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CASE REPORT

Ayurvedic Management of Chronic Liver Disease: A Case Report

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ABSTRACT

The occurrence of both alcoholic and non-alcoholic liver diseases has become more frequent in the last few decades. In Ayurveda, chronic liver diseases (CLDs) can be correlated with *Yakrit vikara*. The present case study deals with a 74-year-old female patient suffering from liver disease who consulted to Jeena Sikho Lifecare Limited Hospital, Kanpur, Uttar Pradesh with complaints of shortness of breath (*Kriccha Shwasa*), loose motion (*Atisara*), ascites (*Jalodara*), and generalised weakness (*Daurbalya*) with a history of Hepatitis C virus infection. Pre-treatment clinical evaluation showed elevated levels of serum aspartate aminotransferase (AST), alanine aminotransferase (ALT), gamma-glutamyl transferase (GGT), and alkaline phosphatase (ALP) along with an imbalance in serum albumin-globulin ratio (AGR). Based on these findings, along with Ayurvedic diagnosis, a holistic management protocol was devised comprising dietary and lifestyle changes, Ayurvedic medicine, and *Panchakarma* therapies. After 10 days of treatment, there was a remarkable improvement in all the liver parameters along with improvements in the general condition of the patient. Serum AST, ALT, GGT, and ALP showed 68.7, 68.8, 5.4, and 21.7% reduction after treatment. The balance of albumin and globulin improved as well, with a 61.11% increase in the AGR. This case underscores Ayurveda's potential to provide symptomatic relief and enhance liver function in CLD, warranting further research through controlled clinical studies.

1. INTRODUCTION

Chronic liver disease (CLD) is a progressive medical condition characterized by long-term hepatocellular destruction, ongoing inflammation, regeneration, and fibrotic tissue scarring, resulting in progressive decline of hepatic structure and metabolic function over a period exceeding 6 months.[1] The spectrum of pathologies classified under CLD includes chronic hepatitis, liver cirrhosis, non-alcoholic fatty liver disease/non-alcoholic steatohepatitis, alcoholic liver disease, polycystic liver disease, and hepatocellular carcinoma. Major etiological drivers globally include chronic viral infections (Hepatitis B and Hepatitis C), chronic alcohol abuse (*Madya*), obesity, metabolic syndrome, and autoimmune hepatic disorders.[2] If left unchecked, the condition advances from early tissue injury and fibrosis to end-stage liver disease, portal hypertension, ascites, and liver failure. In traditional Ayurveda, liver disorders are broadly grouped under the term *Yakrit Vikara* (or *Yakrit Roga/Gada*).[3,4] Because the liver is deeply involved in digestion, blood formation, and metabolic circulation, classical Ayurvedic literature correlates CLD with several clinical conditions depending on its stage and presentation, such as *Yakrit Vriddhi*/*Yakrit Shotha* (referring to hepatic enlargement (hepatomegaly) accompanied by tissue swelling or inflammation), *Kamala*, *Kumbha Kamala*, and *Halimaka* (representing progressive states of jaundice and hyperbilirubinemia. *Kamala* denotes classical jaundice; *Kumbha Kamala* signifies an advanced, chronic stage resembling liver failure or cirrhosis; and *Halimaka* represents a severe chronic stage marked by profound multi-*dosha* impairment and fever), *Udara Roga*, specifically *Yakritodara*/*Yakritdalyodara* (Abdominal enlargement and fluid retention [ascites] resulting directly from structural and functional liver impairment), *Yakrit Kshaya* (Referring to progressive hepatocellular

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degeneration, liver atrophy, and irreversible fibrotic scarring).[5,6] Liver disorders are also classified based on predominant vitiated *Doshas* such as *Pittaja Yakrita Vriddhi* (*Pitta*-dominant liver disease marked by heat, inflammation, and elevated liver enzymes), *Vataja Yakrit Vriddhi*/*Vikara* (*Vata*-dominant chronic liver pathology characterized by degenerative tissue changes, dryness, and severe pain), and *Kaphaja* and *Raktaja Yakrit Vikara* (formations driven by fat accumulation/sluggishness [*Kapha*] or direct blood vitiation [*Rakta*]).[7-10]

2. CASE REPORT

A 74-year-old female patient consulted at Jeena Sikho Lifecare Limited Hospital, Kanpur, Uttar Pradesh on January 31st, 2025 with the following chief complaints: shortness of breath (*Kriccha Shwasa*), loose motion (*Atisara*), ascites (*Jalodara*), and generalised weakness (*Daurbalya*) with a history of hepatitis C virus (HCV) infection.

Following the documentation of the chief complaints, the patient was carefully examined through ayurvedic examinations like *Ashtavidha parikshana* and *Dashavidha parikshana*, as well as blood work such as complete blood count and liver function test (LFT). The findings of the *Ashtavidha* and *Dashavidha parikshana* are summarized below [Table 1].

Based on the *Ashthavidha* and *Dashavidha parikshana*, as well as the results of LFT, the patient was diagnosed with CLD.

2.1. Intervention

2.1.1. Diet plan

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

2.1.1.1. Foods to be avoided

1. Avoid eating after 8 PM
2. When consuming solid food, take a small bite and chew 32 times
3. Do not consume wheat, refined food, milk, milk products, coffee and tea, and packed food.

2.1.1.2. Hydration

1. During water intake, take a sip and drink slowly to ensure the amount of water intake each time
2. Drink about 1 L of alkaline water 3–4 times throughout the day
3. Include herbal tea, Coconut water, and turmeric-infused water as part of your daily routine.

2.1.1.3. Millet intake

1. Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*), and Browntop (*Urochloa ramose*)
2. Use only steel cookware for preparing the millet. Cook the millets only using mustard oil.

2.1.1.4. Meal timing and structure

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf - 1 min/5 leaves-5 min), raw ginger, and turmeric
2. Breakfast (9:00–10:00 AM): The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season), and a fermented millet shake (4–5 types)
3. Morning Snacks (11:00 AM): The patient will be given red juice (150 mL) and soaked almonds
4. Lunch (12:30 PM–2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 will include a millet recipe
5. Evening Snacks (4:00–4:20 PM): Green juice (100–150 mL) along with 4–5 almonds
6. Dinner (6:15–7:30 PM): The patient will be served a steamed salad, chutney, and soup as Plate 1, along with millet khichdi as Plate 2.

2.1.1.5. Fasting

One-day fasting was advised.

2.1.1.6. Special instructions

1. Express gratitude to the divine before consuming food or drinks
2. Sit in *Vajrasana* after each meal
3. Take a 10-min slow walk after every meal.

2.1.1.7. Diet types

1. The diet comprises low-salt solid, semi-solid, and smoothie options
2. Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

2.1.2. Lifestyle recommendations

1. Include meditation for relaxation
2. Practice barefoot brisk walking for 30 min
3. Yoga practice (*Pranayama*) is advised
4. Ensure 6–8 h of quality sleep each night. Adhere to a structured daily routine.

2.1.3. Shaman chikitsa

Based on clinical evaluation, the following personalized medication protocol was devised during treatment and the follow-up. The medicines advised during the treatment period are summarized in Table 2, and the medicines prescribed after the treatment at discharge are summarized in Table 3.

2.1.4. Shodhan chikitsa (Panchakarma therapies)

2.1.4.1. Abhyangam with Dhanvantram tailam and Swedan with Dashmool Kwath

2.1.4.1.1. Procedure

- The patient was positioned comfortably in a relaxed, supine posture in a calm environment
- *Dhanvantram tailam* was gently warmed and applied to the body in a slow, rhythmic manner, focusing on stimulating circulation, relaxing muscles, and nourishing the skin
- Special attention was given to joints and areas of tension, with the massage lasting 20–30 min
- The patient then underwent *Swedan* inside a steam chamber with *Dashmool Kwath.*

2.1.4.1.2. Physiology and mode of action

- *Dhanvantram tailam* therapy is a holistic treatment that focuses on nourishing muscles, joints, and ligaments using ingredients
- It involves rhythmic application of warm oil and massage friction, which relax contracted muscles, relieve joint stiffness, and improve flexibility[11]
- The therapy stimulates blood circulation, delivering oxygen and nutrients to tissues, and flushing out metabolic waste
- The steam therapy induces sweating, aiding in detoxification and improving immune function
- This combination provides relief from muscle soreness, joint stiffness, and inflammation, making it particularly effective for *Vata dosha* imbalances.

2.1.4.2. Matra Basti with Punarnavadi tailam

2.1.4.2.1. Procedure

- The patient was positioned in a comfortable left lateral position, and light abdominal massages were performed to stimulate the body
- *Punarnavadi* oil was used to prepare a medicated oil for *Matra Basti*, 90 mL of which was gently introduced into the rectum using an enema apparatus
- The patient held the oil for 15–20 min before resting.

2.1.4.2.2. Physiology and mode of action

- *Matra Basti* is effective for balancing *Vata dosha*, which controls movement and dryness in the body[12]
- Medicated oils or ghee nourish the intestinal walls, rectal mucosa, and surrounding tissues, enhancing nutrient absorption and peristalsis, while also aiding toxin elimination
- Though milder than other *Basti* therapies, *Matra Basti* helps detoxify the body by mobilizing waste and excess *Vata*
- *Punarnava* enhance its effects by detoxifying the liver, supporting tissue regeneration, and reducing edema
- Together, they promote kidney, liver, and digestive health, addressing both toxins and fluid imbalances, especially in *Vata*-related conditions.

2.1.4.3. Nabhi Basti with Hingwadi tailam

2.1.4.3.1. Procedure

- The patient was placed in a quiet, comfortable position, and their abdomen was massaged for relaxation
- A medicated oil was applied to their navel area, held for 20–30 min, and performed over 5–10 sessions, following which the patient was advised to rest after each session for deep absorption.

2.1.4.3.2. Physiology and mode of action

- *Nabhi Basti* is an Ayurvedic therapy that balances the *doshas*, particularly *Vata dosha*, which are often linked to digestive issues[13]
- It helps alleviate symptoms like bloating, flatulence, indigestion, and irregular peristalsis by calming and lubricating the digestive system
- *Nabhi Basti* enhances digestive efficiency by optimizing *Agni* and promoting better metabolic processes
- It supports detoxification by eliminating toxic waste from the abdominal cavity using medicated oils.[14]

2.1.4.4. Lepam with Dashang lep

2.1.4.4.1. Procedure

- The patient was asked to lie in a comfortable supine position in a calm environment to promote relaxation
- A gentle abdominal massage was performed to enhance circulation and relax the muscles before applying the paste
- A medicated paste, made from *shirisha* (*Albizia lebbeck*), *mulethi* (*Glycyrrhiza glabra*), *haldi* (*Curcuma longa*), *tagara* (*Valeriana wallichii*), and red sandalwood, was prepared using water, cow's ghee, or medicated oils, depending on the treatment's purpose
- The paste was applied around the navel and stomach, left on for 20–30 min, and then gently removed.

2.1.4.4.2. Physiology and mode of action

- The Ayurvedic paste used in *Lepam* stimulates blood circulation in the abdominal area, improving nutrient supply and metabolic waste removal[15]
- It has anti-inflammatory and analgesic properties, reducing discomfort
- The paste boosts digestive fire, aiding in indigestion, bloating, and constipation
- It soothes abdominal muscles and skin, alleviating tension and pain
- The paste balances *Vata* and *Pitta doshas* in the abdomen, reducing inflammation and pain. It stimulates the autonomic nervous system, enhancing digestion and skin elasticity.

2.1.4.5. Shirodhara with Brahmi oil

2.1.4.5.1. Procedure

- The Brahmi oil was indirectly warmed to a comfortable temperature (~38–40°C)
- The patient was positioned supine on the massage table
- A continuous stream of oil was poured gently over the *Ajna Chakra* (forehead), oscillating from temple to temple for about 30–45 min
- They were allowed to rest for 15–30 min.

2.1.4.5.2. Physiology and mode of action

- The warm oil stream over the *Ajna Chakra* stimulates forehead receptors and modulates the hypothalamic-pituitary-adrenal axis, reducing cortisol and increasing serotonin and melatonin
- *Brahmi* acts as a brain tonic with anti-anxiety and memory-boosting effects
- The warmth induces vasodilation, enhancing blood flow to the scalp and brain
- *Shirodhara* balances *Vata* and *Pitta doshas*, especially *Prana Vata* and *Sadhaka Pitta*. It calms the mind channels (*Manovaha Srotas*) and stabilizes *Chitta*, enhancing intellect, memory, and emotional clarity by reducing *Rajo* and *Tamo Gunas*.[16]

3. RESULTS

During the inpatient department treatment, the vital parameters of the patient showed gradual improvement as outlined in Table 4. Additionally, the comparison of LFT test parameters before and after treatment showed marked improvements in various parameters [Table 5 and Figure 1]. Serum aspartate aminotransferase (AST), alanine aminotransferase (ALT), gamma-glutamyl transferase (GGT), and alkaline phosphatase (ALP) showed 68.7, 68.8, 5.4, and 21.7% reduction after treatment. The balance of albumin and globulin improved as well, with a 61.11% increase in albumin-globulin ratio (AGR).

4. DISCUSSION

The current study describes ayurvedic management protocol as a viable option against CLD.

4.1. *Samprapti*

4.1.1. Dosha

- *Pradhana* (Primary): *Pitta* (specifically *Pachak* and *Ranjak Pitta*). The viral infection causes inflammatory changes, representing a highly aggravated *Ushna* (hot) and *Tikshna* (sharp) state of *Pitta* that damages liver cells
- *Anubandha* (Secondary): *Vata* (*specifically Saman and Vyan Vayu*) and *Kapha*. As the disease progresses to CLD, the structural destruction and fibrosis of liver tissue represent a *Vata-dominant* degenerative and drying phase (*Dhatu Kshaya*), while initial

hepatomegaly or fluid retention involves *Kapha*.

4.1.2. Dhatu (tissue elements)

- *Rakta* (Blood): The liver (*Yakrit*) is the root origin of *Rakta Vaha Srotas* (the blood-circulating channels). The HCV directly corrupts the *Rakta Dhatu*
- *Rasa* (Plasma/Nutrient Fluid): Impaired metabolism leads to poor nutrient circulation and profound weakness
- *Mamsa* (Muscle Tissue): Chronic depletion (*Kshaya*) of the liver causes muscle wasting, general cachexia, and a loss of physical strength.

4.1.3. Agni and Srotas (metabolism and channels)

4.1.3.1. Agni (digestive fire)

- *Jatharagni Mandya* (sluggish central digestive fire) and *Dhatvagni Mandya* (tissue-level metabolic failure). The liver's ability to convert food into healthy tissue is severely compromised

4.1.3.2. Srotas (channels)

- *Rakta Vaha* (*yakrit*, *pleeha* and portal blood vessels) and *Annavaha Srotas*.
- *Sroto Dushti* types (Channel pathologies)
    - *Sanga* (Obstruction/Stasis): Congestion within the portal system and intrahepatic biliary pathways
    - *Vimarga Gamana* (Diverted Flow): Accumulation of fluids outside normal channels (e.g., ascites or peripheral edema) as the structural framework fails.

4.1.3.3. Adhisthana and Vyadhi (site and disease correlation)

- *Adhisthana* (Primary Site): *Yakrit* (Liver) and *Pleeha* (Spleen).

4.2. *Samprapti* Sequence

1. Alcohol, excessive *Vidahi*, *Ushna*, *Snigdha*, or *Guru* foods, *Viruddha Ahara*, *Divasvapna*), night awakening, overexertion, and *Vegarodha* are the causative factors
2. These factors weaken the digestive and tissue metabolic fires (*Jatharagni* and *Dhatvagni*), leading to improper digestion and accumulation of toxic metabolic waste (*Ama*)
3. Vitiated *Pitta* and *Kapha Doshas* interact with *Rakta Dhatu* (due to their inherent *Ashrayashraya* or functional relationship)
4. In chronic, long-standing stages (fibrosis/cirrhosis), *Vata Dosha* becomes dominant, driving tissue atrophy and degeneration
5. Toxins and vitiated *Doshas* cause obstruction (*Sanga*) and misdirection (*Vimarga Gamana*) in the *Raktavaha*, *Rasavaha*, and *Medovaha Srotas*, disrupting nutrient supply to hepatocytes, causing liver cell swelling (*Yakrit Shotha*), tissue necrosis, and structural damage.

4.3. Ayurvedic Disease Correlation

Initially manifests as a complex form of *Kamala* (*Kumbha Kamala*/ *Lodhara*) or *Yakrit Shoth* (Hepatitis). In its advanced CLD stage, it correlates directly with *Yakriddalyudara* (structural liver enlargement and cirrhosis) or *Udara Roga* (abdominal enlargement/ascites.

4.4. *Samprapti Vighatan* and Mode of Action

1. In Ayurvedic management of CLD (*Yakrit Vikara*), therapies like *Abhyangam*, *Matra Basti*, *Nabhi Basti*, *Lepam*, and *Shirodhara* act synergistically to pacify vitiated *Tridoshas* (primarily *Pitta* and *Vata*)
2. They remove metabolic toxins (*Ama*), clear obstructed body channels (*Srotorodha*), and stimulate tissue metabolism (*Dhatvagni*)
3. At the same time, the ayurvedic medicines like Liv DS, Liv Shuddhi, and Liv Forte act as *Yakrit Shodhak* (liver cleanser), *Rakta Shodhak* (blood purifier), and *Pitta Shamak* (pacifier of aggravated *Pitta dosha*)
4. They enhance digestive fire (*Deepan*) and metabolic digestion (*Pachan*), addressing loss of appetite, indigestion, and gastrointestinal discomfort
5. *Guduchi* and *Kutki* protect hepatocytes against fibrous changes, promote liver parenchyma tissue regeneration, and help normalize elevated liver enzymes such as SGOT/AST and SGPT/ALT
6. They also reduce liver inflammation (*Yakrit Shoth*), clears toxic waste (*Ama*)
7. They help prevent fibrotic and cirrhotic tendencies
8. They further facilitate natural liver cleansing, flush accumulated metabolic waste, and remove obstructions (*Srotorodha*) in the *Raktavaha* and *Annavaha* channels
9. They also enhance overall liver wellness, support healthy digestion, protect hepatocyte membranes, and aid in liver cell rejuvenation.

5. CONCLUSION

The ayurvedic management of a 74-year-old female patient suffering from CLD involved a holistic approach including dietary and lifestyle changes, ayurvedic medicines and *panchakarma* therapies. The results showed remarkable improvement in various liver parameters such as serum AST, ALT, GGT, and ALP, along with serum bilirubin and the AGR, which are consistent with improved liver function. Serum AST, ALT, GGT, and ALP showed 68.7, 68.8, 5.4, and 21.7% reduction after treatment. The balance of albumin and globulin improved as well, with a 61.11% increase in the AGR. In conclusion, the ayurvedic intervention protocol showed promising efficacy in the management of CLD.

5.1. Further Research Aspects

The present study demonstrates the effectiveness of ayurvedic management protocol in providing symptomatic relief against CLD. However, further research is required to establish the effectiveness of this protocol and facilitate its widespread adaptability. Further research should include the mechanistic evaluation of *panchakarma* therapies as well as large-scale robust studies for evaluating the efficacy of the management protocol. Further studies might also involve the comparison with modern medicines to demonstrate the potency of ayurvedic management protocol further as an effective alternative.

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7. AUTHORS' CONTRIBUTIONS

All authors contributed equally in preparation of the manuscript. All authors have read and approved the final version of the manuscript.

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9. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

10. CONFLICTS OF INTERESTS

The authors declare no conflicts of interest in relation to the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

12. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

13. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

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Table 1: *Ashtavidha* and *Dashavidha parikshana*

Assessment	Observation
Ashtavidha parikshana	
Nadi (Pulse)	*Vataj Pittaj*
Mala (Bowel)	*Atisara* (Loose motion)
Mutra (Urine)	*Avikrit* (Normal)
Jivha (Tongue)	*Avikrit* (Normal)
Shabda (Speech)	*Spashta* (Clear)
Sparsh (Touch)	*Samasheetoshna*
Drik (Eyes)	*Avikrit* (Normal)
Aakriti (Physique)	*Madhyam*
Dashavidha parikshana	
Prakriti (Physical constitution)	*Vata Pitta*
Vikriti (pathological *constitution*)	*Pitta*
Sara (excellence of *tissues*)	*Asthisar*
Samhanan (body compactness)	*Madhyam*
Praman (*measurements* of body parts)	*Madhyam*
Satmya (*homologation*)	*Madhyam*
Sattva (mental *constitution*)	*Madhyam*
Aaharshakti (capacity *ingesting*, digesting and assimilating the food)	*Madhyam*
Vyayamshakti (capacity to exercise)	*Heena*
Vaya (age)	*Vridhha*
Vital parameters	
Height (cm)	162.5
Weight (kg)	60
Blood pressure (mm Hg)	120/80
Pulse (min^{-1})	84
Temperature (°C)	97.6

Table 2: Ayurvedic medication protocol during IPD treatment

Medicine advised during IPD	Dose	Key ingredients
Cap Liv DS	1 TDS	*Bhumyamalaki* (*Phyllanthus niruri*), *Kasani* (*Cichorium intybus*), *Punarnava* (*Boerhavia diffusa*), *Guduchi* (*Tinospora cordifolia*), *Kutki* (*Picrorhiza kurroa*), *Bhringraj* (*Eclipta prostrata*), *Himsra* (*Capparis spinosa*), *Kakmachi* (*Solanum nigrum*), *Chitrak* (*Plumbago zeylanica*), *Haritaki* (*Terminalia chebula*), and *Arjuna* (*Terminalia arjuna*)
Tab Dr. Immune	1 BD	*Kesar* (*Crocus sativus*), *Shudh Kuchla* (*Strychnos nux-vomica*), *Ashwagandha* (*Withania somnifera*), *Shatavari* (*Asparagus racemosus*), *Pippali* (*Piper longum*), *Tulsi* (*Ocimum sanctum*), *Laung* (*Syzygium aromaticum*), *Chhoti Elaichi* (*Elettaria cardamomum*), *Shunthi* (*Zingiber officinale*), *Haldi* (*Curcuma longa*), *Loh Bhasma*, *Swarna Makshik Bhasm*, and *Mukta Shukti Bhasm*
Syp G-Liv Forte	10 mL TDS	*Bhringraj* (*Eclipta alba*), *Kalmegh* (*Andrographis paniculata*), *Kutki* (*Picrorhiza kurroa*), *Vidanga* (*Embelia ribes*), *Nishoth* (*Operculina turpethum*), *Daruharidra* (*Berberis aristata*), *Chitrak Mool* (*Plumbago zeylanica*), *Bhumi Amla* (*Phyllanthus niruri*), *Sudarshan* (*Crinum asiaticum*)
Mala stambhak	1 BD	Contains herbo-mineral ingredients like *Shudh Parad*, *Shudh Gandhak*, *Giloy* (*Tinospora cordifolia*), *Beejak* (*Pterocarpus marsupium*), and *Semal* (*Bombax ceiba*), functioning primarily as a *Stambhana* (astringent and hemostatic) formulation
Syp Oja Vardhak	10 mL TDS	*Giloy* (*Tinospora cordifolia*), *Babool* (*Acacia arabica*), *Pippali* (*Piper longum*), *Jaifal* (*Myristica fragrans*), *Laung* (*Syzygium aromaticum*), *Kankol* (*Piper cubeba*), *Badi Elaichi* (*Amomum subulatum*), *Dalchini* (*Cinnamomum zeylanicum*), *Tejpatta* (*Cinnamomum tamala*), *Kali Mirch* (*Piper nigrum*), *Nag Kesar* (*Mesua ferrea*), *Vidanga* (*Embelia ribes*), *Vasa* (*Adhatoda vasica*), *Mulethi* (*Glycyrrhiza glabra*), *Choti Kateri* (*Solanum xanthocarpum*), *Talispatra* (*Abies webbiana*)
Tab Liv Shuddhi	1 TDS	*Milk Thistle* (*Silybum marianum*), *Bhumyamalaki* (*Phyllanthus niruri*), *Kutaki* (*Picrorhiza kurroa*), *Kalmegh* (*Andrographis paniculata*), *Kakmachi* (*Solanum nigrum*), *Marich* (*Piper nigrum*), *Punarnava* (*Boerhavia diffusa*), *Dandelion* (*Taraxacum officinale*), *Tulsi* (*Ocimum sanctum*), *Amla* (*Emblica officinalis*), and *Arjuna* (*Terminalia arjuna*)
Tab Dr. Sukoon	2 tab HS	*Apamarga* (*Achyranthes aspera*), *Shatavari* (*Asparagus racemosus*), *Ashwagandha* (*Withania somnifera*), *Brahmi* (*Bacopa monnieri*), *Vacha* (*Acorus calamus*), *Shankh-Pushpi* (*Convolvulus pluricaulis*)
Syp Vish har	20 mL BD	*Giloy* (*Tinospora cordifolia*), Papaya Leaf (*Carica papaya*), Wheat Grass (*Triticum aestivum*), *Haldi* (*Curcuma longa*), *Neem* (*Azadirachta indica*), *Vasapatra* (*Adhatoda vasica*), *Punarnava* (*Boerhavia diffusa*), *Kalmegh* (*Andrographis paniculata*), *Karanj* Seed (*Pongamia glabra*)

IPD: Inpatient department

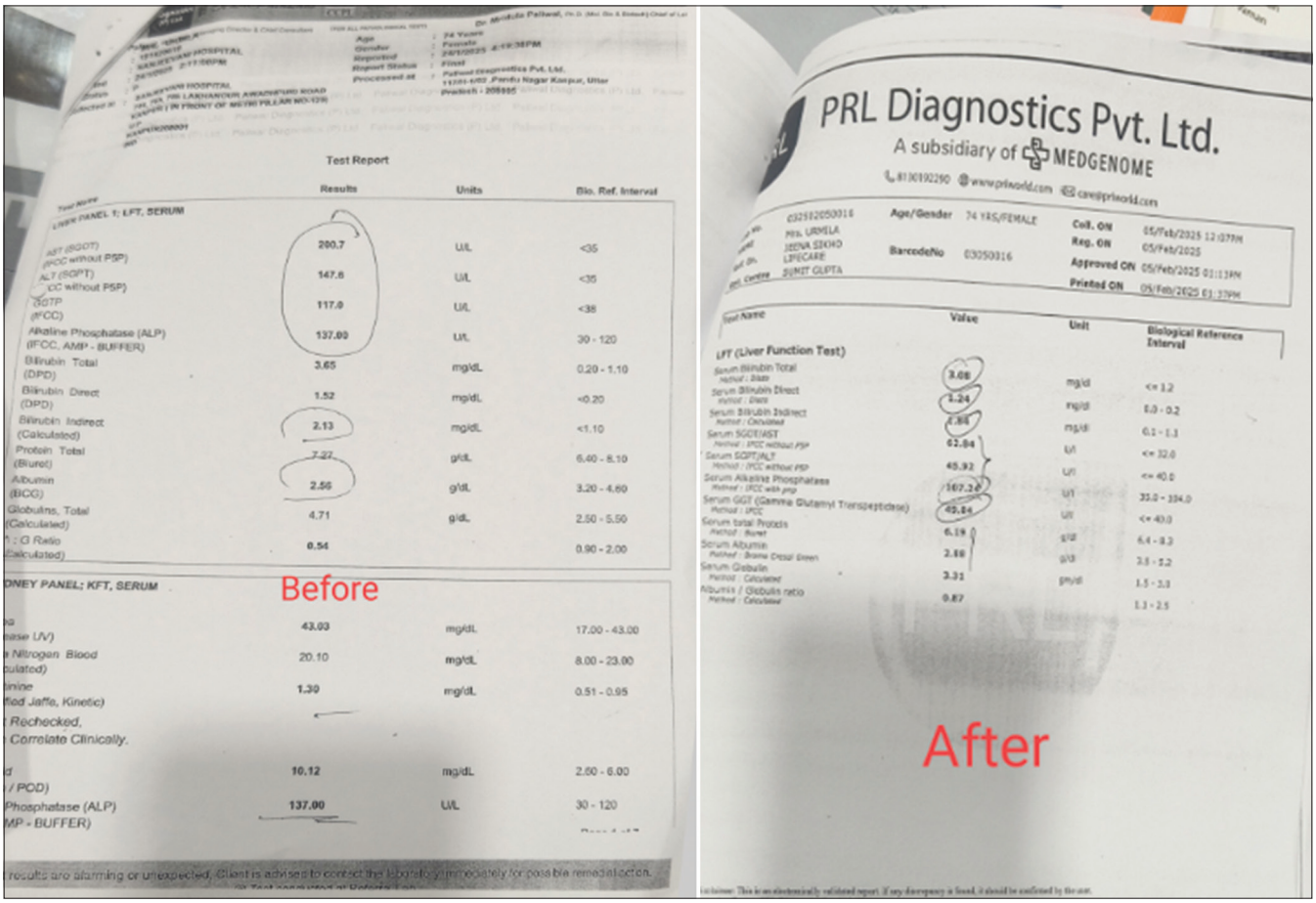

Figure 1: Improvement of liver parameters through ayurvedic management protocol

Table 3: Ayurvedic medication protocol advised during discharge

Medicine advised during IPD	Dose	Ingredients
Tab Ciro Care	1 BD	*Kutki* (*Picrorhiza kurroa*), *Nisoth* (*Operculina turpethum*), *Kampilak*, *Patol* (*Trichosanthes dioica*), *Makoy* (*Solanum nigrum*), *Ajwayan* (*Trachyspermum ammi*), *Punarnava* (*Boerhavia diffusa*), *Sounf* (*Foeniculum vulgare*), *Pudina* (*Mentha arvensis*), *Gokhru* (*Tribulus terrestris*), *Arjuna* (*Terminalia arjuna*), *Rohilek* (*Rhodiola rosea*, *Yakrdari loha and Shankh bhasma*
Tab Liv DS	1 BD	As mentioned above
Tab Dr. Immune	1 BD	As mentioned above
Syp G-Liv Forte	10 mL TDS	As mentioned above
Amla Pittanashak	1 BD	*Shunti* (*Zingiber officinale*), *Maricha* (*Piper nigrum*), *Pippali* (*Piper longum*), *Amalki* (*Emblica officinalis*), *Bibhitika* (*Terminalia bellirica*), *Haritiki* (*Terminalia chebula*), *Musta* (*Cyperus rotundus*), *Sukshmaila* (*Elettaria cardamomum*), *Tvak Patra* (*Cinnamomum tamala*), *Vidanga* (*Embelia ribes*), *Bid Lavana* (*commonly known as black salt or Kala Namak*, *more of a mineral*), *Lavanga* (*Syzygium aromaticum*), *Trivrita* (*Operculina turpethum*), *Sharkara* (*sugar*, *derived from Saccharum officinarum*).
Syp Oja Vardhak	10 mL TDS	As mentioned above
Tab Mutravardhak	1 BD	*Gokhru* (*Tribulus terrestris*), *Guggul* (*Commiphora wightii*), *Sonth* (*dried ginger*, *Zingiber officinale*), *Kalimirch* (*black pepper*, *Piper nigrum*), *Pippali* (*long pepper*, *Piper longum*), *Bahera* (*Terminalia bellirica*), *Harad* (*Terminalia chebula*), *Amla* (*Emblica officinalis*) *and Motha* (*Cyperus rotundus*) *constitute a diverse array of potent Ayurvedic herbs widely revered for their health benefits*

IPD: Inpatient department

Table 4: Vital parameters of the patient during IPD treatment

Date	Weight (kg)	Temperature (°C)	Blood pressure (mmHg)	Pulse (/min)	Respiration rate (/min)
January 31, 2025	60	97.6	118/70	84	18
February 01, 2025	60	98.4	100/70	97	20
February 02, 2025	60	97.6	106/63	93	20
February 03, 2025	60	97.5	100/60	90	19
February 04, 2025	60	97.9	130/90	75	18
February 05, 2025	60	97.4	110/70	80	18
February 06, 2025	60	98.2	120/60	90	18

IPD: Inpatient department

Table 5: Efficacy of ayurvedic management protocol on liver parameters

Parameter	Before	After	Biological reference interval
Serum SGOT/AST (U/L)	200.7	62.84	<35
Serum SGPT/ALT (U/L)	147.6	45.92	<35
Serum GGT (U/L)	117	49.84	<38
Serum ALP (U/L)	137	107.24	30–120
Serum bilirubin (total) (mg/dL)	3.65	3.08	0.2–1.1
Serum bilirubin (direct) (mg/dL)	1.52	1.24	<0.2
Serum bilirubin (indirect) (mg/dL)	2.13	1.84	<1.1
Serum Albumin (g/dL)	2.56	2.88	3.2–4.6
Serum Globulin (g/dL)	4.71	3.31	2.5–5.5
Albumin/Globulin ratio	0.54	0.87	0.9–1.2

AST: Aspartate aminotransferase, ALT: Alanine aminotransferase, GGT: Gamma-glutamyl transferase, ALP: Alkaline phosphatase, SGPT: Serum glutamic pyruvic transaminase, SGOT: Serum glutamic oxaloacetic transaminase