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A central image showing a wooden mortar and pestle filled with green herbs. In front of it are two small glass bottles with cork stoppers, one containing a yellow liquid. To the right is a small wooden bowl filled with green powder. The scene is surrounded by various green leaves and small white flowers.

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“A CLINICAL CASE STUDY OF HEPATITIS-C SANSARGAJANYA BAHUPITTA KAMALA With SPECIAL REFERENCE TO HEPATITIS C”**Dr. Shubhada Bandsode¹, Dr. S. K. Jaiswal², Dr. S. B. Jamdhade³, Dr. Pradnya Jamdhade⁴**

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ABSTRACT:

Kamala is a Pitta-dominant disorder in Ayurveda characterized by yellow discoloration due to vitiation of Pitta and Rakta, and involving the Yakrit (liver). Sansargajanya Bahupitta Kamala is a severe form associated with other Doshas and is clinically comparable to Hepatitis C. This case study presents a 45-year-old male patient with symptoms like bhrama, aruchi, and udarashoola, diagnosed with Hepatitis C and mild hepatomegaly.

The patient was treated with Shamana Chikitsa using classical Ayurvedic formulations along with dietary and lifestyle modifications, aiming at Pittashamana, Amapachana, and restoration of liver function.

Marked improvement was observed in symptoms and laboratory parameters, including increased hemoglobin, reduced ESR, and improved platelet count, with no adverse effects, indicating the effectiveness of Ayurvedic management in such conditions.

KEY WORDS:- Sansargajanya, Bahupitta Kamala, Pitta dosha, Rakta Dhatu, Yakrit and Hepatitis-C

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INTRODUCTION

Kamala is a well-described disease in Ayurveda characterized by yellow discoloration of the skin, sclera, and urine, primarily resulting from the vitiation of Pitta dosha and its effect on Rakta dhatu and Yakrit (liver). Among its types, Sansargajanya Bahupitta Kamala involves predominant aggravation of Pitta in association with other doshas, leading to severe clinical manifestations. Acharya Charaka has considered Kamala as an advanced stage (Upadrava) of Pandu Roga, occurring due to continued intake of Pittakara Ahara in a patient of Pandu [1]. In contrast, Acharya Sushruta describes Kamala as a separate disease entity, although it may also develop as a complication of Pandu [2]. Acharya Vagbhata also recognizes Kamala as an independent disease [3]. Acharya Chakrapani, in his commentary, uses the term Bahupitta Kamala synonymously with Koshashashrita Kamala and Alpapitta Kamala with Shakhashrita Kamala, indicating variations based on the extent and site of Pitta involvement [4]. Clinically, this condition shows close resemblance to infective hepatitis, particularly Hepatitis C, which is a blood-borne viral infection affecting the liver and often progressing to chronic disease if untreated. Modern medical literature describes Hepatitis C as causing hepatocellular injury, impaired bilirubin metabolism, and jaundice [5]. Understanding this correlation helps in integrating Ayurvedic principles with modern diagnostic and therapeutic approaches for effective management.

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AIM AND OBJECTIVE

To evaluate the efficacy of Ayurvedic Shamana Chikitsa in the management of Hepatitis C, Sansargajanya Bahupitta Kamala, with special reference to Hepatitis C.

MATERIAL AND METHODS

The present work is based on a review of Classical information, relevant published research work, and modern literature.

METHOD: single case study

PLACE:

PG department of Kayachikitsa, Laxmanrao Kalasapurkar Ayurvedic Hospital, Yavatmal

CASE REPORT:

A 45-year-old male patient came to the OPD of the Kayachikitsa department with the chief

complaints of:

1. Bhram(Giddiness) since 8 days
2. Aruchi (Tasteless) for 8 days
3. Udar shool (pain in the abdomen) for 8 days
4. HastaPaadtala shool since 8 days
- 5.

HISTORY OF PRESENT ILLNESS – Patient has had a complaint of Udarshool for 8 days. Gradually, he developed symptoms like Arochaka, Udar Shool, Bhrama, and Hasta padtala shool, so he came to Kayachikitsa O.P.D. of L.K. Ayurvedic hospital for further treatment.

NO /H/ 0 – DM/ Asthma/ HTN/Thyroid

SURGICAL HISTORY –Nil.

No family history related to the patient's illness

RUGNA PARIKSHAN :

Ashtavidha Parikshan

NADI- 84/Min

MALA- Malavshtambh

MUTRA – pittavarna mutra and mutrakruchra

JIVHA – Saam

SHABDA– Spashta

SPARSH –Samshitoshna

DRUKA – slight Icterus present

AAKRUTI – Madhyam

GENERAL EXAMINATION:

B.P- 120/80 mmofHg

Pulse Rate -84/Min

Temperature –Afebrile(96.6°f)

RR – 18/min

Height- 165cm

Weight –49.65kg

BMI-18.5kg/m²



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SYSTEMIC EXAMINATION

CVS- S1S2 Sounds audible, No murmur sound.

CNS- Conscious and Oriented.

RS- AEBE, Clear

P/A –Soft, slight tenderness in the right upper quadrant, and the liver palpable.

INVESTIGATION:

	1 st Month	2 nd Month	3 rd Month
CBC			
Hb	10.5gm%	11.1gm%	12.32g/dl
Wbc	5,810/mm ²	5,330/mm ²	5,140/mm ²
Differential count			
Neutrophils	71%	67%	35%
Lymphocytes	23%	28%	8%
Eosonophils	03%	02%	00%
Monocytes	00%	03%	0.56%
Basophils	00%	00%	4.83%
Platelet count	1,35,000mil/mm ³	1,32,000mil/mm ³	1,59,000/mm ³
ESR	45mm	15mm	-

USG (Abdomen and Pelvis)

Liver- Enlarged in size and measures 15.2cm. Craniocaudally and 11.9cm anteroposteriorly. No evidence of any focal solid or cystic lesion. The portal vein appears normal in size and shows normal hepatopetal blood flow. Intrahepatic biliary radicals are not dilated

IMPRESSION: Mild Hepatomegaly.

HEPATITIS -C, HCV – Positive

Name: [Redacted] Age / Sex: 45 Yrs / Male
 Ref. By: Dr. S. B. JAMDHARE M.D. (AYU.) Date: 23/01/2026
 Sample: COLLECTED IN LAB ID / LRN: 20 / 4424/501310

COMPLETE HAEMOGRAM WITH HISTOGRAM
 Done By Fully Automated 21 Parameter Blood Cell Counter on TULIP 23 PLUS COUNCELL

Investigation	Result	Unit	Reference Range	Histogram
Haemoglobin	10.5	gm %	14.0 - 18.0	WBC
WBC COUNT				
Total WBC Count	5,810	/cmm	4000 - 10000	
Differential Count				
Neutrophils	71	%	40 - 75	
Lymphocytes	23	%	20 - 45	
Eosinophils	03	%	1 - 6	
Monocytes	03	%	2 - 10	
Basophils	00	%	0 - 1	
RBC Indices				
RBC	3.71	mil/cmm	4.7 - 5.4	
HCT	31.7	%	M - 40 - 54	
MCV	85.4	fl	76 - 96	
MCH	28.3	pg	27 - 34	
MCHC	33.1	g/dl	31 - 36	
RDW-CV	15.1	%	10 - 15	
RDW-SD	49.4	fl	39 - 46	
Platelet Indices				
Platelet Count	1,35,000	cmm	150000 - 450000	
MPV	10.0	fl	6.5 - 11	
PCT	0.135	%	0.190 - 0.360	
PDW-CV	12.30	fl	15.0 - 18.0	
PDW-SD	12.70	fl	8.3 - 25	
P_LCR	28.5	%	11.0 - 45.0	
P_LCC	38	%	11 - 135	
ESR Westergren	45 mm		M - 00 - 10	

End of Report for LAXMANRAO KALASPURKAR AYURVED RUGNALAYA, YAVATMAL 2105

Age / Gender: 45/Male Cr.No: 4424
 OPD NO: 501310 IPD NO:
 Doctor Name: Dr.S. Jamdhare, MD. (Ayu.) Reporting Date: 23/01/2026

BIOCHEMISTRY

BLOOD SUGAR

Test Name	Result	Reference Range
BSL - RANDOM	97.0 mg/dl	Up to 160 mg/dl

RENAL (KIDNEYS) FUNCTION TEST

Test Name	Result	Reference Range
BLOOD UREA LEVEL	21.0 mg/dl	0 - 40 mg/dl
Sr. CREATININE	1.10 mg/dl	0.8 to 1.4 mg/dl
URIC ACID	4.28 mg/dl	Male: 3.4 - 7.0 mg/dl Female: 2.5 - 6.0 mg/dl

LIVER FUNCTION TEST (LFT)

Test Name	Result	Reference Range
BILIRUBINE TOTAL	0.68	0.2 - 1.2 mg/dl
SGOT	29.0 IU/L	upto 40 IU/L
SGPT	27.0 IU/L	upto 40 IU/L

SEROLOGY

AUSTRALIA ANTIGEN (HBsAg)

Test Name	Result	Reference Range
HBsAg	Non - Reactive	NON-REACTIVE

Pathology Department
 L.K. Ayurved Hospital
 Yavatmal

Name: [Redacted] Age / Sex: 45 Yrs / Male
 Ref. By: Dr. S. B. JAMDHARE M.D. (AYU.) Date: 31/01/2026
 Sample: COLLECTED IN LAB ID / LRN: 1 / 4424/501310/255

COMPLETE HAEMOGRAM WITH HISTOGRAM
 Done By Fully Automated 21 Parameter Blood Cell Counter on TULIP 23 PLUS COUNCELL

Investigation	Result	Unit	Reference Range	Histogram
Haemoglobin	11.1	gm %	14.0 - 18.0	WBC
WBC COUNT				
Total WBC Count	5,330	/cmm	4000 - 10000	
Differential Count				
Neutrophils	67	%	40 - 75	
Lymphocytes	28	%	20 - 45	
Eosinophils	02	%	1 - 6	
Monocytes	03	%	2 - 10	
Basophils	00	%	0 - 1	
RBC Indices				
RBC	3.95	mil/cmm	4.7 - 5.4	
HCT	33.3	%	M - 40 - 54	
MCV	84.4	fl	76 - 96	
MCH	28.0	pg	27 - 34	
MCHC	33.2	g/dl	31 - 36	
RDW-CV	15.2	%	10 - 15	
RDW-SD	49.1	fl	39 - 46	
Platelet Indices				
Platelet Count	1,32,000	cmm	150000 - 450000	
MPV	10.5	fl	6.5 - 11	
PCT	0.138	%	0.190 - 0.360	
PDW-CV	12.10	fl	15.0 - 18.0	
PDW-SD	13.70	fl	8.3 - 25	
P_LCR	32.5	%	11.0 - 45.0	
P_LCC	43	%	11 - 135	
ESR Westergren	15 mm		M - 00 - 10	

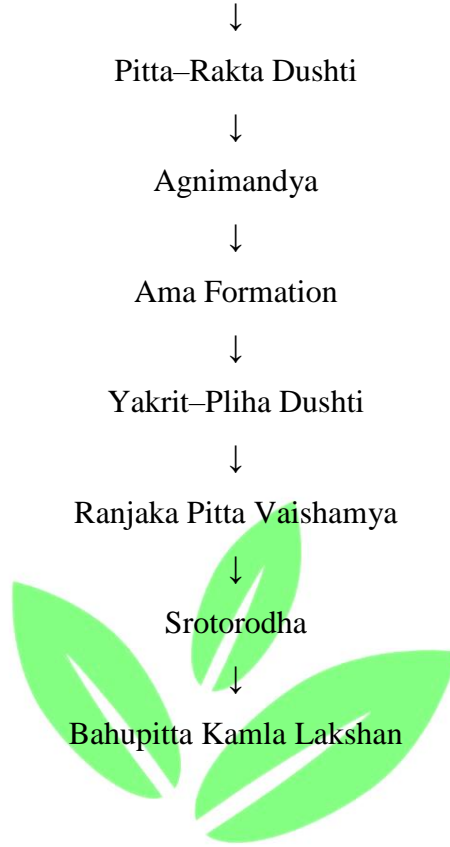
End of Report for LAXMANRAO KALASPURKAR AYURVED RUGNALAYA, YAVATMAL 2232

Test Name	Results	Units	Bio. Ref. Interval
HEMOGRAM, WBLOOD			
Haemoglobin	12.32	g/dL	13.00 - 17.00
(Spectrophotometry)			
Packed Cell Volume (PCV)	38.40	%	40.00 - 50.00
(Analogical Integration)			
RBC Count	4.59	mill/mm ³	4.50 - 5.50
(Electrical Impedance)			
MCV	83.70	fl	80.00 - 100.00
(Calculated)			
Mentzer Index	18.24		
(Calculated)			
MCH	26.80	pg	27.00 - 32.00
(Calculated)			
MCHC	32.10	g/dL	31.50 - 34.50
(Calculated)			
Red Cell Distribution Width (RDW)	14.90	%	11.50 - 14.50
(Calculated)			
Total Leukocyte Count (TLC)	4.66	thou/mm ³	4.00 - 10.00
(Electrical Impedance)			
Differential Leukocyte Count (DLC)	51.40	%	40.00 - 80.00
Segmented Neutrophils			
(Flow Cytometry)	35.17	%	20.00 - 40.00
Lymphocytes			
(Flow Cytometry)	8.04	%	2.00 - 10.00
Monocytes			
(Flow Cytometry)	4.83	%	1.00 - 6.00
Eosinophils			
(Flow Cytometry)	0.56	%	<= 2.00
Basophils			
(Flow Cytometry)	159	thou/mm ³	150.00 - 410
Platelet Count, Whole Blood			
(Electrical Impedance)			
Smear Study			

RBCs. are normocytic normochromic.
 TLC DLC as above platelets adequate,
 No blood parasite seen.

SAMPRAPTI:^{[1] [3]}

Sansargajanya Nidana (blood contact, intake of contaminated food and water).

**SAMPRAPTI GHATAK :**

Dosha: Predominantly Pitta (Ranjaka Pitta)^[3]

Dushya: Rasa, Rakta, Mamsa^[1]

Srotas: Raktavaha & Pittavaha Srotas^[1]

Srotodushti: Sanga & Vimargagamana^[1]

Agni: Jatharagni & Dhatvagni Mandya (Raktagni)^[1]

Udbhava Sthana: Amashaya^[1]

Adhithana: Yakrit, Pliha^[1]

Vyaktasthana: Twak, Netra, Mutra^[1]

Rogamarga: Bahya Rogamarga^[1]

Vyadhi Prakriti: Pittaja Nanatmaja Vyadhi^[1]

DIAGNOSIS–SANSARGAJANYA BAHUPITTA KAMALA w.s.r HEPATITIS-C**TREATMENT DETAILS (SHAMAN CHIKITSA):**

Sr.No	Medicine	Dose	Duration	Anupan
01.	Triphala Guggul	500mg	Twice a day	Lukewarm water
02.	Punarnava Guggul	500mg	Twice a day	Lukewarm water
03.	Arogyavardhini	250mg	Twice a day	Lukewarm water
04.	Kamdudha	250mg	Twice a day	Lukewarm water
05.	Sutshekhar ras	250mg	Twice a day	Lukewarm water
06.	Punarnava Mandur	250mg	Twice a day	Lukewarm water
07.	Amlaki, Shatavari, Avipattikar, Haritaki kutki	1gm each	Twice a day	Lukewarm water
08.	Panchasakar churna	3gm	HS	Lukewarm water
09.	Gudichi Bharad Kwath	30 ml	Twice a day	Lukewarm water

Pathya: Consumption of Yavagu, Moongdal, and coconut water.

Apathya: Oily & spicy food, alcohol intake, and heavy diet.

RESULT:

The patient showed marked improvement after Shamana Chikitsa, with a reduction in abdominal pain, loss of appetite, giddiness, and body pain, and improved appetite and well-being. Icterus and right hypochondriac tenderness decreased. Hemoglobin improved (10.5→12.32 g/dl), ESR reduced (45→15 mm/hr), and platelet count increased (1.35→1.59 lakh/mm³). Mild hepatomegaly remained stable on USG, with no disease progression and no adverse effects reported.

DISCUSSION**1. Triphala Guggulu**

Triphala Guggulu exhibits Lekhana, Shothahara, and Srotoshodhana properties, helping reduce excess Meda and inflammation. Triphala (especially Amalaki), along with Guggulu, pacifies vitiated Pitta and purifies Rakta, thereby reducing yellow discoloration (Haridra varna) seen in Kamala [11,12].

2. Punarnava Guggulu

Punarnava Guggulu is effective in reducing Shotha (edema) and fluid accumulation. It acts on Yakrit–Pliha, reducing enlargement and restoring normal Ranjaka Pitta function, thereby improving bile metabolism [12,13].

3. Arogyavardhini Vati

Arogyavardhini helps in Amapachana and Agnideepana, removes metabolic toxins, and clears obstruction in Raktavaha and Pittavaha Srotas, correcting Srotorodha and Vimargagamana of Pitta [11,13].

4. Kamdudha Rasa

Kamdudha Rasa is primarily Pittashamaka, reducing burning sensation and other Pitta-dominant symptoms in Kamala [14].

5. Sutshekhar Rasa

Sutshekhar Rasa acts as Agnideepana and Pachana, aiding in the digestion of Ama and correcting metabolic imbalance [14].

6. Punarnava Mandura

Punarnava Mandura acts as Raktavardhaka and Yakrit Uttejaka. Mandura Bhasma corrects Rakta Kshaya and Pandu, enhances hemoglobin levels, and improves overall liver function [11,12].

7. Amalaki, Shatavari, Avipattikara Churna, Haritaki

These drugs exhibit Agnideepana and Amapachana, helping reduce Srotorodha. Amalaki and Shatavari also act as Rasayana, improving immunity and supporting tissue regeneration [12,15].

8. Panchasakar Churna

Panchasakar Churna acts as Mridu Rechaka (mild purgative) and laxative, helping eliminate accumulated Mala and Pitta, and relieving colicky pain associated with Vata aggravation [15].

9. Guduchi Bharad Kwath

Guduchi Bharad Kwath has Jwaraghna, Agnideepana, Amapachana, and Rasayana properties. It enhances Vyadhikshamatva (immunity), clears obstruction in Raktavaha and Pittavaha Srotas, purifies Rakta, and reduces yellow discoloration in Kamala [12,16].

CONCLUSION

From the above discussion, we can conclude that timely management of Bahupitta kamala with Pitta shaman, Amapchan, and Yakrit Uttejak drugs can control the disease and prevent the occurrence of complications. Ayurveda has a holistic approach to the management of Hepatitis C and Sansargajanya Bahupitta Kamala. Hepatitis C can be prevented by the intake of uncontaminated water and food and by avoiding any blood contact.

Diet- Completely avoid fatty, oily food substances and excessive spicy food substances.

Lifestyle- advice rest, hydration, and avoidance of alcohol and processed food.

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