



A case study of Kamala(Shakashritha Kamala)

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Abstract:

Jaundice or icterus is yellowish discoloration of tissue resulting from deposition of bilirubin. Tissue deposition of bilirubin occurs only in the presence of serum hyperbilirubinemia and is sign of liver disease or less often a hemolytic disorder. Jaundice can be corelated to kamala. Kamala is a pittaja nanatmaja as well as rakta pradoshaja vyadhi. This paper discusses about patient seen in JSS Ayurvedic medical college Mysore. Patient came with chief complaints of yellowish discolouration of eyes, urine along with swelling over bilateral lower limb, Loss of appetite since 15days.Patient was efficiently treated with combination of NABB swarasa, Syrup B-liv, Tablet Gokshradi Guggulu ,Syrup Phyllantus , Tablet Liv -52 , Mridu virechana churna ,Fresh gomutra ,Haritaki tablet . All symptoms were subsided and bilirubin levels were reduced significantly.

Keywords: Jaundice, Hyperbilirubinemia, Kamala ,

Introduction:

In todays Era most people have been addicted to oily fast food and alcohol.Which is a primary cause for occurance of hepatic disease .Jaundice¹ also known as icterus is yellowish discolouration of skin,sclera due to high bilirubin levels ,face may be pale and urine is dark .Cause of jaundice may vary from non serious to potentially fatal. Jaundice is a inflammatory disease affecting the liver². High bilirubin is divided into two types :unconjugated (indirect) and conjugated(direct) with clinical features of abdominal pain , nausea, anorexia ,fatigue³ Same clinical features are

explained in Kamala , hence Kamala can be corelated to jaundice .Kamala has been classified as Shakashritha and Kostashritha ⁴

Case report

A 42 year old male patient visited our JSSAMC Mysore on OPD basis

Patient name:XYZ

Age: 42yrs

Gender: Male

OP NO: 163969

IP NO: 45133

DOA:18/1/2023

DOD:30/1/2023

Chief complaints: yellowish discoloration of eyes, urine along with swelling over bilateral lower limb ,Loss of appetite since 15days.

Anubanda vedana :Nausea in early hours of morning along with generalized weakness since 30days

Personal history :

Bowel-Irregularly constipated

Bladder-Yellowish discoloration of urine

Appetite-Poor

Built -Lean

Habits- Alcohol daily at night time

Smoking daily -9-10 cigarettes per day

History of present illness:

A42 year old male patient had come with yellowish discolouration of eyes, urine along with swelling over bilateral lower limb ,Loss of appetite since 15days.he also complained of Nausea in early hours of morning along with generalized weakness since 30days.For this he had consulted nearby physician and was treated symptomatically but found no relief ,hence he had approached our OPD for further management .

History of past illness:

Medical history: N/K/C/O HTN ,DM,COPD ,Thyroid and other systemic disorders.

Surgical history: H/O umbilical hernia repair 10years back

Drug history : Nothing significant

Family history : mother had H/o Cholelithiasis

Systemic examination:

CNS: Consious,well oriented to place, time and person

CVS: S1 ,S2 Heard , no murmurs

RS: B/L Air entry present .

P/A: Soft, distended ,mild periumbilical tenderness.

Asthavidha pareeksha

Nadi: 88bpm

Mala: irregularly constipated

Mutra: yellowish discoloration

Jihwa: yellowish discolored sublingually

Sparsha: Sheetha

Drik: yellowish discoloration of sclera

Shabdha :Prakrutha

Akruthi: lean

Agni: Mandagni

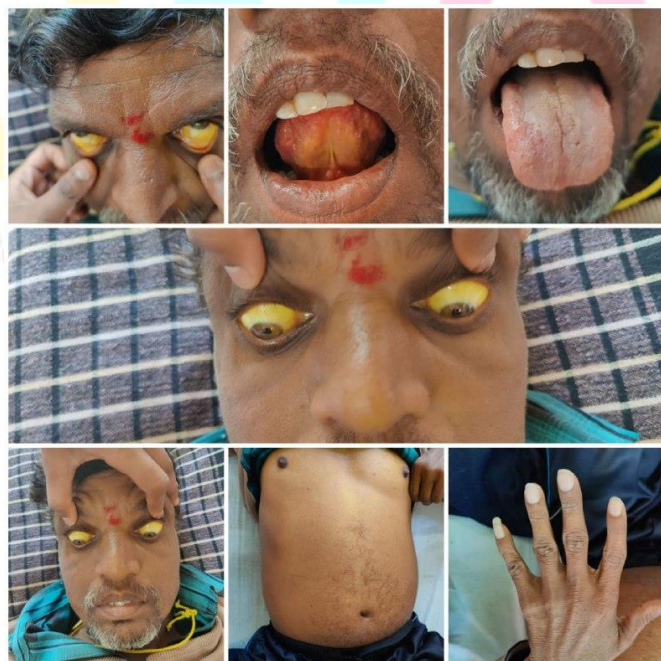




Before treatment: yellowish discoloration of sclera





After treatment




Examination which reveals yellowish discoloration of sclera ,sublingual part of tongue and nails.

Investigations:





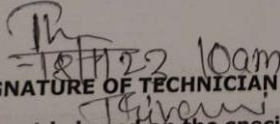
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<p>Request No : 113079</p> <p>Name : Mr CHIKKAKALAI AH ,</p> <p>Age / Gender : 42 Years / Male</p> <p>Ward / Bed No : GENERAL MALE 01 GROUND FLOOR / GM-GF-01-04</p> <p>Ref . By Dr : Dr SIDDAYYA ARADHYAMATH</p> <p>Diagnosis :</p>	<p>Reg No : 163969 / IP 44413</p> <p>Req.Date : 18-01-2023/06:06</p> <p>Received Date/Time : 18-01-2023/09:42</p> <p>Dept Receive : 18-01-2023 / 09:42</p> <p>Reporting Date : 18-01-2023/09:42</p>
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Specimen : Blood	Results
BIOCHEMISTRY	
BILLIRUBIN	
result	Total- 25.6
	direct- 15.1

End Of Report




SIGNATURE OF TECHNICIAN


SIGNATURE OF INCHARGE \HOD

*This report is based on the specimen/s received and must be interpreted by qualified medical personnel only.The report needs to be correlated clinically and with results of other investigations as laboratory investigations are dependent on





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Request No : 116672
Name : [REDACTED]
Age / Gender : 42 Years / Male
Ward / Bed No : GENERAL MALE 01 GROUND FLOOR / GM-GF-01-02
Ref. By Dr : Dr SIDDAYYA ARADHYAMATH
Diagnosis :

Reg No : 163969 / IP 45133
Req. Date : 21-02-2023/06:32
Received Date/Time : 21-02-2023/08:52
Dept Receive : 21-02-2023 / 06:32
Reporting Date : 22-02-2023/14:46

Specimen : Blood / Urine

	Results	Normal Range		Units	SI Units
BIOCHEMISTRY					
RBS	82	70	150	mg/dl	
UREA	26	20	40	mg/dl	
CREATININE	1.0	0.8	1.4	mg/dl	
LFT					
TOTAL BILIRUBIN	7.3 (High)	0.1	1	mg/dl	
Direct bilirubin	4.3 (High)	Upto	0.2	mg/dl	
PROTEIN	6.0	6	8	gm/dl	
AST	103 (High)	Upto	40	U/L	
ALT	96 (High)	Upto	40	U/L	
ALP	351 (High)	37	147	U/L	
HAEMATOLOGY					
HB%	10.1 (Low)	13	18	gm/dl	
WBC (TC)	5900	4000	11000	Cells/Cumm	
DC					
N	50	75			
L	42	23			
E	06	2			
M	02	1			
ESR	60 (High)	0.1	10	mm 1st hour	
PLATELET COUNT	3.31	1.5	5	Lakhs/Cumm	
CLINICAL PATHOLOGY					
URINE ROUTINE					
URINE ALBUMIN	NII				
URINE SUGAR	NII				
PUS CELLS	2-3				

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Research Through Innovation



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Request No	: 118073	Reg No	: 163969 / IP 45133
Name	: [REDACTED]	Req.Date	: 02-03-2023/06:31
Age / Gender	: 42 Years / Male	Received Date/Time	: 02-03-2023/08:31
Ward / Bed No	: GENERAL MALE 01 GROUND FLOOR / GM-GF-01-02	Dept Receive	: 02-03-2023 / 08:31
Ref . By Dr	: Dr SIDDAYYA ARADHYAMATH	Reporting Date	: 02-03-2023/12:37
Cl. Diagnosis	:		

Specimen	Results	Normal Range	Units	SI Units
BIOCHEMISTRY				
Direct bilirubin	2.2 (High)	Upto 0.2	mg/dl	
TOTAL BILIRUBIN	4.5 (High)	0.1 - 1	mg/dl	

End Of Report

Treatment given:

1. Fresh Gomutra 50ml twice daily in empty stomach with 2 haritaki tablet for 15days
2. NABB Swarasa (15ml - 0-15ml) before food for 15days
3. Syp B liv (10ml-0-10ml) after food for 15days
4. Tab Chitrakadi vati (1-0-1) before food for 15days
5. Tab Gokshuradi guggulu (2-0-2) after food for 15days
6. Phala trikadi kashaya (15ml-0-15ml) with water after food for 15days
7. Patola katurohini kashaya (20ml-0-20ml) after food for 15days
8. Punarnavadi kashaya (20ml-0-20ml) after food for 15days
9. Katuki choorna (1/2tsp -0-1/2tsp) with water before food for 15days

Advice on discharge:

1. Tab Haritaki (2-0-2) with gomutra before food
2. Tab Liv 52 (1-0-1) after food

3. Avipattikar choorna (1tsp-0-1tsp) before food
4. Tab Navaysa loha (1-0-1) after food.
5. Syp phyllanthus (20ml-0-20ml) with water after food
- 6.Syp Amlycure (10ml-0-10ml) after food 1/2tsp) with water before food
7. Katuki choorna (1/2tsp -0-1/2tsp) with water before food for 15days

Discussion

In today's era lifestyle of mankind has changed. Kamala is explained in Raktavaha srotos vyadhi where it is told pandu rogi who consumes ushna and tikshna ahara causing pitta dosha vitiation leads to Kamala manifestation. Here in present case patient hb% was around 10% also he had habituated to alcohol and smoking which has resulted in raise of serum bilirubin levels .

During treatment patient was kept only on oral medications with restricted food and salt intake for a period of 3 months. Fresh gomutra was collected from nearby goshala and 50ml was taken twice daily with 2 haritaki tablets. Haritaki being best anulomaka and tridoshagna dravya helps in vata anulomana along with pitta rechana. Gomutra has property of Kashaya, katu and tikta rasa along with ushna veerya which helps in regulation of liver and normalizing Bile secretion along with hepato protective activity. Gomutra and haritaki together is tikta rasa which is agnideepaka and aamapachaka . This improves Agni helps in proper formation of rasadhatu.

Nimba ,Amruta ,Bringaraja , Bhumiamalaki and Katuki churna all have katu,tikta rasa ,katu vipaka and laghu ruksha guna which acts as jwaragna,deepana, pachana,arochagna. These drugs have pitta rechana ,raktashodana and yakrut uttejaka properties. Amrita is itself a Kamalahara dravya. All these drugs hence help in samprapti vigatana of shakashritha Kamala .

Katuki⁵ having rechana (pitta rechana), Deepana, Raktashudhikara, Mala bhedi properties which again play important role in samshamana of dusta pitta.

Phalatrikadi Kashaya⁶ does pittaahra,deepana ,pachana, Yakrut uttejakara, Kamala hara and pandu hara

Navayasa loha is pandu and kamalapaham⁷

Conclusion:

In this case of jaundice there is marked reduction of symptoms like yellowish discolouration of skin,urine and loss of appetite and also significant reduction in serum bilirubin levels also.No therapy is involved in the whole management so it can be concluded that jaundice can be effectively managed by classical oral preparations mentioned by our acaharyas .One should understand samprapti of kamala in both ayurvedic and modern modern concept as both are complimentary to each other and thus helps in easy understanding of causes ,pathology and treatment .

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