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# Ayurvedic management of Alcoholic Liver Disease : A Case Report

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## ABSTRACT

Alcoholic liver disease (ALD) is one of the most prevalent types of liver disease worldwide. According to a 2023 study, the prevalence rate of alcoholic liver disease in India is 4.8%. This case report deals with a 51-year-old male patient initially came to OPD with complaints of yellowish discoloration of eyes, skin, and urine, loss of appetite, anorexia, distention of the abdomen, bilateral pedal edema, easy fatigability, weakness and weight loss. Liver function test shows-high bilirubin and high transaminase, USG of the abdomen shows-Moderate Hepatomegaly with signs of Hepatitis. It was diagnosed as *Kostha-Shakhashrita/Bahupitta Kamala* based on the etiopathology and investigations. The patient was treated with Ayurvedic interventions viz, *NABB Swarasa, Arogyavardini Vati, Phalatrikadhi Kashaya* with *Katuki Churna, Patolakaturohinyadhi Kashaya, Laghusoothshekara Rasa* and *Tab Nirocil* were prescribed. After 68 days of treatment protocol, there was marked relief in the symptoms and a reduction in bilirubin and transaminase levels. The above-mentioned oral medications have shown significant results in the present study.

**Key words:** *Kostha-Shakhashrita Kamala, ALD, Shamana Chikitsa, NABB Swarasa, Phalatrikadhi-Kashaya, Katuki Churna, Arogyavardhini Vati, Tab Nirocil*

## INTRODUCTION

Alcohol is the major cause of liver disease. The severity and prognosis of alcohol-induced liver disease depend on the amount, pattern, and duration of alcohol consumption.<sup>[1]</sup> There are mainly three histological stages of ALD they are Alcoholic fatty liver, Alcoholic hepatitis, and Alcoholic cirrhosis.<sup>[2]</sup> ALD is characterized by loss of appetite, yellowish discoloration of eyes, skin, urine, and bilateral pedal edema mainly at the ankle area, and is associated with

increased levels of bilirubin and transaminase in the blood.<sup>[3]</sup> In Ayurvedic literature, it can be considered as *Kostha-Shakhashrita/Bahupitta Kamala*. *Madya* (alcohol) is considered as one of the *Nidana* for *Kamala*. *Teekshna, Ushna, Vyavayi, Vikasi, Sukshma, Ruksha*, and *Vidhahi* properties of *Madya* does *Annarasa Utkleda* and *Vidagdha*, ultimately it vitiates the *Rakta* and causes *Kamala*.<sup>[4]</sup>

It is one of the *Pittaja Nanatmaja Vyadhi*<sup>[5]</sup> and *Rakta Pradoshaja Vikara*.<sup>[6]</sup> It has been classified into two types *Bahupitta Kamala/ Kosthashakhashrita Kamala* and *Alpa-Pitta/Shakhashrita Kamala*.<sup>[7]</sup> This is due to the vitiation of *Rakta* and *Mamsa* by aggravated *Pitta*.

Common symptoms of *Kamala* include yellowish discoloration of the eyes, skin, and nails, skin colour resembling a frog in rainy season, loss of appetite, indigestion, and weakness.<sup>[8]</sup>

## CASE REPORT

A 51-year-old married male patient, belonging to the middle economic class, with no known history of any co-morbidities came to *Kayachikitsa* OPD, Government Ayurveda Medical College & Hospital, Mysuru with the

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chief complaints of *Peeta Netrata* (yellowish discoloration of eyes), *Peeta Mutrata* (yellow discoloration of urine), *Kshudha-Mandhya* (loss of appetite), *Adhmana* (Distension of abdomen), *Padashotha* (Bilateral pedal edema non-pitting in nature), *Daurbalya* (weakness), anorexia and weight loss since 2 months.

**History of present illness**

The patient was asymptomatic before 2½ months, since 2-months patient gradually developed a loss of appetite followed by yellowish discoloration of eyes & urine, since one and half month he developed distension of abdomen, bilateral pedal edema non-pitting in nature, associated with generalized weakness. The patient had a history of chronic drinking for 4-5 years, which included a daily intake of 180ml of alcohol (whisky) with non-vegetarian food at night and occasional smoking of 3-4 cigarettes per week. The patient had abstained from alcohol and non-vegetarian food for 6 months. Again the patient began consuming alcohol daily, along with frequent intake of non-vegetarian, spicy, and oily food. As a result, the patient gradually developed yellowish discoloration of eyes, urine, and skin, loss of appetite, bilateral non pitting pedal edema, distension of abdomen, anorexia and weight loss. For these complaints patient approached Government Ayurveda Medical College & Hospital Mysuru.

**History of past illness - No Significant**

**Personal History**

- Bowel - constipation
- Bladder - yellowish discoloration of urine
- Appetite - poor
- Sleep - altered
- Built - Normal
- Habit - addiction to Alcohol

**Asthavidha Pariksha**

Assessment of the general condition of the patient:

Nadi	Kaphaja (78/min)
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Mala	Vibandha
Mutra	Peeta Mutratha
Jiwha	Liptatha
Shabdha	Prakruta
Sparsha	Peetavarniya, Anushnasheeta
Drik	Peeta Netratha
Aakriti	Madhyama

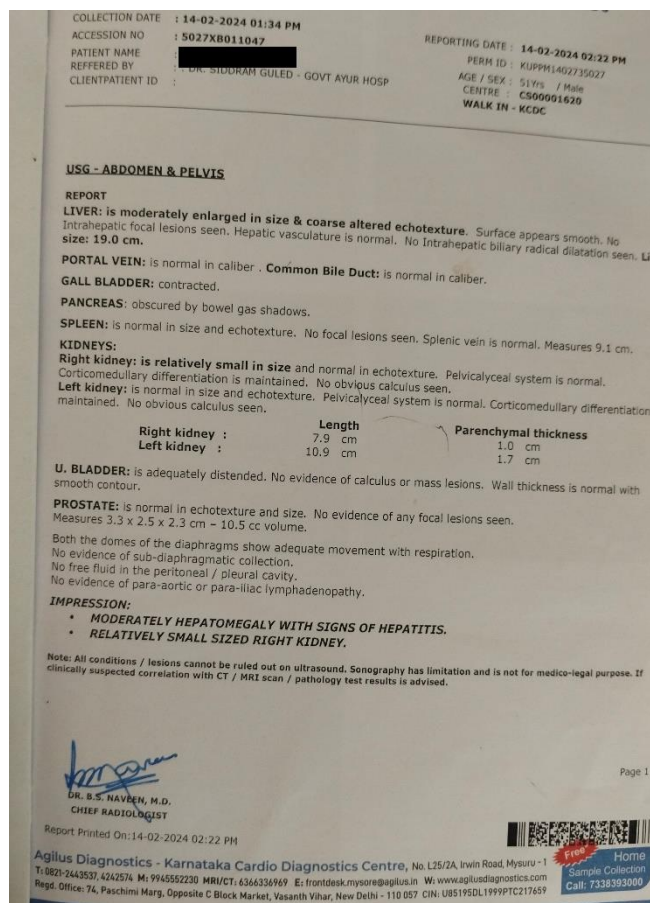
**Systemic Examination**

The patient was systematically examined for the central nervous system, cardiovascular system and Respiratory system, and no significant findings were found.

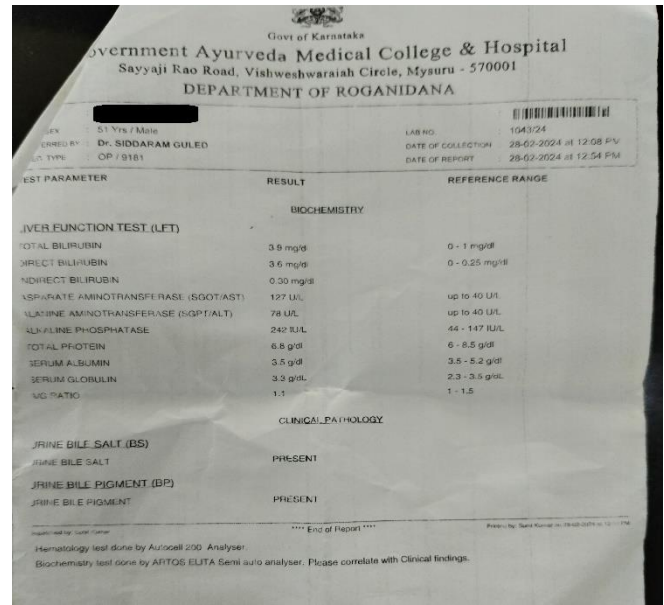
P/A - Mild tenderness over the right hypochondriac area and the epigastric area was elicited.

Urogenital system - yellowish discoloration of urine

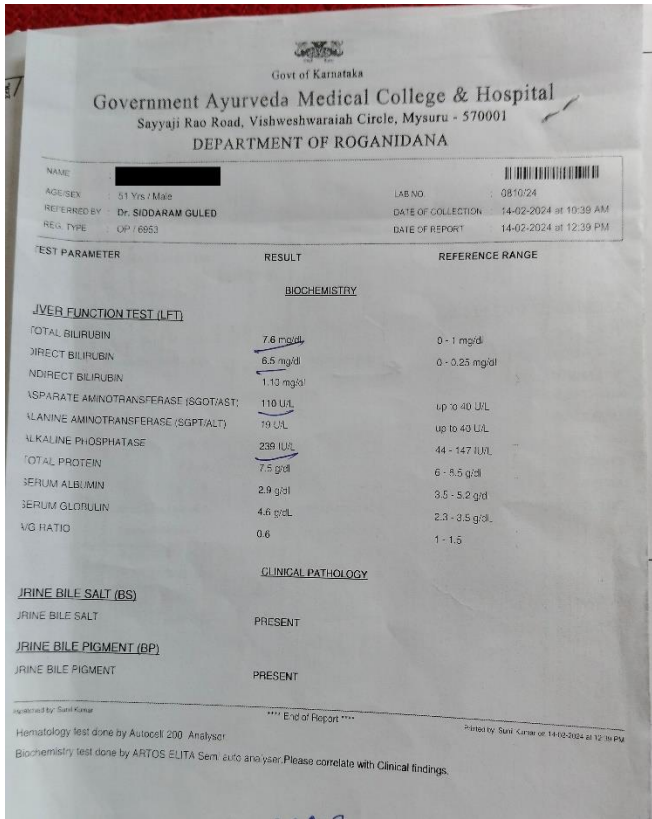
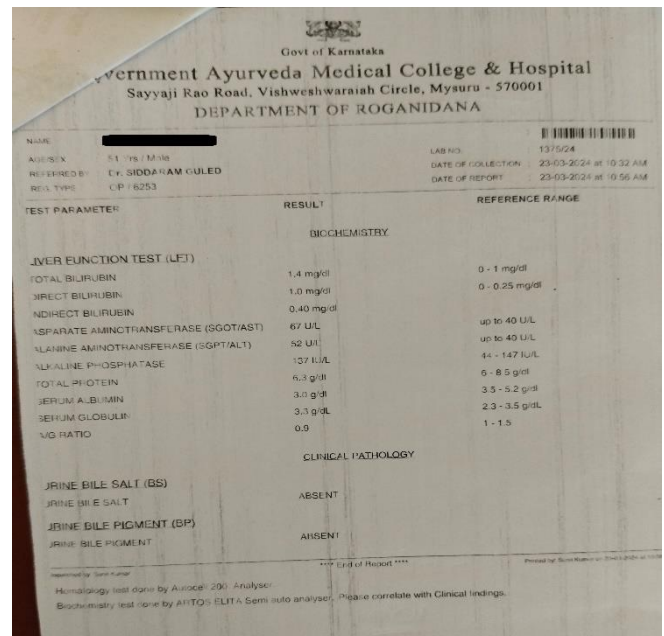
**Investigations**



**USG Abdomen & Pelvis on 14/02/2024**  
 Moderate Hepatomegaly with signs of hepatitis Relatively small Right Kidney



LFT (Liver function test) on 28/02/2024	
Total Bilirubin	- 3.9mg/dl
Direct Bilirubin	- 3.6mg/dl
Indirect Bilirubin	- 0.30mg/dl
AST/SGOT	- 127U/L
ALT/SGPT	- 78U/L
Alkaline Phosphate	- 242IU/L
Total protein	- 6.8g/dl
Serum Albumin	- 3.5g/dl
Serum Globulin	- 3.3g/dl



LFT (Liver function test) on 14/02/2024	
Total Bilirubin	- 7.6mg/dl
Direct Bilirubin	- 6.5 mg/dl
Indirect Bilirubin	- 1.10mg/dl
AST/SGOT	- 110U/L
ALT/SGPT	- 19U/L
Alkaline Phosphate	- 239IU/L
Total protein	- 7.5g/dl
Serum Albumin	- 2.9g/dl
Serum Globulin	- 4.6g/dl
A/G Ratio	- 0.6

LFT (Liver function test) on 23/03/2024
Total Bilirubin - 1.4mg/dl
Direct Bilirubin - 1.0mg/dl
Indirect Bilirubin - 0.40 mg/dl
AST/SGOT - 67U/L
ALT/SGPT - 52U/L
Alkaline Phosphate - 137IU/L
Total protein - 6.3g/dl
Serum Albumin - 3.0g/dl
Serum Globulin - 3.3g/dl

### Treatment Given

**Table 1: Shows Shamanoushadhi were administered during the Hospital stay for the first 7 days.**

Date	Treatment (Shamanoushadhi)	Dosage	Duration
15/2/2024 to 21/2/2024	NABB Swarasa (Nimba, Amrita, Bhrigaraja, Bhumyamlaki)	15ml BD B/F	7 days
	Arogyavardini Vati	500mg, 2BD A/F	7 days
	Laghusoothsekhara Rasa	250mg, 2BD B/F	7 days
	Phalatrikadi Kwatha + Katuki Churna	15ml BD+ 2gm of Katuki Churna as a Prakshepaka Dravya B/F with one cup of water	7 days
	Tab Nirocil	1000mg BD A/F	7 days

### Advice on discharge

1. Arogyavardini Vati - 500mg, 2BD A/F

2. Laghusoothsekhara Rasa - 250mg, 2BD B/F
3. Phalatrikadi Kwatha - 15ml BD with 2gm of Katuki Churna B/F with one cup of water
4. Tab. Nirocil - 1000mg, BD A/F

### Pathya Ahara and Vihara

#### Ahara

Cereals - Purana Yava, Purana Godhuma, Purana Shali, Mudga.

Vegetables - Patola, Kushmanda, Karavellaka, Methika, Shigru.

Others - Amlaki, Ikshurasa, Grutha, Jangala-Mamsa Rasa etc.

Anupana - Drakshajala

#### Follow-up

**Table 2: Shows 1<sup>st</sup> Follow-up details**

1 <sup>st</sup> Follow-up	Shamanoushadhi	Duration
1 <sup>st</sup> follow-up on 28/02/2024	<ol style="list-style-type: none"> <li>1. Arogyavardini Vati - 500mg, 2BD A/F</li> <li>2. Patolakaturohinyadhi Kashaya - 15ml BD with 2gm of Katuki Churna as a Prakshepaka Dravya B/F with one cup of water</li> <li>3. Laghusoothsekhara Rasa - 250mg, 2BD B/F</li> <li>4. Tab Nirocil - 1000mg BD A/F</li> </ol>	1 month

**Table 3: Shows 2<sup>nd</sup> Follow-up details**

2 <sup>nd</sup> Follow-up	Shamanoushadhi	Duration
2 <sup>nd</sup> follow-up on 23/03/2024	<ol style="list-style-type: none"> <li>1. Arogyavardini Vati - 500mg, 2BD A/F</li> <li>2. Patolakaturohinyadhi Kashaya - 15ml BD</li> <li>3. Laghusoothsekhara Rasa - 250mg, 2 BD B/F</li> <li>4. Tab. Nirocil - 1000mg BD A/F</li> </ol>	1 month

## RESULTS

### Objective outcome

**Table 4: Showing Changes in Blood Investigation during Treatment**

Assessment Parameters	14/02/2024	28/2/2024	23/03/2024
Sr. bilirubin	7.6mg/dl	3.9mg/dl	1.4mg/dl
Direct bilirubin	6.5 mg/dl	3.6mg/dl	1.0mg/dl
Indirect bilirubin	1.10mg/dl	0.30mg/dl	0.40 mg/dl
SGOT	110U/L	127U/L	67U/L
SGPT	19U/L	78U/L	52U/L
Alkaline Phosphate	239IU/L	242IU/L	137IU/L

### Subjective outcome

After 68 days of treatment, the patient showed significant improvement in all symptoms. These included: the colour of the eyes and urine returned to normal, increased appetite, reduced abdominal distension and bilateral pedal edema. The patient gained strength and his liver profile returned within normal limits. The patient improved gradually during the treatment, and there has been no recurrence of symptoms during follow-up.

Positive results were significantly noticeable in both clinical and laboratory criteria.

## DISCUSSION

### Discussion on disease *Samprapti*

Patient indulging in heavy *Madya* and *Ahara* having *Ushna*, *Teekshna*, *Katu*, *Vidahi* and *Amla* properties results in vitiation of *Pitta*<sup>[9]</sup> and *Rakta*.<sup>[10]</sup> *Yakrit* being *Mulasthan* of *Raktavaha Srotas*<sup>[11]</sup> gets vitiated by *Pitta* and *Rakta*. *Malarupi Pitta* of *Raktadhatu* increased in excess entering the *Shakha* leading to yellowish discoloration of eyes, skin, nails and urine, reduced appetite, anorexia, and generalized weakness.<sup>[12]</sup>

### Discussion on the mode of action of drugs

**NABB Swaras**<sup>[13]</sup>: *Nimba*, *Amruta*, *Bringaraja*, *Bhumyamalaki* all have *Katu*, *Tikta Rasa*, *Katu Vipaka*, *Laghu* and *Ruksha Guna*. These drugs have *Pitta-Rechana*, *Rakta Shodhana* and *Yakrut-Uttejaka* properties. *Amrita* itself is *Pandu* and *Kamala Nashaka*. It acts like hepatocellular regeneration, Antiviral activity, and immunomodulation. In reviewing the dissertation on the role of *NABB Swaras* in viral hepatitis, the results and conclusions show that there was a complete reduction in *Twakpeetata* after 14 days of treatment. *Nakhapeetata* was completely reduced after 21 days, while *Mootra-Peetata*, *Netra-Peetata*, and liver enlargement took 4 weeks for recovery. The changes in LFT values between pretest and post-test were highly significant.

**Katuki**<sup>[14]</sup>: It is *Pittashamaka* because of *Sheeta Virya* and *Tikta Rasa*. It is helpful in *Yakrut Vikara*, *Agnimandya*, *Raktavikara*, and acts as *Malabedhini*.

**Phalatrikadi Kashaya**<sup>[15]</sup>: It acts as *Pittahara*, *Pitta Rechana*, *Yakruta-Uttejaka*, *Deepana*, *Tridosahara*, and *Rasayana*.

**Tab. Nirocil**<sup>[16,17,18]</sup>: It contains *Tamalaki*, *Guduchi*, *Erandand Yashad Bhasma*, so it acts as *Yakrituttejaka*, immunomodulator, *Jwaraghana*, and *Rechaka*.

**Arogyavardhani Rasa**<sup>[19]</sup>: *Deepana*. *Pachana*, *Agnidipana*, *Malashuddhikara*, *Kshudhavaradhaka* & *Sarvarogaprashamani*. It balances & maintains liver Function as well as a healthy digestive system.

**Patolakaturohinyadhi Kashaya**<sup>[20]</sup>: Ingredients of *Patolakaturohinyadhi Kashaya* are *Tikta Rasa Pradhan* and predominantly *Ushna Veeryatmak* which are useful *Kapha-Pittahara* and *Tridosahara* property. which act on liver as *Yakritottejaka* and *Yakrit Shodhana*.

**Laghusoothsekar Rasa**<sup>[21]</sup>: It acts as *Mandagni-Nashaka*, *Shoola-Amayapaham* and *Tridosh-Shamaka*. *Nagavalli Patra Swarasa* is *Bhavana Dravya*, it acts as gastroprotective and carminative properties and promotes healthy digestion.

**CONCLUSION**

In the patient of *Kamala*, the elimination of *Sanchit Dosh* through *Mrudu Shodana* by using *Tikta Rasa Pradhana Dravyas*. *NABB Swarasa*, *Katuki Churna*, *Phalatrikadhi Kashaya*, *Patolakaturohinyadhi Kashaya* etc. are *Tikta Rasa Pradhana Dravyas* and act as *Mrudu Virechaka*. All the above-explained oral medicines and *Pathya Ahara* were beneficial in improving symptoms such as yellowish discoloration of skin, urine, and eyes, increased appetite, reduced bilateral pedal edema, weakness, and reduction in serum bilirubin level. So, these herbal formulations are effective in the management of *Kamala*.

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