Efficacy of “KAMALAHAR”
(An indigenous Ayurvedic preparation for acute viral hepatitis)
(A study of cases)

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Introduction

Acute Viral Hepatitis (AVH) is a common acute inflammatory disease of the liver caused by Hepatoropic viruses. It is a major public health concern because of both endemic and epidemic outbreaks. It is the most common liver disease treated by general practitioners and physicians. Research workers have dug deeply in the field of etiology but till today its treatment is symptomatic and supportive. Therefore, there are attempts from modern allopathic and our indigenous system of medicine – Ayurveda, to offer remedy to cure Jaundice. Kamalahar is a combination of many herbal medicines and is claimed by manufacturers as very useful remedy in the treatment of Jaundice. This drug is found very useful in certain clinical trials by various doctors in cases of AVH and other liver disorders. We were inspired to undertake this study to know the efficacy of Kamalahar in cases of AVH with special emphasis on clinical bio chemical recovery.

Material and Methods

The selection of the patients was made out of the cases suffering from Acute Viral Hepatitis attending our unit’s outdoor and admitted in isolation ward of Civil Hospital from September 1987 to May 1988. 15 cases, that fulfilled the criteria, were enrolled under trial.

Table I

Inclusion Criteria

1. Age between 13 to 50 years.
2. No past history of Jaundice or other liver disorders.
3. Symptomatology suggestive of AVH.
4. Absence of any complication at the time of admission.
5. Moderate elevation of LFT.
6. Duration of illness less than 2 weeks.
Cases of AVH with pregnancy, history of hepatotoxic drug ingestion or alcohol were excluded from study. The cases were diagnosed having AVH by detailed history, physical examination and laboratory investigations. Informed consents were obtained in all cases. All patients after availability of initial reports of Serum Bilirubin SGPT, SGOT, S.A.P and HBsAg were subjected to bed rest, glucose powder, dietary advice and administration of one capsule Kamalahar, thrice a day for 10 days. All patients were visited twice a day to assess clinical condition, physical finding, occurrence of any complication and observation for side effects. Liver function tastes were performed on 1st, 7th, 10th, and 15th day (10 cases) after starting Kamalahar.

RESULT

We have studied total 15 cases of AVH which includes 9 male and 6 female with an age range from 17 to 48 years. 2 Patients who were HBsAg positive were included in trial and all others were HBsAg negative. All these patients had classical clinical presentation of AVH in the form of loss of appetite, nausea, occasional vomiting, pain in abdomen, generalized weakness and low grade fever with dark urine, yellowish discoloration of sclera and mild to moderate tender hepatomegaly. Within 3-4 days of institution of treatment marked clinical improvement were observed with the sense of well being. Almost all the patients were free from their symptoms and signs at the time of discharge with biochemical improvement.

**TABLE II**

**Showing Average Value of LFTs**

<table>
<thead>
<tr>
<th></th>
<th>Before Kamalahar</th>
<th>7th Day</th>
<th>10th Day</th>
<th>15th Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>S Bilirubin</td>
<td>9.9 mg/100 ml</td>
<td>7.8 mg/100 ml</td>
<td>4.6 mg/100 ml</td>
<td>4.6 mg/100 ml</td>
</tr>
<tr>
<td>S.G.P.T</td>
<td>399.5 U/ml</td>
<td>249.7 U/ml</td>
<td>158.3 U/ml</td>
<td>119.4 U/ml</td>
</tr>
<tr>
<td>S.G.O.T</td>
<td>48.3 U/ml</td>
<td>42.0 U/ml</td>
<td>40.0 U/ml</td>
<td>38.8 U/ml</td>
</tr>
<tr>
<td>S. Alk. Phos.</td>
<td>21.1 KAU/ml</td>
<td>24.2 KAU/ml</td>
<td>17.7 KAU/ml</td>
<td>16.4 KAU/ml</td>
</tr>
</tbody>
</table>
Thus, there was good biochemical recovery in all cases after Kamalahar therapy and this improvement continued even after completion of Kamalahar treatment for 10 days which is evident from the mean LFTs value repeated after 15 days (in 20 cases).

Two cases with HBsAg positive were initially included in the trial. There was a marked improvement symptomatically and clinically but liver function tests showed rising trend hence, the trial in these cases were discontinued. No side effects were clinically observed in any case during Kamalahar trial.

**Discussion**

There is no specific treatment for typical acute viral hepatitis. Modern medicine recommends prevention, symptomatic and supportive management, early recognition of complications and prompt intervention. Because of non-toxic nature of various Ayurvedic preparations, they have been used in the treatment of AVH. In this study, we treated 15 cases of AVH with 10 days course of Kamalahar and its efficacy was assessed by clinical and biochemical parameters. All 15 patients showed remarkable rapid symptomatic / clinical improvement including 2 cases of HBsAg positive.

In addition, result reveals rapid biochemical recovery during trials and thereafter, when Kamalahar therapy was discontinued (10 cases). No side effect was observed clinically with trial. We reviewed efficacy of Kamalahar observed by various other doctors, in similar patients (Dr. R. C. Arora et al 2, Dr. S. V. Dange et al 3 and Dr. B.K.Agarwal et al 4)

We feel long term studies of Kamalahar in AVH, other liver disorders, its safety in children and pregnant women with jaundice will open new vision of research.
Acknowledgment:

We are thankful to the Medical Superintendent for allowing us to conduct this drug trial and all our patients for their co-operation during the study


2. Dr. R. C. Arora, Dr. Rajeev Mangal, Dr. K.K. Sharma; Evaluation report of drug Kamalahar

3. Dr. S.V. Dange, Dr. P. S. Patki, Dr. D. S. Shrotri; Efficacy of ‘Kamalahar Forte,’ an indigenous compound preparation, in acute viral Hepatitis. A double blind study.

4. Dr. B. K. Agarwal, Dr. G. Choudhuri; A double blind randomized trial of an indigenous compound (Kamalahar) in acute viral Hepatitis.

5. Harrioson’s principles of Internal Medicine, 9th Edition; Acute viral Hepatitis, Page 1466