



“A Successful Clinical Case Study on *Koshtashakashritha Kamala* Vis-À-Vis Jaundice Through Ayurveda Line of Management”

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KEYWORDS

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ABSTRACT:

Modern lifestyle and dietary changes have led to many diseases. Jaundice is characterized by yellowish discoloration of the skin, sclera, and mucous membrane due to elevated bilirubin levels, often resulting from liver dysfunction. In Ayurveda, it is correlated with Kamala, a disorder caused by pitta dosha imbalance affecting the liver and peripheral tissues. A 39 years old male patient visited shalya tantra OPD, JSS Ayurvedic Medical College & Hospital, Mysuru, Karnataka presented with complaints of yellowish discoloration of eyes, urine since 1 week. The patient also complaints of pain abdomen associated with difficulty in passing stools since 5 days. Patient was diagnosed with jaundice. In the present study, the Ayurveda treatment plan included nitya virechana (detoxification), shamana oushadhis (herbo-mineral formulations). Nitya virechana (mild purgative therapy) was administered to eliminate excess pitta dosha and restore liver function.

1. INTRODUCTION

In present era, industrialization brings a lot of changes in our lifestyle and especially in our food eating habits. Most of the people have become used to regular intake of spicy food day by day and alcohol consumption is also increasing. Liver disease produces a wide range of clinical manifestations. Acute liver disease is more common and jaundice is its manifestation⁽¹⁾. Jaundice refers to the yellowish discoloration of the skin, sclera, mucous membrane and urine. It occurs due to increased bilirubin concentration in the body fluids⁽²⁾. The non iron pigment present in the bile is called bilirubin, normal level of bilirubin in blood is less than 1mg/dl. Excess of bilirubin (hyperbilirubinemia) causes an important clinical condition called Jaundice⁽³⁾. Yellowish discoloration of sclera, mucous membrane, skin, face, nails and urine associated with systemic symptoms like loss of appetite, abdominal pain, indigestion, low grade

fever, malaise, generalized weakness etc. Such clinical condition in ayurvedic classics is called *Kamala*⁽⁴⁾.

The metabolism of bilirubin occurs in three stages. The first stage known as the breakdown phase involves the degradation of haemoglobin in the reticuloendothelial system leading to the formation of bilirubin, which is transported in the bloodstream while being attached to albumin. The second stage called the conjugation phase occurs in the liver, where unconjugated bilirubin is converted into conjugated bilirubin by the enzyme glucuronyl transferase, present in the endoplasmic reticulum of hepatocytes. The third stage known as the excretion phase involves the secretion of conjugated bilirubin into the bile canaliculi, from where it reaches the intestines and is converted into stercobilinogen by bacterial action, eventually being expelled through faeces.^[5]

Yakruth (liver) is one among the *koshtanga* (organs of body) where the *bhutagni paka* (metabolism at minutest



level) takes place. It is the seat of *ranjaka pitta* and *mula* (origin) for *raktavaha shrotas*⁽⁶⁾. *Kamala* is caused by *pitta prakopaka ahara* and *vihara*. The word '*kamala*' is composed of 2 words - '*ka*'/*kaya* (body) and '*mala*' (toxins) together forms '*kamala*', which signifies accumulation of toxins in the body. It is classified into 2 types - *koshtashrita kamala* (hepatocellular jaundice) and *shakashrita kamala* (obstructive jaundice)⁽⁷⁾. The *pitta* present in the body aggravates due to specific diet and life style attains *vriddhavastha* in *koshta*⁽⁸⁾, this condition is named as *koshtashrita kamala* which is explained under *pittaja nanatmaja vikara*.

Acharya Charaka has explained *Kamala* in *chikitsa sthana*. *Pandu rogi* indulging in *pittaja ahara & vihara* leads to *pitta* vitiation, which further causes *dagda* of *rakta & mamsa* leading to *kamala*. *Haridra netra, twak, nakha* (yellowish discoloration of eyes, skin, nail), *rakta peeta mutra* (urine discoloration), *daha* (burning sensation), *avipaka* (indigestion), *dourbalya* (generalized weakness), *aruchi* (anorexia) are the *samanya lakshanas* of *kamala*. *Acharya Susruta*, has considered *kamala* as separate disease and he also mentioned that it may occurs due to further complications of *panduroga*⁽⁹⁾. According to *acharya vagbhata*, *kamala* is a separate disease, which is caused by aggravated *pitta* and may occur with or without *pandu roga*⁽¹⁰⁾. Hence all *acharyas* of ayurveda has given importance to *kamala* disease and they also discussed elaborately on its causative factors, types, symptoms and treatment aspects.

In *samhithas* the treatment explained is *snehapana* followed by *mridu virechana* with *tiktha dravya & shamana chikitsa*.^[11]

2. CASE DESCRIPTION:

➤ History:

A 39 years old male patient visited *shalya tantra* OPD, JSS Ayurvedic Medical College & Hospital, Mysuru, Karnataka presented with complaints of yellowish discoloration of eyes, urine, generalized weakness since 1 week. The patient also complaints of pain abdomen associated with difficulty in passing stools since 5 days. Patient is not a known case of diabetic mellitus and hypertension or other comorbidities.

➤ Personal history

1. Appetite - reduced
2. Bowel - 1 time per day (constipated)
3. Micturition - 4 to 5 times per day
4. Sleep - 6 to 8 hrs of sleep,
5. Habits - Intake of alcohol since 8 years

➤ EXAMINATION

• Vitals

- BP- 110/80mmhg
- PR - 76bpm,
- RR - 16cpm,
- Temperature - Afebrile

• **General** examination of the patient revealed that the patient was moderately built, moderately nourished.

• On **local** examination pallor was present. Icterus in bulbar conjunctiva was present. No cyanosis, clubbing, edema, lymphadenopathy,

• SYSTEMIC EXAMINATION

1. Respiratory System: Normal vesicular breath sounds heard, no added sounds
2. Cardiovascular System: S1S2 heard, no murmurs
3. Central Nervous System: Patient is conscious, well oriented to time, place and person.

4. Gastro Intestinal System:

- Per abdominal examination

1. Palpation

Local rise of temperature: Absent

Guarding: present in right hypochondrium.

Tenderness: present in right hypochondrium

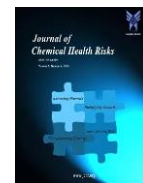
Palpable mass: absent

2. Percussion: Percussion note - Tympanic

3. Auscultation: Bowel sounds - 3/minute

➤ Ashtastana Pariksha

1. Nadi: 76/min
2. Mala: Vibandha



3. Mutra: Pectavarna

4. Jihva: Lipta

5. Shabda: Prakruta

6. Sparsha: Prakruta

7. Druk: Netrapitata

8. Akrti: Madyama

➤ **Nidana Panchaka**

1. Nidana - Madhya (alcohol), katu & teekshna ahara

2. Purvarupa - Klama, aruchi

3. Rupa - Peeta netrata, peeta mutra, agnimandhya, dourbalyata, angamarda, kandu

4. Upashaya - Nothing significant

5. **Samprapti Ghataka**

• Dosha - Pitta

• Dushya - Rasa, rakta, mamsa

• Ama - Sama

• Agni - Mandagni

• Strotas - Rasavaha srotas, raktavaha srotas, annavaha srotas and purishavaha srotas

• Strotodushti - Sanga, vimargagamana

• Vyakthasthana - Twak, netra, mutra

• Adishtana - Yakruith

➤ **INVESTIGATIONS:** (Reports enclosed)

• Blood & urine routine (Hb% - 8.9gm/dl)

• LFT (table no.4)

• USG abdomen and pelvis – Mild hepatomegaly, grade 1 fatty liver

➤ **DIAGNOSIS:** **KOSHTASHAKASHRITHA KAMALA / JAUNDICE**

➤ **TREATMENT**

Nitya virechana and *shamana oushadhis* were administered.

Table 1. THERAPEUTIC INTERVENTION (During treatment)

ORAL MEDICATIONS	DOSAGE & FREQUENCY	NUMBER OF DAYS
<i>NABB swarasa</i> with <i>katuki churna</i> (5gms)	20ml - 0 - 20ml At morning & evening (B/F)	15 days
<i>Nimbamruta eranda taila</i>	20ml at night (A/F)	15 days
Tab <i>Arogyavardhini vati</i>	1 BD (A/F)	15 days
Tab <i>Anuloma DS</i>	1 HS (A/F)	15 days
Tab <i>Kamuduga</i> with <i>mouktika</i>	1 BD (B/F)	15 days

Table 2. DISCHARGE MEDICATIONS (for 15 days)

ORAL MEDICATIONS	DOSAGE & FREQUENCY	NUMBER OF DAYS
Tab <i>Arogyavardhini vati</i>	1 BD (A/F)	15 days
Tab <i>Kamuduga</i> with <i>mouktika</i>	1 BD (B/F)	15 days
<i>Drakshasava</i>	20 ml BD (B/F)	15 days
Syp B Liv	20 ml BD (A/F)	15 days

Table 3. FOLLOW UP MEDICATIONS (for 15 days)

ORAL MEDICATIONS	DOSAGE & FREQUENCY	NUMBER OF DAYS
Tab <i>Amalaki</i>	1 BD (A/F)	15 days
Tab <i>Punarnava mandura</i>	1 BD (A/F)	15 days
Syp B Liv	20 ml BD (A/F)	15 days



➤ **PATHYA APATHYA**

- **PATHYA** - *Laghu ahara (shali peya), takra, ikshu rasa, fruits*
- **APATHYA** - *Amla, katu, teekshna rasayukta ahara, dadhi, madya*

Table 4. INVESTIGATIONS

LFT	BEFORE TREATMENT	AFTER TREATMENT
Direct bilirubin	2.7mg/dL	0.4mg/dL
Indirect bilirubin	1.2mg/dL	0.5mg/dL
Total bilirubin	3.9mg/dL	0.9mg/dL

3.DISCUSSION

Kamala (Jaundice) is mainly caused due to excessive alcohol intake, excessive intake of *amla* and *lavana rasa dravya* ⁽¹²⁾. Due to frequently intake of *pittakara ahara* (spicy and hot food) leads to vitiation of *pitta dosha*. In this case long term consumption of alcohol which is *ushna* and *tikshna* property provokes *vata* and *pitta* simultaneously. Patient presented with *amalakshanas* namely *hrillasa*, *apakthi* and *dourbalya*. This case represents hepatocellular jaundice, characterized by elevated levels of both direct and indirect bilirubin. In ayurveda, this condition is correlated with *kostha-shakhashrita kamala*, as the aggravated *pitta dosha* not only accumulates in the *kostha* (gastrointestinal tract) but also spreads to the *shakha* (peripheral tissues). *Peeta netrata* & *peeta mutra* was caused during *pitta vrudhi*. This occurs due to *srotorodha* (blockage of bodily channels) or the accumulation of *ama* (toxins) within the microchannels of the *yakrit* (liver).

In modern medicine, this condition is referred to as intrahepatic obstruction, where the normal flow of conjugated bilirubin from the liver to the intestines is impaired.

In *kamala*, the line of treatment is *virechana* with *tiktha rasa dravya*. Even though *bahudoshavasta* of *pitta* is seen in *kamala*, *tikshna shodhana* cannot be administered due to *ojokshaya* and *dourbalya*. Hence *acharya vagbhata* has advised to take out *dhushta pitta*

in *alpa pramana* but repeatedly. On this note, *NABB swarasa* with *katuki churna* and *Nimbamruta eranda taila* is administered as *nitya virechaka*. *Acharya charaka* has considered *eranda taila* as the best *virechana dravya*.⁽¹³⁾

- **Mode of action of *nitya virechana***

Virechana is highly effective in eliminating vitiated *pitta dosha*, thereby restoring normal liver function. In addition, as the *guda* (rectum) serves as the nearest route for the elimination of excess *pitta*, *virechana* therapy ensures effective detoxification and symptomatic relief in *kostha-shakhashrita kamala*. The *virechana* procedure helps to remove the excess of stercobilinogen and ultimately helps in reducing hyperbilirubinemia and ultimately jaundice. *Nitya virechana* thus helps to remove the excess bile from the body

- **Mode of action of *Nirgundi, Amrutha, Bhumyاملaki, Bhringaraja, Nimba***

Guduchi (*Tinospora cordifolia*) possessing *madhura vipaka*, *kashaya-katu-tikta rasa*, and *agni deepaka* (digestive fire stimulant) properties, is highly recommended in *kamala roga* (jaundice) due to its detoxifying and immunomodulatory effects.^[14]

Bhumyاملaki (*Phyllanthus niruri*) is known for its *pitta-kaphahara* (balancing *pitta* and *kapha*), *ruchya* (appetizer). It possesses *madhura*, *tikta* and *kashaya rasa* (sweet, bitter, and astringent tastes), *madhura vipaka* and *sheeta virya* (cool potency). Due to its hepatoprotective and antiviral properties, it is widely used in managing *pittaja* and *raktaja vikara* (*pitta* and blood-related disorders), especially in conditions involving liver inflammation.^[15]

Bhringaraja having the properties of *shotrahara*, *vrana shodhana*, *vrana ropana*, *vedana sthapana* mainly acts on *yakrit*, in which it acts as *pittarechana* and *amapachana* property.

Nimba (*Azadirachta indica*) has antioxidant, antiviral remove toxins.⁽¹⁶⁾

- **Mode of action of *Kamadugha mukta*** has *sheeta veerya* and *pittahara* property⁽¹⁷⁾.

- **Mode of action of *Arogyavardhini vati***

Arogyavardhini vati is a traditional ayurvedic preparation of herbal and mineral origin, predominantly



containing *katuki* (*Picrorhiza kurroa*). This herb plays a vital role in stimulating bile secretion and supporting liver detoxification. According to ayurveda, *arogyavardhini vati* helps to eliminate *srotoavrodha* (blockage in microchannels) and pacifies *ama* (toxins), which ultimately enhances gut health. It is traditionally categorized as *deepani* (digestive stimulant), *pachani* (digestive aid), and *malshodhakari* (promoting waste elimination), making it beneficial for various digestive and metabolic disorders.

The chief complaints of pain abdomen, difficulty in passing stools, anorexia got relieved at the time of discharge. The complaints of generalized body weakness, yellowish discoloration of eyes got completely relieved at the time of follow up.

The patient demonstrated marked clinical improvement, with total bilirubin levels decreasing from 3.9mg/dL to 0.9mg/dL. Similarly, direct bilirubin levels declined from 2.7mg/dL to 0.4mg/dL, and indirect bilirubin levels reduced from 1.2mg/dL to 0.5mg/dL. Symptoms, including fatigue and abdominal discomfort, were significantly alleviated, contributing to an improved quality of life. This case highlights the importance of early diagnosis and timely intervention in jaundice management.

4. CONCLUSION

Koshtashrita kamala is *pitta pradhana tridoshaja vyadhi*, where *ojo kshaya* is also seen. Hence even though *virechana* is a classical line of management for *prakupita pitta*, *tikshna shodhana* cannot be administered. Thus it is successfully managed by *nitya virechana* and other *shamanaushadi* along with proper *pathya* and *apathya*. By integrating ayurveda detoxification methods, herbo-mineral formulations can effectively support liver function and promote recovery. Ayurveda offers a promising approach in the management of jaundice and improving liver health.

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