

Therapeutic role of Ayurveda in the management of Kamala - A Single Case Study

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Background: Jaundice, marked by a yellowish discoloration of the skin, sclera, mucous membranes, and bodily fluids, results from elevated bilirubin levels. Ayurveda identifies this condition as Kamala Vyadhi. This case study presents a 20-year-old male who experienced persistent symptoms for 30 days, including Kshudha Mandhya (loss of appetite), Daurbalya (weakness), Hrullas (nausea), Mutra Peetata (yellow urine), Haridra Netra (yellowish discoloration of sclera) and Haridrata Tvaka (yellowish discoloration of skin). The patient sought treatment at the Department of Kayachikitsa, Poornayu Ayurveda Chikitsalaya Evam Anusandhan Vidhyapeeth, Dayodaya Teertha, Jabalpur. Based on clinical evaluation, the case was diagnosed as Kamala and managed according to Ayurvedic therapeutic principles.

Methods: A structured Ayurvedic intervention was implemented, incorporating Mridu Shodhana (mild detoxification) alongside Shamana Chikitsa using targeted herbal formulations over 2 months.

Results: Marked clinical improvement was evident by the 7th day, with enhanced appetite, alleviation of Daurbalya, and progressive symptom relief. By the end of the treatment period, biochemical parameters normalized, confirming the efficacy of the Ayurvedic regimen.

Conclusion: This case highlights the effectiveness of Ayurveda in managing Kamala, demonstrating a structured approach encompassing detoxification and herbal interventions. The study underscores the potential of classical Ayurvedic therapies in restoring physiological balance and promoting holistic recovery.

Keywords: Kamala, Jaundice, Ayurveda, Hepatitis A, Virechana, Shamana Chikitsa, Pathya-Apathy

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Introduction

Jaundice is a clinical condition characterized by yellow discoloration of the skin, sclera, and mucous membranes due to elevated bilirubin levels. It results from excessive bilirubin production or impaired hepatic clearance, primarily linked to liver dysfunction.

Clinically, hyperbilirubinemia is classified into unconjugated (indirect) and conjugated (direct) types, with the presence of bilirubin in urine confirming conjugated hyperbilirubinemia. With rapid industrialization and urbanization, significant lifestyle and dietary shifts have contributed to an increased prevalence of hepatic disorders.

Excessive consumption of processed, spicy, and fast foods, coupled with overcrowding, poor sanitation, and exposure to contaminated water, has led to a rise in hepatitis and jaundice cases. Patients often present with nonspecific symptoms like fatigue and malaise, which are later diagnosed as *Kamala* (jaundice) in *Ayurveda*.

In *Ayurvedic* literature, *Kamala Vyadhi* is classified as both a *Pittaja Nanatmaja Vyadhi*[1] and a *Raktapradoshaja Vyadhi*[2] as described by *Acharya Charaka*. It is often considered an advanced stage of *Pandu Roga*[3] occurring when a recovered *Pandu* patient continues consuming *Pitta*-aggravating foods, leading to excessive *Pitta* accumulation.

Classical symptoms of *Kamala* include *Haridra Netra* (yellow discoloration of the eyes), *Haridra Twak* (yellow skin), *Hatendriya* (impaired sensory functions), *Daha* (burning sensation), and *Daurbalya* (weakness).[4]

Acharya Charaka emphasizes *Virechana* as the primary treatment for *Kamala*[5] facilitating the elimination of vitiated *Pitta* and *Rakta*. Other *Ayurvedic* interventions include *Shamana Chikitsa*, *Pathya-Apathya* (dietary modifications), and lifestyle adjustments to support liver function and prevent recurrence.

This article explores the *Ayurvedic* understanding of *Kamala*, drawing insights from the *Brihatrayi* (*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*). Additionally, it examines the correlation between *Kamala* and jaundice in contemporary medicine, highlighting the effectiveness of *Ayurvedic* therapies in disease management and prevention.

Case Report

A 20-year-old patient, OPD number 151627, comes to the Department of *Kayachikitsa* at *Poornayu Ayurved Chikitsalaya Evam Anusandhan Vidyapeeth, Dayodaya Teertha*, Jabalpur. Chief complaint

- *Haridra Netra* (yellowish discoloration of sclera)
- *Haridrata Tvaka* (yellowish discoloration of skin).
- *Mutra Peetata* (yellow urine)
- *KshudhaMandhya* (loss of appetite)
- *Daurbalya* (weakness)
- *Hrullas* (nausea)
- *Vibhandha* (constipation)

History of Present Illness

The patient was in a state of normal health until approximately one month prior to presentation, when he began experiencing gradually progressive symptoms, including abdominal pain, nausea, episodes of vomiting, generalized weakness, and dark-colored urine.

He initially sought care under a different system of medicine and underwent hospitalization for a period of one week. However, due to the persistence of symptoms and lack of appreciable clinical improvement, he subsequently opted to pursue *Ayurvedic* intervention.

The patient presented to the *Kayachikitsa* OPD for further evaluation and management. Upon investigation, serological testing confirmed a diagnosis of Hepatitis A, and abdominal ultrasonography revealed borderline splenomegaly. *Ayurvedic* treatment was initiated with the intent of providing prompt symptomatic relief and addressing the underlying hepatocellular pathology in accordance with classical principles.

History of Past Illness

The patient denied any personal or family history of liver disease and reported no previous surgeries.

Personal History

The patient denied the use of alcohol, tobacco, or illicit drugs, as well as any recent travel. However, he reported frequent consumption of junk, oily, and spicy food.

On Examination

Systemic Examination

CNS - well oriented to person, place and time

CVS system - S1, S2 is audible, No murmur

Respiratory system - No obvious deformity, with B/L clear chest, no added sound present

Digestive System - Decreased appetite and constipation

Uro-genital System - Yellowish discoloration of urine

Vital signs

Pulse - 70 beats/min

BP - 110/74 mmHg

Temperature - Afebrile

Heart rate - 72 beats/min

Respiratory rate - 14/min

Astha Vidha Pariksha

- **Nadi (Pulse):** *Vatapittaja*
- **Mala (Stool):** *Malavshambha* (Constipation)
- **Mutra (Urine):** *Peetavarniya* (Yellowish discoloration)
- **Jivha (Tongue):** *Samata* (Coated tongue)
- **Shabda (Speech):** *Spashta* (Clear)
- **Sparsha (Skin):** *Peetavarniya*, (Yellowish discoloration), *Anushnasheet* (neither too hot nor too cold)
- **Druk (Eyes):** *Netrapitata* (Yellow discoloration)
- **Akruti (Body Build):** *Madhyam* (Moderate)
- **Bala (Strength):** *Madhyam* (Moderate)
- **Kshudha (Appetite):** *Mandya* (Reduced)

Management Overview

Mode of Treatment:

- Outpatient (OPD) basis
- Duration: 2 months

Main Therapies

- *Mrudu Virechana* (Mild purgation)
- *Shamana Aushadhi* (Palliative herbal medications)

Medication Schedule

Initial Visit (Start of Treatment)

Medicine	Dosage & Instructions
Panchatikta Ghrita	1 tsp in the morning on an empty stomach with lukewarm water
Aarogyavardhini Vati	2 tablets, twice daily before food with lukewarm water
Tab. Juandex	2 tablets, thrice daily after food with lukewarm water
Poornayu Liverkalp Churna	3 gms, twice daily after food with lukewarm water
Vasaguluchyadi Kashayam	20 ml, twice daily before food with lukewarm water
Erandbhраста Haritaki	3 gms at night with warm water for 15 days

Follow-Up Adjustments

Follow-Up	Changes
1st Follow-Up	Stop Liverkalp Churna, add Tab. Yacrujjay (1 tab thrice a day after food)
2nd Follow-Up	Replace Vasaguluchyadi Kashayam with Phaltrikadi Kashayam
3rd Follow-Up	Reduce Tab. Juandex to twice daily
4th Follow-Up	Reduce Tab. Yacrujjay to twice daily

Post-Treatment

- Discontinue all medications
- Prescribe **Liv 52 DS**: 2 tablets, twice daily after food, for 45 days to maintain liver health

Pathya (Recommended)

1. Diet:

- Light, easily digestible food (Laghu Ahara)
- *Mudga Yusha* (green gram soup)
- *Yavagu* (gruel made with rice and herbs like Triphala)
- *Patola Jeevanti Shaka, Guduchi Shaka, Karvellak Shaka, Nimba* (Neem), and other bitter vegetables
- Warm water for drinking and digestion
- One glass of *Ikshu Rasa* daily for the patient
- *Takra* (Buttermilk) – helps improve digestion
- *Draksha* (raisins) – helpful in liver support
- *Peya* (thin rice gruel) prepared with herbs like *Musta, Haritaki*

2. Lifestyle:

- Rest - avoid overexertion

- Avoid day sleep (*Divaswapa*), especially during digestion
- Mild exercise only when appropriate
- Detox therapies like *Virechana* (purgation) under supervision
- Avoid anger, stress - psychological balance is important

Apathya (To Be Avoided):

1. Diet:

- Heavy, greasy, and spicy food
- Meat, especially of aquatic animals
- Alcohol, fermented and sour foods
- Excess salt and sour items
- Milk and milk products, especially curd
- Deep-fried and junk food
- Cold or refrigerated food

2. Lifestyle:

- Overeating or irregular eating habits
- Staying awake at night (*Ratrijagarana*)
- Daytime sleeping
- Exposure to extreme temperatures
- Mental stress, anger, and emotional disturbances
- Sedentary lifestyle or over-exertion

Observation

Assessment Criteria (subjective parameters)

SN	Symptom	Normal	Mild	Moderate	Severe
1.	Haridra Netra (yellowish discoloration of sclera)	0	1	2	3
2.	Haridra Tvaka (yellowish discoloration of skin)	0	1	2	3
3.	Mutra Peetata (yellowish discoloration of urine)	0	1	2	3
4.	Kshudha Mandhya (loss of appetite)	0	1	2	3
5.	Daurbalya (weakness)	0	1	2	3
6.	Hrullas (nausea)	0	1	2	3

Effect on subjective parameters

SN	Symptom	Before treatment	After treatment
1.	Haridra Netra (yellowish discoloration of sclera)	3	0
2.	Haridra Tvaka (yellowish discoloration of skin)	2	0
3.	Peetata of Mutra (yellowish discoloration of urine)	3	0
4.	Kshudha Mandhya (loss of appetite)	3	0
5.	Daurbalya (weakness)	2	0
6.	Hrullas (nausea)	2	0

Result

Showing changes in Blood Investigation during Treatment

Hematological investigations	22/10/24	8/11/24	21/11/24	2/12/24	9/12/24	26/12/24
Total bilirubin	42.0 mg/dl	37.12 mg/dl	15.28 mg/dl	7.17 mg/dl	5.25 mg/dl	1.08 mg/dl
Direct bilirubin	26.6 mg/dl	19.82 mg/dl	9.59 mg/dl	4.31 mg/dl	3.15 mg/dl	0.60 mg/dl
Indirect bilirubin	15.40 mg/dl	17.30 mg/dl	5.69 mg/dl	2.86 mg/dl	2.10 mg/dl	0.48 mg/dl
SGPT	53.1 u/l	58.0 u/l	100.1 u/l	45.3 u/l	45.0 u/l	24.00 u/l

During treatment, patient was kept exclusively on oral medication for period of two months. Significant improvement in all symptoms was observed after one month & fifteen days of treatment. Clinically, patient experienced marked relief in yellowish discoloration of eyes & urine, loss of appetite, & generalized weakness. These improvements were further supported by laboratory findings, particularly notable reduction in serum bilirubin levels. Results were appreciable in both clinical & biochemical parameters. Following completion of treatment, patient continued to show gradual improvement, & no recurrence of symptoms was reported during follow-up period. This suggests effectiveness of treatment protocol & sustained impact of oral medication in managing condition.

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 RECEIPT TIME: 22-10-2024 3:12PM
 COLLECTION TIME: 22-10-2024 3:40PM
 REPORTING TIME: 22-10-2024 6:08PM

BIOCHEMISTRY

TEST	RESULTS	UNIT	REFERENCE
Liver Function Test (LET)			
BIURUBIN TOTAL	42.0 (H)	mg/dl	<1
BIURUBIN DIRECT	26.6 (H)	mg/dl	<0.6
BIURUBIN INDIRECT	15.40 (H)	mg/dl	<0.4
ALKALINE PHOSPHATASE	73.4	IU/L	35-128
SGOT	65.0 (H)	IU/L	5-35
SGPT	53.1 (H)	IU/L	5-45
TOTAL PROTEIN	6.57	gm/dl	5-8
ALBUMIN	3.57	gm%	3.5-5
GLOBULIN	3	gm/dl	2.3-3.5
A/G RATIO	1.19	gm/dl	1-1.2

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Figure 1: Before treatment



Figure 2: After treatment

Discussion

The patient was managed on an OPD basis with a combination of *Mrudu Virechana* and *Shamana Aushadhi* over a period of two months. A stepwise and well-monitored *Ayurvedic* treatment protocol was followed, which included classical formulations such as *Panchatikta Ghrita*, *Aarogyavardhini Vati*, *Juandex*, *Liverkalp Churna*, *Vasaguluchyadi Kashayam*, and *Erandbhrastha Haritaki*. The treatment was supported with dietary restrictions (*Pathya*), notably avoiding spicy, oily, and salty food. No adverse drug reactions were noted during the course of therapy, indicating good tolerability of the prescribed medications. Therapeutic modifications were made across successive follow-up visits based on the patient's progress. *Liverkalp Churna* was discontinued and replaced with *Yacrujjay* during the first follow-up, reflecting a shift towards formulations with more hepatoprotective properties. *Phaltrikadi Kashayam* was later substituted for *Vasaguluchyadi Kashayam*, and dosages were carefully adjusted, such as tapering *Juandex* and *Yacrujjay* as the patient's condition improved.

After completion of the primary treatment phase, *Tab. Liv 52 DS* was prescribed as a post-treatment hepatoprotective supplement for 45 days to support liver function restoration. The results of hematological investigations demonstrated a consistent and significant reduction in serum bilirubin levels, which is a key indicator of hepatic function. Total bilirubin levels showed a sharp decline from **42.0 mg/dL** at baseline to **1.08 mg/dL** by the end of treatment. Similarly, both direct and indirect bilirubin levels showed substantial improvements. The SGPT levels initially increased during the liver's detoxification and repair phase (peaking at 100.1 U/L), but subsequently normalized to **24.0 U/L**, reflecting recovery. These trends suggest that the herbal regimen not only halted the progression of hepatic dysfunction but also facilitated effective liver detoxification and regeneration.

Conclusion

This clinical case study effectively demonstrates the potential of *Ayurvedic* management in treating *Kamala* (jaundice), particularly Hepatitis A-induced jaundice, using a structured regimen involving *Mrudu Virechana* (mild purgation) and *Shamana Aushadhi* (palliative herbal medications). Over a two-month outpatient treatment period, the patient showed significant clinical and biochemical improvements, notably a drastic reduction in serum bilirubin levels and a complete resolution of major symptoms such as yellowish discoloration, nausea, and appetite loss.

The use of classical *Ayurvedic* formulations, personalized treatment modifications, and strict adherence to *Pathya-Apathya* contributed to the patient's recovery and long-term stability, with no recurrence observed during the follow-up period. This case underlines the relevance and efficacy of classical *Ayurvedic* therapies in managing liver disorders, offering a safe, well-tolerated, and holistic alternative to conventional care when applied with clinical precision and patient compliance.

In conclusion, this case reinforces the importance of integrative, individualized treatment strategies within *Ayurveda* and highlights the scope of traditional medicine in addressing modern-day health challenges like jaundice through time-tested principles.

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