



MANAGEMENT OF HEPATIC ENCEPHALOPATHY WITH AYURVEDA - A CASE REPORT

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<https://doi.org/10.46607/iamj3713012025>

(Published Online: January 2025)

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Article Received: 08/12/2024 - Peer Reviewed: 29/12/2024 - Accepted for Publication: 09/01/2025.



ABSTRACT

Ayurveda is an Indian system of medicine that has been practised for thousands of years—Ayurveda medicines have been found to be effective in most chronic diseases like liver cirrhosis, hepatitis, and hepatic encephalopathy. A 58-year the male patient was admitted with complaints of irrelevant talk, abdominal distension, anorexia, drowsy, partially obeying verbal commands, yellowish discolouration of sclera, and bipedal oedema. The patient was managed with Ayurveda medicines.

Hepatic encephalopathy (HE), the neuropsychiatric presentation of liver disease, is associated with high morbidity and mortality.

Keywords: Hepatic encephalopathy, Gandharva *haritaki churna*, serum ammonia level, alcoholic liver disease.

INTRODUCTION

Hepatobiliary disorders are one of the significant concerns in current gastro-intestinal speciality practices owing to the poor lifestyle of the people and increasing use of alcohol from a very young age. Chronic consumption of alcohol leads to a condition

called alcoholic liver disease (ALD). Consumption of country liquor (*desi daru*) is very harmful, causing early liver damage. Hepatic encephalopathy is a primary complication of decompensated cirrhosis. Ap-

proximately 30% to 40% of patients with cirrhosis will develop Hepatic encephalopathy.

Material & method- Liver function test, serum ammonia level, abdominal girth.

Case presentation-

Medical history- A 58-year-old male was admitted with complaints of irrelevant talk, abdominal distension, anorexia, drowsy, partially obeying verbal commands, yellowish discoloration of sclera, and bipedal oedema. No previous co-morbidities. H/O-Chronic alcohol consumption (country liquor). On examination Icterus present, ascites present, obeying verbal commands, moving all four limbs.

Diagnosis and assessment- Based on alcohol consumption history and physical examination, the patient’s clinical biochemistry was done and found to be abnormal, with prominent changes in LFTs and elevated SGOT, SGPT, decreased total protein, decreased albumin level, and elevated serum ammonia level.

Course in hospital- Patient admitted on 17/08/2024 with above complaints, laboratory investigations done, vitals monitored eight hourly BP-124/80, SPO2-96 with room air, Heart rate-76, altered sensorium. Abdominal girth (AG) monitored 98cm. Relative counselling was done.

Started with

1. cow milk 200 ml to 250 ml per day
2. Two boiled hen egg whites per day

3. 3 gms *Gandharva haritaki churna*+ one tea-spoon *eranda tail*² +cow milk twice a day
4. Liquid diet (mudga yusha³, mamsa rasa⁴)
5. 500 mg *Aarogyavardhini vati* ⁵+ lukewarm water twice a day
6. *Phalatrikadi kwatha*⁶ 10 ml twice a day

Advised to avoid oily and spicy food.

The patient had 2 to 3 episodes of loose stools per day and increased urine output. The patient was assessed through changes in signs and symptoms thrice a day. On the third day, SGPT and SGOT, serum ammonia levels decreased, sensorium improved, but serum bilirubin increased slightly. On 19/08/2024, the patient was discharged in stable condition.

On the 1st follow, the patient was conscious and well-oriented, icterus reduced, passing motions twice a day, abdominal girth reduced to 89 cm, bipedal oedema reduced, and appetite increased. We advised to continue cow milk in diet with semisolid diet, chicken and mutton soup, *Gandharva-haritaki* 3gm *churna* with *eranda tail* at bedtime, leg elevation during sleep time, continue *Aarogyavardhini vati* and *Phalatrikadi kwatha* 10 ml twice a day.

On the second follow-up, the patient did not have any major complaints, minimal ascites (AG-78cm), no bipedal oedema, and mild icterus. The patient was advised to take a soft diet with *mudga yusha*.

Table 1. Clinical biochemistry assessments

test	Pre-treatment	Ayurvedic treatment period			Normal range
	Baseline- Day 0	Day 3	Day 8	Day 18	
SGPT(IU/L)	364	249	134	54	Up to 49
SGOT(IU/L)	278	216	119	41	Up to 46
Total bilirubin(mg/dl)	4.6	5.2	3.7	1.3	0.1-1.2
Sr. ammonia (mcg/dl)	86	39	Not done	Not done	15-45
Abdominal girth	98	100	89	78	

DISCUSSION

Ayurveda has a unique understanding of human physiology and pathology that offers a different perspective on diagnosis and treatment. Ayurveda understands pathology as the derangement in body con-

stituents, i.e., dosha, dhatu, and mala, which narrows down to the fundamental elements (Panchmahabhutas). The goal of treatment is to bring them back into equilibrium. From this perspective, ayurvedic therapy can treat any illness, even if that illness has not been specifically addressed in the ancient Vedic texts.

In the present case, excessive consumption of alcohol resulted in ALD with cirrhosis of the liver, deranged LFT and elevated serum ammonia levels. In a healthy liver, ammonia is converted into urea, a waste product that the kidneys remove from the urine. The liver is a key organ for protein metabolism, storage and synthesis.

This condition is correlated with *kamala*, and *udara vriddhi* is described in *Udar vyadhi* in *Charak Samhita*. *Virechana* is the line of treatment in both these conditions⁷. The formulation used in this case attains the same purpose. *Gandharv haritaki churna with eranda taila*- helps in purgation causing loss of ammonia productive bacteria from intestine. The patient was advised to have cow milk. It is also a *mrudu Virechaka*.

Phalatrikadi kwatha- acts on *koshthashrita kamala* (hepato-cellular jaundice).

Cow milk/egg white/*mamsa rasa*- provides dietary proteins.

Aarogyavardhini vati- improves digestive system and liver health

CONCLUSION

This case report has demonstrated a positive effect on the patient using the Ayurvedic system of medicine in a complicated case of hepatic encephalopathy.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Gayatri Kalamkar & Kabir Mulani: Management of Hepatic encephalopathy with Ayurveda- A case report. International Ayurvedic Medical Journal {online} 2025 {cited January 2025} Available from: http://www.iamj.in/posts/images/upload/229_231.pdf