

## Ayurvedic Management of Chronic Liver Disease: A Case Study

### ABSTRACT

Chronic liver disease (CLD) is a progressive hepatic disorder characterized by hepatocellular injury, inflammation, fibrosis, and metabolic dysfunction, leading to systemic complications and impaired liver function. In Ayurveda, CLD can be correlated with *YakṛitVikāra*, *Kamala*, and *UdaraRoga*, where vitiation of *Pitta Doṣha*, impaired *Agni*, and *Srotas* obstruction play a key role in disease pathogenesis. This case study reports the clinical and biochemical outcomes of Ayurvedic management in a 44-year-old male diagnosed with Chronic Liver Disease who presented to JeenaSikhoLifecare Limited Hospital, Jaipur, Rajasthan, with complaints of generalized weakness (*Daurbalya*), body pain (*ŚarīraŚūla*), nausea (*Hrillāsa*), vomiting (*Chardi*), abdominal bloating (*Ādhmāna*), and generalized itching (*Kandu*). The patient underwent Ayurvedic therapeutic interventions along with dietary and lifestyle modifications. Post-treatment evaluation demonstrated marked symptomatic relief and improvement in hepatic biochemical parameters. Serum SGOT levels reduced from 54 U/L to 35.81 U/L, SGPT from 52 U/L to 40.62 U/L, and C-reactive protein (CRP) from 8.0 mg/L to 3.01 mg/L, indicating improved hepatocellular function and reduced systemic inflammation. IgE levels showed minimal change (198 IU/mL to 195 IU/mL). The findings suggest that Ayurvedic interventions may have a beneficial role in improving clinical symptoms and liver function parameters in Chronic Liver Disease. However, larger controlled clinical studies are warranted to validate these findings and establish evidence-based integrative treatment protocols.

**Keywords:** Chronic Liver Disease, *YakṛitVikāra*, *Ayurveda*, Liver Function Tests, Case Study.

### INTRODUCTION

Chronic liver disease (CLD) is a progressive deterioration of liver function due to sustained inflammation, fibrosis, and cirrhosis, resulting in life-threatening complications such as portal hypertension, hepatic encephalopathy, and hepatocellular carcinoma.<sup>[1]</sup> Chronic hepatitis B and C infections, excessive alcohol use, non-alcoholic fatty liver disease (NAFLD), autoimmune liver diseases, and metabolic abnormalities are among the main causes of CLD, albeit the exact causes vary throughout the world.<sup>[2]</sup> Pharmacological treatments, lifestyle changes, and, in more severe situations, liver transplantation are all part of the traditional care of CLD. But even with medical advances, these therapies frequently have drawbacks such as side effects, exorbitant

33 prices, and restricted availability.<sup>[3]</sup> The ancient medical system known as *Ayurveda* provides a  
34 comprehensive and all-natural method of treating CLD, emphasizing cleansing and dietary  
35 control. *Ayurveda* views liver disorders under the general heading of "*Yakrit Vikara*," according  
36 to which liver malfunction results from an imbalance in the three *doshas* of *Vata*, *Pitta*, and  
37 *Kapha*.<sup>[4]</sup> *Pitta dosha* aggravation is thought to be a major cause of hepatic problems, resulting in  
38 the liver becoming overheated and inflamed. Many liver illnesses are described in *Ayurvedic*  
39 writings including the *Charaka Samhita* and *Sushruta Samhita*. These include *Kamala* (jaundice),  
40 *Pandu* (liver dysfunction associated with anemia), and *Kumbha Kamala* (advanced liver disease  
41 resembling cirrhosis).<sup>[5]</sup> Dietary changes and detoxification treatments like *Panchakarma* are  
42 used in *Ayurvedic* medicine to calm inflamed *doshas*, restore liver function, and enhance general  
43 health. *Bhumyamalaki* (*Phyllanthus niruri*), one of the most popular *Ayurvedic* formulations for  
44 liver illness, is beneficial against hepatitis and liver cirrhosis due to its hepatoprotective, anti-  
45 inflammatory, and antiviral qualities.<sup>[6]</sup> *Phyllanthus* species have strong antiviral properties  
46 against the hepatitis B virus and greatly protect the liver by lowering oxidative stress and raising  
47 hepatic enzyme levels. Additionally, herbs like *Guduchi* (*Tinospora cordifolia*),  
48 *Kalmegh* (*Andrographis paniculata*), and *Kutki* (*Picrorhiza kurroa*) are frequently suggested due to  
49 their immune-modulating, anti-inflammatory, and antioxidant qualities, which support tissue  
50 regeneration and liver detoxification.<sup>[7]</sup> In *Ayurveda*, detoxification treatments like *Basti*  
51 (medicated enema) and *Virechana* (therapeutic purgation) are used to remove accumulated toxins  
52 from the liver and gastrointestinal tract, which lowers inflammation and restores normal hepatic  
53 function. According to clinical data, these *Panchakarma* treatments considerably raise the  
54 quality of life for CLD patients overall, lower hepatic fibrosis, and improve liver function  
55 metrics.<sup>[8]</sup>

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### 57 ***Samprapti Ghataka of Chronic Liver Disease in Ayurveda***<sup>[9]</sup>

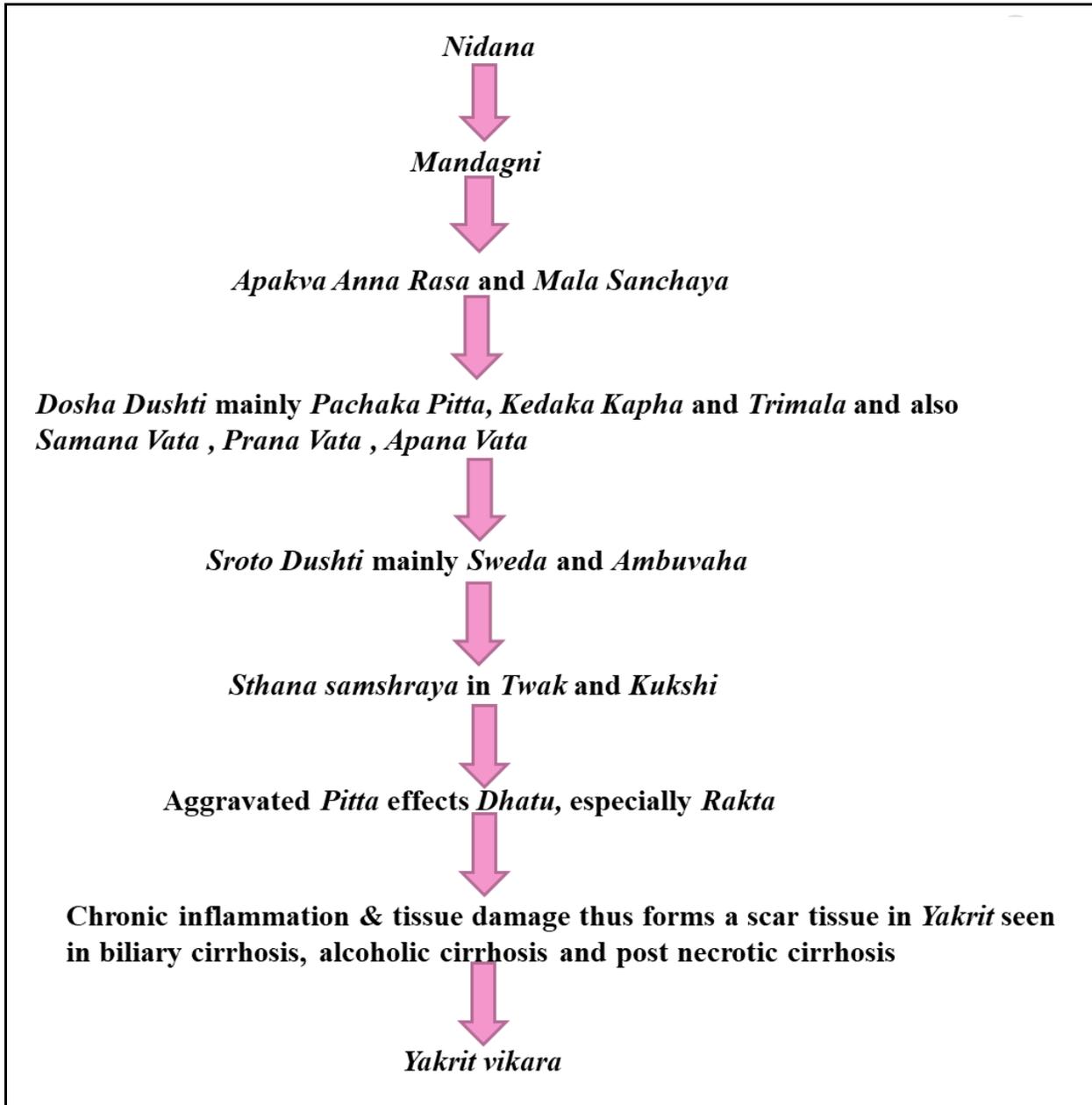
58 ***Dosha – Vata Pradhana Tridosha***

59 ***Dushya Affected Body Tissues – Rasa*** (plasma/lymph), ***Rakta*** (blood), ***Mamsa*** (muscle), ***Asthi***  
60 (bone)

61 ***Srotas*** (Body Channels) – ***Annavaha***, ***Raktavaha***, ***Rasavaha***, ***Asthivaha***,

62 ***Srotodushtilakshana*** (Signs of Channel Vitiation) – ***Vimargagamana*** (movement in abnormal  
63 pathways)

64 **Vyadhi Marga (Pathway of Disease Manifestation)** – *MadhyamaRogaMārga* (Intermediate  
65 Disease Pathway)  
66 **Agni (Digestive Fire)** – *Agnimandya* (weak digestion in stomach)  
67 **Ama (Toxins from Improper Digestion)** – *Sama* (associated with *ama*)  
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**Figure 1: Sampraptiof Chronic Liver Disease**

**CASE REPORT**

73 A 44-year-old male with a known case of Chronic Liver Disease visited Jeenasikholicare  
 74 hospital, Jaipur, Rajasthan. The patient suffered from generalized weakness (*Daurbalya*), general  
 75 body aches (*ŚarīraŚūla / AṅgaMardana*), nausea (*ChardiPūrvarūpa / Hriḷāsa*), vomiting  
 76 (*Chardi*), gas and bloating (*Ādhmāna / Anāha*), and itching over the whole body (*Kandu*).

77 **Table 1: Vitals during the initial examination on the first day (27/10/24) of the visit**

Parameters	Findings
Blood Pressure	110/94 mmHg
Pulse Rate	76/min
Weight	90kg

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79 **Table 2: AsthvidhaPariksha on the first-day visit of the patient**

Parameters	Findings
<i>Nadi</i> (Pulse)	<i>Vatapittaj</i>
<i>Mala</i> (Stool)	<i>Abadha</i> (Normal)
<i>Mutra</i> (Urine)	<i>Ishatpeeta</i> (Normal)
<i>Jiwha</i> (Tongue)	<i>Saam</i> (Coated)
<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
<i>Sparsha</i> (Touch)	<i>Anushna Sheeta</i> (Moderate temperature)
<i>Drika</i> (Eyesight)	<i>Avikrit</i> (Normal)
<i>Akriti</i> (Appearance)	<i>Madhyam</i> (Moderate)

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## 81 I. INTERVENTIONS

### 82 Treatment Plan<sup>[10]</sup>

83 **I. Diet Plan:** The dietary guidelines provided by JeenaSikhoLifecare Limited Hospital include  
 84 the following key recommendations:

#### 85 a. Foods to be avoided:

- 86 1. Avoid eating after 8 PM.
- 87 2. A solid food consume a small bite, chew 32 times.
- 88 3. Do not consume wheat, refined food, milk, milk products, coffee and tea, and packed  
 89 food.

#### 90 b. Hydration:

- 91 1. During water intake, take a sip and drink slowly to ensure the amount of water intake  
 92 each time.
- 93 2. Drink about 1 liter of alkaline water 3 to 4 times throughout the day.

94 3. Include herbal tea, Coconut water, and turmeric-infused water as part of your daily  
95 routine.

96 **c. Millet Intake:**

- 97 1. Incorporate five types of millet into your diet: Foxtail (*Setariaitalica*), Barnyard  
98 (*Echinochloaesculenta*), Little (*Panicumsumatrense*), Kodo (*Paspalumscrobiculatum*),  
99 and Browntop (*Urochloa ramosa*).
- 100 2. Use only steel cookware for preparing the millet. Cook the millets only using mustard  
101 oil.

102 **d. Meal Timing and Structure:**

- 103 1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf- 1 min/5 leaves-5 min), raw  
104 ginger, and turmeric. Breakfast (9:00-10:00 AM): The patient will have steamed fruits  
105 (Seasonal), steamed sprouts (according to the season), and a fermented millet shake (4-5  
106 types).
- 107 2. Morning Snacks (11:00 AM): The patient will be given red juice (150 ml) and soaked  
108 almonds.
- 109 3. Lunch (12:30 PM - 2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will  
110 include a steamed salad, while Plate 1 will include a millet recipe.
- 111 4. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
- 112 5. Dinner (6:15-7:30 PM): The patient will be served a steamed salad, chutney, and soup, as  
113 Plate 1, along with millet khichdi as Plate 2.

114 **e. Fasting:**

- 115 1. One-day fasting was advised.

116 **f. Special Instructions:**

- 117 1. Express gratitude to the divine before consuming food or drinks.
- 118 2. Sit in *Vajrasana* (a yoga posture) after each meal.
- 119 3. 10-minute slow walk after every meal.

120 **g. Diet Types:**

- 121 1. The diet comprises low salt solid, semi-solid, and smoothie options.
- 122 2. Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits,  
123 fermented millet shakes, soaked almonds, and steamed salads.

- 124 1. The DIP Diet includes:

- 125 ● Breakfast: Seasonal fruits weighing (weight × 10) grams, where "weight" refers to the  
 126 patient's body weight in kilograms.
- 127 ● Lunch includes two plate systems: Plate 1: Salad weighing  
 128 ● Plate 2: Weighing millet-based dishes.
- 129 ● Dinner: The same as lunch, with Plate 1 consisting of Salad (weight × 5 grams) and  
 130 Plate 2 consisting of millet-based dishes.

131 **II. Lifestyle Recommendations:**

- 132 1. Include meditation for relaxation.
- 133 2. Practice barefoot brisk walking for 30 minutes.
- 134 3. Yoga practice (*Pranayama*) is advised.
- 135 4. Ensure 6-8 hours of quality sleep each night. Adhere to a structured daily routine.

136 **II. Shaman Chikitsa**

137 Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised,  
 138 as outlined in Table 3.

139 **Table 3: Medicines advised during the treatment**

Medicine advised on 27/10/24	Follow-up Medicine (19/01/25)
<b>Liver Tonic</b> 10ml BD ( <i>Adhobhakta with samamatrakoshnajala</i> ) (After meal with equal amount of lukewarm water)	<b>CharmaRoghharvati</b> 1 Tab BD ( <i>Adhobhakta with koshnajala</i> )
<b>LIV Balance Capsule</b> 1 Caps. BD ( <i>Adhobhakta with koshnajala</i> )	<b>LIV Balance Capsule</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )
<b>Divya Shakti Powder</b> Half a teaspoon HS ( <i>Nishikala with koshnajala</i> ) (At bed time)	<b>Yakrit Tonic</b> 10ml BD ( <i>Adhobhakta with samamatrakoshnajala</i> )
<b>Blood Purifier Syrup</b> 10ml BD ( <i>Adhobhaktawith samamatrakoshnajala</i> )	<b>Immune Power BLK</b> 10ml BD ( <i>Adhobhakta with samamatrakoshnajala</i> )
<b>Dr. Sukoon Tablet</b> 1 Tablet BD ( <i>Adhobhakta with koshnajala</i> )	<b>Puroderm-G syrup</b> 10ml BD ( <i>Adhobhakta with samamatrakoshnajala</i> )
<b>AmalpittNashak Capsule</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )	<b>AmalpittNashak Capsule</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )

<b>CharmaRogharvati</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )	<b>Lakshmi Vilas Ras Tablet</b> 1 Tab BD ( <i>Adhobhakta withkoshnajala</i> )
<b>Samavati Capsule</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )	<b>Samavati Capsule</b> 1 Cap. BD ( <i>Adhobhakta with koshnajala</i> )
<b>ArogyaVati</b> 1 Tab. BD ( <i>Adhobhakta with koshnajala</i> )	<b>Vat HarRasVati</b> 1 Tablet BD ( <i>Adhobhakta with koshnajala</i> )

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142 **Table 4: Medications Administered During Treatment**

Medicine Name	Ingredients	Therapeutic Effects
<b>Liver Tonic</b>	<b>Drakshasava, Jirkadhyaristha, Punarnavaristha, Rohitkaristha, Mustakaristha</b>	Supports <i>Yakrit</i> (Liver) and <i>AnnavahaSrotas</i> helps manage <i>Agnimandya</i> (loss of appetite), <i>Yakrit Vriddhi</i> (hepatomegaly), and <i>YakritVikara</i>
<b>LIV Balance Capsule</b>	<b>Bhumi Amla</b> ( <i>Phyllanthusniruri</i> ), <b>Punarnava</b> ( <i>Boerhaviadiffusa</i> ), <b>Makoy</b> ( <i>Solanumnigrum</i> ), <b>Mandurbhasam, Giloy</b> ( <i>Tinosporacordifolia</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> ), <b>Bhringraj</b> ( <i>Ecliptaprostrata</i> ), <b>Kasani</b> ( <i>Cichoriumintybus</i> ), <b>Dhania</b> ( <i>Coriandrum sativum</i> )	Supports <i>Yakrit Vikara</i> , Enhances <i>Agni</i> , Aids in <i>Yakrit Vriddhi</i> , Manages <i>Medo Dushti</i> , and Supports <i>Rasa and Rakta Dhatu Shuddhi</i>
<b>Divya Shakti Powder</b>	<b>Trikatu</b> ( <i>Piper nigrum</i> ( <i>Kali Mirch</i> ), <i>Piper longum</i> ( <i>Pippali</i> ), and dried <i>Zingiberofficinale</i> ( <i>Saunth</i> ), <b>Triphala</b> ( <i>Haritaki</i> ( <i>Terminalia chebula</i> ), <i>Bibhitaki</i> ( <i>Terminalia bellirica</i> ) and <i>Bhumi Amalaki</i> ( <i>Phyllanthusniruri</i> ), <b>Nagarmotha</b> ( <i>Cyperusrotundus</i> ), <b>VayVidang</b> ( <i>Embeliaribes</i> ), <b>ChhotiElaichi</b> ( <i>Elettariacardamomum</i> ), <b>TejPatta</b> ( <i>Cinnamomumtamala</i> ), <b>Laung</b> ( <i>Syzygiumaromaticum</i> ), <b>Nishoth</b> ( <i>Operculinaturpethum</i> ), <b>SendhaNamak</b> , <b>Dhania</b>	It improves digestive function and metabolism of the body through its <i>deepan-pachan</i> properties. Helps in body detoxification via <i>virechan</i> (purgation).

	<p>(<i>Coriandrumsativum</i>), <b>PippaliMoola</b>  (<i>Piper longum</i> root), <b>Jeera</b>  (<i>Cuminumcyminum</i>),  <b>Nagkesar</b>(<i>Mesuaferrea</i>), <b>Amarvati</b>  (<i>Achyranthesaspera</i>),  <b>Anardana</b>(<i>Punicagranatum</i>),  <b>BadiElaichi</b>(<i>Amomumsubulatum</i>),  <b>Hing</b> (<i>Ferula assafoetida</i>), <b>Kachnar</b>  (<i>Bauhinia variegata</i>), <b>Ajmod</b>  (<i>Trachyspermumammi</i>),  <b>Sazzikhar</b>(alkaline ash), <b>Pushkarmool</b>  (<i>Inularacemosa</i>),  <b>Mishri</b>(<i>Saccharumofficinarum</i>)</p>	
<b>Blood Purifier Syrup</b>	<p><b>Khairchaal</b> (<i>Acacia catechu</i>),  <b>Devdaru</b>(<i>Cedrusdeodara</i>),  <b>Haldi</b>(<i>Curcuma longa</i>),<b>Haritaki</b>  (<i>Terminalia chebula</i>), <b>Bibhitaki</b>  (<i>Terminalia bellirica</i>), <b>Amla</b>  (<i>Phyllanthusemblica</i>),  <b>Dashmool</b>,<b>Dhamasa</b>(<i>Fagonia Arabica</i>),  <b>Sariva</b>  (<i>Hemidesmusindicus</i>), <b>Ambahaldi</b>  (<i>Curcuma amada</i>),  <b>Kutki</b>(<i>Picrorhizakurrooa</i>), <b>Chiraita</b>  (<i>Swertiachirayita</i>), <b>Rasont</b>  (<i>Berberisaristata</i>), <b>Satyanashi</b>  (<i>Argemonemexicana</i>), <b>Madhu</b>  (<i>Madhucaindica</i>), <b>Shaker</b></p>	<p>Helps in <i>Kushta Roga</i> (Skin Disorders),  Reduces <i>Yuvan Pidika</i> (Acne),  Relieves <i>Kandu</i>(Itching) &amp; <i>Sitapitta</i>  (Rashes), <i>Soothes</i> Sensitive Skin, Aids in  <i>KrimiRoga</i> (Intestinal Worm Infestation),  and Supports the Management of <i>Kushtha</i>  (Leprosy).</p>
<b>Dr. Sukoon Tablet</b>	<p><b>Apamarga</b>(<i>Achyranthesaspera</i>),  <b>Shatavari</b>(<i>Asparagus racemosus</i>),  <b>Ashwagandha</b> (<i>Withaniasomnifera</i>),  <b>Brahmi</b> (<i>Bacopamonniari</i>), <b>Vacha</b>  (<i>Acorussalamus</i>), <b>Shankh-  Pushpi</b>(<i>Convolvulus pluricaulis</i>)</p>	<p>Promotes <i>MedhyaRasayana</i>(Cognitive  Rejuvenation), Enhances Brain Cell  Regeneration,</p>
<b>CharmaRogharvati</b>	<p><b>Amla</b> (<i>Phyllanthusemblica</i>), <b>Haritaki</b>  (<i>Terminalia chebula</i>), <b>Bibhitaki</b>  (<i>Terminalia bellirica</i>), <b>Giloy</b>  (<i>Tinosporacordifolia</i>),  <b>Sonth</b>(<i>Zingiberofficinale</i>, dried  ginger), <b>Guggul</b> (<i>Commiphorawightii</i>),  <b>Pippalimoola</b> (<i>Piper longum</i>), <b>Nisoth</b>  (<i>Operculinaturpethum</i>),  <b>Danti</b>(<i>Baliospermummontanum</i>)</p>	<p>Promotes <i>VranaRopana</i>, Acts as a  <i>RaktaShodhaka</i>, Aids in <i>VidradhiShamana</i>,  Reduces <i>Shotha</i>, and Helps in <i>Vatarakta</i>&amp;  Uric Acid Regulation.</p>

<p><b>Samavati Capsule</b></p>	<p><b>Gokhru</b> (<i>Tribulusterrestris</i>), <b>Shatavari</b> (<i>Asparagus racemosus</i>), <b>Kaunch</b> (<i>Mucunapruriens</i>), <b>BhumiAmla</b> (<i>Phyllanthusniruri</i>), <b>Shunthi</b> (<i>Zingiberofficinale</i> dried ginger), <b>Jaiphal</b> (<i>Myristicafragrans</i>), <b>Ashwagandha</b> (<i>Withaniasomnifera</i>), <b>Vidarikand</b> (<i>Pueraria tuberosa</i>), <b>Beej band lal</b> (<i>Sidacordifolia</i>), <b>Akarkara</b> (<i>Anacyclus pyrethrum</i>), <b>Talmakhana</b>(<i>Asteracanthalongifolia</i>), <b>Musli</b> (<i>Chlorophytumborivilianum</i>), <b>Swarnmakshik</b>,<b>Shilajeet</b> (<i>Asphaltumpunjabicum</i>)</p>	<p>Supports <i>Yakrit Vikara</i>, Aids in <i>Ajirna&amp;Deepana-Pachana</i>, Relieves <i>Vibandha</i>, Acts as a <i>VyadhikshamatvaVardhaka</i>, and Helps in <i>Aruchi</i></p>
<p><b>Arogya Vati</b></p>	<p><b>Kajan</b>, <b>LohBhasma</b>, <b>Abhrakbhasma</b>, <b>Tamrabhasma</b>, <b>BhumiAmla</b> (<i>Phyllanthusniruri</i>),<b>Haritaki</b> (<i>Terminalia chebula</i>), <b>Bibhitaki</b>(<i>Terminalia bellirica</i>),<b>Chitrak</b>, <b>Katuka</b>, <b>NimbuPatra</b></p>	<p>Promotes Cell Rejuvenation (<i>OjaVardhaka</i>), Acts as a <i>Rasayana</i> (Rejuvenative Therapy), and Strengthens the Immune System</p>
<p><b>Yakrit Tonic</b></p>	<p><b>Lal Punarnava</b> (<i>Boerhaviadiffusa</i>), <b>Safed Punarnava</b> (<i>Boerhaviadiffusa</i>; different variety), <b>Bala</b> (<i>Sidacordifolia</i>), <b>Atibala</b> (<i>Abutilon indicum</i>), <b>Patha</b> (<i>Cissampelospareira</i>), <b>Guduchi</b>(<i>Tinosporacordifolia</i>), <b>Chitrak</b> (<i>Plumbagozeylanica</i>), <b>Kakoli</b> (<i>Roscoeaprocera</i>), <b>Vasa</b> (<i>Adhatodavastica</i>), <b>Nagarmotha</b> (<i>Cyperusrotundus</i>), <b>Ajwain</b> (<i>Trachyspermumammi</i>), <b>Shunthi</b> (<i>Zingiberofficinale</i> dried), <b>Kali Mirch</b> (<i>Piper nigrum</i>), <b>Lavaᅅga</b> (<i>Syzygiumaromaticum</i>), <b>Methi</b>(<i>Trigonellafoenum-graecum</i>), <b>White Jeera</b> (likely <i>Cuminumcyminum</i>), <b>RohedaChhal</b>(could refer to <i>Tecomellaundulata</i> bark), <b>Dalchini</b> (<i>Cinnamomumverum</i>), <b>Tejpatta</b> (<i>Cinnamomumtamala</i>), <b>BadiElaichi</b> (<i>Amomumsubulatum</i>), <b>ChotiElaichi</b> (<i>Elettariacardamomum</i>), <b>Jaiphal</b> (<i>Myristicafragrans</i> nutmeg), <b>Nagkesar</b> (<i>Mesuaferrea</i>), <b>Kankol</b> (<i>Piper cubeba</i>),</p>	<p>The formulation supports digestive health (<i>Agnidīpana–Pāchana</i>), enhances energy and vitality (<i>Balyakara</i>, <i>Rasāyana</i>), and promotes liver detoxification (<i>YakritŚodhana</i>, <i>DoᅅhaŚhamana</i>)</p>

	<b>Mulethi</b> ( <i>Glycyrrhizaglabra</i> ), <b>Shekel</b> (unidentified, could require clarification), <b>Mahua</b> ( <i>Madhuca longifolia</i> )	
<b>Immune Power BLK</b>	<b>Giloy</b> ( <i>Tinosporacordifolia</i> ), <b>NagKesar</b> ( <i>Mesuaferrea</i> ), <b>Dashmool</b> , <b>Babool</b> ( <i>Acacia nilotica</i> ), <b>Dhatura</b> ( <i>Daturastramonium</i> ), <b>Vasa</b> ( <i>Justiciaadhatoda</i> ), <b>Jaiphal</b> ( <i>Myristicafragrans</i> ), <b>Mulethi</b> ( <i>Glycyrrhizaglabra</i> ), <b>Lavaᅅga</b> ( <i>Syzygiumaromaticum</i> ), <b>ChotiKateri</b> ( <i>Solanumxanthocarpum</i> ), <b>Kankol</b> ( <i>Piper cubeba</i> ), <b>Talispatr</b> ( <i>Abieswebbiana</i> ), <b>BadiElaichi</b> ( <i>Amomumsubulatum</i> ), <b>Madhu</b> (honey), <b>Dalchini</b> ( <i>Cinnamomum cassia</i> ), <b>Tejpatr</b> ( <i>Cinnamomumtamala</i> ), <b>Mahua</b> ( <i>Madhu caindica</i> ), <b>Kali Mirch</b> ( <i>Piper nigrum</i> ), and <b>Shaker</b>	The formulation enhances immunity ( <i>VyādhikᅅamatvaVardhaka</i> ), supports liver and kidney health ( <i>Yakrit- VrikkaSamrakᅅaᅅa</i> ), exhibits potential anti- cancer activity ( <i>Arbuda Hara</i> ), and reduces weakness ( <i>Balyakara</i> ).
<b>Puroderm-G syrup</b>	<b>Neem chaal</b> ( <i>Azadirachtaindica</i> ), <b>Manjistha</b> ( <i>Rubiacordifolia</i> ), <b>Guduchi</b> ( <i>Tinosporacordifolia</i> ), <b>Sariva</b> ( <i>Hemidesmusindicus</i> ), <b>Khadir</b> ( <i>Acacia catechu</i> ), <b>Chopchini</b> ( <i>Smilax chini</i> ), <b>Babchi</b> ( <i>Psoraleacorylifolia</i> )	It helps in <i>RaktaShodhana</i> (blood purification) and relieves <i>Vibandha</i> (constipation).
<b>AmlpitNashak Capsule</b>	<b>Mulethi</b> ( <i>Glycyrrhizaglabra</i> ), <b>Pudina</b> ( <i>Menthaspicata</i> ), <b>Hing</b> ( <i>Ferula northex</i> ), <b>Chiraita</b> ( <i>Plumbagozeylancia</i> ), <b>Jiraka</b> ( <i>Cuminumcyminum</i> ), <b>Vidanga</b> ( <i>Embeliaribes</i> ), <b>Ajwain</b> ( <i>Trachyspermumammi</i> ), <b>Marich</b> ( <i>Piper nigrum</i> ), <b>Pippalimoola</b> ( <i>Piper longum</i> ), <b>Shunti</b> ( <i>Zingiberofficinale</i> ), <b>Amalaki</b> ( <i>Phyllanthusemblica</i> ), <b>Vibhitaki</b> ( <i>Terminalia bellerica</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> )	Alleviates <i>Amlapitta</i> (acidity)and <i>Hrit Shula</i> (burning sensation), while enhancing <i>Agni</i> (digestion).

<b>Lakshmi Vilas RasNardiye Tablet</b>	<b>Kajjali, AbhrakBhasma, Camphor</b> (Cinnamomumcamphora), <b>Jaiphal</b> (Myristicafragrans), <b>Dhatuara</b> (Daturastramonium), and <b>Bhang Patta</b> (Cannabis sativa).	Helps in managing conditions like <i>Arsha</i> (Piles) and <i>Bhagandara</i> (Fistula) by reducing symptoms of <i>Shoola</i> (Pain) and <i>Shotha</i> (Swelling).
<b>Vat HarRasVati Tablet</b>	<b>ShudhGandhak, RasSindoor, Kant LohBhasma, VangBhasma, NaagBhasma, AbhrakBhasma, TambraBhasma, Sonth</b> (Zingiberofficinale), <b>Marich</b> (Piper nigrum), and <b>Pippalimoola</b> (Piper longum).	Helps boost metabolism, supports healthy digestion, and enhances bone strength.

143

144

## 145 RESULTS

146 The comparison table shows that all presenting symptoms, including *Daurbalya*, *ŚharīraŚhūla*,  
 147 *Hrillāsa*, *Chardi*, *Ādhmāna*, and *Kandu*, were present before treatment and showed marked  
 148 improvement or complete relief after *Ayurvedic* intervention. This indicates the effectiveness of  
 149 the therapeutic regimen in alleviating systemic and gastrointestinal symptoms and improving the  
 150 patient's overall clinical condition.

151 **Table 5: Before and After Treatment Assessment of the Patient**

Before Treatment	After Treatment
General weakness ( <i>Daurbalya</i> ) <sup>[11]</sup>	Relief
Itching(6°)( <i>ŚarīraŚhūla</i> / <i>AṅgaMardana</i> ) <sup>[12]</sup>	Relief
Body Ache (5/10) ( <i>ChardiPūrvarūpa</i> / <i>Hrillāsa</i> ) <sup>[13]</sup>	Relief (0/10)
Gas bloating ( <i>Ādhmāna</i> / <i>Anāha</i> ) <sup>[14]</sup>	Relief
Vomiting ( <i>Chardi</i> ) <sup>[15]</sup>	Relief

152

153 Biochemical parameters before and after treatment are compared in the table, which  
 154 demonstrates improvements following the intervention. After treatment, hemoglobin levels are  
 155 not mentioned. Improved liver function is shown by the decreases in the liver enzymes SGOT  
 156 and SGPT, which went from 54 U/L to 35.81 U/L and 52 U/L to 40.62 U/L, respectively. The  
 157 inflammatory marker CRP (C-reactive protein) has dropped dramatically from 8.0 mg/L to 3.01

158 mg/L, indicating less systemic inflammation. From 198 IU/mL to 195 IU/mL, IgE levels have  
 159 decreased, suggesting no change in the immune or allergic response.

160 **Table 6: Comparison of Pre and Post-Treatment**

Parameters	Findings	
Date	27/10/24	19/1/25
SGOT	54U/L	35.81 U/L
SGPT	52U/L	40.62 U/L
CRP Quantitative	8.0mg/L	3.01mg/L
IgE	198 IU/mL	195 IU/mL

161

162

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 27A, Kailashpur, Opp. Saibaba Mandir, Near Khandaka Hospital, Tonk Road, Jaipur  
 Mobile : 9460336517

ISO 9001:2015 CERTIFIED COMPANY

Patient Name: [Redacted] Age : 44 Years Sex : Male  
 Referred by : Dr Alok Kumar Reg No: OCT-0540 Date: 27/10/2024

**BIOCHEMISTRY**

**LIPID PROFILE**

TEST NAME	TEST RESULT	NORMAL RANGE
Serum Cholesterol	155 mg/dl	00 - 220 mg/dl
HDL Cholesterol	42 mg/dl	30 - 70 mg/dl
LDL Cholesterol	92 mg/dl	Upto 150 mg/dl
VLDL Cholesterol	21 mg/dl	10 - 50 mg/dl
Serum Triglycerides	105 mg/dl	50 - 165 mg/dl
Total Lipids	520 mg/dl	400 - 700 mg/dl

**CRP (QUANTITATIVE)**

TEST NAME	TEST RESULT	NORMAL RANGE
CRP QUANTITATIVE	8.05 mg/L	0.0 - 6.0

Clinical Information :  
 C-reactive protein (CRP) is one of the most sensitive acute-phase reactants. Plasma CRP levels can increase dramatically (100- fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation. Measurement of CRP is used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes.  
 -- End of Report --

163

164 **DISCUSSION**

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ISO 9001:2015 CERTIFIED COMPANY

Patient Name: [Redacted] Age : 44 Years Sex : Male  
 Referred by : Dr Alok Kumar Reg No: JAN-0216 Date: 19/01/2025

**BIOCHEMISTRY**

**RENAL FUNCTION TEST**

TEST NAME	TEST RESULT	NORMAL RANGE
UREA	32.17 mg/dl	10 - 45 mg/dl
Creatinine	1.22 mg/dl	0.6 - 1.4 mg/dl
Uric Acid	5.24 mg/dl	3.4 - 6.8 mg/dl
Sodium	142 mmol/L	135 - 145 mmol/L
Potassium	4.40 mmol/l	3.5 - 5.5 mmol/l
Chloride	102 mEq/L	98 - 107 mEq/L

**LIVER FUNCTION TEST**

TEST NAME	TEST RESULT	NORMAL RANGE
Billrubin		
Total	0.81 mg%	0.3 - 1.1 mg%
Direct	0.24 mg%	0 - 0.4 mg%
Indirect	0.57 mg%	0.1 - 1.0 mg%
SGOT	35.81 U/L	5 - 40 U/L
SGPT	40.62 U/L	5 - 40 U/L
Alkaline Phosphatase	94 U/L	53 - 128 U/L
Total Protein	7.0 gm/dl	6.0 - 8.0 gm/dl
Albumin	4.1 gm/dl	3.5 - 5.0 gm/dl
Globulin	2.9 gm/dl	2.3 - 3.5 gm/dl
A/G Ratio	1.4:1	1.2 - 2.1

-- End of Report --

165 A 44-year-old male diagnosed with Chronic Liver Disease presented to  
166 JeenaSikhoLifecareLimited Hospital, Jaipur, Rajasthan, with multiple systemic and  
167 gastrointestinal complaints. At baseline assessment, the patient exhibited generalized weakness  
168 (*Daurbalya*), generalized body pain (*ŚharīraŚhūla / AṅgaMardana*), nausea (*Hrillāsa*), vomiting  
169 (*Chardi*), abdominal bloating and flatulence (*Ādhmāna / Anāha*), and generalized pruritus  
170 (*Kandu*). These clinical manifestations indicate systemic metabolic impairment, hepatic  
171 dysfunction, and *Doṣhic* imbalance, predominantly involving *Vāta* and *Pitta Doṣhas*, which are  
172 commonly observed in chronic hepatic disorders.

173

#### 174 ***Nidāna*(Etiological Factors) of *YakṛitVikāra*(Chronic Liver Disease)**

175 The *Nidāna* of *YakṛitVikāra* includes excessive intake of alcohol, fatty and fried foods,  
176 incompatible diet (*ViruddhaĀhāra*), irregular eating habits, and chronic exposure to toxins and  
177 drugs, which lead to *Pitta* and *VātaDoṣha* vitiation. Psychological stress, sedentary lifestyle, and  
178 metabolic disorders such as obesity and diabetes further contribute to *Agnimandya* and  
179 *Āma* formation.<sup>[16]</sup> These factors result in *Raktavaha* and *YakṛitSrotasDuṣṭi*, ultimately leading to  
180 chronic hepatic dysfunction and systemic manifestations.

181

#### 182 ***Samprāpti*(Pathogenesis) of *YakṛitVikāra* (Chronic Liver Disease)**

183 The *Samprāpti* of *YakṛitVikāra* involves vitiation of *Pitta* and *VātaDoṣhas* due to improper dietary  
184 habits, alcohol intake, metabolic disturbances, and chronic toxin exposure, leading to impairment  
185 of *Raktavaha* and *YakṛitSrotas*. Vitiated *Pitta* causes hepatocellular inflammation and  
186 *RaktaDuṣṭi*, while aggravated *Vāta* results in *DhātuKṣhaya* and functional degeneration of  
187 hepatic tissue.<sup>[17]</sup> Progressive *Srotorodha* (channel obstruction) and *Āma* accumulation further  
188 impair *Agni*, leading to systemic manifestations such as *Daurbalya*, *Ādhmāna*, *Chardi*, and  
189 *Kandu*. This *Doṣha–DuṣhyaSammūrchana* ultimately culminates in chronic hepatic dysfunction  
190 resembling Chronic Liver Disease in modern medicine.<sup>[18]</sup>

191

#### 192 **Diet and Lifestyle Recommendations (*Āhāra–Vihāra*) in *YakṛitVikāra***

193 In *YakṛitVikāra*, a *Pitta*-pacifying and *Agni*-enhancing diet is recommended, including light,  
194 easily digestible foods such as old rice, wheat, green gram (*Mudga*), bottle gourd, ridge gourd,  
195 bitter vegetables, and cow's ghee. Alcohol, oily, spicy, sour, fried, and processed foods should

196 be strictly avoided as they aggravate *Pitta* and impair hepatic function. Lifestyle measures  
197 include adherence to *Dinacharya*, avoidance of night (*RātriJāgarāṇa*) and daytime sleep  
198 (*Divāsvapna*), regular mild exercise, and stress management through *Prāṇāyāma* and  
199 meditation.<sup>[19,20]</sup> These measures help in *Doṣha balance*, *Agni* restoration, and prevention of  
200 disease progression.

201

## 202 **Treatment Result**

203 The comparative assessment revealed that all presenting clinical symptoms, including  
204 *Daurbalya*, *ŚharīraŚhūla*, *Hrillāsa*, *Chardi*, *Ādhmāna*, and *Kandu*, were evident before treatment  
205 and showed marked improvement or complete resolution following *Ayurvedic* intervention. This  
206 indicates the effectiveness of the therapeutic regimen in alleviating systemic and gastrointestinal  
207 manifestations and improving the patient's overall clinical status. Biochemical parameters before  
208 and after treatment demonstrated notable improvements in hepatic and inflammatory markers.  
209 Liver function tests showed a reduction in serum SGOT and SGPT levels from 54 U/L to 35.81  
210 U/L and from 52 U/L to 40.62 U/L, respectively, indicating improved hepatocellular function.  
211 Additionally, the inflammatory marker C-reactive protein (CRP) significantly decreased from 8.0  
212 mg/L to 3.01 mg/L, reflecting a reduction in systemic inflammation. IgE levels showed a  
213 marginal decrease from 198 IU/mL to 195 IU/mL, suggesting minimal change in allergic or  
214 immunological status. Overall, these findings suggest that *Ayurvedic* intervention contributed to  
215 clinical and biochemical improvement in the patient with Chronic Liver Disease.

216

## 217 **NEED FOR FURTHER RESEARCH**

- 218 1. **Efficacy and Clinical Validation** – Conducting large-scale clinical trials to establish the  
219 effectiveness of *Ayurvedic* treatments for chronic liver diseases.
- 220 2. **Standardization and Safety** – Ensuring quality control, proper dosage, and safety  
221 profiling of *Ayurvedic* formulations to prevent hepatotoxicity.
- 222 3. **Mechanism of Action** – Investigating the biochemical and molecular effects of  
223 *Ayurvedic* herbs in liver regeneration and disease management.
- 224 4. **Integration with Modern Medicine** – Exploring *Ayurveda* can complement  
225 conventional treatments for improved liver health outcomes.

226

## 227 CONCLUSION

228 This case study highlights the potential role of *Ayurvedic* intervention in the management of  
229 Chronic Liver Disease. A 44-year-old male with Chronic Liver Disease treated at  
230 JeenaSikhoLifecare Limited Hospital, Jaipur, Rajasthan, presented with multiple systemic and  
231 gastrointestinal complaints, including *Daurbalya*, *ŚharīraŚhūla*, *Hrillāsa*, *Chardi*, *Ādhmāna*, and  
232 *Kandu*, indicating significant hepatic and metabolic dysfunction. Following the implementation  
233 of *Ayurvedic* treatment protocols along with dietary and lifestyle modifications, the patient  
234 demonstrated marked clinical and biochemical improvement. Liver function parameters showed  
235 a significant reduction in SGOT from 54 U/L to 35.81 U/L and SGPT from 52 U/L to 40.62 U/L,  
236 indicating improved hepatocellular function. The inflammatory marker CRP decreased from 8.0  
237 mg/L to 3.01 mg/L, suggesting reduced systemic inflammation. Although IgE levels showed  
238 minimal change (198 IU/mL to 195 IU/mL), symptomatic relief was observed in all major  
239 clinical complaints, reflecting improved metabolic and systemic health. These findings suggest  
240 that *Ayurvedic* treatment, through *Doṣha* pacification, *Agni* restoration, and *Srotas* cleansing,  
241 may contribute to symptomatic relief and improvement in liver function. However, larger clinical  
242 studies and controlled trials are required to validate these observations and establish standardized  
243 integrative treatment protocols for Chronic Liver Disease.

244

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