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A Conceptual Review on Hepatitis-An Ayurvedic Concept

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Abstract

Liver is a seat of Bhutagni many functions occur in liver is considered as an organ in Ayurveda it is the seat of Rakta it is a seat of Bhutani Kamla is the main disease of liver Kamla is a disease in which kam or Desire is lost Desire or Abhilasha is controlled by Pitta liver in the seat of ranjak with other is also disease which is liver is involved. Kamala-Kamala a disease which has been discussed and explained in detail by the Ayurvedic treatise has now become a coin term to stand for diseases such as jaundice, hepatitis etc. But before equating it to them, the essential thing to be understood is, what kamala is in its true explanations of classics. The term Kamala has its derivation as "kamam lathi ithi" i.e. the one which destroy is all desires. Yet another etymological derivation says, "kayam malaayathi ithi kamala"-that which makes the body dirty is called Kamala. Both these derivations points to one fact that it is a disease which affect both the body and mind making it accumulated with Malas.

Keywords: Rakta, jaundice, hepatitis, kamala, Bhutagni, pitta

Introduction

Jaundice Kamala this is a condition where there is yellowish discolouration of the skin and sclera of the eye because of high level of a bilirubin in the blood; urine is usually dark yellow in colour in jaundice.

The pathology may be within or outside the liver; in new born hyperbilirubinaemia is common physiological condition. In hepatocellular jaundice there will be increased conjugated serum bilirubin and increased bile salts and bile pigments in the urine.

In Dubin Johnson Syndrome there will be intermediate jaundice, pain in right hypochondrium and no hepatomegaly.

There are two conditions which are commonly seen by congenital enzymatic defect. The common one is one is the Gilbert syndrome and here bilirubin is slightly increased and doesn't cause jaundice.

It will be there throughout the life span. There will be unconjugated raised bilirubin with normal LFT's.

Gilbert Syndrome, is the most common hereditary cause of increase bilirubin and is found in up to 5% of the population. The main symptom is harmless jaundice, which does not required any treatment is caused by the elevated level of unconjugated bilirubin in the blood stream. It is accidentally seen in young adults during the routine test and there is no problem with this condition.

Basic Investigations

- CBC, LFT's, RBS
- HBsAG

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- Anti HCV/HAV/HDV/HEV etc.
- RFT's (Hepato-Renal Syndromes)
- CT-Abdomen
- MRI
- PET Scans
- Ultra-Sonography
- Ayurvedic Perspective

Ayurvedically, Liver is an important pitta sthana. Influence of Ama with pitta has to be understood. Pittam is sneham and it is produced as a mala of raktam. This has to be eliminated properly.

It is of three types

1. Koshta-gata kamala(Hepatocellular jaundice)
2. Sakha-gata kamala(Obstructive jaundice)
3. Partantra kamala(Haemolytic jaundice)

In koshta-gata kamala the dosha-dushya samurchana takes place in the liver itself. That is between pitta and rakta. In ruddh-path kamala the flow of pitta is obstructed by kapha.

When Pandu rogi eats pitta vardhaka aharas then partantra type of kamala is produced. Halimaka denotes early features of Hepatic encephalopathy. Panaki denotes haemolytic anaemia with secondary jaundice. In first type it includes all types of Hepato-cellular jaundice A/B/C/D/E in which we have to follow the koshta-gata kamala chikitsa.

Role of Rakta-Manifestation of Kamala

Kamla has been mentioned as a rakta pradoshaja vikar along

with other diseases like Pandu. The raktashrita vyadhi has a manifestation in skin. This could be because of the fact that Rakta is being formed by the transformation occurring in rasa by ranjaka pitta. Also the symbiosis of rasa and twak could be the reason behind the skin manifestation due to vikrata ranjaka pitta. Thus in in Kamala the skin color changes to harit/haridra varna i.e. green or yellowish so the samprapti could be understood as the increased use of ushna gun pradhan dravya aur ushnata in the body causes the pitta increase within the body which subsequently deranges the ranjaka pitta with to result in Kamala. But an Ashtang-sangraha adds to it that pitta dushti in majja dhatu results in the rudranetra. This opinion clearly elicit the extend of the dosh dhatu-samurchana could take place in Kamala manifestation. It also leaves behind the note to rethink on the hidden but clear role of bone marrow plays an inevitable role in hematopoiesis.

Materials and Methods

All the data has being compiled from all classical texts books of Ayurveda especially Charak Samhita, Sushruta Samhita, Vagbhatt including Laghutrayi such as Madhava nidana, Sarangdhar Samhita and Bhavprakash. The work has been compiled and a special focus is being done on the pathogenesis as well as to explain the causes, symptomology of various types of jaundices/hepatitis and their treatment modalities by various drugs/single drugs.

Treatment Methodology

Due to differences in samprapti totally different treatments principle should be adopted in both types of Kamla. Shakha-aashrita type being an aashaya-apakarsha vyadhi, srotorodha should be removed by kapha pachana and viliyana thus aiding the sthana-antargata pitta to come back to koshta and the pitta hara treatment are to be adopted as koshta-ashrita kamala. Now considering koshta-ashrita kamala it can manifest is Swatantra vyadhi or partantra vyadhi and also treatment is planned based on those conditions.

Swatantra type of koshta-aashrita kamala can be treated with snehana. The snehana will have a greater effect as action of snehana could be understood to reach even to the majja dhatu level, which is vitiated here. Therefore attaining samyak snigdha lakshana of mala mixed with Sneha followed by rooksha virechana is to be adopted. And after virechana therapy pitta shamaka therapies are advocated. Whereas in partantra type; directly virechana can be adopted with tikta rasa dravyas.

Supportive Pitta-Shamana Treatment

Once pitta is in the koshta, therapies as nasya, Anjana could be adopted. For nasya, drugs like varadamoola, jeemutak etc., could be used and for Anjana; Nishadi anjana, Dronpushpi Anjana can be used.

Ideal Single Drug Therapies

- Intake of Bhumyamalaki leaf paste with buttermilk is useful in Kamala.
- Intake of Guduchi swarasa also useful.
- Internal use of punarnava, pippali, bhringaraja kalka is also very useful.

Effective Formulations

Kashayam-Churnam-Leham

Vasa guduchyaadi kwath Sudarshan churna Kutaja triphladi yogam

Amrata shadang kwath Yashtimadhu churna Pippalyaadi leham

Tiktam kashayam Nilavembu churna Drakshadi leham

Mahatiktam kashayam Karisakasi kalpa churna

Conclusion

Thus to concise, in kamala a pittahara lifestyle with adopting of Sharad ritucharya really helps to get back to normalcy and the factors to be kept in mind, always for successful treatment an early diagnosis which is being clubbed with appropriate treatment based on vyadhi avastha and rogi bala.

References

1. Jadhavji T, Narayan R. Susruta Samhita, Sutrasthana, 1/7, Krishnadas academy Varanasi, 1998, 3.
2. S.R. Parashar, Sharangdhara Samhita, Uttarkhanda 10/20, Shri Baidyanath Ayurved Bhavan Ltd. Nagpur, 534.
3. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 40/56, Krishnadas academy Varanasi, 1998, 786.
4. G. Shrinivasa Acharya, Panchakarma Illustrated, Chaukhamba Sanskrit Pratisthan Delhi, 2009, 157.
5. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 40/55, Krishnadas academy Varanasi, 1998, 785.
6. K.R. Srikantha Murthy, Astanga Samgraha of Vagbhata, Sutrasthana 31/10, Chaukhamba Orientalia Varanasi, 2007, 534.
7. Bhat Smita, Waheeda Banu. Role of Kavala in liver diseases (yakrutdaludara) as Dinacharya, International Ayurvedic Medical Journal {online}, 2018. Cited May 2018.
8. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 40/59, Krishnadas academy Varanasi, 1998, 786.
9. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 22/6, Krishnadas academy Varanasi, 1998, 540.
10. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 22/33, Krishnadas academy Varanasi, 1998, 545.
11. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 22/19-20, Krishnadas academy Varanasi, 1998, 542.
12. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 22/45, Krishnadas academy Varanasi, 1998, 547.
13. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika www.wjpmr.com Pratima *et al.* World Journal of Pharmaceutical and of Gayadasa, Chikitsa 22/52, Krishnadas academy Varanasi, 1998, 548.
14. Jadhavji T, Narayan R. Susruta Samhita, Nibhanda Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chikitsa 22/76, Krishnadas academy Varanasi, 1998, 552.
15. Liver disorders vaidhyaratanam PS varier; s arya vaidhya sala kotakkal.