

AYURVEDIC MANAGEMENT OF YAKRUT VIKAR – A CASE REPORT

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ABSTRACT

Ayurveda is the science of life. Many diseases and their treatments are mentioned in ayurvedic samhitas. Hyperbilirubinemia or hemolytic disorders are the causes for tissue deposition of the bilirubin. In this patient as other symptoms were normal but SGOT and SGPT levels were raised so, we consider it as liver condition and compared it with *yakrut vikar* where *kamala* is one of it. Purely *vaman karma* and *virechan karma* were done to reverse the condition. And the patient got efficient relief.

KEYWORDS: *Yakrut vikar*, Ayurveda, *Vaman karma*, *Virechan karma*, SGOT, SGPT.

INTRODUCTION

Ayurveda is the science of life. Maintaining the health of a healthy person and curing the diseased person is the aim of ayurveda. Many diseases and their treatments are mentioned in ayurvedic samhitas. Yellowish discoloration of the tissue occurs due to deposition of bilirubin is named as jaundice or icterus. Hyperbilirubinemia or hemolytic disorders are the causes for tissue deposition of the bilirubin.

Takima or *Yakma* are the terminology used for *yakruta* in *veda*.^[1]

Yakrit is *moola sthana* of *raktavaha strotas*. So due to *saman samvay bhav rakta* and *pitta* are correlated.

SGOT and SGPT are raised in various liver diseases. Jaundice, Hepatitis, Liver cirrhosis etc. In this patient as other symptoms were normal but SGOT and SGPT levels were raised so, we consider it as liver condition and compared it with *yakrut vikar* where *kamala* is one of it.

Our ancient science i.e. ayurveda has stated *kamala* briefly. *Kamala* is caused due to vitiated *Pitta dosha*. With the help of ayurvedic management we can cure *kamala* successfully. Acharya Charaka has stated that *kamala* is the advanced stage after *panduroga*. It occurs if a *pandurogi* keeps taking *pittakar ahar – vihar*.^[2] Acharya Sushruta has stated *kamala* as separate disease and also called it as complication of *pandu roga*.^[3]

Acharya Vagbhat also considered *kamala* as a separate disease.^[4]

PATIENT INFORMATION

A 36-year-old male patient who is a merchant navy officer came to panchakarma OPD with complaints of heaviness in abdomen after food, burning sensation in abdomen, frequent headache, regurgitation, malaise, weakness, loss of appetite. The patient has been suffering from this condition from last 2-3 years on & off. He had taken treatment at many hospitals. But didn't get relief, therefore he stopped medicines. So he came here for further treatment.

He was not having any history of hypertension and diabetes mellitus. The patient has no history of bronchial asthma or hypothyroidism. There is no specific family history.

Clinical Findings - His vital were within normal limits.

Personal History – He was on a mixed diet. He did not have any addictions. His sleep cycle was 5–6 hours per day; sound sleep. He has a habit of day sleep for one to two hours per day. His bowel habits were daily, two times per day and the urine habit was 4–5 times per day, with 1–2 times at night.

Table no. 1: Eight fold assessment - Ayurvedic general assessment (Asthvidh Pariksha).

Sr. No.	Name	Lakshana
1	Pulse (<i>Nadi</i>)	77/min (<i>Pitta vataj</i>)
2	Stool (<i>Mala</i>)	Normal(<i>Prakrit</i>)
3	Urine (<i>Mutra</i>)	Normal (<i>Prakrita</i>)
4	Tongue (<i>Jivha</i>)	Coated (<i>sama</i>),
5	Speech (<i>Shabda</i>)	Normal, clear, understandable(<i>prakrita</i>);
6	Touch (<i>Sparsha</i>)	Normal (<i>anushnasheeta</i>);
7	Eyes vision (<i>drika</i>)	Normal, no pallor, no icterus(<i>Prakrita</i>);
8	Physique (<i>Aakriti</i>)	Medium build (<i>Madhyama</i>)

Therapeutic Interventions

The main aim of the treatment was to reduce the symptoms, improve SGOT and SGPT values. When patient visited first time February 2022 *vaman karma* was done. Then in September 2022 *Vaman* and *Virechana karma* were done. And *samsarjan karma* was given for 5 days.

Then in March 2023 again *Vaman Karma* and *Virechan karma* was done. Then in September 2023 *vaman* and *virechan* were done.

Again in March 2024 *vaman* and *virechan* were done.

Vaman Karma procedure

Purvakarma - Deepan pachana done with **Chitrakadi vati** 2 BD and **Panchakola Phanta** twice a day with like warm water for 5 days.

Snehapana (internally) - **Panchtikta Ghrita** was administered after deepan pachan for the internal oleation for 5 days in increasing dose once in the morning.

1st day - 30ml testing dose was given to the patient at 7.00 am

2nd day - 60 ml

3rd day - 90 ml

4th day - 120 ml

5th day - 180 ml

Next day dose were planned with the help of sneha Jiryaman & sneha jiran Lakshanas. On 5th day patient had following Samyak snigdha Lakshanas like snigdha varcha, Snigdha gata, Mrudvangata, Snehodvega, Glani.

Snehan (Externally) after completing the snehepana on 6th day(vishramkal)

- Abhyanga & Swedana was done with murchit *til tail*.

- *kaphavardhaka Ahara* was given in the night before a day of *vaman*.

Pradhan Karma – For Vaman

ON 7th day again *Abhayang* & *swedana* was done early morning. After *Abhyanga* *vaman* was carried out with *Madanphala* + *vacha* + *saindhav* + *madhu*

1. *Aakantha panartha* - godugdha (2 litres).

2. *Vamak yog*.

3. *Vamnopaga* - *yashtimadhu phanta*.

4. *Lavnodhak*.

5. *Vaigiki, Maniki* & *Laingiki* lakshanas were observed.

6. *Maha vegas* were noticed.

Paschat karma

Dhoompana was given. *Samsarjan karma* was advised for 5 days (*Madhayam shudhi*)

Classical Virechan Karma Procedure**Purva karma**

Dipan – pachan chikitsa was done with *chitrakadi Vati* 2 tab BD for 5 days. *Panchtikta ghruta* was given in increasing order for *abhyantar snehapana* to the patient for five days upto 180 ml early morning in empty stomach followed by luke warm water.

Two days before and on the day of *virechan karma*, *Bahya snehan* with murchit *til tail* and full body *swedan* was done.

Pradhan Karma

Trivrit Avleha 25 gm with *munaka kwath* was given

Total 12 vegas were observed.

Paschat Karma – *Samsarjan kram* was advised for 5 days.

Diagnostic Assessment – SGOT and SGPT were checked regularly.

Timeline

In this present case, when patient visited first time February 2022 *classical Vaman karma* was done. Then in September 2022 *classical virechana karma* were done. Then in March 2023 and then in September 2023 again *classical vaman* and *virechan* were done.

Again in march 2024 *classical vaman* and *virechan* were done. After March 2024, no procedure was done just dietary changes were advised.

- **Figure no. 1: The Timeline of the case and outcome.**

Assessment on Before and After Treatment

Table no. 2: SGOT & SGPT Details of each visit and each parameter.

Dates	AST (SGOT)	ALT (SGPT)	Bio. Ref.Interval
06-07-2020	156 U/L	298 U/L	<50
25-02-2022	147 U/L	262 U/L	<50
22-03-2022	56 U/L	90.0 U/L	<50
15-10- 2022	52 U/L	50 U/L	< 50
20-03-2023	48.8 U/L	54.5 U/L	<50
06-05-2024	54.9 U/L	94.0 U/L	<50

DISCUSSION

Mode of action of *Vaman karma*

According to Acharya sushruta, *kledak kapha* situated in *amashaya*, when eliminated from *amashaya* through its upper route i.e. emesis which is the supporter of the other types of *kaphas* in the body results in balance in the *kapha dosha* in overall body. While studying the effect of *vaman karma*, by comparing *kapha* with mucopolysacchrides, it is found that there is increased elimination of *kapha* in *amashaya*.

As *pitta* is also situated in *amashaya*, it also gets eliminated during *vaman karma* from the *amashaya* through the upper route. When food is improperly digested it stays in *amashaya* in *amavastha* which is having bad odour, *amla pak* or *ras*. According to modern physiology, HCl is present in stomach juices to help in the digestion, which are in excess during liver conditions. So during *vaman karma*, this HCl along with *amla ras pitta dosha* which is in vitiated state present in stomach in liver disease gets eliminated from body through upper route. Hence it is found useful to control the SGOT, SGPT levels in the body in *Yakrut Vikar* (liver conditions).

Role of *Virechan karma* – *Virechan drvyas* are *ushna*, *tikshna*, *sukshma* in properties. Due its properties it reaches upto *hridaya* and circulate through micro and macro channels. Acts on vitiated complexes in the body. It liquefies the *dosha*. Due to *prithvi* and *jala mahabhuta*, it flows to the downward direction and expels out from the rectal route.

Since liver is the largest gland and metabolism and detoxification found mainly in liver, waste material should be eliminated from it. Increased levels of SGOT and SGPT, denote increased production of stercobilin. The *virechan karma* procedure helps to eliminate excess stercobilinogen and finally treats hyperbilirubinemia.

CONCLUSION

In present study, it observed that, in this patient, *yakrut vikar* manages efficiently with the help of purely *Vaman* and *Virechan karma*. His SGOT and SGPT levels were also restored. So it can be concluded that purely *Vaman karma* and *Virechan karma* can be helpful in *yakrut vikar*.

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