



AYURVEDIC MANAGEMENT OF FATTY LIVER WITH ASCITES (YAKRITODARA) – A CASE REPORT

General Surgery

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ABSTRACT

Fatty liver with ascites is a major hepatic disorder resulting from deranged metabolism and liver dysfunction. In Ayurveda, it can be correlated with Yakritodara (Hepatomegaly), a type of Udara Roga (Abdominal disorders) caused by vitiation of Pitta and Kapha Doshas (humor), leading to impaired Agni (digestive fire) and Rasa (Essence of tissue) - Rakta (Blood) vitiation. This case presents the successful Ayurvedic management of a patient with Grade III fatty liver, hepatosplenomegaly, and ascites through Nitya Virechana and Yakrit-Udara Hara Chikitsa, utilizing classical formulations such as Arogyavardhini Vati, Mandura Vataka, and Saptamrita Lauha.

KEYWORDS

Ascites, Ayurveda, Fatty Liver, Yakritodara

INTRODUCTION

Fatty liver disease and ascites are common hepatic conditions associated with poor diet, alcohol consumption, and metabolic imbalance. In Ayurveda, the condition is understood as Yakritodara (Hepatomegaly), a manifestation of chronic Pitta-Kapha vitiation leading to liver enlargement and accumulation in the abdomen.

Udara Roga (Abdominal disorders) in Ayurveda refers to abdominal enlargement or distension, considered one of the Ashta Mahagada (eight grave diseases). It is primarily linked to Agnimandya (weak digestive fire) and imbalance of the three doshas (Humors), often resembling ascites in modern medicine. Charaka Samhita enumerates eight distinct forms of Udara Roga (abdominal diseases), among which Yakritodara (enlargement of the liver) and Jalodara (ascites) are specifically mentioned.¹

Excessive consumption of Vidahi (food causing burning sensation), Abhishyandi (cause obstruction in channel) food like alcohol, horse gram, black gram, buffalo curd, causes vitiation of kapha and pitta dosha (humor)² leads to accumulation of kapha in pitta sthana (place) and thereby causes accumulation of fat producing Yakritodara.³

Ascites is the collection of free fluid in the peritoneal cavity, and is a complication of hepatic cirrhosis, according to modern medical science, and it can be linked to Jalodara (Ascites). Jalodara (Ascites) arises from weak digestion, dosha (humor) imbalance, and dhatu (tissue) obstruction. Symptoms include abdominal swelling, heaviness, thirst, and weakness. Classical texts regard Jalodara (Ascites) as difficult to cure, highlighting its serious prognosis and the need for systemic management through purification, palliative therapies, and strict dietary regulation. Ascites today is a side effect or progression of other abdominal illnesses. It causes abdominal swelling, breathing difficulty, and discomfort. Management includes diet, diuretics, fluid drainage, and, in severe cases, liver transplant. Prognosis depends on the underlying illness and severity.⁴

The principles of management include agni deepana (stimulating the digestive fire), ama pachana (digestion of undigested metabolic waste), dosha shamana (pacification of humors), and rasayana rhiikitsa (rejuvenating treatment). Here, a case of fatty liver with ascites successfully treated with Ayurvedic principles is discussed.

Case Presentation

A 30-year-old adult male came with chief complaints of weakness, breathlessness, abdominal fullness, yellowish sclera, tongue discoloration, swelling of face and legs, and abdominal pain for 1 month. He was admitted to a modern hospital and treated for 15 days, but symptoms persisted. He then approached our Ayurvedic hospital. There was no history of past illness such as hypertension, Diabetes Mellitus, Cardiac disorders, thyroid dysfunction, and there was no surgical history found.

Personal History

Appetite - Reduced

Bowel -
Micturition -
Tobacco for 3 years, daily 3-4 times
Vimal for 2 years
Alcohol for 4 years, daily 180 to 360 ml

General Examination

BP-90/70 mmHg
Temperature-elevated 99.5 F
Pulse-88/min
Respiratory rate-24/min
Pallor-present
Cyanosis-absent
Jaundice-present
Tongue-coated

Systemic Examination

CVS: S1, S2 Sound heard, Normal
CNS: partial consciousness. Not oriented to time, place, and person.
RS: difficulty in breathing, short breath.
GIS: Abdominal swelling, yellowish discoloration of the abdomen, the umbilicus was not in the center, dryness, itching over the abdomen, tenderness

Local Examination

Inspection- Abdomen swelling with displaced umbilicus, yellowish discoloration, and dry
Palpation - Tenderness present, palpable hard liver on the right side, rise in temperature.
Percussion - Fluid thrill - present

Investigations:

- USG Abdomen: Grade III fatty liver, hepatosplenomegaly with ascites.
- Hemoglobin: 6 gm/dl
- Stool: Melena present.

Based on symptoms and diagnostic findings, the condition was correlated with Yakritodara (Hepatomegaly).

Treatment Protocol

First 15 days

- Avipattikara Choorna – ½ teaspoon twice daily with warm water.
- Arogyavardhini Vati – 2 tablets twice daily after food.
- Patola Katurohinyadi Kashaya – 20 ml twice daily before food with warm water.
- Gokshuradi Guggulu – 2 tablets twice daily with lukewarm water.

Next 1 month

- Avipattikara Choorna – ½ teaspoon at night with warm water.
- Bhoomi Amalaki Choorna – 1 teaspoon twice daily with warm water.
- Bhunimbadi Kadha – 20 ml twice daily before food with warm water.

- Mandura Vataka – 2 tablets twice daily after food.
- Saptamrita Lauha – 250 mg twice daily after meals with honey.

Observations and Results

Observation (After 15 days):

- Reduction in abdominal distension and edema.
- Improvement in appetite and digestion.
- Yellowish discoloration is reduced.
- Overall lightness and better energy reported.

Observation (After 1 month):

- Marked reduction in ascitic fluid accumulation.
- Swelling and puffiness subsided completely.
- Improvement in Hb and overall complexion.
- Normal appetite, sleep, and bowel movement restored.
- Energy and vitality significantly improved.

After 45 days of Ayurvedic management:

- Abdominal distension and edema completely resolved.
- Improved digestion and appetite.
- Yellowish discoloration of eyes and tongue disappeared.
- Normal urination and bowel habits restored.
- USG showed decreased liver size and a reduction of ascitic fluid.
- Hemoglobin level improved without recurrence of melena

DISCUSSION

The Ayurvedic approach effectively addressed both hepatic dysfunction and ascitic accumulation through Shodhana (purification) and Shamana (palliative) principles.

Avipattikara Choorna is a compound formulation containing trivrt (Operculina turpethum), sharkara (sugar candy), and lavanga (Syzygium aromaticum) as main ingredients, acts as a mild Virechaka (purgation), balancing Pitta-Kapha and improving digestive fire.⁵

Arogyavardhini Vati is a herbo-mineral formulation containing katuki (Picrorhiza kurroa Royle ex Benth.) as the main ingredient. It balances all tridoshas (three humors) and detoxifies the liver, enhances bile flow, and corrects liver morbidities.⁶ It has proved to have hepatoprotective activity through previous research works.⁷

Patola Katurohinyadi Kashaya is a classical Ayurvedic formulation comprising Patola (Trichosanthes dioica), Katurohini (Picrorhiza kurroa), Raktachandan (Pterocarpus santalinus), Murva (Marsdenia tenacissima), Guduchi (Tinospora cordifolia), and Patha (Cissampelos pareira). The decoction of Patola (Trichosanthes dioica) root demonstrates hepatocurative and mild hepatoprotective activity, largely attributed to its Rechaka (purgative) property. The formulation further exhibits Pittasaraka (cholagogue), Deepana (digestive stimulant), Pachana (digestive), Anulomana (carminative), and Bhedana (drastic purgative) actions. Collectively, these properties contribute to the alleviation of liver disease by correcting deranged Pitta metabolism, enhancing hepatic function, and promoting detoxification and digestion.^{8,9}

Katurohini (Picrorhiza kurroa) is traditionally indicated in jaundice, digestive disturbances, and periodic fevers, and has been validated through experimental and clinical studies as a hepatoprotective agent.¹⁰ Overall formulation has Pitta-Shamana (balances pitta humor) and Raktashodhaka (purifies blood) properties that reduce hepatic inflammation.

Bhunimbadi kadha has bhunimba as the main ingredient. Kalmegha is valued for its biliary stimulant, hepatoprotective, and antioxidant effects, particularly in jaundice, hepatomegaly, and chronic liver disease.¹¹

Gokshuradi Guggulu works as mutrala (diuretic) and shothahara (anti-inflammatory), helping in reducing ascitic fluid.¹²

Mandura Vataka corrects anemia (Pandua), enhances blood, and supports liver regeneration. A traditional remedy for hepatitis, Mandura Bhasma is also beneficial for a number of liver and spleen conditions.¹³

Saptamrita Lauha serves as a rasayana (rejuvenating) and hepatoprotective, improving metabolism and tissue repair.¹⁴

Bhoomyamalaki (Phyllanthus niruri) is widely recognized in Ayurveda and modern research for its hepatoprotective, antiviral,

antioxidant, and anti-inflammatory properties, making it highly beneficial in managing liver disorders such as jaundice, cirrhosis, and fatty liver.¹⁵

This integrated protocol improved liver function, reduced Pitta-Kapha vitiation, and restored normal physiology effectively without side effects.

CONCLUSION

Ayurvedic management through Nitya Virechana (daily purgation) followed by shamana (palliative) and rasayana chikitsa (rejuvenating treatment) provided excellent results in a patient with fatty liver, hepatosplenomegaly, and ascites. The combination of Arogyavardhini Vati, Mandura Vataka, Saptamrita Lauha, and Pitta-Kapha Shamana medicines effectively restored hepatic function, reduced ascitic fluid, and improved overall health. This case supports the efficacy of classical Ayurvedic protocols in chronic liver disorders.

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