

AYURVEDIC MANAGEMENT OF HEPATOMEGALY (ALCOHOLIC LIVER DISEASE)
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ABSTRACT

Alcoholic liver disease is an inflammatory condition of the liver. It's caused by excessive alcohol consumption over an extended period of time. Genetics, other liver disorders, and nutrition may also contribute to alcoholic Liver Disease. In *Ayurveda* there are so many herbs and natural remedies available for treatment of liver diseases. In this current case study a married male of age 36 yrs was reported in Kayachikitsa OPD, University college of *Ayurveda*, Dr.S.R.Rajasthan *Ayurveda* University, Jodhpur, Rajasthan, India with complaints loss of appetite, weakness, anorexia, shortness of breath, abdominal pain. The diagnosis alcoholic liver disease (*Yakriddalyudara*) was made on clinical ground supported with Ultrasonography and blood biochemistry reports. *Ayurvedic* management was prescribed after seen his keen interest in *Ayurveda*. Patient continued oral treatment for two month. After complete treatment the USG report and LFT reports showed a remarkable improvement, which can be proved a important guideline for treating Alcoholic Liver Disease with safe and effective *Ayurveda* line of management.

KEYWORDS: Alcoholic liver disease, excessive alcohol, Ultrasonography, LFT, *Ayurveda***INTRODUCTION**

Alcoholic hepatitis is an inflammatory condition of the liver which is caused by excessive alcohol consumption over an extended period of time. Alcohol is metabolized almost exclusively in the liver. It is first converted to acetaldehyde, mainly by the mitochondrial enzyme alcohol dehydrogenase and oxidase enzyme of the smooth endoplasmic reticulum.^[1] The risk of developing alcoholic liver disease is related directly to the amount of alcohol (of any kind) ingested but is more likely to be clinically apparent at daily intakes above 30 gm (3 units) in men and 20 gm (2 units) in women. More than 5 years of drinking, and usually more than 10 years, are required to produce alcoholic liver disease, and a steady daily intake is more hazardous than intermittent drinking. Fatty change is attributed to an impaired excretion and enhanced synthesis of triglycerol by hepatocytes. Clinical features of alcoholic liver disease are hepatomegaly, jaundice, abdominal pain, loss of appetite, malnutrition, ascites and encephalopathy.^[2] The clinical history from the patient, relatives and friend is most important in establishing alcohol misuse, its duration and

in particular, its severity. Cessation of alcohol intake is the single most important treatment and without this all other therapies are of limited value. Good nutrition like as vegetable soup, soft vegetables, salad, rice, skimmed milk is also important. Corticosteroids therapy may be of some value in patients with severe alcoholic hepatitis. In severe cases liver transplantation is also suggested in patients but the result is controversial. Over all these therapies have many side effects and post transplantation complications.

In *Ayurveda* exact correlation cannot be found of alcoholic liver disease but according to signs and symptoms and pathology of disease we can consider this clinical entity as *Yakriddalyudara*. Clinical features of *Yakriddalyudara* are *Dorbalaya* (weakness), *Aruchi* (anorexia), *Apaka* (indigestion), *Varcha sanga* (retention of stools), *Jwara* (fever), *Mandagni* (loss of power of digestion), *Karshya* (emaciation), *Kostha Vata Shula* (distention of alimentary tract by wind and colic pain).^[3] Main causative factor of these disease is *Agni mandya*, excessively irritating food (like alcohol etc) strenuous

exercise etc that lead to enlargement of liver in ayurveda.^[4]

However *Nidana parivarjana* and *Sanshaman* therapy is main line of treatment in this disease.

CASE PRESENTATION

A 35 yrs old hindu married male patient residing jodhpur presented to the OPD of *Kayachikitsa* department of university collage of *Ayurveda*, Jodhpur, Rajasthan on 8/07/2016 (OPD No.31100) with Complaints of loss of appetite, weakness, anorexia, shortness of breath even on slight exertion, abdominal pain after intake of food and abdominal distension. The pain was aggravated by oily, spicy and heavy foods. Increase frequency of stool 3-4 times/day. Sleeping pattern was disturbed. Appetite was altered. Patient has history of intake alcohol since last 10 yrs but withdraw 4 months ago. There was no significant family history.

On physical examination, vitals were normal and was medium built. He was anaemic, non-icterus, non cyanosed. His pulse rate was 78/min regularly irregular. BP- 130/80 mmHg and respiratory rate 18/min with normal body temperature. The skin, mucous membrane and nails were normal. On systemic examination GIT examination showed mild tenderness in the right hypochondrium and epigastric region, mild liver enlargement (hepatomegaly) was observed. There was no any abdominal mass was reported. Case was taken up and essential investigations were suggested to patient like complete blood count, ESR, Liver function tests, urine complete and USG whole abdomen were done. CBC showed anaemia, and USG suggested Hepatomegaly with fatty liver infiltration size 16.4 cm.

Table 1: Showing Blood investigation reports before and after treatment.

Particulars	Date 8/07/2016 (B.T.)	Date 7/08/2016 (A.T.)
Hematology		
Hb (gm/dl)	10.3	12.0
TLC (per cubic mm)	6900	6400
DLC		
Neutrophils	63	51.8
Lymphocyte	33	40.8
Monocytes	02	02
Eosinophils	02	02
Basophiles	00	00
ESR- (by Westergren method) -mm 1 st hr.	20	12
RBC(million per cubic mm)	5.41	4.27
Platelets count-(per cubic mm)	258000	188000
Liver Function Test		
S.Bilirubin total-(mg/dl)	0.89	0.96
S. Bilirubin direct-(mg/dl)	0.37	0.20
SGOT (U/L)	34.8	28.16
SGPT(U/L)	86.2	31.41

Alkaline Phosphatase (U/L)	251.9	122.0
S. Protein -(g/dl)	6.3	7.1
S. Albumin-(g/dl)	4.2	3.8
S. Globulin- (g/dl)	2.1	3.30
S. A/G Ratio	2.00	1.15:4
SGGT	60.3	45

Table 2: Showing ultrasonography reports before and after treatment.

Ultrasonography	Date- 12/05/2016(B.T.)	Date- 03/09/2016(A.T.)
Findings	Liver is enlarged in size 16.4 cm with hyperechoic texture	Liver is enlarged in size 14.9 cm with hyperechoic texture
Final Impression	Hepatomegaly with fatty infiltration Ascending colon shows thick mucosa s/o colitis	Mild hepatomegaly with fatty infiltration

TREATMENT

Initially medicines and dietary advise (*Pathya* and *Apathya*) was prescribed for 15 days to the patient. After 15 days patient came for follow-up and reported mild relief in his complaints. Then same treatment was continued till his for next 15 days. In next visit (after 1 month) patient reported moderate relief from the previous symptoms LFT, CBC were reported, reports showed remarkable improvement in HB level, reduction in ESR, SGOT, SGPT level but due to some mild symptoms present we advised same treatment were repeated to him for next 1 month. After next 15 days follow up (On 19/08/2016), patient visited to hospital, there was complete relief in symptoms. USG whole abdomen was advised. Reports were showed encourageous results with decreases in size of liver and improvement in liver echotexture. (Table 01,02).

Table 3: Showing given treatment and follow ups.

Date	S.No	Given treatment	Anupana
8/07/2016	1.	1. Sanshamni vati- 2 tab. Tds (each 250 mg)	With lukewarm water
		2. Pathyadi Kwath ⁵ - 10gm bid (After meals)	With lukewarm water
		3. Arogyavardhini vati ⁶ - 2 BD	
		4. Tab. Stop IBS- 1 BD (Phytonova pharmacy) (due to frequency of bowl increase)	
21/7/2016	2.	Same Repeated	Water
4/8/2016	3.	Repeated above t/t + Pathyadi kwath substituted with guduchyadi kwath ⁷ - 10gm bid Advised Liver function test	Water
19/8/2016	4.	Repeat t/t no. 1, Stop IBS tab was stopped and Amirtarista ⁸ – 4 tsf bid (after meals) was added to previous t/t Advised USG whole abdomen	
8/9/20016	5.	Repeat above t/t	Water

DISCUSSION

In current case study, *Sanshamni vati*, *Arogyavardhani vati*, *Pathyadi kwath*, *Guduchyadi kwath*, *Amritarista*, were advised to the patient. *Sanshamni vati*, *Guduchyadi kwath* and *Amritarista* all are contains guduchi as a main content which has hepatoprotective effect due to its rejuvenation property. It also work as strength giving and appetizer.⁹ In alcoholic liver disease mainly degeneration of cells occurs. Guduchi reduces the degeneration of cells. In addition as one formulation contains drugs like *guduchi*, *Nagar motha* and *Pipli*, *Pathya*(*Haritaki*). In ayurveda all udar roga caused by mainly due to agnimandhya.¹⁰ And all the drugs contents have property of increases the agni (that are the main causative factor of udar roga). *Arogyavardhani vati* contains *kutki* as main content. *Kutki* has *virechaka* property which helps in detoxification of liver and whole body. Act by their *Agni deepana*, *Amapachana*, *Bitertonic*, *Lekhana*, *Rasayana*, *Pitta virechana* properties. Improving metabolism and rejuvenation properties.

CONCLUSION

In current case study we get remarkable improvement was reported in clinical and objective parameters with ayurvedic treatment. There was overall subjective improvement and no any adverse effect was noted in patient with the given treatment. This is quiet safe. So *Ayurveda* treatment is proved to be an effective, cheapest and safe in management of Alcoholic liver disease (*Yakriddalyodar*). It may open new path to the clinicians and researchers for the treatment of *Hepatomegaly* (*Yakriddalyodar*).

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