



An Ayurvedic Conceptual Review of Hepatitis

*¹Dr. Shashank Tiwari

*¹Ph.D. Scholar, Department of Kaya-Chikitsa, National Institute of Ayurveda, DE-NOVO, Jaipur, Rajasthan, India.

Abstract

The liver serves a variety of tasks and is regarded as an organ in Ayurveda. It is also the seat of Rakta and Bhutani. The predominant liver disease is called kamla. A disorder called kamla causes the loss of desire. Pitta or the liver in the seat of the ranjak controls desire, or abhilasha, along with other diseases in which the liver is also a factor. The disease known as Kamala-Kamala, which was extensively covered and elucidated in the Ayurvedic book, is today used colloquially to refer to conditions like jaundice and hepatitis, among others. However, understanding what kamala is in its authentic interpretations of classics is crucial before equating it to them. The name Kamala is derived from "kamam lathi ithi," which means "the one who destroys his or her desires." Another etymological origin states that "kayam malaayathi ithi kamala"—something which makes the body filthy—is the name of the substance. Both of these derivations point to the same truth: this illness affects both the body and the mind, accumulating malas as a result.

Keywords: Hepatitis, kamala, Bhutagni

Introduction

Yellow Kamala Due to a high bilirubin level in the blood, this illness causes the skin and sclera of the eyes to become yellowish. Jaundice is also characterised by dark yellow urine. The pathology could be internal or external to the liver; hyperbilirubinemia is a common physiological condition in newborns. Increased conjugated serum bilirubin, bile salts, and bile pigments in the urine are all signs of hepatocellular jaundice.

There will be right hypochondrium pain, intermediate jaundice, and no hepatomegaly in Dubin Johnson Syndrome. Congenital enzymatic defects frequently occur in two different diseases. The most typical is the Gilbert syndrome, where bilirubin is just somewhat elevated but does not result in jaundice.

It will endure for the duration of life. Unconjugated elevated bilirubin will be present with normal LFTs.

Up to 5% of the population has Gilbert Syndrome, the most prevalent hereditary cause of increased bilirubin. The primary sign is a harmless jaundice that doesn't need to be treated and is brought on by a high amount of unconjugated bilirubin in the blood. During a normal exam, it is unintentionally discovered in young adults, and there is no issue with this condition.

Basic Investigations

- CBC, LFT's, RBS
- HBsAG
- Anti HCV/HAV/HDV/HEV etc.

- RFT's (Hepato-Renal Syndromes)
- CT-Abdomen
- MRI
- PET Scans
- Ultra-Sonography
- Ayurvedic Perspective

The dosha-dushya samurchana in koshta-gata kamala occurs in the liver itself. That is where pitta and rakta are at. The flow of pitta is impeded in ruddh-path kamala by kapha.

Partantra-type kamala is formed when Pandu rogi consumes pitta vardhaka aharas. Early signs of hepatic encephalopathy are denoted by the term halimaka. Jaundice with subsequent hemolytic anaemia is referred to as panaki. All forms of hepatocellular jaundice (types A through E) that require koshta-gata kamala chikitsa are included in the first type.

The function of Kamala's Rakta-Manifestation

As a rakta pradoshaja vikar, Kamla has been listed among other ailments including Pandu. The skin displays the raktashrita vyadhi. This could be as a result of the transformation that ranjaka pitta is causing in rasa, which is how Rakta is developing. The skin manifestation brought on by vikrata ranjaka pitta may also be caused by the symbiotic relationship between rasa and twak. So the samprapti could be understood as the increased use of ushna gun pradhan dravya aur ushnata in the body causes the pitta to increase within the body, which then deranges the ranjaka pitta with the result of Kamala. In Kamala, the skin colour changes to harit/haridra

varna, i.e. green or yellowish. However, an Ashtang-sangraha adds that rudranetra is produced when pitta dushti occurs in majja dhatu. This viewpoint unequivocally evinces the scope of the dosh dhatu-samurchana that could manifest as Kamala. Additionally, it offers a reminder to reconsider the underappreciated but crucial part that bone marrow plays in hematopoiesis.

Materials and Methods

The information was gathered from all of the ancient Ayurvedic literature, including the Charak Samhita, Sushruta Samhita, Vagbhata, and Laghutrayi texts like the Madhava Nidana, Sarangdhar Samhita, and Bhavprakash. The study has been compiled, and a particular emphasis is being placed on the pathogenesis as well as to clarify the aetiology, symptomatology, and treatment options for various types of jaundices and hepatitis using multiple medications or single drugs.

Treatment Methodology

Due to variations in samprapti, completely distinct treatment strategies should be used for both forms of Kamla. Srotorodha should be eliminated by kapha pachana and viliana since the skha-aashrita type is an aashaya-apakarsha vyadhi. This would help the sthana-antargata pitta return to koshta, and the pitta hara therapy should be used as the koshta-ashrita kamala. Now that we are thinking about koshta-ashrita kamala, we can see that it can present as Swatantra vyadhi or partantra vyadhi, and that the course of treatment is determined by those circumstances.

Snehana can be used to treat the swatantra variety of koshta-aashrita kamala. Given that the majja dhatu level, which is vitiated in this situation, could be reached by the action of snehana, the effect of the snehana will be larger. To achieve this, one should adopt samyak snigdha lakshana of mala along with Sneha followed by rooksha virechana. Pitta shamaka therapies are recommended as a follow-up to virechana therapy. However, with partantra type, virechana can be used straight with tikta rasa dravyas.

Conclusion

Thus, to put it succinctly, in kamala, adopting a pittahara lifestyle and Sharad ritucharya really helps to return to normalcy. The factors to be remembered, however, are always an early diagnosis that is being clubbed with suitable treatment based on vyadhi avastha and rogi bala for successful treatment.

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