

AN AYURVEDIC MANAGEMENT OF ALCOHOLIC LIVER DISEASE W.S.R TO SHAKHASHRITA KAMALA - A CASE STUDY

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ABSTRACT

Alcoholic liver disease is a pathological condition of the liver parenchymal tissue due to excessive consumption of alcohol over a long period of 6-10 years or even earlier. Here in we present a case of a married male of 35 yr. old reported in the *Panchakarma* OPD of SJIIM Government Ayurveda Medical College Bengaluru on 30th -Jan-2021, with chief complaints of swelling in the bilateral lower limbs, deep yellowish and burning micturition, yellowish discoloration of sclera, reduced appetite, nausea and generalized weakness in the body since 3 months, with the increased level of LFT and USG-abdomen report suggesting hepatomegaly with fatty changes, was examined and diagnosed as alcoholic liver disease and treated with *Amapachana* with *Trikatu Churna*, *Nitya Virechana* with *Chitraka Haritaki Leha* followed by *Mustadi Yapana Basti* had shown a very good improvement in normalizing appetite, bilateral lower limb swelling and deep yellow micturition. Total bilirubin, SGOT and ALP values were reduced.

Keywords: Alcoholic Liver disease, *Shakhashrita Kamala*, *Nitya Virechana*

INTRODUCTION

Alcoholic liver disease is a pathological condition of the liver which is used to describe a spectrum of liver injury and it includes alcoholic fatty liver with or without hepatitis, alcoholic hepatitis to cirrhosis. The main cause is excessive consumption of alcohol over a long period of time about 10yr in a large quantity, causing liver toxicity by parenchymal tissue damage. Due to alcohol, the skill of intellect, sensation, perception, and physiological activities of the body like digestion, absorption and metabolism which are necessary over course of a lifetime, and which cause in and out the development of humans are mainly hampered. ALD is an emerging public issue globally and its burden is increasing worldwide vigorously. The ALD patient's condition is once comprehensible and manageable later is transformed into an intimidating and rancorous environment. Alcohol is one of the commonest causes of end-stage liver disease with 50% of cirrhosis related mortality being attributed directly to alcohol and it is the world's largest risk factor for disease burden. Consumption of alcohol results in 2.5 million deaths each year¹. In India, alcohol is the commonest cause of cirrhosis (34.3%) and almost 20% of all liver disease (irrespective of aetiology) are current alcohol consumers². Hepatobiliary anomaly is not a disease but is a heterogeneous group of disorders. ALD is one of the most frequent clinical presentations of this group. It has been rising in India since the adaptation of foreign culture, poverty etc.

ALD morphologically can be divided into 3 stages -

A) Alcoholic steatosis (fatty liver) often presents as asymptomatic hepatomegaly and mild elevation in the biochemical liver test.

B) Clinical presentations of Alcoholic hepatitis range from asymptomatic to severe liver failure with jaundice, ascites, GI bleeding, typically anorexia, nausea, vomiting, fever, tender hepatomegaly.

C) Cirrhosis the end stage of liver failure with irreversible changes.

Stages of ALD can be closely interpreted with *Kamala* leading to *Jaloudara* manifestation. *Acharya Charaka* in *Chikitsa Sthana* 16th chapter of *Panduro-*

ga chikitsaadhya have mentioned the cause as the vitiation of *Pitta* along with its symptoms, they are yellowish discolouration of eyes, skin, face, urine, burning micturition, indigestion, generalized weakness, anorexia and lean body^{3a}. Again, it has been classified as *Shakhshrita* and *Koshtashrita Kamala* based on the *Vyadhi Avastha* (disease stage). Treatment given is the removal of *Margavarodha* followed by *Pittahara Chikitsa*^{3b} and *Virechana* Respectively^{3c}. ALD is always seen as a complication of alcoholism. It produces a very miserable and dependent crippled life. If he or she is the only earning member, then the family must face endless problems. In these conditions if any help is extended to the sufferers, it will be a great advantage to the patient, a good credit to the physician and in turn to the science itself. In the contemporary system of medicine administration of multivitamins, corticosteroids, in later stages para surgical and surgical measures are taken. With the advancement of modern drugs, the view of disease has grossly changed. Therefore, Ayurvedic therapeutics had attracted considerable glamour for providing safe and effective remedies. Numerous research has been done time and again to reprove the worth of these medications. Considering all the above points, here in presenting this single case study to find a measure that could help in ALD patients.

CASE REPORT:

The present case is about the Ayurvedic management of ALD i.e., *Shakhshrita Kamala*. A 35-year-old male suffering from ALD reported to *Panchakarma* outpatient department (OPD) of SJIIM hospital, Bengaluru with chief complaints-

- swelling in B/L lower limbs,
- yellowish discolouration of eyes, skin and dark urine with burning micturition,
- Clay-coloured stool associated with reduced appetite,
- Anorexia, nausea and disturbed sleep
- Tremors were seen as symptoms of alcohol withdrawal for 3-months

Associated Complaints: Generalized weakness in the body for 1 month

HISTORY OF PRESENT ILLNESS

He was a known alcoholic for 18 years, (Once weekly up to 10yrs), used to consume approximately 180ml per day till 2018 and after that, he started to take 550-750 ml with spicy food items. In the year 2018, he had developed Jaundice along with severe vomiting and mild tremors in the B/L UL. For this, he

got treated from a private hospital and the Patient got relief but restarted alcohol intake after one month. Again, in December 2020 he developed the above-mentioned symptoms and approached a local physician with these symptoms and was diagnosed with alcoholic hepatitis and treated for 10 days with a standard of care. As the complaints were not satisfactorily reduced, he opted for the Ayurvedic treatment. He was admitted in February for 34days.

Personal History:

Name- XYZ	Bala- Avara
Age- 35 years	Sleep- Disturbed
Gender – Male	Addiction- Alcohol and tobacco
Marital status- Married	Bowel habit- Irregular
Occupation- Cab driver	Appetite- Reduced
Weight – 60kg	

CLINICAL FINDINGS- PHYSICAL EXAMINATION:

ASHTA VIDHA PAREEKSHA

• Nadi: Pittaja Nadi / 86/min	• Shabda: Prakrita
• Mutra: Peeta Varna	• Sparsha: Anushna sheeta
• Mala: Tilapishtha Nibha (clay-coloured)	• Druk: Peeta varna
• Jivha: Lipta	• Akriti: Madhyama

DASHAVIDHA PAREEKSHA

• Prakriti: Pitta Vata	• Samhanana: Madhyama
• Aharaja Hetu: Madya sevana	• Pramana: Madhyama
• Viharaja Hetu: Atiyana	• Satmya: Madhyama
• Manasika Hetu: Krodha, Dukhah, Chinta	
• Doshha: Pitta and Rakta	• Satva: Madhyama
• Dushya: Rakta and Mamsa	• Ahara shakthi: A) Abhyavaharana shakthi: Avara B) Jarana shakthi: Avara
• Swabhava: Chirakari	• Vyayama shakthi: A) Poorvakaleena: Pravara B) Adhyatanakaleena: Avara
• Desha: Anoop	• Vaya: Madhyama/ 35yr
• Kala: Shishira	• Bala: Avara
• Sara: Madhyama	

GENERAL EXAMINATION

- Icterus +++, yellowish discolouration of oral mucosa, nasal mucosa, skin, P/A –no organomegaly, mild tenderness, pitting oedema on B/L LL and slight puffiness of the face,

SYSTEMIC EXAMINATION

- CVS- S1 S2 heard. No added sounds.
- Respiratory system: Lungs clear
- CNS-Conscious & well oriented to time & place, irritation and anger was present, memory was in-

tact, Romberg sign was positive, had slurred speech.

- muscle power: 4/5 – all the limbs, muscle tone: normotonic, gait- ataxic gate, involuntary movements-action tremors

reflexes: normal

Gastrointestinal tract examination

Investigations:

Liver function test

LFT	21/12/2019	30/01/21	15/2/21
Total bilirubin	1.1 mg/dl	5.6mg/dl	3.32mg/dl
Direct bilirubin	0.2 mg/dl	2.7 mg/dl	2.7mg/dl
Indirect bilirubin	0.9 mg/dl	2.9 mg/dl	0.62mg/dl
SGOT	91 U/L	-----	82 U/L
SGPT	67 U/L	-----	43 U/L
ALP	345 U/L	-----	105IU/L
Total protein	12.9 g/dl	-----	11.1g/dl
Albumin	4.4g/dl	-----	3.5 g/dl
Globulin	8.5 g/dl	-----	7.6 g/dl

Lower GI Tract: Per abdominal examination on inspection, it was normal, on palpation there was mild tenderness over the right hypochondriac region, percussion and auscultation could not elicit anything.

Ultrasonography abdomen impression: Hepatomegaly with fatty changes. (19/12/2019)

TREATMENT SCHEDULE:

The patient got admitted on 2/2/2021, initially, he was given *Trikatu Churna* and *Arogya Vardhini Rasa* for 18days, *Gokshuradi Guggulu* for 10 days, after passing normal coloured stools he was given *Chitraka Haritaki Leha* as *Nitya Virechana* for 6 days followed by *Mustadi Yapana Basti* for 8days in *Kala*

Basti pattern. The patient was discharged on 8/03/2021 and had 2 follow ups in the next 30 days. During the treatment and follow up, the patient was completely on cessation of alcohol. Throughout the treatment, as a part of *Pathya* the patient was advised to avoid spicy, oily and salty food.

Date	Medicine	Dose
2-26/2/2021	<i>Arogya Vardhini Rasa</i> <i>Trikatu Churna</i> <i>Draksharishtha</i>	2—2—2 (A/F) ½ tsp—0—½ tsp(B/F) 15ml—0—15ml(A/F) (<i>Ushna Jala Anupana</i>)
5-15/2/2021	<i>Gokshuradi guggulu</i>	1-1-1 (A/F) (<i>Ushna Jala Anupana</i>)
20/2/2021	passed normal stools	
21-26/02/2021	<i>Chitraka Haritaki Lehya</i>	(1tsp -0-1tsp A/F) (<i>Ksheera Anupana</i>)
28/2-7/3/2021	<i>Mustadi Yapana Basti</i>	<i>Kala basti pattern</i>
Shamanoushadi		
8/03-10/04/2021	<i>Arogya vardhini Rasa</i> <i>Patola Katurohinyadi</i> <i>Kashaya</i> <i>Draksharishtam</i> <i>Ashwagandha Churna</i>	1—0—1 (A/F) 10ml—0—10ml(A/F) 15ml—0—15ml(A/F) (<i>Ushna Jala Anupana</i>) 2 tsp—0—2 tsp(B/F)(<i>Ksheera Anupana</i>)

RESULTS:

SL	SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
01	Haridrata of netra (yellowish discolouration of sclera)	2	0
02	Haridrata of Tvak (yellowish discolouration of the skin)	2	0
03	Dourbalya(weakness)	3	1
04	Peetata of Mutra (yellowish discolouration of urine)	3	0
05	Aruchi (Anorexia)	3	1
06	Hrullasa (Nausea)	2	0

ASSESSMENT CRITERIA OF SHAKHASHRITA KAMALA

SN	SYMPTOMS	NORMAL	MILD	MODERATE	SEVERE
01	Haridrata of netra (yellowish discolouration of sclera)	0	1	2	3
02	Haridrata of Tvak (yellowish discolouration of skin)	0	1	2	3
03	Dourbalya (weakness)	0	1	2	3
04	Peetata of Mutra (yellowish discolouration of urine)	0	1	2	3
05	Aruchi (Anorexia)	0	1	2	3
06	Hrillasa (Nausea)	0	1	2	3

LFT	15/2/21	5/3/2021
Total bilirubin	3.32mg/dl	1.91 mg/dl
Direct bilirubin	2.7mg/dl	1.79 mg/dl
Indirect bilirubin	0.62mg/dl	0.12 mg/dl
SGOT	82 U/L	64 U/L
SGPT	43 U/L	40 U/L
ALP	105IU/L	88 IU/L
Total protein	11.1g/dl	10.08 g/dl
Albumin	3.5 g/dl	3.18 g/dl
Globulin	8.5 g/dl	-----



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DISCUSSION

Madya directly vitiates the *Yakrut* because of its *Guru Gunas* like *Vyavayi*, *Vikasi* etc. the contemporary literature also says that alcohol metabolites are responsible for liver cells damage and altered liver functions and we get striking similarities in the *Samprapti* of both sciences. Based on the patient's complaints, examination and laboratory investigations, it was diagnosed as alcoholic liver disease in 2nd stage i.e., alcoholic hepatitis. In Ayurveda, it can be considered as *Shakhshrita Kamala* because of obstructive mechanism (intra-hepatic) in the pathogenesis. Line of treatment told for *Shakhshrita Kamala* by *Acharya Charaka* was adopted in the study^{3d}. *Trikatu Churna*^{3e,5} as *Amapachaka* and to improve *Aruchi* and *Hrullasa*, *Arogyavardini Rasa*⁶ to remove *Margavarodha* (Intra hepatic) as it contains *Katuki*, it doses the *Bhedana* of *Malas* which has blocked the pathway of *Pitta* reaching *Koshtha*. Both the medicines were given until the patient acquired normal colored stools (“*Aapitta Raagaat Shakrito*”). *Draksharishtham*⁷ was given for *Balya* and *Malashodhanartha* and to minimize forthcoming Alcoholic withdrawal syndromes because the patient had abruptly stopped alcohol intake. *Gokshuradi Guggulu*⁸ was given for *Shotha* in B/L lower limbs, having properties of *Shothahara* and *Mutrala* thus it is helpful to increase urine output in reducing oedema. After the removal of *Margavarodha* and by considering *Pitta* has reached the *Koshtha*, *Nitya Virechana* was adopted by *Chitraka Haritaki Leha*⁹ and *Ksheera* as *Anupana*(250ml). As patient's *Bala* was very less, classical *Virechana* was not selected. *Chitraka Haritaki Leha* is mainly advised in respiratory conditions, even though it has been selected here because of its ingredients. *Chitrka Haritaki Leha* does *Agni Deepana*, *Amapachana* and *Vatanulomana* hence acting best in this present case by mainly relieving *Aruchi*, *Hrullasa* and *Nitya Virechana* acting on *Pitta Dosh*. After this betterment was seen in reducing the symptoms of yellowish bulbar conjunctiva and yellowish urine and this indicates the *Pitta Dosh* *Shamana*. After 2 days of *Nitya Virechana*, *Mustadi Yapana Basti*⁹ was Given for 8 days in the *Kala Basti*

pattern. *Yapana Basti* is very helpful in the present case because of its *Sadyobalajanana* property as the patient was *Durbala*. It also acts as *Rasayana*.

CONCLUSION

Broadly Alcoholic Liver Disease can be said as *Raktavaha Srotomula Dushti*. All types of *Madya*(alcohol) can cause *Rakta Dushti* thereby causing *Yakrutvikara* (Liver disease) if consumed inappropriately. Alcohol not only affects the health of the individual but also causes social, economic and personal hazards. Alcoholic Liver Disease can be considered as *Shakhshrita Kamala* in *Ayurveda*. Treatment is given in the present study- *Amapachana*, *Nitya Virechana*, *Mustadi Yapana Basti*, other *Shamanoushadis* and *Pathya* had shown significant results in managing the altered LFT and ALD by breaking the *Samprapthi*

REFERENCES

1. https://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf
2. https://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf
3. Agnivesha. *Charaka Samhita*- revised by Charaka Dridabala, with *Ayurveda Dipika* commentary of Chakrapanidatta edited by Vaidya Yadavji Trikamji Acharya, Varanasi: Chowkhamba Orientalia; reprint 2010.Pp738. a) Chi. 16/35-36. Pn6528.b) Chi. 16/128-131. Pn6532, c) Chi. 16/40. Pn6528d) Chi. 16/130-131. Pn532, e) Chi. 16/129. Pn6532
4. Dennis L. Kasper- Harrison's manual of medicine – edited by Dennis L. Kasper MD, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, Larry Jameson, Joseph Loscalzo, 19th edition. Mc Graw Hill Education 2006. Pp 1381, pn828.
5. BaishyaRuplal, BhavprakashNighantu, Part1, Varanasi, Chaukhamba Sanskrit Samsthan, Haritakyadivarga, sloka 64-65, page 19.
6. Tripathi Indradev. *Rasaratna Samuchchaya*. 20/86-92, 3rd ed., Varanasi; Chaukhambha Sanskrit Bhawan; 2006.p. 252.
7. Sarangadhara Samhita, jivanaprabha Hindi commentary by Dr. Smt. Shailajasrivastava, Madhyamakhand, 10th chapter Asava Aristadi Sandhana. sloka no-69 to 72, 2nd edition, Chaauxhamba Orientalia Varanasi, 1998; p.253

8. Sarangadhara Samhita, jivanaprabha Hindi commentary by Dr. Smt. Shailajasrivastava, Madhyamakhandā, 7th chapter. sloka no849 to 87, 2nd edition, Chaaukhamba Orientalia Varanasi, 1998; p.233.
9. Anonymous. The Ayurvedic Formulary of India. Ministry of health and family welfare. Dept. of Indian systems of medicine and Homeopathy: New Delhi; 2004. p. 10.

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