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**“MANAGEMENT OF KAMLA (BAHUPITTA) WITH SPECIAL REFERENCE TO JAUNDICE – AN AYURVEDIC CASE STUDY”****Dr. Madhuri Phaltankar<sup>1</sup>, Dr. Mritunjay Sharma<sup>2</sup>, Dr. Archana Dachewar<sup>3</sup>**

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**ABSTRACT:**

Modern life and advanced technology provide comfort but invite various diseases through fast-paced lifestyles and irregular eating habits. The current fashion of eating out increases the risk of consuming contaminated food and water, which serve as etiological factors for related disorders like Bahupitta.

Kamala. Jaundice, or Kamala Vyadhi in Ayurveda, is a condition characterised by the yellowness of the skin, sclera, mucous membranes, and excretions resulting from hyperbilirubinemia and the deposition of bile pigments. Ayurvedic Samhitas provide detailed descriptions of Kamala Vyadhi that closely align with the clinical presentation of hepatocellular jaundice. In a specific case report, a 34-year-old male suffering from Bahupitta Kamala was treated using a combination of traditional Ayurvedic medicines and Panchakarma therapies. This holistic management approach resulted in effective clinical recovery, demonstrating the efficacy of Ayurvedic protocols in treating liver-related disorders through detoxification and systemic balancing.

**KEY WORDS:-** Jaundice, Bahupitta Kamla , Panchakarma , Ayurvedic, Management**National Journal of Ayurveda & Yoga****Corresponding Details:**

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## INTRODUCTION

In the modern competitive world, human beings have drifted far from nature, adopting lifestyles

characterised by the consumption of Pittakara Ahara, such as spicy foods, Chinese cuisine, and popular street foods like vada pav and misal, alongside a rising tendency toward alcohol consumption. These

Dietary and lifestyle habits often lead to patients presenting with general symptoms of being sick and tired before eventually being diagnosed with Kamala, or jaundice. The incidence of this condition is increasing daily, specifically in the form of hepatocellular jaundice, where excess bilirubin—a bile pigment—accumulates in the blood and causes yellowing of the skin, eyes, and urine. Clinical

Symptoms frequently include fatigue, anorexia, and nausea (1), all of which are addressed in Ayurvedic texts through the detailed framework of Nidana Panchaka and specific treatments. According to the Chikitsa Sutra, "Kamali tu virechana" (2) dictates that the management of Kamala must begin with purgation, as the disease is primarily caused by Raktadushti (blood impurity) and the liver or Yakrut is

the origin (Mulasthana) of Rakta. Because Rakta and Pitta share an Ashraya-Ashrayi relationship, daily

Virechana is recommended to balance these elements. While some mild conditions may resolve with simple rest and supplements, and others may eventually require surgical intervention if medical

treatment fails, many cases of Bahupitta Kamala respond effectively to a combination of specific

Ayurvedic herbs and Panchakarma therapies. This integrated management approach provides a successful clinical pathway for treating jaundice by addressing the root cause through systemic detoxification and targeted herbal pharmacology.

## CASE REPORT

**Patient Profile Age:** 34 years **Gender:** Male **Weight:** 52.4 kg

### Chief Complaints (Duration: 1 Month):

A 34-year-old male patient came to us with chief complaints of (3).

1. Aruchi... for 10 days
2. Annanaabhilasha ...since 10 days
3. Ksudhamandhya ... since 15 days
4. Udardaha ... since 10 days
5. Asamadhankarak Malpravrutti ... for 10 days
6. Sushka kasa ... since 2 days

### History and Present Illness

The patient reported a sudden onset of symptoms, indicating that he was in good health until approximately 15 days before his presentation. Over this brief 15-day period, the patient developed the

full array of chief complaints previously described. The rapid development of these symptoms prompted him to seek medical attention. He came to the Shri Ayurved College and Pakwasa Samanvay.

Rugnalaya, Kayachikitsa Department OPD. Following the initial presentation, the patient was admitted to the inpatient department (IPD).

**Past Medical History (H/O):** Jaundice (10 years ago).

Typhoid Fever (2 years ago).

**Surgical History:** Nil.

**Addiction History:** Chronic alcohol and tobacco chewing for 15 years.

### On Examination

Nadi (Pulse) – 68/min

Mala (Stool) - Malavshtambha (Constipation)

Mutra (Urine) – Peetavarniya

Jivha (Tongue) - Samata

Kshudh (Appetite) – Mandy

Shabdha (Speech) - Prakrut (Normal)

Sparsha (Skin) - Peetavarniya

Druk (Eyes) - Arakta pitata

Akruti -madhyam

Bal -madhyam

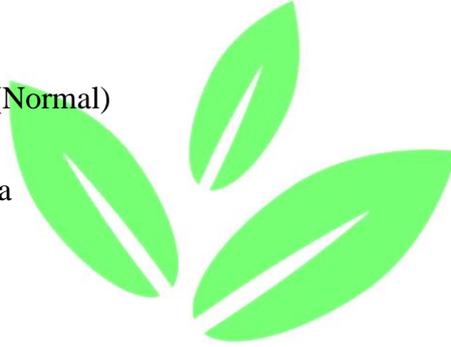
Raktadab (BP) - 110/70

### Physical Examination (Systemic: Per Abdomen)

Inspection:

Icterus present.

Skin mildly yellowish in appearance.



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· **Palpation:**

Tenderness was noted in the left hypochondriac region.

Mild splenomegaly was confirmed, palpable below the right costal margin.

· **Percussion:**

Tympanic sound is present at the umbilical region.

## 6. Laboratory Investigations

### Complete blood count (CBC):

Haemoglobin of 11.2 gm/dL

MCV 105.6 cu micron

platelet count 305,000/cmm

white blood cell counts 5720 / cm<sup>3</sup>

Haematocrit 34.7%

RDW (red cell distribution width) 18.6 %.

### Liver Function Test:

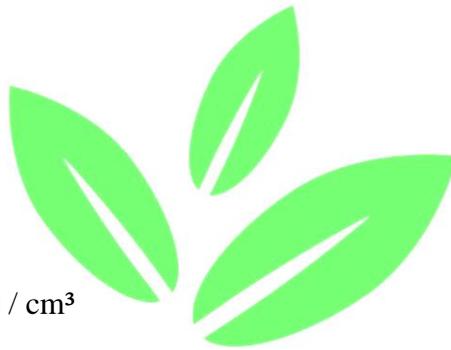
· Total Bilirubin – 1.89 mg/dl

· Direct Bilirubin – 0.72 mg/dl

· Indirect Bilirubin – 1.17 mg/dl

· SGPT-31.3 IU/L

· SGOT-104.1 IU/L



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· ALP- 59. 2.

## TREATMENT

### Treatment Protocol

As the patient is a known case of Kamala Nidana Parivarjana, Shodhana Chikitsa with Nitya Virechana has been planned for the patient along with Shamana Chikitsa. And the treatment commenced with written informed consent.

**Total Duration:** 15 days

### Shodhan chikitsa

- Siravedh (Dakshin bahu 70-80 ml)
- Virechana-Avipattikar Churna - 30 gms with kosha jal early in the morning at 4 am.
- **Shamana Aushadhis** – 1. Arogyavardhini Vati 2 tds
- 2. Tab. Nirocil 1 tds
- 3. Cap. Amlycure DS 1BD
- 4. Syp. Brahmamanth 10 ml BD
- 5. Sharpunkha churna 5 gm BD
- 6. Tab. Yakrutplihari Loh ½ OD (administered after virechana)
- 7. Brahmi Vati 2 BD

### Pathya

Shunthi Siddha Godugdha

**DISCUSSION****Hetu of Kamala [4]****Ahar**

madonna

Kshara-amla-lawana-usha ahar.

viruddhara

**Vihar**

Chhardi veg dharan (suppression of natural urges)

divaswap (sleeping in the daytime)

Mansika nidan

kama, chinta, bhaya and krodha

**Samprapti**

Table 2: Showing the Samprapti Ghatak [5]

Dosh	Pitta dosh
Dushya	Ras, Rakta, Mansa dhatu
Adhishtana	Rakta, Mansa
Srotas	Rasavaha, Raktavaha, Annavaha
Vyaktisthan	Twaka

**RESULTS**

Table 4: Showing changes in blood investigation after chikitsa

SR.NO		BEFORE TREATMENT	AFTER TREATMENT
1.	Total Bilirubin	2.9 mg/dl	1.2 mg/dl
2.	Direct Bilirubin	1.7 mg/dl	0.5 mg/dl
3.	Indirect Bilirubin	1.2 mg/dl	0.7 mg/dl
4.	SGPT	72 IU/L	38 IU/L
5.	SGOT	28 IU/L	29 IU/L
6.	Alkaline Phosp.	209 IU/L	141 IU/L
7.	Total Protein	6.6 gm/dl	7.5 gm/dl
8.	Albumin	4.4 gm/dl	4.4 gm/dl
9.	Globulin	2.3 gm/dl	3.1 gm/dl
10.	Albumin Globulin Ratio	1.9 gm/dl	1.4 gm/dl
11.	GGT	146 IU/L	75 IU/L

## CONCLUSION

The provided clinical study and classical Ayurvedic texts collectively demonstrate that Ayurveda remains a time-tested medical science offering comprehensive protocols for managing Kamala (jaundice). Unlike generalised approaches, Ayurveda prioritises the individualised health of the patient, providing a vast

Materia Medica tailored to a person's unique constitution (Prakriti) and environmental influences (Nurture). In the specific context of Bahupitta Kamala, the primary pathological factor is the vitiation of Pitta Dosha, which leads to the systemic yellowing of tissues.

Acharya Charaka, the foundational authority of Ayurvedic medicine, explicitly mandates Mrudu Virechana (mild purgation) as the supreme line of treatment for this.

condition. This therapeutic purgation is uniquely capable of eliminating vitiated doshas from the cellular level, effectively "flushing" the excess bile pigments from the body. Among the various medicinal agents used for this purpose, Sukhavirechak (pleasant or easy purgative), ensuring the removal of toxins without

causing undue stress or exhaustion to the patient(6). By combining these Shodhana (purificatory) techniques with Shamana (palliative) herbs like Arogyavardhini Vati, the Ayurvedic approach addresses the root cause of hepatocellular jaundice through systemic detoxification and metabolic balancing, rather than

merely suppressing clinical symptoms. This holistic framework—integrating strict dietary discipline (Pathya) like Shunthi Siddha Godugdha with internal pharmacology—proves that ancient Ayurvedic protocols offer a scientifically viable and effective pathway for modern liver care.

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