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Case Study

AYURVEDIC MANAGEMENT OF *YAKRIT VIDRADHI* (HEPATIC ABSCESS)

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ABSTRACT

Liver abscess is one of the most common visceral abscesses in low- and middle-income countries, primarily caused by parasitic or bacterial infections. It typically presents with as fever, chills, night sweats, malaise, nausea, vomiting, right upper quadrant abdominal pain, referred pain to the right shoulder, cough, dyspnoea, and anorexia. In Ayurveda, Liver Abscess may be correlated with *Yakrit Vidradhi*, one of the ten types of *Antarvidradhi* described in classical text. **Case presentation:** A 51-year-old male patient presented with generalized fatigue and dyspnoea on exertion. Following an incomplete resolved liver abscess that had been managed conservatively elsewhere with intravenous antibiotics. He was treated with oral Ayurvedic medicines and *Pathya-Apathya* (wholesome-unwholesome diet) based on Ayurveda perspectives was also advised to the patient. The total duration of the treatment was three months. Improvement was assessed based on relief in the symptoms and serial ultrasonography (USG) of the abdomen. Complete relief in all symptoms was noted after completion of the treatment. The USG findings revealed a complete resolution of liver abscess. Residual small hypoechoic area in segment VIII of liver. No complications or adverse effects were observed during the treatment period, and the patient remained stable and asymptomatic throughout the 3-month follow-up period. This case report demonstrates the effectiveness of Ayurvedic approaches in managing liver abscesses. **Outcome:** Complete symptomatic relief was achieved. Serial USG demonstrated. Progressive reduction in abscess volume, with near complete radiographic resolution and only a small residual hypoechoic area in segment viii of the liver at final follow-up. No complication or adverse effects occurred during treatment or the follow-up period. **Conclusion**: This case suggests that a classically guided Ayurvedic protocol may be a safe effective, conservative option in carefully selected patient with liver abscess.

INTRODUCTION

Hepatic abscess can be defined as an encapsulated collection of suppurative material within the liver parenchyma, which may be infected by bacterial, fungal, and/or parasitic micro-organisms.[1]

Liver abscesses are broadly classified as amoebic and pyogenic.[2] The annual incidence rate of hepatic abscess is about 2.3 cases per 100,000 population with a higher prevalence in men.[3] Among them Pyogenic hepatic abscess accounts for about half of all visceral abscesses and 13% of intraabdominal ones.[4]

Pyogenic liver abscesses (PLA) can be clinically correlated with *Yakrit Vidradhi*, which is described as one of the ten types of *Antarvidradhi* in Ayurvedic literature[5]. Classical texts, particularly the *Sushruta Samhita*, provide detailed descriptions regarding the diagnosis, etiopathogenesis, and management of liver abscess[6]. This report presents a case of liver abscess managed exclusively with Ayurvedic interventions. Based on the clinical features and *Doshic* involvement, the condition can be interpreted as *Yakrit Vidradhi*, arising from the vitiation of *Pitta* and *Rakta*. The distinctive features of this case lie in the successful management of liver abscess strictly in accordance

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with the therapeutic principles laid down in classical Ayurvedic treatises.

Patient Information

A 51-year-old male patient presented to ITRA Hospital on 4 October 2025 with complaints of generalized fatigue and exertional dyspnoea. He had no history of diabetes mellitus, hypertension, chronic systemic illness, or prior surgery. He reported a 10-year history of tobacco chewing.

He had a history of fever since 13 July 2025. Initially, treated symptomatically by a local practitioner. When, his condition progressed with the development of abdominal burning and vomiting, Subsequently, on 16 July 2025, the patient was admitted to Allopathic Hospital. Laboratory investigations at that time showed mildly elevated serum transaminases (SGPT 82 IU/L) with normal renal parameters and serum electrolytes. Ultrasonography of the abdomen showed a well-defined hypoechoic collection measuring 4.2 × 3.3 cm in segment V of the right lobe of the liver. Contrast-enhanced CT scan further confirmed peripherally enhancing hypodense collections involving segments V and VI, suggestive of liver abscess.

The patient was treated with intravenous antibiotics and supportive care and was later discharged on oral medications. Follow-up imaging initially showed an increase in abscess size; but subsequent serial ultrasonography demonstrated gradual reduction in abscess dimensions, indicating partial resolution. Percutaneous aspiration was recommended at one stage, the patient declined invasive procedures and continued with conservative management. Owing to the non-performance of aspiration and the absence of microbiological examination of aspirated material, a definitive differentiation between pyogenic liver abscess and amoebic liver abscess could not be established.

On Ayurvedic assessment he had moderate appetite, (*Kṣudha Madhyama*), normal digestive fire (*Sama Agni*), regular bowel and bladder habits, and a coated tongue (*Sama Jihva*).

Clinical Findings

On general examination, the patient had a body temperature of 102.3°F, blood pressure of 118/82 mmHg, and a pulse rate of 86 beats per minute. He was conscious, oriented, and cooperative during the examination.

Abdominal inspection revealed no scars, protrusions, or dilated veins. On palpation, mild tenderness in the right hypochondriac region without organomegaly. Percussion elicited a dull note over the right hypochondrium, bowel sounds were normal on auscultation.

Aṣhṭavidha Pariksha (Eightfold examination) (Table-1) and *Dashvidha Pariksha* (tenfold examination) (Table-2) Findings are summarised in Table-1 and Table-2

Table 1: *Ashtavidha Pariksha* (eightfold examination of the patient)

S.No	Examination	Findings
1	*Nadi* (pulse)	*Vatika*
2	*Vikriti* (pathological condition)	*Yakrit Vidradhi*
3	*Sara* (tissue excellence)	*Madhyama Sara*
4	*Samhanana* (body compactness)	*Madhyama*
5	*Pramana* (body measurement)	*Madhyama*
6	*Satmya* (adaptability)	*Madhyama*
7	*Satva* (mental strength)	*Madhyama*
8	*Ahara Shakti* (digestive capacity)	*Avara*
9	*Vyayama Shakti* (exercise capacity)	*Avara*
10	*Vaya* (age)	*Madhyama Vaya*

Table 2: *Dashavidha Pariksha* (Ten-fold examination of the patient)

S.No	*Dashavidha Pariksha*	Findings
1	*Prakriti* (constitution)	*Pitta-Vataja*
2	*Vikriti* (pathological condition)	*Yakrit Vidradhi*
3	*Sara* (tissue excellence)	*Madhyama Sara*
4	*Samhanana* (body compactness)	*Madhyama*
5	*Pramana* (body measurement)	*Madhyama*
6	*Satmya* (adaptability)	*Madhyama*
7	*Satva* (mental strength)	*Madhyama*

8	*Ahara Shakti* (digestive capacity)	*Avara*
9	*Vyayama Shakti* (exercise capacity)	*Avara*
10	*Vaya* (age)	*Madhyama Vaya*

Timeline of Clinical Events and Therapeutic Intervention

Date	Clinical Event
04 October 2025	Presented to ITRA Hospital with generalized fatigue and exertional dyspnoea. Diagnosed as *Yakrit Vidradhi* (liver abscess). Phase 1 treatment was initiated with *Chitrakadi Vati*, *Krimighna* Vati and Reducid Tablet along with *Pathya-Apathya*. USG showed healing abscess cavity (22 × 20mm).
24 October 2025	Follow-up USG Showed reduction in abscess size to 17×16×17mm (~3cc). Clinical improvement noted.
01 November 2025	Second phase of treatment started with *Saptavimsati Guggulu* and *Chandraprabha Vati*.
15 November 2025	Continued symptomatic improvement with regular follow-up. Third phase of treatment was started with *Shiva Gutika* added as *Rasayana* therapy along with ongoing medications.
05 December 2025	USG showed significant reduction in abscess size (17 × 8 × 10 mm; ~0.5 cc).
08 January 2026	Final USG showed complete resolution of liver abscess with only a small residual healed lesion (5 × 6 mm). Patient remained asymptomatic Throughout.

Diagnostic Assessment

The diagnosis was established based on radiological investigations. Abdominal ultrasonography of the abdomen on 16 July 2025 showed a well-defined hypoechoic liquefied collection involving segments V and VI of the right lobes of the liver, consistent with a hepatic abscess. Serial imaging showed progressive reduction in the size and volume of the lesion. Haematological and biochemical investigations, including complete blood count and liver function tests, remained largely within normal limits on follow-up.

Although percutaneous aspiration was advised at one stage, the patient declined invasive procedures and continued with conservative management. Owing to the non-performance of aspiration and the absence of microbiological examination of aspirated material, a definitive differentiation between pyogenic liver abscess and amoebic liver abscess could not be made. From an Ayurvedic perspective, the clinical presentation and imaging findings were consistent with *Yakrit Vidradhi*

Therapeutic Intervention

After Clinical assessment and obtaining informed consent, the treatment was planned in three phases. In the Phase-1(17th September to 3rd October) *Langhana* along with *Dipana–Pachana* therapy was initiated, Using *Chitrakadi Vati* along with a special salt-restricted diet. As *Vidradhi* is considered a *Kleda-pradhana Vyadhi*, there is a tendency for the development of *Krimi* due to excessive *Kleda* and excessive *Kleda* predisposes *to Krimi*. *Harita Saṃhita* has also described *Vranaja Krimi*; therefore, *Kṛmighna Vaṭi* was administered during the initial phase of treatment. Since the *Yakrit* (liver) is considered the seat of *Ranjaka Pitta*, and *Pitta Duṣṭi* was evident in the present case, Tablet Reducid was prescribed for *Pitta Virechana* Action.

The patient received *Chitrakadi Vati* (2 tablets twice daily), *Kṛmighna Vaṭi* (1 tablet twice daily), and Reducid Tablet (three times daily). After seventeen days of this treatment, phase 2 (4th October 2025-31st October 2025) of treatment as a *Shamana Chikitsa* was started. *Saptaviṃsati Guggulu* was prescribed as it is specifically indicated in the *Dushta Vrana*. Further, *Aṣhṭanga Hṛdaya* mentions the use of *Guggulu* and *Shilajatu* in the management of *Vidradhi*[7] therefore, *Chandraprabha Vati* was also administered. From onwards, *Saptaviṃsati Guggulu* (2 tablets twice daily) along with *Chandraprabha Vati* (2 tablets twice daily before food) was continued for approximately two weeks.

In phase-3 (1st November-8th January), *Shiva Gutika* (1 tablet once daily) was added as a *Rasayana* therapy along with the ongoing medicines. The total duration of treatment was planned for four months with Regular follow-up at two-week intervals during the initial phase of therapy. *Pathya–Apathya* (wholesome and unwholesome dietary and lifestyle measures) was advised throughout to support recovery and prevent recurrence.

Table 3: Treatment schedule

S.No.	Date	Signs & Symptoms	Investigations	Management
1	17th September 2025	generalized fatigue and dyspnoea on exertion	36 × 34 × 31mm abscess (volume~20 cc) in segment V of the right lobe, along with a tiny simple cyst (15th September 2025)	*Chitrakadi Vati* (2 tablets twice daily), *Kṛmighna Vaṭi* (1 tablet twice daily), Reducid Tablet (three times daily)
2	20th September 2025	No complaint		*Chitrakadi Vati* (2 tablets twice daily), *Kṛmighna Vaṭi* (1 tablet twice daily), Reducid Tablet (three times daily)
3	27th September 2025	No complaint		*Chitrakadi Vati* (2 tablets twice daily), *Kṛmighna Vaṭi* (1 tablet twice daily), Reducid Tablet (three times daily)
4	4th October 2025	No complaint	22×20mm old abscess cavity with partially calcified walls, suggestive of a healing lesion.	*Chandraprabha Vaṭi* (2 tablets twice daily) *Saptavinsati Guggulu* (2 tablets twice daily).
5	11th October 2025	Increase frequency of urine		*Chandraprabha Vaṭi* (2 tablets twice daily) *Saptavimsati Guggulu* (2 tablets twice daily).
6	18th October 2025	No complaint		*Chandraprabha Vaṭi* (2 tablets twice daily) *Saptavimsati Guggulu* (2 tablets twice daily).
7	25th October 2025	No complaint	Further reduction in abscess size to 17 × 16 × 17 mm (volume~3 cc), compared to the previous measurement of 37 × 33 × 32 mm (volume 20 cc) (24th October 2025)	*Chandraprabha Vaṭi* (2 tablets twice daily) *Saptavimsati Guggulu* (2 tablets twice daily).
8	1st November 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha* Vati (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
9	8th November 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
10	15th November 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
11	22th November 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
12	29th November 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).

13	6th December 2025	No complaint	significant resolution, with the abscess reducing to 17 × 8 × 10 mm (volume ~0.5 cc) (5th December 2026).	*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
14	13th December 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
15	20th December 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
16	27th December 2025	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
17	3rd January 2026	No complaint		*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).
18	8th January 2026	No complaint	Complete resolution of the liver abscess, with only a small residual hypoechoic area measuring 5×6mm with an echogenic rim in segment VIII, suggestive of a healed lesion. No biliary dilatation, vascular abnormality, or new pathology was observed.	*Saptavimsati Guggulu* was continued (2 tablets twice daily), along with *Chandraprabha Vati* (2 tablets twice daily) and *Shiva Gutika* (1 tablet once daily).

***Pathya* (wholesome regimen)**

The patient was advised a salt-restricted diet during the first month of treatment to support *Pitta–Rakta Shamana* and resolution of the hepatic abscess. Comprising light and easily digestible foods. Khakhra (crispy roasted whole-wheat flatbread) and *Mamra* (puffed rice flakes) in the morning and soup prepared from green gram for lunch and dinner.

After the initial phase, the patient was gradually advised to shift towards a light, wholesome diet, maintaining easy digestibility and avoiding heavy, oily, spicy, and fermented food items. Adequate rest was advised throughout the treatment period.

In addition, the patient was instructed to practice *Pranayam*, including *Anuloma Viloma* and *Bhramari*, along with chanting *Omkara* for approximately 10 minutes every morning, to promote overall well-being and support recovery.

***Apathya* (unwholesome regimen):** The patient was advised to avoid sour, salty, oily food items which are heavy to digest, green leafy vegetables as well as meat, milk, and curd. travelling and performing strenuous physical activities, and day sleep were also proscribed.

Follow-Up and Outcomes

Follow-up was conducted at regular intervals, with clinical assessment and serial ultrasonography of the abdomen. Progressive radiological improvement was observed throughout the follow-up period.

On 4 October 2025, ultrasonography revealed a 22×20mm old abscess cavity with partially calcified walls, suggestive of a healing lesion. A subsequent USG on 24 October 2025 demonstrated further reduction in abscess size to 17×16×17mm (volume ~3cc), compared to the previous measurement of 37×33×32mm (volume 20 cc). Associated findings included a small hepatic cyst in segment V and a probable haemangioma in segment IV, with normal biliary and vascular structures.

On 15 November 2025, ultrasonography showed a 36×34×31mm abscess (volume ~20 cc) in segment V of the right lobe, along with a tiny simple cyst, while liver size, echotexture, and biliary channels remained normal. Further imaging on 5 December 2025 revealed significant resolution, with the abscess reducing to 17×8×10mm (volume ~0.5 cc).

The final follow-up ultrasonography on 8 January 2026 demonstrated complete resolution of the liver abscess, with only a small residual hypoechoic area measuring 5×6mm with an echogenic rim in segment VIII, suggestive of a healed lesion. No biliary dilatation, vascular abnormality, or new pathology was observed.

Clinically, the patient showed marked symptomatic improvement, and no complications, recurrence, or adverse events were reported during the entire treatment and follow-up period. Compliance with treatment was satisfactory, as assessed through medication history and regular follow-up visits.

DISCUSSION

Liver abscess remains a significant clinical problem, particularly in developing countries, where delayed diagnosis and limited access to advanced interventions may complicate management. Conventional treatment primarily consists of antimicrobial therapy with or without image-guided aspiration or drainage, depending on the size and characteristics of the abscess. In this case, although aspiration was advised, the patient declined invasive intervention and was managed conservatively.

From an Ayurvedic perspective, the clinical presentation and radiological findings of liver abscess can be correlated with *Yakrit Vidradhi*, *Sushruta* has described ten types of *Antar Vidradhi*, among which *Yakrita Vidradhi* is included. The pathogenesis of *Vidradhi* involves vitiation of *Doshas*, particularly *Pitta* and *Rakta*, leading to localized inflammatory swelling and suppuration. and the *Doshic* involvement and clinical features of *Antar Vidradhi* should be understood on the basis of the characteristics described for *Bahya Vidradhi*. In the present case, the observed signs and symptoms closely resembled those of *Pittaja* and *Raktaja Vidradhi*. And, the management was planned according to these principles. The favourable clinical outcome observed in this case supports the applicability of these classical principles in the diagnosis and management of *Yakrita Vidradhi*, highlighting the relevance of *Sushruta's* descriptions in contemporary clinical practice.

The treatment strategy was planned according to the principles described for *Vidradhi* management in Ayurveda. Initially, *Langhana*, *Dipana*, and *Pachana* therapies were employed through *Chitrakadi Vati* and dietary regulation to improve *Agni* and reduce *Ama*. Since *Vidradhi* is considered a *Kleda*-dominant condition and excessive *Kleda* may facilitate *Krimi* formation, *Krimighna* Vati was administered during the initial phase. Tablet Reducid was prescribed with for *Pitta-Rakta Shamana* and *Mridu Virechana*, considering the involvement of *Ranjaka Pitta* in *Yakrit Vikara. Katuki* is half of the content of Tablet Reducid. The aqueous extract of *Kutki* (*P.Kurrah*) roots exhibited moderate antibacterial activity against *Staphylococcus aureus*, *salmonella typhi*, and significant attenuation of E. coli.[8] Its anti-inflammatory effects are attributed to the apocynin in element, which exhibits potent anti-inflammatory activity and limits neutrophil oxidative burst.[9]

After the initial phase, *Shamana Chikitsa* was instituted with *Saptavimsati Guggulu* and *Chandraprabha Vati*. *Guggulu* which is main ingredient of these two medicines which is specifically indicated in *Vidradhi* and is known for its *Shothahara* (anti-inflammatory), *Lekhana* (scraping), and *Vrana shodhana* properties, *Guggulu* (*C. mukul*) possesses substantial antibacterial activity against Gram-positive bacteria[10]. Myrrhanol A, a triterpene isolated from *Guggulu*, has a potent anti-inflammatory effect on exudative pouch fluid, angiogenesis, and granuloma[11]. *Chandraprabha Vati* contains *Guggulu* and *Shilajatu*, which are mentioned in Ayurvedic classics for *Vidradhi*[12]. *Saptavimsati Guggulu* also contain *Triphala* (combination of three myrobalans viz. *T. chebula*, *T. bellarica*, and *E. officinalis*) and *Trikatu* (combination of *Z. Officinalis*, *P. longum*, and *P. nigrum*) which are widely used for various microbial infections [13,14]. In the later phase, *Shiva Gutika* was added as a *Rasayana* to promote tissue healing, enhance immunity, and prevent recurrence.

Serial ultrasonography demonstrated progressive reduction in the size of the abscess cavity, culminating in near complete radiological resolution with only a small residual healed lesion. Simultaneously, the patient experienced complete symptomatic relief without any adverse effects. The favourable outcome may be attributed to the combined effects of *Agni* correction, *Dosha Shamana*, reduction of inflammation, promotion of tissue healing, and strict adherence to *Pathya-Apathya*.

However, certain limitations should be acknowledged. Microbiological confirmation of the abscess aetiology could not be obtained because aspiration was not performed. Therefore, definitive differentiation between pyogenic and amoebic liver abscess was not possible. As a single case report casual inference is limited, and the findings should be interpreted accordingly. The successful outcome observed in this case highlights the potential role of Ayurvedic management as a supportive or alternative therapeutic approach in selected cases of liver abscess and warrants further clinical investigation through larger studies.

CONCLUSION

The present case demonstrates that Ayurvedic management based on the principles of *Yakrit Vidradhi Chikitsa* can be beneficial in the management of liver abscess. The sequential administration of *Langhana*, *Dipana-Pachana*, *Krimighna*, *Pitta-Shamana* and *Rasayana* therapies, along with strict *Pathya-Apathya*, resulted in complete symptomatic relief and near-complete radiological resolution of the hepatic abscess without any adverse effects. this report suggests that Ayurvedic interventions may offer a safe and effective conservative treatment option in carefully selected patients with liver abscess. Although conclusions cannot be drawn from a single case, this report suggests that Ayurvedic interventions may offer a safe and effective conservative treatment option in carefully selected patients with liver abscess. Further well-designed clinical studies with larger sample sizes are required to validate these observations and establish their therapeutic significance.

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