- To know the significance *Shamanoushadhis* (oral medications) in the management of *Bahu Pitta Kamala*.

## MATERIALS AND METHODS

### Method

Centre of the study - Sri Kalabyraveswara Ayurvedic Medical College and Research Centre.

Simple random single case study

### Material

- *Patolakaturohinyadi Kashaya* 10ml-0-10ml with warm water after food
- *Kamaryasva* 10ml-0-10ml with water after food
- *Chitrakadi Vati* 250mg-250mg-250mg with warm water before food
- *Arogya Vardhini Rasa* 250mg-250mg-250mg with warm water before food
- *Nimba + Amruta + Bhummyamalaki + Bringaraja Swarasa* 30 ml on empty stomach.

## CASE REPORT

A 46-year-old male patient came to OPD at Sri Kalabyraveswara Ayurvedic Medical College and Research Centre. On dated 01 December 2020 with chief complaint of,

- Raised body temperature and bitter taste in mouth since 7 days
- Hard and Incomplete evacuation of stool since 20 days
- Yellowish discoloration of sclera, skin, nails, stool and urine since 20 days
- Reduced taste perception, generalized weakness, burning sensation all over body since 1 month
- Abdominal pain and distention since 3 months aggravated since 20 days
- Reduced appetite, nausea and vomiting since 6 months aggravated since 20 days

### History of present illness

A male patient by name XYZ, 46 years old who is a chronic alcoholic, smoker and tobacco chewer gradually experienced reduced appetite, nausea and

vomiting on and off since past 6 months. Patient reported contents of vomitus as yellowish, with mucous and which was causing sour and bitter taste in the mouth, according to his estimation it would be  $\frac{1}{4}$  of cup in quantity. since past 3 months patient reported upper abdominal pain and appreciated gradual abdominal distention for which he consulted nearby clinic and took allopathic medications (medicine details unknown). Patient used to get relief from nausea, vomiting and abdominal pain for short period of time nearly up to 2-3 days but abdominal distention persisted. Whenever same condition got relapsed, he himself used to take over the counter medications at medical shop for symptomatic relief. Patient also noticed reduced taste perception, generalized weakness and Burning sensation all over the body since 1 month. Reduced taste perception which was particularly with sour and sweet tastes was noticed since 1 month. Patient was finding difficult to perform his activities of daily living due to weakness, and this persisted throughout the day. Even mild physical activity used to exacerbate weakness, for which he used to find relief with rest and sleep. Burning sensation in all over the body was intermittent in nature (frequency of 2-3 times/ day). Patient also noticed nearly 27 kgs of gradual weight loss during these 6 months period of illness but patient ignored all these factors and continued alcohol consumption, tobacco chewing and smoking. Since past 20 days patient noticed yellowish discoloration of sclera, skin, urine and nails, associated with incomplete evacuation of stool where he passed stool once in this period For these complaints patient visited a folklore medical practitioner and took medicine on 16/11/2020 at mattikere for the course of 10 days (medicine details unknown) but he didn't find any improvement, again he visited a nearby clinic on 22/11/2020 and underwent various lab investigations but did not go back to that clinic after investigations. Patient complained of raised body temperature and bitter taste in mouth since past 7 days which was intermittent in nature with irregular time interval. With all these complaints patient visited SKAMC

hospital and got admitted on 01/12/2020 for the further management.

#### Past history

H/O hemorrhoids 2 years back

N/N/C/O DM, HTN and Thyroid dysfunction

#### Clinical findings - Physical examination

##### Asta Vidha Pareeksha

- *Nadi: Pittaja Nadi (86/Min)*
- *Mutra: Peeta Varna 4-5times / Day ,1 Times /Night.*
- *Mala: Peeta Varna, Vibhanda*
- *Jihwa: Lipta*
- *Shabda: Prakruta*
- *Sparsha: Anushna Sheeta*
- *Drik: Peeta Varna*
- *Akruti: Krusha*

##### Dasha Vidha Pareeksha

- *Prakruti - Pitta Vataja*
- *Aharaja Hetu: Madya, Smoking, Tobacco chewing, Katu, Tikta, Tikshna Ahara Sevana Akala Bhojana*
- *Viharaja Hetu: Atiyana Vegavarodha Divaswapana*
- *Manasika Hetu: Krodha, Chinta*
- *Dosha: Pitta Pradhana Tridosha*
- *Dushya: Rasa, Rakta, Mamsa Purisha Mutra*
- *Swabhava: Chirakari*
- *Desha: Sadharana*
- *Kala: Sharad Rutu*
- *Bala: Pravara*
- *Sara: Avara*
- *Samhanana: Avara*
- *Pramana: Avara*
- *Satmya: Vyamishra*

- *Satva: Madyama*
- *Ahara Shakti: Abhyavaharana Shakti - Avara Jarana Shakti - Avara*
- *Vyayama Shakti: Avara*
- *Vaya: Madyama*

#### Systemic examination

CNS – No abnormality detected

CVS - No abnormality detected

RS - No abnormality detected

#### Gums

Recession - Present

Submucous Fibrosis - Present

#### Teeth

Tartar - Present

Stain - Present

Fluorosis - Present

#### Tongue

Colour of tongue - Yellowish white coated

Leukoplakia - Present

#### Breath

Halitosis - present

#### Abdominal Examination

##### Inspection

Abdominal Contour - Distended Shape

Umbilicus - Centrally Placed

Shape - Inverted

Colour - yellowish

Movement of respiration - abdomino thoracic

Visible peristalsis - absent

Abdominal girth - 35 cm

#### Palpation

Superficial

- Superficial Tenderness - present at right hypochondric epigastric and right lumbar region
- Guarding - present
- Temperature - Not raised

#### Deep palpation

- Splenomegaly - no organomegally
- Hepatomegaly - 4 finger enlargement from the right costal margin
- Focal distinction -

Right hypochondrium +++	Epigastric region +++	Left hypochondrium +
Right lumbar ++	Umbilical region +	Left lumbar +
Right iliac region +	Hypogastrium	Left iliac region +

Puddle sign - Negative

#### Investigation

**Table 1: liver function tests.**

LFT	22/11/2020	On 1/12/2020	On 5/12/2020
Serum Total Bilirubin	10.94 mg/dl	12.07 mg/dl	8.4 mg/dl
Direct Bilirubin	7.26 mg/dl	5.06 mg/dl	6.9 mg/dl
Indirect Bilirubin	3.68 mg/dl	7.01 mg/dl	1.5 mg/dl
SGOT	185.04 U/L	303 U/L	204 U/L
SGPT	78.50 U/L	106 U/L	74 U/L
Serum Alkaline Phosphatase	735.42 IU/L	339 IU/L	371 IU/L
Serum Total Protein	6.54 gm/dl	7.6 gm/dl	6.3 gm/dl

Serum Albumin	3.90 gm/dl	3.60 gm/dl	2.6 gm/dl
Serum Globulin	2.64 gm/dl	4.0 gm/dl	3.7 gm/dl
Serum A/G Ratio	1.48	0.90	0.7
HbsAg	Negative		

03/12/2020 - CT scan Abdomen and Pelvis (Contrast)

#### Impression

- Gross Hepatomegaly with Grade-III fatty infiltration. No features of chronic Liver Parenchymal disease/ Portal Hypertension/ Portal Vein Thrombosis.
- Tiny Calcified Granulomas in segment -VIII of Liver.
- Reactive Upper Abdominal and Retroperitoneal Lymph Nodes.

(12/12/2020) Chest x ray PA view - Normal

#### Treatment schedule

**Table 2: Treatment schedule**

Date	Medicine	Dose	Anupana
1/12/2020 to 5/12/2020	<i>Patolakaturohinyadi Kashaya</i>	10ml—0—10ml	<i>Sukhoshna Jala a/f</i>
	<i>Kamaryasva Chitrakadi Vati</i>	10ml—0—10ml	<i>Sukhoshna Jala, a/af</i>
	<i>Arogya Vardhini Rasa</i>	250mg—250mg—250mg	<i>Sukhoshna Jala b/f</i>
	<i>Nimba + Amruta + Bhummyamalaki + Bringaraja Swarasa</i>	30 ml	<i>Sukhoshna Jala in empty stomach</i>

#### Pathya- Apathya

*Pathya* is one which is compatible to the body and which is not harmful to the body. In *Chikitsasthana*, *Acharya Charaka* given another definition for *Pathya* which is a *Priyam* (suitable) to *Manasa* and *Shareera* is called *Pathya*.<sup>[4]</sup>

Table 3: Pathya Apathya

Pathya	Apathya
Ksheera	Madya
Patola	Swedana,
Puraan Shaali	Kshara
Puraan Yava	Maithuna
Puraan Godhuma	Teekshna Ahara
Amalaki	Vamana
Draksha	Smoking
Jangala Mamsa Rasa	Gutaka Tobacco chewing

## RESULTS

Table 4: Liver function test

Parameters	1/12/2020 (On the day of admission)	5/12/2020 (On the day of discharge)
Total bilirubin	12.07 mg /dl	8.4 mg/dl
Indirect	7.01	1.5 mg/dl
SGOT	303	204
SGPT	106	74
C reactive protein	81 mg/dl	24 mg/dl

Table 5: Assessment criteria 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.	Hrullhasa (Nausea)	0	1	2	3

5.	Anannabilasha (Anorexia)	0	1	2	3
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Table 6: Observation of Results

SN	Symptoms	Before Treatment	After Treatment
1.	Pita Varniyatwaka (yellowish discoloration of skin)	3	1
2.	Pitta Varniya Mutra (yellowish discoloration of urine)	3	1
3.	Daurbailya (weakness)	3	2
4.	Hrullhasa (nausea)	3	1

## DISCUSSION

In *Ayurveda* it was clearly mentioned that *Agnimandya* and *Pitta Vikruti* are the main causative factor for the *Kamala Samprapti*. *Asatmya Ahara Sevana*, *Ayurveda* claims to a number of effective remedies in fact most of the people suffering from the different varieties of *Kamala*, many of etiological factors are mentioned for the Jaundice, Some etiological factors are excessive intake of *Amla*, *Lavana*, *Katu* and *Madhura Rasa Pradhana Ahara Dravya*, *Rooksha*, *Guru*, *Sheeta Guna Ahara Padarthas* vitiates the *Jatharagni*, the hypofunctioning of *Jatharagni* leads to the *Kamala*.<sup>[5]</sup> With the above mentioned *Nidana* person with vitiated *Pitta* and *Agni* is unbalancing the functions of liver where *Mala Roopa Pitta* is discharged. When hypo functioning of *Pitta (Agni)* consequently in turns produce *Ama* or *Amavisha*. This *Ama* corresponds with *Rakta* and may produce *Kamala*. The *Kamala* is one of the *Pitta* and *Rakta Pradoshaja Vyadhi* here *Pitta* is vitiated and help of *Tashaya*, *Tikta* and *Madura Rasa Pradhan Dravya* normalizes it. The management of *Kamala*, more single drug therapy and compound drug's explained in our classics. These drugs have *Kamalahara* properties. These drugs effectively reduce bile in blood circulations and normalised blood parameters, liver function and kidney functions test. *Ayurvedic* herbs and formulations relieves the

symptom like *Pitta Varniyatwaka* (yellowish discoloration of skin), *Pitta Varniya Mutra* (yellowish discoloration of urine), *Daurbailya* (weakness), *Hrullasa* (nausea), *Anannabhilasha* (Anorexia) and *Agnisada* (low digestive fire) without any complications.

**Table 7: Mode of action of drugs**

SN	Name of drug	Indications	Mode of action
1.	<i>Arogyavardhini Vati</i> <sup>[6]</sup>	<i>Yakrut Vikara</i>	<i>Malashuddhikara, Kshudhavardhaka</i>
2.	<i>Chitrakadi Vati</i> <sup>[7]</sup>	<i>Agni Mandya, Amadosha</i>	<i>Agni Deepana, Ama Pachana</i>
3.	<i>Patolakaturohinyadi Kashaya</i> <sup>[8]</sup>	<i>Kusta, Visha, Vami, Aroshaka, Kamala</i>	<i>Kapha Pitta Hara</i>
4.	<i>Kumaryasava</i> <sup>[9]</sup>	<i>Gulma Krimi Kamala Pandu Roga Shotha</i>	<i>Piia Kapha Hara, Shula Hara, Shotha Hara</i>
5.	<i>Nimba + Amruta + Bhummyamalaki + Bringaraja Swarasa</i>	<i>Kamala</i>	<i>Pitta Sramsana</i>

## CONCLUSION

*Koshtashakarita Kamala* (alcoholic hepatitis) is managed significantly by *Shamana* therapy and *Pathya Apathya* management. Oral Ayurvedic drug like *Arogyavardhini Vati, Chitrakadi Vati, Patolakaturohinyadi Kashaya Kumaryasava, Nimba + Amruta + Bhummyamalaki + Bringaraja Swarasa* were effective in relieving the signs and symptoms of *Kamala* without any harmful effect in short duration of treatment in this case.

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**How to cite this article:** Dr. Mahesh D. Kalled, Dr. Jeena George, Dr. C. V. Rajashekhar. An Ayurvedic approach to Koshtashakashrita Kamala w.s.r. to Alcoholic Hepatitis - A Case Study. J Ayurveda Integr Med Sci 2021;1:326-331.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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