

## Liver Health Restoration: An *Ayurvedic* Approach in the management of Hepatocellular Jaundice (*Koshtashakhashrita Kamala*): A Case Report

Kshitiz Koundal<sup>1\*</sup>, Hetal Vyas<sup>2</sup>

<sup>1</sup> PG Scholar (MD 2<sup>nd</sup> Year), <sup>2</sup> Assistant Professor, Department of Kayachikitsa, Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, Gujarat, India.

### ABSTRACT:

Hepatocellular jaundice is due to significant disruption of liver function, leading to hepatic cell necrosis and impaired bilirubin transport across hepatocytes. Males are commonly affected by hepatocellular jaundice than females. Chronic and heavy alcohol use is responsible for more than half of the cases of hepatocellular jaundice. *Kamala* is a *Raktapradoshaja Vyadhi* involving *Rakta* and *Pitta*. In *Ayurveda kamala roga* is divided into two types and Hepatocellular jaundice is very similar to *koshtashakhashrita kamala (Babu Pittakamala)*. In this case report, a 40-year-old male patient, was admitted in the Kayachikitsa IPD with primary complaints of dark yellowish discoloration of urine, stool sclera, palms along with nausea, vomiting, generalised weakness, and low-grade fever for 5 days. He also had epigastric pain (VAS-04). Based on the clinical examination, USG and Blood investigations, he was diagnosed with hepatocellular jaundice. The patient was effectively treated with *Sadhya Virechana wih Trivrit Avleha* (60-70 gm) and *Abhyadi Modaka* (2 tab) along with *Shaman Chikitsa* with *Tikta Pachan dravyas* for 38 days. Within 7-8 days, there was a moderate improvement in abdominal pain, frequency of vomiting, anorexia and nausea. After 38 days of Ayurvedic treatment, all symptoms, LFT (liver function Tests), USG (Ultra sonography) and Urine analysis showed highly significant results. The treatment was given by considering the vitiation of *Pitta* and *Rakta*. *Virechana* is said to be the treatment of choice to eliminate the vitiated *Pitta Dosha*. It can be concluded that by implementing Ayurvedic treatment principles, liver function can be improved in cases of jaundice without causing any adverse effects.

**KEYWORDS:** Hepatocellular Jaundice, *Koshtashakhashrita Kamala*, *Sadhya virechan*, *Shamana*.

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### \*Corresponding Author:

**Dr. Kshitiz Koundal**

PG Scholar (MD 2<sup>nd</sup> Year), Department of Kayachikitsa,  
Institute of Teaching and Research in Ayurveda (ITRA),  
Jamnagar, Gujarat, India.

Email: [koundal.kshitiz@gmail.com](mailto:koundal.kshitiz@gmail.com)

## INTRODUCTION:

Hepatocellular jaundice occurs due to damage to the liver parenchymal cells and intrahepatic obstruction or cholestasis. Bilirubin transport across the hepatocytes may be impaired at any point between uptake of unconjugated bilirubin into the cells and transport of conjugated bilirubin into the canaliculi. In hepatocellular jaundice the concentration of both unconjugated and conjugated bilirubin in the blood increases. Men have an increased prevalence of hepatocellular jaundice due to alcoholic and non-alcoholic hepatitis and chronic hepatitis B. <sup>[1]</sup> *Yakrut* is one among the *Koshtanga* where the *Bhutagnipaka* takes place. It is the seat of *Ranjakapitta* and *mula* for *Raktavahashrotas*. <sup>[2]</sup> In Ayurveda *Rakta Dhatu* is given utmost importance as the diseases pertaining to *Rakta* is more in incidence. *Kamala* is such a disease where the *Raktadhatu* is vitiated primarily by *Pitta Dosha*. <sup>[3]</sup> If the patient suffering from *Pandu* indulges in *Pittala Ahara-Vihara* (diet and regimens), the *Pitta* aggravates and burns the *Rakta* and *Mamsadhatu* to cause the disease *Kamala*. *Acharya Charaka* has mentioned two types of *kamala* on the basis of pathogenesis and clinical presentations *Koshtashakhashrita* and *Shakhashrita Kamala*. *Acharya Chakrapani* has mentioned that *Koshtashakhashrita Kamala* is generally *Bahupitta* and considered as advance stage of *Pandu Roga* (*Pandurogapurvika*) where aggravated *Pitta* attains *Vridhnavastha* in *koshta* and spread to the *shakhas* manifesting as *Haridranetra - Haridratvak-nakb-ananm* (Eyes, skin, nails and face of the patient become exceedingly yellow, *Bhek Varna* (Complexion like that of frog), *Raktpeetshakrit-mutra* (Stool and urine become red or yellow in colour), *Hattindriya* (Impaired senses). <sup>[4]</sup> '*Kamali tu virechane*' is chikitsa sutra of *Kamala* as mentioned in

Ayurvedic literature. *Virechana* (Therapeutic Purgation) is the first choice of treatment for *Pitta Pradhana* and *Rakta Pradboshajavikara*. *Kamala* is one such disorder mentioned in classics where *Mridhu Virechana* with *Tikta Oushadhas* has prime role to play. <sup>[5]</sup> Hence by considering the vitiation of *Rakta* and *Pitta* the patient was effectively treated with *Sadhyo Virechana* and *Shamana*.

## CASE REPORT:

A 40-year-old male patient was admitted to the *Kayachikitsa* inpatient department (IPD) on May 28, 2025, at ITRA, Jamnagar with chief complaints of dark yellowish discoloration of urine and stool, epigastric pain (VAS-04), nausea, vomiting, generalised weakness and low-grade fever for 5 days.

### Past history:

The patient had a similar history of Jaundice 1 year back. He took allopathic treatment and got symptomatic relief. But the symptoms got aggravated when the patient discontinued the medications. He also had a history of chicken pox 2 months back for that he took conservative treatment and got complete relief.

### Personal history:

Personal history revealed a mixed diet, continuous alcohol consumption (1 bottle/day) since 15 years, smoking (6-7 bidis/day) since 14 years, Tobacco (3 packets/day) since 14 years.

### Medical history:

The patient used to take antipyretic medication (Tab Nemusulide SOS), PPI (Rebeprazole and domperidone sustained release), Iron Supplement (Tab Xeron) since 1 year. Further no previous hospitalization or surgical history was found.

### Clinical findings:

Abdominal examination revealed that on inspection few scattered (1mm approx) old chicken pox scars were found. On palpation epigastric tenderness was detected along with palpable liver edge that extends below the right costal margin by more than 2 cm (one to two finger-breaths). On percussion dull note was found in right hypochondrium and epigastrium.

In CBC (Hb- 8.0 gm%, Total RBC- 3.70 mill/cumm, Total WBC- 9000/cumm, Platelets- 271000/cumm, ESR- 32). HIV, HBsAG, HCV and VDRL were found to be negative.

### AYURVEDIC EXAMINATION:

The *Prakriti* (body constitution) was identified as *Pittakapha Prakriti* (a predominant combination of *Pitta* and *Kapha*) with quality of tissues, or *Sara* assessed as predominantly of *Rasa Saara* and *Rakta Saara*. The patient's physical build, or *Sambanana*, was found to be *Madhyama* (moderate), and the anthropometric measurements recorded were a weight of 64 kg and a height of 5 feet 7 inches. His *Satva* (adaptability) and mental strength were both moderate (*Madhyama*), and the digestive and food intake capacity, or *Abara Shakti*, was *Madhyama*, with digestion occurring within 4–5 hr (*Abhyavaharana Shakti* and *Jaranashakti*).

However, the exercise capacity, or *Vyayama Shakti*, was *Avara* (low), and the patient's age

was classified as *Madhyam Vaya*. *Ashtavidha Pariksha* revealed that the patient's *Nadi* (pulse) was 72 bpm, and the *Mutra* (urine) was dark yellowish in colour with mild burning sensation along with increased frequency (8-10times/day, 2-3times/night) and *Jihva* (tongue) were *Saam (Lipta)*.

The patient was reported to have irregular bowel movements (semisolid, 1-2times/day). The nature of voice, or *Shabda*, and the sense of touch, or *Sparsha*, were both within normal limits, with the touch being slightly warm and moist (*Samshitoshna*). The examination of the eyes, or *Drika*, showed a visible yellowish discolouration of sclera, and the overall body build, or *Aakruti*, was again noted as *Madhyama* (moderate).

### THERAPEUTIC INTERVENTION:

The patient was treated by therapeutic interventions, such as *Sadhyo Virechana* and *Shamana*.

- *Sadhyo Virechana* was given with *Trivrit Avleha* and *Abhyaadi Modaka*.
- *Shamana Chikitsa* was done with *Phalatrikaadi & Patola Katurohinyadi Kwath*, combination of *Triphala*, *Trikatu*, *Arogyavardhini Rasa*, and *Kaalmeghnavaayas Loha*, *Avipattikar Churna*, combination of *Shivakshar Pachan Churna* and *Shankha Bhasma*, *Sudarshan Churna Phaant Swaroopa* and *Yakerit plihari Loha* were administered. The details of the interventions are depicted in Table No-02.

**Table-1: Diagnostic Assessment:**

Date	Investigations	Report
28/05/25	LFT (Liver Function Test)	Total Bilirubin- 8.03 mg/dl Direct Bilirubin- 4.95 mg/dl Indirect Bilirubin-3.08 mg/dl S.G.P.T- 99 I/U S.G.O.T- 210 I/U Globulin- 3.94
28/05/25	USG (Ultra Sonography)	Liver size Enlarged, significant coarse echogenicity, Liver parenchymal disease with changes of Hepatocellular Jaundice. Moderate Splenomegaly. No evidence of ascites
29/05/25	Urine Analysis	Colour – Pale Yellow Albumin- Present (Trace) Bile Salts- Present (Trace) Bile Pigments - Present (Trace)

**Table-2: Treatment Timeline including *Shodhana* and *Shamana* During IPD admission)**

Timeline	Therapeutic Interventions
May 28,2025 – May 30,2025	1. <i>Phaltrikaadi Kashyam (20ml) + Patola Katurobinyadi Kashaya(20ml)</i> twice daily, orally with equal Lukewarm water, BF 2. <i>Triphala Churna (3 gm) + Trikatu Churna (500mg) + Arogyavardhini Rasa(250mg) + Kalmeghnavayas Loha (250mg)</i> twice daily, orally with Lukewarm water, AF 3. <i>Avipattikar Churna-5gm</i> , twice daily, orally with Lukewarm water, BF 4. <i>YakritPlihari Loha- 2 tabs</i> , twice daily, orally with Lukewarm water, AF
May 31, 2025	<i>Sadhyo virechana – Trivrit Avleha (70gms)+ Abhyaadi Modaka(2 tabs)</i> orally with Lukewarm water in Morning after <i>Sarvanga Abhyanga and Swedana</i> (9 vegas obtained)
May 31,2025-June 1, 2025	<i>Samsarjana Krama</i> (Post Therapy Dietary Regimen) for 2 days
June 2, 2025 – June 6,2025	1. <i>Phaltrikaadi Kashyam (20ml)+ Patola Katurobinyadi (20ml)) Kashaya</i> twice daily, orally with Lukewarm water, AF 2. <i>Triphala Churna (3 gms) + Trikatu Churna (500mg) + Arogyavardhini Rasa (250mg) + Kalmeghnavays Loha(250mg)</i> , twice daily, Orally with Lukewarm water, AF 3. <i>Avipattikar Churna- 5gm</i> , twice daily, orally with Lukewarm water, BF 4. <i>Yakrit Plihari Loha-2 tabs</i> , twice daily, orally with Lukewarm water,AF
June 7, 2025	<i>Sadhyo virechana – Trivrit Avleha (80 gms) + Abhyaadi Modaka (2 tabs)</i> orally with Lukewarm water in Morning after <i>Sarvanga Abhyanga and Swedana</i> (12 <i>virechana</i> vegas + 1 <i>vaman</i> vegas obtained)

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June 7, 2025- June 8, 2025	<i>Samsarjana Krama</i> (Post Therapy Dietary Regimen) for 2 days
June 9, 2025 – June 13, 2025	<p>1. <i>Phaltrikaadi Kashyam</i> (20ml) + <i>Patola Katurobinyadi Kashaya</i> (20ml) twice daily, orally with equal Lukewarm water, BF.</p> <p>2. <i>Triphala Churna</i> (3gm) + <i>Arogyavardhini Rasa</i> (250mg) + <i>Kalmeghnayaya Loba</i> (250mg) twice daily, Orally with Lukewarm water, AF</p> <p>3. <i>Avipattikar Churna</i>- 5gm, twice daily, orally with Lukewarm water, BF</p> <p>4. <i>Yakrit Plihari Loba</i>-2 tabs, twice daily, orally with Lukewarm water, AF</p> <p>5. <i>Shivakshar Pachan Churna</i> (4 gm) + <i>Shankha Bhasma</i>(250 mg) twice daily, orally with Lukewarm water, AF</p> <p>6. <i>Sudarshan Churna</i>- 5 gms, orally with Lukewarm water (<i>Phanta Swaroopa</i>) whole day</p>
June 14, 2025	<i>Sadhyo virechana</i> – <i>Trivrit Auleha</i> (70mg) + <i>Abhyaadi Modaka</i> (2 tabs) orally with Lukewarm water in Morning after <i>Sarvanga Abhyanga</i> and <i>Swedana</i> (13 <i>virechana vegas</i> obtained)
June 14,2025- June 15, 2025	<i>Samsarjana Krama</i> (Post Therapy Dietary Regimen) for 2 days
June 16, 2025- June 21,2025	Repeat 1,2,3,4,5,6
June 22,2025	<i>Sadhyo virechana</i> – <i>Trivrit Auleha</i> (70mg) + <i>Abhyaadi Modaka</i> (2 tabs) orally with Lukewarm water in Morning after <i>Sarvanga Abhyanga</i> and <i>Swedana</i> (6 <i>virechana vegas</i> obtained)
June 22, 2025- June 23, 2025	<i>Samsarjana Krama</i> (Post Therapy Dietary Regimen) for 2 days
June 24,2025- June 29,2025	Repeat 1,2,3,4,5,6
June 30,2025	<i>Sadhyo virechana</i> – <i>Trivrit Auleha</i> (70gm) + <i>Abhyaadi Modaka</i> (2 tabs) orally with Lukewarm water in Morning after <i>Sarvanga Abhyanga</i> and <i>Swedana</i> (8 <i>virechana vegas</i> obtained)
June 30,2025-July 1,2025	<i>Samsarjana Krama</i> (Post Therapy Dietary Regimen) for 2 days
July 2,2025- July 4,2025	Repeat 1,2,3,4,5,6
July 5,2025 (Pt Discharged)	Repeat 1,2,3,5,6 (Stopped 4)

**FOLLOW UP AND OUTCOMES:** LFT (Liver Function Test), USG (Ultra Sonography), Urine examination, clinical signs and symptoms were used to assess the improvement in the condition.

**Table-3: Clinical Improvement:**

Timeline	Clinical Findings
May 28,2025 – May 30,2025	Yellowish Discolouration of skin, sclera, urine,

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	Black yellowish Coloured Stool
May 31, 2025	Same as above
May 31,2025-June 1, 2025	Yellowish discolouration of sclera,skin (mild reduced) but in urine and stool persist.
June 2, 2025 – June 6,2025	Same as above
June 7, 2025	Same as above
June 7, 2025- June 8, 2025	Same as above
June 9, 2025 – June 13, 2025	Same as above Heaviness in abdomen, Feverish sensation
June 14, 2025	Same as above, No any fever
June 14,2025- June 15, 2025	Yellowish discolouration in skin, sclera, urine and stool(sig reduced), Heaviness in abdomen reduced
June 16, 2025- June 22,2025	Same as above
June 22, 2025- June 23, 2025	Moderate improvement in yellowish discolouration
June 24,2025- June 30, 2025	Same as above
June 30,2025-July 4,2025	Complete remission of symptoms
July 5,2025 (Pt Discharged)	Complete remission of symptoms

**Table-4: Liver function Tests:**

Liver Function Tests	28/05/25( On Admission )	02/06/ 25	09/06/ 25	13/06/ 25	20/06/ 25	28/06/ 25	5/7/25 (Discharge d)
Total Bilirubin	8.03 mg/dl	5.36 mg/dl	5.08 mg/dl	4.05 mg/dl	2.5 mg/dl	2.13 mg/dl	1.01 mg/dl
Direct Bilirubin	4.95 mg/dl	3.28 mg/dl	2.18 mg/dl	1.79 mg/dl	1.5 mg/dl	1.2 mg/dl	0.82 mg/dl
Indirect Bilirubin	3.08 mg/dl	2.08 mg/dl	2.09 mg/dl	2.26 mg/dl	1 mg/dl	0.95 mg/dl	0.74 mg/dl
SGPT	99 I/U	104 I/U	47 I/U	39 I/U	52 I/U	28 I/U	25 I/U
SGOT	210 I/U	179 I/U	80 I/U	66 I/U	105.6 I/U	37 I/U	30 I/U
Alk. Phosphatase	60 I/U	63 I/U	58 I/U	66 I/U	65 I/U	54 I/U	50 I/U
Total Protein	7.80	8.24	7.50	7.22	7.8	7.85	7.82
Albumin	3.80	3.97	3.90	3.81	4.3	4.11	3.95
Globulin	3.98	4.27	3.93	3.41	3.5	3.74	3.70
A/G ratio	0.98	0.93	1.02	1.12	1.2	1.1	1.02
Hb	8.0gm%	-	-	8.5gm%	-	8.8gm%	-
ESR	32	-	-	39	-	24	-

**Table-5: USG-Ultra Sonography:**

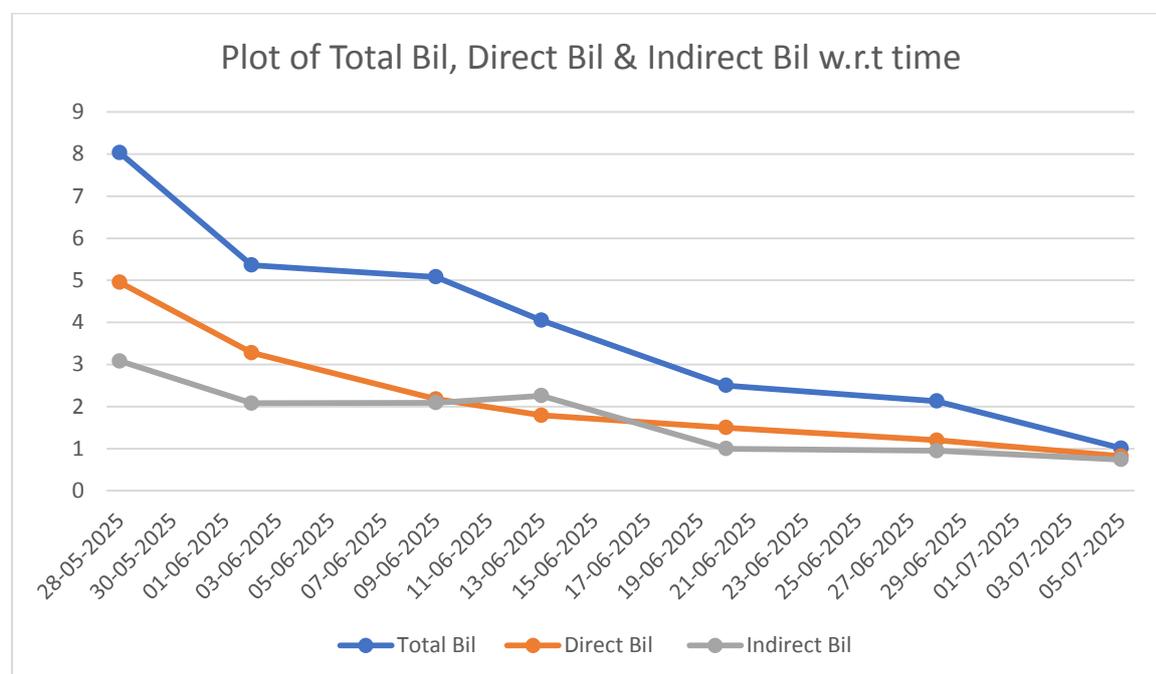
28/05/2025	20/06/25
Liver size Enlarged, significant coarse echogenicity, Liver parenchymal disease with changes of Hepatocellular Jaundice. Moderate Splenomegaly. No evidence of ascites	Appears normal in size and shows increased echotexture, S/O Fatty changes in liver Grade 1. Spleen appears normal in size and echotexture.

**Table-6: Urine Examinations:**

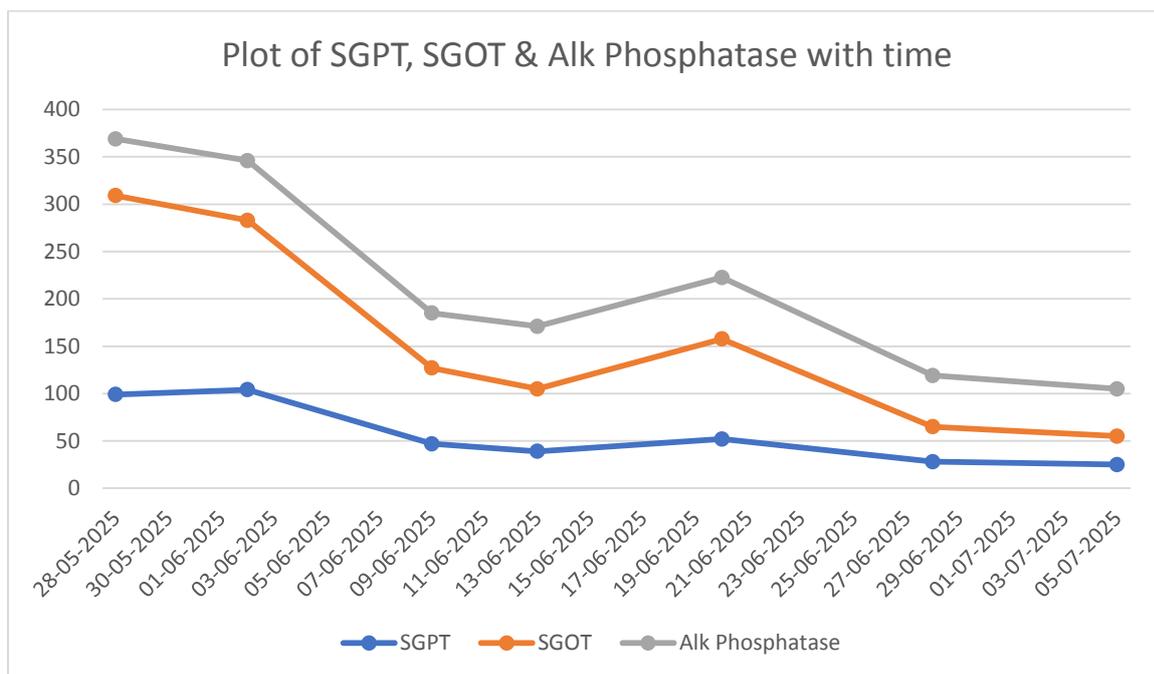
29/05/25	28/06/25
Colour – Pale Yellow Albumin- Present (Trace) Bile Salts- Present (Trace) Bile Pigments - Present (Trace)	Colour – Pale Yellow Albumin- Absent Bile Salts- Absent Bile Pigments – Absent

**Table-7: Grading of symptoms:** <sup>[6]</sup>

Assessment Parameters	Gradations on 28/5/25	Gradations on 5/7/25
<i>Haridra Netra</i> (yellowish discoloration of eyes)	3	0
<i>Haridra Twaka Nakha Aanana</i> (yellowish discoloration of skin, nails and face)	2	0
<i>Anipaka</i> (indigestion)	2	1
<i>Daurbalya</i> (generalized weakness)	2	1
<i>Aruchi</i> (anorexia)	2	1
<i>Udarashool</i> (Pain in the abdomen)	2	0



**Graph-1: Plot of Total Bil, Direct Bil and Indirect Bil w.r.t BT, during treatment & AT**



Graph -2: Plot of SGPT, SGOT & Alk Phosphatase w.r.t BT, during treatment & AT



Image-1: Visible Yellowish discoloration of sclera, Before treatment on 28/05/25

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**Institute of Teaching And Research in Ayurveda, Jamnagar**  
X-Ray / Sonography Requisition Form

To, The Sonologist / The Radiologist, I. T. R. A. Hospital, Sir,  
X-Ray Requisition Date: 28/5/25  
OPD / IPD Regd. No. 26790 Dt. 28/5/25

Name: K. Alina Joshi Age: 40 Y  
Sex: Male / Female X-Ray / Sonography: D.S. On CW Abdomen & pelvis  
Short History: D. Yellowish colour of urine, with sclera, lab. h. for Hepatocellular disease.  
Physician: Dr. Hetal Vas. Dept. K.C. Sign: [Signature]  
Type of requisition:  Thesis  OPD  Staff  BPL  Sr. Citizen  Others

**REPORT**  
Enlarged - Significant coarse Echogenicity to liver Parenchymal disease & changes of Hepatocellular Jaundice. show contracted livers.

મોડેરેટ એન્જર્જડ  
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મોડેરેટ એન્જર્જડ  
મોડેરેટ એન્જર્જડ

Thanks for referring Hon. Radiologist

**Samarpan General Hospital**  
Dwaraka Highway Road, Jamnagar, Ph. 2712728, 29

NAME: KHIMABHAI GADHVI DATE: 20 JUNE 2025  
REF. BY: DR. ... AGE: 40 YRS/M

**ULTRASONOGRAPHY REPORT**  
(USS Abdomen: Screening)

- LIVER:** Appears normal in size and shows increased echotexture, S/o Fatty changes in liver Grade I. IHR, Portal vein and CBD appears normal. No evidence of focal lesion.
- GALL BLADDER:** is partially distended and appears normal. No definite evidence of Gallstones.
- PANCREAS:** Visible part of pancreatic head and body appears normal in size and echotexture. Rest of pancreas obscured by bowel gas.
- SPLEEN:** Appears normal in size and shows normal echotexture.
- KIDNEYS:** Both kidney shows normal size and echotexture. No definite evidence of calculus or hydronephrosis in either kidney.
- URINARY BLADDER:** is partially full and appears normal.
- PROSTATE:** Appears normal in size and shows normal echotexture.
- No evidence of free fluid is noted in peritoneal cavity, at present.
- No evidence of abnormal bowel wall thickening.

**IMPRESSION:**  
Fatty changes in liver Grade I.

\*\* Kindly correlate clinically. Further evaluation is suggested.

DR. JAYPAL MAKHELA M.D.  
Consultant Radiologist

\*\* Printing mistakes if any is supposed to be reported back immediately.  
પુસ્તકે કુચિતો જમનો અપાર પુસ્તક ઉપર સ્કેનો છે.

Scanned with CamScanner

Image-2: Ultrasonography: (28/05/2025)

(20/06/25)



Image-3: Yellowish discolouration of sclera before (28/05/25) and after (5/7/25) treatment)

## DISCUSSION:

The majority of signs and symptoms of jaundice are significantly more comparable to *Kamala* disease. It primarily presents in the form of *Koshtashkashrita* and *Shakshashrita kamala*. *Koshtashkashrita kamala* is also known as *Babupittakamala* as it increases *Pitta* production and develops due to excessive erythrocyte breakdown. *Shakshashrita kamala* also known as *Alpapitta kamala*, is only caused by decreased excretion of bilirubin and develops as a result of intrahepatic cholestasis.<sup>[7]</sup> Purgation therapy must be used as the first step in treating *Koshtashkashrita Kamala*. *Mula Sthana* (main site) of *Rakta* is Liver (*Yakrita*). *Ashraya* and *Ashrayi Sambandha* (mutual interdependence) are present in *Rakta-Pitta*, thus purging is the best treatment for removal of vitiated *Pitta Dosha*.<sup>[8]</sup>

### Mode of Action of *Sadhyo-Virechana*:

In *Kamala*, *Pitta Dosha* is vitiated and accumulated, so there is a need to eliminate accumulated *Pitta*. *Mrudu Virechan* (mild purgation) is useful in *Babupitta Kamala*.<sup>[9]</sup> *Trivritta* (*Operculina turpethum*) is best drug for *virechana* since it is having *laghu*, *ruksha*, *tikshna* *gunas*, *katu tikta ras*, *ushna virya* and *pittaghna* property.<sup>[10]</sup> *Abhayadi Modak* (*Zandu* pharmacy) contains *Trivrut* (*Operculina turpethum*), *Danti* (*Baliospermum montanum*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*), and *Amalaki* (*Emblica Officinalis*). *Abhayadi Modak* has *Katu Rasa*, *Teekshna Guna* *Ushna Virya*, and *Katu Vipak*, which acts as *Pitta Rechan*, *Kapha Samsodhan*, and *Vatanuloman*.<sup>[11]</sup>

### Combination of (*Arogyavardhini Vati+ Triphala churna + Trikatu churna+ Klameghnavayas loha*):

The main ingredient of *Arogyavardhini Vati* is *Kutki* (*Picrorhiza kurroa*) which has *Kapha pittaghana dosha karma* and *Tikta Rasa*. It works in reducing the *Pitta dosha* and promotes liver regenerating activities by restoring cytochrome.<sup>[12]</sup> *Triphala* suppresses the production of inflammatory mediators, intracellular free radicals, inflammatory enzymes, and lysosomal enzyme release.<sup>[13]</sup> *Trikatu* has the ability to cope up with oxidative stress and inflammation induced by alcohol due to its antioxidant and anti-inflammatory property.<sup>[14]</sup> Most of the drugs in the *Kalmeghnavayas* are *Deepana*(appetizer) *Pachana* (digestive), *Srotoshodhaka* (channel cleaner), *Tridoshgana* (body humour specifier), *Rasaraktaavardhana* (one which increases blood), *Rasayana* (rejuvenative), and *Bahya* (one which increases strength), *Panduhara* (one which subsides pallor).<sup>[15]</sup>

### *Phalatrikadi Kashaya*:

It is an herbal formulation mentioned in the *Siddhasara Nighantu* for the management of *Kamala*. It contains herbs namely *Amalaki*, *Amruta*, *Bibhitaka*, *Katuka*, *Nimb*, *Haritaki*, and *Kairattikta*. All these drugs are having *Yakriduttejaka*, *Pitta-Kapha Shamaka*, *Shothahara*, *Rechana* and *Deepana* properties. Being *shothahar* may relieve the *Shotha* at the cellular level of the liver.<sup>[16]</sup>

### *Patola Katurohinyadi Kashaya*:

It contains *Kutki* (*Picrorhiza kurroa*) as the main ingredient having *Tikta rasa* and *kaphapittahara dosha karma*. It has purgative properties since *Kamala* is a *Pittapradhana Vyadhi*. The *Pitta Virechana* is the recommended course of treatment for this illness.<sup>[17]</sup>

***Avipattikar churna:***

it contains ingredients such as *Trikatu*, *Triphala* and *Trivrut*, so it regulates *Pitta* secretion, *Agni Deepana*, *Mala-Mutra Vibhandhanasak*.<sup>[18]</sup>

***Yakrita plihari Lauha: (Bha. Rat. Yakrit-Pliha Rogadhikar)***

It is useful in the treatment of *Udararoga*, *Anaha*, *Jvara*, *Pandu*, *Kamala*, *Sbotba*, *Halimaka*, *Mandagni*, *Aruchi* and *Yakrit-pliharoga*.<sup>[19]</sup> It is used in the Ayurvedic treatment of all types of, fever, oedema, jaundice, bloating, anaemia, anorexia, indigestion. It acts as a mild purgative.<sup>[20]</sup>

***Sudarshan Churna:***

It contains *Swertia chirayita* as its main ingredient, the antipyretic activity of this *Churna* might be due to swertiamarin (terpenoid) found in the aqueous extract of *Swertia chirayita*. It was given as a *Faant Swaroopa* in the condition of *Jvara*, since *Jvara* is a *Pitta Pradhana Vyadhi* and *Swertia chirayita* is a *Pitta Virechana dravya*.<sup>[21]</sup>

***Combination of Shivakshar Pachan Churna and Shankha Bhasma:***

Most of the drugs of *Shivakshara Pachana Churna* has *Katu*, *Tikta Rasa*, *Ushna Virya*. All the drugs have *Laghu*, *Rukscha Guna* and *Pachana*, *Vata Anulomana*, *Vata-Kaphashamaka* properties.<sup>[22]</sup> *Shankh Bhasma* is made up by conch shell; it is helpful to treat disorders related to *Pitta Dosha*. *Sankha Bhasma* mainly contains calcium, magnesium and iron that are useful in hyperchlorhydria, colic and hepatosplenomegaly. The hepatoprotective property of *Shankha Bhasma* cure jaundice, pacifies liver functioning, regularizes secretion of bile and exerts effects on enzymatic activities related to digestion.<sup>[23]</sup>

**CONCLUSION:**

From this case report, it can be concluded that by implementing Ayurvedic principles of *Bahupitta kamala* (hepatocellular jaundice) liver functions can be improved. Based on clinical and biochemical findings, it is concluded that *Sadhyo Virechana* along with *Shamana* is successful in treating Hepatocellular Jaundice. It significantly relieved all symptoms of Hepatic Cellular Jaundice, and the level of bilirubin also reduced substantially. The *Virechana* procedure removes toxins from the body and promotes the immune system. After *Sadhyo Virechana*, internal medication works better and provides additional relief, eradicating the disease. No side effects were observed in the patient, indicating that it can be considered a safe and effective therapy.

**Limitations:**

Since it is a single case study and due to lack of generalizability further more controlled studies/prospective series are required to draw a particular conclusion.

**Patient perspective:**

I am feeling gradual improvement in the symptoms, starting from the initial condition, and lastly, till the last I am experiencing almost complete resolution of the symptoms.

**Author contributions:**

The manuscript has been read and approved by all the authors, the requirements for authorship as stated earlier in this document have been met, and each author believes that the manuscript represents honest work.

**Declaration of patient consent:**

The authors certify that they have obtained all appropriate patient consent forms. In the

form the patient has given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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