A Case Discussion On Bahupitta Kamala (Hepatocellular Jaundice) Treated With Punarnavadi Mandoora And Phalatrikadi Kwath Internally

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ABSTRACT:

Bahupitta kamala is a pitta pradoshja vikar. The symptoms are similar to that of Hepatocellular Jaundice. Hepatocellular jaundice is an infectious disease affecting liver. Clinical features of hepatitis are Jaundice, Abdominal pain, Nausea, Anorexia, Fatigue. The incidence of the disease is increasing day by day due to change in life style and eating habits. Modern medical science does not have specific treatment for the disease. There is need of some specific and cheap treatment for this disease. Here a case study of Bahupitta Kamla (Hepatocellular jaundice) treated with Punarnavadi Mandoora and Phalatrikadi kwath is presented.

Key Words: Bahupitta Kamla, Hepatocellular jaundice, Punarnavadi Mandoora, and Phalatrikadi kwath

INTRODUCTION

In this era of industrialization and life threatening competition the life style of mankind has been drastically changed. This has unknowingly changed the previous healthy eating habits to overeating of spicy food, excessive use of food like Chaumin, Manchurian, Noodles, Vada Pav, etc. i.e. Pittal Ahar and alcohol consumption tendency is also increasing day by day. In industries the worker on changing duty hours are irregular in their eating habits and sleep hours. The whole situation leads to eating outside with increased risk of contaminated food and water. All these etiological factors leads to disorders that is hazardous to life. Amongst them “Bhaupitta Kamla” is important disease. In Ayurveda Bahupitta kamala can be compared with Hepatocellular Jaundice because of similarity in sign and symptoms. Hepatocellular jaundice is an infectious disease affecting liver. Clinical features of hepatitis are Jaundice, Abdominal pain, Nausea, Anorexia, Fatigue. Jaundice is the hallmark symptom of liver disease and perhaps the most reliable marker of severity. Patients usually report darkening of urine before they notice sclera icterus.¹ Patients also complaints of Fatigue, Anorexia, Nausea. This description in modern science is similar to Ayurvedic description of Kamala vyadhi. Many Acharyas has given many preparations for that. Punarnavadi Mandoora are described in Charaka Samhita and Phalatrikadi kwath are depicted in Sharangdhara Samhita for the treatment of Pandu and Kamala. [2] A single case study of Bahupitta Kamla (Hepatocellular Jaundice) is reported here in which vitiated doshas were eliminated with the use of Punarnavadi Mandoora, and Phalatrikadi kwath internally.

CASE REPORT

A 35 yrs old male patient comes to the OPD of Jai Ayurvedic Clinic, Rewa, M.P. with complaints of Aruchi (dyspepsia), Agnimandya (Loss of appetite), Daurbalya (Weakness), Udarashoola, Netrapitata (Icterus), Mutrapitata (Yellow coloured urination) since 30 days. Patient received various unresponded allopathic treatments when he comes to the OPD of Jai Ayurvedic Clinic, Rewa, M.P. Patient was thoroughly examined and detailed history was taken. Patient was worker by occupation, chronic alcoholic drinker, was taking spicy food from long time. These all are the pitta prakopakahetus. Patient was also having history of Jaundice before 1 year. In examination, Patient was afebrile, pulse rate was 80/min regular, Pallor, Icterus was present. Patient was having tenderness at right hypochondrium. Mild Hepatomegaly and Splenomegaly was present. Investigations of the patient were done. CBC of the patient was normal. Patient was having raised Sr. Bilirubin level i.e. 15.4mg/dl. Hbs Ag of patient were investigated and found to be negative. HIV
was done and found to be negative. USG abdomen and pelvis was done to rule out obstructive pathology. USG confirmed the diagnosis as hepatocellular jaundice. Patient was diagnosed as Bahupitta Kamala (Hepatocellular jaundice). Patient was treated with Punarnavadi Mandoora 250 mg BD with Phalatrikadi kwath 50 ml twice a day before meal. Patient experienced increase in appetite after 5 days of treatment. After 7 days of treatment patient experienced decrease in yellowishness of urine, icterus was reduced, decrease in abdominal pain. Sr. Bilirubin was done on 7th day. It was 6.6 mg/dl. Patient was continued the treatment for next 7 days. Patient was given pitta shamakahara Ikshurasa. On 14th day of the treatment patient was having no complaint. Color of the urine was normal, no abdominal pain, appetite was normal, weakness was not present. But slight icterus was still present. The Sr. Bilirubin level on 14th day was 1.16 mg/dl.

DISCUSSION

In bahupitta Kamala mainly pitta dosha is vitiated. Acharya charaka has described Mrudu Virechan chikitsa for Bahupitta Kamala. Virechan has the quality to eliminate the vitiated dosha. Nishota is the best sukhvirechaka which is present in Punarnavadi Mandoora explained by Charaka and Triphala is sar and pittaghan which is main content of Phalatrikadi Kwatha. The roots of Punarnava are diuretic, laxative, reduce swelling and accumulated fluid so anti-inflammatory, and anti-fibrinolytic properties. They are used in the treatment of Shotha, Pandu and Kamala. Dooshita and malaswarooppitta is eliminated from the koshtha. As, the vitiated pitta is eliminated from the koshtha, the symptoms like Netrapitata, Mutrapitata, decreases. Also Nishota and Triphala have the hepatoprotective actions, therefore Sr. Bilirubin level also decreases.

CONCLUSION

Bahupitta kamala (Hepatocellular jaundice) is a disease affecting large number of population. Modern medical science does not have specific treatment for it. In this study a case report of patient of Bahupitta kamala successfully treated with Punarnava Mandoora and Phalatrikadi kwath was presented. From this study it can be said that Nishottar churna and Triphlakwath provides very good and faster relief in patients of Hepatocellular Jaundice in just 14 days. Also it is a cheap remedy. This treatment might prove beneficial to the patients of Bahupitta Kamala (Hepatocellular Jaundice).

REFERENCES

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