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“A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF RUDHHAPATHA OR SHAKHASHRIT KAMALA WITH SPECIAL REFERENCE TO VIRAL HEPATITIS ”

Dr. Nilam Pravin Chavan¹

¹Asso. Professor,

Dept. of Rognidan avum Vikruti Vidnyan

Loknete Rajarambapu Patil Ayurvedic Medical College,

Islampur, Tal: Walwa, Dist. Sangli.

Corrospoding Authors:

E mail : Chavannilam695@gmail.com

ABSTRACT:

In today's modern and busy life style people have increased tendency to take street Food , outside food, Chinese, cold drinks etc. these gives excessive load on the liver. Negligence about self-cleanliness, water pollution and contaminated food are the main causative factor of viral hepatitis, amoebic liver abscess.

Out of which *Sankramak Kamala* (viral hepatitis) is a facing problem showing the sign and symptoms of *Shakhashrit Kamala*.

Despite the fact that viral hepatitis is self-limiting in nature, it has been observed to be shifting from sub clinical illness to severe disease causing various complications like fulminant hepatic failure. In modern medicine there is no satisfactory medicine or management available so I treated this patient with classical ayurvedic regimen.

The effect of ayurvedic treatment was assessed in relation to improvement in overall clinical signs and symptoms and biochemical investigations on the basis of grading and scoring system.

Here a case of 26 yrs. old male having *Shakhashrit Kamala* who was treated with ayurvedic herbs, herbominaral drug and *Sadhyovirechan chikitsa*.

Keywords:

Ayurvedic management, *Shakhashrit Kamala*, viral hepatitis.

Introduction:

Changing lifestyle and modern culture had affected the food habits of people, people used to take *Asatmya Ahar, Tridoshakarak Ahar*, street food which is highly contaminated with various bacteria and viruses, leading to various types of liver disorder. Among this viral hepatitis is a facing problem showing the sign and symptoms of *shakhashrit Kamala*.

Despite the fact that most of the viral diseases are self-limiting in nature, a small number of patients of viral hepatitis have been observed to be shifting from subclinical infection to severe disease including fulminant hepatic failure and may progress to Frank coma².

In fact in spite of spectacular advance in modern medicine there is no satisfactory medicine for viral hepatitis³.

As in *Shakhashrit Kamala Kaphasamurchit vayu* makes obstruction to *pitta dosha* and diverts it in *Shakha*⁴. In this *shakha koshtha gati* is involved so in that case we have to treat *Kapha Vata dushti* first to remove obstruction and to bring normal flow of *Pitta Dosha* in *koshtha*⁵. Then it is treated as a *Koshthashrit Kamala* with *Virechan*⁶.

AIMS AND OBJECTIVES:

1. To evaluate the effect of classical treatment in *Shakhashrit Kamala* with special reference to hepatitis.
2. To propose a possible etiopathogenesis of viral hepatitis in ayurvedic aspect.
3. To propose possible mode of action of used *Dravyas* in *Shakhashrit kamala*.

This is an attempt to manage *Shakhashrit Kamala* with classical treatment.

A case report as follows:

A 30 yrs old male patient came to as with chief complaints of

- 1) *Daurbalya*
 - 2) *Hrullas*
 - 3) *Jwara*
 - 4) *Netrapitata*
 - 5) *Chardi*
 - 6) *Mutrapitata*
 - 7) *Krushnavarni Mala Pravrutti*
- No H/O DM/HTN etc.

History of personal illness: (Table 1)

A patient was normal before 7days then he had developed *Jwar*, weakness, *annaanbhilasha* .Since 3 to 4 days he had *Mutrapitata, Netrapitata* and *krushnavarni mala pravrutti*.

Personal History:

O/E Pulse-84/min.

Jivha-saam

Mala-Krushnavarni

Mutra-pitavarniya

Shabda-ksheena

Druka-Netrapitata

Akruti-madhyam

Bala-Madhyam

Raktachap - 110/80 mm of Hg

3	Agnitundi	250m g	Twice in a day after meal	With nimb u ras
4	Avipattika r Choorna	500m g	At a bed time	-
5	Abhayadi modak	500m g	Early in the morning	With water

MATERIAL AND METHODS:

A) Method:

Simple Random Single Case Study.

A clinical examination of patient, complete systemic examination from the point of view of *Shakhashrit Kamala* was done to diagnose and assess patient's disease condition. Patient was examined clinically at every follow-up.

Biochemical investigation like SGPT, Sr. Bilirubin, Bile Salts, Bile Pigment done weekly.

B) Materials:

Showing material of case study (Table 1)

	Dravya	Dose	Frequen cy of consumption of drug	Anup an
1	Phaltrikad i kwatha	10 ml	Twice in a day at morning and evening	-
2	Aarogyava rdhini	500m g	Twice in a day at morning and evening	With above kwat h

Shodhan chikitsa, Sadhyovirechan Chikitsa was given with *Abhayadi Modak* after 5 days as stool colour get altered till patient get relieved.

Discussion:

Aaharajhetu- Kapha and Vataprakopak Ahar like idli, dosa, *Virudhahar* like milk shake, *Dadhi* and *Lassi Sevan* has been seen in this patient and also outside food.

Viharaj hetu- Diwaswap. (sleeping at day time)

Samprapti Ghatak of *Shakhashrit Kamala* (4) (Table 2)

Dosha- 1)Anubandha(swatantra)	Kapha,vata Pitta
2)Anubandhya(partantra)	
Dushya	Rakta
Adhistan	Yakrut(Raktavaha strotas)
Strotas	Raktavaha
Sthansanshraya	Shakha, raktadi dhatu

Showing *Sampraptibhang* with *Dravyas* used in *Chikitsa*: All *Dravyas*

are *Kaphavataghna Ushna-teekshna Gunatmak*.

1) *Phaltrikadi kwatha*: It content *Vasa, Gulvel, Triphala, Kirat, Kutaki, Nimba* all are hepatoprotective, *Kaphavataghna* and also *Pittarechak*⁷

2) *Aarogyavardhini*: It is also *Tikta Katu Rasatmak Dravyas* which is *Deepan, Pachan* and *Malshudhikarak* so it also helps to remove the *Avarodha* of *Kaphadosha* and helps to bring the *Pitta* in *Koshtha*⁸.

3) *Agnitundi*: It is *Ushnaveerya* and *Kaphavishyandi, Vatanuloman* along with *Nimbuswaras* which is *Amlarasatmak* also helps to remove *Avarodha* and helps to bring the *Pitta* in *Koshtha*⁹.

4) *Avipattikar Choorn*: *Dravyas* of this drug are also having *Kaphavataghna* property and also *Pittarechan* property so it is working as *Kaphaavrodhanashak* and also working as a *Virachak*¹⁰.

5) *Abhayadi Modak*: It is also working as *Kaphavarodhghna* and *Pittarechak*¹¹.

(Table 3)

Dravya	Mode of action
<i>Phaltrikadi Kwath</i>	<i>Kaphaghna, Vatashamak and Pittarechak</i>
<i>Aarogyavardhini</i>	<i>Kaphavataghna, Deepan, Pachan, Malashodhan.</i>

<i>Agnitundi</i>	<i>Ushna, Teekshna, Kaphavataghna.</i>
<i>Avipattikar</i>	<i>Kaphavataghna, Pittarechan</i>
<i>Abhayadi modak</i>	<i>Kaphavataghna, Pittarechan</i>
<i>Nimbuswaras</i>	<i>Amlarasatmak , Kaphavataghna</i>

RESULTS:

Table showing effect of therapy on symptoms: (Table 4)

Charac ter	Befor e treat ment	Aft er 1 we ek	After 2 week
1) <i>Harid ranetr ata</i>	3	1	0
2) <i>Twak pitata</i>	2	0	0
3) <i>Harid ramutr ata</i>	3	2	0
4) <i>blaki sh stool</i>	2	1	0
5) <i>Daur balya</i>	2	1	0
6) <i>Yakr utvridh i</i>	2 finge rs	Ab sen t	Ab sen t
7) <i>jwar</i>	2	Ab sen t	Ab sen t
8) <i>char di</i>	Prese nt	Ab sen t	Ab sen t

Table showing effect of therapy on lab investigations (Table 5)

Test name	Before treatment	After 1 week	After 2 week
Total Bilirubin	9.5mg/dl	3.8 mg/dl	1.0mg/dl
Direct Bilirubin	5.0mg/dl	2.0mg/dl	0.2mg/dl
Indirect Bilirubin	4.5mg/dl	1.8mg/dl	0.8mg/dl
S.G.P.T	484U/L	93U/L	40U/L
Urine bile salt	4+	1+	Absent
Urine bile pigment	4+	1+	Absent

As per the *Charakacharya*, in *Rudhapatha Kamala* all *Dravyas* should be *Ushna Teekshna Lavana Amla Rasatmak Kaphavarodhghna*.

So the drug selection is done as per *Chikitsa Sutra* and as the stool colour get altered that is *Purishranjan* by *Pittadosha* that means *Pitta* entered in *Koshtha* then *Virechan* was given by *Abhayadi Modak*.

CONCLUSION:

On the basis of above description it can be concluded that in *Kamala vyadhi* ayurvedic treatment is cost effective and less time consuming.

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