



Case Study

APPROACH OF AYURVEDIC MANAGEMENT TOWARDS RESTORATION OF LIVER HEALTH IN HEPATOMEGALY WITH FATTY LIVER: A CASE STUDY REFERRING TO YAKRIT VRIDDHI

Acharya Manish¹, Gitika Chaudhary^{2*}, Richa³, Upam⁴, Tanu Rani⁵

¹Director and Meditation Guru, ^{2*}Senior Consultant, ³Senior Research officer, ⁴Consultant, ⁵Research Associate, Jeena Sikho Lifecare Limited Clinic, Patiala, Punjab, India.

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ABSTRACT

Liver diseases are among the common causes of morbidity and mortality in India and globally. An Ayurvedic approach to liver disorders has the potential to restore liver health and reduce their prevalence, particularly because many liver conditions are linked to unhealthy lifestyle practices. Ayurveda emphasizes a disciplined and healthy lifestyle and offers numerous herbs and minerals with hepatoprotective properties. This case report presents a 53-year-old male patient diagnosed with hepatomegaly and fatty liver who sought treatment at Jeena Sikho Lifecare Limited Clinic, Patiala, Punjab, India. Hepatomegaly refers to liver enlargement, while fatty liver is characterized by excessive fat accumulation in liver tissue. Both conditions can be correlated with *Yakrit Vriddhi* in Ayurveda. The patient initially presented with symptoms including mild constipation, flatulence, and loss of appetite. He was treated with Ayurvedic formulations along with lifestyle modifications. Following the course of treatment, his symptoms subsided, and follow-up sonographic reports indicated a return to normal liver health.

INTRODUCTION

Fatty liver disease is an accumulation of excessive fat over the liver. It is also termed as hepatic steatosis and steatotic liver disease. It can lead to complications like cirrhosis, carcinoma, oesophageal varices etc. In research regarding management of liver disease, it was found that growth hormone therapy may help in the management. It is mentioned in a systemic review and meta-analysis published in 2024. [1] Hepatomegaly is a condition of enlarged liver due to various factors like fatty liver, hepatic vein thrombosis, infections, jaundice, cancer, metabolic dysfunctions etc. Hepatomegaly is a non-specific medical sign. In Ayurveda, Acharya Madhavkara mentioned about *Yakrit vikara*. In this chapter he explained etiological factors of *Yakrit vikara* and symptoms of *Yakrit vikara* in *Mlan-avastha* of *Yakrit* (unhealthy liver/disturbed liver function) along with symptoms of *Yakrit vriddhi*. [2]

Acharya Shri Bhavmishra also explained about *Yakrit vikara* and their types. He stated *Pleeha aamaya* (spleen disorders), their pathogenesis, etiological factors and symptomatology with types. He said that all these things should be considered same for liver disease only difference is that spleen is to left and liver is on right side. In pathogenic process he mentioned that in liver and spleen diseases there is presence of *Abhivridhi* means increased growth/size of spleen or liver. [3] This condition can include both hepatomegaly and fatty liver. In both conditions there is increase in growth or size of liver. *Yakrit* is one among *Moolsthan* (root place) of *Raktavaha srotas* [4,5] and is a storehouse of *Rakta dhatu* (blood) called as *Raktashaya*. [6] Also it is a place of *Ranjak pitta* which gives normal colour to *Rasa dhatu* i.e. *Ranjakam rasa ranjanat* and this *rasa dhatu* circulates in all over the body to nourish the body organs and tissues. [7] This detailed study is should have to keep in mind while managing the disease by Ayurvedic therapeutics. Ayurvedic medicines for liver diseases works as *Shothhar* (anti-inflammatory), *Shodhan* (detoxification), *Shaman* (pacifying *Doshas*), *Deepan* (appetizer), *Pachan* (digestive) and *Rasayan* (hepato-protective or tonic to liver).

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This article presents a clinically diagnosed case of hepatomegaly with fatty liver in a male patient, as confirmed through sonography. The patient also exhibited prostatomegaly; however, liver dysfunction was the primary health concern. From an Ayurvedic perspective, this condition corresponds to *Yakrit Vriddhi*. A detailed clinical evaluation, Ayurvedic diagnosis, and treatment plan are discussed in the subsequent sections.

This study is especially relevant in today's context, as unhealthy lifestyle practices have become widespread, contributing to the growing prevalence of chronic and life-threatening lifestyle disorders such as CKD, CLD, diabetes, and others.

Case Report

A 53-year-old male patient visited Jeena Sikho Lifecare Limited Clinic, Patiala, Punjab, India on 16th July 2024 with a known history of fatty liver, renal cyst, and grade 1 prostatomegaly for the past 11 months. He presented with the following complaints:

- Flatulence
- Mild constipation
- Loss of appetite

- Painful micturition

After noting the complaints, a complete clinical examination was done, along with personal history taking and necessary investigations to confirm the diagnosis and understand the root cause of the condition.

Personal History

- Medical history: K/C/O fatty liver, grade 1 prostatomegaly, and renal cyst
- Duration: Since 11 months
- Occupation: Private sector employee
- Diet: Non-vegetarian
- Addictions: Regular milk tea intake and a history of smoking

Based on his symptoms and diagnostic reports, the primary concern was identified as hepatomegaly with fatty liver, which aligns with the Ayurvedic condition of *Yakrit Vriddhi*. The treatment plan was prepared accordingly using Ayurvedic medicines and lifestyle recommendations.

Examinations: Both general and Ayurvedic examinations were done.

Table 1: General examination

Parameter	Observation
Height	5'5"
Weight	63.2 kg
BP	120/75 mm of Hg
Pulse	74/min
Nidra	Prakrita
Kshudha	Alpa
Jiwha	Alpa nila shweta varna and Saam
Mutra	Shula yukta and Alpa

Table 2: Dashavidha parikshan

Parameters	Remarks
Prakriti (Physical constitution)	Vata Pitta
Vikriti (pathological constitution)	Kapha
Sara (excellence of tissues)	Prakrita (normal)
Samhanan (body compactness)	Madhyam (average)
Praman (measurements of body parts)	Madhyam (average)
Satmya (homologation)	Madhyam (average)
Sattva (mental constitution)	Prakrita (normal)
Aaharshakti (capacity of ingesting, digesting & assimilating the food)	Madhyam (average)
Vyayamshakti (capacity to exercise)	Prakrita (normal)
Vaya (age)	Vridhdha (old age)

Table 3: Ashtavidha Parikshan

Parameter	Remark
Nadi (Pulse)	Vata Pittaj
Mala (bowel)	Alpa Baddhata
Mutra (urine)	Shula yukta & Alpa
Jivha (tongue)	Alpa nila shweta varna & Saam
Shabda (pronunciation)	Spashta (clear)
Sparsh (touch)	Prakrita
Drika (eyes)	Prakrita
Aakriti (physique)	Madhyam (average)

Investigation

Approximately 11 months ago, the patient underwent an abdominal sonography, which revealed fatty liver with normal liver size and grade 1 prostatomegaly. Despite these findings, he did not pursue any treatment at that time.

When his symptoms reappeared- as described in the case report- he underwent a repeat abdominal ultrasound on 22nd June 2024, which showed progression in the liver condition, now reported as hepatomegaly with fatty liver (liver size enlarged to 15.8cm with increased homogenous echotexture), indicating chronicity. Additionally, this scan revealed bilateral renal cortical echogenicity, multiple small renal cysts, and persistent grade 1 prostatomegaly.

After 24 days of this follow-up report, the patient visited Jeena Sikho Lifecare Limited Clinic seeking *Ayurvedic* treatment. The detailed findings of both sonography reports are mentioned below.

Table 4: Findings of USG abdomen

Date	Impressions
23/08/2023	<ul style="list-style-type: none"> Fatty liver, normal size of liver, increased homogenous echotexture B/L subtle raised cortical echogenicity (L>R) with left renal cyst (Adv. RFT correlation) right 2.9 mm Cystic lesion approx 20mm/14.6 mm in interpolar region. Thick-walled urinary bladder and few low level echoes with mobile debris within – suspicious of UTI and cystitis. Grade 1 prostatomegaly Umbilical hernia
22/06/2024 (24 days prior to treatment)	<ul style="list-style-type: none"> Hepatomegaly with fatty liver: Liver is enlarged in size 15.8cm and shows increased homogenous echotexture Kidney: Right kidney showed few tiny cysts largest measuring 5.4mm at middle pole. Left kidney showed a cystic lesion measuring approx 13.9 by 11.3mm in interpolar region. Subtle raised bilateral echogenicity with small bilateral renal cysts. Grade 1 prostatomegaly: volume 36 cc (4.7 by 3.3 by 4.3cm)

Ayurvedic Management

The treatment included oral *Ayurvedic* medicines along with lifestyle management, which comprised dietary modifications and exercise recommendations. The following formulations were prescribed from day one, with instructions to take all medicines with lukewarm water (*Koshna jala*).

Table 5: Prescribed formulations

Course & date	Formulations & direction of use
Course 1 16/07/2024	<ul style="list-style-type: none"> • Capsule Liv DS: 1 Cap BD after food (<i>Adhobhakta</i> with <i>Koshna jala</i>) • Relivon powder: ½ tsf powder HS (<i>Nishikala</i> with <i>Koshna jala</i>) • <i>Chandraprabha vati</i>: 1 tablet BD before food (<i>Pragbhakta</i> with <i>Koshna jala</i>) • Capsule Stoni: 1 Cap BD before food (<i>Pragbhakta</i> with <i>Koshna jala</i>) • Renal stone removing syrup: 20 ml syrup BD after food (<i>Adhobhakta</i> with <i>saman matra</i> of <i>Koshna jala</i>) • Blood purifier syrup: 20 ml syrup BD after food (<i>Adhobhakta</i> with <i>saman matra</i> of <i>Koshna jala</i>)
Course 2 15/08/2024	Added - <ul style="list-style-type: none"> • <i>Gadood sudharak vati</i>: 1 tablet BD before food (<i>Pragbhakta</i> with <i>Koshna jala</i>) Skipped – <ul style="list-style-type: none"> • <i>Chandraprabha vati</i> and Relivon powder • Rest CT all
Course 3 16/09/2024	Added – <ul style="list-style-type: none"> • <i>Chandraprabha vati</i>: 1 tablet BD before food (<i>Pragbhakta</i> with <i>Koshna jala</i>) • Rest ct all
Course 4 14/10/2024	<ul style="list-style-type: none"> • Relivon powder: ½ tsf powder HS (<i>Nishikala</i> with <i>Koshna jala</i>) • <i>Goksuradi guggulu</i>: 2 tablet BD after food (<i>Adhobhakta</i> with <i>Koshna jala</i>) • Renal stone removing syrup: 20ml syrup BD after food (<i>Adhobhakta</i> with <i>saman matra</i> of <i>Koshna jala</i>) • Stoni cap: 1 Cap BD before food (<i>Pragbhakta</i> with <i>Koshna jala</i>)
Course 5 15/11/2024	<ul style="list-style-type: none"> • <i>Granthi vati</i>: 1 tablet BD after food (<i>Adhobhakta</i> with <i>Koshna jala</i>) • <i>Gadood sudharak vati</i>: 1 tablet BD after food (<i>Adhobhakta</i> with <i>Koshna jala</i>) • Dr. Immune tablet: 1 tablet BD after food (<i>Adhobhakta</i> with <i>Koshna jala</i>) • Renal stone removing syrup: 20 ml syrup BD after food (<i>Adhobhakta</i> with <i>Saman matra</i> of <i>Koshna jala</i>)

Lifestyle recommendation^[13]

DIP diet which stands for discipline and intelligence was suggested to the patient. Also, *Pathya-apathya aahar-vihar* (do's and don'ts diet and activities) mentioned in Ayurveda were prescribed to prevent the pathogenesis.

DIP diet plan: it included following schedule of having food. It also suggested quantity of fruits and salad calculated according to the weight of patient in kilograms.

Table 6: DIP diet schedule

Time	Food
Morning- 7.00 to 8.00 am	Herbal tea
Breakfast- 9.30 to 10.00 am	3-4 types of fruits, quantity approx 650 gm
Salad- Just before lunch and dinner	Beetroot, tomato, radish, carrot, cucumber, quantity approx 325gm.
Lunch- 12.30 to 1.30 pm	Multigrain/ millet diet, as per hunger.
Afternoon snacks- 3.30 pm	Sprouts, dry fruits, herbal tea, coconut water etc.
Dinner- 7.00 to 8 pm	Multi-grain/ millet diet, as per hunger.

Pathya aahar-vihar (do's)

1. Always eat in day time only
2. Regular exercise
3. Early wake up and early sleeping
4. Eat fresh and homemade food
5. Drink alkaline water

Apathya aahar-vihar (don'ts)

1. Avoid day sleeping and night awakening
2. Avoid dairy and bakery products, junk food, fast food
3. Avoid too oily and spicy food
4. Don't control natural urge
5. Avoid too hot or too cold water
6. Don't eat after sunrise

Exercise

1. Do regular exercise which are not heavy
2. 10-12 sun salutations had to do in the morning

3. Take *Vama kukshi* (lay down on left side) after lunch
4. Sit in *Vajrasana* after lunch and dinner
5. Do *Shatpavali* (100 steps walking) after dinner

RESULTS

After the initiation of Ayurvedic treatment, the patient experienced notable improvements in both subjective symptoms and objective diagnostic parameters. The therapeutic approach led to gradual restoration of normal liver function, improvement in overall digestive health, and visible changes in clinical observations such as tongue examination.

Subjective Improvements

All presenting symptoms were resolved by the end of treatment. The patient's appetite, digestion, bowel habits, and urinary discomfort improved significantly. Details are presented in Table 7.

Table 7: Symptomatic outcome

Symptoms	Before treatment	After treatment
Appetite	Reduced	Normalized; meals taken on time
Digestion	Flatulence	No flatulence; digestion improved
Bowel	Mild constipation	Normalized; regular and clear stools
Urine	Painful & reduced	Painless micturition; quantity normalized

Tongue Examination (Clinical Observation)

The patient's tongue color and coating were monitored as external indicators of internal health, especially related to *Rakta Dhatu* and *Ama*. Initially, the tongue appeared white-bluish and coated (*Saam Jivha*), which progressively cleared and turned pinkish (*Niram Jivha*)- indicating improved digestion and detoxification.

Table 8: Tongue examination

Date	Observation
16/07/2024	White bluish (<i>Saam Jivha</i>)
15/08/2024	White pink
15/09/2024	White pink
14/10/2024	White pink
15/11/2024	White pink
15/12/2024	Pinkish (<i>Niram Jivha</i>)

This progression reflects improvement in *Raktavaha Srotas* and digestive fire (*Agni*), as well as reduction in internal toxins (*Ama*).

Objective Improvements – USG Reports

Ultrasound abdomen findings before and after treatment demonstrated substantial improvement in hepatic and renal parameters, while prostate size showed minor reduction but notable symptomatic relief.

Table 9: USG abdomen before and after treatment

Date	Impressions
22/06/2024 (24 days prior to start treatment)	<ul style="list-style-type: none"> Hepatomegaly with fatty liver: Liver is enlarged in size 15.8cm and shows increased homogenous echotexture Kidney: right kidney showed few tiny cysts largest measuring 5.4mm at middle pole. Left kidney has a cystic lesion measuring approx 13.9/11.3mm in interpolar region. Subtle raised bilateral echogenicity with small bilateral renal cysts. Grade 1 prostatomegaly: volume 36 cc (size - 4.7 by 3.3 by 4.3 cm)
16/07/2024	1 st Visit to Clinic for <i>ayurvedic</i> treatment
14/10/2024 (After 3 months of treatment)	<ul style="list-style-type: none"> Liver: normal size with no any abnormality B/L renal cyst (L > R) Mildly thick-walled urinary bladder Grade-1 prostatomegaly: 35 cc (3.7/ 4.4/4cm)
15/11/2024 (After 4 months of treatment)	<ul style="list-style-type: none"> Bilateral kidney – no evidence of any mass/lesions or calculi seen UB wall thickness appears normal Prostatomegaly grade-1: volume 30cc

Interpretation of Outcomes

- Liver health was restored within 3 months, as confirmed by normalized USG findings and absence of symptoms.
- Renal cysts and bladder wall abnormalities showed positive improvement and returned to near-normal by the 4th month.
- Prostatomegaly, though still at Grade 1, showed a volume reduction of 6 cc (from 36 cc to 30 cc), and the patient reported relief from urinary symptoms like painful and reduced micturition.
- Since the prostate issue was secondary in nature, the primary treatment focus was on liver health, which was successfully achieved.

DISCUSSION

Liver performs a wide range of vital physiological functions in the body including digestion and metabolism. Hence any pathogenic change in liver causes dysfunction in the associated physiology of liver. It may affect digestion, blood sugar levels, metabolism, immunity etc.^[8] Diagnosis of liver diseases should be done by manifestation of symptoms. Nowadays, by performing imaging tests and running liver function tests is also a great and fastest tool to diagnose the liver disease. *Yakrit* is a *Sanskrit* terminology for liver. There are so many references of *Yakrit* in Ayurveda. According to *Acharya Sushruta* *Yakrit* is made by *Rakta dhatu* (blood) in embryonic stage of fetus.^[9] In *Bruhatrayis* there is no any reference of specific chapter named by *Yakrit vikara*. But diseases like *Pandu* (anaemia), *kamala* (jaundice), *Yakritodar*/ *Yakrit-dalyodar* causes due to *Yakrit dushti*. Further, diseases of *Rakta dhatu* (blood) also can be affected by *Yakrit dushti*. Because *Yakrit* is

storage of *Rakta dhatu* and *Moolsthan* of *Raktavaha srotas*. *Acharya charaka* mentioned the *Pleehodara* a type of *Udara vyadhi*. In this chapter he said that, *Yakritodar* has also the same etiological factors, symptoms and all should be considered as like *Pleehodar*. Since both are same except position.^[10] Same thing is said by *Acharya Bhavmishra* which is explained earlier in the introduction. *Acharya Madhavkara* mentioned the seriousness of liver disease in below *Shloka* and said that liver can cause different diseases and these diseases are *Dukhada niyatm* (troublesome/serious in nature).

Shloka no. 1

“तत्र तु विविधा रोगा जायेरन् भूरिदुःखदा नियतम्॥१॥”

- *Madhavnidana volume 2*

This case is of *Vyadhi sankar* type. Means there are many diseases in a patient.

Etiological factors

- Smoking is can be a major cause of this diagnosis. Smoking can increase the risk of liver diseases like non-alcoholic liver syndrome and cirrhosis. Smoking creates toxins in the body and it leads to increased work load of liver because liver has a key role in detoxification. Due to its toxicity liver cells exposed to free radicals and get damaged causing a liver disease.
- His food habit was non-vegetarian (*Mansahar*). *Mansahar* is a *Guru* (heavy to digest) and *Ushna* (hot potency) type of *Aahar*. *Acharya* said that *Ati ushna* and *Guru annapana* can lead to *Yakrit vikara*. *Acharya Bhavmishra* also said that *Vidahi* (hot potency or which causes burning in the abdomen),

and *Abhishyandi aahar* (heavy to digest food) is a *Hetu* of liver disease.

3. He had addiction of milk tea. Milk tea contains large amounts of tannins and it is a toxin in itself. Increased toxins in the body elevate the hepatic load of detoxification. So, it damages the liver tissues.
4. Bakery products: He was eating bakery products like toast, donuts, bread etc. with milk tea. These products are made by fermentation. Fermented foods are hot in potency and heavy to digest. And in *Hetu* of *Yakrit vikar ushna* and *Guru anna* is mentioned.

Shloka no. 2: निदान

मद्यातिपानात् अथ वेगरोधात् अत्युष्णगुर्वन्ननिषेवणात् च।
स्वापाहिवा जागरतो अथ रात्रावतिव्यवायादभिघाततो वा॥२॥
गुरुन् पदार्थान् वहतां नराणां सदैव मार्गक्रमणे रतानाम्।
तथा अपरैर्घोरतरैश्च कर्मभिर्भवन्ति नूनं यक्रुदुत्थिता गदाः॥३॥

- *Madhavnidana volume 2*

Symptomatic study

1. Mild constipation is mentioned as *Shakrut apravrutti* in *Mlan-avastha* of *Yakrit* and *Tanu baddhapurishtha* in *Yakrit vridhhi lakshan*.
2. Flatulence is mentioned as *Aadhman* in *Mlan-avastha*
3. Loss of appetite is noted as *Mandam* means *Agnimandya*.
4. Painful and decreased urination is due to prostatomegaly grade 1 and bilateral renal cysts.

Examinations clues as *Yakrit vikara*

1. Tongue showed bluish white colour on 1st day. It is because there is presence of *Panduta* in *Mlan-avastha* and *Vaivarnya* in *Yakrit vridhhi* means anemic condition. This condition happens in liver diseases because liver is a storehouse of blood and regulates the production, destruction and differentiation of blood cells. Other observation of

tongue was it had white coating of *Samata* and it is stated as *Rasana malady* in *Mlan-avastha*. Means tongue has coated with dirt.

Below *shloka* no 3 and 4 mentioned the same symptoms as present in this case which are explained above.

Shloka no 3: म्लानावस्थायां यकृतो लक्षणम् (abnormal liver function symptoms)

म्लाने यकृतः अथ भवेत् शकृत् अप्रवृत्तिः पित्ताल्पता अपि अतितृषा आविलमुत्रता चा
देहस्य कर्दमसमप्रभता अथ पाण्डुता आध्मान साद वमनानि आलस्य मान्दम्।
प्रातश्च तिक्तमुखता रसना मलादय उद्गारो भृशं कठिनता धमनीगता स्यात्।

- *Madhavnidana volume 2*

Shloka no 4: वृद्धिदशायां यकृतो लक्षणम् (enlarged or fatty liver symptoms)

वृद्धिं गते यकृति च उरुरुजा अपि उरोअस्थिन् स्कन्धे अधिदक्षिणमथापि च
दक्षसक्थिन्।

जायेत् जाड्यमपि दक्षिणबाहुमध्ये वैवर्ण्यम् अपि अधिशकृत् कसनं ज्वरश्च॥६॥

तिक्तास्यता अपि अरति लोहितमुत्रते वा हानिर्बलस्य तनु बद्धपुरीषता अपि।

- *Madhavnidana volume 2*

Diagnosis: Thus, after studying case in detail by both modern and Ayurvedic perspective it is diagnosed as a case of hepatomegaly with fatty liver disease w.s.r. to *Yakrit vridhhi*. Other than this, it is a case of *Sankar vyadhi*. *Sankar vyadhi* is a term given to that condition when 2 or more different diseases found in a patient.^[11]

Ayurvedic Intervention

Approach of Ayurvedic treatment towards any disease first included *Nidan parivarjan*.^[12] *Acharya Sushruta* mentioned about *Nidan parivarjan* (avoidance of etiological factors responsible for disease) that it is the first step to prevent the disease from further pathogenesis (*Samprapti*) and after completion of treatment it will be helpful to prevent re-occurrence of the disease. Table no. 10 mentioned the factors which were told to avoid in this case.

Table 10: *Nidan-parivarjan*

<i>Yakrit roga hetu</i>	Avoid them
<i>Madyatipan</i>	Over alcohol consumption
<i>Vegarodha</i>	To control natural urge like urine and bowel
<i>Atyushna anna</i>	Over intake of hot food. Means food of both hot potency and hot to mouth. Ex. spices, jaggery, non-veg, papaya etc.
<i>Ati Guruanna</i>	Foods which are heavy to digest
<i>Swapa diva</i>	Day sleeping
<i>Jagarato ratrav</i>	Night awakening
<i>Guru padarthan vahatam naranam</i>	Lifting heavy weights can injure to liver. It also means that don't do heavy exercise.

Since *Agnimandya* is the prime etiological factor of all diseases, at first focus of the treatment should be on *Agnimandya*. Then medicines of *Deepan* (appetizer), *Pachana* (aids in digestion), *Shoth-har* (anti-inflammatory) and *Rasayan* (liver tonic) property were suggested to him. There was *Vikriti* of *Kapha dosha* in patient and *Acharya*

Bhavamishra said that in liver diseases vitiation of *Kapha*, *Pitta* and *Rakta Dhatu* occurs. So, the treatment was based on pacification of these factors.

Table 11: Formulations and their composition

Relivon powder
Swarna patri (<i>Cassia angustifolia</i>), Mishreya (<i>Foeniculum vulgare</i>), Saindhav (rock salt), Shunthi (<i>Zingiber officinale</i>), Haritaki (<i>Terminalia chebula</i>), Erand taila (castor oil),
Cap. Liv DS
Bhumyamalki (<i>Phyllanthus niruri</i>), Kasmard (<i>Cassia occidentalis</i>), Hinsra (<i>Capparis sepiaria</i>), Punarnava (<i>Boerhavia diffusa</i>), Guduchi (<i>Tinospora cordifolia</i>), Kakmachi (<i>Solanum nigrum</i>), Arjun (<i>Terminalia arjuna</i>), Zabuk (<i>Tamarix gallica</i>), Vidang (<i>Embelia ribes</i>), Chitrak (<i>Plumbago zeylanica</i>), Kutaki (<i>Picrorhiza kurroo</i>), Haritaki (<i>Terminalia chebula</i>), Bhringraj (<i>Eclipta prostrate</i>)
Chandraprabha vati
Components: Karpoor (<i>Cinnamomum camphora</i>), Vacha (<i>Acorus calamus</i>), Musta (<i>Cyperus rotundus</i>), Guduchi (<i>Tinospora cordifolia</i>), Haridra (<i>Curcuma longa</i>), Davdaru (<i>Cedrus deodara</i>), Ativisha (<i>Aconitum heterophyllum</i>), Daruharidra (<i>Berberis aristata</i>), Shunthi (<i>Zingiber officinalis</i>), Makshika bhasma, Maricha (<i>Piper nigrum</i>), Bid lavana, Saindhava, Guggulu (<i>Commiphora mukul</i>), Yavakshara, Aamalki (<i>Emblica officinalis</i>), Haritali (<i>Terminalia chebula</i>), Bibhitaki (<i>Terminalia bellerica</i>), Pippali (<i>Piper longum</i>), Loha bhasma, Sukshma ela (<i>Elletaria cardamomum</i>)
Stoni capsule
Components: Pashanbheda, Gokshur (<i>Tribulus terrestris</i>), Kulattha, Pather bar, Bruhat Ela (black cardamom), Yavkshar, Akshar, Sheelajit (<i>Asphaltum</i>), Hajral yahood bhasma
Blood purifier
Components: Khadir (<i>Acacia catechu</i>), Bakuchi (<i>Psoralea corylifolia</i>), Devdaru (<i>Cidrus deodara</i>), Haridra (<i>Curcuma longa</i>), Darvi (<i>Berberis aristata</i>), Triphala (<i>Terminalia chebula</i> , <i>Terminalia bellirica</i> , <i>Emblica officinalis</i>), Manjistha (<i>Rubia cordifolia</i>), Sariva (<i>Hemidesmus indicus</i>), Amragandhi haridra (<i>Curcuma amada</i>), Kutaki (<i>Picrorhiza kurroa</i>), Kirattikta (<i>Swertia chirayta</i>), Dhamasa (<i>Fagonia indica</i>)
Gokshuradi guggulu
Components: Gokshur (<i>Tribulus terrestris</i>), Shunthi (<i>Zingiber officinalis</i>), Marich (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Aamalki (<i>Emblica officinalis</i>), Bibhitaki (<i>Terminalia bellerica</i>), Haritaki (<i>Terminalia chebula</i>), Musta (<i>Cyperus rotundus</i>), Guggulu (<i>Commiphora mukul</i>)
Renal stone removing syrup
Components: Bhumyamalki (<i>Phyllanthus niruri</i>), Gokshur (<i>Tribulus terrestris</i>), Haritaki (<i>Terminalia chebula</i>), Kulattha (<i>Macrotyloma uniflorum</i>), Makoya (<i>Solanum nigrum</i>), Pashanbheda (<i>Bergeniania lingulata</i>), Punrnav (Boerhavia diffusa), Saindhava, Varuna (<i>Crataeva nurvala</i>), Guduchi (<i>Tinospora cordifolia</i>), Yavkshara, Mooli kshara, Kalmi sora, Amalki (<i>Emblica officinalis</i>), Sheelajit (<i>Asphaltum</i>), Sariva (<i>Hemidesmus indicus</i>), Plaksha (<i>Ficus virens</i>), Shigru (<i>Moringa olifera</i>), Haridra (<i>Curcuma longa</i>), Shweta parpati
Granthi har vati
Components: Kanchnara (<i>Bauania variegata</i>), Guggulu (<i>Comiphora mukul</i>), Amalki (<i>Emblica officinalis</i>), Bibhitaki (<i>Terminalia bellerica</i>), Haritaki (<i>Terminalia chebula</i>), Pipplai (<i>Piper longum</i>), Maricha (<i>Piper nigrum</i>), Shunthi (<i>Zingiber officinalis</i>), Varun (<i>Crateva nurvala</i>), Dalchini (<i>Cinnomum zeylanicum</i>)
Gadood sudharak vati
Components: Varuna (<i>Crateva nurvala</i>), Gokshur (<i>Tribulus terrestris</i>), Guggulu (<i>Commiphora mukul</i>)
Dr. Immune tablet
Components: Kesar (<i>Crocus sativus</i>), Kuchala (<i>Strychnos nux vomica</i>), Ashwgandha extract (<i>Withania somnifera</i>), Shatavari extract (<i>Asparagus racemosus</i>), Pippali (<i>Piper longum</i>), Shunthi (<i>Zingiber officinalis</i>), Laghu ela (<i>Elletaria cardamomum</i>), Tulsi (<i>Ocimum sanctum</i>), Haridra (<i>Curcuma longa</i>), Lavang (<i>Zeylanicum aromaticum</i>), Loha bhasma, Swarna makshik bhasma, Shukti bhasma, Mukta bhasma

Table 12

Formulations	Key role in this case
Relivon powder	Constipation, indigestion, remove undigested metabolic waste
Capsule LIV DS	Liver disease, loss of appetite
<i>Chandraprabha vati</i>	<i>Tridoshahar</i> , <i>Mutrkruchra sashula</i> (low urine and pain), <i>granthi</i> (growth – BPH), <i>Mandagni</i> (appetizer)
Stoni capsule	Diuretics, kidney stone
Renal stone removing syrup	Diuretic, relief from urinary discomfort
Blood purifier	Detoxification of blood
<i>Granthi har vati</i>	Enlargement, excessive growth, BPH
<i>Gokshuradi guggulu</i>	Urinary disorders, anti-inflammatory
<i>Gadood sudharak vati</i>	Prostatomegaly
Dr. Immune tablet	Immunity booster in liver disorders

Role of Lifestyle management mentioned in case report of Ayurvedic management

The DIP diet has been proven effective in the reversal of lifestyle disorders such as diabetes, chronic kidney disease (CKD), chronic liver disease (CLD), and others. Its effectiveness may vary depending on the chronicity of the disease and the individual condition of the patient, and it has shown positive outcomes both with and without medication^[13]. This diet primarily consists of plant-based foods consumed in a disciplined manner with proper meal timing. Such dietary practices promote the natural healing of liver tissues. In addition, the *Pathya-apathya aahar-vihar* (wholesome and unwholesome diet and lifestyle) prescribed earlier played a significant role in halting further pathogenesis of liver disease.

Incorporation of regular exercise supported natural detoxification by eliminating toxins through sweating. However, the exercises recommended were mild to moderate, as heavy workouts are not suitable for such patients.

Thus, to prevent recurrence and ensure long-term disease remission, proper lifestyle management-including diet, daily routine, and mental discipline is essential.

Further Scope of Study

Looking at today's lifestyle and stressful life, successful and authentic treatment of liver diseases is very much needed. Seeing this increasing rate of liver disorders and lack of knowledge about the importance of healthy lifestyle, more data collection is needed. Health research is crucial because it provides the scientific foundation for understanding, preventing and treating diseases, ultimately improving the overall health and well-being of populations by identifying risk factors, developing effective treatments and optimizing health care delivery. Essentially it leads to

better healthcare practices and advancements in medical knowledge.

CONCLUSION

The outcome of this case study highlights that Ayurvedic treatment, when integrated with appropriate lifestyle modifications, can significantly and effectively reverse liver disorders within a relatively short duration- without any side effects. The inclusion of *Pathya-apathya* (dietary and behavioral recommendations), the DIP diet, and moderate physical activity played a crucial role in accelerating natural healing and preventing recurrence. This preventive aspect is referred to in Ayurveda as "*Apunarbhava Chikitsa*"- treatment that ensures non-recurrence of disease.

Subjectively, the patient reported complete relief from symptoms such as flatulence, constipation, loss of appetite, and painful micturition. Objectively, tongue examination over time revealed a transition from *Saam Jivha* (white-bluish coating) to *Niram* (healthy pink tongue), indicating improved digestion and restored *Rakta dhatu*. USG abdomen findings confirmed significant improvement- normalization of liver size and echotexture within 3 months, and gradual reversal of renal and urinary bladder abnormalities by the 4th month.

This case also draws attention to commonly overlooked symptoms like flatulence and mild constipation, which may not always be benign. These can sometimes be early indicators of underlying liver pathology, stressing the importance of detailed patient history and proper diagnosis.

The Ayurvedic formulations prescribed in this case were hepatoprotective and immunomodulatory, contributing not only to organ-specific recovery but also to the overall wellness of the patient. This case underscores the relevance and efficacy of Ayurveda as

a holistic approach in managing and reversing lifestyle-induced hepatic disorders.

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*Address for correspondence

Dr. Gitika Chaudhary

Senior Consultant, General Surgeon
Jeena Sikho Lifecare Limited
Patiala, Punjab.

Email:

shuddhi.research@jeenasikho.co.in

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