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Subject: Intimation under Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 – Publication of Case Studies.

Dear Sir/Madam,

Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we wish to inform you that the following case studies have been authored by medical professionals associated with **Jeena Sikho Lifecare Limited**, including our Managing Director, senior consultants, and Ayurvedic experts.

These publications underscore the Company's continued commitment to advancing Ayurvedic research and promoting evidence-based clinical practices. The details of the case studies are as follows:

S. No.	Type	Name
1.	Case Study	Approach of Ayurvedic Management Towards Restoration of Liver Health in Hepatomegaly with Fatty Liver: A Case Study Referring to Yakrit Vriddhi
2.	Case Study	Management of Tubal Blockage Through Ayurveda: A Clinical Case Study
3.	Case Study	Enlightening on Effectual Ayurvedic Therapeutics in Early Diagnosed Type 2 Diabetes Mellitus
4.	Case Study	Influential Effect of Diet and Panchakarma Therapy in Liver Disease: A Case Study Especially Referencing to the Vataja Yakrita Vikara

The above-mentioned case studies have been co-authored by **Acharya Manish Grover Ji (Managing Director)** along with the following medical professionals associated with the Company:

Dr. Gitika Chaudhary, Dr. Richa, Mr. Upam, Dr. Tanu Rani, Dr. Shweta, Dr. Navneet Kaur and Mr. Siddharth Charan

Copies of the articles are enclosed as *Annexures A to D* for your records.

This is for your kind information and record.

Thanking you,
Yours faithfully,
For Jeena Sikho Lifecare Limited

Manish Grover
Managing Director
DIN: 07557886
Place: Zirakpur, Punjab
Date: 28.08.2025

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Case Study

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

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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 Vridhhi* 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 vridhhi*. [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 *Abhivridhhi* 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)	Vridha (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 with Koshna jala</i>) • Relivon powder: ½ tsf powder HS (<i>Nishikala with Koshna jala</i>) • <i>Chandraprabha vati</i>: 1 tablet BD before food (<i>Pragbhakta with Koshna jala</i>) • Capsule Stoni: 1 Cap BD before food (<i>Pragbhakta with Koshna jala</i>) • Renal stone removing syrup: 20 ml syrup BD after food (<i>Adhobhakta with saman matra of Koshna jala</i>) • Blood purifier syrup: 20 ml syrup BD after food (<i>Adhobhakta with saman matra of 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 with 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 with 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 with Koshna jala</i>) • <i>Goksuradi guggulu</i>: 2 tablet BD after food (<i>Adhobhakta with Koshna jala</i>) • Renal stone removing syrup: 20ml syrup BD after food (<i>Adhobhakta with saman matra of Koshna jala</i>) • Stoni cap: 1 Cap BD before food (<i>Pragbhakta with 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 with Koshna jala</i>) • <i>Gadood sudharak vati</i>: 1 tablet BD after food (<i>Adhobhakta with Koshna jala</i>) • Dr. Immune tablet: 1 tablet BD after food (<i>Adhobhakta with Koshna jala</i>) • Renal stone removing syrup: 20 ml syrup BD after food (<i>Adhobhakta with Saman matra of 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

Apathy 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 *Vajrasan* 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 चा
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 baddhapurishta* in *Yakrit vriddhi 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 vriddhi* 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
देहस्यकर्मसमप्रभता अथ पाण्डुता आध्मान साद वमनानि आलस्य मान्दम्।
प्रातश्च तिक्तमुखता रसना मलाद्य 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 उरोअस्थिन स्कन्धे अधिदक्षिणमथापि च
दक्षसक्थिन।

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 vriddhi*. 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 *Agnimadya*. 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 kurrooa</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>Emblia 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>Emblia 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>Emblia 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>Bergenia lingulata</i>), Punrnav (Boerhavia diffusa), Saindhava, Varuna (<i>Crataeva nurvala</i>), Guduchi (<i>Tinospora cordifolia</i>), Yavkshara, Mooli kshara, Kalmi sora, Amalki (<i>Emblia 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>Emblia officinalis</i>), Bibhitaki (<i>Terminalia bellerica</i>), Haritaki (<i>Terminalia chebula</i>), Piplai (<i>Piper longum</i>), Maricha (<i>Piper nigrum</i>), Shunthi (<i>Zingiber officinalis</i>), Varun (<i>Crateva nurvala</i>), Dalchini (<i>Cinnmomum 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.

REFERENCES

1. <https://en.wikipedia.org> fatty liver disease cited on 26/01/2024
2. Acharya Madhavkara, Madhav nidana-Madhukosha vyakhyaya vibhushitama; Vidyotini Hindi commentary; Madhyam Khanda- Vishisht prakaran, Yakrit roganidan reprinted 1976, Published: Chaukhamba Sanskrit Sansthan Varanasi
3. Acharya Shri Bhavmishra, Bhavaprakash, Vidyotini Namikaya bhasha commentary-Madhyottar khanda, Chikitsa prakaran- 33, Pleeha yakrit adhikara; published by Chaukhamba Sanskrit Sansthan Varanasi
4. Agnivesha, Acharya Charaka, Dridhabala, Charaka Samhita, Srotoviman adhyaya 5 Vimanstana. Varanasi: Chowkhambha Sanskrit Series, 2(3), 2002, pg 586.
5. Acharya Sushruta, Sushrut Samhita, Sharirsthan 9, Dhamani vyakaran shariram adhyaya Bhaskar Ghanekar editor. New Delhi, Meharchand Lakhamandas Publication, 4(24), 2007
6. Acharya Sushruta, Sushruta Samhita, Sharira Sthana 5, Sharirsankhya Prakarana Adhyaya. In Bhaskar Ghanekar., editor. New Delhi: Meharchand Lakhamandas Publication; 2007
7. Acharya Sushruta, Sushrut Samhita, Sutrasthan 21/10, Vrana prashna adhyaya Bhaskar Ghanekar editor, New Delhi, Meharchand Lakhamandas publication, 4(24), 2007
8. K Sembulingum, Prema Sembulingam, Essentials of medical pathology, Section 4 Digestive system: Jaypee Brothers Medical Publishers (P) Limited, New Delhi 6th Edition 2012, page no. 249
9. Acharya Sushruta, Sushruta Samhita, Sharira Sthana 04, Garbha-vyakaran Sharir Adhyaya. In Bhaskar Ghanekar., editor. New Delhi: Meharchand Lakshmandas Publication; 2007; shloka no 26
10. Vaidya Yadavji Trikamji, Charaka Samhita - Agnivesha revised by - Charaka & Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsa sthana, 13, Udara Chikitistam adhyaya, Choukhmba prakashan, Varanasi.
11. Vaidya Yadavji Trikamji, Charaka Samhita-Agnivesha revised by - Charaka & Dridhabala with Dipika commentary of Chakrapanidatta. Nidansthana, 08, Apasmar nidan adhyaya, Choukhmba prakashan, Varanasi.
12. Ambika Dutta Shastri, Sushrut Samhita, Ayurved Tatva Sandipika commentary, Uttartantra 1/25 Aaupdravika adhyaya; Reprint edition 2013, Choukhmba Prakashan Varanasi page no 11.
13. Choudhary, B. R. (2021). World's best the D.I.P diet. Diamond pocket books. X-30, Okhla Industrial area, New Delhi.

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Case Study

MANAGEMENT OF TUBAL BLOCKAGE THROUGH AYURVEDA: A CLINICAL CASE STUDY

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ABSTRACT

Obstruction in the fallopian tubes is a significant factor that can lead to infertility in females. This condition is pathophysiologically recognized as a *Tridoshaja Vyadhi* with *Vata Dosha* being the dominant contributing factor. Tubal constriction, fibrosis, and stenosis are pathophysiological manifestations attributed to the *Ruksha* (dry) and *Khara* (coarse) attributes of vitiated *Vata Dosha*. *Kapha Dosha*, owing to its obstructive (*Avarodhak*) nature, plays a role in causing blockages in the fallopian tubes. *Pitta Dosha* plays a pivotal role in mediating *Paka* (inflammatory transformation), especially when triggered by pathogenic infections. Ayurveda address this condition by targeting the underlying *Dosha* imbalances. This case study presents a patient diagnosed with infertility due to tubal blockage who underwent an Ayurvedic treatment regimen. The intervention involved *Shaman Chikitsa*, which included a combination of Ayurvedic medicines aimed at balancing the vitiated doshas, enhancing digestion and metabolism, and thereby restoring the patency of the fallopian tubes. The patient experienced a successful outcome reflecting changes in her Radiograph HSG, highlighting the potential of Ayurveda in managing tubal blockage and promoting fertility.

INTRODUCTION

Fallopian tubes are narrow, tubular structures extending from the lateral aspects of the uterus, responsible for capturing and conveying the ovulated oocyte from the ovarian surface to the endometrial cavity^[1]. Tubal obstruction disrupts the physiological transit of the oocyte through the fallopian tube, thereby impairing fertilization and subsequent embryo migration toward the uterine cavity. When one or both fallopian tubes become obstructed, it is classified as tubal factor infertility. Once a month, one of the ovaries releases an egg as part of the ovulation cycle. It then travels from the ovary toward the uterus with the help of the fimbriae and the ciliary action of the tubal epithelium. Fertilization generally occurs within the ampullary region of the fallopian tube as the ovum transits toward the uterine cavity. The egg is typically fertilized as it moves along the Fallopian tube.

Tubal occlusion can disrupt the bidirectional transport of gametes by preventing oocyte transit to the uterine cavity and hindering sperm access to the site of fertilization, thereby impairing conception^[2]. A partial occlusion of the fallopian tube can predispose to tubal ectopic pregnancy by impairing normal embryo transport to the uterine cavity. If only one tube is blocked and the other is clear, there may still be a chance of natural conception, depending on the health and function of the ovaries^[3-6].

Infertility is a global issue affecting approximately 10-15% of couples of reproductive age.^[7] Among responsible factors of Female infertility, tubal blockage is the 2nd highest affecting around 25 - 35% of population and difficult to treat^[8]. Peri-tubal adhesions, previous tubal surgery, salpingitis etc are the common causes of tubal blockage^[9]. Etiological factors also encompass infectious agents such as Mycobacterium tuberculosis, urogenital infections, and TORCH pathogens, along with structural alterations due to pelvic adhesions from endometriosis, adenomyosis, Asherman's syndrome, and intrauterine scarring following dilation and curettage (D&C) procedures. Ayurveda texts have not mentioned Tubal

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blockage, as the fallopian tube itself is not mentioned there directly^[10]. In Ayurveda we can correlate Fallopian tubes with the *Artavavaha Srotas*, its block is compared with the *Sanga Srotodushti* of this *Srotas*. According to *Acharya Sushruta*, successful conception is contingent upon the presence of four fundamental factors: *Ritu* (appropriate reproductive period), *Kshetra* (receptive uterine environment), *Ambu* (sufficient nutritional support), and *Beej* (potent ovum and sperm)^[10]. Tubal blockage can result from the vitiation of *Vata Dosha*, which leads to constriction and impaired motility within the *Artavavaha Srotas*, while aggravated *Kapha Dosha* contributes to the obstruction by inducing mucosal thickening and adhesions^[10]. *Sanga-type Srotodushti* affecting the *Artavavaha Srotas* disrupts the mechanism of *Beeja Grahana* (ovum reception), which parallels tubal obstruction in clinical terms and may lead to unsuccessful conception.

[11]

Case History

A 33-year-old female, married for one year, presented with primary infertility and complaints of foul-smelling vaginal discharge, with a history of vaginal infection, at Jeena Sikho Lifecare Limited Clinic, Kanpur, Uttar Pradesh, India on August 27, 2024. Her menstrual cycle was regular (LMP: August 21, 2024), with a cycle length of 23 days and 4 days of moderate, painless menstruation. The patient's past medical and surgical history is unremarkable.

Familial history showed, mother had DM Type II and Sister had hypothyroidism.

No any addiction.

No any known food/drug allergies.

Her radiograph HSG dated August 3 2024 showed bilateral fimbrial block.

TVS showed well marginal cystic mass in right adnexa.

Husband's semen analysis showed a total sperm count of 6.9 million/mL, total sperm per ejaculate of 14 million, and rapid progressive motility of 26%.

Table 1: Examination

Temperature	98.4°F
Pulse	88/min
Blood pressure	120/80 mm of hg
Weight	77.65 kg
Height	5'3"
<i>Nadi</i>	<i>Pitta Vataja</i>
<i>Mala</i>	<i>Ishatpeeta</i>
<i>Mutra</i>	<i>Samyaka Pravritti, Ishat Peeta</i>
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Anushna Sheet</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>
<i>Kshudha</i>	<i>Prakrita</i>
<i>Agni</i>	<i>Samagni</i>
<i>Nidra</i>	<i>Prakrita</i>
Gynaecological Examination	
Examination of vulva	
Inspection	
Pubic Hair	Normal
Clitoris	Normal
Labia	Normal
Redness	Absent
Swelling	Absent

Palpation: No palpable mass observed	
Vagina	
Redness	Absent
Tenderness	Absent
Local lesion	Absent
Discharge	Present
Smell of discharge	Foul smelling
Cervix (per speculum examination)	
Inflammation	Absent
Size	Normal
Redness	Absent
External OS	NAD
Cervix lip	NAD
Cervix (per vaginal examination)	
Texture	Soft
Mobility	Mobile
Movement	no pain
Bleed on touch	Absent
Fornices	
Lateral	Free, no tenderness
Posterior	Free, no tenderness
Uterus (Bimanual Examination)	
Position	Anteverted
Direction	Anteflexed
Size	Normal
Consistency	Firm
Mobility	Mobile
Tenderness	Absent

Srotas pariksha

Artavavaha srotas: Foul smelling vaginal discharge

LMP- August 21 2024, regular cycle of 23 days with 4 days moderate, painless menstruation.

Samprapti Ghatak

Dosha- Pitta – Vatapradhana Kapha

Dushya- Rasa, Rakta, Artva

Agni - Dhatvagni

Srotas- Artavavaha Srotas

Sroto- Dushti Type- Sang

Udhhavsthana- Amapakvashaya

Vyakti Sthana- Garbhashaya

Investigations

Radiograph HSG dated August 3 2024 showed bilateral fallopian tubes are out lined in its entire length is normal in course and calibre however no spillage of contrast is noted on both sides- bilateral fimbrial block.

Table 2: Treatment Administered During Visits

27/08/2024	17/09/2024	21/09/2024	05/11/2024	09/11/2024	28/11/2024
Dr. Shuddhi Powder – ½ tsp HS (Nishikala with Koshna jala)	Pradar nashak Churna ½ tsp BD (Adhobhakta with Koshna jala)	Garbha Shuddhi Tab 1 BD (Adhobhakta with Koshna jala)	Pushpa sanyog Premium 1 BD (Adhobhakta with Koshna jala)	Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)
Pradar nashak Churna ½ tsp BD (Adhobhakta with Koshna jala)	Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Arogyavardhini Vati 1BD (Adhobhakta with Koshna jala)	Arogya Vati 1BD (Adhobhakta with koshna jala)	Pushp Balance 1 BD (Adhobhakta with Koshna jala)	Pushpa sanyog Premium 1 BD (Adhobhakta with Koshna jala)
Granthi har Vati 1BD (Adhobhakta with Koshna jala)		Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)	Perion syrup 10ml BD (Adhobhakta with Samamatra koshna jala)	Ladies Tonic 10ml BD (Adhobhakta with Samamatra koshna jala)	Arogya Vati 1BD (Adhobhakta with Koshna jala)
Garbha Shuddhi Tab 1 BD (Adhobhakta with Koshna jala)		G. Liv forte 10ml BD (Adhobhakta with Samamatra koshna jala)	Vish har ras 10ml BD (Adhobhakta with Samamatra koshna jala)		Granthi har Vati 1BD (Adhobhakta with Koshna jala)
Arogyavardhini Vati 1BD (Adhobhakta with Koshna jala)		Granthi har Vati 1BD (Adhobhakta with Koshna jala)	Cough har Churna ½ tsf BD (Adhobhakta with Koshna jala)		Pushp Balance 1 BD (Adhobhakta with Koshna jala)
Perion syrup 10ml BD (Adhobhakta with samamatra Koshna jala)					Ladies Tonic 10ml BD (Adhobhakta with Samamatra koshna jala)
G. Liv forte 10ml BD (Adhobhakta with Samamatra koshna jala)					

The patient adhered to a meticulously designed Disciplined and Intelligent Person (DIP) Diet to complement the Ayurvedic treatments for tubal blockage^[12].

Treatment Intervention

I. Dietary Recommendations

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital, Kanpur include the following key recommendations:

Foods to Avoid

- Eliminate wheat, processed foods, refined products, dairy, animal-based foods, coffee, and tea.
- Avoid eating after 8 PM to support better digestion and metabolic function.

Hydration

- Drink alkaline water 3-4 times daily, along with herbal teas, "living" water, and turmeric water.
- Almond milk, coconut water & coconut milk.

Millet Inclusion

- Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.
- Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

Meal Timing & Structure

- Breakfast (9:00–10:00 AM): Steamed fruits administered in a quantity equivalent to 10 grams per kilogram of the patient's body weight, accompanied by steamed sprouts.
- Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient’s weight × 5 in grams) and cooked millets.
- Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.
- Dinner (6:15 - 7:30 PM): Same as lunch.

Special Practices

- Offer gratitude before meals to cultivate positive energy.
- Adopting *Vajrasana* posture post-meal is recommended.

II. Lifestyle Recommendations

Sungazing

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

Yoga

Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to improve hormonal balance and overall well-being.

Meditation

Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

Barefoot Walking

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

Sleep

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body’s systems function optimally.

Consistent Daily Routine

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

OBSERVATION & RESULTS

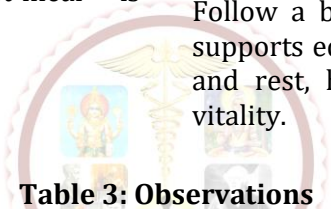


Table 3: Observations

	Weight	Symptoms
27/08/2024	77.6 kgs	Foul smelling vaginal discharge
17/09/2024	74.5 kgs	Foul smelling vaginal discharge present
10/10/2024	72.8 kgs	Foul smelling vaginal discharge present
05/11/2024	72.3 kgs	No foul smelling vaginal discharge

Table 4: Radiograph HSG - Before and After Treatment

03/08/2024	<ul style="list-style-type: none"> • Bilateral Fallopian tubes are outlined in its entire length is normal in course and calibre however no spillage of contrast is notes on both sides – Bilateral Fimbrial block • Contrast filled uterus is normal in size, shape and outline. No filling defect or mass.
05/11/2024	<ul style="list-style-type: none"> • Bilateral Fallopian tubes are normal in course and calibre. Both tubes are patent as free flow of contrast medium is noted in peritoneal cavity on either side. • Contrast filled uterus is normal in size, shape and outline. No filling defect or mass.

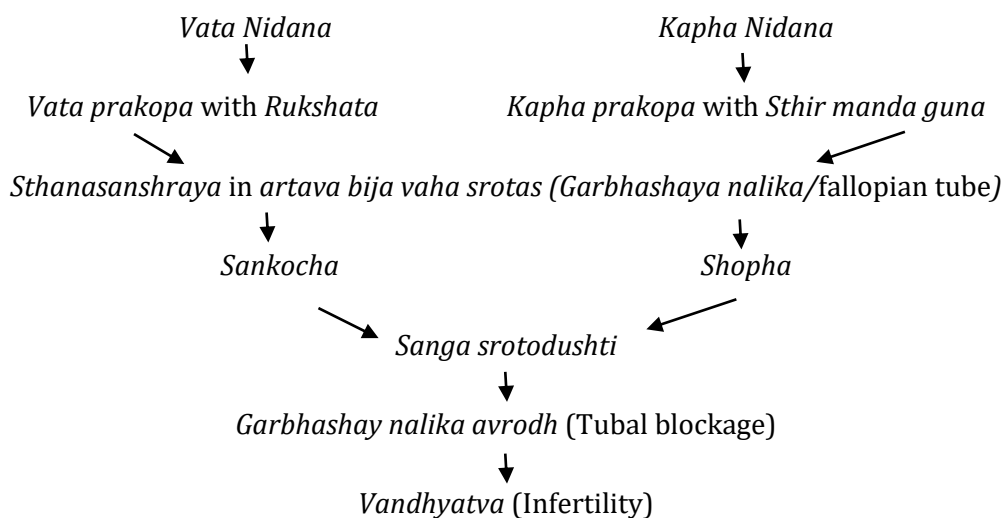


Figure 1: Before and after treatment: Radiograph HSG

DISCUSSION

Within the *Ayurvedic* paradigm, fallopian tube blockage is conceptualized as *Artava-Beejavaha Srotorodha*—an obstruction in the subtle channels responsible for the transport of ovum and reproductive elements. The primary *Doshas* involved in this condition are *Vata* and *Kapha*, which contribute to the narrowing or blockage of the tubal lumen [13]. Therefore, therapeutic agents with properties that pacify both *Vata* and *Kapha*, along with those exhibiting *Tikshna* (penetrating) and *Ushna* (heating) qualities, are considered beneficial for removing such obstructions. Additionally, the use of appetite-stimulating and digestive formulations helps enhance metabolic function, facilitating the elimination of accumulated toxins (*Ama*), which are key contributors to the blockage of bodily microchannels [13].

Samprapti (Pathogenesis) of tubal blockage-induced infertility in Ayurveda



Dr.Shuddhi Powder is a nutrient-dense *Ayurvedic* blend containing natural antioxidants that aid in boosting vitality, improving immune response, and promoting healthy digestion. It contains

ingredients like *Triphala*^[14], *Trikatu*, *Ajwain*^[15], which enhances the digestive power and minimizes bloating and strengthens metabolic process. *Amalaki*^[16], *Haritaki*^[17] has *Tridoshaghna* properties. Due to its

Madhura Vipaka, it is *Shukraavrdhan*, it helps strengthening the weak uterus thus helps in fertility. Its *Ruksha* and *Kashaya rasa* causes *Kledanashana*, works as uterine tonic and helps with reducing vaginal discharge. *Trikatu* is *Kapha Vataghna*, *Dhatvagni deepana*. *Ajwain* is *Kapha Vataghna*. Most of ingredients causes *Agnideepana* and *Amapachana*.

Pradarnashak Churna contains key ingredients like *Jambu beeja*^[18], *Daruharidra*^[19], *Mulethi* which has antioxidant property, improves digestive health. It is known to treat Leucorrhea, PID and hormonal imbalance. The majority of the constituents in this formulation exhibit a predominance of *Kashaya*, *Tikta*, *Madhura*, and *Katu Rasa*, along with *Sheeta Virya*, *Katu Vipaka*, and possess *Laghu* and *Ruksha Guna* ^[20]. The combination primarily comprises herbs with *Kaphapitta Shamak* properties, while some components also demonstrate *Kaphavatashamak* and *Vatapittashamak* actions.

Granthihar Vati supports overall health and well-being. It contains key ingredients like *Guggulu*^[21], *Kanchanar*^[22], *Amalaki* which helps improve digestion, have anti-inflammatory properties, weight management. *Guggul* is *Vataghna* due to *Ushna virya* and *Kaphagna* due to *Tikta Kashay rasa*. It possesses properties like *Kledashoshaka*, *Jantughna*, *rasayana*, *Vrishya* ^[23].

GE-LIV Forte Syrup contains key ingredients like *Bhringraj*, *Kalmegh*, *Kutaki*, *Vidanga*^[23] that improves digestion, improves liver function and boosts overall well-being. *Bhringraj*, *Vidanga* are *Kapha Vataghna*, *Aarogya Vati*^[24] contains ingredients like *Shatavari*, *Ashwagandha* which helps in hormonal balance and beneficial for reproductive health. It also helps in stress reduction which can have a positive impact on fertility. It promotes digestive health. Good for weight management by fastening metabolism. It is *Pachani*, *Deepani*, *Medovinashini*, *Srotoshodhak*, *Tridosahara* and *Malshudhikar*. Owing to its *Ushna* and *Laghu* Gunas along with *Tikta Rasa*, the formulation alleviates *Kapha* and *Meda Dushti*, thereby helping in the mitigation of associated symptoms.

Ladies tonic includes essential components such as *Aloe Vera*, dried ginger (*Sonth*), and black pepper (*Kali Mirch*). This formulation supports hormonal balance by helping regulate the menstrual cycle, enhancing fertility, and alleviating stress.

Pushp sanyog premium contains *Putranjeevak*^[25], *Lakshmana*, *Lodhra*, *Ashoka*, Powder of *Shukrashodhak Vati*, *Veeryashodhak Vati*, *Garbhupal rasa*, *Swarna bhasma*, *Rajat bhasma*, *Tamra Bhasma*^[26,27]. *Putranjeevak* is said to be best for treating infertility, *Kaphavatahara*. Useful in Leucorrhea. *Ashoka* is *laghu*, *Ruksha* and useful in *Yonivyapat* ^[28]. *Suvarna Bhasma*,

being a potent *Rasayana*, is employed in conditions of *Rajakshina* (menstrual insufficiency). It is believed to exert a therapeutic effect on the neural pathways associated with uterine function. It helps in fallopian tube blockage. It regulates menstrual cycle and helps in infertility.

Garbh shuddhi Vati contains *Ashwagandha*, *Shata-pushpa*, *Jambu*, *Guduchi*, *Triphala*, Powder of *Kanchanar Guggul*, *Shigru Guggul*, *Swarnavanga bhasma*, *Swarna makshik bhasma*, *Vang Sindur*, *Yashad bhasma*, *Tamra bhasma*, *Tankan bhasma*, *Pradarantak louha*. It is useful in *Yoni daha* and *Pradara*. *Vanga bhasma* acts on *Vata dosha* ^[29]. It improves function of reproductive system and helps in ovulation and thus it is best for infertility.

Pushp balance Vati ^[30] has properties like *Katu rasa*, *Ushna veerya*, *Sara*, *Teekshna guna* and *Pitta vardhaka*^[31]. It removes the obstruction in the passage and leads to *Sroto Shodhana*.

The *Shaman chikitsa* used that promotes *Deepana*, *Pachana*, balances the vitiated *Doshas* and promotes well-being.

CONCLUSION

The *Ayurvedic* treatment protocol-*Shaman Chikitsa* along with *Deepana* and *Pachana*-was found to be effective in managing tubal blockage in this case. The treatment had *Vata-Kapha* pacifying properties, and the *Tikshna* (sharp) and *Ushna* (hot) qualities of the medicines played a significant role in removing the obstruction. Metabolic activities were enhanced through the use of appetizers and digestive medicines, which also reduced *Ama*, a key contributor to the blockage of microchannels (*Srotas*), thereby restoring tubal patency. Pre-treatment HSG dated 03/08/2024 showed bilateral fimbrial block with no contrast spillage, while post-treatment HSG dated 05/11/2024 revealed patent Fallopian tubes with free spillage of contrast into the peritoneal cavity. The uterus remained normal in both reports. The positive clinical outcome underscores the therapeutic potential of *Ayurvedic* interventions in managing tubal obstruction and enhancing reproductive fertility. However, further clinical studies are needed to evaluate long-term fertility outcomes, the incidence of ectopic pregnancies, and to compare the effectiveness of various *Ayurvedic* treatment modalities for tubal factor infertility.

REFERENCES

1. Neff K, Mueller A, Ling J. Fallopian tube and uterus histology [Internet]. Osmosis from Elsevier; 2025 [cited 2025 Jul 29]. Available from: https://www.osmosis.org/learn/Fallopian_tube_and_uterus_histology

2. Tampa General Hospital. Fallopian tube blockage [Internet]. Tampa (FL): Tampa General Hospital; [cited 2025 Jul 29]. Available from: <https://www.tgh.org/institutes-and-services/conditions/fallopian-tube-blockage>
3. Conceiving after tubal surgery: fact sheet. american association of reproductive medicine. Accessed November 6, 2008. http://asrm.org/uploaded_files/ASRM_content/resourses/patient_Resourses/fact_sheet_and_info_Booklets/conceviencing_After_Tubal_Surger.pdf (8 th jan 2012).
4. Hydrosalpinx: Fact sheet. American Association of reproductive medicine. Assesed November 6, 2008. http://asrm.org/fact_sheet_and_info_Booklets/hydrosalpinx%281%29.pdf (8th jan 2012)
5. Dawn C.S. Text book gynecology and contraception 11 th Edn. Dawn books Calcutta, 1994 pp :10/216
6. De cherny et al text book of gynecology 2nd edition. new central book agency, Calcutta increased pregnancy rate with oil soluble hysterosalpingography dye fertile/sterile. 1980. 33/407.
7. Katole A, Saoji AV. Prevalence of primary infertility and its associated risk factors in urban population of central India: A community-based cross-sectional study Indian J Community Med. 2019;44:337-41
8. Infertility statistics 2022: How many couples are affected by infertility. Available at: <https://www.singlecare.com/blog/news/infertility-statistics>.
9. Dutta DC Text Book of Gynaecology. 2013 6th London New Central Book Agency: 219 chapter 16, infertility-tubal factor
10. Shukla Upadhyaya K, Karunagoda K, Dei LP. Infertility caused by tubal blockage: An ayurvedic appraisal. Ayu. 2010 Apr;31(2):159-66. doi: 10.4103/0974-8520.72378. PMID: 22131704; PMCID: PMC3215358.
11. Sushruta, Sushruta Samhita, Ambikadatta Shastri Sharirasthana, chapter 9/11. 2018 Varanasi Chaukhambha Samskrita Sansthana: 97.
12. Chowdhury, Dr. Biswaroop Roy. World's Best, The D.I.P. Diet. Dr. Biswaroop Roy Chowdhury, 2024.
13. Dansana, Sudha¹, Hota, Dinesh Kumar²; Panda, Pradeep Kumar³; Kadam, Sujata⁴. Management of tubal blockage through Ayurvedic interventions: A case study. Journal of Research in Ayurvedic Sciences 6(3):p 127-132, Jul-Sep 2022. | DOI: 10.4103/jras.jras_122_22
14. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 231.
15. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 500.
16. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 655.
17. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 452.
18. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 469.
19. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 348
20. Pratima Shikerkar, Gandhali Upadhye, Critical review of efficacy of Pushyanug Churna in Raktapradara. J Ayu Int Med Sci. 2024;9(6):127-130. Available From <https://jaims.in/jaims/article/view/3254>
21. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 386.
22. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 438.
23. Ashwini S. Tavarakhed et al: A Critical review on Kanchanara Guggulu and Vidanga Churna in the management of Hypothyroidism in Children. International Ayurvedic Medical Journal {online} 2025 {cited May 2025}
24. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 536.
25. Rasa Ratna Samuchya Suratnojwala Hindi Vyakya visarpa rogadhikar 20/87 & 93.
26. Dr.A.P.Deshpande, Dr.Javalgekar, Dr.Subhash Ranade, Dravyaguna Vigyan, 5th Edition, M. D. Nandurkar Anmol Prakashan, Pune, August 2004. Page 935.
27. Sharma, Sadananda, and K. N. Shastri. "Rasa tarangini." Shastry K, editor 2 (2000).

28. Hebbar R. Ashoka bark – Saraca indica: uses, medicinal qualities, Ayurveda details [Internet]. EasyAyurveda.com; 2012 Dec 26 [cited 2025 Jul 29]. Available from: <https://www.easyayurveda.com/2012/12/26/ashoka-bark-saraca-indica-uses-medical-qualities-ayurveda-details/>
29. Koralli M. Basmās used in gynaecological disorders or Yonivyapat [Internet]. Presented by Dr. Madhuri Koralli, Dept. of RSBK, RAMC, Bangalore; [cited 2025 Jul 29]. 16 p. Available from: [https://www.scribd.com/presentation/788648008/Basmas-used-in-gynaecological-disorders-or-](https://www.scribd.com/presentation/788648008/Basmas-used-in-gynaecological-disorders-or-yonivyapat-by-Dr-Madhuri-Koralli-ppt-Sharma-H-S-Nagarguna's-Rasendra-Mangala-(Chaukhambha-Orientalia)-Varanasi-2003)
30. Shankara. Rasa Chandamshu. Edited by Dattaramavaidya translated in Kannada by Dr.A. Halseekar. Hubli: Atreyasadanaganesh pet;1850. Uttarakhanda, Rasa vaidya, 789pp.
31. Hebbar J. Raja Pravartini Vati: benefits, dosage, ingredients and side effects [Internet]. Ayurmedinfo.com; 2012 Jun 29 [cited 2025 Jul 29]. Available from: <https://www.ayurmedinfo.com/2012/06/29/raja-pravartini-vati-benefits-dosage-ingredients-and-side-effects/>

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Case Study

ENLIGHTENING ON EFFECTUAL AYURVEDIC THERAPEUTICS IN EARLY DIAGNOSED TYPE 2 DIABETES MELLITUS

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ABSTRACT

Diabetes mellitus is a lifestyle-related disease that has been recognized and described in Ayurvedic literature since ancient times. It is termed as *Prameha vyadhi* in Ayurveda. The characteristic symptom of the DM (*Prameha*) is polyurea (*Bahu mutrata*). It mainly causes due to *Kaphaprapak aahar-vihar*. Due to this metabolic dysfunction occurs and it hampers the healthy life of a person. It affects both mental and physical health. This case study is about the male patient of age 38 years old. He came with early diagnosed type 2 diabetes to Jeena Sikho Lifecare Limited Clinic, Sangrur, Punjab on 30/11/2023. He had complaints like burning sensation in eyes, tingling numbness in legs etc. On the basis of Ayurvedic criteria he was diagnosed as *Pittanubandhi Kaphaj Prameha*. Ayurvedic treatment not only includes medications but also includes do's and don'ts for diet and lifestyle (*Pathya-apathya*). Various drugs like *Haridra*, *Amalaki*, *Shilajeet* etc. are used in the above-mentioned case. This study enlightens that how *ayurvedic* treatment can reverse the diabetes if it is diagnosed early. Investigation reports reveal a catching reduction in HbA1c and mean blood glucose level after treatment. This ongoing case study enlightens the effectual Ayurvedic therapeutics for diabetes.

INTRODUCTION

Diabetes Mellitus (DM) is a metabolic disorder characterized by an elevated blood sugar (glucose) level [1]. It occurs either when the pancreas does not produce sufficient insulin or when the body is unable to effectively utilize the insulin it produces.

According to modern science, DM is primarily classified into two types:

1. Type 1 Diabetes Mellitus- Also known as insulin-dependent DM, this type is characterized by a deficiency in insulin production.
2. Type 2 Diabetes Mellitus- Also known as non-insulin-dependent DM, this is the most common form of diabetes. In this condition, the body's cells are unable to efficiently absorb glucose from the bloodstream, resulting in elevated blood sugar levels.

Key contributing factors to the rise in Type 2 Diabetes include obesity, reduced physical activity, and advancing age. This type of diabetes is often preventable and reversible if diagnosed early and managed with appropriate medication and lifestyle modifications [2].

According to Ayurveda, *Kaphaprapak aahar vihar* is the main cause of *Prameha* (diabetes)[3]. that means a lifestyle disorder. Causes include curd and their products, heavy diet, lack of exercise, jaggery products etc. *Prameha* has 3 types in texts as follows [4]:

1. *Vataj Prameha*
2. *Pittaj Prameha*
3. *Kaphaj Prameha*

These classifications are based on the dominance of specific *Doshas*. The present case study involves Type 2 Diabetes Mellitus, which, according to Ayurvedic principles, is identified as *Kaphaja Prameha*.

Statistics

Figures of diabetes are growing very rapidly on the global level. The IDF (International Diabetes Federation) Atlas (2021) reported that 10.5% of the adult population (20-70 yr) has diabetes, with almost half unaware that they are living with the condition[5].

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By 2045, IDF projections show that 1 in 8 adults, approximately 783 million, will be living with diabetes^[6]. Total number of people living with diabetes is projected to rise 643 million by 2030 and 783 million by 2045^[7]. According to Indian Council of Medical Research- India Diabetes (ICMR INDIAB) study published in 2023, the prevalence of diabetes is 10.1 crores^[8].

Case Report

A 38 years old male patient came to Jeena Sikho Lifecare Limited Clinic, Sangrur, Punjab, on 25/11/2023. He came with symptoms of –

1. Burning sensation in eyes.
2. Burning sensation with pain and tingling numbness to leg.
3. Polyuria and nocturia.
4. Pain and swelling over left shoulder due to pulling of weight.

Follow up on 26/12/2023

Above symptoms reduced

Follow up on 20/1/2024

1. No burning sensation
2. Urination normal
3. Headache
4. Body pain
5. Constipation

6. Sleep decreased

Follow up on 23/3/2024

1. Sleep normal
2. Constipation
3. Headache
4. Body pain

The patient had a known history of migraine and a positive family history of diabetes on both the maternal and paternal sides. A comprehensive evaluation was conducted, including detailed medical history, physical examination, and relevant investigations. During his visit to the clinic, he was newly diagnosed with Type 2 Diabetes Mellitus based on his HbA1c level, which was 9.3%, and his mean blood glucose level measured 220.21mg/dL on 25th November 2023.

When he visited to above mentioned clinic, he diagnosed as *Kaphaj Prameha* with *Pittanubandhi* on the basis of Ayurvedic criteria. It means this type has predominance of *Kapha Dosha* and fewer predominance of *Pitta Dosha* as compared to *Kapha Dosha*. Due to this type and early diagnosis of *Prameha (Navotthit prameha)* it was quite easy to treat. Because *Acharya Charaka* said that *Kaphaj Prameha* can be cured if diagnosed early.^[9] A detailed assessment of his fundamental signs on the day of the visit is as follows:

Table 1: Dashvidha Parikshan

<i>Prakriti</i> (Physical constitution)	<i>Vata Pitta</i>
<i>Vikriti</i> (pathological constitution)	<i>Kaphaj Pittaj</i>
<i>Sara</i> (excellence of tissues)	<i>Madhyam</i>
<i>Samhanan</i> (body compactness)	<i>Madhyam</i>
<i>Praman</i> (measurements of body parts)	<i>Madhyam</i>
<i>Satmya</i> (homologation)	<i>Madhyam</i>
<i>Sattva</i> (mental constitution)	<i>Madhyam</i>
<i>Aaharshakti</i> (capacity ingesting, digesting and assimilating the food)	<i>Madhyam</i>
<i>Vyayamshakti</i> (capacity to exercise)	<i>Madhyam</i>
<i>Vaya</i> (age)	<i>Yuvavastha</i>

Table 2: Ashtavidha Parikshan

<i>Nadi</i>	<i>Kapha paittik</i>
<i>Mala</i>	<i>Prakrita</i>
<i>Mutra</i> (urine)	<i>Prabhut mutrata</i> (polyuria)
<i>Jivha</i> (tongue)	<i>Saam</i>
<i>Sbhabd</i> (pronunciation)	<i>Spashta</i> (clear)
<i>Sparsh</i>	<i>Anushna Sheet</i> (normal)
<i>Drika</i>	<i>Prakrita</i>
<i>Aakriti</i> (physique)	<i>Sthool</i> (obese)

Table 3: Investigation reports (on 1st day of admission)

Test name	Value	Date
Glycosylated Hemoglobin (HbA1c)	9.3 percent	25/11/2023
Mean blood glucose	220.21 mg/dL	25/11/2023

Ayurvedic Intervention

1. Medicines (*Shaman chikitsa*)

Table 4: Medicines (*Shaman chikitsa*)

Date	Drugs	Dose and time
Course (1) 30/11/2023	Divya shakti powder Prameha rog har powder Tab. Ashwagandha DM + syrup	½ tsf HS (<i>Nishakala</i> with <i>Koshna jala</i> i.e. lukewarm water). ½ tsf TDS before meal (<i>Pragbhakta kala</i> with <i>Koshna jala</i>). 2 Tab BD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>) 15 ml BD (<i>Adhobhakta kala</i> with <i>Sam matra</i> of <i>Koshna jala</i> i.e. equal amount of lukewarm water)
Course (2) 26/12/2023	Divya shakti powder Prameha roghar powder Tab. Asthiposhak Tab. Ashwagandha DM + syrup	½ tsf HS (<i>Nishakala</i> with <i>Koshna jala</i> i.e. lukewarm water) ½ tsf TDS before meal (<i>Pragbhakta kala</i> with <i>Koshna jala</i>) 1Tab BD (<i>Pragbhakta kala</i> with <i>Koshna jala</i>) 1 Tab BD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>) 15 ml BD (<i>Adhobhakta kala</i> with <i>Sam matra</i> of <i>Koshna jala</i> i.e. equal amount of lukewarm water))
Course (3) 20/1/2024	Dr. Shuddhi powder Prameha roghar powder Cap. DM Bramhi vati	½ tsf HS (<i>Nishakala</i> with <i>Koshna jala</i>) ½ tsf TDS before meal (<i>Pragbhakta kala</i> with <i>Koshna jala</i>) 1 Cap BD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>) 2 Tab HS (<i>Nishakala</i> with <i>Koshna jala</i>)
Course (4) 23/3/2024	Dr. Shuddhi powder Cap. Arthri Prameha roghar powder Bramhi vati Chander vati Cap. DM	½ tsf HS (<i>Nishakala</i> with <i>Koshna jala</i>) 1 Tab OD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>) ½ tsf TDS before meal (<i>Pragbhakta kala</i> with <i>Koshna jala</i>) 1 Tab HS (<i>Nishakala</i> with <i>Koshna jala</i>) 1 Tab OD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>) 1 Tab OD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>)
Course (5) 1/6/2024	Prameha roghar powder Cap. DM	½ tsf TDS before meal (<i>Pragbhakta kala</i> with <i>Koshna jala</i>) 1 BD (<i>Adhobhakta kala</i> with <i>Koshna jala</i>)

Table 5: *Aahar-vihar* (lifestyle changes)

<i>Pathya</i> (Do's)	<i>Apathya</i> (Don'ts)
Maintain an eating schedule between 8.00 am to 6.00 pm	Don't sleep in the day time
Before eating invoke the divine and sit in <i>Vajrasan</i> after each meal to regulate digestion	Skip sugar, dairy products, packed foods, milk and milk products
Wake up early and sleep early before 09.00 pm.	Avoid having ripen sweet fruits like banana, sapodilla fruit
Exercise and meditate regularly at least for 45 min.	Avoid eating after sunset
Always eat fresh and homemade food.	Don't awake at late night

DIP (Discipline and Intelligent) diet: Patient was kept on DIP diet plan for 5 months. This diet plan is clinically proved to play significant role in reversing the lifestyle disorders like diabetes [10].

Fruits: All type of citrus fruits including oranges, berries, apple etc. Quantity of fruits is advised according to DIP diet formula as given below. Depending on this formula patient was advised to have 860gm fruits in the morning as his weight was 86 kg.

$$\text{Patient's weight in grams} \times 10 = \text{fruits in grams}$$

Salad: Salads such as cucumber, tomato, beetroot, etc., were advised to be consumed before lunch and dinner. Following the salad, the patient was instructed to eat a meal that included a millet-based diet. Based on the calculation using the formula provided below, the patient was advised to consume approximately 430 grams of salad prior to each meal.

$$\text{Patient's weight in grams} \times 5 = \text{salad in grams}$$

Lunch and dinner: Consumption of barley or other millet-based flatbreads, green gram soup (*Mudga Yusha*)^[11], along with rice and a variety of vegetables- particularly fruit vegetables such as bitter gourd, okra, bottle gourd, and ivy gourd- was recommended.

Diagrammatically this DIP diet is arranged as below to understand easily and follow the same. The main diet is mentioned in Diagram 1. In the diagram 2 DIP diet schedule is given.

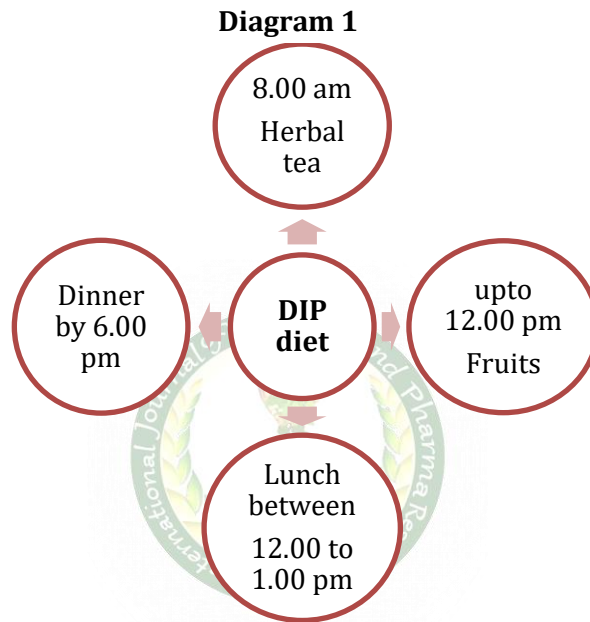
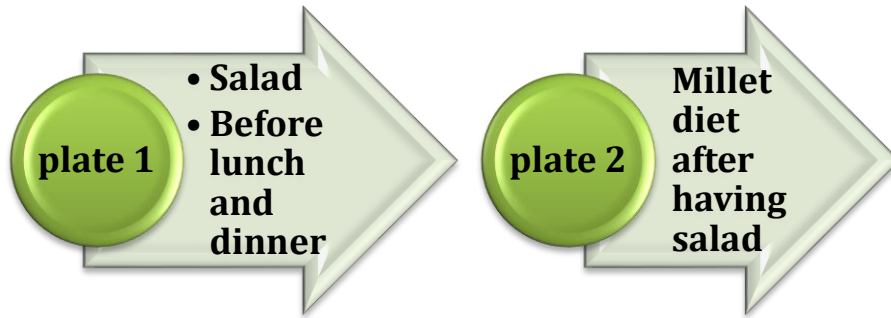


Diagram 1

RESULT

Diabetic symptoms of patient on first day were absent after 5 months of successful anti-diabetic therapeutics. After treatment changes are as follows.

Table 6

Before treatment	After treatment
<i>Netra daha</i> (Burning sensation in eyes)	Absent
Pain in right frontal region with pain around the right eye due to migraine	Absent
<i>Pada daha</i> and <i>supti</i> (burning sensation with pain and tingling numbness to leg)	Absent
<i>Mala</i> (Bowel movement)	<i>Prakrit</i> (Normal, not constipated)
<i>Bahumutrata</i> (Polyuria and nocturia)	<i>Prakrit</i> (Normal frequency)
<i>Jivha aalepan</i> (white coating over tongue)	<i>Niram</i> (Clear)

Investigation values also revealed the positive readings as follows –

Table 7

Test name	Before treatment (25/11/2023)	After treatment
Glycosylated Hemoglobin (HbA1c)	9.3 percent	6.2 percent.
Mean blood glucose	220.21 mg/Dl	131.2 mg/dL

DISCUSSION

Treatment of *Prameha* starts with *Nidana parivarjana* (abstinence from the etiological factors). Because *Charakacharya* said that frequent consumption of both the dietary and life style responsible for the origin of *Prameha* should be stopped^[12]. Along with it, practice of *Pathya* (dietary regimens) is also important for the management of *Prameha*.

Ingredients of the above formulations are as follows

1) Divya shakti powder: *Trikatu* (*Zingiber officinale*, *Piper nigrum*, *Piper longum*), *Triphala* (*Emblica officinalis*, *Terminalia chebula*, *Terminalia bellirica*), *Musta* (*Cyperus rotundus*), *vidang* (*Embelia ribes*), *Laghu ela* (*Elettaria cardamomum*), *Tejpatra* (*Cinnamomum tamala*), *Lavang* (*Syzygium aromaticum*), *Trivrutta* (*Operculina turpethum*), *Saindhav* (Rock salt), *Dhanyak* (*Coriandrum sativum*), *Pippali mul* (*Piper longum* root), *Jeerak* (*Cuminum cyminum*), *Nagkeshar* (*Mesua ferrea*), *Dadim* (*Punica granatum*), *Bruhat ela* (Black cardamom), *Hingu* (*Ferula asfoetida*), *Ajmoda* (*Apium graveolens*), *Sajjikshar* (*Sodium bicarbonate*), *Pushkarmool* (*Inula racemosa*), *Mishri* (Rock sugar).

Use: Boosts immunity and aids to treat indigestion

2) Prameha roghar powder: *Kutaki* (*Picrorhiza kurrooa*), *Kirattikta* (*Swertia chirayta*), *Nimba* (*Azadirachta indica*), *Karvellak* (*Momordica charantia*), *Rasanjan* (*Berberis aristata*), *Amlika beeja* (*Tamarind seeds*), *Kala namak* (Black salt), *Guduchi* (*Tinospora cordifolia*), *Shunthi* (*Zingiber officinale*), *Babbula tvak and phal* (*Acacia Arabica* bark and fruit), *Sarpagandha* (*Rauvolfia serpentina*), *Trivang bhasma*, *Yashad bhasma*, *Revandchini*, *Guggulu* (*Commiphora mukul*), *Methika* (*Trigonella foenum*), *Jambu* (*Syzygium cumini*), *Karanj* (*Pongamia pinnata*), *Shilajeet*, *Haridra* (*Curcuma longa*), *Haritaki* (*Terminalia chebula*), *Indrayava* (*Holarrhena antidysenterica* seeds), *Vanshlochan* (*Bambusa arundinacea*), *Bibhitaki* (*Terminalia Bellerica*), *Amalaki* (*Emblica officinalis*), *Shweta musli* (*Chlorophytum borivilianum*), *Gudmar* (*Gymnema sylvestre*)

Use: All types of diabetes, controls blood sugar level, relieves urinary problems, improves immunity, useful in diabetic neuropathy and retinopathy

3) Cap. DM: *Aamragandhi Haridra* (*Curcuma amada*), *Guduchi* (*Tinospora cordifolia*), *Methika* (*Trigonella foenum*), *Shweta musli* (*Chlorophytum borivilianum*), *Nimba* (*Azadirachta indica*), *Karvellak* (*Momordica charantia*), *Jambu* (*Syzygium cumini*), *Bilva patra* (*Aegle marmelos* leaves), *Gudmar* (*Gymnema sylvestre*), *Shilajit* (*Asphaltum*)

Use: all types of diabetes and all diabetic complications.

4) Tab. Ashwagandha (*Withania somnifera*)

Use: Nervine tonic and it aids in sleeping disorders (*Anidra*).

5) DM + syrup: *Ashwagandha* (*Withania somnifera*), *Kumari* (*Aloe vera*), *Erand karkati* (*Carica papaya*), *Guduchi* (*Tinospora cordifolia*), *Saptrangi* (*Salacia oblonga*), *Karvellak* (*Momordica charantia*), *Jambu* (*Syzygium cumini*), *Nimba* (*Azadirachta indica*), *Gudmar* (*Gymnema sylvestre*), *Kalmegh* (*Andrographis paniculata*), *Arjun* (*Terminalia arjuna*), *Pippali* (*Piper longum*), *Tvak* (*Cinnamomum zeylanicum*), *Tulsi* (*Ocimum sanctum*)

Use: All type of diabetes, proteinuria, skin disorders and boost immunity

6) Chander vati: *Kapoor Kachri* (*Hedychium spicatum*), *Vacha* (*Acorus calamus*), *Kalmegha* (*Andrographis paniculata*), *Guduchi* (*Tinospora cordifolia*), *Devdaru* (*Cidrus deodara*), *Haridra* (*Curcuma longa*), *Ativisha* (*Aconitum heterophyllum*), *Daruharidra* (*Berberis aristata*), *Pippali mul* (Root of *Piper longum*), *Chitrak* (*Plumbago zeylanicum*), *Dhanyak* (*Coriandrum sativum*), *Haritaki* (*Terminalia chebula*), *Bibhitaki* (*Terminalia bellirica*), *Amalaki* (*Emblica officinalis*), *Chavya* (*Piper retrofractum*), *Vidang* (*Embelia ribes*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*), *Shunthi* (*Zingiber officinale*), *Gaj pippali* (*Scindapsus officinalis*), *Swarna makshik bhasam*, *sajjikshar*, *saindhav* (rock salt), *krushna lavan* (black salt), *Laghu ela* (*Elettaria cardamomum*), *Twak* (*Cinnamomum zeylanicum*), *Patra* (*Cinnamomum tamala*), *Danti* (*Baliospermum montanum*), *Trivrutta* (*Operculina turpethum*), *Vanshlochan* (*Bambusa arundinacea*), *Loha bhasma*, *Shilajeet* (*Asphaltum*), *Guggulu* (*Commiphora mukul*).

Uses: Diuretic, kidney dysfunction, UTI, CKD, stone, urine retention, anti-diabetic activity.

Apart from above formulations following formulations had been prescribed for along with complains which may not be related to diabetes like pain and swelling to left shoulder, constipation, insomnia.

7) Dr Shuddhi powder: *Trikatu* (*Zingiber officinale*, *Piper nigrum*, *Piper longum*), *Triphala* (*Emblica officinalis*, *Terminalia chebula*, *Terminalia bellerica*), *Dadim* (*Punica granatum*), *Musta* (*Cyperus rotundus*), *Tvak* (*Cinnamomum zeylanicum*), *Vidang* (*Embelia ribes*), *Laghu ela* (*Elettaria cardamomum*), *Bruhat ela* (black cardamom), *Hingu* (*Ferula asfoetida*), *Tejpatra* (*Cinamomum tamala*), *Kanchnar* (*Bauhinia*)

variegate), Lavang (*Syzygium aromaticum*), Ajmoda, Trivrutt, Sajjikshar, Saindhav, Pushkarmoola, Dhanyak, Sanaypatr (*Cassia angustifolia*), Pippali mul (root of *Piper longum*), Mishri (rock sugar), Jeerak (*Cuminum cyminum*), Nagkeshar (*Mesua ferra*).

Use: Relieves constipation

8) **Asthiposhak vati:** Godanti (purified Gypsum), Shilajeet (purified Asphaltum), Ashwgandha (*Withania somnifera*), Tavaksheer, Pippali (*Piper longum*), Amra haridra (*Curcuma amada*), Hadjorh (*Cissus quadrangularis*)

9) **Bramhi vati:** Brahmi (*Bacopa monnieri*), Rassindur, Sheelajit (purified Asphaltum), Marich (*Piper nigrum*), Vidanga (*Embelia ribes*), Pippali (*Piper longum*), Abhrak bhasma (Ash of purified Mica), Vang bhasma (Ash of purified Tin)

Use: Brain related disorders, depression, psychiatric disorders, insomnia, hypertension, anxiety

10) **Arthri capsule:** Nirgundi (*Vitex nigundo*), Trivrutta (*Operculana turpethum*), Shunthi (*Zingiber officinale*), Punarnava (*Boerhavia diffusa*), Guduchi (*Tinospora cordifolia*), Suranjan (*Colchicum luteum*), Rasna (*Pluchea lanceolata*), Shudha bhasma.

Use: Joint pain, Vata vyadhi, arthritis

These notable improvements in both clinical symptoms and laboratory parameters support the efficacy of Ayurvedic treatment in managing diabetes holistically. The case underscores the importance of early intervention, individualized care, and long-term discipline in achieving successful outcomes.

Probable mode of action of above drugs according to modern science

Above mentioned herbs possess anti-diabetic potential. All drugs act in various ways. Some drugs reduce Glucose-6-phosphatase activity there by reducing the blood sugar level. Drugs like *Kirattikta* increases insulin sensitivity by stimulating insulin receptor and increases glucose absorption. They stimulate pancreatic beta cells for more insulin secretion. Some drugs like *Nimb*^[13], *Kirattikta* dilates blood vessels and act as prophylactic. *Karvellak* possesses charantin as anti-diabetic chemical compound ^[14]. *Kirattikta* contains mangiferin which is anti-diabetic. *Karanja* decreases cell membrane integrity. *Guduchi* acts by increasing C-Peptide level and decreases glycation of Hb^[15]. Thus all herbs play a significant role in diabetes by various mode of actions. Image no. 1 reveals that how mentioned anti-diabetic herbs play a significant role in reducing blood sugar level as below -

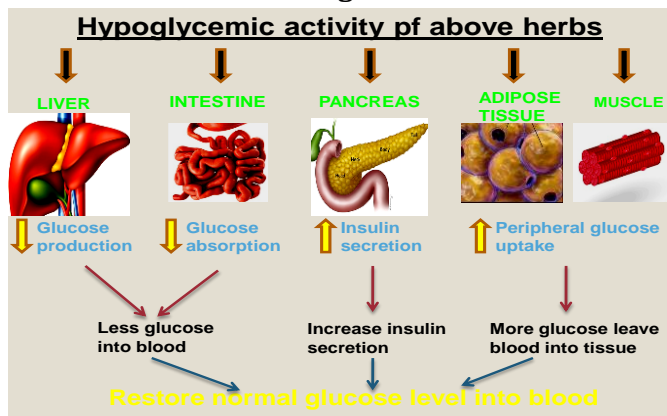
Subjective Improvements (Before vs After Treatment)

Symptom	Before Treatment	After Treatment
Netra Daha (Burning sensation in eyes)	Present	Absent
Migraine pain with frontal and periorbital pain	Present	Absent
Pada Daha and Supti (Burning sensation, tingling and numbness in legs)	Present	Absent
Mala (Bowel movement)	Irregular	Prakrit (Normal)
Bahumutrata (Polyuria and nocturia)	Present	Prakrit (Normal frequency)
Jivha Aalepan (White coating on tongue)	Present	Niram (Clear tongue)
Kshudha (Appetite)	Disturbed	Prakrit (Normal)

Objective Improvements

Test	Before Treatment (25/11/2023)	After Treatment
Glycosylated Hemoglobin (HbA1c)	9.3%	6.2%
Mean Blood Glucose	220.21 mg/dL	131.2 mg/dL

Image 1



Some examples of herbs of above action

Increases insulin secretion – *Karanja*^[16], *Indrayava*^[17], *Guduchi*, *Kirattikta* etc.

Decreases intestinal glucose absorption – *Kirattikta*, *Indrayava*

Probable mode of action of above drugs according to Ayurveda

According to Ayurveda all herbs mentioned in above formulations almost drugs possess *Katu*, *Tikta*, *Kashay rasa*, *Laghu*, *Ruksha guna*, *Katu vipaka* and *Ushna veerya*.

REFERENCES

1. World Health Organization. Diabetes. Geneva: World Health Organization; [cited 2025 Jul 29]. Available from: https://www.who.int/health-topics/diabetes#tab=tab_1
2. American Red Cross. Diabetes and blood donation [Internet]. Washington (DC): American Red Cross; [cited 2025 Jul 29]. Available from: <https://www.redcrossblood.org/donate-blood/dlp/health-assessment/diabetes.html>
3. Vaidya Yadavji Trikamji, Charaka Samhita- Agnivesha revised by- Charaka and Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsasthana, 06, Prameha Chikitsa Adhyaya, Reprinted 2004, Published- Chaukhamba Sanskrit Sansthan Varanasi; page no. 167
4. Vaidya Yadavji Trikamji, Charaka Samhita- Agnivesha revised by- Charaka and Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsasthana, 06, Prameha Chikitsa Adhyaya, Reprinted 2004, Published- Chaukhamba Sanskrit Sansthan Varanasi; page no. 167
5. MSD Greece. World Diabetes Day reminder: diabetes global burden and awareness [Internet]. LinkedIn; 2024 Nov [cited 2025 Jul 29]. Available from: https://www.linkedin.com/posts/msdgreece_worlddiabetesday_activity_7262799169751339009_uFq
6. International Diabetes Federation. Diabetes facts & figures [Internet]. [cited 2025 Jul 29]. Available from: https://idf.org/about/diabetes/diabetes_facts_figures/
7. <https://idf.org>about/diabetes> cited on 14/12/2024
8. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1944600> cited on 14/12/2024
9. Vaidya Yadavji Trikamji, Charaka Samhita- Agnivesha revised by- Charaka and Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsa sthana, 06, Prameha Chikitsa Adhyaya, Reprinted 2004, Published- Chaukhamba Sanskrit Sansthan Varanasi; page no. 168
10. Choudhary, B. R. (2021). World's best the D.I.P diet. Diamond pocket books. X-30, Okhla Industrial area, New Delhi
11. Vaidya Yadavji Trikamji, Charaka Samhita - Agnivesha revised by- Charaka and Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsasthana, 06, Prameha Chikitsa Adhyaya, Reprinted 2004, Published- Chaukhamba Sanskrit Sansthan Varanasi; page no. 171-172
12. Vaidya Yadavji Trikamji, Charaka Samhita- Agnivesha revised by- Charaka and Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsa sthana, 06, Prameha Chikitsa Adhyaya, Reprinted 2004, Published- Chaukhamba Sanskrit Sansthan Varanasi; page no. 176
13. Evaluation of hypoglycemic activity of Neem (Azadirachta indica) in albino rats, D. Nagashayana G et al, IOSR Journal of Dental and Medical Sciences (IOSR-JDMS).Volume 13, Issue 9 Ver. II (Sep. 2014), PP 04-11
14. Studies on extraction and hypoglycemic effect of saponins of momordica charantia l. var. abbreviata ser. Wuxi, china, Zhao H. W. et al, Food Chemistry. Volume 111, Issue 2, 15 November 2008, Pages 340-344
15. Chandra Shekhar Singh, Amit Kumar Singh, Sonam Khandelwal, Ratanlal Vishwkarma; Anti Diabetic Activity of Ethanolic Extract of Tinospora cordifolia Leaves. Int. J. of Drug Discovery & Herbal Research, 2013; 3(1): 601-604.
16. Anti-diabetic effect of methanolic leaf extract of Pongamia pinnata on streptozotocin induced diabetic rats, Selvaraju Kavipriya et al, Journal of Coastal Life Medicine 2013; 1(2): 113-117
17. Vinay kumar Pathak Holarrhena antidysenterica seeds against streptozotocin induced Diabetic in rats. International journal of pharma research & review, April 2015. 4[4]: 1-6.
18. Vaidya Yadavji Trikamji Acharya. Charaka Samhita with Ayurveda dipika commentary by Sri. Chakrapanidatta. Sutrasthan 26, Aatreya bhadra kapyiya adhyaya. Vol-1, Chaukhamba Surbharati Prakashana, Varanasi; Reprint 2014: p. 143
19. Ganesh Krishna Garde, Ashtanga Hridaya, Sutrasthan 9, Dravyadi Vidnyaniya Adhyaya, edition- 2013, published by- Anmol Prakashan Pune, page no. 115

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Case Study

INFLUENTIAL EFFECT OF DIET AND *PANCHAKARMA* THERAPY IN LIVER DISEASE: A CASE STUDY ESPECIALLY REFERENCING TO THE *VATAJA YAKRITA VIKARA*

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ABSTRACT

Ayurveda can offer promising improvement in liver diseases within a short period of time. Currently, there is a rapid rise in chronic liver disease (CLD) cases due to factors like alcohol intake, viral infections, and poor dietary habits. The most common cause nowadays is a long-term unhealthy lifestyle. In Ayurveda, *Yakrit Vikara* are described across various chapters and are considered disorders of *Raktavaha Srotas*. As the liver plays a key role in digestion and metabolism, liver disorders often present with digestive symptoms. This article presents a case of a 33-year-old male who visited Jeena Sikho Lifecare Limited Hospital, Jodhpur, Rajasthan, on 09/09/2024, with complaints of indigestion, constipation, and body pain. His liver function test showed elevated SGOT and SGPT levels. He had not started any modern medicine. Based on Ayurvedic assessment, he was admitted for *Panchakarma* therapy followed by a DIP diet. After 16 days of treatment, a positive improvement in LFT values and clinical symptoms was observed.

INTRODUCTION

In today's era digestive problems are considered to be common. But it does not always a superficial condition. It could be a chronic liver disease and yet people are ignoring to it. Therefore, liver diseases are now becoming prevalent. Even though hepatic diseases vary, they often have features in common like loss of appetite, fatigue, constipation etc. Global burden of liver diseases is increasing rapidly. In some cases liver diseases may not reveals symptoms (asymptomatic phase) and process of damage and repairing of liver tissue occurs internally that patient don't even know about. This condition for long time converts into chronic liver disease and sometimes it cannot be manageable. 2023 update of liver disease showed that, over 2 million deaths are happening annually due to liver disease and it accounts for 4% of all deaths globally. [1]

According to Ayurveda manifestation of digestive symptoms is not only acute condition. It causes due to *Ama sanchiti* (accumulation of toxins)

over a long period. Considering its seriousness it is necessary to take measures. Formerly *Acharya's* mentioned *Yakrit dushti* (liver vitiation) in various conditions like *Pandu* (anemia), *Kamala* (jaundice), *Raktavaha sroto dushti lakshan*, *Rakta dhatu dushti lakshan* etc. But no one clearly mentioned the word *Yakrita dushti* or *Yakrit vikara*. *Yakritodar* is the type of *Udara vyadhi* (ascites) mentioned by all *Acharyas* in which there is *Yakrit dushti* occurs. [2,3] Later, *Acharya Madhavkara* presented *Yakrit roga* (liver disorders) which includes etiological factors along with symptomatology of *Yakrit vridhhi*. [4] *Acharya Bhavmishra* for the first time introduced *Yakrit aamayas* (liver disorders) and there 4 types in detail. [5] First he mentioned *Pleehaamaya* and then said that *Pleehamayasya hetvadi samastam yakrutamaye*. It means that etiological factors, types, treatment etc of *Yakrit vikara* is same as that of *Pleeha vikara*. Difference is only that *Pleeha* is located at *Vamaprshva* (left side) and liver is located at *Dakshina parshva* (right side). For the management of *Yakrit vikruti* we have to keep in mind that *Rakta dhatu* and *Ranjaka pittas* get vitiated in liver disorders. Because *Yakrit* is a storehouse of *Rakta dhatu* so it is also named as *Raktashaya* by *Acharya Sushurta*. [6] He also mentioned the *yakrit* as a place of *Ranjak pitta*. [7] Function of *Ranjak pitta* is *Ranjakam rasa ranjanat*, means to colour *Rasa dhatu* which circulates in all over the body

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to nourish the all-body tissues. So, the disease which causes change in colour than normal are considered to be caused by *Yakrit dushti* for ex. *Pandu* (anemia), *Kamala* (jaundice), *Halimaka* (chronic stage of anemia or jaundice). *Raktavaha sroto dushti hetu* should be considered in liver diseases because *Moolasthanas* (root places) of *Raktavaha srotas* are *Yakrit* (liver), *Pleeha* (spleen) and *Raktavahi dhamanya* (portal blood vessels). [8,9] So the disorders of *Raktavah srotas* also come under *Yakrit vikara*.

This article is presenting a case of 33-year old male patient who had been suffering from liver disease. He had visited to the hospital for complains like indigestion, constipation etc. He wanted to manage the disease by ayurvedic therapeutics. Liver disorders are lifestyle disorders. So, they can be manageable through DIP diet together with Ayurvedic *Pathya apathya* (do's & don'ts) without oral medication. But to get symptomatic relief *Panchakarma* therapy should be advised along with it. He was at young age, hence it was easier to treat without medication.

Case Report

This is a case of male patient of age 33 years had come to Jeena Sikho Life Care Limited Hospital, Jodhpur, Rajasthan, on 09/09/2024. He had complaining of:

Table 1: Symptomatology

Symptom	Duration
Body ache and stiffness in the morning ⁺⁺	Since past few days
Indigestion	Since 1 year
Mild constipation	Since 1 year

History taking

- He had no history of diabetes, hypertension, thyroid disorder, or any other chronic illness.
- He had never been diagnosed with any eating disorder such as anorexia nervosa, binge eating, or bulimia.
- He was not allergic to any food or drink.
- Occupation: He was employed in the private sector, working approximately 9 to 10 hours a day.

Examinations: It included general, *Ashtavidha* and *Dashavidha parikshan* followed by local examination.

Table 2: General examination

Parameters	Remark
Height	178 cm
Weight	81 Kg
BP	124/88 mm of Hg
<i>Kshudha</i>	<i>Prakrita</i>
<i>Nidra</i>	<i>Prakrita</i>
<i>Mutra</i>	<i>Prakrita / Ishatpita</i>

Table 3: Ashtavidha Parikshan

Assessment	Remark
<i>Nadi</i> (pulse)	<i>Vata Kaphaja</i>
<i>Mala</i> (bowel)	<i>Baddhata</i> (constipated)
<i>Mutra</i> (urine)	<i>Prakrita</i> (Normal)
<i>Jivha</i> (tongue)	<i>Sama</i>
<i>Shabda</i> (pronunciation)	<i>Spashta</i> (clear)
<i>Sparsh</i> (touch)	<i>Anushna Sheet</i> (normal)
<i>Drika</i> (eyes)	<i>Prakrita</i> (no pallor)
<i>Aakriti</i> (physique)	<i>Madhyama</i> (average)

Table 4: Dashvidha Parikshan

Assessment	Remark
<i>Prakriti</i> (physical constitution)	<i>Vata Pitta</i>
<i>Vikriti</i> (pathological constitution)	<i>Vata</i>
<i>Sara</i> (excellence of tissues)	<i>Madhyam</i>
<i>Samhanan</i> (body compactness)	<i>Madhyam</i>
<i>Praman</i> (measurements of body parts)	<i>Madhyam</i>
<i>Satmya</i> (homologation)	<i>Madhyam</i>
<i>Sattva</i> (mental constitution)	<i>Madhyam</i>

<i>Aaharshakti</i> (capacity ingesting, digesting and assimilating the food)	<i>Madhyam</i>
<i>Vyayamshakti</i> (capacity to exercise)	<i>Avara</i> (low)
<i>Vaya</i> (age)	<i>Madhyam aayu</i>

Local examination: Per abdomen was examined locally to find tenderness or swelling if any. But per abdomen was normal. No edema over lower limb or no other local abnormality.

Investigation: He did LFT (liver function test) 3 days prior to visit the hospital. It showed elevated parameters as given below in the table 5. He also did Vitamin D3 and Vitamin B12 assays along with thyroid hormone test. Results of these tests were within biological reference.

Table 5: Biochemistry of LFT

Parameters	06/09/2024	Biological reference
SGOT	366 U/L	21 to 72 U/L
SGPT	343 U/L	< 50 U/L
Total Bilirubin	1.4 mg/dl	0 to 2.0 mg/dl
Direct Bilirubin	0.3 mg/dl	0 - 0.4 mg/dl
Indirect Bilirubin	1.10 mg/dl	0.0 - 0.6 mg/dl
Serum Globulin	2.4 gm/dl	2.5-3.5 gm/dl

Ayurvedic Intervention

This included *Panchakarma* therapies followed by diet recommendation, Ayurvedic *Pathya-apathya* and exercise. He was advised to go through *Panchakarma chikitsa* for 16 days. It included following therapies mentioned in table no. 6. Before *panchakarma*, written consent was taken by patient that he informed about all the procedures along with its effects and side effects. All therapies were done in the morning time as it is the best time for *Panchakarma* treatment.

Table 6: Panchakarma procedures

Procedure name	Medicine used	Quantity	Duration
<i>Abhyanga</i>	<i>Bala ashwagandha taila</i>	150ml	30 min.
<i>Patrapottali swedan</i>	<i>Bala ashwagandha taila</i>	90ml	30 min.
<i>Shirodhara</i>	Milk with coconut water	150ml	30 min.

Follow up during IPD: During IPD period his blood pressure, pulse rate, respiratory rate and temperature was monitored regularly for 16 days and it was found normal.

Bowel: Not cleared during first 4 days and started to get clear from 5th day onwards.

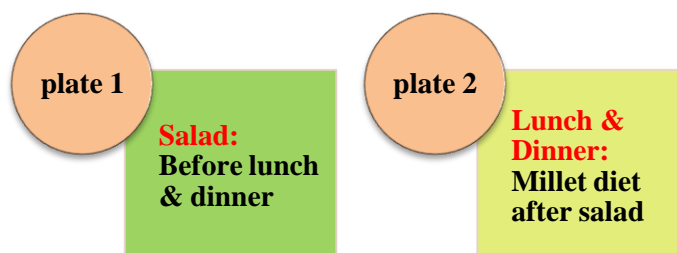
Pain: Mild relief in pain on 6th day of therapy. His pain score was

Table 7: Pain score

Days of IPD	Pain score
First 5 days	3
Next 5 days	2
From 11 to 16 th day	1

Diet recommendation

It included DIP diet. DIP stands for discipline and intelligent plan.^[10] He was advised to take *Laghu supachya aahar* (light and easy to digest food) and told to divide food into 2 plates for having as below.



DIP diet also included quantity of fruits and salad to have. It was calculated by formulas given below. Also table no 8 mentioned the time, what to have food and calculated quantity of food.

Fruits: Patients weight in grams $\times 10 =$ fruits in grams

Salad: Patients weight in grams $\times 5 =$ salad in grams

Table 8: DIP diet schedule

Time	What to have	Quantity
Early morning (6.45 to 7.15 am)	Herbal tea	1 cup
Breakfast (9.00 to 10.00 am)	3-4 types of seasonal fruits like orange, grapes, apples etc.	810 gm
Salad (just before lunch and dinner)	Cucumber, beetroot, tomato, radish, cabbage etc.	405 gm
Lunch (1.00 to 2.00 pm)	Millet diet with vegetables Fresh food and little bit alkaline water	According to hunger
Afternoon (4.00 to 5.00 pm)	Dry fruits like almond, pistachios, dates + herbal tea	1 fist dry fruits and 1 cup tea
Dinner (7.00 to 8.00 pm)	Millet diet with vegetables. Fresh food and little bit alkaline water	According to hunger

Pathya-apathya

Table 9: Do's and don'ts

Have to follow	Don't have to follow
Millet diet/ multigrain diet	Packaged and salty food, spicy, oily
All leafy and fruit vegetables	Dairy and bakery products, sugar products
Fresh food	Stale food
Semi-solid diet	too liquid or too dry/solid diet
All lentils especially green gram	Black gram
Eat only after sunrise and before sunset	Eating after 8.00 pm
Regular exercise	Heavy exercise

RESULTS

Symptoms of patient nearly diminished after 16 days of *Panchakarma* therapy. His after treatment LFT values reduced to normal range. Although some readings are not within range or nearly to borderline yet it can be considered normal because biological references of LFT tend to vary between laboratories. So, the borderline readings are not abnormal or may be slightly abnormal. In some cases, complete normalization is often not achievable if the disease is chronic.

Indigestion and constipation were completely subsided after 16 days of treatment. But pain score was 3 which should be 0 for complete relief in pain. Therefore after discharge he was advised to continue DIP diet and Ayurvedic *Pathya-pathya* till pain subsides completely. This diet was also helpful to recover liver tissue damage if any present minutely as shown below in table no 11. Tabular presentation of before and after treatment changes is given below in table no. 10 and 11.

Table 10: Before and after treatment parameters

Parameters	Before treatment	After treatment
Symptoms	Indigestion	Indigestion absent on 16 th day
	Mild constipation	Constipation cleared on 5 th day
	Body ache and stiffness more in the morning	Mild relief in pain on 6 th day and better relief in pain on 16 th day.
Examination	<i>Sama jivha</i> (white coating over tongue)	<i>Niram jivha</i> (clear tongue) on 5 th day
Pain score	1 st day: 3	11 th day: 1
Investigation	8 to 10 times elevated reading of SGOT	SGOT comes back to normal range
	6 to 7 times elevation in SGPT reading	SGPT approximately to borderline
	Fewer elevation in indirect bilirubin	Indirect bilirubin remains fewer elevated

Table 11: LFT improvement

Parameters	Before treatment 6/09/2024	After treatment 21/09/2024	Biological reference
SGOT	366 U/L	38 U/L	21 to 72 U/L
SGPT	343 U/L	55 U/L	< 50 U/L
Total Bilirubin	1.4 mg/dl	1.98 mg/dl	0 to 2.0 mg/dl
Direct Bilirubin	0.3 mg/dl	0.72 mg/dl	0 - 0.4 mg/dl
Indirect Bilirubin	1.10 mg/dl	1.26 mg/dl	0.0 - 0.6 mg/dl
Serum globulin	2.4 gm/dl	2.4 gm/dl	2.5-3.5 gm/dl

DISCUSSION

The condition which damages the liver tissue and prevents it from functioning properly is termed as liver disease. Liver is an expandable organ and that's why it stores large quantities of blood. It performs variety of body functions like metabolism, secretion of bile, removing of toxins, maintaining blood hemostasis etc. Liver diseases show the symptoms related to abnormality in these functions and as it stores blood it shows abnormality in blood concentration as well. [11] Ayurvedic description of *Yakrit vikara* is already explained previously in introduction. Here types and treatment of *Yakrit vikara* related to current article will be discussed. Acharya Bhavmishra classified *Yakrit vikara* in 4 types of as given below:

1. *Vataja Yakrit vikara*
2. *Pittaja Yakrit vikara*
3. *Kaphaja Yakrit vikara*
4. *Raktaja Yakrit vikara*

This article is about a case of male patient of aging 33 years he had been suffering from indigestion and constipation since 1 year. Along with this he had complaining of body pain and stiffness more in the morning. Now the *Nidan-panchaka* (pathogenic process) of this case is as follows:

- I. Hetu (etiological factors):** Patient was used to have spicy and oily food. Acharya Bhavmishra noted the *Hetu* of *Pleeha-yakrit vikara* are *Vidahi* (Spicy) and *Abhishyandi aahara* (heavy food substances like curd).
- II. Purvroopa (pre-symptomatic phase):** There is no reference about *Purvaroop* of *Yakrit vikara* but Acharya Vagbhata stated that *Purvaroop* is the *Alpa vyakta* (scanty manifestation) phase of *Roopavastha* (symptomatic phase). [12] In this case patient had given the history that his symptoms from which he was suffering were mildly presented initially.
- III. Roopa (symptoms):** Patient had symptoms of indigestion and constipation since 1 year. There was morning stiffness and body ache also for the past few days. Acharya Bhavmishra explained both *Samanya* and *Doshaja lakshana* of *Yakrit vikara*.

Samanya means symptoms of all *Yakrit vikaras* and *Doshaja* means specific symptoms according to types. Symptomatology of this case is identical to *Vataja yakrita vikara* as given in *Shloka* no 1.

Shloka no. 1

“नित्यबद्धमानकोष्ठः स्यात् नित्य उदावर्त पीडितः।
वेदनाभिः परीतश्च प्लीहा वातिक उच्चते॥”

Bhavaprakasha madhyamkhand 33

As stated in introduction, *Yakrit vikara* are considered to be same as *Pleeha vikara*. So, in the above *Shloka* there should be a consideration of *Yakrit* in place of *Pleeha*.

- I. *Nityaman baddhakoshtha* is persistent constipation.
- II. *Nitya udavarta pidita* means patient suffers from *Udavarta* persistently. *Udavarta* is a *Vyadhi* (disease) mentioned by Acharya's. Acharya Charaka mentioned the following symptoms of *Udavarta* which are identical to this case. [13] *Udavarta* symptoms which are identical to this case are given as,

- “*Basti hrutkukshi udareshu sa prushtha parshwveshu ruk abheekshana atidaruna*” it means that severe pain in the region of bladder, heart, central and side of abdomen, back and at side of chest wall.
- *Avipaka* means indigestion and *Varcho apravrutti* means constipation.

Investigation: As mentioned in table 5 of the Biochemistry section of the LFT, there was an increase in SGOT and SGPT values, along with a slight increase in indirect bilirubin. For early diagnosis of liver disease, SGOT and SGPT tests are essential. These serum levels increase when there is damage to the tissues that produce them. [14]

1. SGOT (Serum glutamic oxaloacetic transaminase) or ALT i.e. Serum alanine transaminase is a mitochondrial enzyme present in liver, kidney and heart tissues.
2. SGPT (serum glutamic pyruvate transaminase) or AST i.e. Serum Asparate transaminase is as Cytosolic enzyme primarily present in the liver.

3. Indirect bilirubin: It increases when the body breaks down RBCs (red blood cells) faster than the liver can process them. So many factors are responsible for it like, some medications, hemolytic anemia, liver diseases etc.

IV. **Samprapti:** Hetu sevan causes Rakta and Kapha dusthi in all Yakrit vikaras. Predominance of any one Dosha leads into specific type of Yakrit vriddhi. Pathogenic process in leading of the Vataja yakrit vriddhi is given below in flow chart:



Table 12: Dosh-dushya sangrah

Factor	Vitiation of
Dosha	Vata dosha predominance along with Kapha, Pitta dushti
Dhatu	Asruka (blood)

Diagnosis

Observation by Ayurvedic perspective like Yakrit dushtijanya hetu sevan by the patient, symptoms of Yakrit vikara as given in Nidan-panchaka and Dosh-dushya snagraha mentioned in Samprapti clued towards the diagnosis of this case as Vataja yakrit vikara. This condition can be termed as chronic liver disease.

Ayurvedic Intervention

Management of this case is done only by Panchakarma therapy and Ayurvedic Pathya-apathya followed by DIP diet. Along with this he was advised to exercise regularly. Panchakarma therapy was given for 16 days of IPD as follows.

Panchkarma therapy

By keeping in the mind that this is a case of Vataja yakrit vikara management was done according to Dosh dusthi as mentioned in Samprapti. Abhyang and Patrpottali swedan were done to pacify Vata dosha.

1) **Abhyang:** It is a body massage with Bala-Ashwagandha taila. Bala (*Sida cordifolia*) is included in Agrya dravya for its property of Vataharanam. [15] It means that Bala is the excellent herb to pacify Vata dosha. Ashwagandha (*Withania somnifera*) has hot potency drug which helps to reduce Vata and Kapha dosha. It has anti-stress, anti-anxiety and CNS inhibitory properties. [16]

2) **Patrapottali swedana:** It done to relive pain and stiffness. Procedure includes steam with massage. Leaves of Nirgundi (*Vitex nigundo*) & Erand (*Ricinus*

communis) were used to massage by dipping into the Bala-Ashwagandha taila (oil). Nirgundi is a Vata-kaphashamaka dravya with hot potency. [17] Eranda also mentioned by Acharya Charaka in Agrya sangraha as 'Vrushyavataharanam' means excellent as aphrodisiac and Vatahar. [15]

3) **Shirodhara:** Shirodhara is a form of independent Abhyang procedure, which involves gently pouring liquids over the forehead. In this case Shirodhara was given with milk + coconut water. It was advised to reduce his anxiety and stress. Both milk and coconut water have cool potency and pacifies Prakupit pitta dosha. This procedure increases circulation to brain and thereby helps to reduce body stress.

Diet management

In all Yakrit vikaras asruk (blood) and Kapha vitiation occurs mainly. Acharya Bhavmishra said that Asruk is Samandharmi (equivalent) to Pitta dosha. So, in symptoms of all Yakrit vikara he said that, Kaphapittalingaih upadrutah means there is manifestation of symptoms of Kapha and Pitta dusthi. But this case is of Vataj Yakrit vikara & it involves vitiation of Vata dosha predominantly. So, the diet recommendation should be according to predominant dosha followed by other vitiation of Doshas involved. Acharya Charaka in Udavarta chikitsa mentioned about diet and said to prefer 'अनुलोमस्य अन्नैः'. It means that the food which causes Anuloman of Vata dosha due to which body functions in proper way.

Diet: Diet should not be including only what to eat but also should include how to eat and at which time. For this patient's diet was planned according to DIP diet plan. DIP diet focuses on the foods sourced from natural plants and trees. This diet plan is explained by a nutritionist and it is proved beneficial to overcome lifestyle disorders like diabetes, thyroid, cancer, hypertension etc.

Significant role of DIP diet in this case is as follows:

1. Natural healing of liver tissues
2. Immunity booster
3. Improved digestion and metabolism
4. Toxins get eliminated naturally
5. Disciplined to unhealthy lifestyle

Water drinking recommendation: Acharya Vagbhata mentioned the different ways of intake of water. Among this one way is that Toyam kwvathit sheetlam means alkaline water. Patient was told to drink alkaline water means to drink boiled water after cooling. This is water is Anabhishtyandi (easy to digest) which is opposite of Abhishtyandi hetu responsible for Yakrit vikara. Also, it has Deepana property (appetizer), pacifies Vata kapha dosha, Bashtishodhanam (cleanses urinary bladder) thereby removes toxins from the body.

What to avoid

He was suggested to avoid those things which are responsible for causing liver diseases. Acharya

Madhava nidana explained in detail about *Yakrit roga nidana* (causative factors of liver disease) and these factors should be avoided in all types of liver diseases.

Yakrit roga hetu	Avoid them
<i>Madyatipan</i>	Alcohol
<i>Vegarodha</i>	To control natural urge like urine and bowel.
<i>Atyushna anna</i>	Too hot food. It does not only mean about hot food in touch but also mean the food of hot potency like spices, jaggery, non-veg etc.
<i>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.

Further Scope of Study

Liver disorders are becoming increasingly common in both males and females, often appearing at a younger age due to unhealthy lifestyles. Chronic Liver Disease (CLD) can severely impact health, and in advanced stages, liver transplantation may be required. Timely and effective management is crucial to prevent progression. In Ayurveda, proper identification of *Yakrit Vikaras* based on symptoms is essential, as treatment varies with the type. Accurate diagnosis helps determine the appropriate formulation. To develop an effective Ayurvedic protocol, large-scale data collection on *Yakrit Vikaras* and their therapeutic outcomes is urgently needed.

CONCLUSION

It is concluded that, proper symptomatology can help to diagnose the disease with its sub-type. Accuracy in the diagnosis and pathogenic factors gives clue to about that, which type of therapy and formulations should be given to the patient.

Symptoms (Before → After Treatment)

- Indigestion → Completely relieved by day 16
- Mild constipation → Resolved by day 5
- Body ache and morning stiffness → Improved significantly by day 16
- *Sama Jivha* (coated tongue) → *Niram Jivha* (clear tongue) by day 5
- Pain score: 3/5 → 1/5 by day 11

Investigations (06/09/2024 → 21/09/2024)

- SGOT: 366 U/L → 38 U/L
- SGPT: 343 U/L → 55 U/L
- Total Bilirubin: 1.4 mg/dL → 1.98 mg/dL
- Direct Bilirubin: 0.3 mg/dL → 0.72 mg/dL
- Indirect Bilirubin: 1.10 mg/dL → 1.26 mg/dL
- Serum Globulin: 2.4 gm/dL → 2.4 gm/dL

The patient was managed with Ayurvedic *Panchakarma* therapy and a DIP (Detoxification and Immunity Protocol) diet, without any oral medication.

Comprehensive study of this article concludes that chronic liver disease can be managed with Ayurvedic *Panchkarma* therapy and diet even without any oral medication in a very short period like 16 days.

REFERENCES

1. <https://www.sciencedirect.com> Global burden of liver disease: 2023 update – ScienceDirect.com
2. Vaidya Yadavji Trikamji, Charaka Samhita-Agnivesha revised by - Charaka & Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsasthana, 13, Udar Chikitsa Adhyaya, Reprinted 2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
3. Acharya Sushruta, Sushruta Samhita, Chikitsa sthana 14, Udaranam chikitsitam Adhyaya. In Bhaskar Ghanekar., editor. New Delhi: MeharchandLakhamandas Publication; 2007.
4. Acharya Madhavkara, Madhav nidana–Madhukosha vyakhyaya vibhushitama; Vidyotini hindi commentary; Madhyam Khanda–Vishishtprakaran, Yakrit roganidan reprinted 1976, Published: Chaukhamba Sanskrit Sansthan Varanasi
5. Acharya Shri Bhavmishra, Bhavaprakash, Vidyotini Namikaya bhasha commentary–Madhyottar khanda, Chikitsa prakaran– 33, Pleeha yakrit adhikara; published by Chaukhamba Sanskrit Sansthan Varanasi
6. Acharya Sushruta, Sushruta Samhita, ShariraSthana 5, Sharirsankhya Prakarana Adhyaya. In Bhaskar Ghanekar., editor. New Delhi: Meharchand Lakhamandas Publication; 2007. p. 150.
7. Acharya Sushruta, Sushrut Samhita, Sutrasthan 21/10, Vrana prashna adhyaya Bhaskar Ghanekar editor, New Delhi, Meharchand Lakhamandas publication, 4(24), 2007
8. Agnivesha, Acharya Charaka, Dridhabala, Charaka Samhita, Srotoviman adhyaya 5 Vimanstana.

- Varanasi: Chowkhambha Sanskrit Series, 2(3), 2002, pg 586.
9. Acharya Sushruta, Sushrut Samhita, Sharirsthan 9, Dhamani vyakaran shariram adhyaya Bhaskar Ghanekar editor. New Delhi, Meharchand Lakhmandas publication, 4(24), 2007
 10. Choudhary, B. R. (2021). World's best the D.I.P diet. Diamond pocket books. X-30, Okhla Industrial area, New Delhi – 110020
 11. Guyton and Hall, Textbook of Medical Physiology, Unit 13, Chapter 70 The liver as an organ, Saunders Elsevier publication, Philadelphia. 12th edition 2006. Page no. 837 – 840
 12. Ganesh Krishna Garde, Sarth Vagbhata, Ashtanga Hridaya, Nidansthan 01, Sarvaroga nidan Adhyaya, edition- 2013, published by- Anmol Prakashan Pune, Shloka no. 4.
 13. Vaidya Yadavji Trikamji, Charaka Samhita-Agnivesha revised by - Charaka & Dridhabala with Dipika commentary of Chakrapanidatta. Chikitsasthana, 26, Trimarmiya Chikitsa Adhyaya, Reprinted 2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
 14. Harsh Mohan, Textbook of pathology, Chapter 21, The Liver, Biliary tract and Exocrine Pancreas, Jaypee brother's medical publishers (P) LTD, sixth edition 2010, page no. 592, 593.
 15. Vaidya Yadavji Trikamji, Charaka Samhita-Agnivesha revised by - Charaka & Dridhabala with Dipika commentary of Chakrapanidatta. Sutrasthan, 25, Yajjah purushiya adhyaya, Reprinted 2004, Published: Chaukhamba Sanskrit Sansthan Varanasi.
 16. Vaidya Vishnu Mahadeva Gogate, Dravyaguna Vigyana, Vaidyamitra Publication, Sadashiva Petha Pune, 4th Edition, 2017, Dravyaguna Vigyana Plants description, 09, Ashwagandha, Page no. 245
 17. Acharya Priyavat Sharma, Dhanvantari nighantu, translated by Vaidya Guruprasad Sharma, Karviradi varga, Sinduvara 35; Page no.134

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