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A Case Study on Single Drug Therapy in Kamala W.S.R to Jaundice in Neonate

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Abstract: Jaundice in neonate is commonly seen in about 60% of infants. In this case study, a baby who didn't recovered even after phototherapy and 1month of treatment with modern medication, a single herb *Bhumyamalaki* (*Phyllanthus amarus schum*) swarasa along with sun light exposure was given. All biomarkers were within normal limits and baby was clinically normal after ayurvedic treatment.

Keywords: Jaundice, Neonatal jaundice, Kamala, *Bhumyamalaki*, *Phyllanthus amarus schum*

I. INTRODUCTION

Hyperbilirubinemia is a common and, in most cases, benign problem in neonates. Jaundice is observed during the 1st week of life in approximately 60% of term infants and 80% of preterm infants¹. Jaundice is defined as the yellowish discolouration of the skin and sclera caused by deposits of bilirubin. High bilirubin levels may be toxic to the developing central nervous system and may cause neurological impairment even in term newborns².

In ayurveda, Jaundice is explained in the name of Kamala roga; which is considered to be the disease of Pitta dosha. We find many treatment modalities in the management of Kamala. Shodhana and shamana chikitsa are mentioned for treating jaundice. As shodhana therapy can't be given in neonates, only shamana treatment is suitable by using simple single drug which is most effective. *Bhumyamalaki* (*Phyllanthus amarus schum*) which is widely distributed as weed in cultivated and waste lands. It is one such drug which is very much effective in Pittaja vyadhi like jaundice. This case study is about the successful treatment of jaundice neonate treated with single herb – *Bhumyamalaki* (*Phyllanthus amarus Schum*).

II. BRIEF REVIEW OF DISEASE

Kamala is the disease which is due to vitiation of Pitta dosha. Cause of the disease mentioned in classics is, due to intake of Pittakara ahara vihara in pandu patients, the pitta gets vitiated and inturn it causes vitiation of Twak, Rakta and mamsa and produces Kamala³.

Exaggerated physiologic jaundice term is used when total serum bilirubin rises high as 17mg/dl.

A. Causes of Jaundice in Neonates

- 1) *Hemolytic*: Rh incompatibility, ABO incompatibility, G6PD deficiency, thalassemias, hereditary spherocytosis.
- 2) *Non-hemolytic*: Prematurity, extravasated blood, inadequate feeding, polycythemia, idiopathic, breast milk jaundice⁴.

B. There are Mainly Two Types of Jaundice

- 1) *Physiological Jaundice*: Represents physiological immaturity of the neonates to handle increased bilirubin production. Visible jaundice usually appears between 24-72 hr of age. It does not require any treatment.
- 2) *Pathological Jaundice*: An appearance of jaundice within 24 hr, TSB (Total Serum Bilirubin) levels above the expected normal range, presence of clinical jaundice beyond 3 weeks and conjugated bilirubin⁵.

Clinical features mentioned in ayurvedic classics are, *Haridranetra*-yellowish discolouration of eye, *Haridra twak*, *nakha*, *aanana*-yellowish skin, nails & face, *Raktapeeta shakrunmutro*:- faecus, urine become reddish yellow, *Bhekavarna*- icterus, *Hatendriya*-weakness of sensory organs, *daha*-burning sensation, *Avipaka*-indigestion, *sadana*-bodyache, *aruchi*- tastelessness⁶.

III. CASE REPORT

4 days male baby was admitted in one of the multi speciality hospital on 15/11/2020 with c/o yellowish discolouration of eyes and body since 1 day. And found to have increased bilirubin.

Total Bilirubin was 18.6 mg/dl, Direct bilirubin 0.2 mg/dl and diagnosed as Exaggerated Physiological Jaundice. Then baby was admitted for double surface phototherapy.

A. Ante Natal History

Mother took regular ante natal care. No history of any infection or pregnancy induced hypertension.

1) *Birth History*: Full term baby delivered on 11/11/2020 by LSCS. Baby cried immediately after birth.

2) *Immunization History*: BCG, OPV, HepB0. immunized on proper time.

B. Vitals on the Day of Admission

Pulse :- 120 bpm

RR:- 42/ min,

SpO2- 98%

CVS:- S1, S2 Heard

RS:- B/L Clear

Per Abdomen :- Soft.

During stay in hospital, parents noticed swelling over left thigh for which, USG was advised.

USG abdomen findings were- No obvious choledochal cyst.

USG Scrotum revealed

- Lesion seen in left groin (2.6 x 2.1cm.)
- It is in subcutaneous plane.
- Partly cystic & solid with well defined margin (without significant vascularity).
- Testes & epididymis appears normal & seen moving between inguinal canal & scrotum. For this surgeon opinion was taken and diagnosed as lymph node enlargement and advised to wait and watch for 2-3months.

Double surface phototherapy, and orally Ossopan D syrup was given for 3 days.

Investigation done on the day of discharge i.e, on 18/11/2020

Serum parameters were Total Bilirubin- 14.5 mg/dl, Direct Bilirubin- 0.34 mg/dl and Thyroid function test revealed T3- 0.96 , T4- 7.20, TSH- 2.18. as serum bilirubin was still high, baby was haemodynamically stable, afebrile, Pulse- 130/min and SpO2-98%. So baby was discharged from the hospital on 18/11/2020 with advise to continue Syrup Ossopan D 2.5ml bd orally for 1month and to take Sun bath every day in early morning..

Treatment was followed for 1 month and even after 1 month of treatment, baby did not recover. Symptoms still persisted. So, Liver function test was done on 26/12/2020,

Findings were as follows;

Total cholesterol- 151.00 mg/dl

Total proteins- 5.00g/dl

Albumin- 3.60g/dl

Globulin- 1.40g/dl

Albumin: Globulin ratio- 2.57:1

Alkaline phosphatase (serum)- 235.00 U/L

Total Bilirubin- 10.20 mg/dl

Direct Bilirubin- 0.60 mg/dl

Indirect Bilirubin- 9.60 mg/dl.

Alanine Aminotransferase ALT (S.G.P.T)- 16.00 U/L

Gamma GT (G- glutamyl-p-nitroanilide)- 97.00

Thyroid Stimulating hormone- 4.72uIU/ML

Then they approached for Ayurvedic treatment. Based on clinical features *Peeta netrata*-yellowish discolouration of eyes, *Haridratwak nakhaanana*- yellowish discolouration of skin (body) and based on serum parameters, it was diagnosed as Kamala (Jaundice).

IV. TREATMENT ADVISED

Bhoomyamalaki (*Phyllanthus amarus* Schum) Swarasa 4drops internally and sun bath i.e, baby should be exposed to sunlight early in the morning. Duration of treatment advised for 1month.

V. RESULT

After 1 month of Ayurvedic treatment, baby recovered much better and became active when compared to earlier. Symptoms like yellowish discolouration of Sclera and skin vanished. Liver function was done, all the increased values which were more before Ayurvedic treatment became almost normal after taken Ayurveda treatment.

Table no. I Showing the difference in biomarker values, before treatment of modern medicine, after treatment of modern medicine, then after ayurvedic treatment.

| Serum parameters | Before treatment 26/12/2020 | After modern treatment. 18/11/2020 | After ayurvedic treatment. 10/01/2021 |
|--------------------|--------------------------------|---------------------------------------|---|
| Total Bilirubin | 10.20mg/dl | 14.5 mg/dl | 3.70 mg/dl |
| Direct Bilirubin | 0.60 mg/dl | 0.34 mg/dl | 0.10 mg/dl |
| Indirect Bilirubin | 9.60 mg/dl | ----- | 3.60 mg/dl |

Other parameters Before and After Ayurvedic treatment

| Serum parameters | Before treatment 26/12/2020 | After Ayurvedic treatment. 10/01/2021 |
|--|--------------------------------|--|
| Aspartate Aminotransferase AST | 28.00 U/L | 32.00 U/L |
| Alanine Aminotransferase ALT | 16.00 U/L | 17.00 U/L |
| GAMMA G.T (G.glutamyl-p-nitroanilide) | 97.00 U/L | 66.00 U/L |

VI. DISCUSSION

Neonatal jaundice or physiological Jaundice is self limiting: if Bilirubin level do not come to normal, then it will be considered as pathological one. Treatment protocol followed in modern medical science are:-

(i). **Phototherapy** which remains the mainstay of treating hyperbilirubinemia in neonates. It acts by converting insoluble bilirubin into soluble isomers that can be excreted in urine and feces and (ii). **Double volume exchange transfusion (DVET)** is performed if the TSB(Total Serum Bilirubin) levels reach to age specific cut-off the low for exchange transfusion or the infant shows signs of bilirubin encephalopathy irrespective of TSB levels⁷.

Even after 1 month of modern treatment protocol, baby did not recover so, when parents of baby approached for ayurvedic treatment, based on ayurvedic principles of treatment on kamala, Charaka advises to give shodhana with Tikta rasa pradhana dravyas in kamala⁸.

In context of Arsha chikitsa, caharakacharya given the importance of use of Tikta rasa prayoga as “*Agnisandeepanartham cha raktasangrahanaaya cha, doshaanam pachanartham cha param tiktairupacharet* ||”⁹. To get agnideepana- to improve agni, and to make rakta sangrahi i.e, correction in rakta dhatu and for dosha pachana, one should use Tikta rasayukta dravyas. Which is very much essential in treatment of jaundice hence the single drug Bhummyamalaki(*Phyllanthus amarus* schum) which is predominant of Tikta rasa; Kashaya rasa, Madhura rasa as anurasa, Sheeta Veerya and it is indicated in pittaja rogas like vata rakta, Trishna, pipasa, kasa etc diseases¹⁰ was selected in this case.

In this case baby had inguinal lymph enlargement which may not be related to jaundice was also subsided after this treatment may be it may be self limiting as per surgeons opinion or may be due to use of bhummyamalaki. Further work can be done over it.

Though AST and ALT were within normal limits, the G.glutamyl-p-nitroanilide was abnormally raised before treatment which got reduced after use of Bhummyamalaki (*Phyllanthus amarus* schum). Bio markers like Total Bilirubin, Direct and Indirect Bilirubin were became normal and clinical symptoms were reduced.

VII. CONCLUSION

In this case, Total Bilirubin was 18.6 mg/dl so diagnosed as Exaggerated Physiological Jaundice initiately and even after treatment with photo therapy also baby did not recover. The jaundice persisted even after 1 month suggests being pathological jaundice. Kamala is pitta dosha pradhanya vyadhi. Probably because of Tikta rasa and sheeta veerya of Bhumyamalaki (*Phyllanthus amarus* schum). might have pacified Pitta dosha which is main dosha involved in pathogenesis of kamala. Overall a single drug therapy with Bhumyamalaki along with sun light therapy has shown effective in this case.

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IMAGES OF DISCHARGE SUMMARY


RAJSHEKAR
 MULTI SPECIALITY HOSPITAL PVT LTD.
 No. 21, 9th Cross, 1st Phase, (Srirajki Layout),
 J.P. Nagar, Bangalore - 560078.
 Ph: 080-42527555 / 26642164
 Fax: 26630987

DISCHARGE SUMMARY

| | |
|---|---|
| NAME: MAST. B/O PRIYANKA PAHUJA | IP NO : 2021/01012 |
| AGE : 4D | DATE OF ADMISSION : 15/11/2020 10:46 PM |
| SEX : MALE | DATE OF DISCHARGE : 18/11/2020 03:26 PM |
| CONSULTANT : DR. VIVEKANANDA KUSTAGI—PEDIATRICIAN | |

DIAGNOSIS: EXAGGERATED PHYSIOLOGICAL JAUNDICE.

Mast. B/o Priyanka Pahuja, 4days male baby was admitted with c/o yellowish discolouration of eyes and body since 1day.
 Found to have increased bilirubin. TB- 18.6, DB- 0.2.
 Now admitted for double surface phototherapy.

Birth history: Baby delivered on 11/11/2020 by LSCS.

O/E: Conscious and oriented.
 Pulse—140bpm, RR—42/min, SpO2—98%, CVS: S1S2+, RS—B/L clear.
 ABD: Soft.

Baby was started on **double surface phototherapy** and treated with Syp Ossopan D.

Regular estimations of GRBS done.

Investigations done on 18/11/2020.
 TB: 14.5, DB—0.34.
 T3: 0.96, T4—7.20, TSH—2.18.

Double surface phototherapy continued.

Repeat Bilirubin done on 18/11/2020:
 TB: 13.29.
 DB: 0.28.

During stay parents noticed swelling over left thigh.
 Advised USG thigh.



USG abdomen scan:
 • No obvious choledochal cyst.

USG SCROTUM:
 • Lesion seen in left grain (2.6 x 2.1cm).
 • It is in subcutaneous plane.

INTENSIVE CARE UNIT WITH VENTILATORS, DIALYSIS,
 24 HOURS SURVIVAL, CONTINUOUS MONITORING & SUPPORT



IMAGES OF REPORTS AFTER PHOTOTHERAPY & MODERN MEDICATION

| Preliminary Report | | | |
|---|-----------------|---|------------------------------|
|  | |  | |
| Sample Source: KAUVERY HOSPITAL-ECITY. | | Visit Id: R7499955 | |
| Name: BABY, AMRIT PATIL | Gender: M | Contact No.: 9164437502 | Registered: 26/12/2020 10:54 |
| Age: 2 Month(s) | | Referring Dr.: DR DR RMO | Reported: 26/12/2020 12:23 |
| UID: 18646 | | | Report Status: Partial |
| Parameters | Observed Values | Biological Reference Range | Page 1 of 5 |
| BIO-CHEMISTRY | | | |
| LIVER FUNCTION TEST (Standard) | | | |
| TOTAL CHOLESTEROL (CHOD-PAP) ENZYMATIC | 151.00 mg/dL | Less than 200 mg/dL - Desirable 200 - 239 mg/dL - Borderline high More than 240 mg/dL - High | |
| TOTAL PROTEINS (Biuret) | 5.00 g/dL | Umbilical cord 4.8 - 8.0 Premature 3.6 - 6.0 New born 4.6 - 7.0 1wk - 4.4 - 7.6 7 months - 1yr - 5.1 - 7.3 1 - 2yrs - 5.6 - 7.5 ≥ 3yrs 6.0 - 8.0 Adults - 6.4 - 8.3 | |
| ALBUMIN (Colorimetric - BCG Dye binding) COLORIMETRIC - BCG Dye Binding | 3.60 g/dL | 3.5 - 5.2 | |
| GLOBULIN (Calculated) | 1.40 g/dL | 2.0-3.0 | |
| ALBUMIN:GLOBULIN RATIO | 2.57:1 | 1.5:1-2.5:1 | |
| ALKALINE PHOSPHATASE (Serum) : | 235.00 U/L | Male - 40 - 129 Female - 35-104 Children 1 day < 250 2-5 days < 231 6days - 6months < 449 7months - 1yr < 462 1-3 yrs < 281 4-6 yrs < 269 7-12yrs < 300 13-17 yrs (Female) < 187 ,13-17yrs (Male) < 390 | |
| TOTAL BILIRUBIN Colorimetric Vanadate oxidation | 10.20 mg/dL | 0-1 (Adult) = Premature Full term 0-1 day : 1.0 - 8.0 2.0 - 6.0 1-2 days : 6.0 - 12.0 6.0 - 10.0 3-5 days : 10.0 - 14.0 4.0 - 8.0 | |
| DIRECT BILIRUBIN Colorimetric Vanadate oxidation | 0.60 mg/dL | 0-0.2 | |
| INDIRECT BILIRUBIN CALCULATED | 9.60 mg/dL | 0-0.8 | |
| Aspartate Aminotransferase AST (S.G.O.T) | 28.00 U/L | Male : 17 - 59 U/L Female : 14 - 36 U/L | |

Preliminary Report



Sample Source: KAUVERY HOSPITAL-ECITY.



Name: BABY. AMRIT PATIL Age: 2 Month(s) Gender: M Contact No.: 9164437502 Registered: 26/12/2020 10:54
 UID: 18646 Referring Dr.: DR DR RMO Reported: 26/12/2020 12:2 Report Status: Partial 1

Parameters Observed Values Biological Reference Range Page 2 of 5

LIVER FUNCTION TEST (Standard)

Alanine Aminotransferase ALT (S.G.P.T) 16.00 U/L

Female : 09 - 52 U/L
 Male : 21 - 72 U/L

GAMMA G.T (G-glutamyl-p-nitroanilide -) 97.00 U/L

Males : 15 - 73
 Females: 12 -43

THYROID STIMULATING HORMONE, Serum ELFA 4.72 uIU/mL

1 - 7 days: 1.0 - 39.0
 1 - 4 weeks: 1.7 - 9.1
 1 - 12 months: 0.8 - 8.2
 1 - 5 yrs : 0.25 - 5.5
 6 - 10yrs : 0.25 - 5.5
 11 - 15yrs: 0.25 - 5.5
 16 - 20yrs : 0.25 - 5.5
 21 - 80yrs: 0.25 - 5.5
 First trimesters : 0.6 - 3.5
 Second trimesters : 0.4 - 4.5
 Third trimesters : 0.7 - 4.0

Bilirubin test repeated and confirmed. Kindly correlate clinically.

----- End Of BIO-CHEMISTRY Report -----
 HAEMATOLOGY

COMPLETE BLOOD COUNT (Automated blood cell count)

HAEMOGLOBIN PERCENTAGE 15.7 g/dl
 SLS METHOD

Birth :18.0 +/-4.0,
 Day 3:18.0+/-3.0,
 1 month:14.0+/-2.5,
 2 months 11.2+/- 1.8,
 3 months - 6 years 12.6 +/- 1.5,
 6 -12 years:13.5+/-2.0.,
 Adults :Male:13.5 -18; Female:11.5-16

PACKED CELL VOLUME 44.6 %
 PARTICLE CELL COUNTER

Adults : M:39-54% F:34-48,

TOTAL WBC COUNT 8780 /Cmm

Adults:4,000-11,000,
 Birth: 18000+/-8000,
 Day 3: 15000+/- 8000,
 1 month: 12000+/-7000,
 2 months:10000+/-5000,
 3-6 months:12000+/-6000,
 1 year: 11000+/-5000,
 2-6 years: 10000+/-5000,
 6-12 years9000+/- 4000

IMAGES OF REPORTS AFTER AYURVEDIC TREATMENT



TEST REPORT



Name: BABY AMRIT PATIL Age: 2 Month(s) Gender: M Contact No.: 9164437502 Registered: 10/01/2021 13:48
 UHID: 11501 Referring Dr.: DR DR PRABHAKARA REDDY Reported: 10/01/2021 14:32
 Report Status: Final

BIO-CHEMISTRY

| Test Name | Test Result | Biological Reference Range | Sample |
|---|--------------|---|--------|
| LIVER FUNCTION TEST (Standard) | | | |
| TOTAL CHOLESTEROL (CHOD-PAP) ENZYMATIC | 157.00 mg/dL | Less than 200 mg/dL - Desirable 200 - 239 mg/dL - Borderline high More than 240 mg/dL - High mg/dL | |
| TOTAL PROTEINS (Biuret) | 5.00 g/dL | Umbilical cord 4.8 - 8.0 Premature 3.6 - 6.0 New born 4.6 - 7.0 1wk - 4.4 - 7.6 7 months - 1yr - 5.1 - 7.3 1 - 2yrs - 5.6 - 7.5 > 3yrs 6.0 - 8.0 Adults - 6.4 - 8.3 g/dL | |
| ALBUMIN (Colorimetric - BCG Dye binding) COLORIMETRIC - BCG Dye Binding | 3.60 g/dL | 3.5 - 5.2 g/dL | |
| GLOBULIN (Calculated) | 1.40 g/dL | 2.0-3.0 g/dL | |
| ALBUMIN:GLOBULIN RATIO | 2.57:1 | 1.5:1-2.5:1 | |
| ALKALINE PHOSPHATASE (Serum) : | 237.00 U/L | Male - 40 - 129 Female - 35-104 Children 1 day < 250 2 -5 days < 231 6days - 6months < 449 7months - 1yr < 462 1 - 3 yrs - < 281 4 - 6 yrs < 269 7- 12yrs < 300 13 - 17 yrs (Female) < 187 ,13 - 17yrs (Male) < 390 U/L | |
| TOTAL BILIRUBIN | 3.70 mg/dL | 0-1 (Adult) = Premature Full term 0-1 day : 1.0 - 8.0 2.0 - 6.0 1-2 days : 6.0 - 12.0 6.0 - 10.0 3-5 days : 10.0 - 14.0 4.0 - 8.0 mg/dL | |
| Colorimetric Vanadate oxidation | | | |
| DIRECT BILIRUBIN Colorimetric Vanadate oxidation | 0.10 mg/dL | 0-0.2 mg/dL | |

Anand Diagnostic Laboratory - A Neuberg Associate • Neuberg Anand Reference Laboratory
C/O Kauvery Hospital, No 92/1 B, HP Avenue, Konappana Agrahara, Village Begur Hubli, Electronics City, Blore South-560100

* Test not in NABL Scope. # Test reported by accredited laboratory.

Page 1 of 2

Reference Laboratory | Toll Free: 1800 425 1974 | Web: www.anandlab.com | Email: enquiry@anandlab.com



Sample Source: KAUVERY HOSPITAL-ECITY.

TEST REPORT



Visit Id: R7553245



Name: BABY AMRIT PATIL

Age: 2 Month(s)

Gender: M

Contact No.: 9164437502

UHID: 11501

Referring Dr.: DR DR PRABHAKARA REDDY

Registered: 10/01/2021 13:48

Reported: 10/01/2021 14:32

Report Status: Final

BIO-CHEMISTRY

| Test Name | Test Result | Biological Reference Range | Sample |
|----------------------------------|-------------|----------------------------|--------|
| INDIRECT BILIRUBIN CALCULATED | 3.60 mg/dL | 0-0.8 mg/dL | |

Aspartate Aminotransferase AST 32.00 U/L

Male: 17 - 59 U/L

Female: 13 - 35 U/L



10.22214/IJRASET



45.98



IMPACT FACTOR:
7.129



IMPACT FACTOR:
7.429



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