



ORIGINAL RESEARCH PAPER

Ayurveda

A CASE STUDY ON AYURVEDIC MANAGEMENT OF HYPERBILIRUBINEMIA W.S.R. TO BAHUPITTA KAMLA

KEY WORDS:
Hyperbilirubinemia, Bahupitta Kamla, Ayurvedic medications.

Dr. Preeti Choudhary*

Assistant Professor, Department of Kayachikitsa, Vijayashree Ayurvedic Medical & Hospital, Jabalpur, M.P. 482002 *Corresponding Author

ABSTRACT

Bilirubin is the none iron containing pigment present in the bile. Excess of bilirubin called as hyperbilirubinemia cause an important clinical condition called Jaundice or Icterus. The condition like Hyperbilirubinemia has great resemblance with the *Kamla roga* in *Ayurveda* scriptures. *Kamla* is classified as *Koshtashrita* & *Shakhashrita*. A female patient of 59 years of age came to the Kayachikitsa OPD at Vijayashree Ayurvedic Medical college & Hospital, Jabalpur (M.P.) on 04/11/2022 with blood reports of hyperbilirubinemia. Also having complaints of various problems such as pain in abdomen, loss of appetite, moderate weakness & nausea etc. In this case study patient was kept on oral *Ayurvedic* medicines for 15 days. Thus, she got significant relief in all symptoms of *Bahupitta Kamla* and any other harmful effects was not observed during treatment & follow up period. So, the aim of this case study is describing the efficacy of *Ayurvedic* medications in Hyperbilirubinemia.

INTRODUCTION

Bilirubin is the none iron containing pigment present in the bile. It is derived from porphyrin ring of the hem moiety of hemoglobin. Normal level of bilirubin in blood is <1mg/dl. Excess of bilirubin called as hyperbilirubinemia cause an important clinical condition called Jaundice or Icterus. Bilirubin pigment has high affinity for elastic tissue & hence jaundice is particularly noticeable in tissue rich in elastic content i.e. Skin, sclera etc. Bilirubin pigment can be detected in serum, feces & urine.

Hyperbilirubinemia can be caused by immaturity of the liver cells, liver diseases such as infection, hepatitis, liver damage due to alcoholism, hepatotoxic drugs, cancer, partial destruction of RBC's due to defect in RBC's cells or medication of any infectious diseases that affects metabolism. Jaundice is often first sign of liver trouble. Other sign & symptoms may occur depending on the cause including; nausea, poor appetite, vomiting, fever, weight loss, itching, stomach ache, dark color urine, clay colored stool.

The condition like hyperbilirubinemia has great resemblance with the *Kamla roga* in *Ayurveda* scriptures. *Kamla* is a disease of *Raktavaha srotas* caused by vitiated *pitta*. *Kamla* is classified as *Koshtashrita* & *Shakhashrita*. *Koshtashrita Kamala* occurs as a result of *pitta vriddhi in rakta dhatu* due to intake of *pitta* aggravating factors. It has similarity with the pathogenesis of hemolytic jaundice in which excessive Bilirubin is found in blood due to destruction of R.B.C. and is not excreted adequately by liver resulting hyperbilirubinemia responsible for various symptoms like; yellow discoloration of eyes, skin etc. therefore the pathogenesis of hemolytic jaundice can be compared to *Koshtashrita Kamla* also known as *Bahupitta Kamla*.

Aims & Objectives: To describe the efficacy of *Ayurvedic* medications in *Hyperbilirubinemia*.

Case Presentation

There is a female patient of 59 years of age came to the Kayachikitsa OPD at Vijayashree Ayurvedic Medical college & Hospital, Jabalpur (M.P.) on 04/11/2022 with blood reports of hyperbilirubinemia. Also having complaints of various problems such as pain in abdomen, loss of appetite, moderate weakness & nausea etc.

Table 01: Demographic data of the patient

S.no.	Fact	Data
01.	DOA	04/11/2022
02.	OPD no.	2022/32987
03.	Name	XYZ
04.	Age	59 Years

05.	Sex	Female
06.	Occupation	House wife
07.	Addiction	None
08.	Appetite	Poor
09.	Diet habits	Mixed diet, occasionally hot & spicy food
10.	Sleep	6 Hours
11.	Micturition	Dark Yellow
12.	Bowel Habits	Regular
13.	C/O	Pain in abdomen, Nausea, Loss of appetite, Weakness
14.	H/O	Viral fever – 15 days ago
15.	Past history	DM & HTN in the past 08 years
16.	Family History	Mother: IDDM, Sister: DM & HTN

Table 02: Clinical Examinations Of The Patient

S.no.	On Examination	Observations
01.	Pallor	+
02.	Cyanosis	---
03.	Icterus	++++
04.	Clubbing	---
05.	Edema	---
06.	Lymph nodes	Mild enlarged
07.	Neck veins	Not prominent
08.	Pulse rate	94bpm
09.	Respiratory rate	23rpm
10.	B.P.	140/90 mm of Hg
11.	Temperature	100° F
12.	P/A	Moderate tenderness on rt. hypochondrium, epigastric & umbilicus region

METHODOLOGY

Simple random single case study

Table 03: Ayurvedic Medication Administered In Patient

S.no.	Medicine	Dose	Duration	Anupana
01.	Eranda Sneha	15ml	HS 1st day of medication	Lukewarm milk
02.	Arogyavardhni vati	250mg x 02	HS Starts from 2nd day	Milk
03.	*Sootshekhar Rasa * Praval Pishti * Shankh Bhasma	250mg 250mg 250mg	BD after meal	Honey
04.	Kumaryasava	20ml	BD after meal	Equal amount of water

05.	Drakshasava	20ml	BD after meal	Equal amount of water
06.	Cap. Cytogen	02	BD after meal	Water
07.	Giloy Ghana Vati	02	BD after meal	Water

Pathya Ahara & Vihara:

Ahara - Semi solid & soft liquid diet.

Cereals - Old rice (Oriza Sativa), Godhuma (Wheat), Daliya.

Pulses - Mudga (Green gram)

Vegetables & Salad - Spinach soups, Beet route, Carrot, Redish.

Fruits - Orange, Green apple, Pears.

Liquid - Coconut water, Boil water

Vihara - Bed rest

Apathya Ahara & Vihara:

Ahara - Fried, spicy & Fatty food, new cereals, Sweet Fruits.

Vihara - Exertion, Hard work

RESULTS

Table 04 A: Clinical Assessment OfThe Patient

S. no.	Objective Parameter	Before Treatment	After Treatment	
01.	CBC	Hb %	11.4gm	11.0gm
		TLC	9200/mm3	7900/mm3
		Total RBC Count	3.98mill/m m3	3.51mill/mm 3
		PLT Count	1.01Lacs/m m3	2.58Lacs/mm 3
02.	S. Bilirubin	Total	3.97 mg/dl	0.87mg/dl
		Conjugated	2.10mg/dl	0.40mg/dl
		Unconjugated	1.87 mg/dl	0.47mg/dl
03.	Urine	Color	Deep yellow	Pale yellow
		S.G.	1.010	1.022
		pH	5.0	6.6
		Protein	Trace	Nil
		Bile salt	Absent	Absent
		Bile pigment	Present	Absent
		Urobilinogen	Present	Absent
		Pus cell	2-5/hpf	1-2/hpf
		Epi.cell	2-4/hpf	2-3/hpf
Bacteria	Present	Absent		

Table 04 B: Clinical assessment of the patient

S.no.	Subjective Parameter	Before Treatment	After Treatment
01.	Pain in abdomen	Moderate	Nil
02.	Nausea	Moderate	Absent
03.	Loss of appetite	Severe	Mild
04.	Weakness	Severe	Mild

DISCUSSION

According to the Ayurveda science *Nidana parivarjana*, *Samshodhana* & *Sanshamana* is the line of treatment of *Bahutpitta kamla*. For *Samshodhana Karma*; Acharya Charaka has mentioned "Kaamli tu virechaneh" i.e. Purgation with *Mrudu* & *tikta rasa pradhana dravyas*. *Shamshamana* drugs should be used as single or compound form. *Samshamana* drugs having properties of *Pittahara* or *Tridosahara*, *Pitta rechaka*, *Deepana*, *Shothahara*, *Rakta shodhaka*, *Rasayana* & *Srotoshodhaka*.

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In this case study patient was kept on oral *Ayurvedic*

medicines for 15 days. Thus, she got significant relief in all symptoms. Then patient had gradually improving and no recurrence of any symptoms after 45 days of follow up. *Ayurvedic* medicine have been used in management of *Bahutpitta Kamla* as pe *Ayurvedic* texts & literatures.

Table 05: Mode of action of used medicines

SN.	Medicines	Mode of action
01.	Eranda sneha[1]	Laxative, Pitta shamaka
02.	Arogyavardhni vati[2]	Deepani, Pachani, Pathya, Hrudya
03.	Sootshekhar rasa[3]	Koshtha shoola nashak, Maintain the functions of Pachaka pitta
04.	Praval pishti[4]	Deepana, Pachana, Balya,
05.	Shankh bhasma[5]	Agnimandhara, Udarshulaghna
06.	Kumaryasava[6]	Deepana, Paktishoola nivaraka
07.	Drakshasava[7]	Deepana, Balya, Hrudya, Saptadhatu Vardhaka
08.	Giloy Ghana vati[8]	Jeernjwarahara, Rasayana, Balya
09.	Cap. Cytogen[9]	Anti-viral, Anti-inflammatory, Hepato-protective

CONCLUSION

In this case study got marked significant improvement in all the symptoms of *Bahutpitta Kamla* and any other harmful effects was not observed during treatment & follow up period. So, it can be concluded that *Ayurvedic* medications in *Bahutpitta Kamla* are very effective and enough capable to maintain the quality of life of the patient.

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