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Case Study

A COMPREHENSIVE AYURVEDIC APPROACH TO MULTISYSTEM DISEASE

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ABSTRACT

Chronic liver disease is a progressive condition that may result from multiple etiologies including alcohol abuse, recurrent jaundice and metabolic disorders. Management is challenging in patients with multiple co-morbidities. Decompensated liver disease also knows as de-compensated cirrhosis when the liver damaged can no longer compensate for its impaired functions. This stage signifies a severe decline in liver functions and can be life threatening if not addressed often requires liver transplant. As a complication it leads to serious complications like hepatorenal syndrome. Conventional medicine primarily focuses on disease specific pharmacological control there by limiting the scope for holistic recovery. This case repost presents a 55yr old male parent with a complex history of decompensated liver disease chronic kidney disease, type 2 diabetes mellites, hypertension and cardio vascular disease, cerebro vascular accident. An integrated approach using classical Ayurvedic management and panchakarma procedures was adopted over 12 months of outpatient treatment, the patient showed marked improvement is liver function, glycemic control, renal markers and blood pressure regulations without hospitalization. This case highlights the potentials of Ayurvedic intervention is Chronic multi system condition where standard treatment plateau. In Ayurveda, CKD can be correlated with various forms of *Mootraghata*, a *Tridoshaja* condition where urine formation is impaired due to intrinsic and extrinsic factors such as suppression of natural urges, intake of *Ruksha Padartha, Tikshna Aushadha*, and obesity-related *Medovaha Srotodushti*. The pathology primarily involves *Vata Prakopa* in the Basti region. Considering the similarity in symptoms, Ayurvedic management of CKD emphasizes *Sthoulyahara* (anti-obesity), *Mootrala*, and *Mootraghatahara* approaches along with *Shotha Vyadhi Chikitsa*. This case study illustrates a safe and effective Ayurvedic alternative for CKD management.

INTRODUCTION

Chronic multisystem disorders such as Decompensated liver disease. chronic kidney disease. type 2 Diabetes mellites and hypertension represent a growing global health burden. These conditions often co-exist, interact pathologically and complicate the prognosis and therapeutic strategy.

Decompensated liver disease also knows as De-Compensated cirrhosis when the liver damaged can no longer compensate for its impaired functions.

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This stage signifies a severe decline in liver functions and can be life threatening if not addressed often requires liver transplant. As a complication it leads to serious complications like hepatorenal syndrome. Chronic and excessive alcohol ingestion is a major cause of liver disease and is responsible for nearly 50% of the mortality from all cirrhosis.

Alcohol is the world's third largest risk factor for disease burden. The harmful use of alcohol results in about 3.5 million deaths worldwide each year. Most of the mortality attributed to alcohol is secondary to cirrhosis. Mortality from cirrhosis is directly related to alcohol consumption. The threshold for developing alcoholic liver disease is higher in men (>14 drinks per week), while women are at increased risk for liver injury by consuming >7 drinks per week.

The pathogenesis of alcoholic liver injury is unclear. The present conceptual foundation is that alcohol acts as a direct hepatotoxin and that malnutrition does not have a major role. Ingestion of alcohol initiates an inflammatory cascade by its metabolism, resulting in a variety of metabolic responses. Steatosis from lipogenesis, fatty acid synthesis, and depression of fatty acid oxidation appears secondary to effects on sterol regulatory transcription factor and peroxisome proliferator-activated receptor a (PPAR-a). Intestinal-derived endotoxin initiates a pathogenic process through toll-like receptor 4 and tumor necrosis factor a (TNF-a) that facilitates hepatocyte apoptosis and necrosis. The cell injury and endotoxin release initiated by ethanol and its metabolites also activate innate and adaptive immunity pathways releasing proinflammatory cytokines (eg, TNF-a), chemokines, and proliferation of T and B cells. The effect of chronic ethanol ingestion on intestinal permeability influences liposaccharide hepatic influx as well as microbiome dysbiosis, further contributing to the pathogenic process. The production of toxic protein-aldehyde adducts, generation of reducing equivalents, and oxidative stress also play a role. Hepatocyte injury and impaired regeneration following chronic alcohol ingestion are ultimately associated with stellate cell activation and collagen production; key events in fibrogenesis. The resulting fibrosis from continuing alcohol use determines the architectural derangement of the liver and associated pathophysiology[1].

Conventional medicine primarily focuses on disease specific pharmacological control there by limiting the scope for holistic recovery. Ayurveda, ancient Indian system of medicine emphases personalized root cause-based treatment through the integration of diet, lifestyle, herbal formulation and detoxification procedure such as *Panchakarma*. This case presents a unique clinical Scenarios where an individual with advanced Liver disease, chronic renal impairment, uncontrolled diabetes, hypertension, CVA demonstrated sustained improvement through individualized Ayurveda treatment along with *Panchakarma.*

Case presentation

Chief complaints

The patient of 55yrs old a known case of chronic liver disease, chronic kidney disease, cardio vascular disease cerebro vascular accident and Trigeminal neuralgia presented with complaints of reduced strength in left half of the body, pain in the left half of face and blisters in the scalp region. He also reported of swelling in Bilateral lower limbs with pedal edema.

Associated complaints

- Burning sensation in throat, hiccups and dryness of mouth.
- itching all over the body
- anemia Hp 11.8 (normocytic, normochromic)
- Reduced sleep
- Dyspnea
- Puffiness of the face

Past medical history

k/c/o - Type 2 Diabetes Mellitus

-Hypertension

-chronic kidney disease

-Decompensated liver disease

History of present illness

A 55-year-old male with a known history of Type 2 Diabetes Mellitus and Hypertension was clinically asymptomatic until 2017, when he developed jaundice. He sought treatment through local Ayurvedic remedies and reported partial symptomatic relief. Approximately four years later, the patient experienced a marked elevation in blood glucose levels, which led to hepatic dysfunction consistent with hepatorenal syndrome. He underwent a year-long course of medical management and showed gradual clinical improvement.

One year following this recovery, the patient developed new-onset neurological deficits, including progressive weakness in the left upper and lower extremities, along with pain localized to the left side of the face. These symptoms prompted hospitalization, where he received inpatient treatment for a period of two months. During this time, he also reported the onset of bilateral lower limb swelling suggestive of pedal edema, along with generalized pruritus affecting the entire body.

The combination of progressive neurological impairment, chronic liver disease (CLD), chronic kidney disease (CKD), peripheral edema, and intolerable pruritus prompted the patient to seek further evaluation and comprehensive management at our hospital.

Family history: Nothing significant

Personal history

Diet: Mixed

Bowel: Constipated

Appetite: Reduced

Habits: Alcohol, day sleep

Table 1: *Astana pareeksha*

Nadi	*84b/m*
Mutra	*Vikrutha*
Mala	*Bhaddha*
Jihwa	*Lipta*
Shabda	*Prakrutha*
Sparsh	*Vikrutha*
Drik	*Vikrutha*
Akrti	*Sthoola*

Dashavidha pareeksha

1. *Prakriti: Kaphapitta*
2. *Vikriti: Pitta pradhana tridosha*
3. *Sara: Avara*
4. *Samhanana: Avara Satva: Avara*
5. *Satwa: Madhyama*
6. *Satmya: Sarva rasa satmya*
7. *Aahara Shakti: Avara*
8. *Vyayama Shakti: Avara*
9. *Pramahana* – height -5.8 ft, wt: 70kgs
10. *Vaya*- 55 years

Systemic examination

- Respiratory system: NVBS heard, no added sounds.
- Cardiovascular system: - S1, S2 heard, no abnormality detected.
- Gastrointestinal system: abdomen distended.
- CNS: - HMF- Intact, patient is conscious and well oriented with time, place or person.

Speech: Normal
Memory: Intact
Handedness: Right handedness.

Sensory system

Touch: Intact
Pain: Intact
Temperature: Intact
one-point discrimination: Intact
Two-point discrimination: Intact
Joint proprioception: intact
Gait: Patient was wheelchair dependent.

Motor system examination

Muscle power	UL	5/5	4/5
	LL	4/5	4/5
Muscle bulk	UL	-N-	-N-
	LL	-N-	-N-
Muscle tone	UL	-N-	-N-
	LL	-N-	-N-

Deep tendon reflexes

Reflexes	R	L
Biceps	++	++
Triceps	++	++
Supinator	++	++
knee	++	++
Ankle	++	++
Plantar	Flexor	extensor

Investigations

CT Brain: Subacute chronic infarct in right periventricular white matter and basal ganglia.
2D Echo: Showed Mild concentric LVH, normal LV function, LVEF 55%.
USG abdomen pelvis: Normal kidney. Reduced bladder capacity with PVR of 14ml.

Allopathy Medicines

1. Inj. Insguen 50/50 units 26-26-10 units	2. Tab. Mondeslor10/5mg 0-0-1
3. Tab. Glychek 80mg 1-1-0	4. Tab. Strocit 500Mg 1-0-1
5. Tab. Clopilet-A75/75 0-1-0	6. Tab. Atorva 40mg 0-0-1
7. Cap. Tamlocept 0.4mg 0-0-1	8. Tab. Ondero 5mg 0-0-1
9. Tab. Cardivas 3.125mg 1-0-1	10. Tab. Losar 25 mg 1-0-1
11. Tab. Febutaz 40mg 0-0-1	12. Tab. Clonidine 1oomg 1-0-1
13. Tab. Gabawin 50mg 0-0-1	14. Syp. Lacthihep plus 0-0-20ml
15. Tab. Mira (25/5) 1-0-0	16. Tab. Pregabid 50 mg 0-0-1

Table 5: *Samprapthi ghataka*

Dosha: Kaphapittapitta Pradhana Tridoshas	*Dushya: Rasa, Raktha, Mamsa, Medha, Majja*
Agni: Jataragni	*Agnidusthi: Jataragnijanya* and *Dhathwagnijanya*
Srothas: Rasa, Raktha, Mamsa Medha, Majja	*Srothodusti: Sanga, Vimargagamana*
Udhbava Sthana: Amashaya	*Sanchara Sthana: Sarvashareera*
Vyaktha Sthana: Amashaya, Pakwashaya, Sarvashareera	*Adhstana: Amashaya*
Rogamarga: Abhyanthara	*Sadhyaasadhyatha: Yapya*

Table 6: Treatment protocol from Feb 2024 to Jan 2025

S.no	***Oushadhi yoga***	**Dose**	***Oushadha sevana kala***	***Anupana***	**Duration**
1	*Punarnava mandoora*	1-1-1	After food	Warm water	*Avasthanusara*
2	*Aroghyavardini vati*	1-0-1	After food	Warm water	*Avasthanusara*
3	*Chandraprabha vati*	1-1-1	After food	Warm water	*Avasthanusara*
4	*Mahatikthaka gritha*	10ml-0-10ml	After food	Warm water	*Avasthanusara*
5	*Nishamalaki choorna*	3gm-0-3gm	After food	Warm water	*Avasthanusara*
6	*Patolakaturohinyadhadhi kashaya*	10ml-0-10ml	After food	Warm water	*Avasthanusara*
7	*Ashwagandha choorna*	5gm-0-5gm	After food	Warm water	*Avasthanusara*
8	*Ekangaveera rasa*	1-0-1	After food	Warm water	*Avasthanusara*
9	*Amrutha satva, Yasti Choorna, Harithaki Choorna*	5gm-0-5gm	After food	Warm water	*Avasthanusara*

Table 7: *Bahya chikithsa* from Feb 2024 to Jan 2025

S.no	***Yogas***	***Bahya chikithsa***	**Duration**
1	*Dhanwantaram taila*	*Abhyanga*	1 month
2	*Yastimadhu taila*	*Abhyanga*	1 month
3	*Amalaka choorna*	*Talam*	7 days
4	*Balaguduchyadhi taila*	*Picchu*	15 days
5	*Bhringaraja taila*	*Shiroabhyanga*	1 month

MELD score diagnostic tool for advanced liver disease.

MELD score 3 months mortality risk.

<9 1.9%

10-19 6.0%

20-29 19.6%

30-39 52,6%

>40 71.3%

Subjective assessment before and after treatment

Assessment	Before treatment	After treatment
Reduced strength in lower limb	3/5	5/5
Trigeminal neuralgia	+	-_
Blisters on scalp	+	-
Generalized pruritis	+	-
Insomnia	+	-
MELD SCORE	20-29	30-39
Burning sensation in throat, hiccups and dryness of mouth	+	-
Dyspnea	+	-
Puffiness of face	+	-

According to MELD score the patient had score between 20-29 before treatment.
After treatment it showed 30-40.

Observations before and after treatment

	25/9/24	19/2/25
Blood urea	97mg/dl	61mg/dl
Blood urea nitrogen	45mg/dl	29mg/dl
sodium	133meq/l	134meq
Random sugar	352mg/dl	359 mg/dl
Alkaline phosphate	18/u/L	13/u/L
Potassium	4.9	4.7
Hb	11.1	10.8
Serum creatinine	3.40mg/dl	2.20mg/dl
Urine albumin	Present+++	Present+
Urine pus cells	6-8	traces
Urine sugar	Cast granular	Traces
Bacteria	Present+++	Present+

DISCUSSION

A patient diagnosed with Decompensated Liver Disease- a condition marked by a severe decline in hepatic function leading to serious systemic complications such as Hepatorenal Syndrome- presented with multiple associated complaints. Following the administration of Ayurvedic management, the patient exhibited remarkable clinical improvement within a short span of time. Within 15 days of treatment, there was a noticeable enhancement in muscle strength and complete relief from trigeminal neuralgia. The scalp blisters showed complete resolution over the course of one month. Progressive recovery was observed in the patient's overall condition, and notably, the patient regained the ability to walk independently within six months. Both subjective (symptomatic relief, improved quality of life) and objective (clinical and functional parameters) assessments revealed significant improvement, highlighting the potential of Ayurvedic intervention in restoring systemic balance and supporting hepatic recovery in decompensated liver disease.

Ayurveda, ancient Indian system of medicine emphases personalized root cause-based treatment through the integration of diet, lifestyle, herbal formulation and detoxification procedure such as *Panchakarma.* Here the treatment was mainly focused on correcting the Agni and to improve the renal function and neurological condition. *Agni* was strengthened and neurological function supported through *Shamanaushadhi* and dietary measures, while allopathic medications were adjusted according to the patient's presenting symptoms. Over the course of one year, the patient demonstrated remarkable improvement in overall health, with better glycemic control, reduced creatinine levels, and a significant transformation from being wheelchair-dependent to achieving independent mobility.

Arogyavardhini Vati*: Arogyavardhini Vati* a classical Ayurveda formulation, demonstrates broad therapeutic potential, particularly in *Yakrut Vikara*, where the *Yakrut* and *Pleeha* are considered the *Moola sthana* of *Raktavaha Srotas*. By regulating *Yakrut Pitta*

and supporting *Rakta Dhatu*, it plays a key role in correcting *Raktavaha Dushti*. Its *Kapha-Pitta Shamaka,* Shothahara, and *Rakta Shodhaka*, *Vatanulomana*, *Rechana* properties, *Dipana-Pachana* and *Shodhana* actions help reduce *Ama,* promote metabolism, and its *Tridoshahara* and *Srotoshodhaka* activities improve digestion, manage anorexia, and mitigate symptoms of anemia[2].

Chandraprabhavati: *Chandraprabha Vati*- Due to its *Mootrala* and *Shotahhara* properties, it smoothly induces *Anulomana* of *Apanavayu*. It reduces symptoms of UTI with its *Shothaahra* and anti-bacterial property. It produces *Rasayana* effect over *Mootravaha Srotas* due to its *Kledahara* property. Due to its *Lekhana* property, it cures vitiation of *Kapha* and *Vata Doshas*[3].

Punarnavadi Mandoora: *Punarnavadi Mandoora* is a classical *Kharaliya Rasayana* formulation primarily indicated in renal disorders and anaemia. It provides *Mootrala* (diuretic) and *Rasayana* (rejuvenative) effects, supporting urinary function and systemic vitality. Due to these pharmacological actions, *Punarnavadi Mandoora* is considered beneficial in *Shotha* (edematous conditions), urinary tract disorders, and anaemia*.* Its diuretic effect aids in the excretion of sodium and water, making it effective in renal pathologies and conditions associated with fluid retention[4].

Mahatikthaka Gritha*: Mahatikthaka Gritha* due to its *Rakthashodaka, Sheetala, Panduhara, Shothahara, Vatanulomana* and *Pureeshanulomana* properties it is helpful in pacifying *Pitta Dosha* and purifying the *Rakta Dhatu* and thus treating pruritis. Owing to the predominance of the *Snigdha Guna* of *Ghrita* further provides internal *Snehana,* thereby nourishing tissues and alleviating dryness of the skin. This dual action supports the pacification of both *Vata* and *Pitta Doshas* without aggravating *Kapha.[5]*

Nishamalaki choorna: *Nishamalaki choorna* exhibits a multifaceted role in the management of diabetes. It not only aids in the acute reduction of blood glucose levels but also supports long-term glycemic control, thereby helping to prevent diabetic complications, both microvascular and macrovascular. Beyond the regulation of hyperglycemia, its therapeutic potential is attributed to multiple mechanisms, including antioxidant activity. enhancement of insulin sensitivity, and improvement in peripheral glucose uptake[6].

Patolakaturohinyadhi Kashaya: *Patola Katurohinyadi Kashayam*, mentioned in the *Shodhanadi Gana Sangraha Adhyaya* of *Ashtanga Hridayam*, is *a Madhyama Shodhana* formulation. Owing to its predominance of *Tikta Rasa*, it acts as a potent *Pittashamaka. Patolakaturohinyadhi Kashaya* due to its *Laghu Guna* facilitates better absorption and assimilation. Its *Bhedana* property is particularly correlated with choleretic activity, as drugs possessing this quality stimulate bile secretion, and excessive bile flow induces *Virechana. Patola Katurohinyadi Kashayam* demonstrates multiple pharmacological actions, including choleretic*,* hepatoprotective, hepato-curative, and antioxidant effects, making it highly valuable in the management of liver disorders[7]*.*

Ekangaveera rasa: *Ekangaveera rasa,* supported by *Bhavana Dravyas,* shows multiple therapeutic actions beneficial in *Pakshaghat.* Its constituents like *Amalaki, Pippali, Shigru,* and *Maricha* reduce nerve damage through anti-inflammatory and antioxidant effects, while piperine further minimizes brain inflammation. Antioxidant and anti-atherosclerotic properties help prevent oxidative stress, stroke, and hypertension*. Tamra Bhasma* and *Sunthi* add hypolipidemic and anti-coagulant benefits, making the formulation effective in neuroprotective and vascular support[8]*.*

Abyanga with *Dhanwantharam Thailam* is recognized for its anti-inflammatory, analgesic, anti-rheumatic, and nervine tonic properties, particularly for *Vata* and *Kapha* mixed with *Vata* conditions. Its applications include treating conditions such as rheumatoid arthritis, osteoarthritis, spondylitis-induced neck and back pain, as well as neurological issues like neuritis, neuralgia.[9]

Yastimadhu taila*:* Pacifies *Pitta* and *Vata doshas* and acts as *Kandugnha* and can effectively used in eczema, dermatitis and psoriasis[10]*.*

Balashwagandhadhi taila: *Picchu* with *Balashwagandhadhi taila* helps in mitigating *Vata, Nadibalya* and *Puatikara.[11]*

Amalaki Talam*: Amalaki Talam pacifies pitta and kapha,* soothes nervous system, reduces *ama* and metabolic toxins that contribute to *Prameha.* It can also alleviate associated symptoms like anxiety and insomnia that often accompany *Prameha[12].*

Bhringaraj taila: relieves the itchy and irritated scalp by its anti-inflammatory, anti-bacterial and antioxidant property.[13]

CONCLUSION

This case study highlights the severe consequences of a faulty lifestyle and unsupervised use of medications without proper consultation. The rational application of Ayurvedic principles, with careful consideration of pathology and causative factors, demonstrated effective management in the early stages of chronic diseases without adverse effects, while also providing multiple secondary benefits*.* Ayurveda thus shows potential in preventing the progression of conditions such as Chronic Kidney Disease (CKD/CRF) and Chronic Liver Disease (CLD),

reducing the need for advanced interventions like dialysis and easing the financial burden on patients and society. Over the course of one year, the patient demonstrated remarkable improvement in overall health, with better glycemic control, reduced creatinine levels, and a significant transformation from being wheelchair-dependent to achieving independent mobility. However, large-scale studies and systematic exploration of causative factors in similar clinical conditions are essential to validate and strengthen these findings. This approach may serve as a ray of hope for patients suffering from chronic, lifestyle-related disorders.

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