

**AYURVEDIC MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE A
COMPARATIVE REVIEW OF SUDARSHAN GHANVATI AND AROGYVARDHNI VATI****Dr. Prahlad Kumar Prajapati*¹, Dr. Umesh Kumar Sapra²**¹PG Scholar Department of Rog Nidan Evam Vrikriti Vigyana CBPACS New Delhi.²Assistant Professor Department of Rog Nidan Evam Vrikriti Vigyana CBPACS New Delhi.***Corresponding Author: Dr. Prahlad Kumar Prajapati**

PG Scholar Department of Rog Nidan Evam Vrikriti Vigyana CBPACS New Delhi.

DOI: <https://doi.org/10.5281/zenodo.19908337>**How to cite this Article:** Dr. Prahlad Kumar Prajapati*¹, Dr. Umesh Kumar Sapra² (2026). Ayurvedic Management Of Non-Alcoholic Fatty Liver Disease A Comparative Review Of Sudarshan Ghanvati And Arogyvardhni Vati. World Journal of Pharmaceutical and Medical Research, 12(5), 72-74.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 28/03/2026

Article Revised on 17/04/2026

Article Published on 01/05/2026

ABSTRACT

Non-Alcoholic Fatty Liver Disease (NAFLD) is a growing global health concern characterized by excessive fat accumulation in the liver without significant alcohol consumption. It encompasses a spectrum ranging from simple steatosis to non-alcoholic steatohepatitis (NASH), potentially progressing to cirrhosis and hepatocellular carcinoma. Modern therapeutic options for NAFLD are limited and primarily focus on lifestyle modification, highlighting the need for effective alternative treatments. Ayurveda, the ancient Indian system of medicine, offers a holistic approach to liver disorders, with several classical formulations reputed for their hepatoprotective and metabolic regulatory effects. Among these, Sudarshan Ghanvati and Arogyavardhani Vati have been traditionally employed for managing liver dysfunction and associated metabolic imbalances. This review compares the efficacy, pharmacodynamics, and clinical applications of Sudarshan Ghanvati and Arogyavardhani Vati in the management of NAFLD. Sudarshan Ghanvati, known for its *Deepana* (digestive stimulant), *Pachana* (digestive), and *Pittashamak* (anti-inflammatory) properties, aids in improving metabolism and reducing hepatic inflammation. Arogyavardhani Vati, containing a combination of herbs and mineral preparations, exhibits potent hepatoprotective, antioxidant, and lipid-lowering effects. Both formulations contribute to detoxification and metabolic homeostasis, albeit through differing mechanisms. By analyzing classical texts, clinical studies, and pharmacological data, this review highlights their therapeutic potential and safety profiles. It suggests that integrating these Ayurvedic formulations could provide a complementary approach to NAFLD management, warranting further clinical trials for standardized protocols and validation.

KEYWORDS: Non-Alcoholic Fatty Liver Disease, NAFLD, Ayurveda, Sudarshan Ghanvati, Arogyavardhani Vati, Hepatoprotection, Metabolic Syndrome, Herbal Medicine, Liver Detoxification.**INTRODUCTION**

Non-Alcoholic Fatty Liver Disease (NAFLD) represents a spectrum of liver conditions not caused by alcohol consumption and is characterized primarily by the accumulation of excess fat in liver cells. Globally, NAFLD has emerged as the most prevalent chronic liver disorder, affecting approximately 25% of the population, with rising incidence in developing countries due to increasing rates of obesity, insulin resistance, and sedentary lifestyles.^[1] NAFLD includes a spectrum from simple steatosis (fatty liver) to Non-Alcoholic Steatohepatitis (NASH), which can lead to fibrosis, cirrhosis, and hepatocellular carcinoma. Ayurveda, the traditional Indian system of medicine, provides a holistic

perspective for the management of liver disorders, including NAFLD, through the use of herbal formulations, detoxification procedures, and lifestyle modifications. Among the classical Ayurvedic formulations, Sudarshan Ghanvati and Arogyavardhani Vati are widely used for their hepatoprotective and metabolic corrective actions. This article aims to provide an in-depth comparative review of these two formulations in the context of NAFLD management.

Ayurvedic Perspective of NAFLD

In Ayurvedic pathology, NAFLD can be correlated to Yakrit Roga (liver disorders), with specific reference to conditions like Yakritodar (a subtype of Udara Roga),

Medoroga (disorders of fat metabolism), and Raktadushti (vitiation of blood tissue). The liver (Yakrit) is considered the seat of Raktadhatu, and its dysfunction is often due to the vitiation of Pitta dosha, accumulation of Ama (metabolic toxins), and obstruction of Medovaha and Raktavaha Srotas.^[2] The Samprapti (pathogenesis) involves Mandagni (weak digestion), leading to Ama formation and further resulting in Srotorodha (obstruction in channels), especially affecting Medovaha Srotas. This condition gradually leads to fat deposition in liver tissues, paralleling the pathophysiology of NAFLD. The Ayurvedic approach emphasizes the correction of Agni (digestive fire), elimination of Ama, and purification of the blood and liver channels through Deepana (digestive stimulants), Pachana (digestives), Srotoshodhana (channel cleansing), and Rasayana (rejuvenation) therapies.

Arogyavardhini Vati: Composition and Pharmacological Profile

Arogyavardhini Vati is a classical herbo-mineral formulation found in texts such as Rasatarangini and Bhaishajya Ratnavali. Its ingredients include Shuddha Parada (purified mercury), Shuddha Gandhaka (purified sulfur), Abhraka Bhasma, Tamra Bhasma, Triphala, Katuki (Picrorhiza kurroa), Chitraka (Plumbago zeylanica), Guggulu (Commiphora mukul), and Shilajatu.^[3] These ingredients make it a potent Deepana, Pachana, Raktashodhaka, and Yakritottejaka formulation.

- Hepatoprotective Action: Katuki and Tamra Bhasma are known for their cholagogue and choleric properties, enhancing bile secretion and promoting liver detoxification.^[4]
- Lipid-Lowering Effect: Guggulu and Tamra Bhasma help reduce serum lipids, improve HDL levels, and address dyslipidemia associated with NAFLD.^[5]
- Antioxidant Effect: Abhraka Bhasma and Shilajatu possess strong antioxidant activity, which mitigates

oxidative stress and prevents further hepatocyte damage.^[6]

A study by Borkar et al. demonstrated the hepatoprotective effect of Arogyavardhini Vati by observing a significant reduction in SGOT, SGPT, and serum bilirubin levels in patients with hepatic disorders.^[7] Another clinical trial involving NAFLD patients showed improvement in liver echotexture and reduction in fatty infiltration following 8 weeks of Arogyavardhini Vati administration.^[8]

Sudarshan Ghanvati: Composition and Pharmacodynamics

Sudarshan Ghanvati is a proprietary extract-based formulation derived from the classical Sudarshan Churna. It contains over 50 herbs, with a predominance of bitter principles (*Tikta Rasa*), including Kirata Tikta (Swertia chirata), Kalmegha (Andrographis paniculata), Bhunimba, Kutki, Guduchi, and Triphala.^[9]

- Ama Pachana and Jwara Hara: The bitter herbs in the formulation act as powerful detoxifiers and antipyretics, aiding in the digestion of Ama and the stimulation of digestive fire (Agni).^[10]
- Hepatoprotective and Anti-inflammatory Actions: Swertia chirata and Kalmegha have been pharmacologically proven to reduce liver inflammation and protect hepatocytes against toxic damage.^[11]
- Antioxidant and Immunomodulatory Effects: These herbs also modulate immune responses and oxidative pathways, thereby preventing progression from simple steatosis to NASH.^[12]

A clinical study conducted by Sharma et al. showed that patients with NAFLD who were administered Sudarshan Ghanvati demonstrated significant improvement in hepatic enzyme profiles and liver echotexture after 12 weeks of treatment.^[13]

Comparative Evaluation

Feature	Arogyavardhini Vati	Sudarshan Ghanvati
Nature	Classical herbo-mineral	Proprietary polyherbal
Main Action	Deepana, Pachana, Raktashodhaka, Medohara	Agnivardhana, Ama pachana, Yakritottejaka
Key Ingredients	Katuki, Tamra Bhasma, Guggulu, Shilajatu	Kirata Tikta, Kalmegha, Bhunimba, Triphala
Clinical Suitability	Chronic NAFLD with obesity and lipid abnormalities	Early-stage NAFLD with metabolic imbalance
Safety Profile	Caution advised due to metallic content	Safer for long-term use

DISCUSSION

The Ayurvedic approach to NAFLD emphasizes balancing of doshas, especially Pitta and Kapha, correcting Agni, and ensuring proper functioning of Medovaha and Raktavaha Srotas. Both Arogyavardhini Vati and Sudarshan Ghanvati align with these therapeutic goals but differ significantly in their pharmacological profiles and clinical applicability. Arogyavardhini Vati, owing to its herbo-mineral composition, offers a more aggressive treatment option with deep metabolic correction. The formulation targets the deranged lipid

profile, supports hepatocyte regeneration, and aids in the removal of deep-seated Ama. The presence of Rasayana dravyas like Abhraka Bhasma and Shilajatu further enhances tissue-level nourishment and slows down hepatic degeneration. However, its use requires careful monitoring due to the inclusion of metallic bhasmas like Tamra and Parada, especially in long-term therapy or patients with renal insufficiency. Sudarshan Ghanvati, on the other hand, offers a milder and safer alternative for the management of early NAFLD or for use in patients where herbo-mineral preparations are contraindicated. Its

detoxifying and anti-inflammatory effects help in halting the progression of fatty liver, while its digestive stimulation addresses the root metabolic sluggishness seen in NAFLD patients. The polyherbal nature and the absence of metals make it a suitable option for prolonged use and for broader patient populations, including those with co-morbidities. Clinical evidence, although emerging, supports the use of both formulations in improving biochemical and radiological markers of NAFLD. Nevertheless, individual patient assessment remains central to Ayurvedic prescription. Tailoring treatment based on Prakriti, disease stage, and concurrent conditions is essential to achieve sustainable clinical outcomes.

CONCLUSION

Non-Alcoholic Fatty Liver Disease is a growing global health burden requiring integrative treatment strategies. Ayurveda, with its systemic and individualized approach, offers a valuable therapeutic option through formulations like Arogyavardhini Vati and Sudarshan Ghanvati. Arogyavardhini Vati is more suitable for advanced stages of NAFLD, especially where lipid abnormalities are predominant, while Sudarshan Ghanvati is recommended for early intervention, especially in metabolic sluggishness and digestive impairment. Future directions should include large-scale, randomized, controlled clinical trials to establish efficacy, optimize dosing protocols, and assess long-term safety. Integration of these Ayurvedic interventions into clinical practice can offer a safe, cost-effective, and holistic option in the management of NAFLD, especially when used alongside dietary correction, physical activity, and modern diagnostics.

REFERENCES

1. Younossi ZM, Koenig AB, Abdelatif D, et al. Global epidemiology of nonalcoholic fatty liver disease. *Hepatology*, 2016; 64(1): 73-84.
2. Tripathi B. *Charaka Samhita. Sutra Sthana 28/7-8*. Varanasi: Chaukhambha Surbharati; 2008.
3. Sharma S. *Rasatarangini. Ch. 11*. Delhi: Motilal Banarsidass; 2010.
4. Joshi D, Borkar V. Hepatoprotective herbs in Ayurveda. *AYU*, 2012; 33(3): 289-293.
5. Gupta A, Mishra S. Role of Arogyavardhini Vati in dyslipidemia. *J Ayurveda Integr Med*, 2019; 10(2): 118-123.
6. Valiathan MS. *The Legacy of Caraka*. Chennai: Orient Blackswan; 2003.
7. Borkar V, Joshi D, Upadhyay K. Hepatoprotective effect of Arogyavardhini Vati. *AYU*, 2015; 36(2): 132-136.
8. Kumar A, Das A, Roy P. Clinical evaluation of Arogyavardhini Vati in NAFLD patients. *Int J Ayurveda Res*, 2021; 12(1): 45-51.
9. Sharma R, Galib R. Sudarshan Ghanvati: A review. *Ancient Sci Life*, 2016; 35(3): 155-160.
10. Patgiri B, et al. Evaluation of Deepana-Pachana herbs. *AYU*, 2012; 33(2): 258-262.

11. Saraf A, Jadon RS. Bitter principles in liver therapy. *Pharmacogn Rev*, 2014; 8(15): 45-52.
12. Shukla S, et al. Ethnopharmacology of hepatoprotective herbs. *J Ethnopharmacol*, 2015; 166: 187-193.
13. Sharma S, Mahajan A, Kumari R. Clinical efficacy of Sudarshan Ghanvati in NAFLD. *J Ayurveda Case Rep*, 2020; 4(2): 58-63.