

Case Series



A treatment perspective of Jaundice with Cholecystitis in Ayurveda: A case report

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ABSTRACT:

Background: *Kamala* refers to a disease condition where there will be yellowish discoloration of eyes, skin and urine along with other specific symptoms. *Kosthashrita Kamala* and *Shakhashrita Kamala* are the two types of *Kamala* according to Ayurveda. The obstructive pathology of Jaundice resembles the *Samprapti* of *Shakhashrita kamala* and non-obstructive pathology to *Kosthashrita Kamala*. Cholecystitis, the inflammation of wall of Gall bladder, most likely occurs due to Cholelithiasis, that is presence of gall stones with partial or complete obstruction of cystic duct or common bile duct. Jaundice is the most predominant sign in this condition. Surgery is considered as the only and ultimate treatment in the condition of Acute Cholecystitis by contemporary system of medicine. **Clinical findings:** The present case report deals with a case of *Kosthashrita kamala* where the patient was having acute pain abdomen, jaundice, reddish discoloration of urine along with fever, nausea and vomiting. Investigations revealed raised values of LFT and Ultrasound of abdomen revealed Cholecystitis and Cholelithiasis without any obstruction to cystic or common bile ducts. **Outcome:** The symptoms were assessed and graded along with the blood investigations. Patient was treated with oral medications and diet, under appropriate monitoring for eighteen days and follow up was done ten days once after discharge. The subjective criteria score improved from 15 to 4 and total Bilirubin from 15.6mg/dl to 2.2mg/dl after treatment, along with reduction of other LFT values. **Conclusion:** This case report sets an example to accentuate the role of Ayurvedic rational treatment protocols in treating even acute disease conditions like Cholecystitis with Jaundice.

KEYWORDS: Jaundice, Cholecystitis, *Kosthashrita Kamala*, Case report

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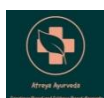
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1. INTRODUCTION

Cholecystitis refers to inflammation of gallbladder. It is an acute condition with symptoms like pain abdomen, nausea, vomiting, fever and jaundice, which most likely occurs due to cholelithiasis. When the gall-stones partially or totally obstruct the cystic duct, continuously or intermittently, it can lead to inflammation of wall of the gall bladder due to retention of bile sludge. Eventually this leads to Jaundice, that is yellowish discoloration of skin, sclera and mucous membranes resulting from an increase in serum bilirubin concentration more than 3 mg/dl.[1] Jaundice is the predominant sign in Cholecystitis. In Ayurveda, *Kamala* is said to be of two types, *Shakhashrita Kamala* and *Kosthashrita Kamala*. [2] The major clinical difference between the two types of *Kamala* is the colour of faeces. When the faecal matter is white in colour and resembles the paste of sesame (*Tilapistha nibha*), [3] it is said to be *Shakhashrita kamala* where *Kapha Avarana* is present and *Pitta* will not reach the *Mala*. In *Kosthashrita kamala* [4] which is *Bahu Pitta Avastha* (excessive aggravated *pitta*), *Mala Ranjana* (yellowish colour of faeces) will be intact and stool will be yellow in colour along with other symptoms. The present case study deals with the case of *Kosthashrita Kamala* w.s.r to Jaundice due to Cholecystitis and its Ayurvedic line of management, following treatment principles of *Kosthashrita Kamala*. This case report sets an example to accentuate the role of Ayurveda treatment principals in Acute conditions like Cholecystitis.

CASE REPORT:

A female patient aged 55 years came with the complaints of pain abdomen since past three weeks, aggravated in the past one week and the pain started radiating to upper back since five days, yellowish discoloration of eyes, skin and urine since ten days, nausea and occasional episodes of vomiting since one week, fever associated with chills and tiredness since three days, reddish discoloration of urine since three days. Patient also complained of loss of appetite and mild itching all over the body since past one day. The course of illness is as described below.

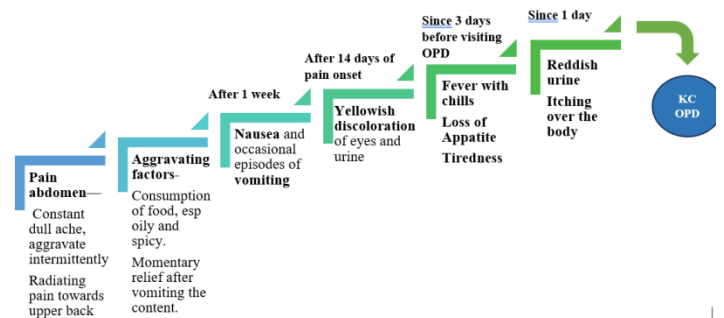


Image 1: Course of Illness

Medical History: Patient is a known case of DM type 2. On medication (Tab.Glycomet GP2 orally one BD).

Family and Psychosocial history- Nothing significant

Past interventions- Patient had taken folklore medication for Jaundice, from which she did not find any relief. Details of medicine were not available.

Clinical examination:

General condition – Fair

Temperature – 101°F

Pulse rate- 120/min

BP- 130/80 mmHg

Pallor – Present (+)

Icterus- Present (++)

Gastro-Intestinal System Examination Findings:

Buccal mucosa and Palate – Yellowish
 Tenderness –
 ++ in Epigastric and Right hypochondriac region
 + in Umbilical, Right lumbar and right iliac regions
 Murphy’s sign – Positive
 Percussion – Resonant all over (except liver dullness)
 Auscultation - Bowel sounds - 2-3/min
 All other systemic examination was normal.

Asthasthana Pariksha:

Nadi: Pitta-Vata, 120/min
Mutra: Rakta-Pita varnayukta
Mala: Pita varnayukta, 1-2 times/day, semisolid consistency
Jihwa: Lipta
Shabda: Prakruta
Sparsha: Ishat ruksha
Druk: Haridra netra +
Akruti: Madhyama

Diagnostic assessment:

This condition can be considered as *Kosthashrita kamala* as it is in *Bahu Pitta Avastha* presenting with symptoms *Haridra Netra, Tavk, Nakha* and *Anana* (Yellowish

discoloration of sclera, skin, nails and face), *Rakta Pitata* of *Mutra* and *Shakrut* (reddish discoloration of urine and or stool) associated with *Indriya Dourbalya* (disturbed senses), *Daha* (burning sensation), *Avipaka* (indigestion), *Dourbalya* (tiredness), *Sadana* (exhaustion), *Aruchi* (tastelessness) and *Karshana* (weakness). The clinical features of Cholecystitis [5] that is pain in the right upper quadrant, epigastrium and the right shoulder tip or the interscapular region associated with fever and jaundice are present. When there is increased LFT levels, especially increase in direct bilirubin more than indirect bilirubin along with raised Alkaline phosphatase (> 2-fold) and moderate elevation of AST and ALT, it is considered as post-hepatic pathology. [6] In the present case also, there is an elevation of direct bilirubin along with more than two-fold rise in ALK (Table-3). Ultrasound of abdomen revealed Cholecystitis and presence of gall stones without obstructing any of the ducts. Considering the clinical features and the investigation findings (Table-3), conditions like Acute Appendicitis, Pancreatitis and Hepatitis were ruled out (Table 1) and this case was diagnosed as Jaundice due to Cholecystitis.

Table 1: Differential Diagnosis

Disease	Inclusion Criteria	Exclusion criteria
Appendicitis	Pain abdomen, Fever, Nausea and Vomiting, Anorexia	Abdomen tenderness in right lower quadrant- Absent; Rebound tenderness- Absent; Psoas sign- Absent; Rosving’s sign-Absent; Icterus – present
Acute Pancreatitis	Epigastric or diffuse abdominal pain Nausea and vomiting, Fever, Jaundice	Abdominal distension and Muscle guarding-Absent Cullen’s sign-Absent
Acute Viral Hepatitis	Pain abdomen, Low grade fever, Anorexia, Nausea and Vomiting, Jaundice, Dark urine	Clay coloured stool and Hepatomegaly - Absent HbsAg- Negative

Cholecystitis	Biliary colic, Anorexia, Nausea and vomiting, Jaundice, Fever, RUQ of abdomen – tender to palpation, Enlarged tense gallbladder – palpable, Murphy’s sign – positive	
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Therapeutic intervention:

Patient was advised to take admission in IPD of SKAMCH and RC and medications were prescribed. The vitals and symptoms were closely monitored during the course of

treatment. The blood investigations were also repeated in appropriate intervals. The timeline of treatment (Table-2) and investigations (Table-3) are given in the tables below.

Table 2: Timeline of therapeutic intervention and improvements

Date	Medicine given	Dose	Improvements
21/05/2024 to 25/05/2024	<i>Patolakaturohinyadi Kashaya</i> <i>Arogyavardhini Rasa</i> <i>Sootashekhararasa</i> Liv 52	20ml-0-20ml (Before food) with warm water, orally. 1-1-1 (After food) with water, orally; 1-1-1 (Before food) with water, orally 1-1-1 (After food) with water, orally	Temperature reduced. No vomiting and nausea got reduced. Pain abdomen reduced up to 40% Icterus- reduced considerably Reddish colouration urine- reduced (later - dark yellow) Itching all over body – increased
26/05/2024 to 01/06/2024	Same oral medicines continued, Patient was advised to take light diet like <i>Ksheera odana</i> , Pongal, Ganji		Pain abdomen reduced up to 80% Icterus- reduced further, No fever Itching – comparatively reduced; Pt started complaining of increased upper back pain
01/06/24 to 08/06/24	Same oral medicines continued; TRP liniment added for external application to address backpain.		No complaints of abdomen pain, nausea Appetite – improved significantly Icterus- Reduced up to 80% Back pain- reduced comparatively
During discharge	<i>Patolakaturohinyadi Kashaya</i> Liv 52 TRP liniment (E/A)	20ml-0-20ml (B/F) 1-1-1 (A/F)	

3. RESULTS: All the symptoms like fever, pain abdomen, vomiting and reddish urination were reduced significantly within three days of intervention and

completely reduced at the time of discharge. Icterus also got reduced gradually. The adherence and tolerability of medicines were monitored daily and was

assessed by interrogation during clinical rounds. No adverse effects were observed. During follow up, the patient was completely recovered from all the

symptoms (Table-4) and no icterus was present. The investigations showed marked reduction in all raised LFT parameters (Table-3 and Graph-1 and 2).

Table 3: Timeline of Lab investigations

	21/05/24	25/05/24	01/06/24	08/06/24	18/06/24	06/08/24
Total Bilirubin (mg/dl)	15.6	6.1	3.3	2.2	1.3	0.5
Direct Bilirubin (mg/dl)	11.4	3.9	1.7	0.9	0.5	0.2
Indirect Bilirubin (mg/dl)	4.2	2.2	1.6	1.3	0.8	0.3
SGOT (U/L)	195	58	26	26	22	19
SGPT (U/L)	185	74	27	29	26	16
Alkaline Phosphatase (U/L)	754	550	276	152	111	82
Gamma GT (GGT)	1313	722	246	128	84	92
Sodium (mEq/L)	124.4	133.5				136.3
Potassium (mEq/L)	3.67	3.21				3.83
ESR (mm/hr)	28	95		82	92	48
USG Abdomen	Cholelithiasis with Cholecystitis. Gall bladder wall thickness – 4mm (Image 1)			Cholelithiasis without Cholecystitis. Gall bladder- well distended with normal wall thickness (Image 2)		

Table 4: Subjective Assessment of the patient [7]

Criteria	Score BT (21/05/2024)	Score AT (08/06/2024)	Score during follow-up (06/08/2024)
<i>Haridra netra</i>	3	1	0
<i>Haridra tvak</i> <i>nakha anana</i>	3	0	0
<i>Avipaka</i>	3	1	1
<i>Dourbalya</i>	3	1	0
<i>Arochaka</i>	3	1	0
TOTAL SCORE	15	4	1



Image 2: USG image before treatment



Image 3: USG image after treatment

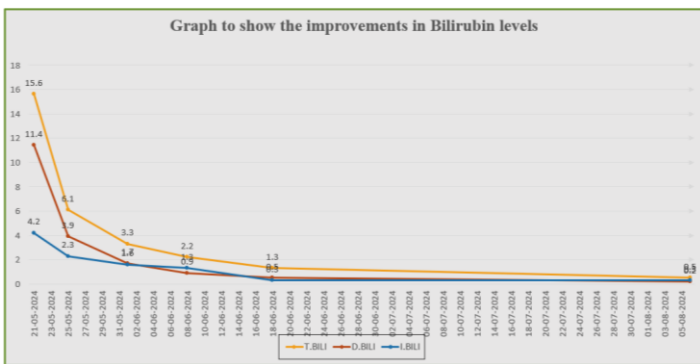
considered as *Kosthashrita Kamala*. Raised LFT and the Ultrasound findings (Table 3) revealed Jaundice due to Cholecystitis.

Intervention was planned (Table-2) according to the *Chikitsa Sutra* of *Kamala*. According to *Kashyapa Samhita* there are three kinds of *Chikitsa* (treatment modalities) and they are *Shodhana*, *Shamana* and *Shamana Shodhana*. [8] *Shodhana* refers to the *Bahir nirharana* (expulsion) of *Dosha*, *Shamana* refers to the palliative measures with only internal medicines to alleviate the vitiated *Dosha* and *Shamana-Shodhana* which does both the action effectively. In this case *Shamana-Shodhana* line of treatment was chosen, as the strength of the patient was less.

Mode of Action of Drugs:

Patola Katurohinyadi Kashaya: [9]

The ingredients present in this *Kashaya* are *Patola* (*Trichosanthes dioica*), *Katuki* (*Picrorhiza kurroa*), *Chandana* (*Santalum album*), *Madhusrava* (*Marsdenia tenacissima*), *Guduchi* (*Tinospora cordifolia*), and *Patha* (*Cissampelos pareira*). Most of the drugs are having *Tikta* as dominant *Rasa* because of which *Pittahara karma* can be achieved effectively. The *Phalashruti* (therapeutic utility) also highlights *Kapha-Pitta hara* (alleviates *kapha* and *pitta*), *Jwara hara* (reduces fever), *Vami hara* (anti-emetic), *Arochaka* (tastelessness) and *Kamala* (jaundice) *hara* properties. *Katuki* is a *Bhedana Dravya*[10] (which breaks down the dosha and mala and expels it through the downward direction) which helps in taking the *Dosha* out of the body, hence this formulation is doing both *Shodhana* (purificatory) and *Shamana Karma* (pacification).



Graph 1: Bilirubin levels before and after treatment



Graph 2: Liver enzyme and Alkaline Phosphatase levels

4. DISCUSSION:

In this case the patient presented with Acute symptoms of Cholecystitis with Jaundice. The symptoms of *Kamala* along with deep yellow colour of stool shows that the *Pitta* is reaching *Grahni* (intestines) and there is no obstruction to bile flow. Therefore, the condition is

Arogyavardhini Rasa: [11]

Arogyavardhini Rasa is a *Rasoushadha* (Herbo-mineral preparation) having *Parada* (mercury), *Gandhaka* (sulphur), *Louha Bhasma* (iron ash), *Abhraka Bhasma* (mica ash) and *Tamra Bhasma* (copper ash) along with *Katuti* (*Picrorhiza kurroa*) as its main ingredients to which *Nimba patra swarasa* (juice of neem leaves) *bhavana* (trituration) is given. This is an excellent *Dipana Pachana yoga* (appetizer and digestive) and hence regulates the secretion of bile. It also has *Jwarahara* (relieves fever), *Medohara* (reduces fat deposition) action. *Katuki* being the main drug purifies the metabolic waste.

Sootashekhara Rasa: [12]

Sootashekhara rasa has *Shuddha Parada* (mercury), *Gandhaka* (sulphur), *Tankana* (borax), *Shankha Bhasma* (calcium carbonate ash), *Shuddha Vatsanabha* (*Aconitum ferox*), *Tamra Bhasma* (copper ash), *Shuddha Datura Beeja* (purified seeds of *Datura metel*), *Trikatu* (*Pippali*, *Pippalimoola*, *Shunthi*), *Chaturjata* (*Trikatu* and *Nagakesara*), *Bilva phala majja* (pulp of *Aegle marmalos*) with *Bhringaraja swarasa* (fresh juice of *Eclipta alba*) *bhavana*. *Shankha* (processed conch shell) and *Tankana* (borax) being alkaline in nature alleviates *Pitta*, increases *Agni* (digestive fire) and reduces *Shoola* (pain abdomen). *Vatsanabha* is an anti-pyretic drug. *Bhringaraja* is a *Tikta Katu Rasa* dominant drug and also it is a *Yakrut uttejaka dravya* (Hepato-protective). *Bhringaraja swarasa bhavana* helps in enhancing its therapeutic efficacy.

Liv 52:

It is a polyherbal formulation which contains *Kasani* (*Cinchorium intybus*), *Himsra* (*Capparis spinosa*) as its main ingredients. The drugs are proved to be having Hepato-protective, Anti-inflammatory and anti-oxidant properties [13] and thus helps in treating this condition.

Ksheera pathya:

In *Kamala*, *Ksheera pathya* (Milk diet) is advised in *Yogaratanakara*. [14] *Ksheera* is *Madhura* (sweet taste), *Sheeta* (cold potency) *Dravya* which acts as *Pittahara* (pitta alleviating) and *Mruduvirechaka* (mild purgative) as well thereby helps in *Bahir nirharana* of *Dosha* (taking out the dosha).. Specially *Goksheera* is mentioned as *Jivaneeya* (which favours the wellbeing of an individual) and *Rasayana* (that which nourishes the dhatus). [15] When the caloric value of milk is observed it is low fat and protein rich and hence compensates the dietary requirements and also helped in reducing *dourbalya* (tiredness) in patient.

Strengths and Limitations: Patient had come with an acute presentation of Jaundice with Cholecystitis which was effectively treated using the treatment principles of Ayurveda. When proper adherence to medication and lifestyle changes are not followed, there is a chance of recurrence of this condition which is a limitation of this study.

5. CONCLUSION: The present case report represents the successful management of Acute cholecystitis following principles of *Kosthashrita Kamala Chikitsa*, where patient had come with acute pain abdomen since three weeks that got aggravated later along with other symptoms like fever. *Patolakaturohinyadi Kashaya*, *Arogyavardhini Rasa*, *Sootashekhara Rasa* and *Liv 52*

were the medicines prescribed for eighteen days along with follow-up medication for next ten days (Table 2). Follow-up was done every ten days once and investigations repeated on tenth day and after two months of discharge (Table 3). There was a complete relief from all the symptoms along with normal LFT values (Table 3 and 4, Graph 1 and 2) after treatment. Acute Cholecystitis is considered to be a surgical condition in contemporary science. But the present case report sets an example for rational treatment protocols in Ayurveda for even acute conditions like Cholecystitis. However, there is a need of preventing the recurrence of this condition by carrying out further *Shodhana* and *Shamanadi Chikitsa*.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - Patient was relieved from all the symptoms.

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