WJPMR, 2026, 12(6), 449-458

Case Report

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Impact Factor: 7.555

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

AYURVEDIC MANAGEMENT OF *YAKRIT VAISHAMYA* W.S.R. TO CIRRHOSIS OF LIVER: A CASE STUDY

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DOI: https://doi.org/10.5281/zenodo.20526137

How to cite this Article: Dr. Aparna Singh[1], Dr. Piyush Gupta[2], Dr. Mohit Bagwari[3], Dr. Kamal Kishor Joshi[4] (2026). Ayurvedic Management Of Yakrit Vaishamya W.S.R. To Cirrhosis Of Liver: A Case Study. World Journal of Pharmaceutical and Medical Research, 12(6), 449–458.

Article Received on 05/05/2026 **Article Revised on 25/05/2026** **Article Published on 03/06/2026**

ABSTRACT

In the modern era, alcoholism has become a standard in society. Hence, its aftereffects are causing severe health issues in society. Most commonly, people are suffering from liver disorders. Damage to the liver leads to repair of liver tissue and subsequent formation of scar tissue. The scarring is most often caused by long-term exposure to toxins such as alcohol or viral infections. It tends to progress slowly and often does not cause symptoms in it's early stages. However, as the function of the liver gradually becomes worse, serious problems can develop. In *Ayurveda*, *Yakrit* is considered as an important *Anga* right from the *vedic* period. *Ayurvedic* classical references are available regarding the enlargement of *Yakrita*. The disease *Yakritdalyudara* has been included in eight types of *Udara roga* in Ayurvedic classics. In this article, an effort is made to understand the etiopathogenesis, sign & symptoms of *Yakritdalyudara* & it's management mentioned in classical *Ayurvedic* texts along with it's modern counterpart. There is no need to say that till date, no definite therapy is available in western system of medicine for the management of terminal diseases like cirrhosis of liver. This is the study of 46-year-old male patient who came to Patanjali Wellness Centre with the major complaints of constipation & skin problem from last 6 months with a history of Diabetes mellitus since 2021 for which *Ayurveda* therapy seem to be very specific for pacifying the vitiated *doshas* ultimately fulfilling the targets of the *Aushadh dravyas*. Also, the diet, lifestyle changes along with *Yogic* exercises, *pathya* plan was strictly adviced for 3 months to the patient which showed tremendous results.

INTRODUCTION

Liver cirrhosis is a condition which builds up by the process of necrosis and regeneration of hepatocytes ultimately resulting in fibrosis and capillarization of hepatic sinusoid. Decreased hepatic parenchyma, disturbance of blood flow due to fibrosis and abnormal reconstruction, and portosystemic shunt cause portal hypertension, ascites, hepatic encephalopathy, pulmonary, renal and cardiac disturbance, and hyponatremia. Cirrhosis is terminal image of chronic liver disease. During progression from the compensation period to the decompensation period, various complications occur and the life prognosis is significantly reduced. In recent years, medical treatment for liver cirrhosis has made marked progress that can be said to be a paradigm shift. Ascites is a very common manifestation of decompensated cirrhosis and represents a pathological accumulation of fluid within the peritoneal cavity.[1] Cirrhosis is defined histologically as a diffuse hepatic process characterized by fibrosis and the conversion of normal liver architecture into structurally abnormal nodules.[2] Most patients, with chronic hepatitis B are asymptomatic and develop complications such as cirrhosis and hepatocellular carcinoma only after many years. Cirrhosis develops in 15-20%, of patients with chronic HBV over 5-20 years. This proportion is higher in those who are e antigen-positive.[3]

***Causes of Cirrhosis*[4]**

Hepatitis B Hepatitis C Autoimmune hepatitis Nonalcoholic steatohepatitis Chronic viral hepatitis Inherited metabolic liver disease	Hemochromatosis Wilson's disease Antitrypsin deficiency

Liver cirrhosis can occur at any age, has significant morbidity and is an important cause of premature death. It may also occur in prolonged biliary damage or obstruction, as is found in primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC) and post-surgical biliary structures. Persistent blockage of venous return from the liver, such as is found in sinusoidal obstruction syndrome (SOS veno-occlusive disease) and Budd-Chiari Syndrome, can also result in cirrhosis. Cirrhosis can be classified histologically into:

- ***Micronodular cirrhosis*-** characterised by small nodules about 1 mm in diameter and typically seen in alcoholic cirrhosis.
- ***Macronodular cirrhosis*-** characterised by larger nodules of various sizes. Areas of previous collapse of the liver architecture are evidenced by large fibrous scar.[5]

Liver diseases are rapidly increasing worldwide, with liver cirrhosis creating a major health and economic burden. In India, high rates of hepatitis B&C, fatty liver disease, rising alcohol consumption, and increasing non-alcoholic liver disease cases, even in children, contribute significantly to this problem. The global economic impact of liver cirrhosis is estimated to surpass 100 billion USD each year, factoring in both direct healthcare expenses and losses in productivity. Hepatic cirrhosis greatly affects quality of life, productivity, and healthcare expenses.[6] Alcohol consumption, viral hepatitis B & C, metabolic syndrome related to obesity are the most common causes of cirrhosis. Ascites is the most common presentation. 50% of compensated cirrhosis develops ascites in 10 years of time. Ascites treatment requires hospitalization, can lead to life threatening complications and need liver transplantation.[7] The determination of fibrosis is done on the basis of Fibro scan for liver stiffness, and various other blood investigations.

Various stages of liver diseases:[8]

Cause	Effect	Symptom
Inflammation	Liver enlarged or inflamed	No symptom
Fibrosis	Liver scar	No symptom
Cirrhosis	Severe scar	Symptom appears, liver fails, Ascites
End stage liver	Function deteriorates	Hepatic encephalopathy
Cancer of liver (HCC)	Multiplication of unhealthy cells	Liver failure

The description of liver is found in various *Samhitas* such as, *Sushruta Samhita*, *Charaka Samhita* and *Ashtanga Hridaya*. In *Vedas*, Liver is named as "*Yakna*" or "*Takima*". Other synonyms are *Kalakhanda*, *Jyotisthana*, *Yakritkhanda*, *Yakritpinda*, *Raktadhara* and *Raktashaya* are found in the ancient literature of liver. *Acharya Sushruta* explains that foetal nutrition usually depends *madhura ahara rasa*, categorized under various maternal factors and *Vayu* present in *Jyotisthana*, which is further responsible for cell division. The *ahara rasa* is first received by *Jyotisthana*/liver, which is responsible for nourishment of whole body. Therefore, *Jyotisthana* is interpret with "*Yakrit*" or "Liver". *Acharya Vagbhatta* has used the word *Yakritkhanda* with regards to the description of diseases which is indication for the lobes (*khanda*) of liver. As said by *Acharya Vagbhatta*, the main function of *Yakrit* is to change *Rasa Dhatu* to *Rakta Dhatu*, i.e. *Ranjana* of *Rasa Dhatu* which takes place in liver itself. *Yakrit* is developed or generated from *Matrijbhava*.[9] In *Ayurveda*, the diseases of anatomical entities (*dhatu*) manifested through either *vrudhi* (increase of specific quantity) or *kshaya* (decrease of specific quantity) like *Rasa vrudhi*, *Rasa kshaya*, *Rakta vrudhi*, *Rakta kshaya*, *Mamsa vrudhi*, *Mamsa kshaya* etc. Similar way *Yakrit* is manifested through *Yakrit vrudhi* (Hepatomegaly) and *Yakrit kshaya* (Cirrhosis). *Acharya Sushruta* gave the specific name to the *Yakrit vrudhi* for the first time as *Yakritdalyudara* whereas, *Yakrit kshaya* is narrated in *Bhaishajya Ratnavali*. The hepatology of modern medical science is a lot developed and various other classification of liver diseases are listed in modern science whereas, *Ayurveda* is limited to *Yakritdalyudara* roga and *Yakrit Kshaya*. Although complications of *Yakritdalyudara* and *Yakrit Kshaya* are *Kamala*, *Kumbha Kamala*, *Halimaka*, *Panaki*, *Alasaka* etc are described separately under the chapter of *Pandu Roga* in *Ayurveda*. Thus, the gap in the *Ayurveda* classification of liver diseases can be elaborated in light of modern medicine through consensus studies with sufficient justification. According to *Acharya Charaka* in *Chikitsa Sthana*, all *Udara Rogas* (morbid abdominal diseases) ultimately progress to the stage of Ascites/ *Jaloudara*. In this context, the *Ayurvedic* management protocol mainly aims at improving *Koshtagni* (abdominal digestive fire/

metabolism) and helping to stimulate the physiological functions of the liver.

***SAMPRAPTI GHATAKA* OF *YAKRIT VIKARA* IN *AYURVEDA*[10]**

- ***Dosha*-** *Samaan Vata* (subtype of *Vata*), *Pachaka Pitta* (subtype of *Pitta*).
- ***Dushya*-** *Pachakagni* (digestive fire), *Rasa* (Plasma)-*Rasa dhatu* (Nutrient fluid).
- ***Adhishthana* (Location of Disease)-** *Amashaya* (Stomach), *Grahani* (Small Intestine).
- ***Srotas* (*Annavaha*)-** The disease involves *Amashaya*, *Grahani*, and *Pakvashaya* (Large Intestine). *Annavaha Srotas* appears to be the main concern, but *Rasavaha Srotas* (Plasma channels), in which *Ama* (Toxin) is first produced due to impaired *Agni* (Digestive fire), may also get involved.
- ***Dushtiprakar* (Type of Disease)-** *Sanga* (Obstruction).
- ***Agni* (Digestive Fire)-** *Mandagni* (weak digestion).
- ***Rogmarga* (Pathway)-** *Abhyantra rogmarga* (Internal Pathways of Disease).

SAMPRAPTI CHAKRA* OF *YAKRIT VIKARA* IN *AYURVEDA

Excessive consumption of *Nidana*- ***Kshara*** (alkaline substances), ***Amla*** (sour foods), and ***Lavana*** (salty foods), along with intake of ***Virudha Ahara*** (incompatible food combinations), ***Vidagdha Anna*** (putrefied/stale food), and ***Asatmya Ahara*** (unsuitable or unwholesome diet). Consumption of ***Nishpava*** (flatulent legumes), ***Masha*** (black gram), and ***Pinyaka*** (oil cake), along with habits such as ***Ativyayama*** (excessive physical exertion), ***Atimaithun*** (excessive sexual activity), ***Diwaswapna*** (daytime sleep), ***Kama*** (excessive desire), ***Chinta*** (anxiety), ***Bhaya*** (fear), ***Krodha*** (anger), and ***Vegadharana*** (supression of natural urges).

⇩

Development of ***Mandagni*** (reduced or weakened digestive/metabolic fire).

⇩

Formation of ***Apakva Anna Rasa*** (improperly metabolized food essence) along with ***Mala Sanchaya*** (accumulation of toxic waste products).

⇩

Dosha Dushti involving mainly ***Pachaka Pitta***, ***Kledaka Kapha***, and ***Trimala*** [*Mala* (stool), *Mutra* (urine), and *Sweda* (sweat)], along with disturbance of ***Samana Vata*** (digestive *vata*), ***Prana Vata*** (vital *vata*), and ***Apana Vata*** (excretory *vata*).

⇩

Sroto Dushti (vitiation/of body channels), mainly affecting the ***Swedavaha*** and ***Ambuvaha Srotas*** (sweat and fluid-carrying channels).

⇩

Ultimately leading to ***Yakrit Vikara***.

CASE REPORT

A 46-year-old male patient, visited Patanjali Wellness Centre, Haridwar, Uttarakhand, India, on 08/12/2023 with the complaints of weakness & constipation from past 6 months along with 5 kg weight loss over the last 1 year and generalized itching all over the body with

diagnosed case of Cirrhosis of Liver along with Ascites. Patient also had a Post-Covid History of Diabetes Mellitus since 2021.

❖ **Vitals on the initial visit**

1) Blood Pressure: 139/82 mmHg
2) Pulse Rate: 69 bpm
3) Weight: 64 kg
4) Height: 165 cm.

❖ **Asthavidha Pariksha on the first day visit of the patient**

S.NO.	PARAMETERS	FINDINGS
1.	*Nadi* (Pulse)	*Vata-Pittaja*
2.	*Mala* (Stool)	*Abadh* (loose)
3.	*Mutra* (Urine)	*Ishatpeeta* (normal)
4.	*Jihva* (Tongue)	*Saama* (coated)
5.	*Shabda* (Speech)	*Spashta* (clear)
6.	*Sparsha* (Touch/Palpation)	*Anushna sheeta* (normal temp.)
7.	*Drika* (Eyesight)	*Avikrit* (normal)
8.	*Akriti* (Body shape)	*Madhyam* (normal)

1. Complaints with Duration are mentioned below

S.No.	Symptoms	Duration
1.	Constipation	x 6 months
2.	Headache	x 4 months
3.	Distention of Abdomen	x 4 months
4.	Itching over skin	x 2 months
5.	Weakness	x 2 months

2. General Examination

Icterus	2+
Pallor	1+
Oedema	Absent
Blood pressure	132/84 mmHg
Built	Moderate
Weight	55kg

3. Addiction History

Tobacco chewing	Approximately 3 packs daily for the last 21 years.
Alcohol consumption	Occasional intake for the last 21 years
Tea consumption	3-4 times daily

4. Past History

DM-2 since 2021, Hepatitis B positive since 2008- diagnosed accidently during routine checkup.

5. Treatment History

Metformin 500mg twice daily, discontinued for the past 3 months.

INTERVENTION

I. *Ahara Krama*: The dietary guidelines provided by Patanjali Wellness Centre included the following

➢ **"Do's & Dont's" -**

- Smile with loving & joyous heart thank God for happy, holy & healthy life. Drink two glass of plane copper/silver/gold/charged water.
- Eat small portions of solid food & chew each bite thoroughly around 32 times to support better digestion & nutrient absorption.
- Avoid tea, coffee, sugar, spicy & fried foods, trans fats, junk/fast foods, carbonated drinks, processed or refined foods, artificial additives, alcohol, tobacco & smoking.
- Drink about 250ml alkaline water 3-4 times a day.
- Consume early morning at 5:30 AM: lemon with lukewarm plain water/fenugreek, wheat or barley water along with 2 tsp of honey, or herbal decoction.
- Consume a mixed juice of fresh *amla*, aloevera, *giloy*, carrot, beetroot, spinach & wheatgrass.
- Give preference to alkaline food such as: Natural Yellow, Purple, Green, Red, Orange, Blue colorful fresh fruits & vegetable as Carrot, Tomato, Spinach etc. Sprouted cereals, pulses, seeds, hand pounded brown rice, whey, butter milk, jaggery, honey.
- Do not consume water while taking food, drink hot water sip by sip while taking food only to prevent gas formation (if any).

- ***Ayurvedic*** **and Disciplined Intelligent Person's diet (DIP)**

TIME	MEAL	ITEMS INCLUDED
5:00 AM	Early morning	2 glasses of plane water
5:30 AM	Early morning	Herbal decoction
5:40 AM-7:00 AM	Early morning	Soaked almonds (7) + Raisins (7)
11:00 AM	Pre-lunch	Boiled Bottle gourd
12:00 PM	Lunch	*Jau Daliya*, Soup + Salad + Butter milk
12:45 PM	Post-lunch	*Punarnava* juice
3:00 PM	Seasonal Fruits	Pomegranate, Papaya, Mulberry, Mango, Water Melon/Musk Melon- One type of fruit at a time.
6:00 PM	Pre-dinner	Goat milk + *Trikatu churna*
7:00 PM-8:00 PM	Dinner	Boiled *Torai*
8:45 PM	Post-dinner	Goat milk + *Trikatu churna*

II. Fasting: Once every week.

III. Additional Lifestyle Guidelines (Special Instructions)

- Offer a moment of gratitude to the Almighty before eating or drinking anything.
- Practice Vajrasana after every meal.
- Take a gentle 10-minute walk following each meal.

IV. Dincharya: Yoga (Pranayama), Meditation for relaxation, Barefoot brisk walking.

TREATMENT PLAN

The treatment was planned according to the *Doshas* and *Dushyas* involved in the disease in order to break the *Samprapti*. *Pitta*-pacifying and *Yakrituttejaka dravyas* were administered to the patient as mentioned below

S.NO.	*AUSHADH DRAVYA*	DOSE & ANUPANA
1.	*Sarwakalpa Kwath + Vrikkdoshahara Kwath*	100ml X BD E/S
2.	Tablet Livogrit Vital Tablet *Madhunashni* Extra Powder	2 X TID B/F with lukewarm water
3.	Tablet Livamrit Advance Tablet *Madhugrit* Tablet *Punarnavadi Mandoor*	2 X TID A/F with lukewarm water.

Suggested Yoga

S.NO.	*YOGA* NAME	DURATION
1.	*(Pranayama) Anulom-Vilom*	45 minutes
2.	*(Asana) Shavasana*	10 minutes
3.	*(Asana) Vakrasana*	2 minutes
4.	*(Asana) Ardhamatasyendrasana*	2 minutes
5.	*(Asana) Gomukhasana*	2 minutes
6.	*(Asana) Mandookasana*	5 minutes
7.	*(Asana) Yogmudrasana*	2 minutes

MEDICATIONS ADMINISTERED DURING TREATMENT

S.NO.	*AUSHADH DRAVYAS*	*GHATAKA DRAVYA*	DOSAGE WITH ANUPANA
1.	*Sarvakalpa Kwath*	*Punarnava, Bhumi Amla, Makoy*	Take & boil 2 tsp of *Kwath* drug into 400ml of water. When it reduces to 100 ml, then strain it & take empty stomach in the morning & evening, 1 hour before meal, for 30 days.
2.	*Vrikkdoshahar Kwath*	*Dhak, Pitpapra, Punarnava, Pashanbhed, Varun, Kulthi, Apamarg, Kasni, Pippal, Neem, Makoy, Gokhru, Dhamasa, Kush, Kash, Dhan, Sarkanda, Ikshu, Oontkatara, Giloy, Ami, Amaltas, Bala, Satavari, Vidari, Choti Kateri, Badi Kateri, Jav, Kutaki*	Take & boil 2 tsp of *Kwath* drug into 400ml of water. When it reduces to 100 ml, then strain it & take empty stomach in the morning & evening, 1 hour before meal, for 30 days.
3.	Livogrit Vital	*Punarnava, Bhumi Amla, Makoy*, Rose hip, Spinach, Corn. **Excipients:** Gum acacia, Resin, Talcum, MCC,	Take 2 tab. Of medicine, 30 minutes after breakfast/lunch/dinner with

		Croscarmellose sodium.	lukewarm water for 30 days.
4.	*Madhunashini Vati* Extra Powder	*Giloy, Karela, Bel patra, Gudmar, Harad chhoti, Gokhru, Vat jata, Haldi, Methi, Kuda chhal, Neem patra, Ashwagandha, Baheda, Kalmegha, Kachur, Neem, Amla, Shilajeet shuddh*. **Fine powders of:** *Jamun, Kali jeeri, Chirayata, Kutki, Babul, Kuchla Shuddh, Atish, Praval Pishti, Vang Bhasma, Lauh Bhasma*. **Excipients:** Gum acacia, Aerosil, Talcum.	Take 2 tab. Of medicine, 30 minutes after breakfast/lunch/dinner with lukewarm water for 30 days.
5.	Livamrit Advance	*Bhumi Amla, Makoy, Daruhaldi, Kasani, Dronpushpi, Punarnava, Atibala, Erand, Giloy, Kalmegh, Sonapatha, Sharpunkha*. **Powder of:** Kutki. **Excipients of:** Gum acacia, Talcum, MCC, HPMC, Aerosil.	Take 2 tab. Of medicine, 30 minutes after breakfast/lunch/dinner with lukewarm water for 30 days.
6.	*Madhugrit*	*Chandraprabha Vati, Shuddh Shilajit, Giloy, Indrayana, Karela, Chirayata, Shatavar, Ashwagandha*. Excipients: Gum acacia, Talcum, MCC, Croscarmellose sodium.	Take 2 tab. Of medicine, 30 minutes after breakfast/lunch/dinner with lukewarm water for 30 days.
7.	*Punarnavadi mandoor*	*Punarnava, Nishoth, Sonth, Pippal, Mirch, Vayavidanga, Devdaru, Chitrak, Pushkarmool, Haldi, Daruhaldi, Danti, Harad, Baheda, Amla, Chavya, Pipparmool, Nagarmotha, Mandoor Bhasma*. Processed with: *Gaumutra* Q.S.	Take 2 tab. Of medicine, 30 minutes after breakfast/lunch/dinner with lukewarm water for 30 days.

ADMINISTERED *PANCHKARMA* THERAPIES

(1) ***PARISHEKA*** with *Dashmoola Kwath* + *Gokshura Kwath*

(2) **LIVER BASTI** with *Sahacharadi Taila*

(3) ***NIRUHA BASTI* (*KSHEER*)** with *Gaudugdha* (200ml) + *Gaughrita* (20ml) + Castor Oil (40ml) + *Madhu* (20ml) +*Saindhav Lavana* (3gm).

- All three *Panchkarma* therapies were administered for a duration of seven days.

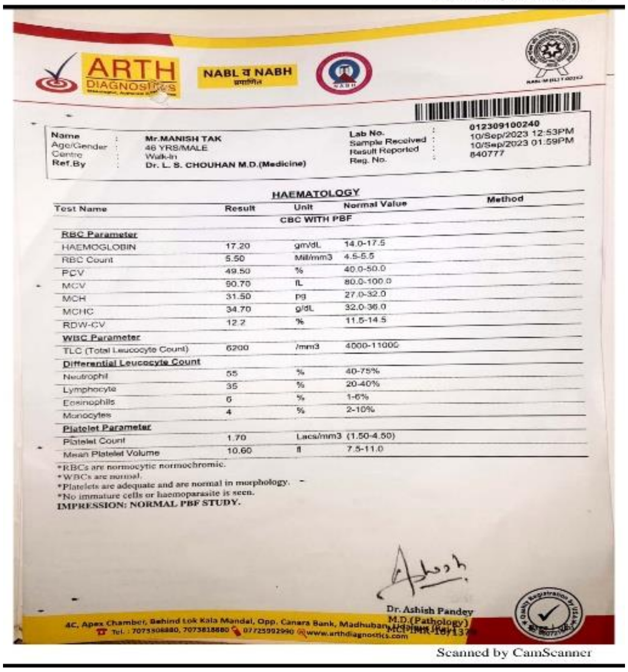
DIET MANAGEMENT

- Fluid restriction was up to 1.5 L per day. It included 500 ml milk per day, boiled rice water, green gram soup measures 100 ml twice a day and medicinal decoctions and juices which was approximately 20-100 ml twice a day.
- Complete salt restricted diet was administered.

PATHYA-APATHYA

Pathya Ahara	***Pathya Vihara***
• *Madhuka* (honey with lukewarm water). • Fruits/Salads preferably with breakfast, Milk (double toned) 200 ml once or twice in a day. • *Mugda Yusha* (*Mugda yusha*, *Yava*, *Patola*, *Amlaki*).	• Barefoot brisk walking. • *Surya Namaskar* • *Bhramari* • *Udgith* • *Pranayama* • *Bhastrika*
Apathya Ahara	**Apathya Vihara**
• Coffee, tea, smoking, tobacco, chewing *pan masala*, alcohol, *Vidahi ahara*.	• *Ati nidra* (excessive sleep). • *Ati bhojana* (over-eating/untimely eating).

BEFORE TREATMENT



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ARTH DIAGNOSTICS

NABL व NABH प्रमाणित

Name	:	Mr.MANISH TAK	Lab No.	:	012309100240
Age/Gender	:	46 YRS/MALE	Sample Received	:	10/Sep/2023 12:53PM
Centre	:	Walk-In	Result Reported	:	10/Sep/2023 01:59PM
Ref.By	:	Dr. L. S. CHOUHAN M.D.(Medicine)	Reg. No.	:	840777

HAEMATOLOGY

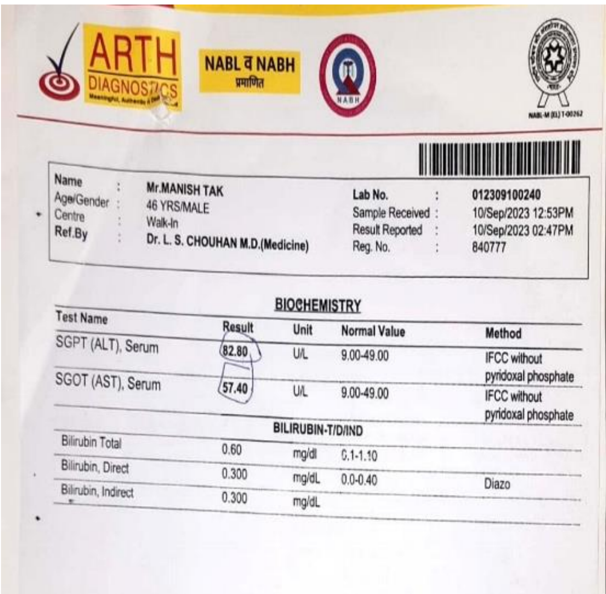
Test Name	Result	Unit	Normal Value	Method
CBC WITH PBF				
RBC Parameter				
HAEMOGLOBIN	17.20	gm/dL	14.0-17.5	
RBC Count	5.50	Mill/mm3	4.5-5.5	
PCV	49.50	%	40.0-50.0	
MCV	90.70	fL	80.0-100.0	
MCH	31.50	pg	27.0-32.0	
MCHC	34.70	g/dL	32.0-36.0	
RDW-CV	12.2	%	11.5-14.5	
WBC Parameter				
TLC (Total Leucocyte Count)	6200	/mm3	4000-11000	
Differential Leucocyte Count				
Neutrophil	55	%	40-75%	
Lymphocyte	35	%	20-40%	
Eosinophils	6	%	1-6%	
Monocytes	4	%	2-10%	
Platelet Parameter				
Platelet Count	1.70	Lacs/mm3	(1.50-4.50)	
Mean Platelet Volume	10.60	fl	7.5-11.0	

*RBCs are normocytic normochromic.
*WBCs are normal.
*Platelets are adequate and are normal in morphology.
*No immature cells or haemoparasite is seen.
IMPRESSION: NORMAL PBF STUDY.

Dr. Ashish Pandey
M.D.(Pathology)

4C, Apex Chamber, Behind Lok Kala Mandal, Opp. Canara Bank, Madhuban,
Tel. : 7073508880, 7073818880 07725092990 www.arthdiagnostics.com

Scanned by CamScanner



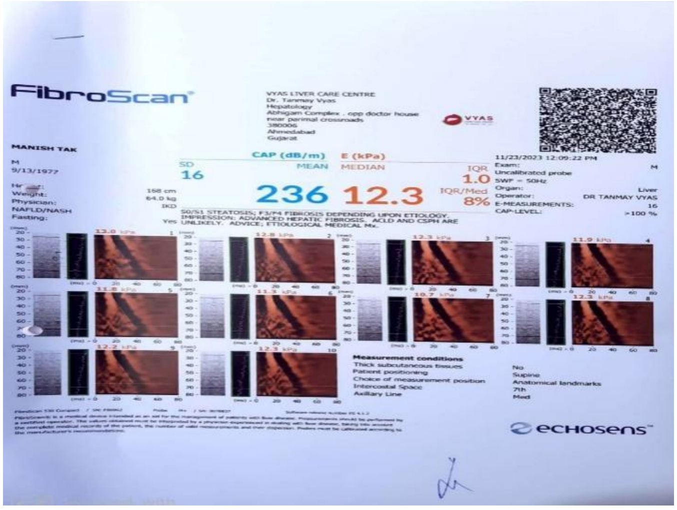
ARTH DIAGNOSTICS

NABL व NABH प्रमाणित

Name	:	Mr.MANISH TAK	Lab No.	:	012309100240
Age/Gender	:	46 YRS/MALE	Sample Received	:	10/Sep/2023 12:53PM
Centre	:	Walk-In	Result Reported	:	10/Sep/2023 02:47PM
Ref.By	:	Dr. L. S. CHOUHAN M.D.(Medicine)	Reg. No.	:	840777

BIOCHEMISTRY

Test Name	Result	Unit	Normal Value	Method
SGPT (ALT), Serum	82.80	U/L	9.00-49.00	IFCC without pyridoxal phosphate
SGOT (AST), Serum	57.40	U/L	9.00-49.00	IFCC without pyridoxal phosphate
BILIRUBIN-T/D/IND				
Bilirubin Total	0.60	mg/dl	0.1-1.10	
Bilirubin, Direct	0.300	mg/dL	0.0-0.40	Diazo
Bilirubin, Indirect	0.300	mg/dL		



FibroScan

VYAS LIVER CARE CENTRE
Dr. Tanmay Vyas
Hepatology
Abhigam Complex , opp doctor house
near parimal crossroads
380006
Ahmedabad
Gujarat

MANISH TAK
M
9/13/1977
Height: 168 cm
Weight: 64.0 kg
Physician: IKD
NAFLD/NASH
Fasting: Yes

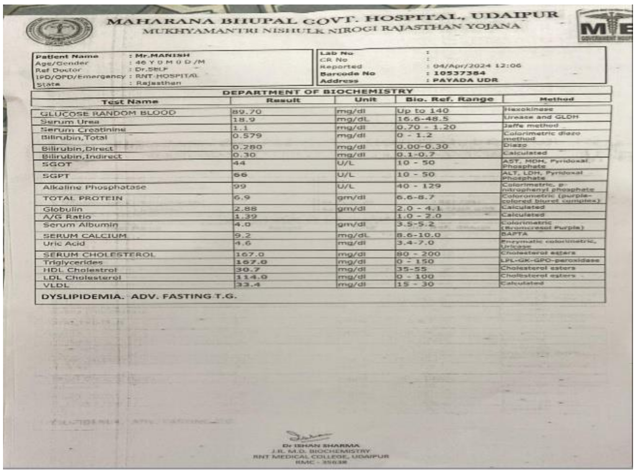
CAP (dB/m)		E (kPa)	
SD 16	MEAN 236	MEDIAN 12.3	IQR 1.0, IQR/Med 8%

S0/S1 STEATOSIS; F3/F4 FIBROSIS DEPENDING UPON ETIOLOGY.
IMPRESSION: ADVANCED HEPATIC FIBROSIS. ACLD AND CSPH ARE UNLIKELY. ADVICE; ETIOLOGICAL MEDICAL Mx.

11/23/2023 12:09:22 PM
Exam: M
Uncalibrated probe
SWF = 50Hz
Organ: Liver
Operator: DR TANMAY VYAS
E-MEASUREMENTS: 16
CAP-LEVEL: >100 %

echosens

AFTER TREATMENT



MAHARANA BHUPAL GOVT. HOSPITAL, UDAIPUR
MUKHYAMANTRI NISHULK NIROGI RAJASTHAN YOJANA

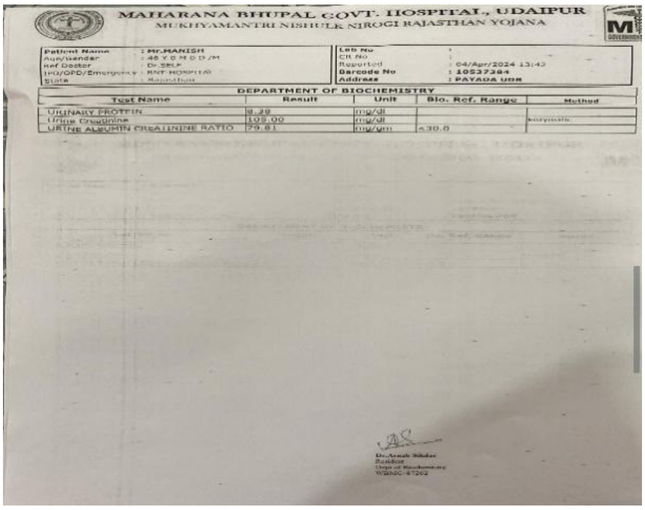
Patient Name : Mr.MANISH
Age/Gender : 46 Y 0 M 0 D /M
Ref Doctor : Dr.SELF
IPD/OPD/Emergency : RNT HOSPITAL
State : Rajasthan
Lab No :
CR No :
Reported : 04/Apr/2024 12:06
Barcode No : 10537384
Address : PAYADA UDR

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE RANDOM BLOOD	89.70	mg/dl	Up to 140	Hexokinase
Serum Urea	18.9	mg/dL	16.6-48.5	Urease and GLDH
Serum Creatinine	1.1	mg/dl	0.70 - 1.20	Jaffe method
Bilirubin,Total	0.579	mg/dl	0 - 1.2	Colorimetric diazo method
Bilirubin,Direct	0.280	mg/dl	0.00-0.30	Diazo
Bilirubin,Indirect	0.30	mg/dl	0.1-0.7	Calculated
SGOT	44	U/L	10 - 50	AST, MDH, Pyridoxal Phosphate
SGPT	66	U/L	10 - 50	ALT, LDH, Pyridoxal Phosphate
Alkaline Phosphatase	99	U/L	40 - 129	Colorimetric, p-nitrophenyl phosphate
TOTAL PROTEIN	6.9	gm/dl	6.6-8.7	Colorometric (purple-colored biuret complex)
Globulin	2.88	gm/dl	2.0 - 4.1	Calculated
A/G Ratio	1.39		1.0 - 2.0	Calculated
Serum Albumin	4.0	gm/dl	3.5-5.2	Colorimetric (Bromcresol Purple)
SERUM CALCIUM	9.2	mg/dL	8.6-10.0	BAPTA
Uric Acid	4.6	mg/dl	3.4-7.0	Enzymatic colorimetric, Uricase
SERUM CHOLESTEROL	167.0	mg/dl	80 - 200	Cholesterol esters
Triglycerides	167.0	mg/dl	0 - 150	LPL-GK-GPO-peroxidase
HDL Cholestrol	30.7	mg/dl	35-55	Cholesterol esters
LDL Cholesterol	114.0	mg/dl	0 - 100	Cholesterol esters
VLDL	33.4	mg/dl	15 - 30	Calculated

DYSLIPIDEMIA. ADV. FASTING T.G.

Dr ISHAN SHARMA
J.R. M.D. BIOCHEMISTRY
RNT MEDICAL COLLEGE, UDAIPUR
RMC - 35638



MAHARANA BHUPAL GOVT. HOSPITAL, UDAIPUR
MUKHYAMANTRI NISHULK NIROGI RAJASTHAN YOJANA

Patient Name : Mr.MANISH
Age/Gender : 46 Y 0 M 0 D /M
Ref Doctor : Dr.SELF
IPD/OPD/Emergency : RNT HOSPITAL
State : Rajasthan
Lab No :
CR No :
Reported : 04/Apr/2024 13:42
Barcode No : 10537384
Address : PAYADA UDR

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINARY PROTEIN	8.39	mg/dl		
Urine Creatinine	109.00	mg/dl		enzymatic
URINE ALBUMIN CREATININE RATIO	79.81	mg/gm	<30.0	

COMPARISION OF FIBRO SCAN BEFORE & AFTER TREATMENT

PARAMETER	FINDINGS (VALUES)	NORMAL RANGE
	23/11/2023	
CAP (dB/m)	**236**	< 238 dB/m (No steatosis)
E (kPa)	**12.3**	< 6.0 kPa (Normal liver stiffness)
	28/02/2024	
CAP (dB/m)	**208**	< 238 dB/m (No steatosis)
E (kPa)	**8.8**	< 6.0 kPa (Normal liver stiffness)

- The Fibro Scan results show changes in CAP (Controlled Attenuation Parameter) & Liver stiffness values (E[kPa]) over the course of treatment, which reflects liver fat content reduced from 236 to 208 by February 2024, suggesting improvement. Liver stiffness (E[kPa]), an indicator of liver fibrosis, decreased from 12.3 to 8.8 indicating regression in liver fibrosis & a positive response to the treatment.

DISCUSSION

Liver cirrhosis is a progressive disorder marked by fibrosis & impaired liver function. In *Ayurveda*, the condition can be correlated with *Yakrit Vikara* involving *Pitta Dosha*, *Mandagni*, *Ama* formation, & *srotorodha*. The development of fibrosis & ascites can be understood as a consequence of *srotorodha*, impaired *Ranjaka Pitta* function, & disturbance in *Rasa-Rakta Dhatu* metabolism. *Panchkarma* therapies were administered to facilitate *Dosha Shamana* & improve physiological functioning of liver. Strict diet regulation & lifestyle modifications also played a major role in the management. *Niruha Basti* prepared with *Ksheera*, *Ghrita*, *Eranda Taila*, *Madhu*, and *Saindhava lavana* pacify *Vata dosha*, improved bowel evacuation, & enhance digestion & detoxification. In Liver Cirrohis, there is *Rakta kleda*. The *kleda* state of the *doshas* becomes excessively aggravated within the body. This represents a type of *Medogata Pitta* condition, indicating the predominance of both *Kapha* & *Pitta* in the disease pathology. If oil-based therapies had been administered, the *Snigdha, Ushna,* & *Guru* properties of the oil could have further aggravated the *kleda* state. Therefore *Anuvasana Basti* (oil enema therapy) was not used. Instead *Rukshana Chikitsa* (drying therapy) was incorporated into the treatment protocol.

CONCLUSION

In conclusion, Liver Cirrhosis is a chronic progressive disorder associated with fibrosis, impaired liver function, portal hypertension, ascites, and multiple systematic complications that significantly affect quality of life. In *Ayurveda*, this condition can be correlated with *Yakrit Vikara* & *Yakrit Kshaya*, where *Mandagni*, *Ama* formation, *Dosha dushti*, and *srotorodha* play a major role in the pathogenesis. The present case study highlights the potential role of *Ayurvedic* management in improving the clinical condition of a patient suffering from cirrhosis of liver with ascites.

The treatment protocol focused on correcting *Agni*, pacifying vitiated *Doshas*, improving liver metabolism, and eliminating accumulated toxins through appropriate *Aushadh Dravyas*, *Panchkarma* therapies, Dietary regulation, and lifestyle modifications. Therapies such as *Parisheka*, Liver *Basti*, and *Niruha Basti*, along with hepatoprotective *Ayurvedic* formulations, showed encouraging outcomes in the patient. Strict adherence to *Pathya Ahara*, fluid restriction, *Yogic* practices, and disciplined lifestyle measures also contributed significantly to the overall improvement.

Objective findings demonstrated improvement in Fibro Scan parameters, with reduction in liver stiffness and CAP values, indicating regression in fibrosis & better hepatic functioning. Clinical symptoms such as abdominal distention, constipation, weakness, and itching were also reduced considerably.

This case study suggests that an integrative *Ayurvedic* approach may help in the effective management of liver cirrhosis and associated complications by improving digestion, metabolism and liver function. However larger clinical studies and long-term follow-up are required to establish the therapeutic efficacy and scientific validation of these Ayurvedic interventions in chronic liver diseases.

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