

### Ayurvedic perspective of Kamala (Jaundice )

Shashikant B. Laturkar \*<sup>1</sup>, Kiran S. Bhatia<sup>2</sup>, Jaiswal S. Kashiramji<sup>3</sup>

1. PG Scholar, Dept of Kayachikitsa , D.M.M. Ayurved College , Yavatmal , MS India .
2. PG Scholar , Dept of Streeroga avam Prasutitantra,Yashwant Ayurved college , Kodoli , MS India.
3. Professor & PG Guide & H.O.D. Dept of Kayachikitsa , D.M.M. Ayurved College Yavatmal, MS India.

\*Corresponding Author: Email – [laturkarshashikant@gmail.com](mailto:laturkarshashikant@gmail.com)

#### ABSTRACT:

**Introduction:** *Ayurveda* is ancient medical science. In our ancient *samhita*, *kamala vyadhi* is briefly described. *Kamala* is *pittaja nanatmaja* as well as *raktapradoshaja vyadhi*. Charakacharya has considered *kamala* as advanced stage of *panduroga*. *Sushrutacharya* has considered *kamala* as a separate disease and also may be due to further complication of *panduroga*, whereas *Vagbhatacharya* described *kamala* as a separate disease. *Kamala* can be correlated with jaundice in modern medical science. In *kamala vyadhi aacharyas* has explained *virechana karma*. Modern science has limitations in treating *kamala vyadhi* (jaundice) but *ayurvedic* literature clearly explained pathology and treatment of *kamala vyadhi* which shows the specificity of *ayurveda*.

#### Aim and Objective:

- To review the *nidanpanchak*, *Ayurvedic* management of *kamala vyadhi*.
- To review the *pathyapathya* mentioned in *kamala vyadhi*.

#### Methodology:

Text will be collected from *ayurvedic samhitas*, different websites and journals will be referred.

#### Result :

*Shodhana* and *shamana chikitsa* are effective in the management of *kamala*.

#### Discussion:

In *ayurveda nidan parivarjana shamana, shodhana* are the way to treat any disease hence in *kamala* we should really examine causative factors and then give *shamana and shodhana chikitsa* .

**Keywords:** *Kamala, Jaundice, Virechana karma.*

#### INTRODUCTION:

In *Ayurveda Charakacharya and Sushrutacharya* obviously recognized the condition like *kamala* which has great

resemblance with the jaundice of modern medical sciences. Disease kamala is related to liver. The liver plays a major role in the maintenance of metabolic homeostasis. The development of clinically important liver disease is accompanied by diverse manifestation of disordered metabolism. One of such disorders that is characterized by yellow staining of all the tissues due to increased level of bile pigment in circulation. Kamala is considered a purely *paittik roga* caused by *rakta dushti* due to vitiated pitta and vice-versa. Kamala has been classified as: *Koshthashrita*, *Shakhashrita*. In modern science jaundice is classified in three types: *Haemolytic*, *Obstructive*, *Hepatocellular*. *Koshthashrita Kamala* which occurs as a result of *pitta vridhi in rakta dhatu* after the use of its aggravating causes has similarity with the mechanism of pre hepatic jaundice or *haemolytic* jaundice in which more *bilirubin* is found in blood due to excessive destruction of R.B.C and is not excreted. Adequately by liver resulting in *hyperbilirubinaemia* responsible for various symptoms like yellow discoloration of eye, skin etc. *Shakhashrita Kamala* is produced due to the obstruction of normal pitta vaha srtotas by kapha and vata, resulting in pitta vridhi in the *rakta dhatu*. In obstructive jaundice, there is same mechanism in which the bile ducts are obstructed by gall stone or other causes and bile is accumulated in liver, resulting in elevation of blood bilirubin level responsible for yellowness of eye, skin, mucous membrane and stool become clay colored due to lack of bile in the intestine. In *Hepatocellular* jaundice, when there is complete obstruction of all

the bile *canaliculi* due to their compression by *oedematous hepatocytes*, jaundice is produced just like *shakhashrita kamala*. When there is incomplete obstruction or when all the bile *canaliculi* are not obstructed then it is produced like that of *koshthashrita kamala*. Therefore the mechanism of *hepatocellular* jaundice can be compared to *koshthashrita kamala* or *shakhashrita kamala* in different individuals depending upon the severity of the disease.

#### **MATERIALS AND METHODS :**

1. *Charaka samhita with ayurved dipika commentary by Chakrapani.*
2. *Sushruta samhita with nibandhsangraha commentary of Dalhanacharya and nyayachandrika panjika of Gayadasacharya.*
3. *Ashtang Hridaya with commentaries sarvangasundara of Arundatta and ayurved rasayana of Hemadri.*
4. Relevant articles published in various national and international journals.
5. Harrison's principles of internal medicines.

#### **Classification of Kamala :**

- A) *Charaka- Koshthashkashrit, Shakhashrita, Kumbhakamala, Halimaka.*
- B) *Sushruta -Kamala, Kumbhakamala, Halimaka, Laghraka.*
- C) *Vagbhata -Swatantra, Paratantra, Kumbhakamala, Lagharaka, Aalasa.*

#### **Nidana of Koshthashrita Kamala:**

1. *Aharaja Nidana (Unwholesome diet)*
2. *Viharaja Nidana (Unwholesome regimen)*

3. *Manasika Nidana* (Psychological factor)

4. *Nidanarthakar Roga* (Disease causing diseases)

5. *Other Nidana* (Miscellaneous )

<b>Aharaja Nidana</b>	<b>Viharaja Nidana</b>	<b>Manasika Nidana</b>	<b>Nidanarthkar Roga</b>	<b>Other Nidana</b>
<i>Excessive intake of amla , lavan, katu, kshar, ushna, tikshna (intake of hot, spicy and junk food)</i>	<i>Ati vyayam (excessive exercise)</i>	<i>Kama</i>	<i>Pandu roga (anaemia)</i>	<i>Garvisha (slow poision)</i>
<i>Tila ,Sarshapa, Atasi taila</i>	<i>Ati maithun (excessive coitus)</i>	<i>Krodha (anger)</i>	<i>Some types of fever i.e. pitttaja jwara, visham jwara etc.</i>	<i>Intake of sneha in contrary period</i>
<i>Nishpav</i>	<i>Vega vidharana (stoppage of natural urge)</i>	<i>Bhaya (fear)</i>	<i>Paittik visarp</i>	<i>Prakrit pitta prakop kala</i>
<i>Mansa</i>	-	<i>Irshya (jealousy)</i>	<i>Plihodar</i>	-
<i>Vidagdha anna</i>	-	<i>Shoka (sorrow)</i>	<i>Yakritodar</i>	-
<i>Viruddha anna</i>	-	<i>Yakritodar</i>	<i>Hidroga</i>	-
<i>Madya</i>	-	-	-	-
<i>Kulattha etc.</i>	-	-	-	-

#### **Nidana of Shakhshrita Kamala:**

1. Excessive intake of *ruksha, shita, guru and madhur ahar*.(unwholesome diet)
2. *Ati vyayam* ( excessive exercise)
3. *Vega nigraha* (stoppage of natural urges ).

According to *Charakacharya*, *Kamala* is a clinical syndrome which develops after the *pandu roga*. When a patient of *pandu roga* takes excessive *paittik ahar-vihar* develops *bahupittakamala*. According to *Sushrutacharya*, when patient of *pandu*

*roga* or person affected with other diseases consumes *amlaraspradhan* and *apathyakar ahar* develops *kamala*. According to *Vagbhatacharya*, when *pandurogi* or person with excessive pitta consumes *pittakar ahar* develops *kamala*.

#### **Samprapti of Koshashashrita Kamala:**

*Pandurogi pittakara aahara vihar* sevan-Increased *ushna, tikshna guna-Dushta aahara rasa-Pachak pitta dushti and rasa dushthi-Agnimandya-Rakta and mamsa vidaha -Yakrutaagamana-Koshashashrita Kamala*.

**Samprapti of Shakhashrita Kamala:**

Hetu –Vata and kapha prakopa – Rukshaguna pradhan vata dosha gets kaphamurchita - Obstruction of pitta nalika-Vimargagamana of pitta all over –Haridra twacha , Netra , Mootra-Shakhashrita Kamala.

**Rupa of Kamala: A)**  
**Kosthashakhashrita Kamala Lakshanas.**

Sr . No.	Lakshana	Char aka Samhita	Sushrut Samhita	Asthanga Hridaya
1	Haridra netra	+	-	+
2	Haridra twacha	+	-	+
3	Haridra mukha	+	-	+
4	Haridra nakha	+	-	+
5	Haridra mutra	+	-	+
6	Rakta peeta mutra	-	-	-
7	Rakta peeta mala	-	-	-
8	Daha	+	-	+
9	Avipak	+	-	+
10	Daurbalya	-	-	-
11	Aruchi	-	-	-
12	Krusha	-	-	-
13	Tandra	-	+	-
14	Balakshaya	-	+	-
15	Trushna	+	-	+
16	Indriyadaurbalya	+	-	+
17	Bhekavarna	+	-	+
18	Panduvadana	-	+	-
19	Haridravarana mala	-	-	+

**B) Shakhashrita Kamala Lakshanas:**

Haridra netra, Haridra twacha, Haridra mutra, Shweta vachas, Tilapishtha vachas, Aatopa, Visthambha, Hridaya guruta, Daurbalya, Alpagni, Parshwa Arati, Hikka, Shwas, Aruchi, Jwara.

**Modern View of Kamala:**

Kamala can be correlated with jaundice according to their resemblance in signs and symptoms. Jaundice or *icterus* is yellowish discoloration of tissue resulting from the deposition of *bilirubin*. Tissue deposition of *bilirubin* occurs only in the presence of serum *hyperbilirubinemia* and is a sign of liver disease or less often a hemolytic disorder. Slight increase in serum *bilirubin* is best detected by examining the sclera, which have a particular affinity for *bilirubin* due to their high *elastin* content. The presence of sclera *icterus* indicates a serum *bilirubin* of at least 3.0 mg/dl. As serum *bilirubin* levels rise, the skin will eventually become yellow in light-skinned patients and even green if the process is long standing; the green color is produced by oxidation of *bilirubin* and *biliverdin*. Another sensitive indicator of increased serum *bilirubin* is darkening of urine, which is due to the renal excretion of conjugated *bilirubin*. *Bilirubinuria* indicates an elevation of direct serum *bilirubin* fraction and therefore the presence of liver disease. Increased serum levels occur when an imbalance exists between *bilirubin* production and clearance. *Bilirubin* is the yellow breakdown product of normal heme catabolism caused by body's clearance of aged RBCs which contain *haemoglobin*. *Bilirubin* works as cellular antioxidant. *Haemoglobin* is broken down to heme and *globin* portion. The *globin* portion is

a protein that breaks down into amino acids and plays no role in the pathogenesis of jaundice. The *heme* on the other hand, undergoes oxidation reaction *catalysed* by the enzyme *oxygenase* to give biliverdine, iron and carbon monoxide. *Biliverdine* yield a yellow pigment called *bilirubin (unconjugated)*. In the liver, the bilirubin is conjugated with *glucoronic acid* to give conjugated bilirubin which is water soluble that can be excreted. Bacteria in the intestine convert the bilirubin into *urobilinogen*. This *urobilinogen* is then either converted into *stercobilinogen* or excreted in the feces or it is reabsorbed by the intestinal cells and taken to the kidneys via the blood to be excreted in the urine. In this way normally the liver metabolizes and excretes the *bilirubin* in the form of bile. However, if there is disruption in this normal metabolism production of *bilirubin*, jaundice may results.

#### **Sadhyasadhyatwa :**

According to *Chrakacharya*, initial stage of *kamala* is *sadhya*. On long standing becomes *kriccha sadhya* and *kumbha kamala* occurs. *Kumbha kamala* presents with further symptoms like *krushna-pita shakruta mutra, raktamutra, shotha, chardi, daha, aruchi, trushna, anaha, moha, nasht agni is asadhya*. *Kumbha kamala* with *chardi, aruchi, hrullas, jwara, klam, swasa, kasa, atisara* considered as *asadhya*. According to *Sushrutacharya*, *kumbha Kamala* is type of *kamala* with *shopha* and *parvabheda*. *Vagbhatacharya* explained that untreated *kamala* leads to the next stage called *kumbha kamala* which is *kricchasadhya*.

#### **Management of Kamala:**

*Nidan parivarjana* , *Samshaman, Samshodhana* this is the protocol for management of *kamala*. *Charakacharya* has mentioned “*Kamale tu virechanam*” i.e. purgation therapy with *mrudu* and *tikta dravyas*. *Sushrutacharya* mentioned drug and dieted regimens. *Vagbhatacharya* quoted “*Kamalayam tu pittaghnam Pandurogavirodi yat*” i.e. drugs which pacify *pitta* and drugs which do not interfere with *panduroga* should be used.

#### **Samshodhana:**

##### **Snehana:**

By using medicated *ghrita* like *Panchagavya ghrita, Kalyanaka ghrita, Draksha ghrita, Mahatikta ghrita, Haridradi ghrita and Dadima ghrita etc*. *Svedana*: is contraindicated in *kamala*. *Virechana*: should be done by *tikta and mrudu dravya* the following are advised by *Charakacharya* in *panduuroga chikitsa*.

1. *Aragvadha phanta with shunthi, pippali, maricha, bilva, along with the svarasa of ikshu, vidari and amalaki, Gomutra haritaki.*
2. *Dantimula kalka and guda with cold water.*
3. *Triphala kwatha with trivrit kalka.*

#### **Samshamana:**

After *Virechana karma*, *Samshamana* drugs are to be administered. They can be given as single drugs or compound drugs. The actions of the *samshamana* drugs were *Pitta hara / Tridosahara Pitta rechana (Choleratic), Yakrid uttejaka (Liver stimulant), Dipana (Appetiser), Rechana (Purgative), Shothahara (Anti-inflammatory), Jwarahara (Anti-pyretic), Rakta shodhana (Blood purifier), Rasayana*

(Geriatric), *Sroto shodhana* (Channel purifier).

#### **Management of Sakhshrita Kamala:**

*Ruddhapatha Kamala* needs different principle of management, since *malarupa pitta* is in the *shakha* and *virechana* will not be effective till *dosha* are brought into *kostha* (*Mahasrotasa*). Here *kapha*, *vata* which obstructs the path of *pitta*, should be treated primarily thereafter *pitta* should be alleviated. The recipes which alleviate *kapha*, like *katu*, *ruksha*, *amla*, *teekshna* and *usna* drugs have to be administered and do *vatashamak chikitsa*.

1. Soup of peacock, *teetara* (partridge), and cock and *sushkamulaka*, *kulattha*,
2. *Matulunga svarasa* with *honey*, *pippali*, *maricha* and *sunthi* have to be given,
3. By giving these drugs *pitta* is brought in *kostha* and then *pittahara chikitsa* is done.

#### **Management of Halimaka:**

- *Snehana*- *Buffalo's ghee* processed with *Guduchi svarasa*.
- *Virechana* - *Trivrit* with *Amalaki svarasa*,
- *Basti* - *Yapana Basti* with *madhura dravya*.
- *Samshamana* - *Drakshavaleha*, *Abhayavaleha*,

Milk processed with *pippali*, *madhuka* and *bala* according to *dosha* and *bala* of the patient.

#### **Samshamana (Preventive) Drugs :**

*Kutaki* (*Picrorrhiza kurroa*), *Kiratatikta* (*Swertia chirata*), *Kalmegha* (*Azadirachta indica*), *Daruharidra* (*Berberis aristata*), *Amrita* (*Tinospora cordifolia*), *Bhumyamlaki* (*Phyllanthus niruri*), *Triphal* (*Embllica officinalis*, *Terminalia bellerica*, and *Terminalia*

*chebula*), *Vasa* (*Adhatoda vasica*), *Kumari* (*Aloe vera*), *Bhringaraja* (*Eclipta alba*), *Punarnava* (*Boerhavia diffusa*).

#### **Compound Drugs :**

- 1) *Churna* - *Svarnakshiryadi yoga*, *Yogaraja*, *Navayasa churna*
- 2) *Gutika* - *Mandura vataka*, *Shilajatu vataka*
- 3) *Bhashma* - *Mandura bhasma*
- 4) *Svarasa* - *Triphala*, *Guduchi*, *Daruharidra*, *Nimba patra svarasa*
- 5) *Kvatha* - *Phala trikadi kvatha*, *Vishaladi phanta*
- 6) *Aristha*- *Bijakaristha*, *Dhatryaristha*
- 7) *Avaleha* - *Darvyadi leha*, *Dhatrayavaleha*
- 8) *Lauha* - *Nisha lauha*, *Dhatri lauha*, *Vidangadi lauha*, *Navayasa lauha*
- 9) *Rasa*- *Sindurbhushana rasa*, *Kamalanta rasa*
- 10) *Nasya* - *Karkota mula nasya*
- 11) *Anjana* with *Nisha* (*Turmeric*), *Gairika* & *Amla*

#### **Pathya – Apathya:**

##### **Pathya:**

1. *Vamana*, *virechana*, *purana sali*, *yava* and *godhuma*, *mudga*, *masura*, *adaki-sushka*, *jangala mansa rasa*.
2. *Patola*, *kooshmanda* (ripe), *unripe kadali*, *jivanti*, *ikshu*, *guduchi*, *tanduliyaka*, *lauha bhashma*.
3. *Punarnava*, *vartaka*, *lashuna*, *palandu*, *ripe mango*, *haritaki*, *amalaki*, *gomutra*, *haridra* and *nagkesara*.
4. *Buttermilk*, *souviraka*, *tushodaka*, *navanita* and *chandana*.

5. Daha/ Agni karma – 2 inches below umbilicus, between stana and kaksha, hastamula, forehead.

#### Apathya:

1. Rakta mokshana, dhumapana, veganirodha, svedana, sexual intercourse.
2. Shimbi dhanya, hingu, masha, excess drinking of water, tambula, sarshapa, sura.
3. Eating mud, divasvapana,
4. Amla rasa, guru- vidahi padartha, contaminated water, non congenial, un-hygienic diet,
5. Residing in hot climates and exposure of radiant sun, anger, vyayama and strenuous physical and mental activities.

#### DISCUSSION :

Kamala is a condition where the skin, eye and mucous membrane take yellow discoloration. In modern science jaundice is considered as symptom of liver disorder whereas in *ayurveda* kamala is taken as disease. In *ayurveda*, increased intake of oily, spicy, hot and alkaline food, are depicted for aggravation of *pitta dosha*. The aggravated *pitta* then impairs the blood and the muscle tissue of the liver, causing blockage in the channels of the liver and thus Pitta is thrown back into the blood leading to discoloration of the eyes and skin. Sleeping in the daytime, excessive physical work, over indulgence in sexual activity, suppressing the natural urges of the body, and psychological factors like fear, anger, and stress can also be causative factors for kamala. This disease is *pitta dosha* dominating disease so persons those are having pitta prakriti are more prone for getting this disease. So we can escape ourselves from many

diseases by taking pathya (wholesome) *ahar vihar* according our *prakriti*.

#### CONCLUSION

In *ayurvedic* text kamala vyadhi is thoroughly described. It helps us to understand the disease pathology very clearly. In the treatment part that is in *chikitsa sutra* of *Shakhashrita* Kamala. *Acharya Charaka* has explained *mrudu virechana karma*. *Virechan karma* shows significant reduction in total *bilirubin* level and also helps in removal of excessive *stercobilinogen* from the body as per modern science. Modern science has limitations in treating the *kamala vyadhi* (jaundice) but *ayurvedic* literature clearly explained pathology and treatment of *kamala vyadhi* which shows the specificity of *ayurveda*. But *Shakhashrita* Kamala needs different principle of management, *virechana* is not effective in it. So by giving the medicines which alleviate *kapha, vata* and *pitta* is brought in *koshtha* then *pittahara chikitsa* should be given.

#### REFERENCES :

1. Vaidya Yadavaji Trikamji Acharya, Charak Samhita, Chakrapani Tika, Reprint, 2013; 528.
2. Vaidya Yadavaji Trikamji Acharya, Sushruta Samhita, Nibandhsangraha and Nyayachandrika Panjika tika, Chaukhanba Prakashan, Varanasi, Reprint, 2014; 729.
3. Hari Sadashivshashtri Paradkar, Ashtang Hriday, Sarvanga sundara and Ayurved Rasayana tika, Chaukhanbha Prakashana , Varanasi, Reprint, 2014; 519.
4. Vaidya Yadavaji Trikamji Acharya, Charak Samhita, Chakrapani Tika, Chaukhanbha Prakashana, Varanasi, Reprint, 2013; 114.

5. Anthony S. Fauci , Harrison's principles of internal medicine, 19 th edition .
6. Vaidya Yadavaji Trikamji Acharya, Sushruta Samhita, Nibandhsangraha and Nyayachandrika Panjika tika, Varanasi, Chaukhanba Prakashan, Reprint, 2014; 730.
7. Vaidya Yadavaji Trikamji Acharya, Charak Samhita, Chakrapani Tika, Chaukhanbha Prakashana, Reprint, 2013; 529.
8. Hari Sadashivshashtri Paradkar, Ashtang Hriday, Sarvanga sundara and Ayurved Rasayana tika, Chaukhanbha Prakashana Varanasi, Reprint; 2014; 704.

*Conflict of Interest: Non*

*Source of funding: Nil*

*Cite this article:*

*"Ayurvedic perspective of Kamala (Jaundice)."*

*Shashikant B. Laturkar, Kiran S. Bhatia, Jaiswal S. Kashiramji*

*Ayurline: International Journal of Research In Indian Medicine 2021; 5(1):01-08*