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An Ayurvedic approach towards *Koshta Shakhashrita Kamala* w.s.r. to Alcoholic Hepatitis - A Case Report

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ABSTRACT

Alcohol consumption has been contributing 47% mortality all around the globe, and the liver disease rates are steadily increasing over the years. Along with alcoholic consumption, modern day life style and food habits contribute to the etiology of Alcoholic hepatitis. The symptomatology include nausea, loss of appetite, fatigue, jaundice, abdominal pain, yellowish discolouration of urine and sclera etc. It has been a challenge to treat the condition because both management of symptoms and withdrawal from the alcohol intake should go hand in hand. In Ayurveda this condition can be considered under *Koshta Shakhashrita Kamala* where the symptoms are analogous to alcoholic hepatitis. In this case, the subject presented with complaints of yellowish discolouration of sclera and urine, abdominal pain, nausea and general weakness since 15 days and was having h/o alcoholic consumption since 18 years. Elevated levels of serum bilirubin, SGOT, SGPT, ESR and prothrombin time and reduced level of WBC count and platelets were observed in laboratory investigation. Ayurvedic classical method of treatment was given to the subject and analysis of subjective and objective parameters were done before and after treatment.

Key words: Alcoholic Hepatitis, Ayurvedic Management, *Koshta Shakhashrita Kamala*.

INTRODUCTION

Alcoholic consumption is now one among the condition where leading cause of mortality irrespective of sex. Alcoholic Hepatitis is the outcome of long term consumption of alcohol, modern lifestyle and food habits. Elevated levels of serum bilirubin, SGOT, SGPT, ALT, AST and reduced levels of platelets, WBC count along with the symptoms that is nausea,

loss of appetite, fatigue, jaundice, abdominal pain, yellowish discolouration of urine and sclera etc. can be observed in subjects of alcoholic hepatitis. In Ayurveda, this condition can be understood as *Koshtashakhashrita Kamala* which is told under *Pittaja Nanatmaja Vikara*.^[2] In *Koshtashakhashrita Kamala*, *Pitta* will be the predominant *Dosha* and the treatment told is *Snehapana* followed by *Mridu Virechana with Tiktha Dravya*.^[3]

Presenting Concerns

Name: xyz

Age: 40 years

Sex: Male

Religion: Hindu

Education: Primary education

Occupation: Carpenter

Marital Status: Married

Socio Economic Status: Lower middle class

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Table 1: Showing complaints with duration

SN	Complaints	Duration
1	Yellowish discolouration of urine and eyes (<i>Peetata of mutra and nayana</i>)	15 Days
2	Throbbing type of pain in abdomen (<i>Udarasoola</i>)	
3	Nausea (<i>Hrillasa</i>)	
4	Loss of appetite (<i>Apakthi</i>)	
5	Generalized weakness (<i>Dourbalya</i>)	
6	Hard and brownish stool (<i>Varchasosha, Kapilavarchas</i>)	
7	Catching type of pain in both flanks. (<i>Parshwasoola</i>)	
8	Tremor in both hands. (<i>Bahukampa</i>)	

Past History

- Typhoid and jaundice 6 months back (details of treatment were not available).
- Alcoholic since 18 years (180 ml both morning and evening daily, Preferably RUM).

Clinical Findings

- Icterus: present in bulbar conjunctiva (Absent in nails and sublingual mucosa)

Per abdominal examination

1. Palpation

- Local rise of Temperature: Absent
- Guarding: present in right hypochondrium.
- Tenderness: present in Right hypochondrium
- Palpable mass: Absent

2. Percussion

- Percussion Note: Tympanic

3. Auscultation

- Bowel Sounds: 3/minute

Laboratory Findings (12/02/2018)

Image 1: Showing laboratory report of LFT before treatment.

BIOCHEMISTRY			
Test Parameter	Result(s)	Biological Reference Interval	Units
Liver Function Test			
Total Bilirubin Diazo	5.9	0.1 - 1.2	mg/dl
Direct Bilirubin Diazo	1.2	< or = 0.3	mg/dl
Indirect Bilirubin Calculated Method	4.7	0 - 1.0	mg/dl
Aspartate AminoTransferase (SGOT) I/CC	269	< 35	U/L
Alanine AminoTransferase (SGPT) I/CC	121	< 45	U/L
Alkaline Phosphatase (Alk po4) I/CC	7.8	40 - 130	U/L
Protein - Serum Biuret	7.5	6.6 - 8.8	gm/dl
Albumin Serum Bromo Cresol Green	3.6	3.5 - 5.2	gm/dl
Globulin Derived	3.9	2.5 - 2.80	gm/dl
A/G Ratio Derived	0.9	1.5:1-2.5:1	

- Total bilirubin - 5.9 mg/dl
- Direct bilirubin - 1.2 mg/dl
- Indirect bilirubin - 4.2 mg/dl
- Total protein - 7.5
- Albumin - 1.8 g/dl
- SGOT - 269 U/L
- SGPT - 121 U/L
- Alkaline phosphatase - 7.8 U/L

Timeline

Table 2: Showing timeline of treatment.

Date	Time	Treatment	Medicine	Dose
14/02/2018	4:30PM 8:30PM	Admission <i>Deepana pachana</i>	<i>Vyoshadi vati</i>	1tab (B/F)
15/02/2018 To 17/02/2018	9:00AM 8:30PM	<i>Deepana pachana</i>	<i>Vyoshadi vati</i>	1tab (B/F) (Bd)
18/02/2018	7:00AM	<i>Snehapan</i>	<i>Dadimadi</i>	30ml

8		a	grita	
19/02/2018	7:00AM	Snehapana	Dadimadi grita	50ml
20/02/2018	7:00AM	Snehapana	Dadimadi grita	80ml
21/02/2018	7:00AM	Snehapana	Dadimadi grita	100ml
22/02/2018	7:00AM	Snehapana	Dadimadi grita	120ml
23/02/2018	7:00AM	Snehapana	Dadimadi grita	150ml
24/02/2018	8:30 AM	Sarvanga abhyanga nadi sweda	Mahanarayana taila	
25/02/2018	9:00AM	Sarvanga abhyanga nadi sweda	Mahanarayana taila	
26/02/2018	8:30AM	Sarvanga abhyanga nadi sweda	Mahanarayana taila	
27/02/2018	10:00AM	Virechana	Trivrit lehya (50g) Draksha kashaya (100ml)	

- Total bilirubin - 2.8 mg/dl
- Direct bilirubin - 1.8 mg/dl
- Indirect bilirubin - 1.0
- Total protein - 7.3
- Albumin - 3.5
- SGOT - 345.9 U/L
- SGPT - 200.4 U/L
- Alkaline phosphatase - 64.0

Image 3: Showing USG findings on 15/2/18



USG Abdomen (15/2/18)

Findings

- Mild Hepatomegaly with fatty changes in liver (G - I)
- The laboratory investigations and USG findings is suggestive of Alcoholic Hepatitis.

Final Diagnosis - Koshtashakhshrita Kamala

Therapeutic Intervention

The classical line of treatment is followed as line of treatment that is Snehapana followed by Virechana.

Table 3: Showing therapeutic intervention

SN	Treatment	Duration
1.	Deepana Pachana (Vyoshadi Vati)	4 days
2.	Snehapana (Dadimadi Grita)	5 days

Diagnostic Focus and Assessment

Image 2: Showing LFT report on 15/2/18

L.F.T (LIVER FUNCTION TEST)			
TOTAL BILIRUBIN	2.8	mg/dl	Adults - 0-2.0 mg/dl Newborns - 0-1 d 2.0-6.0 mg/dl 1-2 d 6.0-10.0 mg/dl 3-5 d 4.0-8.0 mg/dl
DIRECT BILIRUBIN	1.8	mg/dl	Adults&Infants - 0-0.2 mg/dl
INDIRECT BILIRUBIN	1.0		
TOTAL PROTEIN	7.3	mg/dl	6.2-8.2 mg/dl
ALBUMIN	3.5	mg/dl	3.5-5.3 mg/dl
S.G.O.T [AST]	345.9	U/L	8-34 U/L
S.G.P.T [ALT]	200.4	U/L	4-36 U/L
ALKALINE PHOSPHATASE [ALP]	64.0	IU/L	25-147 IU/L

3.	<i>Sarvanga Abhyanga And Nadi Sweda</i>	3 days
4.	<i>Virechana (Draksha Kashaya + Trivrit Lehya)</i>	1 day (12 Vegas, Madhyama Suddhi obtained)

Image 4: Showing LFT report after treatment

LABORATORY REPORT			
Test	Result	Units	Reference Range
L.F.T. (LIVER FUNCTION TEST)			
TOTAL BILIRUBIN	1.8	mg/dl	Adults - 0-2.0 mg/dl Newborns - 0-1 d 2.0-6.0 mg/dl 1-2 d 6.0-10.0 mg/dl 3-5 d 4.0-8.0 mg/dl
DIRECT BILIRUBIN	1.0	mg/dl	Adults & Infants - 0-0.2 mg/dl
INDIRECT BILIRUBIN	0.8	mg/dl	
TOTAL PROTEIN	6.2	mg/dl	6.2-8.2 mg/dl
ALBUMIN	3.6	mg/dl	3.5-5.3 mg/dl
S.G.O.T. [AST]	74.8	U/L	8-34 U/L
S.G.P.T. [ALT]	46.3	U/L	4-36 U/L
ALKALINE PHOSPHATASE [ALP]	56.0	IU/L	25-147 IU/L
Remarks:			
Lab Incharge		Consultant	

- Total bilirubin - 1.8 mg/dl
- Direct bilirubin - 1.0 mg/dl
- Indirect bilirubin - 0.8 mg/dl
- Total protein - 6.2 mg/dl
- Albumin - 3.6 mg/dl
- SGOT - 74.8 IU/L
- SGPT - 46.3 IU/L
- Alkaline phosphatase - 56.0 IU/L

Follow-Up Medicines

Table 4: Showing details of follow up medicines.

SN	Medicine	Dose
1	<i>Sumukti Syrup</i>	2 tsp (tid) (before food)
2	<i>Cap. Coligi</i>	1 tid (before food)
3	<i>Avipathikara Choornam</i>	1 tsp (hs) with warm water
4	<i>Tab. Liv 52</i>	1 tid (before food)
5	<i>Mahatitka Grita</i>	2 tsp Bd (1 hr before food)

DISCUSSION

In this case long term consumption of alcohol which is *Ushna* and *Tikshna* property provokes *Vata* and *Pitta* simultaneously. Patient presented with *Amalakashanas* namely *Hrillasa Apakthi* and *Dourbalya*. After 4 days of *Deepana Pachana* with *Vyoshadi Vati*, considerable relief was observed in those symptoms. *Vyoshadi Vati* due to its *Katurasa*, *Ushna Guna* and *Ushna Veerya* helped in *Amapachana* followed by *Agni Deepana* in *Koshta* and *Rasa dhatu*.^[4] After *Snehapana* with *Dadimadi Grita* for 6 days, symptomatic relief were observed as follows;

Parshwashoola which was caused due to the *Pratilomagati* of *Apana Vata* was corrected by *Dadimadi Grita* due to its action of *Mooda Vata Anulomana*.^[5]

Varchashosha which was manifested due to the increased *Ruksha Guna* of *Apana Vata* and *Ushna Guna* of *Pachaka Pitta*, was corrected by the *Snigdha Guna* and *Madhura Vipaka* of *Dadimadi Grita*.

In *Kamala*, the line of treatment should be *Mridu Virechana* with *Tiktha Rasa Drug*. So by considering the *Prakupita Vata* and *Pitta Dosha*, *Snigdha Virechana* was done with *Tiktha Rasa Pradhana Virechana* drug i.e. *Trivrut Lehyam* and *Draksha Kashaya* was selected as *Anupana* by considering its *Vatapittahara* and *Anuloma* property.

The *Kampa* and *Udarashoola* which was caused by *Prakupita Vata* was pacified moderately by *Snehapana* and at the end of *Virechana* it was completely relieved.

Peetamutrata and *Peetanetrata* was caused due to the *Pitta Vriddhi*. At the end of *Snehapana* and *Virechana* both symptoms got subsided completely. Due to the *Madhura Vipaka* of *Dadimadi Grita* and *Tiktha Rasa* of *Trivrut Lehya*, *Pitta Vriddhi* was completely pacified.

The elevated liver enzyme SGOT and SGPT which can be considered as the resultant of *Bhootagnimandhya* was corrected by *Dadimadi Grita* which possess the action of *Deepana* at *Bhootagni* level, was helpful in

bringing down the elevated liver enzyme level to normal.

Increased bilirubin was suggestive of *Raktha Dathvagnimandhya* which resulted in increased *Kittabhaga* of *Rakthadathu* and there by increased *Malaroopi Pitta*. *Snehapana* with *Dadimadi Grita* followed by *Virechana* with *Trivrut Lehya* helped in correction of *Rakthadathvagnimandya*.

CONCLUSION

The etiology and clinical features of *Koshtashakhshrita Kamala* shows similar features like that of Alcoholic Hepatitis. *Snehapana* followed by *Mridu Virechana* with *Tiktha Rasa Dravya* is effective in *Koshtashakhshrita Kamala*.

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