

CASE REPORT

Ayurvedic Management of *Kamala* (Jaundice) – A Case Report

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ABSTRACT

Kamala, the Ayurvedic name for Jaundice, is characterized by yellowish discoloration of the skin, sclera, and mucous membranes secondary to hyperbilirubinemia. It may arise from pre-hepatic or post-hepatic pathologies. Ayurveda attributes its pathogenesis primarily to vitiation of *Pitta Dosha* and impairment of hepatic function (*Yakrit Dushti*), and prescribes *Shodhana* (detoxification) treatment as the basis of management. A 19-year-old female student presented with a 5-day history of icterus, yellowish discoloration of urine, periumbilical pain, and constipation, along with 8–10 days history of fever, nausea, vomiting, and generalized weakness. Baseline liver function test (LFTs) revealed markedly elevated (serum glutamic pyruvic transaminase [SGPT]: 2930 U/L), and serum glutamic-oxaloacetic transaminase [SGOT] (2830: U/L), and total bilirubin (3.7 mg/dL), with no systemic involvement of CNS, CVS, or respiratory system. A personalized Ayurvedic regimen was administered, including internal hepatoprotective and *Pitta*-pacifying medicines and *Ruksha Virechan* (therapeutic purgation) using *Ichhabhedi Vati*, along with *Pathya-Apathya* (dietary and lifestyle modifications). The patient showed gradual resolution of icterus and systemic symptoms with improved appetite, normalization of stool and urine characteristics, and relief of abdominal pain and generalized weakness. There was marked biochemical improvement in LFTs; SGPT decreased from 2930 U/L to 31.3 U/L, SGOT from 2830 U/L to 48 U/L, and total Bilirubin from 3.7 mg/dL to 1.78 mg/dL. This case report highlights the successful management of *Kamala* (Jaundice) using comprehensive Ayurvedic Management, combining the therapeutic purgation and adjunct internal medication with appropriate diet and lifestyle modification, which was effective in recovering *Kamala*.

1. INTRODUCTION

Jaundice remains one of the most prevalent hepatic presentations in clinical practice worldwide, resulting from elevated serum bilirubin, and characterized by the yellowish discoloration of the skin, sclera, and mucous membranes, typically due to pre-hepatic or post-hepatic pathology.^[1] It is frequently encountered, particularly in low- and middle-income countries, where infectious and toxic etiologies are prevalent, contributing significantly to morbidity in the young adult population. In modern medicine, its evaluation relies on clinical examination and biochemical parameters such as liver function test (LFTs), imaging, and etiological factors.

In the traditional Indian system of medicine, Ayurveda, this condition is described as *Kamala*,^[2] attributed fundamentally adopts a systemic,

root cause-oriented approach explaining the vitiation of *Pitta Dosha*, particularly *Ranjaka* and *Pachaka Pitta*, along with the impairment of the *Yakrit* (liver) and its associated *Srotas* (channels). This condition is caused due to dietary and lifestyle factors that aggravate *Pitta*, impairs digestion, and vitiate blood and related channels, ultimately resulting in yellow discoloration of eyes, skin, urine, and nails.^[3,4] Treatment targets the underlying *doshic* imbalance, restores *Agni* (digestive and metabolic fire), clears the obstructed channels, and supports hepatic regeneration. Charak Samhita notably prescribes *Virechana* (therapeutic purgation)^[5] as the primary intervention for *Kamala*.

2. CASE PRESENTATION

2.1. Patient Information

A 19-year-old unmarried female a hotel management student, presented to Samadhan Ayurveda Panchakarma Hospital and Research Centre, Nagpur hospital in Nagpur on November 04, 2023. In ayurvedic

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context, she belonged to *Sadharan Desh* (region) and *Sharad* (autumn) *Ritu* (season).

2.2. Chief Complaints

The patient presented with the following complaints.

- In the last 5 days.
 - Netrapitata* - Yellowish discoloration of the sclera
 - Netrashoola* - Ocular pain
 - Mutrapitata* - Yellowish discoloration of urine
 - Nabhiudarshoola* - Periumbilical pain
 - Udar-prishthashoola* - Abdominal and dorsal pain
 - Malavibandha* - Constipation.
- In the last 8–10 days.
 - Angamarda* - Severe generalized body ache
 - Jwara* (fever)
 - Durbalya* (generalized weakness)
 - Hrilas* (Nausea)
 - Chardisamvedana* (sensation of vomiting)
 - Chardi* (Vomiting).

2.3. History of Present illness

Symptoms commenced approximately 10 days before the patient approached for consultation with author, the patient developed abdominal pain, yellowish urine, nausea, vomiting, loss of appetite, generalized body ache, weakness, fever, and constipation. Yellowish discoloration of the eyes was noticed about 5 days before the patient approached Ayurvedic outpatient department.

2.4. Past Medical History

The patient had a past medical history of generalized weakness, intermittent anorexia, and mild episodic abdominal discomfort. No Prior illness, blood transfusion, or hospitalization was reported.

2.5. Personal, Family, and Gynecological History

- Personal history: The Patient was a resident in Delhi during her academic term. Her diet was characterized by frequent consumption of spicy, fried, and processed junk food. Sleep and daily routine were highly irregular, including night wakefulness (*Ratri Jagrana*).
- Family history: Mother - Hyperthyroidism; Father - Hypertension
- Gynecological history: Irregular menstrual cycles.

2.6. Clinical Examination

2.6.1. General examination

The patient appeared well-built with moderate nutritional status. Height – 157 cm; weight 63.6 kg. Vital signs – Temperature: 99°F, Pulse: 90 bpm (regular), blood pressure 110/70 mm of Hg; SPO₂ 98% at room air.

2.6.2. Physical examination

Pallor and frank icterus were noted. Nails demonstrated yellowish discoloration. No peripheral edema or lymphadenopathy was present. Abdominal palpation revealed right hypochondriac tenderness consistent with hepatic involvement. No organomegaly was clinically demonstrable.

2.6.3. Systemic examination

Cardiovascular, respiratory, and central nervous system examinations were unremarkable with no detected abnormality, indicating that systemic dissemination of the pathological process had not occurred.

3. AYURVEDIC DIAGNOSTIC EVALUATION

3.1. Ashtavidha Pariksha (Eight-Fold Examination)

- Nadi* (Pulse): *Pitta-Vataja* – Indicating co-dominance of Pitta and Vata
- Jihva* (Tongue): *Sama* (coated) – Suggesting Ama formation and impaired digestion
- Mala* (Stool): *Malavibandha* (constipation)
- Mutra* (Urine): *Mutrapitata* (deep yellow discoloration)
- Shabda* (Voice): *Samanya* (normal)
- Sparsha* (Skin touch): *Ushna* (warm) – indicative of Pitta aggravation
- Drika* (Visual acuity) – *Samanya* (normal)
- Aakruti* (Body habitus) – *Samakriti* (moderate build).

3.2. Dashavidha Pariksha (Ten-Fold Examination)

- Prakriti* (Constitution) – *Kapha-Vataja*
- Vikriti* (The qualitative and quantitative changes in Dosha, Dhatu, or Mala) – *Tridoshaja with Pitta Pradhanya* (Pitta-predominant imbalance of all three Doshas)
- Sara* (Tissue quality) – *Mamsa, Asthi, Majja Sara* (good muscular, bony, and neural tissue quality)
- Samhanana* – *Madhyama* (moderate compactness)
- Pramana* - *Madhyama* (moderate proportions)
- Satmya* - *Amla-Katu Rasa Satmya* (habituated to sour and pungent tastes — paradoxically Pitta-aggravating in this context)
- Satva* (Mental endurance): *Madhyama*
- Aaharashakti* – *Abhyavarana* – *Avara* (reduced food intake); *Jaranashakti* – *Avara* (impaired digestive capacity)
- Vyayamashakti* – *Avara* (low exercise tolerance)
- Vaya* – *Yuva* (young adult).

3.3. Srotas Pariksha (Examination of Body Channels)

- Annavaha Srotas* – *Karana (cause): Adhyasana* (Consuming food before the previous meal is digested), *Ahitahara Sevana* (Intake of unwholesome or incompatible food). *Lakshana (symptoms): Anannabhilasha* (lack of desire for food), *Aruchi*(Anorexia), *Avipaka* (Indigestion), *Chardi* (Vomiting).
- Rasavaha Srotas* – *Karana (cause): Guru* (heavy food), *Shita* (cold food), *Snigdha Ahara* (unctuous/oily food); *Atichintan* (excessive thinking/stress).
Lakshana: Mukha Vairasya (Bad taste in the mouth), *Hrilas* (Nausea), *Gaurava* (Heaviness), *Angamarda* (body ache), *Tandra* (Drowsiness), *Jwara* (fever).
- Raktavaha Srotas* – *Karana (cause): Vidahi* (corrosive food), *Ushna* (hot food), *Snigdha* (unctuous/oily food), *Drava Ahara* (liquid food).
Lakshana: Kamala, Jwara.
- Purishavaha Srotas* – *Karana: Ajeerna* (Indigestion), *Vegadharan* (Suppression of natural urges), *Adhyasana* (eating before digestion of previous meal).
Lakshana: Malavibandha (Constipation).

4. INVESTIGATIONS

4.1. LFT

Table 1.

4.2. Urine-Analysis

Conducted on October 28, 2023, confirmed albuminuria.

4.3. Ultrasonography (Abdomen)

USG on November 29, 2023, suggested mild hepatomegaly and prominent endometrium (endometrial thickness 10 mm).

5. AYURVEDIC DIAGNOSIS

5.1. Nidana (Etiology)

- *Aharaja* (Dietary) - *Vishama Pramana* (irregular food quantities), *Amla-Katu Rasa* dominance; *Ushna-Tikshna-Snigdha-Guru Ahara* (hot, sharp, unctuous, heavy food qualities); *Adhyasana* (eating before prior meal is digested); *Akalabhajana* (untimely meals); habitual intake of oily, spicy, and processed foods.
- *Viharaja* (Lifestyle) - Irregular daily routine; *Ratri Jagrana* (habitual night wakefulness); physical inactivity.
- *Mansika* (Psychological) - *Atichintan* (excessive cognitive rumination); *Krodha* (anger).
- *Sannikrishta Nidana* (Proximate cause) - Habitual consumption of *Ushna-Tikshna* - Spicy *Ahara* (meals) directly precipitating *Pitta Dushti*.
- *Viprakrishta Nidana* (Distal cause) - Chronic disruption of dietary and circadian rhythm, creating sustained *Pitta* vitiation over time.

5.2. Purvaroopa (Prodromal Symptoms)

Before the frank manifestation of *Kamala*, the patient experienced - *Aruchi* (anorexia), *Daurbalya* (weakness), *Jwara* (fever), *Udarashoola* (abdominal pain), and *Angamarda* (body ache).

5.3. Roopa (Signs and Symptoms)

Fully established clinical features included - *Jwara*, *Udarashoola*, *Daurbalya*, *Mutrapiyata*, *Netrapiyata*, *Aruchi*, and *Netradaha-Shoola* (ocular burning and pain).

5.4. Samprapti (Pathogenesis)^[4]

The sequential pathogenic cascade in this case was reconstructed as follows:

1. *Nidana Sevana*: Chronic exposure to *Ushna-Tikshna Ahara* and *Ratri Jagrana*.
2. *Pitta Prakopa*: *Tridoshic* vitiation with *Pitta Pradhanya*.
3. *Pachaka Pitta Dushti*: Impairment of digestive *Pitta* affecting *Rasa Dhatu* formation.
4. *Agnimandhya*: Consequent weakening of metabolic fire.
5. *Vidaha* of *Rakta* and *Mamsa Dhatu*: Pathological metabolic transformation of blood and muscular tissues.
6. *Mala-Svarupa Pitta* in *Yakrit*: Excessive accumulation of degraded *Pitta* within the liver —
 - a. Correlating with hepatocellular injury as evidenced by markedly elevated transaminases.
 - b. Systemic circulation: Circulating vitiated *Pitta* manifesting as *Kamala* (yellowish discoloration of *Netra*, *Nakha*, and *Mutra*).

5.5. Samprapti Ghataka

- *Dosha-Tridosha*, *Pitta Pradhan*
- *Dushya-Rakta*, *Mamsa Dhatu*
- *Srotas-Raktavaha*, *Rasavaha*
- *Adhithana-Twak*, *Netra*, *Nakha*, *Mutra*
- *Srotodushti-Sanga* (obstruction) and *Vimargagama* (aberrant flow)
- *Agni-Agnimandhya* (impaired digestive fire)

- *Swabhava-Chirkari* (gradual onset and progression)
- *Sadhya-Asadhya* - *Sadhya* (favourable prognosis)
- *Roga Vinishchaya-Kamala* (Jaundice).

6. TREATMENT

Management was guided as per directive in *Chikitsasthana* of *Charak Samhita* prescribing *Virechana* (therapeutic purgation)^[5] along with internal medicine.

6.1. Internal Medicine

Table 2.

6.2. Ruksha Virechana Schedule (Icchabhedi Vati)^[6]

Ruksha Virechan was administered using *Icchabhedi Vati* on alternate days to facilitate the elimination of vitiated *Pitta*. *Snehapana* (internal oleation) was not conducted before *Virechan* process. *Icchabhedi* tablet was administered with cold water as adjuvant (Table 3).

6.3. Pathya (Prescribed Diet and Lifestyle)

- Diet – Recommended: *Laghu-Pachya* (easily digestible) preparations; vegetables including *Lauki* (bottle gourd), *Turai* (ridged gourd/sponge gourd), *Tinda* (apple gourd), *Parwal* (pointed gourd), *Sahjan* (drumsticks), *Bhindi* (okra), *Gajar* (carrot), *Methi* (Fenugreek); grains – old barley (*Purana Yava*), green gram (*Mudga Dal*), wheat (Godhum), *sorghum* (Jwar); fruits – apple, pomegranate, papaya, sapodilla.
- Lifestyle – Recommended: Waking up at 06:00–06:30 AM; daily *Pranayama* (Breathing exercises); adequate night sleep.
- Diet – Prescribed (Apathya): Tandoori preparations, besan (gram flour) products, refined flour products, processed and junk food, deep-fried foods, fermented items, non-vegetarian food, and heavy or excessively oily meals.
- Lifestyle – Prescribed: *Divasvapna* (daytime sleeping), *Ratri Jagrana* (nocturnal wakefulness), and *Vegadharan* (suppression of natural physiological urges).

7. RESULTS

7.1. Clinical Outcomes

Clinically meaningful improvement was evident across all domains of the presenting complaint. The progression of symptomatic resolution is summarized below:

- By November 15, 2023: Marked reduction in vomiting and ocular pain; diminished urinary discoloration; residual headache and coated tongue
- By November 18, 2023: Normalization of transaminases to near-reference range values on repeat LFT
- By November 30, 2023: Clean tongue (*Niram Jihva*); normal stool (*Samanya Mala*); pale-yellow urine (*Pitabhashweta Mutra*); restored appetite; minimal residual abdominal discomfort.

7.2. Biochemical Outcomes

The serial LFT data document a progressive and dramatic biochemical recovery. Serum glutamic pyruvic transaminase (SGPT) declined from 2930 U/L (baseline) to 60 U/L by day 19 and to 31.3 U/L by day 29 – a >98.9% reduction. Serum glutamic-oxaloacetic transaminase fell from 2830 U/L to 45 U/L by day 19 and 48 U/L by day 29. Total bilirubin normalized from 3.7 mg/dL to 1.78 mg/dL. These findings

constitute objective evidence of hepatocellular recovery and functional restoration of bilirubin metabolism.

8. DISCUSSION

8.1. Rationale for *Virechana* in *Kamala*

Virechana karma works through a dual mechanism in *Kamala* in the initial stages, it directly eliminates *Mala-Svarupa Pitta*, which is pathologically accumulated as biliary metabolites and hepatic toxins from the gastrointestinal tract, thereby reducing the hepatic metabolic burden. Second, *Virechana* stimulates and restore metabolic fire (*Agni*); the clearance of obstructed *Srotas* and elimination of *Ama* restores metabolic efficiency at the cellular level. *Ichhabhedhi Vati* was chosen for the *Ruksha* (dry) purgation over the *Snigdha* (unctuous) *Virechana* since its *Tikta* (bitter) and *Ruksha* (dry) *Gunas* counterbalance the *Ushna-Snigdha* quality of the vitiated *Pitta*, thus promoting expulsion of the vitiated *Pitta* without an additional aggravation of the *Dosha*. The swift decline in transaminase – SGPT from 2930 U/L to 60 U/L over the course of 19 days suggests that once the primary causative *Dosha* is eliminated, normal biochemical functioning will be quickly restored, which is a reflection of the Ayurvedic concept. The extent of the rapid decrease is greater than would generally be expected to occur from hepatoprotective measures alone.

8.2. Pharmacological Justification for Internal Medicine

The Herbo-mineral formulations that were used have established pharmacological actions that support their Ayurvedic applications, and it has been established that *Ayogyavardhini Vati*^[7] contains *Kutki* (*Picrorhiza kurroa*), which has well-documented hepatoprotective, choloretic, and anti-inflammatory effects. The *Bhunimbadi Gutika*^[8] contains *Bhunimba* (*Andrographis paniculata*), which has demonstrated similar hepatoprotective and immunostimulant activity. The *Sutshekhara Rasa*,^[9] a classical preparation for pacifying *Pitta*, addresses many of the same symptoms as the other preparations, such as fever, nausea, and epigastric pain. The *Samshamani Vati*^[10] (based on *Guduchi* (*Tinospora cordifolia*)) is immunomodulatory and hepatoprotective. The synergistic use of all these formulations ensured simultaneous *Pitta* pacification, *Agni* restoration, channel cleansing, and hepatic regeneration. The transient mid-treatment rise in total bilirubin (3.7–4.2 mg/dL) preceding the subsequent significant decline may reflect mobilization of intra-hepatically sequestered bilirubin – a recognized phenomenon during active hepatic detoxification- rather than the disease progression. The concurrent sharp fall in transaminases at the same time point supports this interpretation.

8.3. Role of *Pathya-Apathya*

Dietary and Lifestyle history was directly reflected in the *Nidana* identified - *Ushna, Tikshna Ahara, Adhyasana, Ratri jagrana* – underscoring a core Ayurvedic principle that disease arises from specific modifiable behavioral patterns. The *Pathya-Apathya* framework not only supported pharmacological recovery but also addressed the root etiological factors, potentially reducing susceptibility to recurrence.

9. CONCLUSION

In this case report, we present a successful treatment by Ayurveda for a young woman who had acute *Kamala* with severe liver damage. The personalized treatment plan included the use of two modalities. *Virechana* (*Ichhabhedhi Vati*) and a combination of protective herbal formulations were prescribed based on classical Ayurveda principles, which govern the successful management of *Pitta*-based

liver disease. The patient achieved more than 98% reduction in serum transaminases, significant decreases in bilirubin, and full resolution of symptoms within 30 days. The data provide support for the premise that *Virechana* has direct hepatoprotective and detoxifying effects that cannot be achieved through medicinal means alone. Further research is warranted using well-designed controlled studies in order to better understand the therapeutic actions and optimal dosages of *Virechana*, along with long-term effects in patients with *Kamala*, in order to support the body of evidence regarding Ayurvedic medicine, as well as its potential for integration into current medical practice.

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11. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

12. FUNDING

Nil.

13. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

14. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

15. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

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REFERENCES

- John S, Pratt DS. Jaundice. In: Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's principles of internal medicine. 20th ed. New York: McGraw-Hill Education; 2018. Available from: accessmedicine.mhmedical.com/content.aspx?aid=1160010719 [Last accessed on 2024 Jan 27].
- Kumar M. A literary review of kamala with special reference to jaundice. *Int Res J Ayurveda Yoga*. 2022;5(9):185-9. doi: 10.47223/irjay.2022.5932
- AnnaMoreshwar Kunte V. Ashtang hridayam. In: Sarwangsundar - Hindi commentary. 10th ed. Varanasi, India: Chaukhamba Orientalia; 2019. p. 518-9.
- Sharma A. Sushrut samhita. In: Sushrutvimarshini - Hindi commentary. 1st ed. Varanasi, India: Chaukhamba Surabharti Prakashan; 2022. p. 356-7.
- Kushwaha VH. Charak samhita. In: Ayushi; Hindi commentary on ayurved dipaka of chakrapaani dutta. 2nd ed. Varanasi, India: Chaukhamba Orientalia; 2018. p. 430.
- Kamath N, Chavan RR, Gowda S. Ichhabhedhi rasa â "a herbo-mineral formulation review. *Int Ayurvedic Med J*. 2019;7(7):1163-6.

7. Padhar BC, Dave AR, Goyal M. Clinical study of Arogyavardhini compound and lifestyle modification in management of metabolic syndrome: A doubleblind placebo controlled randomized clinical trial. *Ayu*. 2019;40(3):171-8. doi: 10.4103/ayu.ayu_79_19
8. Chaudhary S, Bhaskar CL, Prajapati V, Patel KS, Kori VK. Effect of bhunimbadi vati in the management of grahani dosha in children - a case study. *Int Ayurvedic Med J*. 2019;7:834-9.
9. Kumar A, Singhal T. Scientific explanation of mode of action of sutshekhar ras in amlapitta with special reference to acid peptic disorders: A review. *Int J Res Ayurveda Pharm*. 2018;9(5):47-9. doi: 10.7897/2277-4343.095154
10. Rathod D, Vyas K. Therapeutic potential of samshamni vati -a review. *Int Educ Res J*. 2023;9:83-5.

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Table 1: Liver function test results

Test	Pre-treatment (October 31, 2023)	Mid-treatment (November 18, 2023)	Post-treatment (November 29, 2023)	Reference range
Serum Bilirubin total (mg/dL)	3.7	4.2	1.78	0.2–1.2
Serum Bilirubin direct (mg/dL)	1.6	1.7	1.00	0.0–0.3
Serum Bilirubin indirect (mg/dL)	2.1	2.5	0.78	0.2–0.9
SGPT/ALT (U/L)	2930	60	31.3	7–56
SGOT/AST (U/L)	2830	45	48	10–40

Reference ranges are laboratory - Specific and provided for contextual guidance. SGPT: Serum glutamic pyruvic transaminase, SGOT: Serum glutamic-oxaloacetic transaminase

Table 2: Internal Medicine (Shaman Chikitsa)

Duration	Prescribed medicines
November 04, 2023–November 07, 2023	Sutshekhara Rasa: 1/2 tablet once daily at 07:00 AM with Madhu (honey) Arogyavardhini Vati: 2 tablets twice after meals with warm water Bhunimbadi Gutika: 2 tablets twice after meals with warm water Syrup Jaundex (Sandu): 4 tsp twice daily after meals with warm water
November 08, 2023–November 14, 2023	Sutshekhara Rasa: 1/2 tablet once daily at 07:00 AM with honey Arogyavardhini Vati: 2 tablets twice after meals with warm water Tab Amylcure DS (Aimil): 1 tablet twice after meals Syrup Amyron (Aimil): 4 tsp twice after meals. Syrup Jaundex (Sandu): 4 tsp twice daily after meals with warm water
November 15, 2023–November 29, 2023	Sutshekhara Rasa: 1/2 tablet once daily at 07:00 AM with honey. Arogyavardhini Vati: 2 tablets twice with warm water after meals Sanshamanivati : 2 tablets twice after meals Bhunimbadi Gutika: 2 tablets twice after meals with warm water Syrup Jaundex (Sandu): 4 tsp twice daily after meals with warm water Syrup Amyron (Aimil): 4 tsp twice after meals.
November 30, 2023–December 15, 2023	Sutshekhara Rasa: 1/2 tablet once daily at 07:00 AM with honey. Arogyavardhini Vati: 2 tablets twice with warm water after meals Bhunimbadi Gutika: 2 tablets twice after meals with warm water Syrup Jaundex (Sandu): 4 tsp twice daily after meals with warm water Syrup Amyron (Aimil): 4 tsp twice after meals.

Table 3: Schedule of the administered Ruksha Virechana

Date	Drug and Dose	Time	Vegas (purgation urges)
November 09, 2023	1 tablet	08:00 AM	2
November 11, 2023	1 tablet	08:00 AM	3
November 13, 2023	1 tablet	08:15 AM	3
November 16, 2023	1 tablet	08:30 AM	2
November 17, 2023	1 tablet	08:00 AM	2
November 19, 2023	1 tablet	08:15 AM	3
November 21, 2023	1 tablet	08:15 AM	1
November 23, 2023	1 tablet	08:00 AM	2
November 26, 2023	1 tablet	08:15 AM	2
November 29, 2023	1 tablet	08:30 AM	3