

A Review on Ruddapatha Kamala with Special Reference to Obstructive Jaundice

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ABSTRACT

Kamala is pittaja nanatmaja as well as raktapradoshaja vyadhi. Charakacharya has considered kamala as advanced stage of panduroga. Sushrutacharya has considered kamala as a separate disease and also may be due to further complication of panduroga, whereas Vagbhatacharya described kamala as a separate disease. Kamala can be correlated with jaundice in modern medical science. In kamala vyadhi acharyas has explained virechana karma. Modern science has limitations in treating kamala vyadhi (jaundice) but ayurvedic literature clearly explained pathology and treatment of kamala vyadhi which shows the specificity of ayurveda.

Aim and Objective:

- To review nidanapanchaka & Ayurvedic management of kamala vyadhi.
- To review the pathyapathya mentioned in kamala vyadhi.

KEYWORDS: *Ruddapatha Kamala, obstructive Jaundice, Virechana karma, Shamanoushadi*

INTRODUCTION

In Ayurveda Charakacharya and Sushrutacharya obviously recognized the condition like kamala which has great resemblance with the jaundice of modern medical science. The liver plays a major role in the maintenance of metabolic homeostasis. The development of clinically important liver disease is accompanied by diverse manifestation of disordered metabolism. One of such disorders that is characterized by yellow staining of all the tissues due to increased level of bile pigment in circulation. Kamala is considered a purely pittika roga¹ caused by rakta dushti due to vitiated pitta and vice versa. Kamala has been classified as Koshtasrita and Shakhasrita. In modern science jaundice is classified in three types Haemolytic, Obstructive, Hepatocellular². Koshtasrita Kamala which occurs as a result of pitta vridhi in rakta dhatu after the use of its aggravating causes has similarity with the mechanism of pre hepatic jaundice or haemolytic jaundice in which more bilirubin is found in blood due to excessive destruction of R.B.C and is not excreted. Adequately by liver resulting in

hyperbilirubinemia responsible for various symptoms like yellow discoloration of eye³, skin etc. Ruddapatha Kamala⁴ (Shakhashrita Kamala) is produced due to the obstruction of normal pittavaha srtotas by kapha and vata, resulting in pitta vridhi in the rakta dhatu. In obstructive jaundice, there is same mechanism in which the bile ducts are obstructed by gall stone or other causes and bile is accumulated in liver, resulting in elevation of blood bilirubin level responsible for yellowness of eye, skin, mucous membrane and stool become clay coloured due to lack of bile in the intestine. In Hepatocellular jaundice, when there is complete obstruction of all the bile canaliculi due to their compression by oedematous hepatocytes, jaundice is produced just like Ruddapatha Kamala (shakhashrita kamala). When there is incomplete obstruction or when all the bile canaliculi are not obstructed then it is produced like that of Koshtasrita kamala. Therefore, the mechanism of hepatocellular jaundice can be compared to koshtashrita kamala or Ruddapatha

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Kamala (shakhashrita kamala) in different individuals depending upon the severity of the disease.

MATERIALS AND METHODS:

1. Charaka samhita with ayurveda dipika commentary by Chakrapani.
2. Sushruta samhita with nibandhsangraha commentary of Dalhanacharya and nyayachandrika panjika of Gayadasacharya.
3. Ashtang Hridaya with commentaries sarvangasundara of Arundatta and ayurveda rasayana of Hemadri.
4. Relevant articles published in various national and international journals.
5. Harrison’s principles of internal medicines.

Classification of Kamala:

- A. Charaka- Koshashakhashrit, Shakhashrita, Kumbhakamala, Halimaka⁵.
- B. Sushruta -Kamala, Kumbhakamala, Halimaka, Laghraka⁶.

C. Vagbhata -Swatantra, Paratantra, Kumbhakamala, Lagharaka, Aalasa⁷.

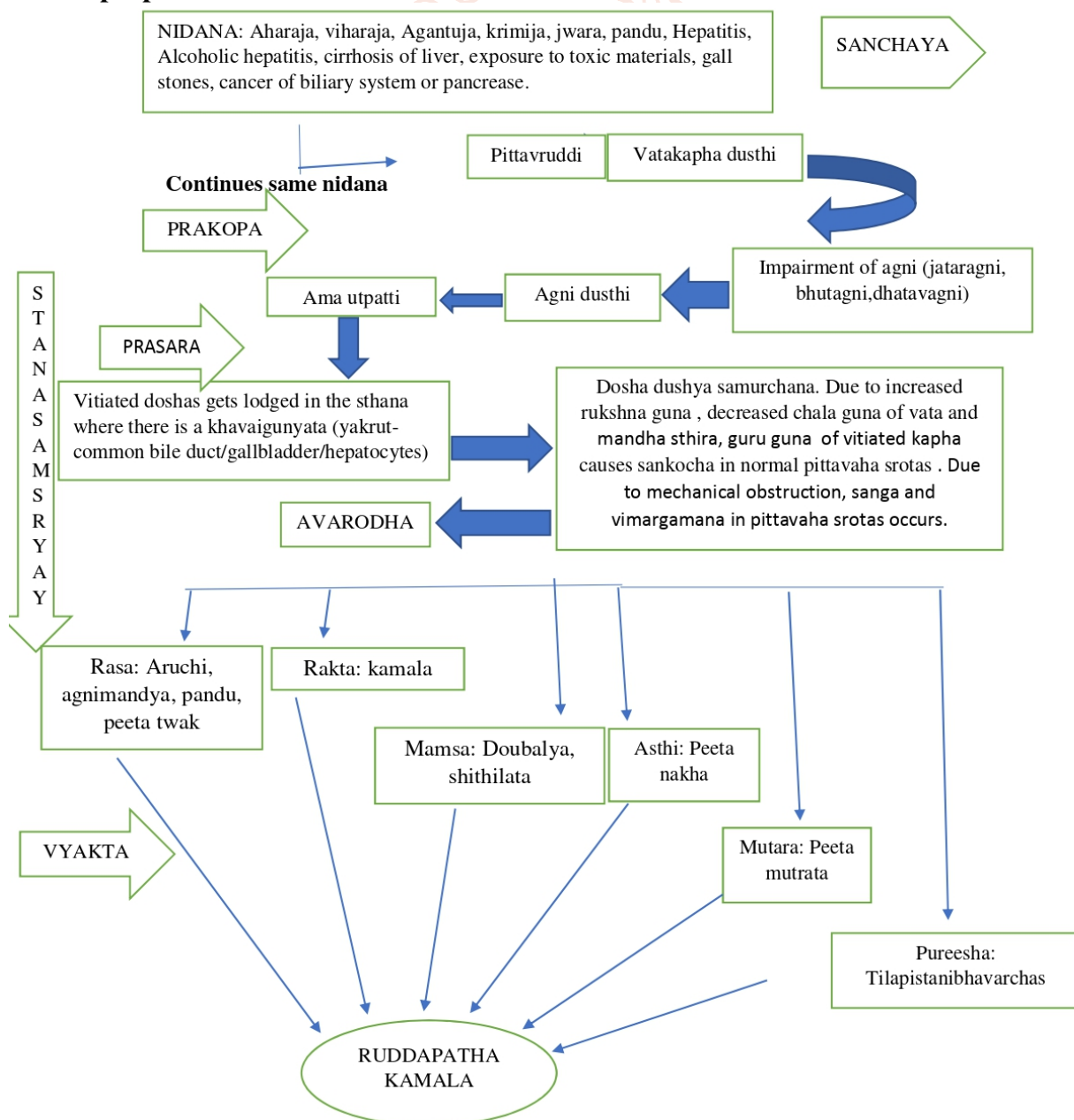
Nidana of Shakhashrita Kamala⁸:

1. Excessive intake of ruksha, shita, guru and madhur ahar. (unwholesome diet)
2. Ati vyayam (excessive exercise)
3. Vega nigraha (stoppage of natural urges).

According to Charakacharya, Kamala is a clinical syndrome which develops after the pandu roga. When a patient of pandu roga takes excessive paittika ahara vihara develops bahupittakamala.

According to Sushrutacharya, when patient of pandu roga or person affected with other diseases consumes amlaraspradhana and apathyakara ahara develops kamala. According to Vagbhatacharya, when pandurogi or person with excessive pitta consumes pittakara ahara develops kamala.

Vishesha Samprapti of Shakhasrita kamala



Ruddapatha Kamala Lakshanas⁹: Haridra netra, Haridra twaka, Haridra mutra, Shweta varchas, Tilapishta varchas, Aatopa, Vishtambha, Hridaya guruta, Daurbalya, Alpagni, Parshwa Arati, Hikka, Shwasa, Aruchi, Jwara.

Modern View of Kamala¹⁰: Kamala can be correlated with jaundice according to their resemblance in signs and symptoms. Jaundice or icterus is yellowish discoloration of tissue resulting from the deposition of bilirubin. Tissue deposition of bilirubin occurs only in the presence of serum hyperbilirubinemia and is a sign of liver disease or less often a hemolytic disorder. Slight increase in serum bilirubin is best detected by examining the sclera, which have a particular affinity for bilirubin due to their high elastin content. The presence of sclera icterus indicates a serum bilirubin of at least 3.0 mg/dl. As serum bilirubin levels rise, the skin will eventually become yellow in light-skinned patients and even green if the process is long standing; the green colour is produced by oxidation of bilirubin and biliverdin. Another sensitive indicator of increased serum bilirubin is darkening of urine, which is due to the renal excretion of conjugated bilirubin. Bilirubinuria indicates an elevation of direct serum bilirubin fraction and therefore the presence of liver disease. Increased serum levels occur when an imbalance exists between bilirubin production and clearance. Bilirubin is the yellow breakdown product of normal heme catabolism caused by body's clearance of aged RBCs which contain haemoglobin. Bilirubin works as cellular antioxidant. Haemoglobin is broken down to heme and globin portion. The globin portion is a protein that breaks down into amino acids and plays no role in the pathogenesis of jaundice. The heme on the other hand, undergoes oxidation reaction catalysed by the enzyme oxygenase to give biliverdin, iron and carbon monoxide. Biliverdin yield a yellow pigment called bilirubin (unconjugated). In the liver, the bilirubin is conjugated with glucuronic acid to give conjugated bilirubin which is water soluble that can be excreted. Bacteria in the intestine convert the bilirubin into urobilinogen. This urobilinogen is then either converted into stercobilinogen or excreted in the faeces or it is reabsorbed by the intestinal cells and taken to the kidneys via the blood to be excreted in the urine. In this way normally the liver metabolizes and excretes the bilirubin in the form of bile. However, if there is disruption in this normal metabolism production of bilirubin, jaundice may results.

Management of Ruddapatha Kamala¹¹: Ruddapatha Kamala needs different principle of

management, since malarupa pitta is in the shakha and virechana will not be effective till dosha are brought into kosta (Mahasrotasa). Here kapha, vata which obstructs the path of pitta, should be treated primarily thereafter pitta should be alleviated. The recipes which alleviate kapha, like katu, ruksha, amla, teekshna and usna drugs have to be administered and do vatashamak chikitsa.

1. Soup of peacock, tittira (partridge), and cock and sushkamulaka, kulattha,
2. Matulunga svarasa with honey, pippali, maricha and shunti have to be given,
3. By giving these drugs pitta is brought in koshta and then pittahara chikitsa is done.

Samshamana (Palliative) Drugs:

Nimba (Azadirachta indica), Amrita (Tinospora cordifolia), Bhumymlaki (Phyllanthus niruri), Bhringaraja (Eclipta alba), Kutaki (Picrorrhiza kurroa), Kiratatikta (Swertia chirata), Kalmegha (Azadirachta indica), Daruharidra (Berberis aristata), Triphal (Emblica officinalis, Terminalia bellerica, and Terminalia chebula), Vasa (Adhatoda vasica), Kumari (Aloe vera), Punarnava (Boerhavia diffusa).

Samshamana Compound Drugs:

1. Churna - Svarnakshiryadi yoga, Yogaraja, Navayasa churna
2. Gutika - Mandura vataka, Shilajatu vataka
3. Bhasma - Mandura bhasma
4. Svarasa - Triphala, Guduchi, Daruharidra, Nimba, Bhumayamalaki, Bhrungaraja, Eanda patra svarasa
5. Kwatha - Phalatrikadi kvatha, Vishaladi phanta, NABBK kwatha
6. Aristha- Bijakaristha, Dhatryaristha
7. Avaleha - Darvyadi leha, Dhatrayavaleha
8. Lauha - Nisha lauha, Dhatri lauha, Vidangadi lauha, Navayasa lauha
9. Rasa- Kamalanthaka loham, Sindurbhushana rasa, Kamalanta rasa,
10. Nasya - Karkota mula nasya, Dhroni puspha nasya
11. Anjana with Nisha (Turmeric), Gairika & Amla.

Pathya – Apathya:

Pathya:

1. Purana sali, yava and godhuma, mudga, masura, adaki-sushka, jangala mamsa rasa.
2. Patola, kooshmanda (ripe), unripe kadali, jivanti, ikshu, guduchi, tanduliyaka, lauha bhashma.
3. Punarnava, vartaka, lashuna, palandu, ripe mango, haritaki, amalaki, gomutra, haridra and nagakesara.
4. Buttermilk, souviraka, tushodaka, navanita and chandana.

5. Daha/ Agni karma – 2 inches below umbilicus, between sthana and kaksha, hastamula, forehead.

Apathya:

1. Smoking, veganirodha, svedana, sexual intercourse.
2. Shimbi dhanya, hingu, masha, excess drinking of water, tambula, sarshapa, sura.
3. Eating mud, divasvapana,
4. Amla rasa, guru- vidahi padartha, contaminated water, non-congenial, un-hygienic diet,
5. Residing in hot climates and exposure of radiant sun, anger, vyayama and strenuous physical and mental activities.

DISCUSSION:

Kamala is a condition where the skin, eye and mucous membrane take yellow discoloration. In modern science jaundice is considered as symptom of liver disorder whereas in ayurveda kamala is taken as disease. In ayurveda, increased intake of oily, spicy, hot and alkaline food, are depicted for aggravation of pitta dosha. The aggravated pitta then impairs the blood and the muscle tissue of the liver, causing blockage in the channels of the liver and thus Pitta is thrown back into the blood leading to discoloration of the eyes and skin. Sleeping in the daytime, excessive physical work, over indulgence in sexual activity, suppressing the natural urges of the body, and psychological factors like fear, anger, and stress can also be causative factors for kamala. This disease is pitta dosha dominating disease so persons those are having pitta prakriti are more prone for getting this disease. So we can escape ourselves from many diseases by taking pathya ahara vihara according our prakriti.

CONCLUSION:

In ayurvedic text kamala vyadhi is thoroughly described. It helps us to understand the disease pathology very clearly. In the treatment part that is in chikitsa sutra of Ruddhapatha kamala (Shakhashrita Kamala). Acharya Charaka has explained mridu virechana karma. Virechana karma shows significant reduction in total bilirubin level and also helps in removal of excessive stercobilinogen from the body as per modern science. Modern science has limitations in treating the kamala vyadhi but ayurvedic literature clearly explained pathology and treatment of kamala vyadhi which shows the specificity of ayurveda. But Ruddhapatha kamala (Shakhashrita Kamala) needs different principle of management, virechana is not effective in it. So by giving the medicines which alleviate kapha, vata and pitta is brought in koshta then pittahara chikitsa should be given.

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