

A CASE STUDY

Ayurvedic Intervention In Hepatocellular Jaundice: A Case Study

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ABSTRACT

“*Kamaletuvirechana*” a short yet powerful concept mentioned in Charak Samhita cleanses excess *Pitta* from body and can be planned on OPD basis. The symptoms of *Kamla* matches Hepatocellular jaundice. Common causes include Viral Hepatitis (A, B, C etc.), Alcoholic liver disease (ALD), Non alcoholic fatty liver disease (NAFLD), medications or toxins etc. Present case was treated on above principal in 2½ months. Complete relief in symptoms was found along with changes in Liver Function test. Medication used were having *Tridosahara*, *Pittahara*, *Ruchya*, *Dipana*, *Rasayana*, *Yakrituttejaka* etc. properties. Further research to evaluate the efficacy, safety, and mode of action of Ayurvedic interventions in the management of jaundice and related hepatobiliary disorders.

Introduction

Hepatocellular jaundice is characterized by yellowish discoloration of skin, eyes and urine indicating elevated level of bilirubin (both direct and indirect). Patients also complains of Fatigue, Anorexia and Nausea [1]. Common causes include Viral Hepatitis (A, B, C etc.), Alcoholic liver disease (ALD), Non alcoholic fatty liver disease (NAFLD), medications or toxins etc.

As per Ayurveda, Jaundice is compared with *Kamla* disease caused by *Pittakar-ahar* intake. “*Kamaletuvirechana*” is chikitsa sutra of the kamala [2]. Following case report shows gradual decrease in bilirubin level with help of Ayurvedic medications[3-18].

Case Report

A 34 year old male patient came to hospital with following chief complaint of

1. *Pita varniya twaka* and *mutra* (Yellowish discoloration of skin and urine)
2. *Agnimandya* (Anorexia)

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3. *Hrillhas* (Nausea)

Patient had above complaints since 8 days. No H/o Dm / HTN, Asthma or any other chronic illness

Personal History

The patient was asymptomatic 8 days ago. Suddenly he developed *Pitta varniya twaka* and *mutra* (Yellowish discoloration of skin and urine), *Agnimandya* (Anorexia) and *Hrillhas* (Nausea). On further inquiry, he told that he had consumed local made alcohol few days back after which symptoms started. Blood test showed raised value of Bilirubin (Total). USG was normal. For Ayurvedic Treatment he came to National Institute of Ayurveda (NIA) Panchkula in Panchkarma department OPD.

Ashtvidha Pariksha- Table 1.

Sr. No.	Pariksha	Feature
1	<i>Nadi</i>	76/min
2	<i>Mala</i>	Vibandha (Constipated)
3	<i>Mutra</i>	Yellow Colored
4	<i>Jivha</i>	Saam (Coated)
5	<i>Shabda</i>	Normal
6	<i>Sparsh</i>	Ushna (Slightly raised body temperature)
7	<i>Drik</i>	Yellow coloured
8	<i>Akriti</i>	Medium built

Material And Method

Method

- Center of study: NIA hospital, Panchkula
- Case Study.

Material- Table 2. Duration was 2 ½ months.

Sr. No.	Drug	Dose	Duration	Anupana
1	<i>Avipattikara</i>	2GM	Twice a day	Leuke warm water
2	<i>Amlaki</i>	1 GM	Twice a day	Leuke warm water
3	<i>Guduchi</i>	1 GM	Twice a day	Leuke warm water
4	<i>Mulathi</i>	1 GM	Twice a day	Leuke warm water
5	<i>Yakrit Sanjeevani Vati</i>	500 MG	Twice a day	Leuke warm water
6	<i>Yakrit Plihari Kadha</i>	20 ML	Twice a day	Leuke warm water

RESULT- Table 3.

Sr. No.	Date	Sr.Bilirubin (Total) (mg/dl)	Sr.Bilirubin (direct) (mg/dl)	SGOT (U/L)	SGPT (U/L)
1	16/04/2025	4.30	1.40	26	31
2	05/05/2025	4.10	1.40	30.4	29.3
3	16/06/2025	3.50	1.30	39.1	41.5
4	28/06/2025	2.88	1.55	36.4	42.4

Discussion

Hetu of Kamala – Table 4.

Sr. No	Hetu	Example
1	<i>Ahar</i>	<i>Kshara-amlawana-ushna Ahar, Masha, tila tail, Virudhaahara</i>
2	<i>Vihar</i>	<i>Chhardi-vegadharan (Suppression of natural urges), Divaswap (Sleeping at day time)</i>
3	<i>Manas</i>	<i>Kama, Chinta, bhaya, and krodha</i>

Samprapti Ghatak- Table 5.

Sr. No.		
1	Dosh	Pittta-dosha
2	Dushya	Rasa, Rakta, Mansa dhatu
3	Adhishtana	Rakta, Mansa
4	Srotus	Rasavaha, Raktavaha, Annavaha.
5	Vyaktisthana	Twaka

Samprativighattana- Table 6

Sr. No.	Drug	Contents	Probable Action
1	Avipattikara Churna	Black piper (<i>Piper nigrum</i>), Long piper (<i>Piper longum</i>), Ginger (<i>Zingiber officinale</i>), Trifala(<i>Terminalia chebula</i> , <i>Terminalia bellirica</i> , <i>Emblica officinalis</i>), Musta (<i>Cyperus rotundus</i>), Vida lavan (Salt) Sugar, Vidang (<i>Embelia ribes</i>), Ela (<i>Elettaria cardamomum</i>), Patra (<i>Cinaamomum tamala</i>), Lavang (<i>Syzygium aromaticum</i>), Trivritta (<i>Operculina turpethum</i>)	Amlapittahar, Vibandhhar, Agnimandyahara, Pramehahara, Sarvdurnamhara

2	Amlaki	Emblica officinalis	Tridosahara, Pittahara, Ruchya, dipana, Rasayana, Yakrituttejaka.
3	Guduchi	Tinospora cordifolia	Tridoshghana, Pittaghna, Deepan, Trishna hara, Chardi hara, Aagnimandyahara, Yakritvikarahara, Kamlahara etc.
4	Mulathi	Glycyrrhiza glabra	Chardihara, Trishanahara, Mridurechana, Anuloman.
5	Yakrit Sanje- evani Vati (Vaibhav Herbals)	Contains extract of Kutki (Picorrhiza kurrora), Kalmegha (Andrographis paniculata), Makoye (Solanum nigrum) Black piper (Piper nigrum), Long piper (Piper longum), Ginger (Zingiber officinale), Trifala(Terminalia chebula, Terminalia bellirica, Emblica officinalis), Bhumi amlaki (Phyllanthus amarus) Sharpunkha (Tephrosia purpurea) Bhringraaj (Eclipta alba), Guduchi (Tinospora cordifolia), Pitt Papda (Fumaria officinalis) Nagarmotha (Cyperus scariosus)	Pittasarak, Deepana, Rechana, Yakrututtejaka etc.
6	Yakrit Pli- hari Kadha (NIA Hospi- tal Formu- lary)	Rohitaka (Tecomella undulata), Slasmataka (Cardia dichotoma), Guduchi (Tinospora cordifolia), Punarnava (Borhaavia diffusa), Patola (Trichosanthes dioica)	Yakritplihavridhhi hara, Recha- ka, Deepana, Raktashudhikara, Malabhedanai

Conclusion

It can be concluded that Ayurveda provides a well-defined, systematic, and holistic framework to manage *Kamala* (jaundice). Classical Ayurvedic texts explains its *nidana*, *samprapti*, *lakshana*, and *chikitsa*, thereby reflecting a comprehensive clinical approach. In *Bahupitta Kamala*, vitiated *Pitta dosha* is corrected by *Mridu Virechana*, aiming at the controlled elimination. The drugs facilitates *Pitta shodhana*, improves *agni*, and helps in restoring normal hepatic and metabolic functions. This approach not only addresses the root cause of the disease but also prevents further progression and complications. These concepts provide a strong theoretical base for further research to evaluate the efficacy, safety, and mode of action of Ayurvedic interventions in the management of jaundice and related hepatobiliary disorders.

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