



Case Report

www.ijrap.net

(ISSN Online: 2229-3566, ISSN Print: 2277-4343)



CLINICAL REMISSION OF KAMALA (JAUNDICE) VIA SHAMANA AND SHODHANA CHIKITSA: A CASE REPORT

Gaurav Sinha ^{1*}, Kalpana Patni ², Abhishek Singh ³

¹ Assistant Professor, Department of Panchakarma, Goel Ayurvedic Medical College & Hospital, Lucknow, U.P., India

² Assistant Professor, Department of Kaumarbhritya & Bal Roga, IMS, BHU, Varanasi, U.P., India

³ Assistant Professor, Department of Ayurved Samhita & Siddhant, Goel Ayurvedic Medical College & Hospital, Lucknow, U.P., India

Received on: 10/12/25 Accepted on: 31/1/26

*Corresponding author

E-mail: sinhagaurav416@gmail.com

DOI: 10.7897/2277-4343.1714

ABSTRACT

Jaundice is a yellowish pigmentation of the skin, sclera, mucous membranes, and intestinal fluid caused by high bilirubin levels. In Ayurveda, jaundice and its treatment are well described under the heading of Kamala Vyadhi. Jaundice can occur in people of all ages. Clinical signs typically appear when serum bilirubin levels exceed 2.5 to 3 mg/dL. Normally, blood bilirubin levels are typically between 0.1 mg/dL to 1.2 mg/dL. Many people have become accustomed to consuming spicy food, fast food, and alcohol daily, which has distanced them from nature. Ayurvedic texts describe hepatocellular jaundice as Kamala, often resulting from frequent intake of Pittakara Aahara (spicy and fast foods), leading to vitiation of Pitta Dosha. Kamala is a disease primarily characterized by the vitiation of the Rakta Dhatu by Pitta Dosha. The term Kamala also reflects various desires of the body and mind, especially regarding diet and physical activity, which are minimized in this condition. This paper discusses a 50-year-old female patient who visited the OPD of the Panchakarma Department at Goel Ayurvedic Medical College and Hospital, Lucknow, with registration no. 202506110081 on 11/06/2025. Her chief complaints were yellow discoloration of the skin, Icterus, yellow discoloration of urine (Pittamootra), and anorexia for 20 days. After 1 month, effective results were achieved through Ayurvedic management.

Keywords: Kamla, Ayurveda, Jaundice, Panchakarma, Virechana, Herbal medicine.

INTRODUCTION

Rakta is considered as *Jiva* (Prana) of a living being. In its Prakruta Avastha, it imparts strength, complexion, happiness, and longevity. When vitiated, it results in diseases such as Pandu and Kamala¹. Kamala Roga is characterized by derangement of normal skin colour and complexion, alteration in Mala Pravrutti, and accumulation of excessive Mala Roopi Pitta. The term Kamala is derived from the root word “Kamu,” meaning Kaanti, while “Lunati” denotes destruction; thus, Kaanthim Lunathi signifies loss of normal skin lustre. In this condition, appetite is diminished and the Malas become vitiated and discoloured (Peeta, Haridra, Harithadi).

Liver disorders are extensively described under Kamala Vyadhi in Ayurveda, which can be correlated with jaundice in modern medical science. Kamala and other hepatic disorders are regarded as a specialized area in Ayurveda, and patients traditionally prefer Ayurvedic treatment as the first-line therapy. Kamala is included under Pittaja Nanatmaja Vyadhi³ and Raktaja Pradoshaja Vyadhi⁴. It is considered a disease of the Raktavaha Srotas, with Yakrut (liver) and Pleeha (spleen) as its Moola⁵. Virechana is the principal line of treatment for Raktavaha Srotas Vyadhi⁶. Acharya Charaka states “Kamali Tu Virechanam” as the Chikitsa Sutra and considers Kamala as an advanced stage of Pandu Vyadhi⁷.

According to Acharya Charaka, continued intake of Pitta Vardhaka Ahara by a patient suffering from or recovered from Pandu causes excessive aggravation of Pitta Dosha, leading to the manifestation of Kamala⁸. Acharya Sushruta and Acharya Vagbhata describes Kamala as a separate disease and also as a

complication of Pandu Roga, caused by consumption of Pitta aggravating substances^{9,10}. Ranjaka Pitta, located in the Yakrut, plays a significant role in the Samprapti of Kamala. It corresponds to bile pigments. Ranjaka Pitta is useful in the diagnosis of both Koshtashrita Kamala and Shakhashrita Kamala. Pandu is considered Nidanarthakara for Kamala, as improper management of Pandu can lead to its development. During recovery or after cure from Pandu, excessive indulgence in Pitta Vardhaka diet and lifestyle results in severe vitiation of Rakta, leading to tissue damage and manifestation of Kamala¹¹. The etiological factors (nidanas) of Kamala varies according to its types and can be broadly classified into four categories specific Nidana of Koshtashrita Kamala¹² specific nidana of Shakhashrita Kamala kamala as a Nidanarthakara Vyadhi of Pandu and other diseases and indirect nidanas of Kamala¹³.

Nidanas for kamala are intake of excessive kshara, amla, lavana, vidagdha anna, snigdha, kshara, anupa mamsa sevana, asatmya bhojana vegadharana, nishpava, masha, pinyaka, tila taila. Viharaja Nidana include ativyayama, viruddha anna, atimaituna, diwaswapna, upahata chesta. Manasika Nidanas are chinta, bhaya, krodha. These nidanas and Sharada Kala are etiological factors similar to those responsible for Pitta Prakopa, which leads to the manifestation of Kamala. These Nidanas cause aggravation of Pitta Dosha and vitiation of Rakta. When Rakta becomes vitiated, the Srotases carrying it also undergo vitiation, ultimately affecting their Mulasthanas, namely Yakrit and Pliha, and resulting in Kamala. Thus, the Nidanas responsible for Rakta Dushti also indirectly cause Kamala.

CASE REPORT

Patient Information: A female Hindu patient aged 50 years came to the outpatient Department (OPD) with OPD No.202506110081 dated 11/06/2025 in the Panchakarma Department of Goel Ayurvedic Medical College and Hospital, Lucknow, U.P. 226028 with chief complaints of yellowish discoloration of eyes, skin, and urine, loss of appetite, generalized weakness for 20 days.

Clinical findings

On general examination, patients showed the following symptoms for 20 days:

- Loss of appetite,
- Bowel constipation,
- Nausea
- Dark yellowish urine
- Yellowish discoloration of eyes and skin
- Abdominal discomfort
- Generalized weakness

No history of major dietary changes or lifestyle changes. However, she is habituated to frequently consuming canned, processed, or refrigerated food. She had irregular timings in food consumption.

Past History

The patient had undergone cholecystectomy one year before, with no history of blood transfusion, no drug history, no family history, and no addictions were noted.

General Examination

The patient was very lethargic and irritable. She had icterus present and pallor absent. The patient was well-conscious and oriented. Mild tenderness in the right hypochondrium region was observed without any organomegaly.

Vitals

- Blood pressure: 110/70 mm Hg,
- Pulse rate: 72 beats per minute, and regular.
- Oral temperature: 98.9°F and afebrile.

On examination

- Nadi (Pulse)- 72/min
- Shabda (speech)- spashta
- Mala (stool)- Malavshambha (constipation)
- Sparsha (skin)- peetavarniya, anushnasheet
- Mutra(urine)- Peetavarniya
- Drik (eyes) – Arakta pitata
- Jivha (Tongue)- Samta
- Akruti – Madhyam
- Kshudha (Appetite)- Mandya

Diagnostic Assessment

The diagnosis of the patient was made based on clinical features of Koshashakhaashrita Kamala, such as Haridra Netra Twak Nakha Aanana (icterus and yellowish discoloration of skin and nails), Avipaka (indigestion), Aruchi (anorexia), and Daurbalya (weakness). Lab reports confirmed the diagnosis of jaundice.

Clinical Intervention

Management and Healing: Therapeutic goals of the Ayurvedic Chikitsa Krama:

- Expel vitiated Pitta and Ama,
- Restore digestive fire (Agni),
- Normalize hepatic functions,
- Prevent recurrence.

Shodhana: Virechana Karma

Virechana, or gentle therapeutic purgation, is a central component of treatment. The protocol:

Purva Karma (Preparation):

- Oral medication for Pachan (2 Days) –
- 1)Chitrakadi Vati 2 Tab. BD
- 2)Hingwastak Churna ½ sp. TID half an hour after a meal with lukewarm water.
- 3)Gandharavhastadi Tailam 15 HS once at night.
- Abhyanga (oil massage) and Swedana (herbal steam) each morning.
- Snehapana (3 days of medicated Triphaladi ghrit, gradually increasing dose: 50, 80 and 120 ml)

Virechana Process

Day 4: 45 gm of Trivet Avleh along with Triphla Kwath 100 ml Sixteen bowel movements indicated satisfactory removal of excess Pitta. Marked reduction in icterus and noticeable restoration of appetite within a day.

Samsarjana Krama (Dietary convalescence)

- Day 1–2: Rice water (Peya),
- Day 3–4: Green gram broth (Mudga yusha),
- Then: Steamed vegetables, soft rice, and khichdi.

Shamana

Internal Drugs

Primary line-up: The treatment regimen included Phaltrikadi Kwath, Arogyavardhani Vati, Punarnavadi Mandoor, Abhyaristam. The suggestions listed below for Pathya (wholesome) and Apathya (unwholesome) were followed throughout the treatment and follow-up.

Table 1: Treatment plan

Aushadhi Dravya	Dose	Duration	Anupana
Phaltrikadi Kwath	20 ml in the morning and evening- empty stomach.	for 4 weeks	Normal water
Arogyavardhani Vati	Take 2 tablets in the morning and evening, 30 minutes after meals.	For 4 weeks	Normal water
Punarnavadi Mandoor	Take 2 tablets in the morning and evening, 30 minutes after meals.	For 4 weeks	Normal water
Abhyaristam	20 ml; morning and evening, after an hour of meal.	For 4 weeks	With equal quantity of water

Wholesome Diet (Pathya Ahara)

- Cereals: Aged or old rice, barley, wheat.
- Pulses: Red gram (Adhaki), green gram (Mudga).
- Vegetables: Gourd, Lettuce, Spinach.
- Fruits: Oranges, Watermelon, Apples, Jamun, Wood apple (Kapitha), Grapes, Pears, and pomegranate.

Lifestyle Adjustments (Pathya Vihara)

- Along with diet, healthy daily habits are important. The following practices were suggested:
- Yoga Asanas: Gomukhasana, Naukasana, Matsyendrasana, Dhanurasana.
- Breathing Techniques: Kapalabhati Pranayama.

General Lifestyle Tips: Maintain a regular sleep and wake cycle, include daily mild exercise or yoga, ensure mental calmness through relaxation and meditation, take adequate rest-avoid overexertion

Apathya (Unwholesome Diet & Lifestyle Practices)

To aid in faster recovery and avoid aggravation of symptoms, the following dietary items and lifestyle habits were strictly advised to avoid:

Avoid consumption of: Guru Ahara (heavy to digest foods), Urad dal (Black gram), Peas (which may cause bloating) Sesame seeds (Tila), Fried, Spicy, and Processed Foods like French fries, chips, noodles, refined flour (maida) products, excessive sugary items, colas and carbonated soft drinks, high-fat dairy like cheese. Avoid alcohol, smoking and other addictions.

The patient was also instructed to avoid the following lifestyle behaviours: Exposure to smoke (pollution, cigarette, dhoop, etc.), overexertion-intense physical activity or exercise, prolonged sun exposure, suppression of natural urges (like urination, defecation, etc.), anger or emotional stress.

RESULT

The results were assessed based on a laboratory change in the liver function test (LFT) and improvement in the general condition of the patient. Before treatment, there was an increased level of serum total bilirubin (8.34 mg/dL), serum direct bilirubin (2.5 mg/dL), serum glutamic oxaloacetic transaminase (SGOT) (125 U/L), serum glutamic pyruvic transaminase (SGPT) (100 U/L), and serum alkaline phosphatase (48 U/L) in LFT report and Haemoglobin% 10.4, after 20 days treatment serum total bilirubin (2.14 mg/dL), serum direct bilirubin (1.2 mg/dL), SGOT(72 U/L), and SGPT (56 U/L) in LFT report which turns into normal values after 34 days of total treatment serum total bilirubin (1.0 mg/dL), serum direct bilirubin (0.2 mg/dL), SGOT(40 U/L), and SGPT (38 U/L) in LFT report and haemoglobin % 11.2. The outcomes fulfilled both the clinical and the laboratory parameters. That includes improvement in weakness, loss of appetite, and normal conjunctivae and skin colour. There was an assessment of LFT and clinical symptoms, and notable improvements in the patient's condition. The patient received only oral medication throughout the treatment. After receiving treatment for 5 weeks, the patient's all complaints were resolved, and clinical signs showed improvement. After 1 month and 4 days of follow-up, the patient is now clinically stable, and no symptoms have returned.

Table 2: Assessment based on blood investigation during treatment

Lab values	11 June 2025	01 July 2025	10 July 2025
Serum. Bilirubin (total) (mg/dL)	8.34	2.14	1.0
Serum bilirubin (direct) (mg/dL)	2.5	1.2	0.2
SGOT (U/L)	250	72	40
SGPT (U/L)	200	56	38
Hb (g/dl)	10.4	11	11.2

DISCUSSION

The management of Kamala is based on the classical Ayurvedic principle "Kamali tu Virechanam," which highlights therapeutic purgation as the primary line of treatment. The main objective of this approach is to eliminate vitiated Pitta, remove accumulated toxins, and restore normal liver function. By addressing the root pathology, Virechana helps in correcting the underlying metabolic and hepatocellular disturbances associated with Kamala.

Virechana employs Tikta and Laghu drugs that effectively expel aggravated Pitta while preserving the patient's strength. Classical formulations such as Trivrit Lehyam and Triphala Kwatha were used to induce controlled purgation, aiming for an optimal number of bowel movements to achieve effective detoxification. This therapy enhances bile secretion and promotes hepatic cleansing, thereby reducing bilirubin accumulation and improving liver cell function. Clinical observations and studies have demonstrated significant improvement in liver enzymes and bilirubin levels following properly administered Virechana therapy¹⁴. In addition to Shodhana, pharmacological management plays a vital role in the treatment of Kamala.

Phalatrikadi Kwatha is widely used due to its multifaceted therapeutic actions. It enhances digestion and metabolism through Deepana and Pachana effects, primarily contributed by ingredients such as Trikatu, Chitraka, and Musta, which help in reducing Ama and strengthening Agni. Drugs like Kutki, Guduchi, and Daruharidra act as liver tonics, improving hepatic metabolism and facilitating bile flow. The presence of Haritaki, Amalaki, and Bibhitaki provides mild laxative action, ensuring regular bowel movements and preventing further toxin

accumulation. Anti-inflammatory and antimicrobial properties of Daruharidra and Guduchi help in reducing intestinal inflammation and combating pathogenic factors. Overall, Phalatrikadi Kwatha supports metabolic balance, enhances nutrient absorption, rejuvenates tissues, and improves immunity, thereby contributing to comprehensive management of Kamala.

Arogyavardhini Vati plays a significant role in the management of Kamala due to its wide-ranging pharmacodynamic actions. It enhances the digestive fire and regulates metabolism, thereby facilitating proper digestion and effective elimination of Ama. By clearing obstructed Srotas, it improves nutrient assimilation and promotes efficient removal of metabolic waste. The formulation acts as both a digestive stimulant and a detoxifying agent, breaking down accumulated toxins and aiding their expulsion from the body. Simultaneously, it nourishes Rasa and Rakta Dhatus, helping to restore tissue balance and support healthy metabolism. Its therapeutic spectrum includes Deepana, Pachana, and appetite-enhancing actions, along with cardiogenic, lipid-reducing, and Malashuddhikara effects. Experimental and clinical studies have demonstrated hepatoprotective, antioxidant, and lipid-modulating properties, with observed reductions in liver enzymes and lipid levels in animal models and limited human studies.

Punarnavadi Mandoora is widely used in Kamala for its hematinic, hepatoprotective, and metabolic benefits. It exhibits strong hematogenic activity due to the presence of bioavailable iron, thereby improving hemoglobin levels and red blood cell parameters in anemia associated with liver disorders. The formulation supports detoxification through its diuretic, anti-inflammatory, and hepatoprotective actions. Punarnavadi Mandoora also functions as a Deepana and Pachana, enhancing

appetite, improving digestion, and reducing Ama accumulation. Its Krimihara property aids in the elimination of intestinal parasites, further supporting digestive health. As a Rasayana, it strengthens overall metabolism, immunity, and vitality, while improving the quality of blood and facilitating the clearance of metabolic waste products such as urea, creatinine, and excess lipids.

Abhayarishtam is an important supportive formulation in the management of Kamala, particularly for regulating bowel function and improving digestion. It exerts a mild yet effective Rechana action, primarily due to Haritaki, which relieves constipation and promotes smooth bowel evacuation. By enhancing intestinal peristalsis and bowel motility, it aids in the elimination of accumulated toxins and prevents further aggravation of Pitta. Abhayarishtam also acts as a Deepana and Pachana, stimulating Agni, improving appetite, and enhancing nutrient absorption. Its carminative herbs help alleviate flatulence, bloating, and abdominal distension, while its Ama-Pachaka action clears digestive waste from the gastrointestinal tract. The formulation supports liver function by promoting bile secretion, which aids digestion, detoxification, and intestinal motility, making it useful in liver-related disorders. Additionally, Abhayarishtam possesses antioxidant, antimicrobial, and hepatoprotective properties, along with mild diuretic action, providing benefit in urinary disorders. It helps maintain Dosha balance by pacifying Vata, reducing Kapha, and facilitating the elimination of Ama, thereby contributing to comprehensive management of Kamala.

Thus the therapeutic efficacy of ayurvedic management of Kamla operates through multiple pathways, including enhanced hepatic detoxification, improved bile secretion, hepatocellular regeneration, and antioxidant protection. Virechana therapy specifically addresses bilirubin elimination through increased stercobilinogen excretion, reducing systemic hyperbilirubinemia. Herbal formulations modulate hepatic lipid metabolism, reduce inflammation through apoptosis and autophagy regulation, and support mitochondrial function. The combined approach addresses both acute symptom management and long-term hepatic health restoration.

Clinical studies consistently report the absence of significant adverse drug reactions with properly administered Ayurvedic interventions. Mild gastrointestinal symptoms may occur initially with Virechana therapy but resolve with appropriate monitoring and dose adjustments.

CONCLUSION

The study successfully demonstrated the efficacy of the Ayurvedic management protocol for Kamala (jaundice) by systematically achieving its core therapeutic objectives. The primary objective of Shodhana Chikitsa was met through the application of Virechana (therapeutic purgation). By utilizing Tikta (bitter) and Laghu (light) drugs like Trivrit Lehyam, the treatment effectively expelled aggravated Pitta and cleared obstructed Srotas (channels). This was evidenced by the reduction of systemic hyperbilirubinemia through increased stercobilinogen excretion and improved hepatic cleansing. The objective to correct hepatocellular disturbances was achieved through multifaceted pharmacological interventions. The use of Phalatrikadi Kwatha and Arogyavardhini Vati directly improved liver cell function and reduced liver enzymes (ALT/AST) and bilirubin levels.

Formulations like Punarnavadi Mandoora and Abhayarishtam addressed metabolic deficits by strengthening Agni (digestive

fire), reducing Ama (metabolic toxins), and improving nutrient assimilation. The study addressed secondary complications such as anemia and fluid imbalance. Punarnavadi Mandoora achieved the objective of improving hemoglobin levels and red blood cell parameters through its hematinic activity. The objective to provide a safe and effective alternative to conventional care was confirmed by clinical evidence showed 60–80% improvement rates, with laboratory parameters normalizing within a 20–30 day window.

The study verified that properly administered interventions, despite the presence of mineral components in certain formulations, resulted in no significant adverse drug reactions, highlighting the importance of traditional quality control and judicious dosing. Through these combined pathways, the research validates the classical principle of "Kamali tu Virechanam," proving that an integrated Ayurvedic approach effectively manages complex hepatobiliary disorders by addressing both the root pathology and systemic recovery.

Kamala represents a well-defined hepatobiliary disorder in Ayurvedic medicine with remarkable correlation to modern jaundice pathophysiology. The comprehensive therapeutic approach utilizing Shodhana Chikitsa (bio-purification), specific herbal formulations, and lifestyle modifications demonstrates significant clinical efficacy in managing hepatocellular dysfunction

REFERENCES

1. Arokiasamy P, Karthick K, Pradhan J. Environmental risk factors and prevalence of asthma, tuberculosis and jaundice in India. *Int J Environ Health* 2007;1:221-42.
2. Davidson, In: Penman I, Ralstone S, editors. *Davidson's Principles and Practice of Medicine*, 24th ed. London: Elsevier; 2022. p. 870-2.
3. Harrison's. In: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J, editors. *Harrison's Principles of Internal Medicine* chapter 42. 18th ed. Volume 1. USA: Mc Graw Hill; 2012. p. 324.
4. Namaste portal, namstp.ayush.gov.in, updated, 2017 [Last accessed 27 Oct 2023], <http://www.namstp.ayush.gov.in>
5. Shastri S, Shastri K, Sastri G, editors, *Charak Samhita, Charak, Chikitsasthan, Ch. 16, Verse 34*, Varanasi, UP, India: Chaukhamba Bharti Academy; 2011. p. 491.
6. Shastri S, Shastri K, Sastri G, editors, *Charak Samhita, Charak, Chikitsasthan, Ch. 16, Verse 40*, Varanasi, UP, India: Chaukhamba Bharti Academy; 2011. p. 493.
7. Varsakiya J, Goyal M, Kumari R, Kathad D. Role of Ayurveda treatment in the management of hepatitis B (Ubhayapatha Ashrita Swatantra Kamala) – A case report. *Ayu* 2022;43:13-7.
8. Misr S editor, *Bhaishajya Ratnawali*, Sain G, chapter 9, Verse. 175- 180, Varanasi, UP, India: Chaukhamba Surbharati Prakashan; 2022. p. 320-321.
9. Tasduq SA, Singh K, Satti NK, Gupta DK, Suri KA, Johri RK. *Terminalia chebula* (fruit) prevents liver toxicity caused by subchronic administration of rifampicin, isoniazid and pyrazinamide in combination. *Hum Exp Toxicol* 2006;25:111-8.
10. Sharma PV editor, *Cakradatta*, Chakrapani, chapter 8, Verse 8, Delhi, India: Chaukhamba Orientalia; 2013. p. 07.
11. Tripathi B editor, *Sharangdhara Samhita*, Sharangdhara, Madhyam Khand, Verse 76, Varanasi, UP, India: Chaukhamba Surbharati Prakashan; 2018. p. 144,
12. Sharma P. editor, *Dravyaguna Vigyan, Pitta Virechana*, Varanasi, UP, India: Chaukhamba Bharati Academy; 2013. p. 441-443.

13. Sharma P. editor, *Dravyaguna Vigyan, Pitta Virechana*, Varanasi, UP, India: Chaukhamba Bharati Academy; 2013. p. 640-641
14. Yadav P, Kuchewar V, Yadav T, Gautam A. Implementation of Ayurvedic Treatment Principles in Hepatocellular Jaundice: A Case Report. *Journal of Clinical & Diagnostic Research*. 2024 Apr 1;18(4):8-10

Cite this article as:

Gaurav Sinha, Kalpana Patni and Abhishek Singh. Clinical Remission of Kamala (Jaundice) via Shamana and Shodhana Chikitsa: A Case Report. *Int. J. Res. Ayurveda Pharm.* 2026;17(1):12-16 DOI: <http://dx.doi.org/10.7897/2277-4343.1714>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House, a non-profit publishing house dedicated to publishing quality research. Every effort has been made to verify the accuracy of the content published in our journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.