



## KAMALAVYADHI - RUGNACHIKITSVA VRUTANT

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**ABSTRACT** Ayurveda is an ancient experimental medical science. Bhrihatrayee explained the basic principles of ayurveda, in these texts, Kamala vyadhi is described very briefly. It is the disease related with pitta dosha and Raktadhatu. With Ayurvedic medicines; we can treat and avoid recurrence of kamala. The management of Kamala and its complications along with drug, diet and lifestyle have been mentioned in Ayurvedic classics. Acharya Charak has considered Kamala as advance stage of Pandu roga, Acharya Sushrut has considered Kamala as separate disease or may be due to further complication of panduroga; whereas Acharya Vagbhat has described Kamala as a separate disease. Therefore, Kamala vyadhi can be caused by three different samprapti; first two samprapti occurs due to partantra dosh prakopa and the third samprapti by swatantra dosh prakopa. Today's advanced technology and Modern culture has brought many advantages, but on other hand has taken human being far away from the nature. Pittakar ahar like spicy food, Vada-Pav, missal etc, and alcohol consumption is increasing vigorously. The era of industrialization and competition brought many changes in our daily routine. Hepatocellular jaundice is a particular form of jaundice, in which skin, eyes, urine become yellowish, indicating excess bilirubin in blood. Hepatocellular Jaundice can be correlated with Bahupitta Kamala. Modern medical science has only symptomatic treatment for many diseases, Jaundice is one of them. As stated above, Kamala and its complications can be treated along with medicines described in classical text, diet and lifestyle modifications. The present case study tries to explore the mechanism of action of some classical formulations which shows the positive effects in Bahupitta Kamala.

**KEYWORDS :** Bahupitta Kamala, Hepatocellular Jaundice, Case Study, Ayurvediya formulation, Dietary and lifestyle modifications.

**INTRODUCTION:**

Ayurveda is an ancient medical science. It has thoroughly described swathavrittta as well as treatment of various diseases. Bhrihatrayee i.e. Charak Samhita, Sushrut Samhita and Vagbhat Samhita (Ashtang Hriday) the main samhitas, explained the basic principles of ayurveda. In the classical texts, Kamala is briefly described. It is the disease related with pitta dosha. With Ayurvedic medicines, we can treat and avoid recurrence of kamala. The management of Kamala and its complications along with drug, diet and lifestyle have been mentioned in Ayurvedic classics. Acharya Charak has considered Kamala as advance stage of Pandu roga, when Pandu not treated properly or not treated in time. When person with panduroga continues intake of pittakar ahar then he may develop kamala.[1] Acharya Sushrut has considered Kamala as separate disease or may be due to further complication of panduroga. [2] Whereas; Acharya Vagbhat has described Kamala as a separate disease. [3] Therefore, Kamala vyadhi can be caused by three different samprapti. In which first two samprapti occurs due to partantra dosh prakopa and the third samprapti by swatantra dosh prakopa. Acharya Chakrapani has used the term Bahupitta kamala as the synonyms of Koshthashkashrita kamala and Alpapitta kamala as the synonyms of Shakhshrita kamala. Kamala is pittaj nantmaja vyadhi[4] and also Rakta Pradoshaj vyadhi. [5] Kamala is compound word (kam+la) means lust or desire. In Kamala there is no any desire to eat or drink or perform any daily activity. An individual suffers from severe Arochaka, Avipaka and Agnimandya in kamala

Today's advanced technology and Modern culture has brought many disadvantages, but on other hand has taken human being far away from the nature. Pittakar-ahar like spicy food Vada-Pav, missal etc, and alcohol consumption tendency is also increasing day by day. The era of industrialization and life threatening competition brought many changes in our life style. Most of time patients just come with symptoms "sickness and tiredness". Eventually it gets diagnosed as kamala (jaundice). Such incidences are increasing vigorously. Hepatocellular jaundice is a particular form of jaundice, in which skin, eyes, urine become yellowish, indicating excess bilirubin which is a bile pigment in blood. Patient also complains of Fatigue, Anorexia and Nausea [1]. Modern medical science has only symptomatic specific treatment for many diseases, Jaundice kamala is one of them. Most of the individual prefer Ayurvedic treatment for kamala. Kamala can be correlated with Hepatocellular jaundice.

The present case study shows the positive effects of Ayurvedic management in Bahupitta Kamala.

**Aim:**

- To Study the effect of Ayurvediya formulation in a patient suffering from Bahupitta Kamala.

**OBJECTIVES:**

- To study Kamala Vyadhi in detail.
- To study the role of formulation used for the patient.

**METHODOLOGY:** It is single case study.

**Vartaman Vyadhi Vrutanta:**

A 60 yrs old male patient came in kayachikitsa OPD at Tarachand Ramanath Ayurved Charitable Hospital Pune along with the complains of

- ubhay pad shotha ( bipedal pitting oedema).
- udarvrudhi (abdominal distention).
- mukhshotha (facial oedema).
- ayasen shwas (dyspnoea on exertion).
- kshudhamandya (decreased appetite).
- chardi vege (episodes of vomiting).
- hrilas (nausea).
- jwarvega itihis since last 3 days (h/o fever).
- icterus and pallor (panduta and pitabh varna).
- dakshin janu sandhishool (right knee joint pain).

Patient had above complain since 15 day so admitted in hospital for treatment of the same.

**Rugna itihis:**

On taking detailed history of the patient during his course of stay in hospital pt was found to be

- Chronic alcohol addict since 35 yrs.
- He has habit of Gutakha chewing since last 15yrs.
- Patient was known case of Hypertension since 12yrs.
- Patient also gave history of kamala & chickungunya 7 months ago.
- Patient had history of road traffic accident 2yrs ago and went under Tibial arthroscopy implant removal surgery in hospital 1yr ago.

**Samanya Parikshan:**

Patient's samanya parikshan was done which was as follows-

- Nadi-90/min.
- Raktadab-110/80 mmhg.
- Jivha-Saam.
- Kshudha-Alpa.
- Nidra-Samyak.

- Mala-Dravamalpravruti (5-6 vega).
- Mutra-Samyak(4-5 vega dinatah, nakte-1-2 vega).
- Ura-AEBE clear.
- Udar- Udarvrudhhi.

#### Strotas Dushti:

#### Rasavaastrotas Dushti

**Hetu-** Akala bhojana, ahita bhojana, paryushit aahar sevan, madyapan.

**Lakshan-** Arochak, avipak, hrillas, shoth (ubhay paad).

#### Raktavahastrotas Dushti

**Hetu-** -Akala bhojan, paryushit aahar sevan, madyapan, gutakha sevan.

**Lakshan-** yakrutvrudhhi.

#### Routine Investigations:

**Table 1: Showing Patients Routine Investigations**

<b>Total bilirubin</b>	<b>4.61 ↑</b>
Direct bilirubin	1.84
Indirect bilirubin	2.77
SGPT	28
SGOT	113
Alkaline phosphatase	51
Total proteins	5.7
Albumin	2.7
Globulin	3
<b>Haemogram of pt showed Hb</b>	<b>6.7gm% ↓</b>
Platelet	1.34 lakhs.
<b>Neutrophil count</b>	<b>86% ↑</b>
WBC	9400.
<b>Urine routine examination: pus cells</b>	<b>10-12 / hpf Patient showed urine infection</b>

#### Ultrasound (A+P) Study revealed-

- Diffuse hepatomegaly with alcoholic liver disease (s/o cirrhosis).
- Severe Spleenomegaly
- Mild ascites secondary to portal hypertension, also
- Cholelithiasis.

#### Vyadhivinishay:

On the basis of clinical symptoms presented by the patient & investigations done patient was diagnosed as "Bahupitta Kamala".

#### Aushadhi Chikitsa:

According to the diagnosis of the disease patient was given following treatment,

#### Vyanodan Kaal:

- Sutashekhar ras 250mg
- Punarnava mandur 250mg
- Gokshur ghanavati 1

**Anupana:** Vasaguduchyadi kwath 20ml with same amount of water

#### Apana Kaal:

- Rohitak churna 500mg
  - Haritaki churna 500mg
- Anupana:** Luek warm water

#### Lepa Chikitsa:

Ubhaya pada pradeshi Punarnava lepa was applied.

#### Aahara-Vihar Chikitsa:

Along with Abhyanta and Bahya Aushadhi chikitsa dietary and life style modifications have very important aspect of the treatment.

#### Dietary Modifications:

- Akala bhojana : Patient was given advise to take aahar when he feels hungry and to stop taking akal bhojan ,
- Ahit bhojan: He is advised the pathya aahara for Kamala told in the classical texts e.g. mudga, aadhaki, masoora yusha, Mansarasa of Jangal pashu pakshi, Shaali rice.
- Paryushitanna Sevana: He is advised to stop consuming paryushitanna.

#### Lifestyle Modifications:

- Divaswap: We made patient not to sleep during the day time and advised him to read news paper, books, listen music, indulge himself in chatting with his relatives
- Madyapan, Gutakha sevan: Being admitted in the hospital alcohol consumption and tobacco chewing was totally stopped, which was main contributing factor for the pathology.

#### Observations & Result:

During this course of treatment marked reduction was seen in Biological Parameters and Abdominal Circumference as follows:

**Table 2: Showing Before Treatment And After Treatment Changes In The Biological Parameters**

	<b>On Admission</b> 23/03/2018	<b>On Discharge</b> 04/04/2018
<b>Udaravrudhhi</b>		
<b>Above umbilicus</b>	<b>105cm</b>	99cm
<b>At umbilicus</b>	<b>105 cm</b>	100cm.
<b>Below umbilicus</b>	<b>100cm</b>	95cm
<b>Lipid Profile</b>		
<b>Total bilirubin</b>	<b>4.61mg/dl</b>	0.9mg/dl
Direct bilirubin	1.84mg/dl.	0.5mg/dl.
Indirect bilirubin	2.77mg/dl.	0.4mg/dl.
Total protein	5.3gm%.	8.5gm%.
Albumin	2.2gm%	3.2gm%
Globulin	3gm%.	5.3gm%
<b>Haemogram</b>		
<b>Hemoglobin</b>	<b>6.7gm%</b>	7.2gm%
<b>Nutrophil count</b>	<b>86%</b>	71 %
<b>Urine Analysis</b>		
<b>Pus cells</b>	<b>10-12/hpf</b>	Pus cells-1-2/hpf.

There was noticeable difference in the lakshanas with which patient came in the OPD

- Ubhay pad shotha was totally subsided
- Udarvrudhhi was reduced by 5 to 6 cms
- Mukhshotha was subsided
- Aayasen shwasa was decreased
- Kshudha was gradually increased.
- Chhardi vega and Hrullas was not there
- Panduta and pitabh varna was decreased.
- As there was abdominal distension due to fluid, it was decreased and overall shotha especially on both the legs was decreased and patient's bala was increased due to increase in rakta dhatu.
- Dakshin janu sandhishool lakshana was totally decreased during the treatment course of 13 days.

#### DISCUSSION:

Mode of action (Sampraptibhanga) - According to Charak samhita-

Kamali tu virechanaihi  
As per Vangasen samhita-

“Rechanam Kamalartasya snigdhasyadau prayojayet  
Tataha prashamani karya kriya vaidhainav janata”.

As per Chikitsasutra of kamala, **mruduvirechana** is needed for pitta shaman & medication which will correct / overcome **yakrutvrudhhi & pleehavrudhhi** is needed.

Treatment given to patient was

1. Sutashekhar – It is useful for shamana of pitta and Pachana of apachita rasa.
2. punarnava mandur- Being lohakalpa and containing Kutaki it acts as mruduvirechaka.
- These drugs contain tamra bhasma, lohakitta which mainly works on yakrut & corrects yakrut dushti.
- Punarnava mandur helps in agnideepan & having mutral quality it ultimately subsides shotha which was prominent in patient. It helps to regulate the function of spleen and ultimately correct anemia.
3. Gokshurghanavati – Gokshur being mutral helps in subsiding shotha and more of being rasayana it gives strength to the body tissues.
4. Vasaguduchyadi kashay – It was given as anupana. It has potent

hepato-protective effect. It is used in anaemia, jaundice, fatty liver changes & other liver complications.

5. Rohitak churna – Rohitak churna mainly acts on yakrut & pleeha
6. Haritaki churna – Haritaki has mruduvirechaka as well as and rasayana karma.

#### CONCLUSION:

- **Ayurvediya formulation** explained in classical text along with **dietary** and **lifestyle modifications** was found to be effective in Bahupitta Kamala.
- It showed positive results in the patient clinically / **symptomatically** as well as by **change in biological parameters**.

In this way clinically as well as by change in biological parameters kamala was seen to be resolved in the patient with Ayurvedic formulations explained in the classical texts.

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