

Ayurvedic Treatment Of Alcohol-Induced Liver Disease: A Case Study

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KEYWORDS	ABSTRACT
Alcoholic liver disease, Ayurveda, Kamala, hepatomegaly, Rasayana, Yakrit Vikara	<p>Background: Alcohol-related liver disease (ALD) is a major global health concern, leading to cirrhosis and hepatocellular carcinoma. Modern medicine offers symptomatic management, but no definitive cure exists. Ayurveda categorizes such conditions under <i>Kamala</i> (jaundice) and offers a holistic treatment approach.</p> <p>Case Presentation: A 55-year-old male with a history of chronic alcohol consumption presented with jaundice, loss of appetite, and generalized weakness. Elevated bilirubin (2.37 mg/dL) and transaminases suggested ALD. The patient underwent Ayurvedic treatment, including <i>Tamra Bhasma</i>, <i>Haritaki</i>, <i>Triphala</i>, and dietary modifications, for two months, leading to symptomatic and biochemical improvement. However, after resuming alcohol, he developed acute pancreatitis, a liver lesion, and multiple fluid pockets in the abdomen. A repeat two-month Ayurvedic treatment resulted in complete resolution of hepatic and pancreatic pathology, as confirmed by imaging.</p> <p>Conclusion: This case highlights the potential efficacy of Ayurveda in managing ALD and its complications. Further clinical studies are needed to validate these findings.</p>

Introduction

Hepatobiliary disorders have become a significant concern in modern gastrointestinal practice due to unhealthy lifestyles and the increasing consumption of alcohol from a young age. Chronic alcohol intake leads to a condition known as Alcoholic Liver Disease (ALD). While ALD is more commonly observed in developed Western countries, its prevalence is rising at an alarming rate in nations like India and Japan ^[1], where it was traditionally less common. The three primary forms of ALD include alcoholic fatty liver, alcoholic hepatitis, and alcoholic cirrhosis ^[2]. Alcoholic hepatitis is often characterized by elevated bilirubin levels in the blood, leading to symptoms of jaundice. The severity of alcoholic hepatitis can range from mild liver enzyme elevation to severe liver failure. ALD results from excessive alcohol consumption and encompasses conditions such as fatty liver, alcoholic hepatitis, chronic hepatitis, and liver cirrhosis. It is one of the leading causes of liver cirrhosis, accounting for approximately 20% to 50% of cases ^[3]. Ayurvedic herbs and formulations have shown bioactive molecules that can protect liver from oxidative stress, promote virus elimination, block fibrogenesis, anti-inflammatory, immune-modulating, liver regenerating and inhibit tumor growth in vitro and in vivo studies ^[4].

Case report

Patient Information & Clinical Presentation

A 55-year-old male presented at Medhamrut Ayurvedic Clinic (September 2024) with yellow-colored urine, jaundice, epigastric pain, and mild ascites for three days. He had a 15-year history of chronic alcohol consumption along with diabetes and hypertension. He had no history of hepatitis B vaccination or blood transfusion.

Clinical Examination

- **Jaundice** without pallor or edema
- **Hepatomegaly** (palpable liver three finger-widths below the rib cage)
- **Blood pressure:** 130/78 mmHg, **Pulse rate:** 78 bpm, **BMI:** 24.5 kg/m²
- **Straight Leg Raise (SLR) Test:** Negative

Laboratory Investigations

September 2024: Baseline Findings

- **Total Bilirubin:** 2.37 mg/dL

- **SGPT:** 51 IU/L
- **SGOT:** 67 IU/L

Ayurvedic Diagnosis & Treatment (September – November 2024)

Diagnosis: *Yakrit Vikara* ^{[5][6]} (Liver disorder) - *Kamala* (Pitta-Kapha imbalance)

Treatment Protocol:

- **Oral Medications:**

Tamra Bhasma ^{[7][8][9]}, *Haritaki* ^{[10][11]} (*Terminalia chebula*), *Pippali* ^{[12][13]} (*Piper longum*), *Triphala* ^{[14][15]} ^[16], *Rohitakadi Vati* ^{[17][18][19]}.

- **Dietary Modifications:** Strict regimen focused on **liver detoxification**
- **Follow-up:** LFT every 15 days

Outcome: The patient showed clinical and biochemical improvement, with reduction in jaundice and improved appetite.

Recurrence & Complications (December 2024 – February 2025)

Despite initial recovery, the patient resumed alcohol intake for three months, leading to **severe deterioration**:

- **Acute pancreatitis**
- **Liver lesion (8×10×5 cm, HU 13 in segment 4)**
- **Multiple perigastric and peripancreatic fluid pockets**
- **Ascites & mild pleural effusion**

Laboratory Findings (Post-Hospitalization December 2024)

- **Bilirubin:** 1.33 mg/dL
- **SGPT:** 36 IU/L
- **SGOT:** 42 IU/L
- **CRP:** 160 mg/dL
- **Blood Urea:** 87 mg/dL
- **Creatinine:** 1.22 mg/dL
- **CT Scan:** Confirmed hepatic and pancreatic lesions

Second Ayurvedic Intervention (December 2024 – February 2025)

- **Medications:**

Tamra Bhasma, *Haritaki*, *Pippali*, *Gokshur*, *Triphala*

Rohitakadi Vati + *Trailokya Chintamani Rasa* (*Rasayana therapy*)

- **Dietary Modifications:** to support liver function
- **Follow-up:** Clinical assessment & imaging every 15 days

Outcome: Follow-up CT Scan (February 2025) confirmed complete regression of:

1. Perigastric & peripancreatic fluid pockets
2. Liver lesion (Segment 4, 8×10×5 cm)
3. Reduction in ascites & pleural effusion

Discussion

Ayurveda categorizes ALD under *Yakrit Vikara* and *Kamala*. The treatment approach aimed at Pitta-Kapha pacification, liver detoxification, and rejuvenation.

Role of Ayurvedic Medications

- ***Tamra Bhasma*:** Used in a lot of classical texts for *Yakrit vikara* and various GI disorders. Also an ingredient in lot of popular formulations for digestive disorders.
- ***Triphala* & *Haritaki*:** Antioxidant & hepatoprotective and mild laxative. In Ayurveda *virechana* is the primary treatment for liver disorders and ascites. Both triphala and haritaki have shown hepatoprotective activity in various studies.
- ***Rohitakadi Vati*:** *Rohitakadi Vati*, as mentioned in the classical text *Bhaishajya Ratnavali* in the chapter *Pliha-Yakrutrog Chikitsa*, is believed to have a significant impact on liver diseases ^[20].

- **Trailokya Chintamani Rasa:** *Trailokya Chintamani* Rasa is a classical Ayurvedic formulation used as *rasayana*. It contains *Herak Bhasma* which is *Shad Rasa Yukta* and *Tridosha Shamak* acts on all the organs and balances each Doshas. Its uses have mentioned ascites, IBS, fistula and many other disorders.

- **Ayurveda in ALD**

- *Triphala* has been proven to reduce oxidative stress in hepatic disorders
- *Tamra Bhasma* exhibits hepatoprotective properties by enhancing bile secretion
- *Pippali* is known for its anti-inflammatory effects in liver disorders

Conclusion

This case demonstrates the **efficacy of Ayurvedic medicine in ALD and its complications**, preventing surgical intervention. Significant **clinical & biochemical recovery** was observed. Larger **clinical trials are warranted** to validate Ayurveda as a mainstream therapeutic approach for ALD.

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