



Review Article

KAMALA ROGA IN AYURVEDA: A LITERARY REVIEW WITH CONTEMPORARY CORRELATION TO JAUNDICE

Ramakant Katara^{1*}, Solanki Akshay Kumar Vinod Bhai², Falguni Joshi³, HML Meena⁴, Harish Bhakuni⁵

^{*1}PG Scholar, ²Assistant Professor, ³Ph.D. Scholar, ⁴Professor and Head of the Department, ⁵Associate Professor, Department of Kayachikitsa, National Institute of Ayurveda, De-Novo, Jaipur, Rajasthan, India.

Article info

Article History:

Received: 02-01-2026

Accepted: 11-02-2026

Published: 15-03-2026

KEYWORDS:

Kamala Roga, Jaundice, Pitta Dosh, Yakrit, Ayurvedic Hepatology, Virechana, Liver Disorders.

ABSTRACT

Kamala is an important disease entity described in Ayurvedic classics, characterized predominantly by yellow discoloration of the eyes, skin, urine, and stool. These manifestations closely resemble the clinical presentation of jaundice in contemporary medicine. Ayurveda provides a detailed etiological, pathological, and therapeutic framework for *Kamala*, emphasizing systemic metabolic imbalance rather than isolated organ pathology. **Objective:** To critically review the classical Ayurvedic concept of *Kamala Roga* and correlate it with the modern understanding of jaundice. **Methods:** A literature review was conducted based on classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, along with their authoritative commentaries. Ayurvedic principles such as *Dosha, Dhātu, Agni,* and *Srotasa* were analytically correlated with modern anatomical and pathological concepts of jaundice. **Results:** *Kamala* is described as a *Pitta-pradhana Tridoshaja Vyadhi*, with primary involvement of *Rakta Dhātu, Yakrit,* and *Pittavaha Srotasa*. Classical texts detail its etiological factors, *Samprapti*, clinical variants (*Koshthashrita* and *Shakhashrita Kamala*), and management strategies. Significant parallels were observed between Ayurvedic descriptions and modern classifications of hepatocellular and obstructive jaundice. Ayurvedic management focuses on *Nidana Parivarjana, Virechana Karma,* and *Pitta-Rakta Shamana*, offering a structured and individualized therapeutic approach. **Conclusion:** The Ayurvedic concept of *Kamala* provides a holistic and pathophysiologically sound understanding of jaundice. This literature review highlights the relevance of classical Ayurvedic principles in interpreting liver disorders and supports the scope for integrative research in hepatoprotective and metabolic management strategies.

INTRODUCTION

Kamala Roga is a well-defined disease entity described extensively in classical Ayurvedic literature, characterized by yellowish discoloration of the eyes (*Netra*), skin (*Twaka*), nails (*Nakha*), urine (*Mutra*), and stool (*Mala*), accompanied by systemic manifestations such as weakness, anorexia, indigestion, and burning sensation. Classical Ayurvedic scholars conceptualized *Kamala* not merely as a disorder of discoloration but as a manifestation of

profound derangement of *Pitta Dosh, Rakta Dhātu, Agni,* and *Srotasa*, with predominant involvement of the *Yakrit* and *Pittavaha Srotasa*. *Kamala* is described both as an independent disease (*Swatantra Kamala*) and as a complication of inadequately managed *Pandu Roga* (*Paratantra Kamala*), reflecting a complex and progressive etiopathogenesis.

In contemporary medicine, jaundice is recognized as a clinical sign arising from disturbances in bilirubin metabolism and hepatobiliary function. Although advances in diagnostic modalities have enabled accurate identification of underlying etiologies, the conceptual framework of modern medicine remains largely organ-centric, focusing on hepatic parenchymal injury, hemolysis, or biliary obstruction. Therapeutic strategies are predominantly

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v14i2.3980
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

etiology-specific and supportive, with relatively limited emphasis on restoring systemic metabolic balance or enhancing intrinsic hepatic functional capacity.

Ayurveda offers a distinctive and integrative perspective on *Kamala* by emphasizing causative factors (*Nidana*), pathogenetic mechanisms (*Samprapti*), stage-wise clinical evolution, and individualized therapeutic approaches, thereby addressing both disease prevention and progression. Classical texts provide detailed descriptions of clinical variants such as *Koshthashrita* and *Shakhashrita Kamala*, along with differential diagnostic considerations and structured principles of management, reflecting a comprehensive understanding of hepatobiliary dysfunction. Despite the availability of scattered references to *Kamala Roga* in classical literature, a consolidated and critically analyzed literary review that systematically correlates Ayurvedic concepts with contemporary understandings of jaundice remains limited. Therefore, the present review aims to critically analyze and synthesize classical Ayurvedic descriptions of *Kamala Roga* and correlate them with modern concepts of jaundice, to enhance conceptual clarity and support integrative, patient-centered approaches to hepatobiliary disorders.

MATERIALS AND METHODS

This study is a classical literary review based exclusively on authoritative Ayurvedic texts. Primary sources included the *Brihatrayi- Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* along with their classical commentaries by *Chakrapani Datta*, *Dalhana*, and *Arunadatta*. Relevant references pertaining to the *Nidana*, *Samprapti*, *Lakshana*, *Bheda*, *Sapeksha Nidana*, and *Chikitsa* of *Kamala Roga* were identified through focused review of disease-specific chapters.

Only classical descriptions directly related to *Kamala Roga* were included, while unrelated contexts were excluded. No clinical or experimental data were considered. The extracted material was analyzed and interpreted according to fundamental Ayurvedic principles such as *Dosha*, *Dhatu*, *Agni*, *Srotasa*, and *Samprapti Ghataka*, and comparative interpretations of different Acharyas were synthesized to present a coherent Ayurvedic understanding of *Kamala Roga*.

Ayurvedic Review of *Kamala Roga*

Etiopathogenesis (*Nidana* & Conceptual Basis)

Kamala Roga is described in Ayurvedic classics as a disease arising from profound derangement of *Pitta Dosha*, *Rakta Dhatu*, *Agni*, and *Srotasa*, with predominant involvement of *Yakrit* and *Pittavaha Srotasa*. Classical lexicons such as *Shabda Kalpa Druma*, and *Vachaspatyam* define *Kamala* as a distinct pathological condition (*Roga visheṣha*) caused by abnormal metabolism and accumulation of morbid

metabolic by-products (*Kutsita mala*). Acharyas emphasize that *Kamala* represents a systemic metabolic disorder rather than a mere discoloration of the body.

Acharya Charaka explains *Kamala* mainly in relation to *Pandu Roga*, stating that excessive indulgence in *Pitta*-aggravating diet and lifestyle leads to vitiation of *Rakta* and *Mamsa Dhatu*, culminating in *Kamala*. Thus, *Kamala* is described either as a *Swatantra Kamala* or as a complication of inadequately managed *Pandu Roga* (*Paratantra Kamala*).

Classification of *Kamala Roga*

According to Classical Texts

Charaka Samhita

- *Koshthashrita Kamala*
- *Shakhashrita Kamala*
- Advanced forms: *Halimaka*, *Kumbha Kamala*

Sushruta Samhita

- *Kamala*
- *Panaki*
- *Halimaka*
- *Lagharaka (Alasa)*

Ashtanga Hridaya

- *Swatantra Kamala*
- *Paratantra Kamala*

Based on *Samprapti*

- *Sankhya Samprapti: Koshthashrita, Shakhashrita*
- *Vikalpa Samprapti: Bahu-Pitta, Alpa-Pitta Kamala*
- *Pradhanya Samprapti: Swatantra and Paratantra Kamala*
- *Bala Samprapti: Mridu Kamala and Daruna forms such as Kumbha Kamala and Halimaka*

Samprapti (Pathogenesis)

In *Koshthashrita Kamala*, excessive aggravation of *Pitta* leads to its accumulation in the gastrointestinal tract (*Koshtha*), from where it circulates through *Rasa* and *Rakta Dhatu*, producing generalized discoloration and systemic symptoms. Chakrapani describes this condition as *Bahupittatmaka Kamala*, denoting quantitative increase of *Pitta*.

In *Shakhashrita Kamala*, vitiated *Kapha* and *Vata* cause obstruction of *Pittavaha Srotasa* (*Srotorodha*), preventing normal excretion of *Pitta* into the gastrointestinal tract. Consequently, *Pitta* spreads into peripheral tissues (*Shakha*), resulting in *Alpa-Pittatmaka Kamala*, where *Pitta* production is normal but its movement is obstructed.

Clinical Features (*Lakshana*)

Common features of *Kamala* include:

- Yellow discoloration of eyes, skin, nails, urine, and stool.
- Weakness, anorexia, indigestion, malaise.

- Burning sensation and reduced digestive capacity
- Yellow or deep yellow urine and stool
- Burning sensation (*Daha*)
- Indigestion (*Avipaka*), anorexia (*Aruchi*), debility
- Clay-colored stool (*Tilapishta-sannibha varchasa*)
- Constipation, abdominal distension, flatulence
- Heaviness in chest, dyspnea, fever, poor appetite

Chronic and Advanced Forms

Kumbha Kamala represents a chronic and severe stage characterized by generalized edema, severe dryness, blackish-yellow discoloration, altered sensorium, and metabolic failure. Acharya Charaka considers this condition *Asadhya*.

Halimaka is marked by greenish-black discoloration, extreme weakness, anorexia, breathlessness, confusion, and involvement of both *Vata* and *Pitta* Dosh.

Nidana

The etiological factors (*Nidana*) of *Koshthashrita Kamala* are primarily responsible for the aggravation of *Pitta Dosh*, leading to vitiation of *Rakta Dhatu* and dysfunction of *Yakrit* and *Pittavaha Srotasa*. Classical texts broadly categorize the *Nidana* of *Kamala* into dietary, lifestyle, psychological, disease-related, and miscellaneous factors. Rather than isolated causes, *Kamala* develops due to sustained exposure to *Pitta*-provoking influences, resulting in metabolic imbalance.

Table 1: Nidana of the Koshthashrita Kamala Roga [36]

Aahara Janya Nidana	Vihara Janya Nidana	Manasika Nidana	Nidanarthakara Roga	Other Nidana
Excessive intake of <i>Kshara</i> , excessive intake of <i>Amla</i> excessive intake of <i>Lavana</i> , excessive intake of <i>Amla</i> , excessive intake of <i>Ushna</i> , excessive intake of <i>Tikshna Sarshapa Taila Atasi Taila Pinyaka Nispava</i> , <i>Masha</i> , <i>Matsya Mamsa Aja Mamsa Kulatha Sauvira Ardraka Amlika Peelu Bhallatakashthi</i> <i>Vidahi Anna Viruddha Anna Sneha Pana</i> Inconstant period	<i>Ati Madhura</i> <i>Ati Vyayama</i> <i>Diva Swapna</i> <i>Atapa Sevana</i> <i>Vega</i> <i>Vidharana</i> <i>Ati Shrama</i>	<i>Kama</i> <i>Krodha</i> <i>Bhaya</i> <i>Chinta</i> <i>Shoka</i> <i>Irshya</i>	<i>Pandu Roga</i> <i>Pitthaja</i> <i>Jwara</i> <i>Pittolavana</i> <i>Madhya Kapha-Hleena</i> <i>Vata (Sampitta</i> <i>Jwara) Vishama Jwara</i> <i>Raktadhatu gata</i> <i>Jwara</i> <i>Pittaja</i> <i>Raktapitta</i> <i>Pittaja</i> <i>Gulma Pittaja</i> <i>Visarpa</i> <i>Plihodara Yakritodara</i> <i>Paittika</i> <i>Madhyaya</i> <i>Paittika Hridroga</i>	<i>Sharada</i> <i>Ritu</i> <i>Grishma</i> <i>Ritu</i> <i>Varsha</i> <i>Ritu</i> <i>Madhyahna</i> <i>Ardhara-tri</i> <i>Pachyamanavastha</i> <i>Prakrita</i> <i>Pitta</i> <i>Prakopa</i> <i>Kala</i> <i>Grishma</i> <i>Intake</i> <i>Ritu</i> <i>Vaishamy</i>

Nidana of Shakhāsrita Kamala Roga

Acharya Charaka has described specific etiological factors responsible for *Shakhāsrita Kamala*, wherein vitiated *Pitta* fails to reach the *Koshtha* and instead spreads into the *Shakhā* (*Rakta Dhatu* and *Twakā*). The important *Nidanas* include excessive intake of *Ruksha*, *Sheeta*, *Guru*, and *Madhura Dravyas*, *Ati Vyayama*, and *Vega Nigraha*.

Excessive consumption of *Ruksha Dravyas*, possessing *Katu*, *Tikta*, and *Kashaya Rasa* with *Ruksha* and *Laghu Guna*, causes dryness and constriction of *Rasavaha* and *Pittavaha Srotasa*. This leads to obstruction of *Pitta* flow toward the *Koshtha* and its diversion into the *Shakhā* under the influence of vitiated *Vata*, resulting in *Shakhāsrita Kamala*.

Intake of *Sheeta Dravyas* aggravates *Vata* and *Kapha*, leading to *Vishamagni* and *Mandagni* with subsequent *Ama* formation. The contracted *Srotasa* prevent normal *Pitta* movement, causing its dissemination into peripheral tissues. Similarly, excessive intake of *Guru* and *Madhura Dravyas* increases *Kapha*, induces *Agnimandya*, and causes

Srotorodha, leading to diversion of *Pitta* into the *Shakhā*.

Ati Vyayama results in *Dhatu Kshaya* and vitiation of both *Pitta* and *Vata*. The aggravated *Vata* facilitates *Vimargagamana* of *Pitta*, leading to its accumulation in *Rakta* and *Twakā*. *Vega Nigraha* causes *Vata Prakopa*, which disturbs normal *Dosha gati* and promotes abnormal movement of *Pitta* from its *Sanchaya Sthana* into the *Shakhā*, culminating in *Shakhāsrita Kamala*.

Samprapti Ghataka of Kamala Roga

Dosha: Pitta predominating Tridosha.

- *Pitta* – *Pachaka Pitta*, *Ranjaka Pitta*, *Sadhaka Pitta*, *Alochaka Pitta* and *Bhrajaka Pitta*.
- *Vata* – *Vyana Vayu*, *Samana Vayu*, *Apana Vayu*.
- *Kapha* – *Kledaka Kapha*. *Dushya: Rasa Dhatu, Rakta Dhatu, Mansa Dhatu*. *Adhithana: Koshtha: Maha Srotasa and Yakrita Shakha: Twaka and Raktadi Dhatu*.

Srotasa: Rasavaha, Raktavaha, Annavaha, Purishavaha Srotasa.

Srotodushti: Atipravritti, Vimargagamana and Sanga.

Sanchara Sthana: Whole body

Agni: Vishmagni and Tikshnagni dominating
Jatharagni Mandya and Dhatwagni Mandya.Vyakti Sthana: Netra, Twaka, Nakha, Mukha, Mala,
Mutra.

Udbhava Sthana: Amashaya.

Table 2: Signs and Symptoms of Koshthashakshrita Kamala Roga

S.No.	Lakshana (Signs & Symptoms)	Cha. Sa.	Su. Sa.	A.S.	A.H.	Ma. Ni.	Ka. Sa.	R.R.S.
1	Haridra Netra	+	+	+	+	+	+	-
2	Haridra Twaka	+	+	+	+	+	+	-
3	Haridra Nakha	+	+	+	+	+	+	-
4	Haridra Anana (Face)	+	+	+	+	+	+	-
5	Rakta Peeta Mala	+	+	+	+	+	-	-
6	Rakta Peeta Mutra	+	+	+	+	+	-	-
7	Bhekvam	+	+	+	+	+	+	-
8	Hetudringa	+	+	-	+	+	-	-
9	Durbalendriya	+	+	+	+	+	-	-
10	Daha	+	+	+	+	+	-	-
11	Avipaka	+	+	+	+	+	-	-
12	Daurbalya	+	+	-	-	+	-	-
13	Sadana	+	+	-	-	+	-	-
14	Aruchi	+	+	-	-	+	-	-
15	Karshita	+	+	-	-	+	-	-
16	Trishna	+	+	+	+	-	-	-
17	Shopha	+	+	+	+	-	-	-
18	Parvabheda	+	+	-	+	-	-	-
19	Harita Shyava / Peeta Varnata	+	+	+	+	-	-	-
20	Nishtagni	+	+	-	+	-	-	-
21	Mandagni	+	+	+	+	-	-	-
22	Bala Kshaya	+	+	-	-	-	-	-
23	Utsaha Kshaya	+	+	-	-	-	-	-
24	Tandra	+	+	+	+	-	-	-
25	Mridu Jwara	+	+	+	+	-	-	-
26	Shwasa	+	+	-	+	-	-	-
27	Bhrama	+	+	+	+	-	-	-
28	Angamarda	+	+	+	+	-	-	-
29	Aparahrsha	+	+	-	+	-	-	-
30	Rudhira Spriha	+	-	-	-	-	-	-
31	Bhinna Varchasa	+	+	-	-	-	-	-

Table 3: Signs and Symptoms of Shakshashrita Kamala Roga

S.No.	Lakshana (Signs & Symptoms)	Cha.Sa.	Su.Sa.	A.S.	A.H.	Ma.Ni.	Ka.Sa.	R.R.S.
1	Haridra Netra	+	+	+	-	-	-	-
2	Haridra Mutra	+	+	+	-	-	-	-
3	Haridra Twaka	+	+	-	-	-	-	-
4	Sweta Varchasa	+	+	-	-	-	-	-
5	Atopa	+	-	-	-	-	-	-
6	Vishtambha	+	-	-	-	-	-	-
7	Hridaya Gaurava	+	+	+	-	-	-	-
8	Daurbalya	+	+	+	+	-	-	-
9	Alpagni	+	+	+	+	-	-	-

10	<i>Parshva Arati</i>	+	+	+	-	-	-	-
11	<i>Hikka</i>	+	-	-	-	-	-	-
12	<i>Shwasa</i>	+	-	-	-	-	-	-
13	<i>Aruchi</i>	+	+	+	-	-	-	-
14	<i>Jwara</i>	+	+	-	-	-	-	-

Sapeksha Nidana (Differential Diagnosis of Kamala Roga)

Differential diagnosis of *Kamala Roga* is essential, as several *Pittaja* disorders present with yellow discoloration of the body. The distinguishing features of *Kamala Roga* in comparison with other clinically similar conditions are summarized below.

Disease	Dominant Doṣa/ Dhātu	Common Features	Distinguishing Features from <i>Kamala Roga</i>
<i>Pittaja Pandu Roga</i>	<i>Pitta Doṣa, Rasa-Rakta Dhātu</i>	Yellow discoloration of eyes, skin, urine, and stool	Presence of classical <i>Pandu Lakṣaṇa</i> such as pallor, fatigue, and anemia-related features; <i>Kamala</i> presents primarily with jaundice without predominant anemia.
<i>Pittaja Jwara</i>	<i>Pitta Doṣa, Rasa Dhātu</i>	Yellow discoloration, thirst, burning sensation	Acute onset with high fever, loose motions, delirium, bitterness of mouth, insomnia, and bilious vomiting, which are not primary features of <i>Kamala</i> .
<i>Pittaja Visarpa</i>	<i>Pitta Doṣa, Rasa-Rakta Dhātu</i>	Yellow discoloration, burning sensation	Presence of painful vesicles or boils, abscess formation, severe fever, delirium, and sometimes coma distinguishes it from <i>Kamala</i> .
<i>Pittolavana, Madhya Kapha, Heena Vata Sannipata Jwara</i>	<i>Tridoṣa (Pitta predominant), Rasa Dhātu</i>	Yellow urine, reddish eyes, thirst, burning sensation	Occurs in association with febrile illness, systemic toxicity, and <i>Tridoṣaja</i> involvement; <i>Kamala</i> is primarily a <i>Pittaja-Raktaja</i> disorder without dominant febrile presentation.

Chikitsa (Management) of Kamala Roga

The management of *Kamala Roga* in Ayurveda is directed toward restoring the equilibrium of *Doṣa, Dhātu, Agni*, and *Srotasa*, with primary emphasis on *Pitta* and *Rakta Shamana*. Classical texts outline a rational, stage-wise therapeutic approach based on the nature and severity of the disease.

General Principles of Management

1. Nidāna Parivarjana

Avoidance of causative dietary, lifestyle, and psychological factors forms the foundation of management. As *Kamala* is predominantly a *Pittaja-Raktaja* disorder, continued exposure to *Pitta*-provoking factors is considered detrimental to recovery.

2. Samshodhana Chikitsa

Among the purification therapies, *Virechana Karma* is emphasized as the principal modality for *Kamala* due to its efficacy in eliminating vitiated *Pitta*. *Vamana* is contraindicated. *Samshodhana* is advised only after proper assessment of patient strength (*Bala*) and is avoided in debilitated individuals. Mild *Virechana* using *Tikta*-based drugs is described following adequate oleation.

3. Samshamana Chikitsa

Following purification or when *Samshodhana* is unsuitable, *Samshamana* therapy is employed to pacify residual *Doṣhas*, improve *Agni*, and normalize metabolic functions. Drugs possessing *Pitta-Shamaka* and *Rakta-Prasadana* properties are recommended along with appropriate dietary regulation.

Condition-Specific Management

• Koshthashrita Kamala

Management follows *Pitta*-dominant principles, with emphasis on *Virechana* followed by *Pitta*-pacifying measures as described in classical texts.

• Shakhshrita Kamala

As this condition involves obstruction of *Pitta* by *Kapha* and *Vata*, treatment focuses on *Kapha-Vata Shamana, Agni Deepana*, and restoration of normal *Pitta* movement toward the gastrointestinal tract. Once normal stool coloration is achieved, management aligns with that of *Koshthashrita Kamala*.

• Kumbha Kamala

Kumbha Kamala is described as *Krichchhrasadhya*. Classical texts mention the use of formulations containing mineral and metallic preparations under

strict supervision, emphasizing cautious and individualized management.

Classical Therapeutic Approaches

Ayurvedic classics describe a wide range of formulations for *Kamala Roga* in various dosage forms, primarily aimed at *Dosha Shamana*, *Rakta Prasadana*, and support of *Yakrit-Pliha* function. The selection of formulations is advised based on disease stage, *Dosha* predominance, and patient strength.

DISCUSSION

The present literary review elucidates the Ayurvedic understanding of *Kamala Roga* as a systemic metabolic disorder rooted in *Pitta Dosha* predominance, with significant involvement of *Rakta Dhatu*, *Agni*, *Yakrit*, and *Pittavaha Srotasa*. Unlike the organ-centric approach of contemporary medicine, Ayurveda conceptualizes *Kamala* through an integrative framework that emphasizes etiological factors (*Nidana*), pathogenetic mechanisms (*Samprapti*), and stage-wise disease evolution.

A close conceptual correlation can be observed between *Koshthashrita Kamala* and hepatocellular jaundice, where excess *Pitta* corresponds to increased bilirubin production and impaired hepatic metabolism. Similarly, *Shakhashrita Kamala*, characterized by *Srotorodha* and diversion of *Pitta* into peripheral tissues, closely resembles obstructive jaundice, where impaired bile flow results in pale stools and systemic accumulation of bile pigments. The Ayurvedic emphasis on *Agni* dysfunction, *Dosha gati*, and *Srotasa* patency provides a broader metabolic explanation for disease progression that complements modern pathological interpretations.

Clinically, Ayurvedic principles such as *Nidana Parivarjana*, *Virechana*, and *Pitta-Rakta Shamana* highlights preventive, corrective, and restorative strategies. This integrative perspective underscores the potential role of Ayurveda in early intervention, chronic disease management, and supportive care in jaundice, particularly where modern treatment options are limited to symptomatic or etiology-specific measures.

Limitations

This review is limited by its exclusive reliance on classical Ayurvedic texts and authoritative commentaries, without inclusion of clinical, experimental, or epidemiological data. The correlations drawn between Ayurvedic concepts and modern hepatology are interpretative in nature and may vary based on clinical context. Additionally, the absence of outcome-based evidence restricts direct therapeutic validation.

CONCLUSION

Kamala Roga, as described in Ayurveda, represents a comprehensive metabolic disorder with

clear conceptual parallels to jaundice in modern medicine. The Ayurvedic framework offers valuable insights into disease causation, progression, and holistic management beyond organ-specific pathology. This literary review highlights the relevance of classical Ayurvedic principles in understanding hepatobiliary disorders and provides a foundation for future clinical and translational research aimed at integrative management strategies for jaundice and related liver diseases

REFERENCES

1. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chakrapani Datta commentary. Chikitsa Sthana 16/34. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 512.
2. Sharma PV. Dravyaguna Vigyana. Vol 1. Varanasi: Chaukhamba Bharati Academy; 2012. p. 112.
3. Shastri AD. Ayurveda Tattva Sandipika commentary on Charaka Samhita. Chikitsa Sthana 16. Varanasi: Chaukhamba Sanskrit Sansthan; 2013. p. 273.
4. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chakrapani Datta commentary. Chikitsa Sthana 16/1-4, 16/39-41. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 505-520.
5. Sushruta. Sushruta Samhita. Dalhana commentary (Nibandhasangraha). Uttara Tantra 44/1-14. Varanasi: Chaukhamba Surbharati Prakashan; 2013. p. 626-629.
6. Vagbhata. Ashtanga Hridaya. Arunadatta and Hemadri commentaries. Nidana Sthana 12/10-12. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 462-464.
7. Pandeya K. Ayurveda Ka Vijnanika Itihasa evam Siddhanta. Delhi: Chaukhamba Sanskrit Pratishthan; 2010. p. 212-216.
8. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chakrapani Datta commentary. Chikitsa Sthana 16/36-41. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 514-516.
9. Chakrapani Datta. Commentary on Charaka Samhita. Chikitsa Sthana 16/44. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 518.
10. Dwarkanath C. Introduction to Kayachikitsa. 4th ed. Varanasi: Chowkhamba Orientalia; 2012. p. 249-256.
11. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chikitsa Sthana 16/46-47. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 519.
12. Lakshmipati Shastri. Yogaratnakara. Pandu-Kamala Chikitsa. Varanasi: Chaukhamba Prakashan; 2017. p. 376-380.
13. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chikitsa Sthana 16/48-49. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 520.

14. Vagbhata. Ashtanga Hridaya. Nidana Sthana 12/15-17. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 463.
15. Sushruta. Sushruta Samhita. Dalhana commentary. Uttara Tantra 44/10-14. Varanasi: Chaukhamba Surbharati Prakashan; 2013. p. 627-628.
16. Madhavakara. Madhava Nidana. Chapter 37. Yadunandan Upadhyaya, editor. Varanasi: Chaukhamba Prakashan; 2010. p. 221-222.
17. Sushruta. Sushruta Samhita. Sharira Sthana 5/3-6. Dalhana commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2013. p. 345-347.
18. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chakrapani commentary. Chikitsa Sthana 15/13. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 486.
19. Vagbhata. Ashtanga Hridaya. Sutra Sthana 12/8-12. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 198-199.
20. Chakrapani Datta. Commentary on Charaka Samhita. Chikitsa Sthana 15/13. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 487.
21. Guyton AC, Hall JE. Textbook of Medical Physiology. 12th ed. Philadelphia: Elsevier; 2011. p. 790-795.
22. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chikitsa Sthana 15/28-35. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 492-495.
23. Tripathi B. Charaka Samhita (Hindi commentary). Chikitsa Sthana 15-16. Varanasi: Chaukhamba Surbharati Prakashan; 2019. p. 480-522.
24. Sharma RK, Dash B, editors. Charaka Samhita of Agnivesha. Vol 1-4. Varanasi: Chowkhamba Sanskrit Series Office; 2017.
25. Shastri AD, editor. Sushruta Samhita with Ayurveda Tatva Sandipika Commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.
26. Gupta AD, editor. Ashtanga Hridayam with Vidiotini Hindi Commentary. Varanasi: Chaukhamba Prakashan; 2016.
27. Tripathi R, editor. Chikitsa Kalika of Tisatacharya. Varanasi: Chaukhamba Sanskrit Series; 2014.
28. Sharma PV, editor-translator. Charaka Samhita of Agnivesha (English translation with critical notes). Vol 1-4. 5th ed. Varanasi: Chowkhamba Sanskrit Series Office; 2014.
29. Bhisagratna KL, translator. Sushruta Samhita with Dalhana's Commentary. Vol 1-3. Reprint ed. Varanasi: Chowkhamba Sanskrit Series; 1991.
30. Shastri RD, editor. Bhela Samhita. 1st ed. Varanasi: Chowkhamba Vidyabhawan; 1959.
31. Tripathi RD, editor. Harita Samhita. 2nd ed. Varanasi: Chowkhamba Krishnadas Academy; 2009.
32. Tiwari PV, editor. Kashyapa Samhita (Vridha Jivakiya Tantra). Sanskrit text with English translation. Varanasi: Chaukhamba Visvabharati; 1996.
33. Murthy KRS, translator. Ashtanga Hridaya of Vagbhata. Vol 1-3. 7th ed. Varanasi: Chowkhamba Krishnadas Academy; 2012.
34. Kumar V, Abbas AK, Aster JC. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2020. p. 833-847.
35. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022. p. 2535-2546.
36. European Association for the Study of the Liver. EASL Clinical Practice Guidelines: Drug-induced liver injury. J Hepatol. 2019; 70(6): 1222-1261.
37. Tapper EB, Lok ASF. Use of liver imaging and biomarkers in chronic liver disease. Gastroenterology. 2020; 158(6): 1617-1631.
38. Schuppan D, Afdhal NH. Liver cirrhosis. Lancet. 2018; 371(9615): 838-851.

Cite this article as:

Ramakant Katara, Solanki Akshay Kumar Vinod Bhai, Falguni Joshi, HML Meena, Harish Bhakuni. Kamala Roga in Ayurveda: A Literary Review with Contemporary Correlation to Jaundice. International Journal of Ayurveda and Pharma Research. 2026;14(2):157-163.

<https://doi.org/10.47070/ijapr.v14i2.3980>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Ramakant Katara

PG Scholar,

Department of Kayachikitsa,

National Institute of Ayurveda,

De-Novo, Jaipur, Rajasthan.

Email: drkatara22@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.