WJPMR, 2026, 12(9), 12-17

Review Article

Impact Factor: 7.533

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

AYURVEDIC UNDERSTANDING OF LIVER CIRRHOSIS: A CONCEPTUAL REVIEW

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DOI: https://doi.org/10.5281/zenodo.22159352

How to cite this Article: Dr. D. Shweta*[1], Dr. Harshni T.[2], Dr. T. Bullaiah[3], Dr. K. Srinivas[4] (2026). Ayurvedic Understanding Of Liver Cirrhosis: A Conceptual Review. World Journal of Pharmaceutical and Medical Research, 12(9), 12–17.

Article Received on 14/07/2026 **Article Revised on 04/08/2026** **Article Published on 01/09/2026**

ABSTRACT

Liver cirrhosis is a chronic progressive disorder characterized by fibrosis, architectural distortion, and gradual loss of hepatic function. In Ayurveda, the liver is described as *Yakrit*, the seat of *Ranjaka Pitta* and an important organ involved in the formation and regulation of *Rakta Dhatu*. The pathological condition of liver cirrhosis can be correlated with conditions such as *Kumbha Kamala*, *Yakritodara*, and *Jalodara* described in classical Ayurvedic texts. The disease originates from *Pitta Dushti* caused by factors like alcohol consumption, improper diet, and untreated hepatic disorders, leading to *Agnimandya* and *Ama* formation. As the disease progresses, involvement of *Vata Dosha* results in fibrosis and tissue degeneration, while *Kapha* predominance in advanced stages leads to ascites and edema. Ayurvedic management emphasizes *Shodhana Chikitsa*, particularly *Virechana Karma*, for eliminating vitiated Pitta and cleansing the *Rakta Vaha Srotas*. Supportive procedures such as *Basti*, *Snehana*, *Swedana*, and *Nitya Virechana* in ascitic conditions play an important role in restoring metabolic balance and preventing disease progression. This review highlights the Ayurvedic understanding of liver cirrhosis and the therapeutic significance in its management.

KEYWORDS: Cirrhosis, Yakrit, Pitta Dusti, Jalodhara, Virechana.

INTRODUCTION

The advanced stage of chronic liver disease known as cirrhosis is marked by the appearance of regenerating nodules and substantial structural damage to the liver as a result of fibrosis. It is the outcome of increasing fibrosis brought on by a number of chronic illnesses, including autoimmune liver disorders, hereditary diseases, alcoholic liver disease, viral hepatitis, and non-alcoholic steatohepatitis (NASH). According to recent research, early cirrhosis may be microscopically reversed with appropriate treatment that targets the underlying illness. However, cirrhosis becomes permanent in later stages and causes a number of consequences that shorten the patient's life. It is possible for cirrhosis to be compensated without obvious consequences or decompensated with the emergence of complications. Hepatocellular insufficiency (such as icterus), the development of hepatocellular carcinoma (HCC), or the effects of portal hypertension (such as ascites, variceal hemorrhage, etc.) are the three main complications of cirrhosis.

Yakrit the Central Metabolic Hub

Yakrit Nirukti

यज् + "शकेरृतिन्।" उणा (Shabda kalpa druma 4/58)

The term "Yakrit" originates from the root 'kr' with the prefix 'ya' and the suffix 'tuk'. This signifies that Yakrit is the organ responsible for regulating all functions.

YAKRIT - POSITION, ORIGIN

अधो दक्षिणतश्चापि हृदयाद यकृतः स्थितिः तत्तु रञ्जकपितस्य स्थानं शोणितजं मतम् ॥[1]

गर्भस्य यकृत्प्लीहानौ शोणितजो .... ॥[2]

- Yakrit is situated beneath the heart in the right side.
- Seat of Ranjaka Pitta
- Originated from Shonita (Rakta)

In the Ayurvedic tradition, the liver is referred to as Yakrit. Acharya Charaka described Yakrit as one among the koshtangas and Acharya Susruta described as one among pratyanga.

It is formed from matruja bhava. The Yakrit and its companion organ, the spleen (Pleeha), are established as

the Raktashaya—the physical abode of Rakta Dhatu (blood tissue). Additionally, they are recognized as the Rakta Vaha Srotas Moola.[3] This classification emphasizes the liver's function in blood production and regulation. Significantly, Ranjaka Pitta, a subtype of Pitta that is in charge of the vital metabolic conversion of Rasa Dhatu into functioning Rakta Dhatu (blood), resides in the Yakrit. The Ranjaka Pitta's fiery component, Ranjaka Agni, mediates this change. As a result, any condition affecting the Yakrit naturally impairs the blood (Rakta Vitiation) or prevents blood tissue from forming properly.

Liver disorders, known broadly as Yakrit Roga, are intrinsically linked to imbalances in the metabolic functions governed by Pitta dosha. Liver cirrhosis, representing a chronic, progressive, and structural derangement of the hepatic tissue, corresponds to several interconnected, severe pathological states described in classical texts. Kumbha Kamala and Yakritodara are the key classical correlates of chronic liver disease, which results in fibrosis and architectural disarray. Kumbha Kamala, which refers to severe and persistent forms of jaundice that result from untreated or ignored Kamala (hepatitis) and develop into chronic condition.

One of the eight forms of Udara Roga(one among astamahagada) i.e., Yakritodara (also known as Yakrutdalyudara) refers to the swelling of the abdomen brought on by liver pathology. The buildup of fluid in the belly (ascites), a serious consequence of decompensated cirrhosis, is categorized separately but treated concurrently with Jalodara.

Nidana and Samprapti

According to Ayurveda, cirrhosis is a complicated, progressive condition involving all three Doshas (Vata, Pitta, and Kapha), starting with metabolic inefficiency and ending with structural deterioration and systemic failure.

Modern aspect[4]	**Ayurvedic correlation**
Etiological Factors : Alcohol, viral hepatitis, NAFLD, toxins, autoimmune disorders	Nidana Sevana : Excess intake of Madya, Viruddha Ahara, Guru-Snigdha Ahara causing Dosha imbalance
Repeated hepatocellular injury	Impaired Jatharagni and Dhatwagni leading to metabolic dysfunction
Inflammatory mediators and toxic metabolites accumulate	Improper digestion produces Ama causing systemic toxicity
Cytokine-mediated hepatic inflammation	Pitta Dushti : Vitiated Pitta affects Yakrit and Rakta
Fat accumulation in hepatocytes	Kapha Dushti: Kapha aggravation causes Srotorodha and Meda accumulation
Cellular damage : hepatocyte injury	Dhatu Kshaya
Collagen deposition by stellate cells	Excess Kapha leads to hardening and fibrotic changes
Formation of regenerative nodules	Yakrit Vikriti

Stages of liver cirrhosis

Stages[5]	**Modern description**	**Ayurvedic correlation**
Stage 1	Compensated cirrhosis without clinically significant portal hypertension	Agnimandya + Early Yakrit Dushti
Stage 2	Compensated cirrhosis with clinically significant portal hypertension	Yakrit Vikriti + Srotorodha
Stage 3	First decompensation	Jalodara / Yakritodara
Stage 4	Further decompensation	Advanced Udara Roga

Initial

Stage: Pitta Predominance (stage 1)

Pitta dosha aggravation is usually the first sign of cirrhosis. The Nidana, such as untreated diseases like hepatitis, spicy, hot, or oily foods, and excessive alcohol use (a known Pitta-aggravating factor). It leads to agnimandhya and formation of Ama. Accumulation of Ama is crucial because it obstructs the Srotas (srotorodha), which further impairs liver function.

Intermediate Stage: Vata Involvement and Fibrosis (stage 2)

Vata dosha has a major role in the pathophysiology as the illness worsens over time. Rukshata (dryness) and Kshaya (tissue depletion or degeneration) are linked to aggravated Vata. The current understanding of liver fibrosis and the ensuing architectural disarrangement of the hepatic parenchyma is directly consistent with Vata predominance. Although the liver is primarily controlled by Pitta according to classicals, structural damage such as hardening and scarring is thought to be a manifestation of Vata. As a result, treating the structural

component of the chronic illness using treatments that is opposite to Ruksha i.e., Snigdha (unctuous)dravya, which are crucial for nourishing liver cells and encouraging regeneration. Ignoring this change in Samprapti (pathogenesis) toward Vata would result in inadequate treatment, which leads to decompensated stage.

Decompensated Stage: Kapha Accumulation and Jalodara (stage 3 & 4)

Severe Kapha symptoms characterize the latter stage, which is indicative of decompensated cirrhosis. The development of Shotha (edema) and Jalodara (ascites or fluid retention) is the primary symptom in this case. Channel obstruction (Sroto Avarodha) is caused by the initial predominance of Pitta and subsequent Vata aggravation, which traps Kapha and Kleda (excessive wetness/fluid) in the abdomen. This evolution highlights the fact that cirrhosis requires comprehensive therapy because it is a systemic involvement of all three Doshas rather than just a Pitta imbalance.

Treatment principles

Shodhana Therapy

Shodhana (purification) therapies, which aim to remove accumulated Doshas(bahudosha).

Mainly virechana karma as it is a pitta and rakta sthanam.

Detailed Panchakarma Methodology for Yakrit Roga

Purva Karma (Preparatory Procedures)

Purva Karma must be used to prepare the body for purgation. Deepana and Pachana (digesting Ama) are part of this phase. Snehapana (internal oleation) and Swedana (sudation or sweating therapy) come next. To release Doshas from the tissues(shaka to koshta) and get them ready for removal through the digestive system, internal oleation is used.

Pradhana Karma (Main Procedure)

During this phase, particular purgative Dravyas (medicines) that are specific to the patient's ailment and Dosha state are administered under strict supervision. Vamana (therapeutic emesis) is indicated for getting rid of excess Kapha and upper gastrointestinal toxins, whereas Virechana treats Pitta. It is also acknowledged that basti (medicated enema) is similarly useful, especially for reducing swelling in the abdomen and balancing the exacerbated Vata dosha. For Udara Roga to be successfully managed, a combination of Virechana (clearing Pitta) and Basti (calming Vata and blockage) is essential.

Paschat Karma (Post-Therapeutic Measures)

After the first process, the expulsion of major Doshas considerably weakens the digestive fire (Agni). Samsarjana Karma, a progressive dietetic protocol, is the required post-treatment routine. Before the patient resumes a regular diet, this procedure starts with mild liquid meals, progressively moves through semi-solid foods, and finally restores the Agni to its full capacity. Consolidating the therapeutic gains and avoiding relapse depend on this cautious reintroduction of food.

Management of Decompensated Cirrhosis: Nitya Virechana for Jalodara

Classical scriptures recommend a specific treatment approach called Nitya Virechana (daily therapeutic purgation) for the severe complication of ascites (Jalodara). The explanation is that excessive Dosha accumulation and blockage of the Srotas cause Udara Roga (abdominal illnesses). Purgation therapy must be given daily in order to successfully remove these constantly building Doshas and cleanse Sroto Avarodha.

Drugs with Tikshna (sharp/potent) qualities that can eliminate the flaws in the liquid elements are needed for this method (Apam Doshaharanyadau). The therapeutic mechanism here is the dual action necessary for Sroto-Shodhana (channel clearance). By continually removing fluid and toxins, Nitya Virechana lowers portal pressure. In addition, Basti is frequently used to treat the underlying Vata imbalance that causes blockage and discomfort in the abdomen.

SHAMANA OUSHADIS: (Treatment modalities according to stage wise)

Stage 1: Ama pacana; Agni dipana; lekhana; kapha pitta samana

It helps to improve agni, digests ama, reduces meda formation, corrects dosha imbalance

Stage 2

- Pitta samana dravyas to reduce inflammation;
- Srotoshodhana to remove obstruction;
- Yakrtuttejaka dravyas to improve liver function;
- Vata hara dravyas and vrana ropana chikitsa to control and heal fibrosis

Following are some of the Yakrit uttejaka dravyas

Liver-supporting herbs predominantly possess Tikta Rasa (bitter taste). This taste is metabolically effective in pacifying both Pitta and Kapha. Their pharmacological actions are characterized by Pitta-pacifying effects (reducing inflammation and oxidative stress), Deepana (stimulating digestion), Lekhana (scraping or anti-fat action), and generalized Hepatoprotective effects.

Dravya	Rasa	Karma	Role in Liver Cirrhosis
Katuki	Tikta	Kapha pitta hara, bhedana, dipana, jwarahara	Suppression of hepatic cell activation[7]; protection against hepatocyte apoptosis[8]
Kiratatikta	Tikta	Kapha pitta hara, jwaraghna, vrana hara	Inhibiton of TGF-beta cascade[9]; Anti oxidant defense and free radical scavenging[10]
Bhumyamalaki	Tikta, Kasaya, Madhura	Pittasra, kaphagna, visaghna, pandughna, swasa kasa	Intervention in hepatic ccell fibrinogenesis & HSC activation[11]; Anti steatotic balance[12]
Kalamegha	Tikta	Kapha pitta hara, dipana, jwaraghna, krimighna, yakrit roga prashasyate	Inhibition of HSC activation; Anti inflammatory[13]
Bhringaraj	Katu	Kapha vata hara, sothaghna, vishaghna, pandhughna, swasa, kasa	Stimulation of hepatocyte regeneration; Inhibiton of HSC activation; normalization of transaminases[14]
Rohitaka	Katu, tikta	Kaphavata hara, pleeha udara yakrit mamsa meda visapaha	Hepatocyte protection; Anti oxidant; Anti steatotic balance[15]
Sharapunka	Tikta , kasaya	Kapha vata hara, yakrit hara, pleehaghna, vishaghna, kasahara	Reduces hepatic fibrosis; prevention of progression(fatty liver to cirrhosis); restoration of liver biomarkers[16]

Stage 3
- Mutrala chikitsa to reduce jalodhara
- Sothahara to reduce edema
- Srotosodhana

Stage 4
- Mutrala chikitsa to reduce severe jalodhara
- Sothahara to reduce edema
- Raktapittahara chikitsa in case of variceal bleeding
- Lekhana in case of plehavridhi
- Mutrala chikitsa for hepatorenal syndrome
- Mada/murcha chikitsa for hepatic encephalopathy
- Brmhana and rasayana in case of dhatu kshaya

DISCUSSION

Ayurveda considers *Yakrit* as a vital metabolic organ closely associated with *Ranjaka Pitta* and *Rakta Dhatu*. Any disturbance in the function of Yakrit leads to impairment in blood formation, metabolism, and detoxification. Liver cirrhosis, though not directly named in classical texts, can be understood through conditions such as *Kumbha Kamala*, *Yakritodara*, and *Jalodara*. These conditions collectively explain the chronic inflammation, fibrosis, portal hypertension, and fluid accumulation observed in cirrhosis.

The disease process begins with *Pitta Prakopa* due to etiological factors such as excessive alcohol intake, spicy and oily foods, chronic hepatitis, and unhealthy lifestyle habits. Aggravated Pitta weakens *Agni*, resulting in *Ama* formation and obstruction of the *Srotas*. This stage corresponds to early hepatic inflammation and metabolic dysfunction.

With chronic progression, *Vata Dosha* becomes predominant. Vata is responsible for degeneration, dryness, and tissue depletion (*Kshaya*). The fibrosis and scarring observed in cirrhosis can be interpreted as manifestations of aggravated Vata. This stage emphasizes the importance of *Snigdha* and nourishing therapies to support hepatic tissue regeneration and prevent further degeneration.

In advanced or decompensated stages, *Kapha Dosha* contributes to fluid retention, edema, and ascites, correlating clinically with *Jalodara*. The obstruction of channels (*Sroto Avarodha*) and accumulation of *Kleda* result in abdominal distension and systemic complications. Hence, cirrhosis is considered a *Tridoshaja Vyadhi* involving all three Doshas.

Among treatment modalities, *Virechana Karma* occupies a central role because it specifically eliminates vitiated Pitta and purifies the *Rakta Vaha Srotas*. Preparatory procedures such as *Deepana-Pachana*, *Snehapana*, and *Swedana* help mobilize Doshas for elimination. *Basti Karma* is particularly beneficial in managing Vata predominance and abdominal distension. In cases of ascites, *Nitya Virechana* is advised to continuously remove accumulated Doshas and relieve obstruction. The systematic use of Panchakarma along with dietary regulation and restorative therapies demonstrates Ayurveda's holistic approach toward managing chronic liver disease. In addition to *Sodhana Chikitsa*, *Samana Ausadhis* play a significant role in the management of liver cirrhosis by pacifying aggravated Doshas, improving liver metabolism, reducing fibrosis, and preventing complications. Drugs possessing *Pittasamaka*, *Raktaprasadana*, *Yakrituttejaka*, *Dipana-Pacana*, and *Rasayana* properties are preferred. In the initial inflammatory stage, medicines that improve *Agni* and digest *Ama* help in preventing further hepatic damage. Herbs like Katuki are considered highly beneficial due to their *Tikta Rasa*, *Pittarechaka*, hepatoprotective, inhibiton of HSC activation and anti steatotic effect.

CONCLUSION

Liver cirrhosis can be effectively interpreted in Ayurveda through the concepts of *Kumbha Kamala*, *Yakritodara*,

and *Jalodara*. The disease involves progressive derangement of *Pitta*, *Vata*, and *Kapha Doshas*, leading to metabolic dysfunction, fibrosis, and fluid accumulation. Ayurvedic management focuses not only on symptomatic relief but also on correcting the underlying *Dosha* imbalance, improving *Agni*, clearing *Ama*, and restoring the integrity of *Srotas*. *Virechana Karma* remains the principal therapeutic intervention due to its specific action on Pitta and Rakta disorders, while *Basti* and supportive Panchakarma therapies help manage chronicity and complications. Thus, Ayurveda offers a comprehensive and holistic framework for understanding and managing liver cirrhosis, with potential benefits in improving quality of life and slowing disease progression.

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