

**A SIGNIFICANT ROLE OF AYURVEDIC MANAGEMENT AND LIFESTYLE
MODIFICATION IN CHRONIC LIVER DISEASE WITH COMPLICATIONS: A CASE
STUDY REGARDING *PITTAJA YAKRITA VRIDDHI*****Acharya Manish¹, Dr. Gitika Chaudhary^{*2}, Dr. Richa³, Dr. Ankita Rajkumar Varma⁴, Dr. Tanu Rani⁵**¹Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.²Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.³Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India.⁴Consultant, BAMS, PGDEMS, Jeena Sikho Lifecare Limited Hospital, Bangalore, Karnataka, India.⁵Research Associate, BAMS, Jeena Sikho Lifecare Limited, India.***Corresponding Author: Dr. Gitika Chaudhary**

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ABSTRACT

Chronic liver disease is a very broad term applied to a group of diseased liver conditions over a time more than 6 months. *Ayurvedic* approach towards liver diseases is very deep and gives a promising concept of treatment. Liver performs a variety of functions that's why any damage to liver can lead to mal-functioning of all these functions. There are references of *Yakrita vriddhi* and *yakrita vikara* found in *ayurvedic* classic books. *Ayurvedic* management not only includes medicinal treatment for its cure but also includes recommendation of diet and activities. Here, the case of chronic liver disease to a female patient of young age (25 years) is going to present in this article. She consulted to the Jeena Sikho Lifecare Ltd. Hospital, Bangalore, Karnataka on 16.04.2024 with complains of general weakness, body ache, abdominal pain etc. Her *ayurvedic* treatment and lifestyle modification played a key role in managing her chronic condition of liver disease by showing positive result in sonography scan along with diminishing of clinical features. As she had chronic liver disease with complications like mild splenomegaly, mild ascites etc. it would take more time for significant result but the result was promising. Diet and activities helped her to prevent the disease from becoming chronic or more severe than the present condition by causing *samprapti bhanga* (breakage of pathogenesis).

KEYWORDS: Chronic liver disease, *Yakrita vriddhi*, Diet and activities, General weakness, Lifestyle modification, Splenomegaly, *Samprapti bhanga*.**INTRODUCTION**

Ayurveda is a prestigious Indian medicinal science which emphasizes a healthy lifestyle that contributes *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Dharaniya* and *Adharniya vega* (urges which can be suppressed and urges which should not be suppressed) etc. Un-following of these regimens can give an invitation to various lifestyle diseases. Lifestyle disorders are the chronic conditions which occur due to unhealthy lifestyle of a person. It commonly includes heart diseases, obesity, hyperacidity, diabetes mellitus, hypertension and many more. Among them in present days most usual lifestyle disorder is chronic liver disease (CLD) which has now become a leading factor of

morbidity and mortality in all over the world. CLD is a term used in the sense of a group of unhealthy liver conditions that develop over months or years from long term liver damage. It is characterized by fibrosis, or the replacement of healthy liver tissue with scar tissue which prevents the liver from functioning normally. According to modern science the largest gland in the body is liver. It executes many vital metabolic and homeostatic functions, like metabolism of food elements, storage of substances like vitamin B12, Vitamin D, iron, folic acid etc., synthesis of plasma proteins, bile secretion, excretion of toxins, cholesterol etc., hemopoietic function, heat production and so many functions. In fetus (hepatic stage), liver produces the blood cells.^[1]

Yakrita is a term for liver in *ayurveda*. In ancient literature *Yakrita* has referred with other words like *Kalakhanda*, *Jyotisthana*, *Yakritakhanda*, *Yakritpinda*, *Raktadhara* and *Raktashaya*.^[2] The literal meaning of *yakrita* is mentioned in *Vachaspathyam* and that is “*Yam Sanyamam karoti iti Yakrita*” which mean that the organ regulating or controlling the functions in the body.^[3] *Ayurvedic* approach towards treatment of any disease including liver disease is based on rebalancing of *Tridosha* that is *vata*, *pitta* and *kapha dosha*. In *Ayurveda* only *Acharya Bhavamishra* and *Acharya Madhavkara* are the *acharyas* who mentioned a separate chapter on *Yakrita vikara*. *Acharya Bhavmishra* explained *Pleeha vikaras* with their *hetu* (etiological factors), *samprapti* (pathogenesis), *samanya lakshana* (common symptoms), *bheda* (types) and *chikitsa* (management). Later he stated that these all factors like *hetu*, *samprapti*, *bheda* etc. should be considered as same for *Yakrita vikaras* because both are same organs in their function and all only the difference is *Pleeha* is located to *Vama* (left) and *Yakrita* is located to *Dakshina* (right) side.^[4] *Acharya Madhavkara* termed liver diseases as *Yakrita vriddhi* and is explained with their *nidana* (etiological factors), *sthana* (location), *vyadhi tivrata* (severity of the disease), *yakrita mlana-avastha lakshana* (symptoms of abnormal liver) and *yakrita vriddhi dashayam lakshana* (symptoms of liver enlargement/fatty liver or any other increase in structural or physiological factors). Severity of *yakrita vikara* is mentioned by stating that various types of liver diseases can occur and they are troublesome in nature and causes distress condition in the body.^[5]

तत्र तु विविधा रोगा जायेरन् भूरिदुःखदा नियतम्॥

Although other *acharyas* have not mentioned the separate chapter on liver diseases but they explained liver diseases under so many different contexts like *Kamala* (jaundice), *Udara roga* (abdominal disorders), *Kumbha kamala* (liver failure), *Halimaka* (jaundice with fever), *Pandu* (anemia), *Jalodara* (ascites), *Yakrutdalyodar* (hepatomegaly) *Yakrita kshaya* (cirrhosis), *Yakritapleehodar* (hepato-splenomegaly), *Pittashmari* (cholelithiasis), *Jwara* (fever) etc. This proves that *yakrita vikara* is such a vast concept and it cannot be comprised under a single chapter.^[6]

This article is going to present a case of chronic liver disease with same severity as mentioned above. A case of young aged female patient of CLD is managed by *ayurvedic* management including of diet and exercise

recommendation which showed a significant result both in sonography scan of abdomen and symptomatology. All the essentials regarding this are provided here to understand the case of CLD and its management.

CASE REPORT

A female patient of aging 25 years' old consulted to Jeena Sikho Lifecare Ltd. Hospital, Bangalore, Karnataka on 16.04.2024. She had come with a K/C/O chronic liver disease and for this she was taking medicines from the clinic of same branch located in Solapur, Maharashtra. Her diet pattern was vegetarian. At the time of consultation, she had following chief complains

- Abdominal pain
- Body ache
- General weakness
- Nausea
- Mild fever

History: Regarding history had been taken which showed, there was no history of any other illness like HTN, DM etc. and no any family history also. She had only history of irregular menses.

Examinations: Subsequent to chief complains and history taking examinations were done to know the pathogenesis. It included general examinations along with *ayurvedic* examinations like *Ashtavidha parikshana* and *Dashavidha parikshana*.

Table no. 1: General examination.

Assessment	Observation
Weight	67 kg
Age	25 years
BP	110/ 70 mm of Hg
Pulse	76/ min

Table no. 2: Ashtavidh parikshana.

Assessment	Observation
Nadi (Pulse)	<i>Pitta Vata</i>
Mala (Bowel)	<i>Avikrita</i>
Mutra (Urine)	<i>Ishatpeeta varna</i>
Jivha (Tongue)	<i>Sama</i> (white coated)
Shabda (Speech)	<i>Spashta</i>
Sparsh (Touch)	<i>Anushnasheeta</i>
Drik (Eyes)	<i>Prakrita</i>
Aakriti (Physique)	<i>Madhyama</i>

Table no. 3: Dashvidh parikshana.

Assessment	Observation
Prakriti (Physical constitution)	<i>Vata Pitta</i>
Vikriti (pathological constitution)	<i>Pitta Vata</i>
Sara (excellence of tissues)	<i>Mansa & Meda</i>
Samhanan (body compactness)	<i>Prakrita</i>
Praman (measurements of body parts)	<i>Prakrita</i>
Satmya (homologation)	<i>Prakrita</i>

Sattva (mental constitution)	<i>Madhyama</i>
Aaharshakti (capacity ingesting, digesting and assimilating the food)	<i>Madhyama</i>
Vyayamshakti (capacity to exercise)	<i>Madhyama</i>
Vaya (age)	<i>Yuvavastha (young)</i>

Investigations: At the time of consultation she already had a K/C/O chronic liver disease. She had not brought her previous USG abdomen reports but she explained some findings of them. That's why she did not ask again to do USG scan of abdomen. It was kept on hold and further *ayurvedic* treatment was started. Findings are like.

- Hepatomegaly with grade 1 fatty liver,
- PCOS (Polycystic ovarian disease) to left ovary and
- Some changes in spleen along with thickness of gall bladder wall.

Diagnosis: This case was K/C/O chronic liver disease with complications. By *ayurvedic* perspective it was diagnosed as *Pittaja yakrita vridhhi* and treatment was started accordingly.

AYURVEDIC INTERVENTION

- **Medicines:** On 1st day of consultation following medicines were prescribed and mentioned to take with *koshna jala* i.e. lukewarm water as *anupana* i.e. a liquid substance which has to take with medicines for its easy absorption and rapid effect.^[7]

Table no. 4: Prescribed medicines.

Medicines	Dose	Direction of use
Yakrit shothahar vati	1 tablet BD	Before food (<i>Pragbhakte</i>)
Jalodar vati	1 tablet BD	After food (<i>Adhobhakte</i>)
Michli powder	½ tsf powder BD	Before food (<i>Pragbhakte</i>)
Capsule Ciro care	1 capsule BD	After food (<i>Adhobhakte</i>)
Tablet Granthihar vati	1 tablet BD	After food (<i>Adhobhakte</i>)
Tablet Arogyavardhini vati	1 tablet BD	After food (<i>Adhobhakte</i>)

Table no. 5: Follow up remarks and treatment.

Follow-up	Remarks	Treatment
1st follow up After 6 months 7.10.2024	Asked for scanning of USG abdomen. Reports are mentioned later in RESULTS table no. 8.	Same medicines mentioned above in table 4 were told to continue.
2nd follow-up 16.11.2024	Complaining of general weakness++	Same medicines Ct all
3rd follow-up 28.12.2024	USG abdomen advised. Reports mentioned in table no. 8.	Same medicines Ct all
4th follow-up 7.1.2025	C/o Burning micturition, abdominal pain, lower leg pain++, hair fall +, fever (yesterday), body ache.	Medicines mentioned below in table no. 6

Table no. 6: Prescribed medicines in 4th follow-up.

Medicines	Dose	Direction of use
Capsule Omarion	1 capsule BD	After food (<i>Adhobhakte</i>)
Tablet Asthiposhak	1 tablet BD	After food (<i>Adhobhakte</i>)
Michli powder	½ tsf powder TDS	Before food (<i>Pragbhakte</i>)
Capsule Amlapittanashak	1 capsule BD	Before food (<i>Pragbhakte</i>)
Tablet Sandhi Arogya	1 tablet BD	After food (<i>Adhobhakte</i>)
Dhatuposhaka vati	1 tablet BD	Before food (<i>Pragbhakte</i>)

- **Diet management:** She was advised to take healthy diet according planned with DIP diet plan which stands for discipline and intelligent diet. This diet has been proved for its significant role in improving chronic conditions of lifestyle disorders like liver diseases, diabetes, thyroid, hypertension etc.^[8]

Table no. 7: DIP diet schedule.

MORNING - Eat 3-4 types of fruits - Between 9.00 to 12.00 pm - Quantity = 670 grams	AFTERNOON - Dry fruits: 67 grams or - Boiled sprouts: 67 grams
PLATE 1 - Eat 2-3 types of salad - Just before lunch & dinner - Quantity = 335 grams	PLATE 2 - Millet diet and fruity vegetables - Lunch: 12.30 to 1.00 pm - Dinner: 6.00 to 7.00 pm

Wholesome diet

1. Fresh and homemade food
2. All vegetables, plenty of fruits especially dragon fruit, pomegranate, oranges etc.
3. To have alkaline water. Water boiled to half of its quantity and cooled down to room temperature.
4. Eat on proper time and in proper quantity

Unwholesome diet

1. Don't have food after sunset
2. Avoid stale food, junk food, packaged food, bakery and dairy products
3. Avoid refined products, spicy, sour tasty and oily food
4. Should follow salt restrictions

Exercise and activities

1. Regular practice of *Vajrasana* (diamond pose *yogasana*) after each meal for 5 minutes to detoxify body naturally.^[9]
2. After some rest of having meal, do 100 steps walking slowly.
3. Avoid heavy exercise or weight lifting.
4. Don't sleep in day time and avoid awakening at night time.

- Hepatomegaly with grade 1 fatty liver,
- PCOS (Polycystic ovarian disease) to left ovary and
- Some changes in spleen along with thickness of gall bladder wall.
- After 6 months of *ayurvedic* management her USG abdomen was done and it showed a positive result. But the findings were not reversed to as much as normal. The reason is that chronic liver diseases takes a much time for cure and in most cases blood reports or USG scans cannot be fully reverted to normal if there is significant damage in liver. Although USG reports were not as much as significant patient had relief in her symptoms of body ache, nausea, mild fever and abdominal pain. Her general weakness also diminished to a significant extent. Therefore, patient had advised to follow same medicines and diet as suggested previously.
- Subsequent to above follow-up after 2 months (28.12.2024) she re-advised for USG abdomen to find out the efficacy of medicines. At this time report showed a much significant finding than previous. She had much better relief in her clinical features as well.

RESULTS

- As explained earlier patient mentioned some previous findings of USG abdomen orally like -

Table no. 8: Trans-abdominal USG findings.

Organs	After 6 months of 1 st consultation (1 st follow up - 7.10.2024)	2 months later of 1 st follow up (3 rd follow up - 28.12.2024)
Liver	<ul style="list-style-type: none"> • Moderately enlarged in size: 20.1 cm in long axis. • Bright echotexture. • Trace amount of perihepatic fluid • Periportal edematous changes 	<ul style="list-style-type: none"> • Enlarged in size: 18 cm in long axis • Bright echotexture
Gall bladder	<ul style="list-style-type: none"> • Well distended • Diffuse edematous wall thickening: 17 mm 	<ul style="list-style-type: none"> • Well distended, • No wall thickening
Spleen	<ul style="list-style-type: none"> • Moderately enlarged: 15.0 cm 	<ul style="list-style-type: none"> • Normal in size and echotexture
Ovaries	<ul style="list-style-type: none"> • Left ovary normal • Right: 39 mm cyst with an internal reticular pattern 	<ul style="list-style-type: none"> • Bilateral ovaries are bulky with presence of central hyper echogenic stroma and multiple peripherally placed follicles

Other	<ul style="list-style-type: none"> Mild ascites Mild right pleural effusion (due to dengue fever like illness?) 	<ul style="list-style-type: none"> No e/o ascites seen
Impression	<ul style="list-style-type: none"> Moderate hepatomegaly with grade 1 fatty infiltration, Periportal edema, diffuse edematous wall thickening of GB, moderate splenomegaly, etc 	<ul style="list-style-type: none"> Hepatomegaly with grade 1 fatty infiltration

Outcome of above findings

- In 1st follow-up she had significant relief in clinical features but USG scan did not show a much significant result.
- Significant result in 3rd follow up as compared to 1st follow up is as like below:
 - Liver size reduced by 2.1 cm and shifted to 18 cm from 20.1 cm (normal: 14 – 15 cm)
 - There was absent of gall bladder wall thickness which was 17 mm in previous USG.
 - Spleen reverted to its normal size which was increased to 15 cm.
 - In previous USG there was presence of mild ascites and pleural effusion which showed significantly absent in later USG scan.

Yet these findings were significant, for subsequent diminish of hepatomegaly with grade 1 fatty liver *ayurvedic* medicines and lifestyle management were continued. It would also help to prevent the disease from its reoccurrence. After 10 days in 4th follow up medicines were changed (table no. 6) as she again observed mild symptoms of *Pittaja yakrita vridhhi* (table no. 5).

DISCUSSION

- Chronic liver diseases include many associated complications like gall bladder abnormalities, splenomegaly, ascites etc. This case of CLD also had developed complications of liver disease which were diagnosed in USG scan of abdomen.

Table no. 9: CLD complications in this case.

Complications	Explanation ^[10, 11]
Gall bladder edematous wall thickness	<ul style="list-style-type: none"> Gall bladder (GB) edematous wall thickness is a result of thickened gall bladder wall due to accumulation of fluid (edema) within the wall. It often observed in conditions like cirrhosis where portal hypertension causes increased pressure in the portal vein, leading to congestion and fluid buildup. This is assumed as a sign of advanced liver disease. A GB wall thickness beyond 3 mm is generally considered abnormal and could indicate a problem in patients with liver disease. In this case GB wall had 17 mm thickness.
Splenomegaly	<ul style="list-style-type: none"> Abnormal liver tissue can lead to increased vascular pressure which causes enlarged spleen. Patient had mild splenomegaly.
Mild ascites	<ul style="list-style-type: none"> A small amount of fluid buildup in the abdominal cavity, usually caused by cirrhosis or other CLD where the fluid accumulation is not severe enough to cause significant symptoms like abdominal discomfort. This sign was present in patient.
Pleural effusion	<ul style="list-style-type: none"> Yet it is a usual sign of dengue fever, it can be present in CLD also. Specifically in advance stages of CLD where it is often referred as hepatic hydrothorax and occurs due to the movement of fluid from the abdomen (ascites) throughout small holes in the diaphragm into the pleural space around the lungs. Patient had with this complication in mild form to right side.

- By *ayurvedic* perspective also, all these findings can be considered to be present in *Yakrita vikaras*. Because,
- Gall bladder is *Pittashaya* which has relation with *yakrita* due to presence of *Ranjaka pitta*.^[12]
- Pleeha* and *yakrita* are considered as same by all *acharyas* and only the difference mentioned is their location as explained earlier in introduction.
- Ascites is nothing but the *Udara roga* (abdominal disorders) and its manifestation is fluid accumulation in the abdomen. Among this *Udara rogaa* one sub-type is *Yakritodara* and that is ascites caused due to liver disease (*Yakrita vikara*).^[13]
- It was speculated that right side mild pleural effusion in USG is could be due to dengue fever. But she had no any signs of dengue fever. Therefore,

it was concluded that it is associated with liver ascites. In *Yakrita vikara Acharya Madhavkara* mentioned that it causes '*Dakshina uro-ruja*'. It means there is presence of pain or can consider any other abnormality in the right side of chest due to pressure of enlarged liver.^[5]

- According to *ayurveda* hepatologic point of view is explained below. It is essential to know for the understanding of pathogenesis which thereby helps to decide diagnosis and treatment of the disease.

Table no. 10: Yakrita factors.

Terms	Explanation
<i>Raktashaya</i>	Store house of <i>Rakta dhatu</i> i.e. blood ^[14]
<i>Raktavaha srotasa</i>	<i>Yakrita</i> (liver), <i>Pleeha</i> (spleen) and <i>Raktavahi dhamanya</i> (arteries) are the root places of <i>Raktavaha srotasa</i> . ^[15]
<i>Ranjak pitta</i>	One among 5 types of <i>Pitta dosha</i> is <i>Ranjaka pitta</i> which gives colour to <i>Rasa dhatu</i> (can be considered as plasma) converts it into <i>Rakta dhatu</i> (blood). ^[12]
<i>Shonitajou utpatti</i>	<i>Yakrita</i> and <i>Pleeha</i> are formed by <i>Shonita</i> (blood) in embryonic stage. ^[16]

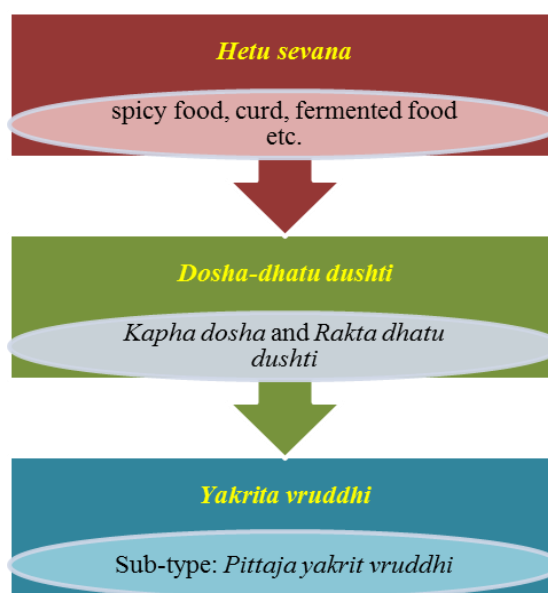
• **Samprapti (pathogenic process)**

Consumption of responsible etiological factors causes vitiation of *Rakta/ Asruka* (blood) and *Kapha dosha* which lead to *pleeha vriddhi*. As mentioned earlier *Yakrita vriddhi* should be considered here instead of *Pleeha vriddhi*. This occurred disease is termed as *Pleeha gada* or *Yakrita gada*. Here 'gada' word denotes

vikara or disease. The *Shloka* (sanskirta text) of *samprapti* is provided below with its presentation in flow chart.^[4]

“तस्य जन्तोः प्रदुष्टम् अत्यर्थं असृक् कफः।

प्लीहा अभिवृद्धिं कुरुतः प्रवृद्धौ तं प्लीहसंज्ञं गदमामनन्ति॥“



Flow chart of pathogenesis

Hetu sevana in patient: Following table mentioned contextual etiological factors of liver disease and their

presence in this case which then lead to above pathogenic process.

Table no. 11: Etiology of liver disease in patient.

Contextual Etiological factors	Meaning of terms	Consumption by patient
विदाहि ^[4]	Food which causes burning	Spicy food eating
अभिष्यन्दिः ^[4]	Food heavy to digest or food which lead to laziness	Curd, fermented food like <i>Idaly</i> , <i>Dosa</i> , stale food etc.
गुर्वन्ननिषेवणात् ^[5]	Over consumption heavy food	Sweet food, dairy and bakery products, oily food
वेगरोधात् ^[5]	Suppression of natural urges	Ignoring of urine and bowel urges
स्वापाद्विवा जागरतो अथ रात्रा ^[5]	Day sleeping and night awakening	Patient was used to day sleeping mostly and night awakening sometimes
गुरुन् पदार्थान् वहतां नराणां सदैव मार्गक्रमणे रतानाम् ^[5]	Heavy weight lifting and regular walking more than the capacity. It means over exertion can cause liver disease.	She was used to over exertion

Clinical features in patient mentioned with their contextual references

Generally, in liver diseases symptoms of *Kapha* and *Pitta* vitiation can be observed. It is mentioned by stating 'कफपित्तलिंगैः उपद्रुतः'. Yet *Rakta* and *Kapha* vitiation is mentioned in *samprapti*, manifestation of *Kapha* and *pitta dosha dushiti* is noted. The reason is that, *Pitta*

dosha and *Rakta dhatu* are supposed as *samandharmi bhava* (similar to each other) by *Acharya Bhavmishra*. Here all the clinical features of patient on 1st day and between follow up as well, are explained below in table no. 12 with their contextual references regarding *samanya lakshana* (general symptoms) of *Yakrita vikara* and symptoms of *Pittaja yakrita vriddhi*.^[4]

Table no. 12: Contextual clinical features and their presence in patient.

Clinical features in patient	Yakrita vikara samanya lakshana	Symptoms of Pittaja yakrita vriddhi
Burning micturition	दाहः (burning) ^[5]	सदाहो (burning) ^[4]
Mild fever	मन्दज्वर (mild fever) ^[4] , ज्वरश्च (fever) ^[5]	सज्वरः (fever) ^[4]
General weakness	क्षीणबलो, ^[4] हानिर्बलस्य (decrease in strength), साद (fatigue) ^[5]	
Body ache	तोदभेदौ (pricking or severe pain) ^[5]	
Abdominal pain	तोदभेदौ ^[5]	
Sama jivha	रसना मलादूय (tongue coated with dirt) ^[5]	
Nausea, burning in chest	दाहः ^[5]	सदाहो ^[4]
Hepatomegaly, edematous gall bladder, splenomegaly	शोथो (any type of enlargement/ swelling/ edema) ^[5]	

- Besides above clinical features primarily seen, she had irregular menses due to PCOS. But this complain was secondarily to her. But yet treatment was prescribed accordingly and it showed significant result.

Ayurvedic management

- Nidan parivarjana:** Avoidance of etiological factors should be the first line of treatment in each disease is mentioned in *ayurveda*.^[17] Therefore patient had told to avoid etiological factors mentioned in table no. 11. Other things which should be avoided also mentioned previously in *ayurvedic* intervention part.
- Oushadhi chikitsa (medicinal treatment):** Formulations to cure liver diseases should include medicinal plants or minerals which possesses following properties.

1. *Deepana, Pachana* – *Yakrita* has a key role in digestion and metabolism. Therefore, to regularize this function *ayurvedic* herbs of having *deepana* (improves appetite) and *pachana* (improves digestion) property should be given. E.g. *Chitraka* (*Plumbago zeylanica*), *Maricha* (*Piper nigrum*), *Pippali* (*Piper longum*) etc.

2. *Rakstashodhaka* – *Yakrita* is a store house of *Rakta dhatu* (blood). *Yakrita vriddhi* causes abnormality in *Rakta dhatu* like *Rakta dushiti* (vitiation of blood i.e. impure blood), *Rakta dhatu kshaya* (low blood/ low hemoglobin) etc. Therefore, *Shonitsthapaka aushadhi* should be given. These medicinal plants help to build up pure blood. Liver regeneration is the process by which the liver repairs itself after injury or damage. It is the only internal organ that can regenerate. As mentioned

earlier liver develops from *Rakta dhatu*. Therefore, for healthy regeneration of liver tissue production of pure blood is essential.

3. *Shothahara* – *Shotha* literally means the inflammation or swelling or edematous swelling in any part of body. *Vriddhi* word denotes increase in structural and physiological factors. Structural factor means its build up or size and physiological means disturbance in functions or contents of liver like bile pigments, blood, toxins, vitamins etc. Clinical features of this patient already revealed that there was *yakrita vriddhi* in patient. Besides this in USG scan there was finding of.

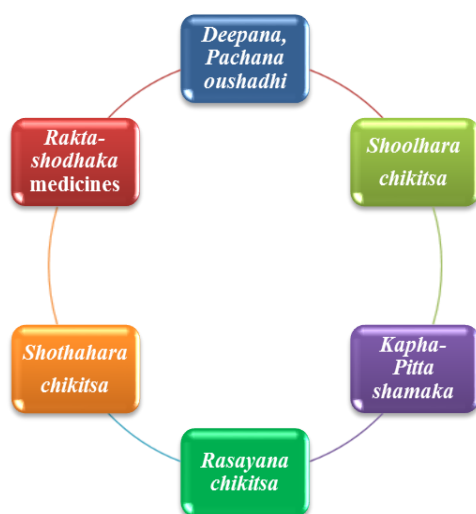
- Edematous changes in liver
- Hepatomegaly with fatty infiltration
- Splenomegaly – structural increase in size
- Edematous wall thickening of gall bladder

4. *Kapha Pitta shamaka* medicines – as *Yakrita vikriti* causes due to *Kapha* and *Pitta* vitiation medicines which pacifies *Kapha* and *Pitta dosha* should be advised. In this case *Amlapittanashaka* syrup was prescribed to pacify *Pitta dosha* and *Granthihara vati* was prescribed to reduce edema or abnormal growth by pacifying *Kapha dosha*.

5. *Rasayana chikitsa* – Almost patients suffer from general weakness due to immunity loss in *Yakrit vikriti* (liver disorder). Therefore, to improve immunity *Rasayan chikitsa* (tonic) for liver health is essential. Capsule *Ciro-care* is the example of this *Rasayana chikitsa* prescribed to patient.

6. *Shoolahara chikitsa* (pain-killer) – It is symptomatic treatment. To reduce pain patient was prescribed painkiller ayurvedic formulation like tablet *Sandhi arogya vati*.

- Below circle is showing the basic concepts of treatment in liver diseases.



According to all these concepts following treatment plan of medicines was advised to patient. Medicinal formulations with their key components and uses regarding this case are given below:

1. Yakrita shothahara vati

Components: *Punarnava* (*Boerhavia diffusa*), *Marich* (*Piper nigrum*), *Pippali* (*Piper nigrum*), *Vidang* (*Embelia ribes*), *Devdaru* (*Cidrus deodara*), *Kushtha* (*Saussurea lappa*), *Haridra* (*Curcuma longa*), *Chitrak* (*Plumbago zeylanica*), *Haritaki* (*Terminalia chebula*), *Bibhitaki* (*Terminalia bellerica*), *Aamalki* (*Embelia officinalis*), *Danti* (*Baliospermum montanum*), *Chavya* (*Piper retrofractum*), *Indrayava* (seeds of *Holarrhena antidysenterica*), *Pippali mula* (root of *Piper longum*), *Musta* (*Cyperus rotundus*), *Krushn jeerak* (*Carum carvi*), *Kayphal* (*Myrica esculenta*), *Kutaki* (*Picrorhiza kurroa*), *Trivrutta* (*Operculina turpethum*), *Shunthi* (*Zingiber officinale*), *Karkatshringi* (*Pistacia integerrima*), *Ajmoda* (*Apium graveolens*), *Mandoor bhasma*

Indications: Liver dysfunction, spleen disease, anti-inflammatory, renal dysfunction, jaundice, liver failure, diuretic, oedema, anemia.

2. Jalodar vati

Components: *Pippali* (*Piper longum*), *Haridra* (*Curcuma longa*), *Bibhitaki* (*Terminalia bellerica*), *Tamra bhasma* (Copper ash), *Aamalki* (*Embelia officinalis*), *Snuhi ksheera* (milk of *Euphorbia nerifolia*).

Indications: Ascites, liver and spleen disorders.

3. Michli powder

Components: *Shunthi* (*Zingiber officinale*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*), *Ansafal* (*Illicium verum*), *Dalchini* (*Cinnamomum zeylanicum*), *Karpura* (*Cinnamomum camphora*), *Nagkeshara* (*Mesua ferrea*), *Javitri* (*Myristica fragrans*), *Lavanga* (*Caryophyllus aromaticus*).

Indications: Hyperacidity, nausea.

4. Tablet Granthihar vati

Components: *Kanchnara* (*Bauania variegata*), *Guggulu* (*Commiphora mukul*), *Amalki* (*Embelia officinalis*), *Bibhitaki* (*Terminalia bellerica*), *Haritaki* (*Terminalia chebula*), *Pippalai* (*Piper longum*), *Maricha* (*Piper nigrum*), *Shunthi* (*Zingiber officinalis*), *Varun* (*Crateva nurvala*), *Dalchini* (*Cinnamomum zeylanicum*)

Indications: Excessive growth, enlargement.

5. Capsule Cirocare

Components: *Kutaki* (*Picrorhiza kurroa*), *Trivrutta* (*Operculina turpethum*), *Kampillaka* (*Mallotus philippensis*), *Patola* (*Trichosanthes dioica*), *Makoya* (*Solanum nigrum*), *Ajmoda* (*Apium graveolens*), *Punrnava* (*Boerhavia diffusa*), *Mishreya* (*Foeniculum vulgare*), *Pudina* (Mint leaves), *Gokshura* (*Tribulus terrestris*), *Arjuna* (*Terminalia arjuna*), *Rohitaka* (*Tecoma undulate*), *Shankha bhasma* (ash of Cronch)

Indications: Acidity, abdominal discomfort, immunity booster.

6. Tablet Arogyavardhini vati

Components: *Suddha Parada* (purified mercury), *Shuddha Gandhaka* (purified sulphur), *Loha bhasma* (Iron ash), *Abhraka bhasma* (Mica ash), *Tamra bhasma* (Copper ash), *Haritaki* (*Terminalia chebula*), *Bibhitaki* (*Terminalia bellerica*), *Aamalaki* (*Embelia officinalis*), *Shilajit* purified Asphaltum), *Guggulu* (*Commiphora mukul*), *Chitraka* (*Plumbago zeylanica*), *Kutaki* (*Picrorhiza kurroa*), *Nimba swarasa* (*Azadirachta indica* juice).

Indications: *Jwara* (fever), *Vata-Pitta-Kapha dosha* (pacification of *Vata-Pitta* and *Kapha*), *Pachani* (metabolism), *Deepani* (appetizer), *Medovinashini* (reduces fat), *Sarva rogeshy shasyate* (useful in all diseases)

7. Capsule Omarion

Components: *Bhringraja*, *Shankhapushpi*, *Bramhi*, *Ashwagandha*, *Aamalki*, *Chai patri*, *Saptamrita louha*, *Arogya vardhini rasa*, *Abhraka bhasma*.

Indications: Hair disorders, hair fall.

8. Tablet Asthiposhaka

Components: *Godanti* (purified Gypsum), *Sheelajit* (purified Asphaltum), *Ashwagandha* (*Withania*

somnifera), *Tavaksheer*, *Pippali* (*Piper longum*), *Amra haridra* (*Curcuma amada*), *Hadjorh* (*Cissus quadrangularis*).

Indications: oostero-porosis, osteopenia, low bone density, joint disorders, *vata* balancing, pain, hair fall.

9. Capsule Amlapittanashaka

Components: *Yashtimadhu* (*Glycerriza glabra*), *Pudina* (Mint leaves), *Hingu* (*ferula asfoetida*), *Chitrak* (*Plumbago zeylanica*), *Jeerak* (*Cuminum cyminum*), *Vidang* (*Embelia ribes*), *Ajmoda* (*Apium graveolens*), *Marich* (*Piper nigrum*), *Pippali* (*Piper longum*), *Shunthi* (*Zingiber officinale*), *Aamalki* (*Emblica officinalis*), *Bibhitaki* (*Terminalia bellirica*), *Haritaki* (*Terminalia chebula*), *Shankh bhasma*.

Bhavna dravyas - *Yashtimadhu* (*Glycerriza glabra*), *Vidang* (*Embelia ribes*), *Marich* (*Piper nigrum*), *Shunthi* (*Zinziber officinale*), *Lavang* (*Syzygium aromaticum*).

Indications: Indigestion, acidity, abdominal discomfort, nausea, vomiting.

10. Tablet Sandhiarogya

Components: *Shunthi*, *Krushna jeeraka*, *Sheelajita*, *Abhraka bhasma*, *Ashwgandha*, *Shallaki*, *Guggulu*, *Yavani*, *Chandrashoora*, *Rasona*, *Nirgundi*, *Hemvati*, *Suranjan*, *Parijataka*, *Vidanga*.

Indications: Body ache, joint pain.

11. Dhatuposhaka vati

Components: *Churna* (lime powder), *Shankha bhasma* (conch shell ash), *Mukta pisthi* (pearl powder), *Praval pisthi* (coral powder), *Kaprdika* (*Calcium carbonate*).

Indications: Strengthening, immunity booster.

Diet and activities modification: It is already mentioned in AYURVEDIC INTERVENTION part. Here only the importance of diet and activities is mentioned.

- *Acharya Kashyapa* said *aahara* as “*mahabhaishaaajyam*” means diet is a great medicine. According to him *Aarogya* (health) depends on *samya-avastha* of *doshas* (balance of doshas) and balance of *dosha* depends on *aahara* (diet). This diet demands regimens (*Aahar vidhi vidhana*) for developing health. Therefore, diet regimens were prescribed to patient as explained earlier.^[18]
- *Acharya Kashyapa* advised to take some rest and then do “*padashatam shanahi*” means 100 steps walking slowly. It would help to digest food easily.^[18]
- Dietary sodium restriction was advised because *ayurveda* says over consumption of *Lavana* (salt/sodium) lead to “*Shithila-Mansa-Shonita*” (muscle looseness and abnormal increase in blood

volume). It also causes ‘*Dourbalya*’ means weakness in body. These factors can affect liver health so it is restricted.^[19]

FURTHER SCOPE OF STUDY

- As like this case of *Pittaja yakrita vridhhi*, other types like *Vataja*, *Kaphaja* and *Raktaja yakrita vridhhi* cases should also be studied for differential diagnosis and its related prognosis.
- *Ayurvedic* treatment in chronic liver diseases needs to be tested by modern approaches like randomized controlled trials and then integrated into mainstream medicine.
- Study on significant reversal or management of irreversible conditions of liver like *Yakrita kshaya* (liver cirrhosis) should be performed.

CONCLUSION

- The present case study demonstrates that chronic liver disease (CLD) with associated complications such as hepatomegaly, gall bladder wall thickening, splenomegaly, and mild ascites can be effectively managed through *Ayurvedic* intervention when applied with proper diagnosis, medication, and lifestyle modification.
- After six months of *Ayurvedic* management, the patient showed marked clinical improvement in symptoms like body ache, nausea, mild fever, abdominal pain, and general weakness. Although the first follow-up USG findings were not fully normalized, subsequent follow-up after two months revealed significant regression in pathological findings — liver size reduced by 2.1 cm, gall bladder wall thickening resolved, spleen reverted to normal size, and ascitic and pleural effusion disappeared completely.
- From an *Ayurvedic* standpoint, the case represents *Yakrita Vridhhi* (liver enlargement) primarily caused by *Kapha-Pitta* and *Rakta* vitiation, resulting from etiological factors like heavy food intake, spicy diet, day sleep, and suppression of natural urges. The treatment included *Nidan Parivarjana* (elimination of causative factors), *Deepana-Pachana* (digestive stimulants), *Raktashodhaka* (blood purifiers), *Shothahara* (anti-inflammatory), *Kapha-Pitta Shamaka*, *Rasayana* (rejuvenative therapy), and *Shoolahara* (pain-relieving) formulations.
- Overall, *Ayurvedic* management proved beneficial in improving both clinical and radiological parameters, restoring hepatic function, and preventing recurrence. The case highlights the holistic and sustainable role of *Ayurveda* in managing chronic liver disorders through the combined approach of medicine, diet, and lifestyle correction.

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