



Case Study

MANAGEMENT OF ADULT JAUNDICE WITH AYURVEDIC INTERVENTION

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Article info

Article History:

Received: 19-06-2026

Accepted: 24-07-2026

Published: 15-08-2026

KEYWORDS:

Kamala, Mridu
virechana, Navayasa
loha, Jaundice.

ABSTRACT

This case report describes the successful management of adult jaundice (*Kamala*) in a 24-year-old male using a classical Ayurvedic protocol. The patient presented with *Netra-Twak Pitata* (scleral and cutaneous icterus), *Aruchi* (anorexia), and *Daurbalya* (generalized weakness). Laboratory investigations confirmed severe hyperbilirubinemia (Total Serum Bilirubin: 8.6mg/dL) and elevated serum transaminases. A diagnosis of *Kostha-Shakhashrita Kamala* was established. Treatment comprised a *Pitta*-pacifying channel-clearing regimen including *Navayas lauha*, *Phalatrikadi Kashaya*, and *Guduchi-sadhita Jala* (*Tinospora cordifolia*), supported by a strict *Pathya* diet of low-fat, easily digestible foods. Within 60 days, complete clinical resolution was achieved, with bilirubin reduced to 1.9mg/dL, normalization of liver enzymes, and no adverse events. This case underscores the potential of classical Ayurvedic interventions to address the root pathogenesis of jaundice by pacifying *Ranjaka Pitta* and relieving *Srotorodha*. The findings suggest that integrative approaches combining traditional formulations with dietary regulation may provide safe and effective alternatives for managing hyperbilirubinemia, warranting further systematic evaluation.

INTRODUCTION

Jaundice is a clinical manifestation of cholestasis or impaired bile outflow, often accompanied by hepatocellular impairment and bilirubin metabolism disturbance.^[1] Tissue deposition of bilirubin occurs only with serum hyperbilirubinemia and is a sign of a disorder of bilirubin metabolism. Hyperbilirubinemia, a blood level that exceeds 1mg of bilirubin per dL (17μmol/L), occurs when the blood concentration reaches 2-2.5mg of bile per dl, and it diffuses into tissues, which turn yellow, a condition known as icterus.^[2] Jaundice patients usually present with varying symptoms apart from yellowish discoloration of the skin, pruritus, fever, chills, and severe right upper quadrant abdominal pain as seen in cholangitis, anorexia, and malaise.

Ayurveda describes this disease condition as *Kamala* (jaundice), with symptoms, including *Haridra Netra* (yellow-colored eyes), *Haridra twak*, *Nakha*, and *Aanana* (yellowish discoloration of the skin, nails, and face), *Raktapitta shakrit mutra* (reddish-yellow-colored feces and urine), *Bheka varna* (body color resembles toad skin color), *Hatendriya* (loss of function of sensory and motor organs), *Avipaka* (indigestion), *Daurbalya* (generalized weakness), and *Aruchi* (anorexia).^[3]

Classical texts classify *Kamala Vyadhi* as both a *Pittaja Nanatmaja Vyadhi* and a *Raktapradoshaja Vyadhi*. Overindulgence in foods and activities that aggravate *Pitta Dosha* (*Pittaja Ahara* and *Vihara*) elevates *Pitta* in the body. The aggravated *Pitta Dosha* then vitiates *Rakta* and *Mamsa*, impairing hepatic function. This results in *Agnimandya* (digestive impairment), which impairs the proper transformation of food (*Aahar Rasa Dushti*). As a result, *Pitta* and *Rakta* circulate throughout the body, causing yellow discoloration of the skin, sclerae, and nails, as well as weakness, indigestion, and fatigue. The disease primarily disrupts the functional state of *Ranjaka Pitta* within its core anatomical sites- the liver (*Yakrut*) and spleen (*Pliha*), which together function as the

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Quick Response Code	
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structural root (*Moola*) of the blood-carrying channels (*Raktavaha Srotas*), leading to *Srotodushti* (pathological changes in channels) such as *Sanga* (obstruction) and *Vimarga Gamana* (abnormal movement of *Doshas*). Eventually, this condition progresses to *Koshtha Shakhshrita Kamala*, which presents with distinct clinical symptoms, including scleral and cutaneous icterus (*Netra-Twak Pitata*), loss of appetite (*Aruchi*), and systemic metabolic weakness (*Daurbalya*).

Mridu virechana (mild therapeutic purgation) and *Tikta Dravya* (bitter substances) are the first-line treatments for *Kamala* described in the Ayurvedic literature.^[4] This case is unique because it demonstrates the use of classical Ayurvedic interventions in adult jaundice with documented biochemical resolution, thereby contributing to the growing body of integrative hepatology literature.

Patient Information

De-identified Patient Information: A 24-year-old male presented to the outpatient department with progressive weakness, fatigue, decreased appetite, and reddish-yellow discoloration of the urine. The patient's identity has been anonymized, and no personally identifiable information has been disclosed.

Primary Concerns and Symptoms: The patient reported mild symptoms for about 1 month that gradually worsened. He developed jaundice of the eyes and skin, along with generalized weakness and fatigue. There was no history of fever, nausea, vomiting, or changes in bowel habits.

Medical, Family, and Psychosocial History: The patient had no history of liver disease, alcohol use, recent travel, or medications for other conditions. There was no family history of hemorrhagic disorders or genetic liver disease. Psychosocial history was unremarkable, with no contributory factors identified.

Relevant Past Interventions and Outcomes:

No prior interventions were undertaken before presentation.

Clinical Findings

On presentation, the patient exhibited yellow discoloration of the face, sclerae, tongue, and palms, consistent with icterus. Vital signs were stable, with a body temperature of 99.3°F, a pulse of 90 beats/min, and a blood pressure of 110/60mmHg. Abdominal examination revealed mild tenderness in the right hypochondriac, epigastric, and left hypochondriac regions. Palpation confirmed hepatomegaly (liver enlarged by one fingerbreadth). Percussion demonstrated dullness over the right hypochondrium, suggestive of hepatic involvement, while tympanic sounds were noted in the other quadrants. Auscultation revealed bowel sounds at approximately 16/min, within normal limits.

Ayurvedic *Ashtavidha Pariksha* (eight-fold examination) further supported the diagnosis:

Nadi (Pulse): Slow and steady character

Mala (Excreta): *Bahu Pitta Varna* (excessively yellow stool)

Mutra (Urine): *Pitta Varna* (dark yellow urine)

Jihwa (Tongue): *Pitta* discoloration

Shabda (Voice): Clear (*Spashta*)

Sparsha (Skin/Touch): Warm and rough (*Ushna, Ruksha*)

Drik (Eyes/Vision): *Haridra Varna* (yellow sclera)

Aakrati (Body Stature): Medium (*Madhyam*)

Collectively, these findings indicated systemic hyperbilirubinemia with hepatic enlargement, corroborated by Ayurvedic diagnostic parameters for *Kamala Vyadhi*. The integration of biomedical and Ayurvedic examinations highlighted objective clinical signs (icterus, hepatomegaly, abnormal liver function tests) and classical Ayurvedic features (yellow discoloration of the eyes, urine, and stool, and systemic weakness), thereby strengthening the diagnostic assessment of *Koshtha-Shakhshrita Kamala*.

Timeline of Events

Date	Clinical Signs & Symptoms	Investigations	Management	Outcomes
December 2025	Onset of abdominal discomfort, generalized weakness, and loss of appetite	–	–	Initial mild symptoms
27 January 2026	Worsening weakness, fatigue, scleral and tongue icterus, dark yellow urine, hepatomegaly	Hb 16.6 g/dL; Total Bilirubin 7.67 mg/dL; Direct Bilirubin 5.50 mg/dL; SGOT 6,137 U/L; SGPT 4,922 U/L; Urine Nitrite +	<i>Mridu Virechana</i> with <i>Phalatrikadi Kashaya</i> + <i>Madhu</i> (7 days); <i>Amalaki Churna</i>	Mild relief in appetite and weakness

29 January 2026	Persistent icterus	Ultrasonography: hepatomegaly and splenomegaly; HBsAg negative	–	Confirmed hepatosplenic involvement
8 February 2026	Partial relief; icterus of sclera and tongue persists	SGOT 79.84 U/L; SGPT 120.07 U/L; Direct Bilirubin 1.57 mg/dL	<i>Avipātīkar Churna</i> (6 g) before meals; <i>Navayās Lauha</i> (500 mg) after meals; <i>Pathya</i> regimen	Improvement in appetite and weakness
17 February 2026	Further relief; mild scleral icterus	–	Added <i>Trivrut Churna</i> (3 g) and <i>Kutki</i> (500 mg) at night	Continued improvement
3 March 2026	Resolution of icterus; no hepatomegaly	Total Bilirubin 1.9 mg/dL; Direct Bilirubin 0.6 mg/dL	Oral medicines continued with <i>Pathya</i>	Normalization of clinical and biochemical parameters
20 March 2026	No fresh complaints	–	Medicines stopped; <i>Pathya</i> continued	Stable condition
12 May 2026	No complaints	Hb 16.6 g/dL; Total Bilirubin 1.1 mg/dL; Direct Bilirubin 0.4 mg/dL; SGOT 26.8 U/L; SGPT 29.4 U/L; Urine normal	<i>Pathya</i> continued	Complete recovery

Summary

The patient's clinical course demonstrates a progressive resolution of jaundice with Ayurvedic interventions. Initial severe hyperbilirubinemia and hepatomegaly improved steadily, with normalization of liver enzymes and bilirubin levels by March 2026. Sustained recovery was confirmed in May 2026, with no recurrence of symptoms.

Diagnostic Assessment

Diagnostic Testing

The patient underwent a comprehensive evaluation, including physical examination, laboratory testing, and imaging. Physical examination revealed icterus (yellow discoloration of the sclerae, tongue, and skin), hepatomegaly, and mild abdominal tenderness. Vital signs were stable. Laboratory testing showed severe hyperbilirubinemia (total Bilirubin 7.67 mg/dL; Direct Bilirubin 5.50mg/dL), markedly elevated transaminases (SGOT 6,137 U/L; SGPT 4,922 U/L), and positive urinary nitrites. Ultrasonography confirmed hepatomegaly and splenomegaly. Viral serology (HBsAg) was negative, ruling out acute hepatitis B infection. Ayurvedic *Ashtavidha Pariksha* corroborated systemic *Pitta* vitiation, with findings including *Haridra varna drik* (yellow sclerae), *Pitta varna mutra* (dark urine), and *Ushna-ruksha sparsha* (warm, rough skin).

Diagnostic Challenges

No significant financial or cultural barriers were encountered in accessing diagnostic testing. However, the primary challenge was differentiating

Kamala Vyadhi from conventional hepatobiliary disorders, given overlapping clinical features. The absence of viral markers and a history of drug exposure helped exclude viral hepatitis and toxic/drug-induced liver injury. Integrating Ayurvedic diagnostic parameters with biomedical testing provided a holistic framework for accurate diagnosis.

Diagnosis

Primary Ayurvedic Diagnosis: *Koshtha-Shakhashrita Kamala* (adult jaundice involving the gastrointestinal tract and peripheral tissues), driven by acute vitiation of *Ranjaka Pitta* and *Ahara rasa dushti*, with subsequent *Srotorodha* (biliary obstruction).

Differential/Conventional Diagnoses Considered:

Acute Viral Hepatitis: Considered due to extreme transaminase elevation (>4,000 U/L); ruled out by a negative HBsAg.

Toxic/Drug-Induced Liver Injury (DILI): Excluded due to the absence of medication, alcohol, or chemical exposure.

Hemolytic Disorders: Ruled out by stable hemoglobin (16.6g/dL) and a negative family/personal history of hematologic disease.

Prognosis

The patient's prognosis was favorable. Initial staging using the SOFA liver dysfunction grading system placed the patient at Grade 3 (bilirubin 7.67mg/dL). After Ayurvedic intervention, bilirubin normalized to 1.1mg/dL (Grade 0), indicating

complete biochemical recovery. Clinically, icterus resolved, hepatomegaly subsided, and no recurrence was noted during follow-up. The sustained improvement suggests a favorable prognosis and a low risk of relapse with continued dietary regulation (*Pathya*).

Therapeutic Intervention

Types of Therapeutic Intervention

The patient was managed exclusively with Ayurvedic pharmacologic and preventive interventions, including oral herbal formulations, mineral preparations, and dietary regulation (*Pathya*). No surgical or conventional pharmacologic therapies were administered. The therapeutic strategy emphasized *Pitta-shamak* (*Pitta*-pacifying), *Srotoshodhak* (channel-clearing), and *Mridu Virechana* (mild purgation) interventions, supported by strict dietary and lifestyle modifications.

Administration of Therapeutic Intervention

Treatment was delivered in three phases over a two-month period:

Phase 1 (Week 1): *Mridu Virechana* (mild purgation)

Phalatrikadi Kashaya (40ml) with *Madhu* (5gm) is administered on an empty stomach.

Amalaki Churna (3 g) co-administered with *Kashaya*.

Avipattikara Churna (6 g) twice daily before meals.

Phase 2 (Weeks 2–8): Oral Medications (maintenance)

Avipattikara Churna (6gm) continued twice daily before meals.

Navayasa Loha (500mg) twice daily after meals with lukewarm water.

Trivrut Churna (3gm) and *Kutki* (500mg) were administered nightly with lukewarm water for 7 days during week 3.

Phase 3 (Weeks 9–16): *Pathya* (dietary regimen)

Wholesome diet including *Mudga Yusha* (green gram soup), *Yavagu* (rice-*Triphala* gruel), seasoned red rice, wheat, barley, *Patola*, *Karvellaka*, fenugreek, apple, pomegranate, and *Takra* (buttermilk).

Adequate sleep was recommended. Strict avoidance of salty, oily, spicy, acidic, canned, and junk foods, as well as of strenuous physical activity.

Changes in Therapeutic Intervention (with Rationale)

Initial therapy focused on *Mridu Virechana* to eliminate aggravated *Pitta* and to initiate detoxification.

As symptoms persisted, maintenance therapy was initiated with *Navayasa Loha* and *Avipattikara Churna* to restore hepatic function and normalize digestion.

During week 3, *Trivrut Churna* and *Kutki* were added to enhance purgative and hepatoprotective effects, targeting residual icterus and hepatomegaly.

Once biochemical parameters normalized (week 4 onward), pharmacologic therapy was gradually withdrawn, and the patient was maintained on the *Pathya* regimen alone to sustain recovery and prevent recurrence.

Follow-up and Outcomes

Clinician- and Patient-Assessed Outcomes

The patient was evaluated at fifteen-day intervals across six follow-up visits. Clinicians documented progressive resolution of icterus, normalization of liver size, and restoration of appetite and strength. Patient-reported outcomes included complete relief from fatigue, weakness, and anorexia. Subjective parameters, including *Haridra Netra* (yellow sclera), *Haridra Twaka* (yellow skin), *Mutra Peetata* (dark urine), *Aruchi* (loss of appetite), and *Daurbalya* (weakness), improved from moderate/severe grades to normal by the end of treatment.

Table 1: Effect on subjective parameters^[5]

S.No.	Symptoms	Normal	Mild	Moderate	Severe
1	<i>Haridra Netra</i> (yellowish discoloration of sclera)	0	1	2	3
2	<i>Haridra Twaka</i> (yellowish discoloration of skin)	0	1	2	3
3	<i>Aruchi</i> (loss of appetite)	0	1	2	3
4	<i>Daurbalya</i> (weakness),	0	1	2	3
5	<i>Hrullas</i> (nausea)	0	1	2	3

Table 2: Hematological Investigations

Grade	0	1	2	3
<i>Netra Pitata</i> (yellowish discolouration of sclera)	Absent	Mild	Can be seen without sunlight	without sunlight
<i>Twak Pitata</i> (yellowish discoloration of skin)	Absent	Mild	Can be seen without sunlight	without sunlight
<i>Daurbalya</i> (weakness)	Absent	Not able to perform	Not able to	Cannot perform

		strenuous activity	perform moderate activity	moderate activity but can perform mild activity without any difficulty
<i>Hrullas</i> (nausea)	Absent	<i>Anannabhilasha</i>	<i>Aasyapraseka</i>	Feels sense of nauseating and vomits occasionally
<i>Aruchi</i> (loss of appetite)	Willing towards all <i>Bhojya Padarth</i>	Unwilling towards some specific <i>Ahara</i> but less than normal	Unwilling towards some specific <i>Rasa</i> i.e., <i>Katu/ Amla/ Madhura</i> food	Unwilling for food but could take the meal

Follow-up Diagnostic and Test Results

Serial biochemical monitoring showed marked improvement:

Total Bilirubin: decreased from 7.67mg/dL (baseline) to 1.1mg/dL at final follow-up.

Direct Bilirubin: decreased from 5.40mg/dL to 0.4mg/dL.

SGOT/SGPT: declined from >6,000 U/L to within normal limits (SGOT 26.8 U/L; SGPT 29.4 U/L).

SOFA liver dysfunction grading improved from Grade 3 (bilirubin 7.67mg/dL) at baseline to Grade 0 (<1.2mg/dL) at completion, confirming complete biochemical recover

Table 3: Assessment on SOFA Liver Dysfunction Grading

SOFA Liver Score	Bilirubin (mg/dL)
0	<1.2
1	1.2–1.9
2	2.0–5.9

3	6.0–11.9
4	>12.0

Intervention Adherence and Tolerability

Adherence was assessed via patient self-report and clinician monitoring at each follow-up visit. The patient adhered to the prescribed *Pathya* regimen, avoiding contraindicated foods and activities. Tolerability was excellent; all formulations were well tolerated, with no gastrointestinal intolerance or systemic complaints. Compliance was reinforced through regular counseling and dietary supervision.

Adverse and Unanticipated Events

No adverse reactions, complications, or unanticipated events were observed during the treatment or follow-up period. The absence of recurrence over two months of post-therapy monitoring further supports the safety and sustained efficacy of the intervention.

Table 4: Effect on subjective parameters

S.No.	Symptoms	Before treatment	After treatment
1	<i>Haridra Netra</i> (yellowish discoloration of sclera)	2	0
2	<i>Haridra Tvaka</i> (yellowish discoloration of skin)	2	0
3	<i>Mutra Peetata</i> (yellowish discoloration of urine)	2	0
4	<i>Aruchi</i> (loss of appetite)	2	0
5	<i>Daurbalya</i> (weakness),	3	0
6	<i>Hrullas</i> (nausea)	0	0

Table 5: Hematological Investigations

Hematological investigations	27.1.26	8.2.26	2.3.26	12.5.26
Total bilirubin	7.67mg/dl	15.28 mg/dl	1.9mg/dl	1.1mg/dl
Direct bilirubin	5.40mg/dl	1.37mg/dl	0.6mg/dl	0.4mg/dl
Indirect bilirubin	2.27 mg/dl	5.69 mg/dl	1.30mg/dl	0.7mg/dl
SGOT	4,922U/L	79.84U/L	45.3 u/l	29.4mg/dl
SGPT	6,137U/L	120.07U/L	40U/L	26.8mg/dl

DISCUSSION

Strengths and Limitations

The strengths of this case report include strict adherence to classical Ayurvedic principles, systematic therapeutic planning, objective laboratory monitoring, and structured follow-up using both clinician-assessed and patient-reported outcomes. The absence of adverse drug reactions further supports the safety profile of the interventions. However, limitations include the single-patient design, lack of a control group, relatively short follow-up, and the inability to fully exclude spontaneous recovery or other confounding factors. These limitations underscore the need for larger, controlled clinical studies to validate efficacy and safety.

Relevant Medical Literature

Kamala is described in Ayurveda as a *Pittaja Nanatmaja Vyadhi* and *Rakta Pradoshaja Vyadhi*, characterized by vitiation of *Pitta* and *Rakta*.^[6] Classical texts advocate *Virechana* as the principal therapeutic approach, followed by *Pittahara* medications. In the present case, treatment was planned according to these principles and included *Mridu Virechana*, followed by oral administration of *Phalatrik Kashaya*, *Amalaki Churna*, *Navayasa Loha*, *Avipattikara Churna*, and *Kutki Churna*, along with appropriate *Pathya*. The probable therapeutic effect of the intervention may be attributed to the synergistic action of these formulations.

Phalatrika Kashaya, mentioned in *Chakradatta*^[7], *Sharangadhara Samhita*,^[8] and *Bhaishajya Ratnavali*^[9] for the management of *Kamala*, has *Pittahara*, *Yakrit-Uttejaka*, *Deepana*, *Pachana*, and hepatoprotective properties. Experimental studies have demonstrated antioxidant activity and protection against hepatic injury.

Navayasa Loha^[10], indicated in *Kamala Chikitsa*, has been reported to reduce serum bilirubin and liver enzyme levels.

Amalaki Churna exhibits antioxidant, anti-inflammatory, and hepatoprotective activities through free radical scavenging and modulation of detoxification pathways.^[11] *Kutki (Picrorhiza kurroa Royle ex Benth.) Churna* is made from the roots of the *Picrorhiza kurroa* Royle ex Benth. plant. It has a bitter taste, and *Pittahara* is known for its detoxifying properties. *Kutki* is *Bhedni*, *Dipaniya*, and *Raktashuddhikara*.^[12] *Picrorhiza kurroa* Royle ex Benth is an herbal remedy that is used in Ayurvedic medicine to treat liver disorders, including *Kamala*.^[13] *Avipattikara Churna* acts as a mild laxative and facilitates the elimination of aggravated *Pitta*. *Avipattikar Churna* possesses antioxidant activity.^[14] Experimental models show that the herbal components within *Avipattikar* help modulate liver enzymes, acting as a protective shield against chemical

or metabolic liver injuries. *Trivrit* acts as a free-radical scavenger, reducing lipid peroxidation while significantly restoring or elevating the liver's endogenous antioxidant enzymes.^[15] This antioxidant up-regulation stabilizes hepatocyte membranes and prevents enzyme leakage.

CONCLUSION

The observed clinical and biochemical improvements can be attributed to the synergistic effects of the formulations:

- Enhanced bile metabolism and clearance of obstruction (*Srotoshodhana*).
- Hepatocellular protection via antioxidant and anti-inflammatory mechanisms.
- Reduction of oxidative stress and stabilization of hepatocyte membranes.
- Pacification of aggravated *Pitta* and elimination of vitiated *Doshas* through *Mridu Virechana*. The integration of these mechanisms provides a plausible scientific basis for the patient's recovery, consistent with both Ayurvedic pathogenesis (*Samprapti*) and biomedical hepatology.

Primary Takeaway Lesson

This case demonstrates that classical Ayurvedic interventions, when systematically applied, can achieve complete clinical and biochemical resolution of adult jaundice (*Kamala*) without adverse effects. The key lesson is that integrative approaches-combining traditional formulations with dietary regulation- may offer safe, effective, and sustainable options for managing hyperbilirubinemia, warranting further exploration through controlled clinical research.

Patient Perspective

The patient reported that the Ayurvedic treatment provided significant relief from his symptoms, including weakness, fatigue, and loss of appetite. He expressed satisfaction with the gradual improvement in his condition, noting that the yellow discoloration of his eyes and skin had resolved completely during therapy. The patient emphasized that the dietary regimen (*Pathya*) was easy to follow and contributed to his recovery, with improved digestion and overall well-being.

He also appreciated the absence of adverse effects during treatment, underscoring that the herbal formulations were well-tolerated. From his perspective, the integrative approach not only restored his physical health but also strengthened his confidence in Ayurvedic management of liver disorders. He expressed gratitude for the systematic follow-up and monitoring, which reassured him of the safety and effectiveness of the interventions.

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Cite this article as:

Aishwarya Joshi, Falguni Joshi Udai Raj Saroj, Bharatkumar Padhar. Management of Adult Jaundice with Ayurvedic Intervention. International Journal of Ayurveda and Pharma Research. 2026;14(8):225-231.

<https://doi.org/10.47070/ijapr.v14i8.4291>

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

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