

**MANAGEMENT OF SHAKASHRITA KAMALA THROUGH AYURVEDA: A CASE REPORT****Dr. Pooja M. Goolappanavar<sup>1\*</sup>, Dr. Roopa Bhat<sup>2</sup>**

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**ABSTRACT**

Jaundice is a condition where there is clinical manifestation of impaired bilirubin metabolism or obstruction in the bile flow. In *Ayurveda*, this condition is described under *Kamala*, which is broadly classified into *koshta shakashrita* and *shakashrita kamala*. This case study deals with *shakashrita Kamala* showing clinical features comparable to intrahepatic cholestasis. This case report details a 24-year-old male who presented with yellowish discoloration of skin, nails and eyes, passage of clay coloured/pale stool, dark urine, Loss of appetite since 1 week associated with generalized weakness and fatigue. The patient denied the H/O fever, abdominal pain, viral prodrome or similar episodes in the past. There was no history of chronic illness, drug intake, or biliary tract surgery. On examination, icterus was noted. Laboratory investigations showed elevated total bilirubin (6.68 mg/dl), with raised liver enzymes (SGOT 1169 U/L, SGPT 311.9 U/L). Treatment was based on the *Ayurvedic* principle of *Shāka-Koṣṭha Gati*. Initially, the patient was given *Trikatu* with *Mātuluṅga Swarasa* to facilitate the movement of pitta from *shaka* to the *Koṣṭha* followed by *mruḍu virechana* with *shamanoushadis*. After three weeks, there was significant improvement with reduced jaundice, normal stool colour, increased appetite, and relief from weakness and fatigue. This case demonstrates the effectiveness of *Ayurvedic* principles in hepato-biliary disorders.

**KEYWORDS:** *Kamala, Virechana, shaka, koshta.***INTRODUCTION**

*Kamala* is derived from the root word *Kamu*, which corresponds to *Kaanthi*. The term *Lunathi* means *Nasha*. And *Kaanthim Lunathi* means, a pathological condition in which normal colour of a skin is lost. In this *Vyadhi*, the hunger and appetite for food is also diminished.

In *Ayurveda*, *Kamala* is the disease related with *Pitta Dosh*. It is included under *Pittaja Nanatmaja Vyadhi*.<sup>[1]</sup> And *kamala* is broadly classified into *shakashrita* and *koshta shakashrita kamala*.

Among its types, *shakashrita kamala* refers to the condition where pitta is obstructed in the *shaka* (peripheral tissues) and fails to return to *koshta*, as path of the *pitta* it is obstructed by *kapha* and is called as *Ruddha Patha Kamala*.<sup>[2]</sup>

Which is closest clinical correlation to biliary obstruction.

तिलपिष्टनिभं यस्तु वर्चः सृजति कामली॥१२४॥  
श्लेष्मणा रुद्धमार्गं तत् पित्तं कफहरैर्जयेत्।

(cha.chi.16/124)

Biliary obstruction is defined as blockage of any duct that carries bile from the liver to the gallbladder or from the gallbladder to the small intestine. The term cholestasis originally derives from the Greek and literally means “a standing still of bile”.

This disruption of bile flow can occur on a cellular level in the hepatocyte, at the level of the intrahepatic biliary ductules, or from an extrahepatic mechanical obstruction (post hepatic) of the bile ducts.

In all of these, jaundice results from an inability of the liver to transport bilirubin into the bile, occurring at any point between uptake of unconjugated bilirubin into the cells and transport of conjugated bilirubin into the canaliculi. In addition, swelling of cells and oedema resulting from parenchymal damage may cause obstruction of the biliary canaliculi.<sup>[3]</sup> Thus mechanical blockage or metabolic issues inside the hepatic cells could be the cause of the clinical context of the lack of biliary flow.

This case study presents the *Ayurvedic* approach and successful management of a young male patient with clinical features of cholestatic jaundice.

### THE CASE REPORT

**Presenting Complaint/Pradhana vedana-** Yellowish discoloration of skin, nails and eyes, Pale colored stools and Loss of appetite since 1 week.

**Associated complaints/Anubandhi vedana-** Generalised weakness and fatigue.

<i>Nadi-kaphaja</i> , 74b/m	<i>Shabdha - Prakruta</i>
<i>Mutra-Peeta varna mutra</i> , 5-6 times/day	<i>Sparsha - Anushna</i> <i>Sheeta</i>
<i>Mala - Tila Pishta Nibha</i> <i>Varchas</i>	<i>Druk -</i> <i>HaridraVarna Netra</i>
<i>Jihwa - Liptha</i>	<i>Akruthi -Madhyama</i>

**History of presenting illness/Vedana vrittanta -** A 24 year old male patient, from siddapur presented with complaints of yellowish discoloration of skin, nails and eyes, passage of Pale colored stools, dark urine, and Loss of appetite since 1 week associated with generalized weakness and fatigue. The patient denied the H/O fever, abdominal pain or viral prodrome or similar episodes in the past. He approached our hospital for the further management.

#### **Purva vyadhi vruttanta/H/O Past Illness**

- N/H/O DM/HTN/Thyroid/
- No Previous H/O jaundice

#### **Chikitsa vruttanta/ H/O Past Treatment**

- N/H/O prescribed/OTC drug use
- N/H/O blood transfusion

#### **Kula vruttanta/ Family History**

- Not specific

#### **Atyayik vruttant/Personal History**

Diet –vegetarian  
Appetite –Reduced  
Bowel –clay colored stool, 1- 2times/day  
Micturition –yellow colored, 5-6 times/day  
Sleep –sound  
Habits –nil

### CLINICAL EXAMINATION

#### General Examination

1. General Appearance: Fair, icteric
2. Pallor: Absent
3. Icterus: Present
4. Cyanosis: Absent
5. Clubbing: Absent
6. Lymphadenopathy: Absent
7. Oedema: Absent

#### Vitals

BP - 130/80 mm of Hg  
PR - 74 b/m  
Temp - 97.6°F/Afebrile  
SPO2 - 99%  
Weight - 68kgs

#### *Ashtasthana Pareeksha*

#### *Dashavidha Pareeksha*

*Prakruti - kapha Pittaja*

*Vikruti - Pitta pradhana Tridosha*

*Sara - Madhyama sara*

*Samhanana - madhyama*

*Pramana - Madhyama*

*Satmya - Madhura pradhana Shadrasa*

*Satva - Madhyama*

*Ahara Shakti - Avara*

*Vyayama Shakti - Avara*

*Vaya - Yuva*

#### Systemic Examination

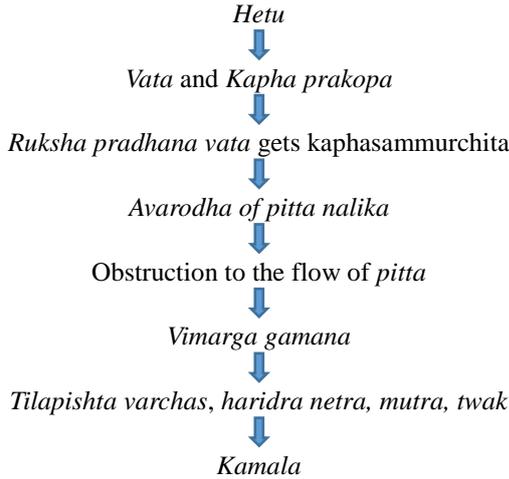
1. Central Nervous System: Conscious and well oriented to time, place and person
2. Cardio Vascular System: S1 and S2 heard, no cardiac Murmurs
3. Respiratory System: NVBS heard, no added sounds
4. Gastrointestinal System:

P/A:

Inspection	Palpation	Auscultation
-No scar marks -No swelling -Inverted and centrally placed umbilicus -No spider nevei	-Soft -No nodularity -mild tenderness At RH -No hepato megal / palpable gallbladder	-No hepatic bruit -Normal bowel sounds

#### Investigations

HB- 13.4gm%, TC-7100 cells/cumm  
Total bilirubin-**6.68mg/dl**  
Direct bilirubin-**3.03mg/dl**  
Indirect bilirubin-**3.65mg/dl**  
SGPT/AST- **311.9 U/L**  
SGOT/ALT- **1169.0U/L**  
ALP-139.2 IU/L  
Total protein -6.8 gm/dl  
Serum albumin-3.9g/dl  
Serum globulin-2.9g/dl  
A/G ratio-1.3

**Samprapti****Samprapti Ghataka**

Dosha – tridosha

Dushya – rakta, mamsa

Agni – jataragni, dhatwagni

Aama- agnimandhyajanya

Udhbhavasthana – koshta

Adhishtana –koshta, raktadi and twacha

Srotas –rasa, rakta, anna, pureeshavaha

Srotodushti prakara – sanga, vimargagamana

Sadhyasadhyata – sukha sadhya

**DIAGNOSIS** – Based on complaints and lab investigations the condition is diagnosed as Shakashrita kamala.

**PRINCIPLE OF CHIKITSA****PHASE -1**

Bring doshas from shaka to koshta

वृद्ध्यात् विष्यन्दनात् पाकात् स्रोतोमुखविशोधनात्।

शाखा मुक्त्वा मलाः कोष्ठं यान्ति वायोः च निग्रहात् ॥

च.सू.२८/३३ ॥

The main line of treatment in *shakashrita kamala* is to bring the *doshas* from *shakha* to *koshta* or bring the *malaranjaka pitta* to the *koshta* which is situated in *shakha*.

-And this will be achieved by selecting the drugs which does

Vrudddi-of the *dosha* situated in *shakha*Vishyandana-of *dosha* in *shakha*Paka-of *dosha* in *shakha*

Vatanigrahana

And thereby aiding its movement from *shaka* to the *koshta* through the *vishodhita srotas*.

**Chikitsa of shakashrita kamala**

तिलपिष्टनिभं यस्तु वर्चः सृजति कामली॥१२४॥

श्लेष्मणा रुद्धमार्गं तत् पित्तं कफहरैर्जयेत्।<sup>[5]</sup>

Here *kapha* which obstructs the path of the *pitta* should be alleviated.

**Selection of drugs**

बर्हि तित्तिरि दक्षाणां रूक्षाम्लैः कटुकै रसैः॥१२८॥

शुष्कमूलक कौलथैर्युषैश्चान्नानि भोजयेत्।

मातुलुङ्गरसं क्षौद्रपिप्पलीमरिचान्वितम्॥१२९॥

(cha.chi.16)<sup>[6]</sup>

Acharya mentioned above formulations for bringing the *pitta* from *shaka* to the *koshta*. We used *trikatu* + *matulunga swarasa*. As it is *Shleshmahara*, *Katu amla rasa*, *Ushna*, *tikshna*, *Vatahara*.

**Duration**

कटु तीक्ष्णोष्ण लवणैर्भृशाम्लैश्चाप्युपक्रमः॥१३०॥

आपित्तरागाच्छकृतो वायोश्चाप्रशमाद्भवेत्।

स्वस्थानमागते पित्ते पुरीषे पित्तरञ्जिते॥१३१॥

निवृत्तोपद्रवस्य स्यात् पूर्वः कामलिको विधिः॥१३२॥<sup>[7]</sup>

*Katu* (pungent), *teekshna* (sharp), *ushna* (hot), *lavana* (saline) and extremely *amla* (sour) drugs / medicines should be continued till the stool of the patient acquires the colour of *pitta* and the *vata* gets alleviated.

When the *pitta* returns to its own habitat (*swasthana*), the stool gets coloured with *pitta* and the patient is relieved of complications, then further, the line of management described earlier for the management of *kamala* (*koshthashrita*) should be used.<sup>[130-132]</sup>

So the treatment was continued till the patients stool coloured returned to normal (colour of *pitta*)

i.e. (from 29/8/24 – 10/9/24)

And by this time yellowish discoloration of skin, nails and eyes were reduced, patients c/o loss of appetite, generalized weakness and fatigue also had reduced significantly.

**PHASE-2**

स्यात् पूर्वः कामलिको विधिः।

(chikitsa of koshtashrita kamala)

संशोधो मृदुभिस्तिकैः कामली तु विरेचनैः॥

(C.Chi.16/40)<sup>[8]</sup>1. *Pittarechaka kwatha* (1tsp – TID)2. Proprietary medicine with combination of *himsra*, *kasini*, *mandoora bhasma*, *arjuna kakamachi*, and *jhavuka* -1 TID3. *Avipattikara churna* (1tsp – HS)

(From 10/9/24–19/9/24)

## RESULTS

LFT	Before	After	Reference range
Total bilirubin	6.68	1.58	0-1.3mg/dl
Direct Billirubin	3.03	0.62	0-0.3mg/dl
Indirect Billirubin	3.65	0.69	0.1-0.9mg/dl
ALT	311.9	43.4	Upto 40U/L
AST	1169	63.5	Upto 40U/L

## DISCUSSION

Biliary obstruction is defined as blockage of any duct that carries bile from the liver to the gallbladder or from the gallbladder to the small intestine. Cholestasis is broadly categorized as pre-hepatic, intra-hepatic, and post-hepatic.

Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) are intracellular enzymes that are released during damage to hepatocytes. Although AST may also be released from heart or skeletal muscle, expression of ALT outside the liver is relatively low and this enzyme is therefore considered more specific for hepatocellular damage. Large increases of aminotransferase activity favour hepatocellular damage, and this pattern of enzyme abnormality is known as 'hepatic.'<sup>[9]</sup>

In *Ayurveda* biliary obstruction/obstructive jaundice can be compared with *Ruddhapath kamala/ shakashrita kamala* where *Pitta* is unable to reach the *koshta*, trapped instead in peripheral pathways or *shakha* due to obstruction by *kapha*, known as *Shākhashrita Kamala*.

The current case aligns with intra-hepatic cholestasis, which results from defective bile secretion within liver tissue. A mechanical blockage or metabolic issues inside the hepatic cells could be the cause of the clinical context of the lack of biliary flow.

As a result, *Mala Ranjana* is not occurring correctly, which leads to *Shweta Varchas*. *Ayurveda* suggests addressing this by promoting *dosha* movement from *shākha* to *koṣṭha* using *Katu* (pungent), *Tikshna* (sharp), and *Ushna* (hot) *dravya*.

*trikatu + matulunga swarasa* was used in this case. As it is having *katu amla rasa* it acts as *VataShleshmahara* – Thus *shleshma* obstructing the path of *pitta* alleviates.

*Ushna, tikshna* guna helps in *vishyandana*, *paka* of *dosha* and *srotomukha vishodhana* helps the *doshas* to move from *shaka* to *koshta*.

Once *Pitta* resumes its natural flow, *Mridu Virechana* helps eliminate the remaining *doshas* safely. Thus this case demonstrates the effectiveness of classical *Ayurvedic* principles in managing the liver disease.

## CONCLUSION

In *Ayurvedic* text, *kamala vyadhi* is thoroughly described. It helps us to understand the disease pathology

very clearly. This case highlights that *Ayurveda Chikitsa* principles provide significant benefits in hepatobiliary disorders. Although the results in single patient are promising, there is clear need for larger clinical studies to validate and standardize these methods. Incorporating *Ayurveda* principles offers safe, effective and holistic options in managing conditions like intrahepatic cholestasis.

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