

Unit 7.1. Chikitsa of Rakta pradoshaja vikara - Kaamala (Jaundice)

1) Nirukti, Paribhāṣā, Paryāya

Nirukti (derivation)

Kāmala—the term is used for a condition where **pīta/harit varṇa** (yellow-green discoloration) becomes prominent in **netra, tvak, nakha, mukha**, etc., due to **pitta-pradhāna** doṣa-duṣṭi (especially **Raṅjaka pitta** affecting **rakta**).

Paribhāṣā (classical description as a defined disease entity)

Suśruta describes Kāmala as a disease that develops when pitta becomes deranged (often after another illness) and produces a deep yellow tint with systemic weakness and associated features:

सुश्रुत संहिता, उत्तरतंत्र 44/10

यो ह्यामयान्ते सहसाऽन्नमम्लमद्यादपथ्यानि च तस्य पित्तम् ।
करोति पाण्डुं वदनं विशेषात् पूर्वैरितौ तन्द्रबलक्षयौ च ॥१०॥

English sense: When a person, after an illness, suddenly consumes sour items and other unwholesome foods/drinks, the pitta gets deranged and produces marked yellow discoloration (pāṅḍutā) with drowsiness and loss of strength.

Paryāya / closely allied entities described with Kāmala

Suśruta includes several allied presentations under the broader discussion:

सुश्रुत संहिता, उत्तरतंत्र 44/5

सकामलापानकिपाण्डुरोगः कुम्भाह्वयो लाघरकोऽलसाख्यः ।
विभाष्यते लक्षणमस्य कृत्स्नं निबोध वक्ष्याम्यनुपूर्वशस्तम् ॥५॥

English sense: Kāmala, Pānaki-pāṅḍu, Kumbha-kāmala, Lāgharaka and Ālasā (Halimaka) are described in sequence.

2) Bheda (classification)

A) Suśruta's clinical bheda within this cluster

सुश्रुत संहिता, उत्तरतंत्र 44/10-13 (key bheda statements)

... (10) ... (Kāmala description)

भेदस्तु तस्याः खलु कुम्भाह्वः शोफो महास्तत्र च पर्वभेदः ॥११॥
ज्वराङ्गमर्दभ्रमसादतन्द्रा-क्षयान्वितो लाघरकोऽलसाख्यः ॥१२॥
तं वातपित्ताद्धरित्पीतनीलं हलीमकं नाम वदन्ति तज्ज्ञाः ॥१३॥

Interpretive summary (aligned to the verses):

- **Kumbha-kāmala:** Kāmala with **mahāśopha** (generalized edema) + **parvabheda** (joint pains).
- **Lāgharaka:** further course with **jvara, aṅgamarda, bhrama, sāda, tandrā, kṣaya**.



- **Halimaka (Ālasā): vāta-pitta** predominance with **harit-pīta-nīla** (greenish-yellow-bluish tinge).

B) Practical Ayurvedic bheda used for chikitsā-planning

Even when different texts present varying groupings, clinically Kāmala is commonly approached as:

- **Koṣṭhāsrita (Bahupitta) Kāmala:** pitta excess predominates; bowel route is primary → **virecana-pradhāna**.
- **Śākhāsrita Kāmala:** obstruction/āvaraṇa with pitta “pushed” to periphery; stiffness/heaviness, clay-colored stool etc. → **āvaraṇa-bhedana + srotoshodhana** approach before/along with elimination.

(For this unit’s classical formulation section, the core “bahupitta → virecana” principle is explicitly stated by Caraka; see below.)

3) Nidāna (etiological factors) & Ayurvedic etiopathogenesis

Nidāna pointers (typical)

- **Amla, lavaṇa, kaṭu, vidāhi** ahāra; **madya**; viruddhāhāra
- Post-illness apathya (Suśruta’s emphasis)
- **Agnimāndya → āma → pitta-prakopa**
- Raktavaha srotas / yakṛt-pliha functional disturbance (Ayurvedic framing)

Core samprāpti (Ayurvedic)

Nidāna → agnidūṣṭi/āma → pitta prakopa (esp. rañjaka) → rakta-duṣṭi + srotorodha / pravṛtti-vaiguṇya → **pītābhāsa** of netra/tvak/mūtra, aruci, dāha, klama, etc.

4) Lakṣaṇa (clinical features) – classical & bedside pattern recognition

Suśruta’s sequenced lakṣaṇa cluster (Kāmala and allied)

From **UT 44/10–13**, the bedside takeaways are:

- **Pīta varṇa** dominance (eyes/skin/nails/face), weakness/drowsiness
- Progression markers: **śopha + parvabheda** (Kumbha-kāmala), then **jvara/aṅgamarda/bhrama/kṣaya** (Lāgharaka), then **harit-pīta-nīla** hue (Halimaka)

Upadrava (complications) marker-set (Suśruta)

सुश्रुत संहिता, उत्तरतंत्र 44/14

उपद्रवास्तेष्वरुचिः पिपासा छर्दिर्ज्वरो मूर्धरुजाऽग्निसादः ।
शोफस्तथा कण्ठगतोऽबलत्वं मूर्च्छा क्लमो हृद्यवपीडनं च ॥१४॥

English sense: Anorexia, thirst, vomiting, fever, headache, weakened digestion, swelling, throat involvement, weakness, fainting, fatigue, and cardiac discomfort can accompany/worsen the condition.



5) Diagnosis

Ayurvedic diagnosis (stepwise)

1. **Doṣa**: usually **pitta-pradhāna**, sometimes **vāta-pitta** (Halimaka), sometimes **āvaraṇa** features
2. **Duṣya**: **rakta** (primary), rasa, māṃsa involvement as severity increases
3. **Srotas**: raktavaha, rasavaha; yakṛt/pliha as functional loci
4. **Avasthā**: āma vs nirāma; koṣṭha vs śākhā signs

Contemporary correlation (for clinical literacy)

- Hepatocellular jaundice (viral/drug-induced hepatitis) ↔ often resembles **bahupitta/koṣṭhāśrita** presentation
- Obstructive jaundice ↔ often resembles **śākhāśrita/āvaraṇa** presentation
- Hemolytic pattern ↔ rakta-duṣṭi dominant with less stool-color change

6) Samprāpti-vighaṭana & Chikitsā-sūtra (principles) — classical anchors

A) Virecana is the central principle in Kāmala (Caraka)

Caraka explicitly places Kāmala under **virecana-pradhāna** management:

चरक संहिता, चिकित्सास्थान 16/57 (context: preparations; principle in sequence)

... स्नेहैरिभिरुपक्रम्य स्निग्धं मत्वा विरेचयेत् ॥५५॥

English sense: After proper oleation with these snehas, assess adequate unction and then perform purgation.

Also, within the same therapeutic sequence, Caraka provides multiple **kāmala-hara** virecana/shamana options (below).

B) Suśruta's specific Kāmala remedies

सुश्रुत संहिता, उत्तरतंत्र 44/33

सशर्करा कामलिनां त्रिभण्डी हिता गवाक्षी सगुडा च शुण्ठी ।
कालेयके चापि घृतं विपक्वं हितञ्च तत् स्याद्गजनीविमिश्रम् ॥३३॥

English sense: Trivṛt with sugar is beneficial in Kāmala; Gavākṣī and Śuṅṭhī with jaggery are useful; ghee cooked with kāleya-wood and used with rajani (haridrā) is also beneficial.

7) Classical Aushadha-yoga (formulations)



A) Caraka — Kāmala-hara yogas (Cikitsā 16)

1) Drākṣā-ghṛta (Kāmala-hara ghṛta)

चरक संहिता, चिकित्सास्थान 16/52

पुराणसर्पिषः प्रस्थो द्राक्षार्धप्रस्थसाधितः ।
कामलागुल्मपाण्ड्वर्तिज्वरमेहोदरापहः ॥५२॥

English sense: Old ghee processed with drākṣā is useful in kāmala and related disorders.

2) Haridrādi-ghṛta (explicitly “kāmala-hara”)

चरक संहिता, चिकित्सास्थान 16/53

हरिद्रात्रिफलानिम्बबलामधुकसाधितम् ।
सक्षीरं माहिषं सर्पिः कामलाहरमुत्तमम् ॥५३॥

English sense: Buffalo ghee cooked with haridrā, triphalā, nimba, balā and madhuka along with milk is an excellent remedy for kāmala.

3) Kāmala-hara combinations and decoctions

चरक संहिता, चिकित्सास्थान 16/63–64

त्रिफलाया गुडूच्या वा दाव्या निम्बस्य वा रसम् ।
शीतं मधुयुतं प्रातः कामलार्तः पिबेन्नरः ॥६३॥
क्षीरमूत्रं पिबेत् पक्षं गव्यं माहिषमेव वा ॥६४॥

English sense: A person suffering from kāmala should take in the morning, the cold juice/decoction of triphalā, guḍūci, dāruharidrā, or nimba mixed with honey; and may take milk-urine (of cow/buffalo) regimen for a period (as described).

चरक संहिता, चिकित्सास्थान 16/59–60 (kāmala-hara drink options)

... सत्र्यूषणं बिल्वपत्रं पिबेन्ना कामलापहम् ।
दन्त्यर्धपलकल्कं वा द्विगुडं शीतवारिणा ॥५९॥
कामली त्रिवृता वाऽपि त्रिफलाया रसैः पिबेत् ... ॥६०॥

English sense: Bilva-patra with tryūṣaṇa etc is described as kāmala-hara; danti-kalka with jaggery and cold water; and trivṛt with triphalā rasa are also described.

B) Suśruta — Kāmala-pratiṣedha yogas (Uttara 44)

1) Trivṛt with sugar; Gavākṣī and Śuṅṭhī with jaggery; ghṛta with haridrā

सुश्रुत संहिता, उत्तरतंत्र 44/33

सशर्करा कामलिनां त्रिभण्डी हिता गवाक्षी सगुडा च शुण्ठी ।
कालेयके चापि घृतं विपक्वं हितञ्च तत् स्याद्भ्रजनीविमिश्रम् ॥३३॥

2) Kumbha-kāmala

सुश्रुत संहिता, उत्तरतंत्र 44/34-35

धातुं नदीजं जतुशैलजं वा कुम्भाह्वये मूत्रयुतं पिबेद् वा ।

मूत्रे स्थितं सैन्धवसम्प्रयुक्तं मासं पिबेद् वा ऽपि हि लोहकिट्टम् ॥३४॥

... गोमूत्रनिर्वापितमष्टवारान्... मधुना ऽचिरेण कुम्भाह्वयं पाण्डुगदं निहन्यात् ॥३५॥

Specific measures are described for kumbha-kāmala (including preparations using gomūtra and iron-rust/mandūra procedures as detailed in the verses).

8) Pathyā-apathyā (diet & regimen)

Pathya (supportive)

- **Laghu, tikta, madhura** pradhāna āhāra: yava, mudga-yūṣa, old rice, laja, patola-nimba type preparations
- **Uṣṇa-jala** (warm water) in small frequent sips
- **Viśrānti**, avoiding heat exposure; regulated sleep (avoid day sleep if kapha/āma dominates)

Apathya (avoid)

- **Madya**, vidāhi/ati-tikṣṇa/ati-lavaṇa/ati-amlā
- Heavy fried foods, fermented foods, excess oils in āma stage
- Excess exertion, anger/heat exposure (pitta prakopa)

9) Representative clinical case + “type of chikitsā” decision

Case vignette

A 24-year-old male presents with 8 days of fatigue, anorexia, nausea, mild fever initially, and now **yellow sclera, dark urine**, mild right-upper abdominal heaviness. Appetite is poor, **burning sensation** and **thirst** are present. Stool is not pale. No history of alcohol. On examination: mild hepatomegaly/tenderness; vitals stable.

Ayurvedic assessment (concise)

- **Doṣa**: Pitta-pradhāna (bahupitta) with mild vāta association
- **Duṣya**: Rakta (primary) + rasa
- **Avasthā**: early phase may be **āma-anubandha** (aruci, nausea); currently tending to **nirāma** as appetite starts returning slowly
- **Adhiṣṭhāna**: koṣṭha-dominant picture (not strong śākhā-obstruction features)

Appropriate “type of chikitsā” (what and why)

Primary: Śodhana-pradhāna (Mṛdu Virecana) + Śamana

Reasoning (text-anchored): Caraka places Kāmala under purgation-centered management after appropriate sneha—

- “स्नेहैरिभिरुपक्रम्य... विरेचयेत्” (Cikitsā 16/55)



and provides multiple virecana/shamana options specifically stated as **kāmala-hara** (Cikitsā 16/59-64).

Stepwise plan (classical-logic sequencing)

1. **Nidāna-parivarjana + laghu āhāra** (pitta-śamana, agni support)
2. If **āma** prominent: brief **dīpana-pācana** and light diet until nausea/heaviness reduces
3. **Mṛdu virecana** (bahupitta koṣṭha route)
4. **Śamana** with **Triphala/Guḍūcī/Dāruharidrā/Nimba rasa** as per **Cikitsā 16/63**, and/or ghṛta options like **Haridrādi-ghṛta (16/53)** depending on strength, agni and tolerance
5. **Pathya** continuation until color/appetite normalize; then gradual strengthening

(If instead the case had clay-colored stool, marked heaviness, obstruction signs—then the planning would shift toward āvaraṇa/srotorodha handling before strong virecana.)