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CASE STUDY JOAYUSH

Management of Kosthasakhashrita Kamala W.S.R. to Hepatocellular Jaundice – a Case Study

Nihal N Kanziya[1,*], Himanshu R Kanzaria[2], Vaibhavi B Jani[3], Yogita M Rathwa[4]

Abstract

Kosthasakhāśrit Kamala is a well-recognized clinical entity in Ayurveda and is widely correlated with modern hepatocellular jaundice. The condition arises primarily due to the vitiation of Pitta dosha within the Kostha (gastrointestinal tract), which subsequently spreads to the Sakha (peripheral tissues). Classical texts describe hallmark features such as Haridra Netra (yellowish discoloration of the eyes), yellowish hue of twak and nakha, pitta varṇa of mutra and sakrit (yellow urine and stool), along with systemic symptoms like dourbalya (weakness), decreased appetite, and agnimandya. These clinical manifestations closely resemble the presentation of hepatocellular jaundice, where impairment of liver parenchyma leads to defective bilirubin metabolism and elevated serum bilirubin levels. From a modern point of view, hepatocellular jaundice is defined as the yellow discoloration of the skin and sclera due to accumulation of bilirubin. Hepatocellular jaundice specifically results from hepatocyte injury caused by viral infections, toxins, drugs, alcohol, autoimmune disorders, or metabolic dysfunction. Ayurveda attributes similar pathology to vitiated Pitta obstructing rasa-rakta vaha srotas, weakening agni, and disturbing the normal functioning of yakṛt (liver) and pliha (spleen). The overflow of aggravated Pitta from the Kostha into peripheral tissues manifests as classical Kosthasakhashrit Kamala lakshanas. If untreated, it may progress to Kumbhakamala, a condition comparable to chronic hepatic disorders. This article explores the samprapti (pathogenesis), clinical features, and chikitsa (management) of Kosthasakhāśrit Kamala, with special emphasis on Shamana Chikitsa therapy plays a pivotal role in reducing aggravated Pitta, restoring digestive strength, and improving liver metabolism through herbs, dietary measures, and lifestyle adaptations. The case presented highlights the application of classical principles alongside modern diagnostic tools, thereby offering a comprehensive understanding of Ayurvedic hepatology.

Keywords: Ayurveda, Hepatocellular Jaundice, Kosthasakhashrita Kamala, Liver, Pitta, Shamana Chikitsa

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INTRODUCTION

Kamala is an important *Pittaja Nanatmaja* disorder described in *Ayurveda*, broadly correlated with hepatocellular jaundice [1] and related hepatobiliary conditions in modern medicine. *Acharyas* have explained various types of *kamala* based on the involvement of *dosha*, *dushya*, and the site of pathogenesis. Among them, *Kosthasakhashrita Kamala* holds a significant place due to its complex pathophysiology and clinical presentation.

The term itself denotes the simultaneous affliction of both *kostha* (alimentary tract including *yakrt* and *pliha*) and *sakha* (peripheral tissues like

twak, *mamsa*, *rakta*, etc). *Pitta* aggravated by its own *nidan sevana* causes *Asruk Mamsa dushti*. This dual involvement reflects the spread of aggravated *pitta* and *rakta* from its primary site in the *yakrt–pliha* to peripheral tissues, resulting in systemic manifestations. Patients present with *haridra-netrata* (yellowish discoloration of eyes), *pita-mutra* (yellow urine), *pita-varna* (icterus of skin), *daurbalya*, and *agnimandya* along with generalized tissue involvement.

Acharya Charak and other classical texts emphasize that this type of *kamala* is difficult to cure because the disease process does not remain localized in the *kostha* but also extends to *sakha*. Thus, understanding its *nidana* (etiology), *samprapti* (pathogenesis), and *bheda* (types) is crucial for proper diagnosis and management.

According to *Ayurveda*, it can be understood under the heading of *Kosthasakhashrita Kamala*, on the basis of clinical features. *Kosthasakhashrita Kamala* is caused by excess *Pitta Dosha*. Generally, it occurs if a patient of *Pandu Roga* excessively follows *Pitta* vitiating diet and regimen, *Pitta* vitiates *Rakta* and *Mamsa Dhatu* causes *Kosthasakhashrita Kamala* [2].

इह तु पाण्डुरोगेअपि भवेत् पाण्डुरोगाद्विअपी भवेत [3]

It can occur directly without having a *Panduroga*.

भवत्पितोल्बणस्यासौ पाण्डु रोगादतेअपि च । [4]

Its clinical features are हारिद्र नेत्रः सभृंश हारिद्र त्वकअंगनखानन (the eyes, skin, nails, and face of the patient become exceedingly yellow), रक्तपीतशकृन्नमूत्र (stool and urine become reddish-yellow in color), भेकवर्ण (complexion develops a color similar to that of a frog), हतेन्द्रिय (the senses get impaired), दाह (burning sensation), अविपाक (indigestion), दौर्बल्य (weakness), सदन (prostration) and अरुचि (anorexia) [5].

MATERIAL AND METHODS

The patient was selected from OPD of Govt. Akhandanand Ayurveda Hospital, Ahmedabad.

Case Report

A 22-year-old male patient presented with increased serum bilirubin, elevated serum SGPT, serum SGOT, serum ALP with clinical symptoms of *kosthasakhashrita kamala* at Govt. Akhandanand Ayurveda Hospital, Ahmedabad, having at Kayachikitsa OPD, OPD no. 14913.

Chief Complaint

- Pitta Varna Netrata (Yellowish discoloration of eyes) (+++)
- Pitta Varna Mutrata (Yellowish discoloration of urine) (+++)
- Shirogauravata (Heaviness in head) Daurbalya (Weakness) (+++)
- Anidra (Disturbed sleep) (++)
- Alpa Ksudha (Low appetite) (++)
- Mukh vairasyata (Altered taste in mouth) (++)
- Karshya (2 kg weight loss in a week)
- Jvara (Fever).

History of Presen

A 22-year-old male patient was entirely healthy seven days prior, then the patient gradually developed weakness, continuous fever, yellowish discoloration of stool and urine, disturbed sleep, weight loss etc. Laboratory investigation revealed increased serum bilirubin, increased SGPT, increased SGOT, increased ALP. He consulted at Kayachikitsa OPD, Government Akhandanand Ayurveda Hospital for the treatment.

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Personal History

- *Diet:* Vegetarian, taking *ushna tikshan ahara vihara* in the past 3 days.
- *Sleep:* Disturbed.
- *Appetite:* Poor.
- *Bowel Movement:* Constipated (Hard Stool).
- *Micturition:* 7–8 times/day, yellowish.

General Examination

- *Pulse:* 74/Min.
- *Blood Pressure:* 128/76 mm/hg.
- *Temperature:* 99.0 F.
- *Respiratory Rate:* 17/Min.
- *Icterus:* Present.
- *Cyanosis:* Absent.
- *Clubbing:* Absent.

Astavidha Pariksha

- *Naadi:* Druta
- *Mutra:* Haridra Varna
- *Mala:* Kathinmala pravrutti, pitta Varna
- *Jihva:* Pittabh, Sama
- *Shabda:* Prakrit
- *Sparsha:* Ushna
- *Drik:* Haridra varna
- *Aakriti:* Krisha

Samprapti Ghatak

Dosha: Pitta
Dushya: Rakta, Mamsa
Srotas: Anna, Rakta, Mamsa, Mutra, Purisha
Srotodushti Prakar: Atipravrutti
Rogamarga: Bahya Rogamarga
Samaniram: Sama
Agni: Mandangi
Samutthan: Adho aamashay
Adhisthan: Sarvagna Sharira

Investigations

Investigations were performed at the Laboratory of Government Akhandanand Ayurveda Hospital, Ahmedabad (Table 1).

Table 1. Investigations conducted over 3 weeks.

Investigation	10/06/2025	17/06/2025	03/07/2025
S.Bilirubin (Total)	14.18 mg/dl	4.13 mg/dl	0.6. mg/dl
S.SGPT	1713.16 U/L	408.42 U/L	59.23 U/L
S.SGOT	622.23 U/L	96.42 U/L	49.61 U/L
S.ALP	119.14 U/L	114.68 U/L	84.56 U/L

TREATMENT AND METHODOLOGY

The medicines which are classically given in the treatment of *kosthasakhashrita kamala* are given to the patient (Table 2).

Table 2. Prescribed Medicine and Dosage

S N	Medicine	Dose
1	*Phalatrikadi kwath*	20 ml BD
2	*Chandrakala rasa*	2 tab TDS
3	*Aarogyavardhini vati*	2 tab BD
4	*Guduchi Satva*	1 pinch 6-8 times a day
5	*Parpatak siddha shrutasheeta Jala*	Whole day whenever urge of thirst.

OBSERVATION AND RESULT

In the present clinical case of *Kosthasakhaśrit Kamala*, the patient presented with classical manifestations of hepatocellular jaundice involving both *kostha* and *sakha* levels. The clinical picture was marked by intense icterus, pronounced yellowish discoloration of the sclera and skin, generalized weakness, reduced appetite, dark-colored urine, and a persistent feeling of heaviness in the body. On admission, laboratory investigations revealed markedly elevated serum bilirubin, SGPT, SGOT, and ALP levels, indicating significant hepatic dysfunction and impaired bile metabolism. These initial clinical and biochemical findings were systematically documented in the baseline observation table (Table 3).

Table 3. Overall result of assessment.

Investigation	Before treatment (10/06/2025)	After Treatment (03/07/2025)
S.Bilirubin (Total)	14.18 mg/dl	0.6. mg/dl
S. SGPT	1713.16 U/L	59.23 U/L
S. SGOT	622.23 U/L	49.61 U/L
S. ALP	119.14 U/L	84.56 U/L

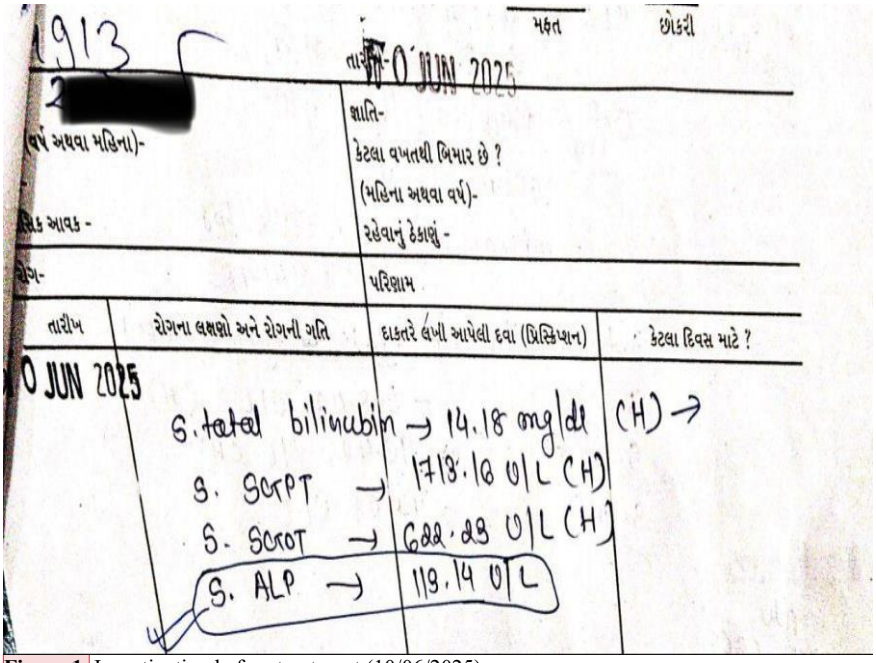

Figure 1. Investigation before treatment (10/06/2025).

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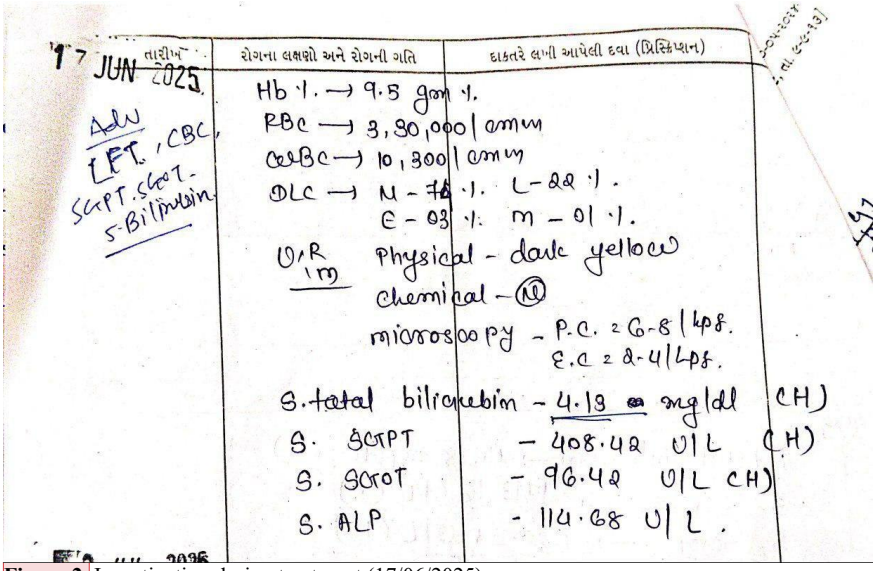

Figure 2. Investigation during treatment (17/06/2025).

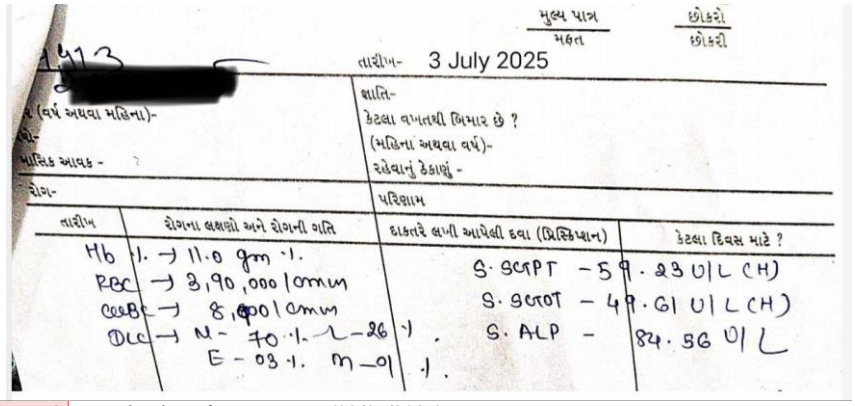

Figure 3. Investigation after treatment (03/07/2025).

Figure 4. Icterus before treatment 10/06/2025.

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Figure 5. Icterus during treatment 17/06/2025.

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Figure 6. Icterus after treatment 03/07/2025.

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The *Ayurvedic* treatment protocol, planned specifically for *Kosthasakhaśrit Kamala*, was implemented over a three-week period. The regimen followed classical principles including *Pittasamana, Agnidipana, Mrduvirecana*, and the administration of *Ayurvedic* medicines which are described in *Kamala chikitsa*. The patient was monitored weekly to assess progressive changes in both clinical features and biochemical markers.

By the end of the first week, the patient showed notable symptomatic relief. The previously intense icterus began to diminish, and the yellowish discoloration of the sclera became considerably lighter. The patient reported improvement in appetite, digestion, and a reduction in malaise. Laboratory investigations during this period also reflected early improvement, with a measurable decline in serum bilirubin indicating better bile metabolism and enhanced hepatic clearance.

In the second week, clinical recovery became more pronounced. The yellowish discoloration of the eyes and skin reduced significantly, suggesting decreased accumulation of bile pigments in both *kostha* and *sakha*. The patient experienced increased physical strength and a sense of overall wellbeing. Weekly biochemical markers reinforced this progress, showing a further reduction in serum bilirubin levels and near-normal values of SGPT and SGOT, indicating substantial resolution of hepatocellular inflammation. ALP levels also declined steadily, demonstrating improved biliary function.

By the completion of the third week, the patient achieved complete clinical recovery. The icterus, which had been very prominent on admission, had resolved entirely. Sclera regained normal whiteness, and skin tone normalized. The patient reported no complaints of fatigue, heaviness, anorexia, or discomfort. All subjective symptoms had fully resolved.

Biochemical investigations at the end of the third week confirmed complete normalization of all liver function parameters. Serum bilirubin returned to the physiological range, indicating restoration of hepatic metabolism. SGPT and SGOT levels normalized fully, confirming recovery of hepatocellular integrity. ALP levels, elevated initially due to *Kosthasakhaśrit Kamala*-related cholestatic involvement, also returned to normal values. These normalized biochemical findings (as shown in the table) correlate directly with the marked clinical recovery.

Overall, this case clearly demonstrates the effectiveness of the *Ayurvedic* line of management for *Kosthasakhaśrit Kamala*. Within three weeks, the patient showed parallel clinical and biochemical improvement. The complete resolution of icterus and restoration of normal liver function parameters

provide strong evidence supporting the efficacy of the intervention. This case highlights that timely *Ayurvedic* management, appropriately aligned with classical principles for *Pittaja* and hepatobiliary disorders, can significantly accelerate liver recovery and restore normal physiological function.

DISCUSSION

Kosthasakhashrit Kamala (hepatocellular jaundice) is caused by aggravated *Pitta* according to *Ayurveda*. In *Kosthasakhashrita Kamala* treatment, *Pittashamak Aushadh* and *Ahara* are advised by *Acharya*.

कामलायां तु पितघ्नं पाण्डुरोगाविरोधि यत् ॥ [6]

Sama Pitta Pachan is done with the help of *Tikta Rasa* and *Shita Virya* [7].

पैतिके तिक्त शीतलम ॥ [8]

Ayurvedic therapeutic measures are decided after the assessment of *Agni*, *Bala*, *Dhatu* and *Dosha Vriddhi*.

In this case, the patient had *Hina Bala*. His weight had been reduced, so *virechan* was not given. *Shamana Chikitsa*, followed by *Pathya Ahara Vihara* (wholesome food and activities) was recommended.

Phalatrikadi kwath [9] contains *Triphala*, *Guduchi*, *Vasa*, *Tikta*, *Bhunimba*, *Nimba* etc. which are having *Tikta* and *Sara Guna* in nature which helps in balancing *Sama Agantu Pitta* and helps it to clear from body.

Similarly *Aarogyavardhini Vati* and *Guduchi Satva* are also *Tikta rasa*, also *Aarogyavardhini Vati* having *dravya* like *Katuki* along with other *Tikta rasa dravyas* which is helps in *Pitta rechana*. *Guduchi Satva* has *Tikta rasa* and *sheet* property. *Chandrakala rasa* also has content which has *sheet* property. Unboiled water or cold water is said to be i.e. शीतं दोषसंघात वर्धनं । [10] (Increased pooling and stagnation of *Dosha*)

- अनअवस्थितदोषाग्रेव्याव्याधिक्षीणबलस्य च ।
- नल्पमप्याममुदकं हित तद्धि त्रिदोषकृत ।
- काममल्पमशक्तौ तु पेयमौषधसंस्कृतम । [11]

Medicated water speeds up the process of reversal of the pathology. So *Parpatak kwath shruta siddha jala* is advised. The above mentioned drugs along with *Pathya Apathya*, were advised for a period of 1 month.

CONCLUSION

Hepatocellular jaundice could be understood as *Kosthasakhashrita Kamala* according to symptomatology in *Ayurveda* and can be managed by the drugs having *Tikta* and *Shita*, which is mentioned in *Kamala Chikitsa*. The patient got complete relief from the symptoms, and the serum bilirubin, SGPT, SGOT, and ALP levels.

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