



Ayurvedic Management of Kamla Clinically Diagnosed as Jaundice - A Case Report

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Abstract

Introduction: Hyperbilirubinemia, clinically recognized as jaundice or icterus, manifests as a distinct yellowish tinting of the skin, mucous membranes, and bodily fluids. Typically emerging when serum bilirubin concentrations cross the 2.5- 3 mg/dL threshold, it serves as a critical indicator of hepatic compromise. Classical Ayurvedic literature conceptualizes hepatocellular jaundice under the rubric of Kamala, a metabolic hepatic disorder whose modern incidence is heavily exacerbated by irregular dietary patterns, unhygienic practices, and sedentary habits.

Methodology: The traditional therapeutic approach to Kamala relies on a dual-pronged strategy of Shamana (balancing/palliative care) and Shodhana (systemic detoxification), centering heavily on Virechana (controlled therapeutic purgation). This paper documents a clinical case involving a 14 year-old female presenting with hepatocellular jaundice who was placed on an integrated Shamana and Virechana treatment protocol.

Results: The patient exhibited substantial clinical recovery following the intervention. Post-treatment evaluation revealed a drastic reduction in presenting symptoms alongside a return of biochemical liver function markers to baseline physiological limits.

Conclusion: The clinical resolution achieved in this case underscores the therapeutic validity of classical Ayurvedic methodologies in reversing

hepatic dysfunction. Nonetheless, structured, large-cohort trials remain essential to refine and standardize these diagnostic and assessment frameworks for broader clinical adoption.

Keywords: Hepatocellular Jaundice, Kamala, Virechana, Hepatic Dysfunction, Shodhana, Bilirubin.

Introduction

Jaundice is characterized by a yellowish discoloration of the skin, mucus membranes, and the whites of the eyes, which occurs when bilirubin levels build up in bodily fluids.^[1] In recent times, industrialization has dramatically shifted societal habits, pushing people toward heavily spiced fast foods and triggering various lifestyle-related health problems. Alongside this, hepatitis cases have spiked, primarily driven by dense urban overcrowding, poor sanitation, unhygienic eating conditions, and contaminated drinking water. Patients dealing with this condition frequently experience deep weakness and exhaustion, classic hallmarks of what Ayurvedic tradition calls Kamala disease. From a modern biomedical perspective, hepatocellular jaundice stems from functional liver damage that prevents the organ



from properly channeling bilirubin into the bile.^[2] Conversely, Ayurvedic philosophy views this issue as a fundamental Pitta imbalance, traditionally identified by the physical yellowing of the eyes, skin, nails, and face (Haridra Netra Twak Nakh Anana).^[3] While mainstream medicine generally relies on managing the individual symptoms of hepatocellular jaundice, classic Ayurvedic texts advocate for purgation therapy (kamali tu virechanama) as the primary intervention strategy.^[4] This case report aims to highlight how targeted Ayurvedic herbal interventions can successfully treat and manage jaundice.

Conceptual background: Kamala is categorized in classical Ayurveda as a Raktapradoshaja Vyadhi, a disorder originating from the impairment of blood components (Rakta). It primarily affects the Raktavaha Srotas (blood-carrying pathways), which have their anatomical roots in the liver (Yakrit) and spleen (Pleeha). According to Acharya Charaka, therapeutic purgation (Virechana) is the primary line of treatment for these channels, a principle summarized by the clinical directive "Kamale Tu Virechanam". Furthermore, the texts identify Kamala as a progressive, advanced phase of anemia (Pandu Vyadhi). When a patient who is currently suffering from or recovering from anemia continues to consume a diet that elevates Pitta, it triggers a severe imbalance in the Pitta Dosha, ultimately causing the condition to manifest.

Case report

On September 25, 2025, a 14 year-old female patient from chandoli, panipat haryana OPD Registration No. 2025019235/5336 attended the Kayachikitsa out patient department at the MSM Institute of Ayurveda BPSMV Khanpur Kalan sonipat haryana . She presented with the following health complaints:

CHIEF COMPLAINT:

Yellowish discoloration of skin

Icterus

Yellowish discoloration of urine

Anorexia

Generalized Weakness

Fever

Vomiting

PERSONAL HISTORY:

Bowel – clear

Bladder – yellowish discoloration of urine

Appetite - poor

Sleep- altered

Built - Normal

No history of any type of addiction like smoking, alcohol.

History of Present illness

The patient reported a gradual onset of symptoms, starting with a feeling of tiredness and loss of appetite, followed by fever, vomiting, yellowish discoloration of the sclera and skin. Over time, the patient noticed darkening of urine and mild discomfort in the upper abdominal region. He sought medical consultation after the symptoms persisted for three weeks without improvement.



History of Past History

No H/O DM, Asthma, HTN

No H/O alcoholism

SYSTEMIC EXAMINATION

CNS- well oriented to person, place and time

CVS system: S1, S2 is audible, No murmur

Respiratory system: no obvious deformity, with B/L clear chest, no added sound present

Digestive System: decreased appetite

Uro-genital System: yellowish discoloration of urine

ASHTA VIDHA PARIKSHA

Nadi /Pulse - 78/min

Mala (stool) - Tilpistnibham

Mutra (urine) - Peetavarniya

Jihva (tongue) - Samata

Kshudha (appetite) - Mandya

Shabda (speech) - Prakrut (normal)

Sparsha (skin) - Prakrut (normal)

Akruti - Madhyam

Bala - Madhyam

Raktadab(BP)- 110/70mmHg

MATERIAL AND METHOD

Study type- Simple Random Single Case Study.

Table 1: Showing treatment schedule

Date	Sr. No.	Dravya	Dose	Anupana	Duration
25/9/2025	1.	Punarnava mandoor	1gm	Nimbu sikhanjhi	BD
	2.	Avipattikar churn	3gm	Luke warm water	BD
		Yavakshar	500mg		
		Kapardika bhasam	500mg		



	3.	Kutki churn	500mg	Luke warm water	BD
	4.	Aarogyavardhini vati	250mg	Luke warm water	BD
	5.	Punarnavarisht	20ml	Luke warm water	BD
29/9/2025	1.	Punarnava mandoor	1gm	Nimbu sikhanjhi	BD
	2.	Avipattikar churn Yavakshar	3gm 500mg	Luke warm water	BD
	3.	Kutki churn	500mg	Luke warm water	BD
	4.	Aarogyavardhini vati	250mg	Luke warm water	BD
	5.	Punarnavarisht	20 ml	Luke warm water	BD
	6.	Navayas lauh	250mg	Water	BD
3/10/2025	1.	Punarnava mandoor	1 gm	Luke warm water	BD
	2.	Avipattikar churn Yavakshar	3gm 500mg	Luke warm water	BD
	3.	Kutki churn	500mg	Luke warm water	BD
	4.	Aarogyavardhini vati	250mg	Luke warm water	BD
	5.	Punarnavarisht	20ml	Luke warm water	BD
	6.	Navayas lauh	250mg	Water	BD

Pathya Ahara

A light and easily digestible diet (laghu ahara).

Result

Table 2: Showing Changes in Blood Investigation during Treatment

TEST	24/9/2025	29/9/2025	3/10/2025
Billirubin Total	9.22 mg/dl	5.57 mg/dl	2.88 mg/dl

Over the course of the 10 days intervention, the patient was managed solely with oral therapies. Consequently, a marked improvement across all clinical symptoms was observed by the end of the month. These positive outcomes were evident in both the patient's physical symptoms and objective laboratory evaluations.



Discussion

Table 3: Showing Probable Mode of Action of Drvayas Used for Chikitsa

Sr. No.	Dravya	Mode of action
1.	Purarnava mandoor ^[5]	Agni deepan, pachan, vaatanulomak ,pitt shamak,Rasayan
2.	Avipattikar churn ^[6]	Rechak, deepan , pachan,pitt shamak
3.	Yavakshar ^[7]	Deepan, pachan, srotoshodhak properties
4.	Kutki ^[8]	Rechak,deepan, rakatsudhikara ,malabhedhani
5.	Punarnavarisht ^[9]	Diuretic,anti- inflammatory,hepatoprotective
6.	Kapardika bhasam ^[10]	Vathhar, shoолghan, aampachak, dipan, pitt shamak
7.	Navayas lauh ^[11]	Pachak, deepak, rasayan, rakatvardhak, hepatoprotective

The medication works by disrupting the disease progression of Kamala (jaundice). It functions as a rejuvenator (Rasayana), supports healthy tissue development (Dhatu formation), and balances all three doshas ,specifically soothing Vata, cleansing the blood, and regulating Pitta flow to alleviate symptoms. Following traditional Ayurvedic guidelines, the patient achieved successful results through a comprehensive treatment plan that combined internal palliative remedies (Shamana chikitsa) with therapeutic purgation (Virechana Karma).^[12]

Conclusion

The study demonstrated that the therapy successfully alleviated key symptoms of jaundice including yellowish skin, icterus, discolored urine, and appetite loss while maintaining a strong safety profile with zero reported side effects. Therefore, future studies should use a larger group of participants and a longer timeframe to get more conclusive results.

References

1. Davidson JA, Hunter AA, editors. Davidson's Principles and Practice of Medicine. 19th ed. 2002. p. 842.
2. Davidson JA, Hunter AA, editors. Davidson's Principles and Practice of Medicine. 19th ed. 2002. p. 844.
3. Agnivesh. Charak Samhita elaborated with Part-2, Chikitsa Sthan; Panduchikitsaadhya: Chapter 16/35. Varanasi: Choukhambabharti Academy; 2020. p. 444.
4. Agnivesh. Charak Samhita elaborated with Part-2, Chikitsa Sthan; Panduchikitsaadhya: Chapter 16/40. Varanasi: Choukhambabharti Academy; 2020. p. 445.
5. Bhava Misra S. Bhavaprakasa, Vidyotini Hindi Commentary. Varanasi: Chaukhambha Sanskrit Bhawan; Part 1. p. 268-269.
6. Shree Baidyanath Ayurved Bhawan. Ayurved-Sarsangrah. 13th ed., Sri Baidyanath Ayurveda Bhawan Ltd., 1985.p.578.
7. Vagabhattacharya S. Ras ratnasamuchchaya. Edited by Ambikadatta Sastri K. p. 400.
8. Vagabhattacharya S. Ras ratnasamuchchaya. Edited by Ambikadatta Sastri K. p. 384.



9. Govindadas Sen S. Bhaishjya Ratnavali, Udarrogchikitsa. Edited by Ambikadatta Sastri K. p. 756.
10. Shree Baidyanath Ayurved Bhawan. Ayurved-Sarsangrah. 13th ed., Sri Baidyanath Ayurveda Bhawan Ltd., 1985.p.94.
- 11.Shree Baidyanath Ayurved Bhawan. Ayurved-Sarsangrah. 13th ed., Sri Baidyanath Ayurveda Bhawan Ltd., 1985. p.496.
12. Yadavji T. Ayurved Dipika, Sanskrit Commentary, Charak Samhita. Varanasi: Chaukhamba Surbharati Prakashan; 2013. p.40.