Ayurvedic Management of *YakritVikara* W.S.R. Alcoholic Fatty Liver Disease: A Case Report

Abstract:

Since ancient times, alcohol has occupied an important place in human social and cultural practices. Ayurvedic texts describe alcohol as beneficial and nectar-like when consumed in an appropriate manner and within proper limits, but harmful and toxic when misused. Humanity has long been aware of the detrimental effects of excessive alcohol consumption and has developed various approaches to counteract and manage these harmful effects.Chronic alcohol consumption leads to steatosis, characterized by intracellular fat accumulation within hepatocytes, a hallmark of Alcoholic Fatty Liver Disease (AFLD). Steatosis is seen in 90% of heavy drinkers and is usually considered harmless because of its reversibility with abstinence. However, it includes metabolic stress that heightens the risk of more severe liver disease. Liver, identified as the *Yakrit* in Ayurveda, is regarded as a vital organ responsible for crucial functions. Excessive consumption of *Madya* with *Amla, Ushna, Teekshna, Vikasi Gunas* results in *RaktvahaSrotao Dushthi* and its *Moola* i.e. *Yakrit*. The present clinical study was undertaken to evaluate the efficacy of *Shaman Yog* in the form *Kwatha* & Tablets. At last, it can be concluded that the treatment regimen has a significant role in the management of Alcoholic Fatty Liver Disease.

Keywords: Alcohol, Steatosis, Liver, *Yakrit, Madya*

Introduction:

In today's era of modernization, drinking alcohol has become a trend, largely due to the persistent allure of Western culture. The detrimental effects of alcohol are a global concern, affecting millions. Although the liver has a significant capacity for regeneration, even slight negligence can result in severe complications with poor prognosis. Regrettably, the liver often endures the most abuse in the body, being exposed to alcohol, drugs, and various environmental toxins, which heavily burden this essential organ. Alcohol can produce a wide spectrum of liver diseases from fatty change to hepatitis, cirrhosis, liver failure and hepatocellular carcinoma. Alcoholic steatosis or alcoholic fatty liver is first sequential stage in the development of alcoholic liver disease (ALD). Alcoholic fatty liver disease (AFLD) is characterised histologically by the accumulation of fat molecules within hepatocytes, appearing as a combination of big (macrovesicular) and small (microvesicular) droplets due to increased intracytoplasmic triglyceride formation.[1] Under a microscope, this fat deposition is seen as lipid droplets or fat vacuoles in liver tissue sections. The hepatocytes that surround the liver's central vein (perivenular hepatocytes) are the first to be affected, followed by mid-lobular hepatocytes and, finally, periportal hepatocytes, which surround the liver's portal vein.[2] The maximum limit for alcohol consumption is 30g/day for men and 20g/day for women [3]. In individuals, alcohol consumption above these limits suggests alcoholic fatty liver disease or alcoholic steatohepatitis. However, liver damage from alcohol is influenced by factors such as the type of alcohol, duration of exposure, genetic

predisposition, and the drinking patterns. Additionally, patients consuming alcohol in lower doses may still develop AFLD due to metabolic risk factors like Diabetes Mellitus, Hypertension etc.Ayurveda possesses many hepato-protective formulations which are effective even in more serious forms of alcoholic liver disease, with drugs having *Pittahara* and *Deepana Pachana* properties to treat *Yakrit-Vikara*. Hence the present study was undertaken to establish a treatment regimen for Alcoholic fatty liver.

Case Report:

Chief complaints: A 26-Year old female belonging to middle economic status, with no known history of any co-morbidities came to *Panchkarma* OPD (OPD Visit number 2519957) at Dayanand Ayurvedic College, Jalandhar with chief complaint of dull ache at upper right quadrant of abdomensince 1 year associated with loss in weight by 5KG in 1 Month. She feels mild nauseatic after taking heavy meals. Patient also complained of loss of appetite without change in eating habits associated with irregular digestion. She also suffers from constipation.

History of Present Illness:

The patient had no significant complaints until about one year ago. Since then, she has gradually developed dull ache at upper right quadrant of abdomen & weight loss by five kilograms in one month. She suffers from mild nausea, particularly after consuming heavy meals. Upon detailed questioning, he also reported a reduced appetite, although her eating habits have remained unchanged and irregular digestion. The patient has a long-standing history of alcohol use, regularly consuming 60-80 ml of alcoholthrice a week, usually along with non-vegetarian food at night, over the past 6 to 7 years. With these ongoing symptoms, the patient visited the *Panchakarma* OPD at Dayanand Ayurvedic College, Jalandhar, seeking further assessment and treatment.

History of Past illness: No H/O T2DM/HTN/Thyroid disorders/Kochs etc

Family History: Not Significant

Personal History:

Table no.1: Personal History:

Bowel	Constipation
Bladder	Normal
Appetite	Poor
Sleep	Normal

General examination:

•B.P. –110/70 mm Hg
•PR -72/Min
•R.R. -17/Min
•Height -5 feet 5 inches

•Weight -58 kg
•Temperature -Afebrile
•Edema/lymphadenopathy/pallor/icterus/ clubbing/cyanosis -Absent.

Systemic examination:

•R.S.-Centrally placed trachea, normal breathing sounds and airway entry
•CVS -S1 S2 normal, no murmur
•P/A -Soft, non-tender, no organomegaly
•CNS -Fullyconscious and well oriented to time, place and person, all cranial nerves are intact.

Abdominal Examination:

Table 2: Abdominal Examination

Inspection	Centrally placed umbilicus, No redness or discolouration.
Palpation	Tenderness +nt at upper right quadrant, No rise in temperature, No rigidity.
Percussion	Tympanic note heard over the abdominal area. No shifting dullness or fluid thrill
Auscultation	Normal bowel sound heard. No bruits over the liver or aorta.

***Ashtavidh Pariksha*:**

Table no 3: *Ashtavidha Pariksha*

Nadi	*Kaphaj (72/Min)*
Mutra	*Samanaya*
Mala	*Vibandha*
Jihva	*Malavrutta*
Shabda	*Spashta*
Sparsha	*Mrudu*
Drika	*Shweta*
Akriti	*Krusha*

Dashvidh Pariksha:

Table 4: *Dashvidh Pariksha*

Prakriti	*Kapha Pittaj*

Vikriti	*Pitta Kaphaja*
Sara	*Rakta*
Samhanana	*Madhyam*
Pramana	*Madhyam*
Satva	*Avara*
Satmya	*Vyomishra*
Ahara Shakti	*Abhyavaharanashakti: Madhyam* *Jaranashakti: Avara*
Vyama Shakti	*Madhyam*
Vaya	*Yuva*

Treatment protocol:

Table 5: Shows Therapeutic intervension:

Procedure	Duration	Drug	Dose	Time
Shamana Drug	45 Days	*Yakrit*-16 Compound *Kwatha*	30 ml Twice a day with lukewarm water	*Adhobhakta*
	45 Days	*Yakrit*- 16 Compound Tablets	2 Tablet Twice a day with lukewarm water	*Adhobhakta*

Yakrit-16 Compound *Kwatha*& Tablets were procured from D.A.V. Pharmacy Jalandhar.

Assessment Criteria:

A. SUBJECTIVE PARAMETERS : The result is assessed based on improvement in Sign and Symptoms of *YakritRoga*[4] mentioned in the classical texts. Standard terminologies are taken from NAMASTE PORTAL for assessment.[5]

Table 6: Subjective parameters

PARAMETER TYPE	GRADE	EXPLANATION
	0	No anorexia

1. *Aruchi*(Anorexia)	1	Loss of appetite without changes in eating habits
	2	Oral intake altered, no significant weight loss / malnutrition
	3	Significant weight loss or malnutrition
2. *Udarshoola*(Abdominal pain)	0	No pain
	1	Mild pain
	2	Discomforting pain
	3	Intense pain
3. *Avipaka* (Indigestion)	0	No *Avipaka*
	1	Occasional indigestion, related to heavy meals
	2	Daily indigestion, seldom hungry but eats food
	3	Never hungry; constant heaviness in abdomen
4. *Agnimandya*(Diminution of the Agni)	0	Good hunger & proper digestion
	1	Good hunger, irregular digestion
	2	Less hunger, irregular digestion
	3	Very little hunger and very little digestion
5. *Utklesha* (Nausea)	0	None
	1	Mild nausea
	2	Moderate nausea
	3	Severe nausea
6. *Chhardi* (Vomiting)	0	None
	1	1-2 episodes in 24 hrs
	2	3-5 episodes in 24 hrs
	3	More than 6 episodes in 24 hrs, hospitalization indicated

B. OBJECTIVE PARAMETERS:

Table 7: Objective Parameters

PARAMETER TYPE	GRADE	EXPLANATION
1. Reduction in SGOT	0	NORMAL
	1	Reduced by 75%
	2	Reduced by 50%
	3	Reduced by 25%
	4	At the time of enrollment
2. Reduction in SGPT	0	NORMAL
	1	Reduced by 75%
	2	Reduced by 50%

	3	Reduced by 25%
	4	At the time of enrollment
3. Reduction in Alkaline Phosphatase	0	NORMAL
	1	Reduced by 75%
	2	Reduced by 50%
	3	Reduced by 25%
	4	At the time of enrollment
4. Reduction in GGT	0	NORMAL
	1	Reduced by 75%
	2	Reduced by 50%
	3	Reduced by 25%
	4	At the time of enrollment

Assessment Frequency:

The patient was assessed on day 0 (at the time of enrolment of the patient), day 20th (midway through the course of treatment), day 45th (at the end of treatment), day 60th (Follow up after 2 weeks).

Assessment:

Table no. 8: Clinical Assessment of *Yakrit Vikara* based on Classical Signs and Symptoms:

Assessment criteria	**Day 0**	**Day 20th**	**Day 45th**	**Day 60th**	**Percentage relief**
Aruchi	3	2	1	0	100%
Udarshool	1	1	1	1	0%
Avipaka	3	2	1	1	66%
Agnimandya	3	2	0	0	100%
Utklesha	1	1	0	0	100%
Chhardi	0	0	0	0	100%
Total Score	11	8	4	2	81%

Table no. 9: Clinical Assessment of Objective parameters:

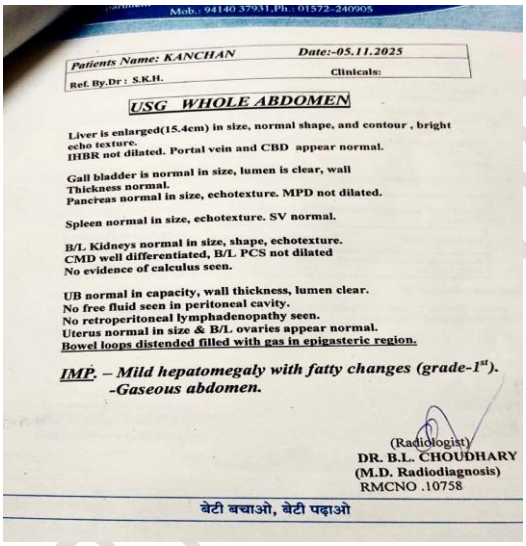
Assessment criteria	**Day 0 Before Treatment**	**Day 60th After Treatment**	**Percentage relief**
Alanine Amino Transferase (SGPT,	82 IU/L	58 IU/L	29%

ALT)			
Asparate Amino Transferase (SGOT, AST)	64 IU/L	48 IU/L	25%
Alkaline Phosphatase	146 IU/L	90 IU/L	38%
Gamma-Glutamyl Transferase	58 IU/L	18 IU/L	68%

Table no.10: Assessment of USG

Assessment Parameter	Before treatment	After Treatment
USG Grading	Grade I Fatty Liver	Liver is Normal.

Image 1: Before Treatment



Mob.: 94140 37931,Ph.: 01572-240905

Patients Name: KANCHAN Date:-05.11.2025

Ref. By.Dr : S.K.H. Clinicals:

USG WHOLE ABDOMEN

Liver is enlarged(15.4cm) in size, normal shape, and contour , bright echo texture.
IHBR not dilated. Portal vein and CBD appear normal.

Gall bladder is normal in size, lumen is clear, wall Thickness normal.
Pancreas normal in size, echotexture. MPD not dilated.

Spleen normal in size, echotexture. SV normal.

B/L Kidneys normal in size, shape, echotexture.
CMD well differentiated, B/L PCS not dilated
No evidence of calculus seen.

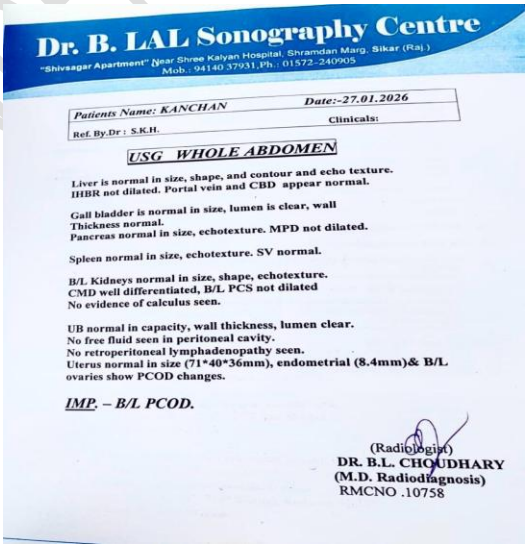
UB normal in capacity, wall thickness, lumen clear.
No free fluid seen in peritoneal cavity.
No retroperitoneal lymphadenopathy seen.
Uterus normal in size & B/L ovaries appear normal.
Bowel loops distended filled with gas in epigasteric region.

IMP. – Mild hepatomegaly with fatty changes (grade-1st).
-Gaseous abdomen.

(Radiologist)
DR. B.L. CHOUDHARY
(M.D. Radiodiagnosis)
RMCNO .10758

बेटी बचाओ, बेटी पढ़ाओ

Image 2: After Treatment



Dr. B. LAL Sonography Centre

"Shivsagar Apartment" Near Shree Kalyan Hospital, Shramdan Marg, Sikar (Raj.)
Mob.: 94140 37931,Ph.: 01572-240905

Patients Name: KANCHAN Date:-27.01.2026

Ref. By.Dr : S.K.H. Clinicals:

USG WHOLE ABDOMEN

Liver is normal in size, shape, and contour and echo texture.
IHBR not dilated. Portal vein and CBD appear normal.

Gall bladder is normal in size, lumen is clear, wall Thickness normal.
Pancreas normal in size, echotexture. MPD not dilated.

Spleen normal in size, echotexture. SV normal.

B/L Kidneys normal in size, shape, echotexture.
CMD well differentiated, B/L PCS not dilated
No evidence of calculus seen.

UB normal in capacity, wall thickness, lumen clear.
No free fluid seen in peritoneal cavity.
No retroperitoneal lymphadenopathy seen.
Uterus normal in size (71*40*36mm), endometrial (8.4mm)& B/L ovaries show PCOD changes.

IMP. – B/L PCOD.

(Radiologist)
DR. B.L. CHOUDHARY
(M.D. Radiodiagnosis)
RMCNO .10758

Outcome:

The patient showed substantial improvement in all presenting symptoms, asevidenced by the recorded clinical outcomes. There was a significant reduction insubjective as well as objective parameters following the internal medication. She has remained asymptomatic for the past two months, with no recurrence of symptoms noted during this follow-up period.

Discussion:

More than 90% of all heavy drinkers develop fatty liver and among the alcoholic fatty liver disease (AFLD) population 34.3% may end up with cirrhosis [6]. Hence the need of timely intervention can be well understood. This case study highlights the potential of Ayurvedic intervention in managing Alcoholic Fatty Liver Disease (AFLD). The therapeutic approach adopted in this case is based on classical Ayurvedic principles targeting *Pitta* and *Kapha dosha* imbalance, *Ama* (toxins), and impaired liver function (*Yakritvikriti*).

According to *Acharya Charak*, people suffering from afflictions and tormented grieve, if consume alcohol judicially, then it becomes peaceful for them and when alcohol is consumed in excessive quantity it destroys the ten qualities of *Ojas*, thereby heart as well as the *Dhatus* located there get affected.[7]*Acharaya Charak* explains that the properties vitiating *Tridoshas*, observed in poison, are also found in alcohol, with the only difference that they are more potent in the former. Some poison is immediately fatal while the other causes some disorder. The last stage of intoxication due to alcohol should be taken like poison.Hence the symptom of *Tridoshas*are found in all type of alcoholism, their difference is known by their specific features.[8]

There is a direct reference of *YakritVikara* in *BhavaPrakasha*[9], where he has mentioned *Yakrit Vriddhi* (can be compared with hepatomegaly) is the main feature of *YakritVikara* and *Nidana* for *YakritVikara* is *Vidahi, AbhishyandiAhar. Madya* being the *Abhishyandi* and*Vidahi*, can cause *YakritVikara* and *YakritVriddi* and thereby leads to different pathological symptoms of *Yakrit.*

Improper indulgence in alcohol causes *RaktavahaSrotas Dushti* due to its properties such as *Amla, Ushna, Teekshna, Vikasi Gunas*[10]along with vitiation of *Kapha Dosha*. When the *Srotas*gets vitiated, the *Sroto Moola* i.e. *Yakrit* also gets affected. These factors are responsible for the vitiation of *Agni* which leads to improper digestion of food resulting in the formation of *Ama Rasa* or *Apakva Anna Rasa.* That causes *Kapha Dushti* leading to impaired metabolism of fat which results in the deposition of excessive fat (*Medas*) in the liver. It leads to the enlargement of the liver or spleen and is known as *Pleehodara*or *Yakridodara*[11]Therefore, *Agnideepna, Amapachana, Kapha MedhoVatahara* and *SrotoshodhanaChitiksa*is beneficial in managing the disease.

The components of ***Yakrit*-16 Compound- *Kwatha*** are *Bhringraja, Bhumiamla, Punarnava, Rohitak, Haritaki, Amlaki, Makoy, Vidanga. The components of* ***Yakrit-16*** **Compound-tablets** *are Kalmegha, Kutki, Haldi, Daruhaldi, Sharpunkhmool, Giloye, Parpat, Pippali*

.Most of the above mentioned drugs have *Shotha-Hara, Lekhana, Kapha-Pitta Hara, Deepana, Kamala hssara, Udara rogahara* properties.

- *Kutaki* & *Sharpunkhmool* with its *Bhedana*[12] action eliminates vitiated *Dosha* from *Yakrit*.
- *Haritaki* being *Anulomaka*[13] leads to *Pratiloma* movement of *Doshas* or *Malas*.
- *Makoy* is having *Medohara* properties, thus helps in elimination of fat from liver.[14]
- Powder of *Vidanga* is indicated in *Medoroga,* Thus helps in eliminating excess fat from liver.[15]
- *Haldi* & *Daruhaldi* has hepatoprotective action as proven in many studies.[16]
- *Pippali* having *Rechan* action helps in eliminating vitiated *Doshas* from *Yakrit.* Moreover it is indicated in diseases of spleen, pain in abdomen.[17]
- *Giloye & Amlaki helps in Tridoshshamana and Amapachana*.[18]
- *Punarnava* being *Shotghana* helps in reducing swelling in liver & being diuretic it is used with other drugs in early ascites due to hepatic disorders[19]

So *Yakrit* Compound- *Kwatha*& Tablets promotes digestive fire (*Agnideepaka*), clears body channels for the nutrients to reach the tissues (*Strotoshodhaka*), reduces excess *Meda* and detoxifies the body by improving the status of *Agni*.

Conclusion:

The sign and symptoms of patient of alcoholic fatty liver disease has been subsided within 2 month and significant improvement is found in USG and laboratory investigations after 60 days.sss Thus, this case study suggested that the Ayurveda approach efficiently manage the Alcoholic Fatty Liver Disease. Although much more research is needed to confirm the findings and generalization of the results.

Source of support: Nil

Conflict of Interest: None declared

References:

1. Orman ES, Odena G, Bataller R. Alcoholic liver disease: Pathogenesis, management, and novel targets for therapy. J Gastroenterol Hepatol. 2013;28(SUPPL 1):77–84
2. Osna NA, Donohue TM, Kharbanda KK. Alcoholic liver disease: Pathogenesis and current management. Alcohol Res Curr Rev. 2017;38(2):7–21
3. Ratziu V, Bellentani S, Cortez-Pinto H, Day C, Marchesini G. A position statement on NAFLD/NASH based on the EASL 2009 special conference. J Hepatol. 2010; 53:372–84.
4. Shukla CV. CARAKASAMITA OF AGNIVESA (Hindi). In: Shukla AV, Tripathi PRD, editors. Chaukhamba Sanskrit Pratishthan; 2015. Vol. II, *ChikitsaSthana*, Chapter 13, Verses 38. p. 296.
5. http://namstp.Ayush.gov.in
6. Martín-Fernández M, Arroyo V, Carnicero C, et al. Role of Oxidative Stress and Lipid Peroxidation in the Pathophysiology of NAFLD. Antioxidants. 2022;11(11)

7. Shukla CV. CARAKASAMITA OF AGNIVESA (Hindi). In: Shukla AV, Tripathi PRD, editors. Chaukhamba Sanskrit Pratishthan; 2015. Vol. II, *ChikitsaSthana*, Chapter 24, Verse 36. p. 582.
8. Shukla CV. CARAKASAMITA OF AGNIVESA (Hindi). In: Shukla AV, Tripathi PRD, editors. Chaukhamba Sanskrit Pratishthan; 2015. Vol. II, *Chikitsa Sthana*, Chapter 45, Verses 98-100. p. 589.
9. Bhavamisra.Bhavaprakasha with Vidyotini Hindi Commentary. Varanasi: Chaukhambha Sanskrit Samsrhana; 2000. Chapter 33 p. 859
10. Shukla CV. CARAKASAMITA OF AGNIVESA (Hindi). In: Shukla AV, Tripathi PRD, editors. Chaukhamba Sanskrit Pratishthan; 2015. Vol. II, *ChikitsaSthana*, Chapter 24, Verse 30. P.580
11. Bhavamisra. Bhavaprakasha with Vidyotini Hindi Commentary. Varanasi: Chaukhambha Sanskrit Samsrhana; 2000. Chapter 33, Verses 2-3. p. 348.
12. Kamat SD. *Studies on medicinal plants & drugs in Bhavaprakash Nighantu*. Vol. 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2018. p. 99
13. Kamat SD. *Studies on medicinal plants & drugs in Bhavaprakash Nighantu*. Vol. 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2018. p. 1
14. Ayurveda Dipika. Yadavji Trikamji, editor. Varanasi: ChaukhambaSurbharati Prakashan; 2008. p. 246.
15. Ayurveda Dipika commentry by Cakrapanidatta, Sutrasthana 21/23, Edited by Vaidya JadavjiTrikamji Acharya, Chawkambha Vidyabhawan, Varanasi, Reprint, 2000
16. Gilani, A. U., &Janbaz, K. H. (1995). Studies on protective effectof Cyperusscariosus extract on acetaminophen and CCl4-inducedhepatotoxicity. General pharmacology, 26(3), 627-631
17. Kamat SD. *Studies on medicinal plants & drugs in Bhavaprakash Nighantu*. Vol. 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2018. p. 19
18. Kamat SD. *Studies on medicinal plants & drugs in Bhavaprakash Nighantu*. Vol. 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2018. p. 351, 10
19. Kamat SD. *Studies on medicinal plants & drugs in Bhavaprakash Nighantu*. Vol. 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2018. p. 578