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Research Article

EFFECT OF AGNIKARMA IN BAHUPITTA KAMALA W.S.R TO HEPATOCELLULAR JAUNDICE

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ABSTRACT

Agnikarma has the ability to cure chronic diseases that cannot be cured by Bheshaja, Shastra and Kshara Karma. Based on Samprapti, Kamala is manifested in two forms, Kosthashakhashrita Kamala and Shakhashrita Kamala. Clinically they are mainly characterized by Haridra Netra, Twak, Nakha, Mootra and differentiated by Shweta varcha and Raktapeeta varcha respectively. Jaundice is a yellowish discoloration of the skin and mucous membrane caused by hyperbilirubinemia. Jaundice becomes visible when the bilirubin level is above 2 to 3 mg/dL. In India, the reported prevalence ranges from 2.37 to 3.25 per 1,000 population. Though there are many effective Ayurvedic medications available, this study was taken up to determine whether the effect of medicines can be improved by the addition of Agnikarma and whether the therapeutic days can be reduced, thereby lowering hospitalization costs and bed days. Objectives: To evaluate the effect of Agnikarma using Tamra Shalaka in treatment of Bahupitta Kamala w.s.r. Hepatocellular Jaundice. Methodology**:** A male patient aged 45 years, diagnosed with Bahupitta Kamala, was treated with Agnikarma using a Tamra Shalaka, in addition to internal medications such as Arogyavardhini vati and Punarnava Mandoora. Results: The treatment resulted in significant reduction in serum bilirubin levels along with marked improvement in clinical symptoms. Conclusion: The clinical outcome suggests that Agnikarma with Tamra Shalaka when used as an adjuvant to internal medications, provided beneficial therapeutic effects.

Keywords: Agnikarma, Bahupitta Kamala, Tamra Shalaka, Hepatocellular jaundice.

INTRODUCTION

The term Kamala is derived from "Kam + Nichy + Klach", originating from the root KAMAM, which denotes Kanti (lustre). In Nirukti, Kamala signifies a condition that diminishes bodily luster and affects Rudhira (blood) by suppression or obstruction.[1]

Kamala is understood as a disease characterized by loss of desire or interest, along with yellowish discoloration of the body. It can be defined as a condition in which taste, hunger, and appetite are notably diminished, accompanied by external signs of yellowing.[2]

Kamala is classified into 2 types[3]
1. Bahupitta or Kosthshakhrita
2. Alpapitta or Ruddhapatha or Shakhashrita.

Jaundice, or hyperbilirubinemia, is a condition characterized by excessive accumulation of bilirubin in the body, leading to yellow discoloration of the skin and sclera. It results from either increased bilirubin production or impaired bilirubin excretion. Clinically, jaundice becomes evident as scleral icterus when serum bilirubin levels rise above 3 mg/dL, compared to the normal value of less than 1 mg/dL[4]. The sclera is particularly sensitive to bilirubin deposition due to its high elastin content. Jaundice may occur due to elevation of unconjugated (indirect) or conjugated (direct) bilirubin and serves as a key clinical indicator of underlying liver disease.[5]

MATERIALS AND METHODS

Chief complaints-
Patient c/o Generalized weakness and loss of appetite for 1 month
Yellowish discoloration of eyes since 20 days
Associated complaints- Swelling in both the legs since 1 week

History of Present Illness - The patient was apparently normal 1 month ago. He gradually developed fatigue and loss of appetite. After a week he noticed yellow discoloration of eyes, progressing gradually. Simultaneously, urine became dark yellow in color. Patient gave no history of pale stools, had no abdominal pain or vomiting, no hematemesis or melena. He complained of swelling of the leg for the past 1-week, pitting type, progressive. Patient also gave no history of fever, altered sensorium, pruritus, or GI bleeding.
Past History: K/C/O HTN under medication (Tab. AMLODIPIN 5mg OD) since 10 years
No Surgical History
Family History: Nothing Significant
Personal history
Diet: Mixed
Bowel: Hard stool
Appetite: Reduced
Micturition: Dark yellow color
Sleep: sound
Allergy- Nothing Specific
Addictions- Alcohol-occasionally 60-90 ml Whisky since 25 years
Smoking- occasionally

Table 1: General examination

1. Built: Well	8. Blood pressure: 140/90 mm of Hg
2. Nourishment: Well	9. Respiratory rate /min: 17 bpm
3.Gait: Normal	10. Lymph nodes: Not enlarged
4. Height: 160cm	11.Tongue: Coated
5. Weight: 72 kg	12. Conjunctiva: **Icterus present**
6. Body temperature: Afebrile	13. Nails: **Yellowish discoloration**
7. Pulse rate /min: 68 bpm	14. Edema: **B/L pedal edema, pitting**

Systemic examination
CVS: S1 S2 heard, No added murmur
CNS: Conscious and well oriented to time, place and person
RS: NVBS
PER ABDOMEN:

Inspection- Abdomen distension- mild
Umbilicus- Inverted
Dilated veins over the abdomen- seen
No visible scar

Palpation- Abdomen soft,
Tenderness – mild (over right and left hypochondrium and umbilical region)
Liver- not palpable
Spleen- palpable
Fluid thrill - Absent

Percussion- Dull in the Flank with Central tympany
Shifting Dullness - Absent

Auscultation- Bowel sound present and normal
No venous hum

Investigation
USG Findings: Liver is small in size with coarse echotexture and surface irregularity.
Moderate Splenomegaly
Mild ascites
Chronic liver parenchymal disease with portal hypertension

Diagnosis: Hepatocellular Jaundice

METHODOLOGY

Valaya type of Agnikarma was done at the anatomical snuffbox of right-hand using Tamra Shalaka under aseptic precautions. 6

Poorva Karma
Instrument required7
•Tamra Shalaka
•Stove
•Lighter
•Gauze
•Spirit
•Betadine
•Yashtimadhu Ghruta

Preparation of patient
•Informed consent
•Blood investigations- CT, BT, HIV, HBA1C, LFT.

Preparation of Shalaka
•Pre-heat the Shalaka to red hot

Pradhana Karma[8]
•Patient was made to sit comfortably with the right hand extended and the wrist supported. The anatomical snuff box of right hand of patient was first cleaned with betadine and spirit to prevent infection. The Agnitapta Tamra Shalaka was carefully brought near it.
•The Shalaka was gently applied to the skin over the site in a controlled manner, creating Valaya type of Agni Dagdha. Durdagdha lakshanas were achieved. After completing the Agnikarma, Yashtimadhu Ghruta was applied to the site
•Proper counseling regarding post-procedure care was provided, and follow-up was scheduled to monitor the recovery.

Paschat Karma
External medication - Wound was left open; no further dressing was done.
Oral medications:
Arogyavardhini Vati 500mg 1-1-1 after food x for 15days. [9]
Punarnava Mandoora 500mg 1-1-1 after food x for 15days [10]
Avoid- Exposing the Agnikarma site to water for 24hrs.
Follow up - LFT levels were assessed specially on 7th and 15th day.

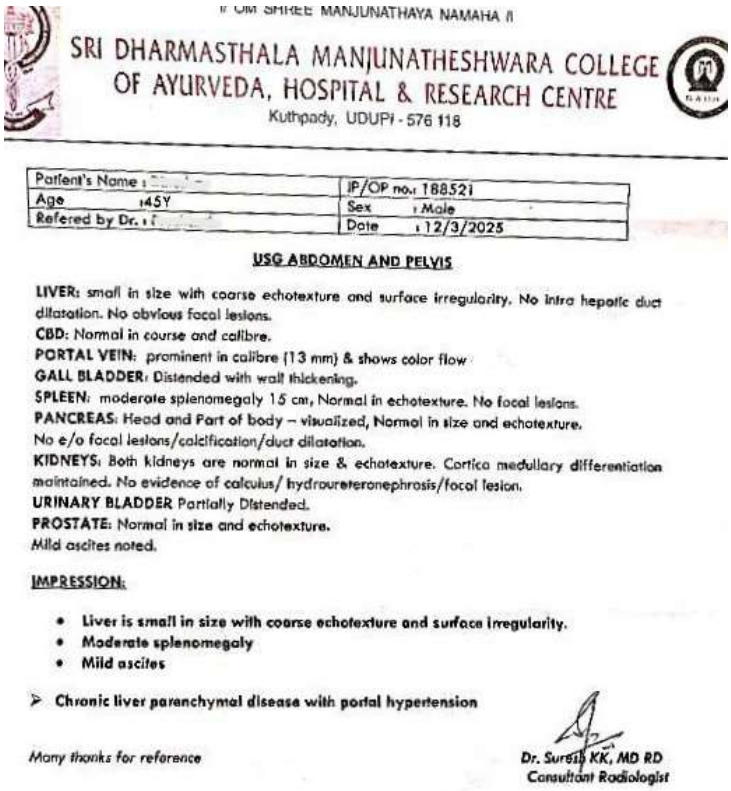
RESULTS AND DISCUSSION

Table 2: Subjective Assessment

Yellow color of sclera and skin	Reduced
Dark urine	Reduced
Appetite	Improved
Fever	Absent
Weakness	Improved

Table 3: Objective Assessment

LFT levels	Before treatment (15/03/25)	Day 7 (31/03/25)	Day 15 (07/04/25)	Normal Range[11]
Total bilirubin	3.2 mg/dl	2.5 mg/dl	1.3 mg/dl	0.2-1.2 mg/dl
Direct bilirubin	1.8 mg/dl	1.1 mg/dl	0.5 mg/dl	0-0.3 mg/dl
Indirect bilirubin	1.4 mg/dl	1.3 mg/dl	0.9 mg/dl	0-0.9 mg/dl
SGOT/AST	40 U/L	40 U/L	23 U/L	UPTO 40 U/L
SGPT/ALT	31 U/L	32 U/L	17 U/L	UPTO 40 U/L
Alkaline phosphate	106 U/L	120 U/L	92 U/L	53-128 U/L



|| OM SHREE MANJUNATHAYA NAMAHA ||

SRI DHARMASTHALA MANJUNATHESHWARA COLLEGE OF AYURVEDA, HOSPITAL & RESEARCH CENTRE

Kuthpady, UDUPI - 576 118

Patient's Name :	IP/OP no: 188521
Age : 45Y	Sex : Male
Refered by Dr. :	Date : 12/3/2025

USG ABDOMEN AND PELVIS

LIVER: small in size with coarse echotexture and surface irregularity. No intra hepatic duct dilatation. No obvious focal lesions.
CBD: Normal in course and calibre.
PORTAL VEIN: prominent in calibre (13 mm) & shows color flow
GALL BLADDER: Distended with wall thickening.
SPLEEN: moderate splenomegaly 15 cm, Normal in echotexture. No focal lesions.
PANCREAS: Head and Part of body – visualized, Normal in size and echotexture. No e/o focal lesions/calcification/duct dilatation.
KIDNEYS: Both kidneys are normal in size & echotexture. Cortico medullary differentiation maintained. No evidence of calculus/ hydroureteronephrosis/focal lesion.
URINARY BLADDER Partially Distended.
PROSTATE: Normal in size and echotexture.
Mild ascites noted.

IMPRESSION:

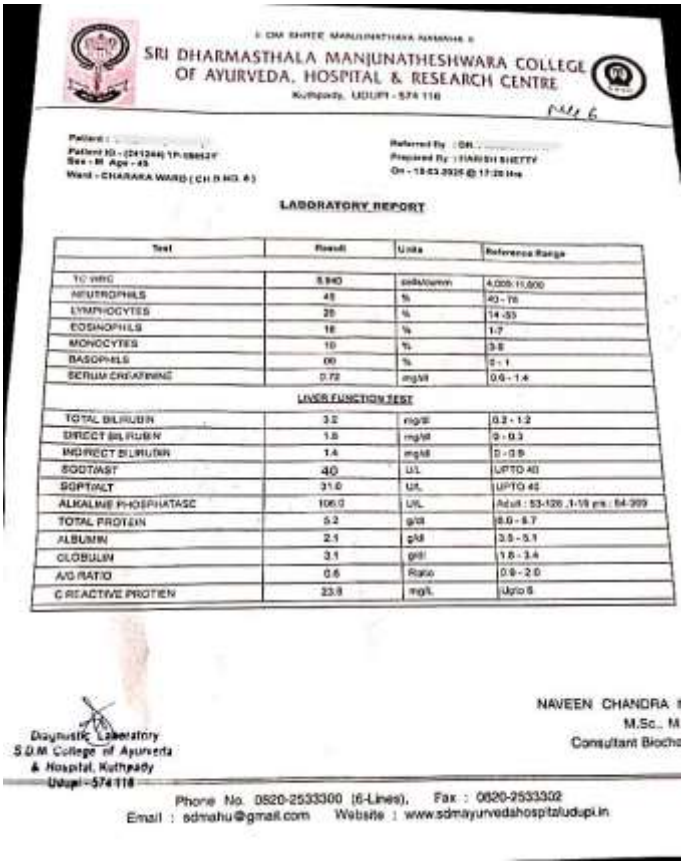
- **Liver is small in size with coarse echotexture and surface irregularity.**
- **Moderate splenomegaly**
- **Mild ascites**

➢ **Chronic liver paranchymal disease with portal hypertension**

Many thanks for reference

Dr. Suresh KK, MD RD
Consultant Radiologist

Figure 1: USG abdomen and pelvis



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LABORATORY REPORT

Test	Result	Units	Reference Range
TC WBC	5,940	cells/cumm	4,000-11,000
NEUTROPHILS	48	%	40 - 70
LYMPHOCYTES	39	%	14 -55
EOSINOPHILS	10	%	1-7
MONOCYTES	10	%	3-8
BASOPHILS	00	%	0 - 1
SERUM CREATININE	0.72	mg/dl	0.6 - 1.4
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	3.2	mg/dl	0.2 - 1.2
DIRECT BILIRUBIN	1.8	mg/dl	0 - 0.3
INDIRECT BILIRUBIN	1.4	mg/dl	0 - 0.9
SGOT/AST	40	U/L	UPTO 40
SGPT/ALT	31.0	U/L	UPTO 45
ALKALINE PHOSPHATASE	106.0	U/L	Adult : 53-128 ,1-10 yrs : 64-300
TOTAL PROTEIN	5.2	g/dl	6.0 - 8.7
ALBUMIN	2.1	g/dl	3.5 - 5.1
GLOBULIN	3.1	g/dl	1.8 - 3.4
A/G RATIO	0.6	Ratio	0.9 - 2.0
C REACTIVE PROTEIN	23.8	mg/L	Upto 6

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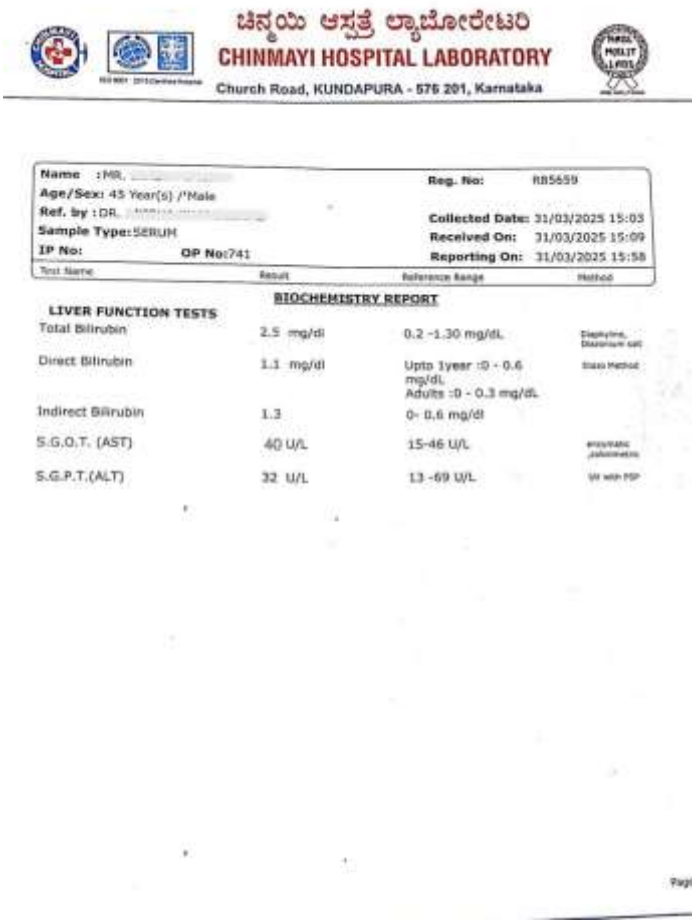
Email : sdmahu@gmail.com Website : www.sdmayurvedahospitaludupi.in

Figure 2: LFT reports-before treatment



ಚಿನ್ಮಯಿ ಆಸ್ಪತ್ರೆ ಲ್ಯಾಬೋರೇಟರಿ
CHINMAYI HOSPITAL LABORATORY
Church Road, KUNDAPURA - 576 201, Karnataka

Name : MR.
Age/Sex: 45 Year(s) /*Male
Ref. by : DR.
Sample Type: SERUM
IP No: OP No:741
Reg. No: RR5659
Collected Date: 31/03/2025 15:03
Received On: 31/03/2025 15:09
Reporting On: 31/03/2025 15:58

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range	Method
LIVER FUNCTION TESTS			
Total Bilirubin	2.5 mg/dl	0.2 -1.30 mg/dL	Diazotized, Diazonium salt
Direct Bilirubin	1.1 mg/dl	Upto 1year :0 - 0.6 mg/dL Adults :0 - 0.3 mg/dL	Diazo Method
Indirect Bilirubin	1.3	0- 0.6 mg/dl	
S.G.O.T. (AST)	40 U/L	15-46 U/L	enzymatic /photometric
S.G.P.T.(ALT)	32 U/L	13 -69 U/L	UV with P5P

Page

Figure 3: LFT levels – Day 7

ಚಿನ್ಮಯಿ ಆಸ್ಪತ್ರೆ ಲ್ಯಾಬೋರೇಟರಿ
CHINMAYI HOSPITAL LABORATORY
Church Road, KUNDAPURA - 576 201, Karnataka

Name : MR.
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Ref. by : DR.
Sample Type: SERUM
IP No: OP No:741
Reg. No: RR5659
Collected Date: 31/03/2025 15:03
Received On: 31/03/2025 15:09
Reporting On: 31/03/2025 15:58

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range	Method
LIVER FUNCTION TESTS			
Alkaline Phosphatase (ALP)	120 U/L	Males : 40-129 Females : 35-104 Children : 1 day: upto 250 2-5 days : upto 231 6d -6mon: upto 449 7 months -1year: upto 462 1 -3 years : upto 281 4-6 years : upto 269 7-12 years : upto 300 13-17 years (F) : upto 183 (M) : upto 390	enzymatic

Clinical pathology,Serology,Microbiology & Histopathology Not Included In NABL MELT Scope
Note: Test results corresponds to the samples tested, please correlate clinically.
------ **End of Report** ------

Lab Technician **Microbiologist** **Approved By** **Pathologist**
Reviewed By

Page 1 of 1

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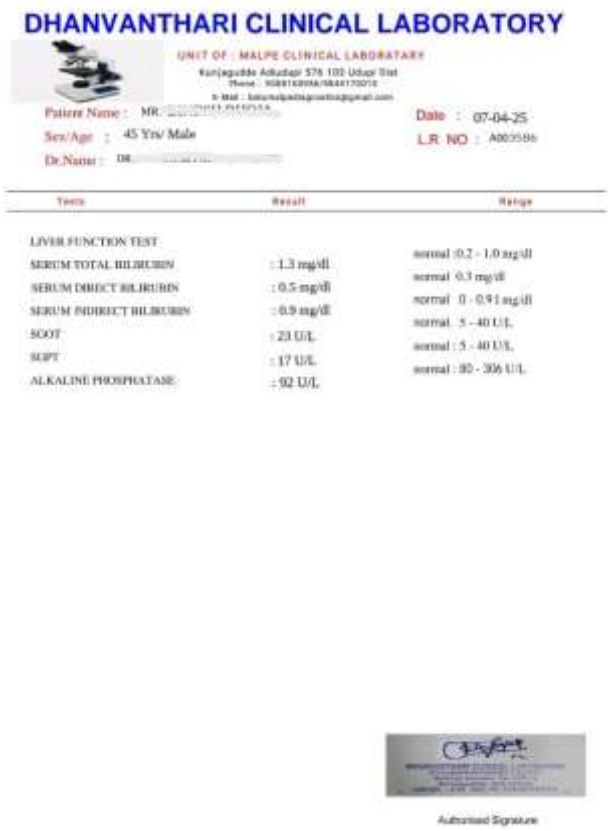
Website : chinmayihospital.in , chinmayihospital.com | E-mail : Chinmayihosplab@gmail.com

Figure 4: Alkaline Phosphate- Day 7



DHANVANTHARI CLINICAL LABORATORY

UNIT OF : MALPE CLINICAL LABORATARY

Kunjagudde Adiudupi 576 102 Udupi Dist

Phone : 9686182958/9844170218

E-Mail : balumalpeclinical@gmail.com

Patient Name : MR.

Sex/Age : 45 Yrs/ Male

Dr.Name : DR.

Date : 07-04-25

LR NO : A003586

Tests	Result	Range
LIVER FUNCTION TEST		
SERUM TOTAL BILIRUBIN	: 1.3 mg/dl	normal :0.2 - 1.0 mg/dl
SERUM DIRECT BILIRUBIN	: 0.5 mg/dl	normal :0.3 mg/dl
SERUM INDIRECT BILIRUBIN	: 0.9 mg/dl	normal : 0 - 0.91 mg/dl
SGOT	: 23 U/L	normal : 5 - 40 U/L
SGPT	: 17 U/L	normal : 5 - 40 U/L
ALKALINE PHOSPHATASE	: 92 U/L	normal : 80 - 306 U/L

Authorised Signature

Figure 5: LFT levels- Day 15

Figure 6: Agnikarma on anatomical snuff box of right hand

The procedure demonstrated limited therapeutic impact on underlying liver pathologies. However, a consistent reduction in yellowish discoloration i.e. likely improvement in icterus was noted, which can enhance patient confidence and adherence to further management. Therefore, while the procedure alone may not reverse hepatic structural damage or halt disease progression, it can serve as a supportive measure in overall patient care. Comprehensive management must continue to focus on addressing the primary hepatic pathology through established Ayurvedic formulations, including Kumari Swarasa, Drakshadi Kwatha, Patolakaturohinyadi Kwatha, Mandoora Vataka, Punarnava Mandura, Bhunimbadi Kadha and other formulations recommended under ASTG[12] and AFI guidelines. An integrative approach combining this supportive procedure with evidence-based internal medications may provide symptomatic relief and better clinical outcomes. Further evaluation with a larger sample size and longer follow-up is warranted to determine the consistent therapeutic benefits of this procedure. The findings of this study support the concept of an integrative therapeutic approach, wherein the procedure acts as a complementary modality enhancing symptomatic relief while internal medications target the primary disease process.

CONCLUSION

The procedure demonstrated a consistent reduction in icterus, leading to visible symptomatic improvement and enhanced patient confidence and treatment adherence. When used as a supportive intervention alongside established Ayurvedic formulations targeting the primary hepatic pathology, it may contribute to improved overall patient care. An integrative treatment approach appears promising, and further evaluation with larger sample sizes and extended follow-up may help to strengthen and validate these positive clinical outcomes.

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