

A Classical Review on *Samprapti* and *Chikitsasutra* of *Kamala*

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Abstract

When *pandurogi* (anemic patient) indulging in *pittakara* aharavihara (diet and life style) which further leads to vitiation of pitta as well as *rakta*, *mamsa* etc as a *dooshya* and finally roots as *kamala* (*jaundice*). It is one among the *santarpanjanit* (excessive nourishment) *pittapradhanaraktapradoshajavikara* which is explained in *panduroga adhikara* by *acharya Charaka* as it produced on *panduroga* as *partantravyadhi* (*dependent disease*). Day today life *kamala* is one among the commonest condition which is seen in *ayurvedic* practice. By understanding *samprapti* (pathogenesis) and *chikitsa* (treatment) *sutra* which helps in *chikitsa* as by doing *sampraptivighatana* so called *sampraptivighatanamevachikitsa*. Even there are plenty of references available in classics in scattered manner which is collected here and producing this article.

Keywords: *Pandurogi; pittakara; Kamala; dooshya; partantravyadhi; samprapti.*

Introduction

The disease *kamala* is characterized by yellowish discoloration of *netra* (eyes), *nakha* (nails), *mukha* (mouth) etc. There are two types of manifestation of *kamalasamprapti* explained, *swatantra* (independent) and another is *partantra*. *Swatantra* is one which manifest directly without taking any disease as a *nidanarthaka* (one upon another disease formed), *partantra* which manifest on another disease by indulging the continues *nidana* (cause) of it. It is also said to be *nidanarthakroga*. *Kamala* is compared to jaundice in modern science. The yellowish discoloration of sclera confirms the diagnosis of jaundice because yellowish in urine can be seen in many disease such as high fever, UTI, urinary stones but yellowish sclera is only seen in jaundice. Yellowish sclera indicated raised level of bilirubin in blood.

To be consider there are two types of *kamala* are explained in classics first *Koshthashakhashrita* (obstructed pathology) and second is

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Koshthaashrita (hepato cellular) which is said to be *alpapitta* (less bilirubin) *kamala* and *bahupitta* (more bilirubin) *kamala* respectively. Each of these can be differentiated by presence and absence of *ranjakabhava* (colouring of stool) in *mala*.

In *koshthaashritakamala* the *pitta* were in *koshtha* with more quantity that leads to *malaranjanaadhikta* which is clinically evidenced by dark yellowish colour of stool as well as urine, there is no any obstruction type of pathogenesis present as in *shakhashritakamala* there is obstruction of *pitta* by *kapha* and which further steps in to *pittaabhavata* in *koshtha* and clinically which evidence as *tilapishtasannibhammalapravriddhi* (clay colour stool) *apart* from these manifestation other symptoms were mostly same.

Even *chikitsa* were different from each other in *koshthaashrita kamala* one can go directly *virechana* (purgation) *doshaharachikitsa* as *doshas* are already in *koshtha* it helps to remove it but in case of *shakhashritakamala* one should give first *ushnatikshanachikita* to remove *avarodha* of *kapha* in *srotas* (channels) to the *pitta* by giving continuous treatment of *ushanathikshana* one should asses *pittabhavata* in *mala* that is one should confirm the *malaranjana* and later go for the *virechana* that is *poorvakamalikovidhi* which is said in classics.

Nidana

There is no direct reference about *nidana* of *kamala*.

One should consider *panduroganidana* even for it for *swatantrakamala*, after having the *panduroga* again indulging in *pittakaraviharavihara* further least to *atipittaprakopa* and set as *kamalanidana* in case of *paratantrakamala*.

Mainly, *ushmatikshnanidana* which are causing *panduroga* to be consider here. It is compared to *jaundice* in modern science even same factors were contributes for it such as *Madya* (alcohol) which is the commonest fashionable habit of today's era. It is having more *ushmatikshna* nature in it which leads to *pittaprakopa* and further steps as the same pathogenesis of *kamala*, it is to be called as alcoholic liver disease (ALD) in modern science. It disturbed *yakrit* even by knowing this matter we used to drink; it is to be called *prajnyaparadha* (doing the mistakes by knowingly) ?????? In this matter .

A *charya Sushruta* contributes direct references for *nidana* of *kamala* that is by indulging *Madhya* (alcohol), *amla* (sour), *vidahi* (half boiled/ fried) etc. are root cause for it.

Samprapti

The *samprapti* (pathogenesis) of *kamala* differs from each of its types . Even after considering cause for it one is *swatantra* and *Partantrakamala* according to origin (begins) from . Again there are two types of pathogenesis occurring in *kamalabhauptitta* and *alpauptitta* on the basis of *pittadiadhikta* on *twacha* (skin) as well as *koshtha* (*koshthashrita* and *shakhashrita* respectively) .

In *koshthashritakamala* the pathogenesis starts from *pandurogi/roga* as a *nidanarthaka* for it, there is no specific *nidana* are told for *kamala*, to be consider *panduroganidana* even for it those are *atiushnatikshanavidahikaraahara* generally to be taken *pittavridhikaraviharavihara* .

After indulging *pittakaraviharaviharavihara* leads to the *ati pitta prakopa* and which further leads to *dagdhataof rakta* (haemolytic jaundice) , *mamsa* etc that interns leads to *pittadhikata* in *koshtha* which circulates all over the body and takes *sthanasanshraya* in *twacha* (*bhekavarna/rainy frog colour*), *nakha*, *mootra*, *anana* (as bile gets affinity towards connective tissue so deposition takes place) along with these *lakshanapeetapureesha* is a main criteria to be differentiated *koshthaashritakamala* from *shakhashritakamala*.

To be seen *sarvadaihikalakshanaarearuchi* (anorexia), *agnimandya* (reduced apatite), *alasy* (lazyness), *angagauravta* (heaviness of the body) and *atinidra* (excessive sleep) by expressing these *lakshana*

(*symptoms*).

koshthaashritakamala were produces in this no obstruction pathogenesis is found which is to be main in *shakhashritakamala* .

In case of *shakhashritakamalasamprapti* clearly explains it is due to obstruction (*margavarana*) which is made by *kapha* to the *pittavahana* (carrier) which interns leads to the *ksheepana* (throwing) of *pitta* by *vata* towards the *shakha* and *abhavata* (absence) of *pitta* in *koshtha* which is evidently seen by clinically as *tilapishtasannibhavarchas* as a result *abhavata* of *malaranjakapitta* in it. Along with these others *samanyalakshanas* which are seen in *shakhashritakamala* are same to it.

Samprapti Ghatakas

DOSHA: *Pittapradhanatridosha*

Dooshya - Dhatu: *RaktaMamsa*

Updhatu: *Twacha*

Mala: *Purish, mootra, khamala*

AGNI: *Jatharagnijanyaagnimandya*

Dahtwagni:

AMA: *Jatharagnijanyaama*

SROTAS: *Raktavahasrotas*

Pureeshvahasrotas

Mootravahasrotas

SROTODUSHTI: *Atipravriti* (in case of *shakhashritkamalasanga* is main *dushtiprakar*)

UDHBHAVASTHAANA: *Amashayajanit, kledapradhana*

SANCHARSTHAAN: *Sarvashareer*

VYAKTASTHAANA: *Twacha, nakha, netra, anana, mootra* and *purisha*

VYADHISWABHAVA: *Chirakari*

ROGAMARGA: *Abhyantara*

One should consider the *sampraptighataka* while *planningchikitsa* of it which can be said as *sampraptivoighatanamevachikitsa* which helps pointing the treatment according to the *samprapti* formed.

After understanding the *samprapti* of *kamala* one should plan a treatment for it.

Review on Chikitsa

There are plenty of references on *chikitsasutra* of *kamala* including *charakapandurogaadikara* which is the main reference for it. As there are two types of *kamala* accordingly *chikitsasutra* matches.

Chikitsa grossly divided into three main constituents

1. Shodhana
2. Shaman
3. *Pathya*

These holds good in both types of *kamala*. As *kamala* is one among *pittapradhanarakta* *ja* *vy* *adhi* so *virechana* is said to be prime line of treatment.

Kostashritakamala

Shodhana: Virechana

It can be divided into following steps.

Puroakarma

Abyantara *arohanashodhanangasnehapana* (oilation therapy) given with the *kalyanakagritham*, *panchagavyagritham*, *tiktakagritham*, etc up to *samyakasnehalakshana* observed (*tvachamardavata*, *snigdata*, *snehayuktapureesha*, etc.) after observing these *lakshana* one should give *vishramakala* (rest time) for three days in that *sarvangaabyanga* (body massage) and followed by *bhaspasweda* (steam bath) were done.

By doing *snehapana* the *dosha* *getutklesha* in *shakha* only which are brought to the *kostha* by *abyanga* and *swedanawhich* is to be followed in *vishramakaala*.

As *kamala* is *kledapradhanapittajavyadi* there is direct reference in *charakasamhitha* that one should not give more *snehapana* (*naatisnigdayavirechayet*) which leads to the *mithyayoga* of *snehapana*. For the *abyanga* purpose there is no specification of *taila* told in *classics*, one can use *ksheerabalataila* for it and even *mridubhaspasweda*.

In case of *rudhapatha* (obstructed pathology) *kamala* one should not go *shodhana* (purification) as prime line of management in such cases one should give *trikatuchoorna* along with honey and *nimbuswarasa* which helps to bring back *dosha* from *shakha* to *kostha* by clearing *srotas* (*kaphasammurchit ovayasthanat pittamkshipetbali*).

This course of one should give up to *malaranjana* which is main criteria to asses as *pitta* in *kostha*, later one should go for *virechana* (*poorvakamalikovidhi*).

Pradhanakarma: Virechana

Kamala as *pittapradhanarakta* *jayadhivirechana* wholes good line of management, in this one can give classical *virechana* by *trivrutleha* (30 to 50 gms, varies accordingly, it can be given with *ushnajala* or milk as per need) even one can go for *nityavirechana* with *gomootraharitaki* along with *ushnajala* (*nityavirechana* mainly helps in *udarjanyakamala*)

After observing *vegas* of *virechana* one should plan for *samsarjanakarma* accordingly.

Paschatkarma

One should follow *samsarjanakarma* according to number of *vegas* occurs, *pathya* should follow along with the shaman *aushadhi* such as *arogyavardhinivati*, *patolakaturohanyadikashaya*, *bhoomiamalikiswarasa* etc. to be practiced.

For *sthanik pitta nirharnarthamanjana*, *nasya* were practiced for *anjanadronapuspiswarasa* and for *nasyajaliniphalaswarasa* were used which act by local irritation of mucosal membrane and helps in removing the bile pigment from connective tissue by loosening the bound which is formed between by pigment with connective tissue .

Conclusion

Most of time *kamala* cases come in chronic stages to consult *Ayurvedic* physician which are neglected by other allied sciences, it is a wide area to be practiced in *ayurveda* to get good result in *Hepato* *billiary* system along with the good name and fame in society (*arth, vidhyayasha*). Understanding of basic knowledge about the *kamala* helps in prognosis, diagnosis as well as treatment aspect of it.

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