

A CLINICAL STUDY OF DEVDALI HIMA NASYA AND DRONPUSHPI SWARASA ANJANA IN KAMALA (JAUNDICE)

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ABSTRACT

Most people have become used to spicy fast-food day by day. This has taken human beings far away from nature. Nowadays alcohol consumption is also increasing day by day. Ayurvedic texts have mentioned hepatocellular jaundice as *Kamala*. Due to frequent intake of *Pittakara Aahara* (spicy and hot food), it leads to vitiation of *Pitta Dosh* and *Virechana*¹ (purgation) is the first line of treatment for *Pittadushti*. Ayurvedic line of management According to *lolimbraj* (*Vaidya jivana*)² i.e., *Nasya* therapy and According to *Chakradatta Anjana*³ therapy in addition with above mentioned take 3 gm *Triphala Churna* with Lukewarm water at bedtime for *Koshta shuddhi*. *Nasya* and *Anjana* both are successful in *Kamala* by removing toxic waste from the body, and by correcting *Agni* (digestive fire). In our ancient classics, single drugs along with compound drugs have been mentioned in *Kamala*. These drugs have *Kamalahara* properties. This results in better circulation and nourishment of the organs and the diseases will subside. *Kamala* is a disease caused by an overabundance of *Mala Ranjak Pitta*. *Nasya* cleanses and energizes the tissues and organs of the head and neck. *Shodhan Nasya* is a form of *Nasya* that promotes secretions and removes toxins from the body. *Devadali Phal Nasya* is a form of *Shodhan*, particularly *Rechna Nasya*, that causes accumulated *Mala Ranjak Pitta* to be excreted through the nose. *Nasya* is referred to as "*Nastah Praccharan*" by *Charaka*⁴. It means *Nasya* is *shodhan karma*, which explains *Nasya's* position at the systemic level and why sr. bilirubin levels fall. *Dronpushpi* is *Doṣakarma Kaphavātaśamaka*, *Pittasamśodhaka* Property. It is having

Katu, Lavaṇa, Madhura Rasa. It is laxative, angmintic, stimulant and febrifuge. The *swarasa* of this herb is applied as a collyrium (*natrānjana*) in case of jaundice.

Keywords: Jaundice, *Kamala*, *Pitta Dushti*, *Nasya*, *Anjana*, LFT.

INTRODUCTION

Kamala Roga is one of the common disorders of a hepatobiliary system which is mainly represented as the main clinical sign/symptom of liver disorders. It is nicely described in ancient classical *Ayurvedic* texts i.e., *Bruhattryi*, *Laghutrayi* and other books of a late period. It is mentioned as an independent clinical entity as well as a complication of *Pandu roga*⁵. The disease is clinically represented by yellow discoloration (like the colour of rhizome of *Haridra* (*Curcuma longa*) of eyes, skin nails, mouth and urine and stool as a chief sign/symptom, suppressed function of sensory organs, Indigestion, and some generalized feature like burning sensation in whole body and weakness etc. *Kamala* is a pure *Paittika* disease that results from excessive use of *Paittika Ahara* and *vihara* (Pitta dosha vitiating diets and lifestyle) by the patient of *Pandu Roga*. According to *Acharya Charaka*⁶. Jaundice is a term used in modern medicine to describe a related health disorder. Since jaundice may be caused by a variety of osteopathological disorders that affect the liver and hepatobiliary system. Jaundice can be caused by a variety of factors, including diseases, drug poisoning, and alcoholism. It is now a raging clinical crisis in our everyday practice, impacting a sizable portion of society. However, there is no clear treatment for this clinicopathological agent available in modern medicine. Preventative steps are still recommended. It is either self-contained or resulted. In the absence of successful treatment, the patient's condition can often be fatal. In today's world, immunization procedures are widely used as a form of prevention for viral hepatitis, which is one of the most common causes of jaundice. Several herbal and Herbo-mineral drugs are listed in *Ayurveda* for the treatment of *Kamala Roga* (Jaundice). These have been used widely and effectively by *Ayurveda* physicians since ancient times. Some clinical research works have also been conducted from time to time by

prestigious *Ayurvedic* educational and research institutes and bodies in the country, providing scientific evidence towards the efficacy of these drugs without any apparent side/ adverse effects, suggesting that these drugs are safe and harmless. *Samshodhana* therapy / *Panchakarma* (purificatory therapeutic procedures) are considered as the best for the treatment of diseases in *Ayurveda* as it cures the diseases with their root cause. *NASYA Karma* is one of the *panchakarma* procedures. Moreover, *Chaksu* (eyes) are the *sthana* (location) of *Alochaka pitta*, which is one of the five types of *pitta*, *Anjana* helps in the elimination of *Dushita pitta* from the eyes.

Aim and Objectives: -

Present clinical work has been undertaken with the following three main objectives:

- (1) To study the comparative clinical effectiveness of *Nasya* and *Anjana* in patients of *Kamala Roga*.
- (2) To study conceptually *Kamala Roga* vis-à-vis jaundice given *Ayurveda* and modern medicine.
- (3) To evaluate the comparative clinical efficacy of *Nasya* and *Anjana* in *Kamala Roga*.

Material and Methods: -

Selection of cases: - The study will be conducted on 30 clinically diagnosed and confirmed cases of *Kamala* from an associated group of the hospital of Dr S.R. Rajasthan *Ayurveda* University Jodhpur.

Grouping of Patients: - After Complete examination and investigation.30 patients will be divided randomly into two groups (15 Patients in each group) irrespective of their sex, religion, occupation, and age group in between 16-60 years.

Group A: Devdali Phala Hima Nasya, was given in the dose of 8 drops in each nostril of *Devadali Phala Heem*. 1, 2 times in a week for 1 month.

Group B: Dronpushpi Sawarasa Anjana, was given in the dose of 2ML in eyes. i.e., 1ML for each eye. 1 ML equals 8 drops of *Dronpushpi Sawarasa*. 2-2

drops of *Dronpushpi Swarasa* in morning total of 8 drops with a gap of 45 seconds between two dosages will be dropped in patients each eye once in a week for 1 month.

Inclusion criteria:

1. Patients between the ages of 15 to 60 years.
2. Normal patient of *Kamala roga* [jaundice] with no serious/ life-threatening complication.

Exclusion criteria:

- [1] Age <15 and >60 years.
- [2] Acute or chronic diarrhoea disorder.

[3] Bleeding, piles, prolapse of rectum and other ano-rectal surgical conditions.

[4] Serious infections like typhoid, tuberculosis

[5] Malignancy

[6] Excessive weak, and dehydrated condition.

[7] Metabolic disorders like diabetes mellitus, thyroid dysfunction etc.

[8] Serious cardiovascular disorders.

[9] Cirrhosis with portal hypertension.

[10] Peptic ulcer.

[11] Any other conditions in which Nasya and Anjan are contraindicated.

Assessment Criteria: -

Table 1: Subjective Parameters

<i>Lakshana</i>	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1. <i>Haridra netra, Twak, Nakha, Anana</i>	normal	mild	Moderate	Marked colour	Extremely
2. <i>Rakta Pita Shakrit and Mu-tra</i>	normal	mild	Moderate	very dark yellow colour	reddish yellow colour
3. <i>Sveta varchasa</i>	Absent	light yellow colour	Whitish colour mixed with a yellow tinge	intermittent clay colour	clay colour
4. <i>jwara</i>	normal	the occasional feeling of fever	Rise in temperature at least once a day.	temperature from 99f to 100 f with the frequency of 3 to 5 times a week	continuous low grade or high-grade fever
5. <i>vistambha</i>	normal	Constipation 1 to 2 times a week	Constipation 3 to 5 times a week	Continuous constipation	Impacted faecal matter in the colon
6. <i>Daurbalya</i>	Normal	mild	Moderate	Severe	Unable to do any work
7. <i>Atopa</i>	Absent	The occasional feeling of flatulence	Flatulence after intake of a heavy meal	Flatulence after intake of a light meal	Severe flatulence

Objective Criteria: -

- 1) Hb%
- 2) Total Bilirubin
- 3) Direct Bilirubin
- 4) In Direct Bilirubin
- 5) SGPT
- 6) SGOT

Table 2: Over All Effect of Therapies: -

Cured	100% relief in signs and symptoms
Marked improvement	>75% relief in signs and symptoms
Moderate improvements	51 to 75% relief in signs and symptoms
Mild improvement	25 to 50% relief in signs and symptoms
No Improvement	Below 25%

Plan of Treatment:

1. *Devdali Phala Hima Nasya*, was given in the dose of 8 drops⁷ in each nostril of *Devadali Phala Heem*. 1, 2 times in a week for 1 month.

Preparation of medicine: -

Took five fruits of the Devdali, removed the prickly skins from them and pulled things out from inside. There was a web over these things, to remove them, put them in 6 Masha (6ml) of water and put them in a small glass vessel. Again after 1 to 2 hours, mash it well and throw the web. Then filter that water and put it in a vial. First licked some accumulated ghee, that put 8 drops of rasa in the nostril and asked to pull it up. Then in the other nostril, in the same way, the *Nasya* was given. After doing this, mucus started falling from the nose in a short time. Let it fall for two *pranhara*. By doing this a lot of yellow water will fall and jaundice will reduce and disappear.

2. *Dronpushpi Sawarasa Anjana*, was given in the dose of 2ML in eyes. i.e., 1ML for each eye. 1 ML equals 8 drops of *Dronpushpi Sawarasa*. 2-2 drops of *Dronpushpi swarasa* in morning total of 8 drops with a gap of 45 seconds between two dosages will be dropped in patients each eye once in a week for 1

month.

Preparation of medicine: -

Fresh Leaves of *Dronpushpi* was made into bolus and swarasa was extracted and used for anjana in a dose of 2ML. *Dronpushpi Swarasa* was applied in both eyes gently i.e., 1ML for each eye. 1 ML equals 8 drops of *Dronpushpi Sawarasa*.

Observation: - In the Case of demographic data, most patients i.e. The highest was seen in the age group of 31-45 yrs., Male, Middle class. Most of the patients i.e., 50% were having *Vata-Pittaja Sharirika Prakriti* and 46.66% were having *mandagni*, 60% were having *krura Koshtha*. 60% of patients were addicted to alcohol, tea.

36.67% of patients were having *Madhyama saara*, 53.33% patients were found to have *Madhyama Samhanana*, 60% were having *Madhyama Satva*, 73.33%) were having *Madhyama Satmya*, 46.67% were having *Madhyama Vyayama Shakti*, 63.27% were having *Avara Abhyav Aharana Shakti*, 40.00% had *Madhyama Nidra Pravarti*.

No side effect was reported by any of the patients during therapy. All the patients tolerated the *panchakarma* procedure very well.

Results: -

Intra Group comparison of subjective parameter:

Table 3: Showing the effect of therapy in Subjective Parameters (Wilcoxon Matched pairs Signed Ranks Test)

Sign & Symptoms	Gr.	Mean score		Difference	% Relief	S.D ±	S.E±	P-value	Result
		BT	AT						
<i>Haridra netra, Twak, Nakha, Anana</i>	A	2.786	0.7857	2.000	73.17%	0.3922	0.1048	<0.0001	E.S.
	B	2.500	0.7857	1.714	67.57%	0.4688	0.1253	< 0.0001	E.S.
<i>Rakta Pita Shakrit and Mutra</i>	A	1.200	0.3333	0.8667	72.22%	0.9155	0.2364	<0.0039	V.S.
	B	1.400	0.5333	0.8667	61.90%	0.8338	0.2153	<0.0020	V.S.
<i>Sveta varchasa</i>	A	1.133	0.4667	0.6667	58.82%	0.8165	0.2108	< 0.0078	V.S.
	B	0.8000	0.3333	0.4667	58.83%	0.6399	0.1652	<0.0156	S.

<i>Jwara</i>	A	1.333	0.5333	0.8000	60.00%	0.7746	0.2000	< 0.0020	V.S.
	B	1.200	0.5333	0.6667	55.56%	0.6172	0.1594	< 0.0020	V.S.
<i>vistambha</i>	A	2.133	0.6000	1.533	71.88%	0.6399	0.1652	<0.0001	E.S.
	B	1.867	0.6000	1.267	67.86%	0.7037	0.1817	<0.0001	E.S.
<i>Daurbalya</i>	A	2.467	0.7333	1.733	70.27%	0.4577	0.1182	< 0.0001	E.S.
	B	2.200	0.8000	1.400	63.64%	0.6325	0.1633	< 0.0001	E.S.
<i>Atopa</i>	A	2.733	0.9333	1.800	65.85%	0.5606	0.1447	< 0.0001	E.S.
	B	2.333	1.067	1.267	54.29%	0.8837	0.2282	<0.0002	E.S.

Table 4: Showing the effect of therapy in Objective Parameters (Paired 'T' Test)

	Gr.	Mean score		Difference	% Relief	S.D ±	S.E±	P-value	t value	S
		BT	AT							
Total Bilirubin	A	5.987	3.187	2.800	46.77%	0.9381	0.2422	< 0.0001	11.560	E.S
	B	6.267	4.113	2.153	34.36%	0.9039	0.2334	< 0.0001	9.227	E.S
Direct Bilirubin	A	3.353	1.687	1.667	49.70%	0.3976	0.1027	< 0.0001	16.234	E.S
	B	3.280	1.927	1.353	41.26%	0.8070	0.2084	< 0.0001	6.495	E.S
Indirect Bilirubin	A	3.287	1.693	1.593	48.48%	1.091	0.2817	< 0.0001	5.655	E.S
	B	3.773	2.233	1.540	40.81%	0.7962	0.2056	< 0.0001	7.491	E.S
SGOT	A	176.67	97.667	79.000	44.72%	46.721	12.063	< 0.0001	6.549	E.S
	B	133.47	90.133	43.333	32.47%	18.465	4.768	< 0.0001	9.089	E.S
SGPT	A	194.80	97.867	96.933	49.76%	69.301	17.893	< 0.0001	5.417	E.S
	B	125.59	73.953	51.640	41.12%	38.002	9.812	< 0.0001	5.263	E.S

INTERGROUP COMPARISON OF EFFECT OF THERAPIES

Table 5: Showing Inter Group comparison in Subjective Parameters:(Mann-Whitney test)

S.no	Subjective parameter	Mean diff. Group A	Mean diff. Group B	MW-U	P-Value	Result
1.	<i>Haridra netra, Twak, Nakha, Anana</i>	2.000	1.714	77.50	0.0260	S
2.	<i>Rakta Pita Shakrit and Mutra</i>	0.8667	0.8667	73.50	0.4912	NS
3.	<i>Sveta varchasa</i>	0.6667	0.4667	80	0.2798	NS
4.	<i>Jwara</i>	0.4667	0.6667	103	0.3496	NS
5.	<i>vistambha</i>	1.533	1.267	88.50	0.1396	NS
6.	<i>Daurbalya</i>	1.733	1.400	73.50	0.0290	S
7.	<i>Atopa</i>	1.800	1.267	71.50	0	S

INTERGROUP COMPARISON OF OBJECTIVE PARAMETER: -

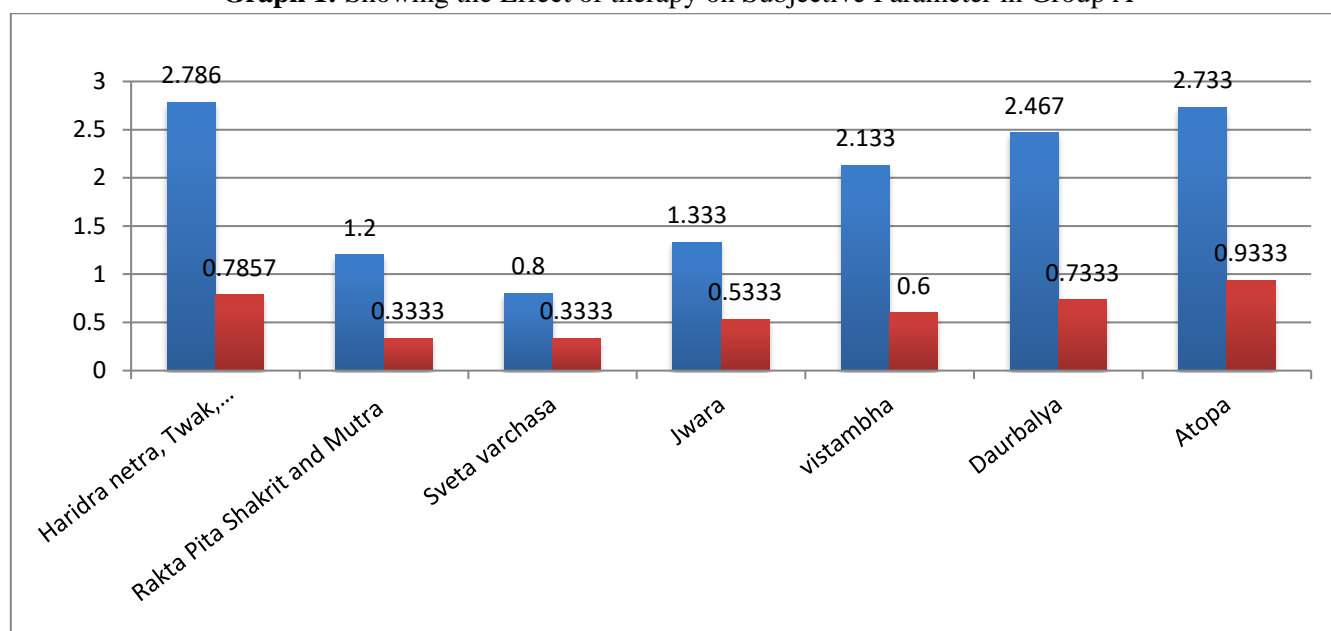
Table 6: Showing Inter Group comparison in Objective Parameters (Unpaired t-Test)

Objective Parameter	Mean diff. Group A	Mean diff. Group B	T value	P-value	Result
Total Bilirubin	2.800	2.153	1.923	0.0324	<u>S</u>
Direct Bilirubin	1.667	1.353	1.349	0.0941	<u>NS</u>
Indirect Bilirubin	1.593	1.540	0.1529	0.4398	<u>NS</u>
SGOT	79.000	43.333	2.750	0.0052	<u>V.S</u>
SGPT	96.933	51.640	2.219	0.0174	<u>S</u>

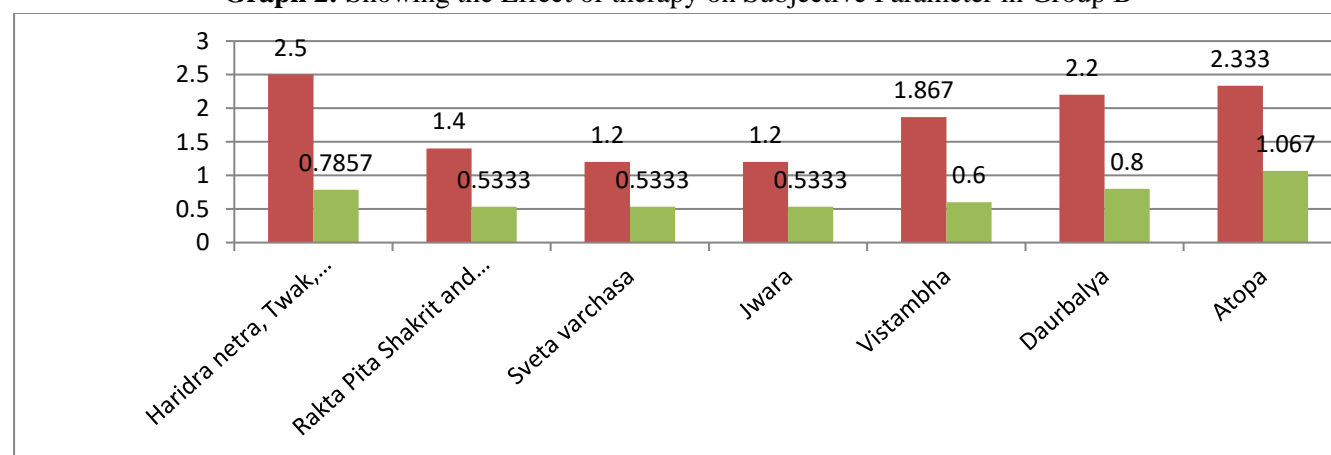
Table 7: Total Effect of Therapy in the Patients of *Kamala* (Jaundice)

	GROUP A (15 Patients)	%	GROUP B (15 Patients)	%
Cured	0	0%	0	0%
Marked improvement	8	53.33%	4	26.67%
Moderate improvement	7	46.67%	10	66.67%
Mild improvement	0	0%	1	6.66%
No Improvement	0	0%	0	0%

Graph 1: Showing the Effect of therapy on Subjective Parameter in Group A



Graph 2: Showing the Effect of therapy on Subjective Parameter in Group B



DISCUSSION

Asatmya Ahara Sevana, excessive intake of *Amla*, *Lavana*, *Katu* and *Madhura Rasa Pradhan Ahara Dravya*, *Ruksha*, *Guru*, *Sheeta Guna Ahara padarthas* vitiates the *Jatharagni*, the hypo functioning of

Jatharagni leads to the *Kamala*. Excessive *vyayama* leads to *Pitta* and *Vata Dosha prakopa* takes place further it leads to *Dhatukshaya*, simultaneously impaired the *Kayaagni*. Excessive day sleep aggravates the *Vata* and *Kapha*, which leads to *Agnimandya*. The

natural urges like *Mala*, *Mootra* forcefully control, aggravates *Vata Dosha*, vitiated *Vata* cause *Kayaagni vikruti*, and leads to *Mandagni*.

Manasika Karanas like stress and strain are observed in the present study. So, it was concluded that there is no role in the *Kamala*. The specific *Samprapti* of *Kamala* is not mentioned in the classics. Only *Shakhashrita Kamala Nidana* and *Samprapti* explained from the above etiological factors one can establish the process of pathogenesis as under *Pandu Roga* in these conditions, the patient not taken proper medication and indulgence of an excessive amount of *Pitta Vardhaka Aharas* are vitiate the *Pitta*. *Daha*, *Pachana*, *Virechan Karma* unbalancing and not proper nourishing the *Rasa*, *Raktadi Dhatu*. In *Shakhashrita Kamala* excessive intake of *Guru*, *Sheeta*, *Rooksa*, *Madura Rasa Ahara*, aggravates the *Kapha Vata Dosha* and diminishes the *Pitta*. Increased *Kapha* in the *Pitta Marga* resulting on *Vimarga gamana* of *Pitta*, this results in the *Shakhashrita Kamala*.

Mode of action of the therapy: -

Nasya: *Nasya Dravya* (medicine) works by touching '*Sringataka Marma*' (a key vital point on the surface of the brain corresponding to the nerve centres, which are made up of nerve cells and fibres that control speech-Centre, Broca's vision, hearing, taste, and smell). It extends into different *Srotasa* (vessels and nerves) and causes the bread to become vitiated.

The *Sringataka* is a composite structure made up of four *siras* (arteries) that link the nose, ear, eye, and tongue. *Sringataka* is the name given to the composite structure created when these four arteries are joined together. The vitiated *Doshas* should be brought to the site from their original seat, according to the *ayurvedic* school of thought. This movement will occur through the *Srotasa* (channels), and any disruption in the integrity of the *srotas* will result in disease growth. There should be some disruption in the usual functions of *Urdhwanga Srotasa* when it comes to *Urdhwanga Rogas* (head diseases) (arteries, veins, nerves in the head). *Sringataka* is the most important *Srotas* in the *Urdhwanga* (head), and drugs that pass through these *Srotasa* are guaranteed to

cause *Srotosuddhi* (cleansing) in *Urdhwanga*.

Kamala is a disease caused by an overabundance of *Mala Ranjak Pitta*. *Nasya* cleanses and energies the tissues and organs of the head and neck. *Shodhan Nasya* is a form of *Nasya* that promotes secretions and removes toxins from the body. *Devdali Phal Nasya* is a form of *Shodhan*, particularly *Rechna Nasya*, that causes accumulated *Mala Ranjak Pitta* to be excreted through the nose. *Nasya* is referred to as "*Nastah Pracchardan*" by *Charaka*. It means *Nasya* is *shodhan karma*, which explains *Nasya's* position at the systemic level and why sr. bilirubin levels fall.

Medication administered through the nose assists in the correction of *Prana* disorders that affect higher cerebral, visual, and motor functions. The mechanism of *Nasya* can be summarized in one phrase from the *ayurvedic* classics: "*Nasahi Shirasodwaram*," i.e., the nose is a pharmacological passage through the brain.

The action of drugs used in Nasyakarma:

It is irritant to sensory organs, stimulates watery discharge & used as purifying measure.

- 1). It is having *Katu*, *Tikta Rasa*, *Kapha Pittahara* & *Tridosahar* property.
- 2). *Nasya* was given in a dose of 8 drops in each nostril of *Devadali Phala Heema*.
- 3). This results in better circulation and nourishment of the organs and the diseases will subside.

The drug *DEVDALI* described for *Nasya* therapy have got *Katu* (bitter), *Ushna* (hot) and *Theekshna* (sharpness) properties. These drugs produce *Dra-veekaranam* (liquefaction) and *Chedhana* (expulsion) of vitiated *Doshas*⁷.

Devadali Nasya causes excretion of accumulated toxins in the body by lowering Sr. Bilirubin, Sr. Alk. Phos. alt, ast. Bile salts and bile pigments are present in nasal secretions. In *Kothashakhashrita Kamala*, *Devadali Nasya* is extremely beneficial. It is more helpful in the case of *Kamala's* recent onset. Finally, the nose can be said to be the gateway to the brain as well as the gateway to consciousness. Breathing in through the nose allows *prana*, or life force, to penetrate the body.

Anjana:- Once applied an *Anjana* it acts as a foreign body to the ocular surface. Hence eye gets reflex se-

cretion in response to foreign particles on the cornea and conjunctiva. Due to that considerable amount of drug washes out from the eye by weeping and another major portion may drainage to the nasolacrimal duct (NLD). Apart from these another part may be eliminated from the ocular surface by evaporation (mainly *Rasakriya Anjana*), metabolization by tear enzymes and get in contact with tear proteins.

Finally, its mains in the cul-de-sac a very less amount of *Anjana* for the ocular absorption; meanwhile the portion drainage to the NLD may absorb to the systemic circulation by nasal-laryngeal and oral mucosa. On the other hand, *Gutika* and *Churna Anjana* have microparticles that may be deposited in the cul-de-sac and thereby increase the bioavailability to enhance ocular absorption.

The ocular absorption of *Anjana* may initiate through the conjunctiva and cornea. Mainly lipophilic active ingredients may absorb through the cornea by trans-cellular pathway and hydrophilic from the conjunctiva by paracellular pathway. This ocular absorption may be dependent on passive diffusion, carrier-mediated transport (facilitated diffusion and active transport) and endocytosis. Also, pH, viscosity, tonicity and most importantly molecular size and molecular weight of the active ingredients play a major role in the same. Once it crosses the conjunctiva (mainly hydrophilic); the sclera is more permeable and it allows drugs to penetrate the other interior structures of the eye i.e., ciliary body, iris, aqueous humour, lens, vitreous etc. But due to the high vascularization of the conjunctiva, ciliary body and iris considerable amount of drug may be entered into the systemic circulation again.

The drugs pass through the corneal epithelium (mainly lipophilic) directly goes to the aqueous humour and distribute to the other ocular tissues. However, some of the drugs coming to the aqueous humour either via cornea or conjunctiva are undergoing metabolization by the enzymes present in the aqueous. Considering all these factors it can be said that *Anjana* therapy may be highly activated in the anterior segment of the eye because of the presence of several anatomical, biological, and physiological ocular bar-

riers. But in the system of *Ayurveda* pharmacological actions of a drug may explain according to its pharmacological properties which are included *Rasa, Guna, Virya, Vipaka* and *Prabhava*. These qualitative qualities are still not explained and interpreted by modern science. Hence as per the view of *Ayurveda*, these qualitative measures may act on the posterior segment of the eye.

The action of drug used in *Anjana*:-

Doṣakarma: Kaphavātaśamaka, Pittasamśodhaka Property. It is having *Katu, Lavaṇa, Madhura Rasa*⁸. It is laxative, animistic, stimulant and febrifuge. The *swarasa* of this herb is applied as a collyrium (*natrānjana*) in case of jaundice. *Anjana* was given in the dose of 2ML in eyes of *Dronpushpi Sawarasa*, i.e., 1ML for each eye. 1 ML equals 8 drops of *Dronpushpi Sawarasa*. *Ashchayotan Dharan kala* is 100 *Matra* according to *Sharangdhara*⁹. And 100 *Matra* equals 3 mints. 2-2 drops of *Dronpushpi swarasa* in morning total of 8 drops¹⁰ with a gap of 45 seconds between two dosages will be dropped in patients each eye once in a week for 1 month. In addition, with above mentioned taking 3 gm *Triphala Churna* with Lukewarm water at bedtime for *Koshta shuddhi*. It has a good cholagogue action and is given in certain diseases of biliary affections.

CONCLUSION

Jaundice correlates with *Swatantraja Kamala* and *Koshtashrita, Ruddhapatha Kamala* and *Kumbha Kamala* are the stages of it. Mostly patient was chosen for treatment in the rainy season because that time mostly patient was suffering from jaundice due to *Agnimandhya*. Addicted (Alcoholic), middle-aged patients are more prone to Jaundice. In Acute cases, the normal range of SGOT & SGPT was attained with 1 month, whereas in chronic cases it took 2-3 months. The overall response of the clinical study suggests that *Devdali phal Nasya* and *Dronpushpi Sawarasa anjana* is very effective in the reduction of serum bilirubin level in blood. The result was effective in group A because *Devdali phal Nasya* is irritant to sensory organs and stimulates watery discharge through *nasa*. Yellow colouration of eyes, skin, nails,

face, urine symptoms are extremely reduced in group A because these symptoms were related to serum bilirubin level. During *Nasya* time reduction of serum bilirubin level was observed within 7 days.

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