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Ayurvedic Management of Shakhashrita Kamala w.s.r. to Hepatocellular Jaundice: A Case Study

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Abstract:

The Liver is a vital organ involved in the maintenance of metabolic functions and detoxification of the exogenous and endogenous challenges like drugs, viral infections and chronic alcoholism[1]. Liver diseases occur throughout the world irrespective of Age, sex, religion and race. According to WHO 46% of global diseases and 59% of the mortality is because of chronic liver diseases and almost 35 million people in world die because of chronic liver diseases[2]. In Ayurveda, liver disorders and there treatment modalities are very well described under the heading of "*Kamala* Vyadhi".

In this study, a case report of 70 yr old male having yellowish discoloration of skin, sclera, and urine. Anorexia *(Aruchi)*, Nausea *(hrullas)*, generalized debility *(daurbalya)*, Dyspnea (*Shwas kashtata*) since 10-15 days. He was diagnosed as *Shakhashrita Kamala* and treated with classical Herbal and some Herbomineral preparations as described in Samhita. Significant result was found in the above mentioned symptoms.

INTRODUCTION:

In Ayurveda, liver disorders and there treatment modalities are very well described under the heading of "*Kamala Vyadhi*". It can be correlated with "jaundice" of modern medical science.

Acharya charka has considered *kamala* as an advance stage of *Pandu Vyadhi*. When *Pandu rogi* or patient who cured from *Pandu* continues to take *Pitta vardhak Ahara* then this causes excessive aggravation of *Pitta dosha* this further leads to *kamala*[3]. *Kamala* described under *Raktavaha Srotas*[4] & *Yakrit-pliha* is the mula sthan of *Raktavaha Srotas*[5]. *Kamala* caused due to *Ushna tikshna gunatmak ahar* which is responsible for *pitta prakopa* in blood then vitiated *pitta* circulates all over the body and due to this symptoms like *Nakha, Netra, mutra, purisha pitata* are seen[6]. There are mainly 2 types of *kamala*- A) *Bahupitta kamala (Koshtha Shakhashrita).* B) *Ruddhapath Kamala (alpapitta/Shakhashrita).*Again *Ruddhapath*

Kamala is divided into 2 -1st by *Swatantra Hetu* i.e. *Kaphavruddha kamala* 2nd by *Partantra Hetu* i.e. due to any kind of tumor or biliary calculi or other type of obstruction[7].

Jaundice is the yellowish discoloration (icterus) of skin, sclera, mucous membranes and excretions occurs due to deposition of bilirubin. It is not a particular disease but it is occurred due to associated pathologies of other disease like infective hepatitis, obstruction of bile duct by cholelithiasis or tumor, Alcoholic liver diseases and Hemolysis. There are 3 types of Jaundice[8]

a) Pre hepatic - due to excessive breakdown of RBCs, (Hemolytic/ *unconjugated* hyper *bilirubinemia*).
b) Intra hepatic – due to dysfunction of liver itself (Hepatocellular/ conjugated as well as unconjugated hyperbilirubinemia)
c) Post hepatic – Due to obstruction to biliary drainage. (Conjugated hyperbilirubinemia)

Here, one attempt is made to manage *Shakhashrita kamala* with some Ayurvedic herbs and *Herbomineral* preparations, which give an effective result.

Case Report –

A 70 yrs old male patient came in our OPD with following Chief Complaints –

- *Pitavarni Twak vaivarnya* (Yellowish Discoloration of skin)
- *Pitavarni Mutra* (Yellowish Discoloration of urine)
- *Kshudhamandya* (Anorexia and loss of appetite)
- *Daurbalya* (Generalized Debility)
- *Shwas kashtata* (*Dyspnea*)

Patient had above complaints since 10-15 days.

There is No H/O – DM /HTN /BA/ any major illness

History of Present illness-

Patient was normal before 15 days ago, since then patient had Yellowish Discoloration of skin, nails and urine, Anorexia, loss of appetite, Generalized Debility and Dyspnea. So for Ayurvedic treatment he came to our hospital (Sion Ayurvedic Hospital – Kayachikitsa Department OPD).

Examination –

• *Nadi* – 74/min	• *Shabda – Prakrut*
• *Mutra – Pita varni*	• *Sparsha – Anushna*
• *Mala – Malavibandha / Clay coloured*	• *Druka – Pita Netra* (scleral icterus)
• *Jivha – Saam*	• *Akruti – Hina*
• *Bala – Hina*	• Wt. - 56kg
• *Kshudha – Mandya*	• BP - 100/70 mm of hg

Per abdomen – (on Palpation) :- (Table No.1)

Inspection	Palpation	Percussion
• No scars seen • Inverted & Centrally placed umbilicus • No Spider nevi seen	• Soft • Mild tenderness at rt.hypochondriac region.	• Dull Note • Bowel Movement-Normal.

MATERIAL & METHODS:

Method –

A) Type of Study: - Simple random single case study

B) Centre of Study: - *Ayurvedic College and Hospital, Sion, Mumbai (Kayachikitsa OPD)*

Materials – (Internal Medications – Table No.2)

Sr.No.	Dravya	Matra	Kala		Anupana
1)	*Arogyavardhini Vati*	500mg	1-1-1	*Adhobhakta*	*Koshna jala*
2)	*Navayas Loha + Ashwagandha*	500mg tab. + 2gm	1-0-1	*Abhakta*	*Koshna jala*
3)	*Phalatrikadi Kwath*	20 ml	2tsf * 2	*Adhobhakta*	*Koshna jala*
4)	*Nishottar Churn*	2 gm	0-0-2	*Adhobhakta*	*Koshna jala*

RESULT:

Assessment Criteria of Kamala: (Table No.3)

Sr.No.	Symptoms	Normal (0)	Mild (1)	Moderate (2)	Severe (3)
1.	*Pitavarni Netra*	0	1	2	3
2.	*Pitavarni Twak*	0	1	2	3
3.	*Pitavarni Mutra*	0	1	2	3
4.	*Kshudhamandya*	0	1	2	3
5.	*Daurbalya*	0	1	2	3

Observation of Result: (Table No.4)

Sr.No.	Symptoms	1st Follow up	2nd Follow up	3rd Follow up
1.	*Pitavarni Netra*	3	2	1
2.	*Pitavarni Twak*	2	2	0
3.	*Pitavarni Mutra*	3	1	0
4.	*Kshudhamandya*	3	2	0
5.	*Daurbalya*	3	2	1

Investigation: (Table No.5)

Sr.No	Test	Before Rx	After Rx		
		16/10/2018	29/10/21018	19/11/2018	3/12/2018
1.	Total Bilirubin (mg %)	15.3	4.08	1.6	1.2
2.	Direct Bilirubin (mg %)	7.5	2.3	1.1	0.59
3.	Indirect Bilirubin (mg %)	4.2	1.8	0.5	0.6
4.	SGOT (U/L)	110	57	31	28
5.	SGPT (U/L)	100	54	16	18
6.	Sr.Creatinine (mg/dl)	1	0.8	1.1	1

16/10/18:- <u>USG (Abdo+pelvis)</u> – Heterogeneous echotexture of liver.

Simple rt. renal cortical cyst size – 41×45 mm.

16/10/18:- Antibody to hepatitis C virus (HCV) – Positive (from kasturba hospital)

28/01/19:- Negative

11/02/19:- Negative

29/10/18:- CBC= HB - 11.4mg/dl, RBC – 3.80mill/cmm, WBC – 8300/cmm,

P/T – 2, 68, 000/cmm. **Urine R/M =** Pus cells: – 2-3, Epithelial Cells: - 1-2.

DISCUSSION: Mode of Action of above mentioned Management-

*1.**Arogyavardhini Vati***- The principle ingredient of *Arogyavardhini Vati* is *Kutaki*

	Sr.No.	*Dravya*	Probable Mode of Action
Rasa Aushadhi	1.	*Parad, Gandhak*	*Kajjali* is a *khalvi Rasayan* and *Ushna viryatmak, katupaki* and *Tikta rasatmak* hence it is *Tridoshashamak* & *sukshma srotogami.*
	2.	*Bhasma- A) Loha* *B) Abhrak* *C) Tamra*	*Rakta vardhak, Dhatuposhak* & *yogvahi.* *Balya* and *Tridosha Shamak.*

			Lakshana, vranaropak & *amahara.*
	3.	*Shilajatu*	*Rasayan, yogavahi* & *balya.*
Dravya	4.	*A) Triphala*	Due to *Kashay rasa pradhantwa Anulomak* & *Malasarak.*
		B) Guggul	*Shula-shotha har, Tridosha Shamak* & *Lekhana.*
		C) Chitrakmula	Excellent *Agnidipak.*
		D) Kutaki	*Mala bhedan* and *Yakrit Uttejak*
Bhavna Dravya	5.	*Nimba*	*Pittashamak, Kandughna, Dipak,* Regulation of normal *pitta* secretion in Liver.

2. Phalatrikadi Kwath-

Sr.No	***Dravya***	**Probable Mode of Action**			
		Rasa	*Virya*	*Vipak*	
1.	*Triphala - (Haritaki Amalaki Bibhitaki)*	*Pancharasa Lavanvarjya*	*Ushna Shita Ushna*	*Madhur*	*Haritaki* is *Anulomak, Dipaniya, Sarvadosha Prashman,* and *Vatashamak.* *Amalaki* is *Pittashamak* due to its *Shita virya.* *Bibhitaki* is *bhedaka* and *Kaphashamak.*
2.	*Guduchi*	*Katu, Tikta, Kashay*	*Ushna*	*Madhur*	*Tridosha Shamak, Rakta Prasadan, Aam Pachak, Agnidipak, Raktagata* ***Pitta Shamak***.
3.	*Vasa*	*Katu, Tikta, Kashay*	*Shita*	*Katu*	***Pittakapha Shamak****, Rakta Prasdan* & *stambhan.*
4.	*Kutaki*	*Tikta*	*Shita*	*Katu*	***Pittakapha Shamak.*** Due to *Katu Vipak Malabhedan,* as it is *Kaphashamk* so nicely used in *Ruddhapath Kamala.* It causes *Yakrita gat pittabhedan* & *shodhan.*
5.	*Kiratatikta*	*Tikta*	*Shita*	*Katu*	***Pittakapha Shamak***.
6.	*Nimba*	*Tikta*	*Shita*	*Katu*	***Pittakapha Shamak***. Due to *Tikta Rasa⇨Raktagat Pittashaman⇨Yakrit gat Pittashaman⇨Pittavaha Srotas mukha shodhan⇨ regulation of pitta secretion⇨Purisha Ranjan⇨ reduction of Mutra pitata*

3. Navayas Loha-

Sr.No	***Dravya***	**Probable Mode of Action**
1.	*Triphala*	*Malasarak. Haritaki* – excellent *Anulomak, Amalaki – Rasayan.*
2.	*Trikatu*	Excellent *Agnidipak and Pachak.*
3.	*Vidanga*	*Jatharagni vardhak, Yakrit Uttejak*
4.	*Musta*	*Rasapachak, Aampachak* and *Dahashamak.*
5.	*Chitrak*	Excellent *Agnidipak, Yakrit balya*.
6.	*Loha Bhasma*	Increases Hemoglobin, *Rakta vardhak, Dhatuposhak.*

CONCLUSION:

In Ayurvedic classics, Kamala is described as *Raktapradoshaj, Pitta nanatmaj Vyadhi*. As it is a *Pitta* predominant Disease *Pittashamak* Treatment is given. So it is conclude that, above mentioned case is successfully managed by *Arogyavardhini Vati, Navayas Loha +Ashwagandha Churn, Nishottar churn* & *Phalatrikadi Kwath* without any complications.

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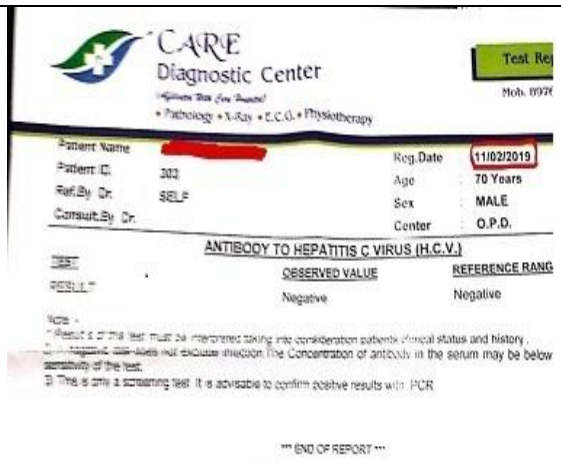


CARE
Diagnostic Center
• Pathology • X-Ray • E.C.G. • Physiotherapy

Test Re

Patient Name [redacted]
Patient ID 303
Ref.By Dr. SELF
Consult.By Dr.

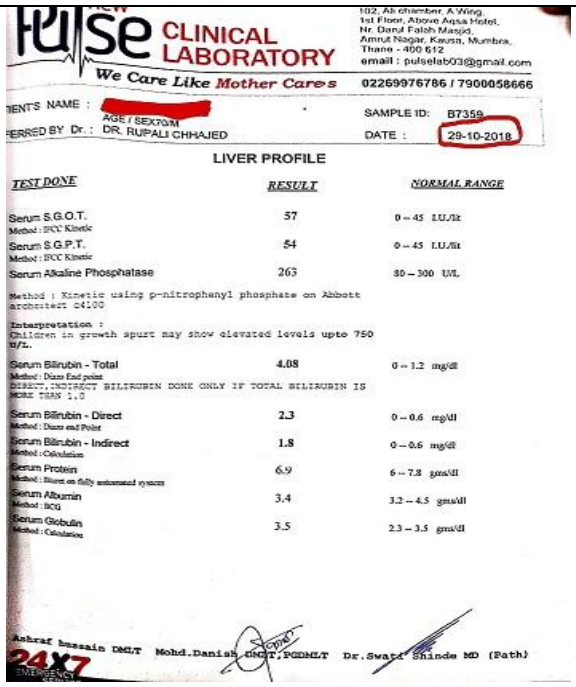
Reg.Date 11/02/2019
Age 70 Years
Sex MALE
Center O.P.D.

ANTIBODY TO HEPATITIS C VIRUS (H.C.V.)

TEST	OBSERVED VALUE	REFERENCE RANG
RESULT	Negative	Negative

Note :
1) Result of this test must be interpreted taking into consideration patients clinical status and history.
2) Diagnostic conclusions not exclusive solution. The Concentration of antibody in the serum may be below sensitivity of the test.
3) This is only a screening test. It is advisable to confirm positive results with PCR

*** END OF REPORT ***



Pulse CLINICAL LABORATORY
We Care Like Mother Cares
102, Ali chamber, A Wing, 1st Floor, Above Aqsa Hotel, Nr. Darul Falah Masjid, Amrut Nagar, Kausa, Mumbra, Thane - 400 612
email : pulselab03@gmail.com
02269976786 / 7900058666

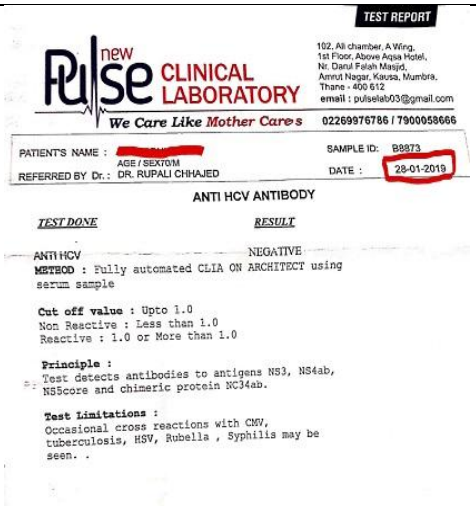
PATIENT'S NAME : [redacted]
AGE / SEX70/M
REFERRED BY Dr. : DR. RUPALI CHHAJED
SAMPLE ID: B7359
DATE : 29-10-2018

LIVER PROFILE

TEST DONE	RESULT	NORMAL RANGE
Serum S.G.O.T. Method : IFCC Kinetic	57	0 – 45 I.U./lit
Serum S.G.P.T. Method : IFCC Kinetic	54	0 – 45 I.U./lit
Serum Alkaline Phosphatase	263	80 – 300 U/L
Method : Kinetic using p-nitrophenyl phosphate on Abbott architect c4100		
Interpretation : Children in growth spurt may show elevated levels upto 750 U/L.		
Serum Bilirubin - Total Method : Diazo End point	4.08	0 – 1.2 mg/dl
REMARK : INDIRECT BILIRUBIN DONE ONLY IF TOTAL BILIRUBIN IS MORE THAN 1.0		
Serum Bilirubin - Direct Method : Diazo end Point	2.3	0 – 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	1.8	0 – 0.6 mg/dl
Serum Protein Method : Biuret on fully automated system	6.9	6 – 7.8 gms/dl
Serum Albumin Method : BCG	3.4	3.2 – 4.5 gms/dl
Serum Globulin Method : Calculation	3.5	2.3 – 3.5 gms/dl

Ashraf hussain DMLT Mohd.Danish DMLT,PGDMLT Dr.Swati Shinde MD (Path)

24X7 EMERGENCY SERVICE



TEST REPORT

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email : pulselab03@gmail.com
02269976786 / 7900058666

PATIENT'S NAME : [redacted]
AGE / SEX70/M
REFERRED BY Dr. : DR. RUPALI CHHAJED
SAMPLE ID: B8873
DATE : 28-01-2019

ANTI HCV ANTIBODY

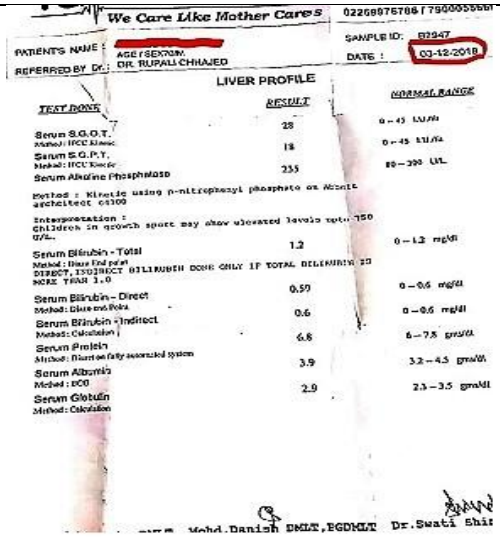
TEST DONE	RESULT
ANTI HCV	NEGATIVE

METHOD : Fully automated CLIA ON ARCHITECT using serum sample

Cut off value : Upto 1.0
Non Reactive : Less than 1.0
Reactive : 1.0 or More than 1.0

Principle :
Test detects antibodies to antigens NS3, NS4ab, NS5core and chimeric protein NC34ab.

Test Limitations :
Occasional cross reactions with CMV, tuberculosis, HSV, Rubella , Syphilis may be seen. .



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PATIENT'S NAME : [redacted]
AGE / SEX70/M
REFERRED BY Dr. : DR. RUPALI CHHAJED
SAMPLE ID: B7947
DATE : 03-12-2018

LIVER PROFILE

TEST DONE	RESULT	NORMAL RANGE
Serum S.G.O.T. Method : IFCC Kinetic	28	0 – 45 I.U./lit
Serum S.G.P.T. Method : IFCC Kinetic	18	0 – 45 I.U./lit
Serum Alkaline Phosphatase	235	80 – 300 U/L
Method : Kinetic using p-nitrophenyl phosphate on Abbott architect c4100		
Interpretation : Children in growth spurt may show elevated levels upto 750 U/L.		
Serum Bilirubin - Total Method : Diazo End point	1.2	0 – 1.2 mg/dl
REMARK : INDIRECT BILIRUBIN DONE ONLY IF TOTAL BILIRUBIN IS MORE THAN 1.0		
Serum Bilirubin - Direct Method : Diazo end Point	0.59	0 – 0.6 mg/dl
Serum Bilirubin - Indirect Method : Calculation	0.6	0 – 0.6 mg/dl
Serum Protein Method : Biuret on fully automated system	6.8	6 – 7.8 gms/dl
Serum Albumin Method : BCG	3.9	3.2 – 4.5 gms/dl
Serum Globulin Method : Calculation	2.9	2.3 – 3.5 gms/dl

Mohd.Danish DMLT,PGDMLT Dr.Swati Shi

End of article