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CHRONIC LIVER DISEASE MANAGEMENT IN *AYURVEDA* W.S.R. TO *GARAVISHA* (ARTIFICIAL POISON) – A CASE REPORT

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ABSTRACT

Garavisha (artificial poison) is a wonderful concept explained in *Ayurveda* which throws light on the changing lifestyle and possibility of exposure of toxins**. Objectives:** Treatment of chronic liver disease *w.s.r. to Garavisha* (artificial poison) by *Shamana* (oral) therapy. **Methods:** Diagnosed case of chronic liver disease, regular visitor to the hospital since past 6 months due to fluctuation of serum electrolytes, ulcer and *Shotha* (swelling) in *Adhosakha.* A 32 years old male patient advised was *Shamana Aushadha* (oral medicine) (*Moorvadighan Vati, Punarnavadi Mandoor* and *Shiva Gutika*) for 4 months. **Results:** *Shamana* (oral) therapy showed excellent result by maintaining serum electrolytes, scaly lesions and *Shotha*. **Result:** Patient got 70-80% relief in all signs and symptoms.

Keywords: *Garavisha, Shamana, Ayurveda.*

INTRODUCTION

Gara is a toxic combination of substances, non-poisonous or which exerts toxic effect after interval of sometime and such does not kill the person instantly [1]. In human surroundings, there are a lot of things causing toxicity but used frequently e.g. fast food, drinks, drugs and cosmetics. The usage of such *Garavisha* results in *Pandu* (anaemia), *Kasa* (cough), *Shwasa* (breathlessness), *Jwara* (fever), *Yakritaroga* (liver disease)*, Pleeharoga* (splenic disorder) and *Dourbalya* (weakness)[2]. Chronic liver disease is progressive destruction and regeneration of the liver parenchyma leading to fibrosis and cirrhosis. A lot of liver pathologies are included in the heading of chronic liver disease i.e. inflammation or chronic hepatitis, liver cirrhosis and hepatocellular carcinoma. It can be alcoholic and non-alcoholic like drug induced, viral attack or metabolic. Its complications include mainly portal hypertension, ascitis, synthetic dysfunction, encephalopathy and hepatocellular carcinoma.

CASE REPORT

A 32 year old man, farmer, with no history of HTN/DM, came to KLE's B.M.K *Ayurveda*hospital with complaints of distension of abdomen with *Shotha* (swelling) in lower limbs since 3yrs, scaly

lesions over bilateral upper & lower limbs since 6 months associated with reduced appetite, improper bowel evacuation, generalized weakness, repeated attacks of altered sensorium, one episode of unconsciousness, sometimes bleeding per rectum (3-4 months). History of 2 litres of abdominal fluid drowns out 2 month back. Since last six month patient was hospitalized 6 times for repeated attack of electrolyte imbalance and tremors in limbs. On physical examination, patient was moderately built, mall nourished, conscious, well oriented, with all the vitals in the normal limits. Patient had H/O outside food intake frequently.

Past History: K/C/O Chronic liver disease with extensive ascitis/essential tremor/hepatic encephalopathy portal hypertension

Drug history:
Since last 6 months' patient was on following allopathic medications-

Tab. Aldactone 100mg ½ od (morning), Tab. Lasix 40mg 1od (alternate days), Tab. Newpan 40mg 1bd (before food), Tab. Solubid 300mg 1bd (after food), Tab. Sheleat HD12 1od (after lunch), Tab. Inderal 40mg 1od (after food), Tab. Motilium-M 10mg 1tid (before food), Tab. Lupifit 1od (after lunch).

Investigations done previously:

- HIV- negative
- HbsAg- negative
- HCV- negative
- Alpha feto protein – 7.6
- HbA1C- 5.1
- Colourdoppler – normal colourdoppler study of right and left lower limb vessels, diffuse subcutaneous edema noted in the entire limbs
- Gastroscopy- portal hypertensive gastropathy

MATERIALS AND METHODS

OBJECTIVE: Treatment of chronic liver disease w.s.r. *Garavisha* by *Shamana* therapy

TYPE OF STUDY Single Case Study

STUDY CENTRE: KLEU's BMK *Ayurveda* Hospital, Shahapur – Belagavi

TREATMENT & RESULT

On admission, only *Shaman Aushadha* was advised along with the high uremic diet. In which the following medications was advised for period of 13 days

Table 01: Showing medications prescribed during admission

S.No	Medicine	Dose	Anupana	Schedule
1	*Shiva Gutika*	1	*Sukhoshna Jala*	Thrice daily
2	*Moorvadighan Vati*	2	*Sukhoshna Jala*	Thrice daily
3	*Poonarnava Mandoor*	2	*Sukhoshna Jala*	Twice daily

Diet advised was morning – milk, afternoon – milk+rice, night – milk+riceObservations

Table 02: Showing changes in Weight, Abdominal girth and Urine output

Date	Weight	Abdominal girth	Urine output
16/9/14	53	33.5"	1600
17/9/14	53	32.0	1650
18/9/14	53	33.0	1400
19/9/14	52	31.5	1150

20/9/14	52	32.0	1350
21/9/14	51	32.0	300
22/9/14	50	32.0	1550
23/9/14	50	31.5	700
24/9/14	50	31.5	500
25/9/14	50	31.0	550
26/9/14	50	31.5	700
27/9/14	50	31.5	800
28/9/14	50	31.0	300

At the time of discharge the same medicines was advised to continue for 15 days.

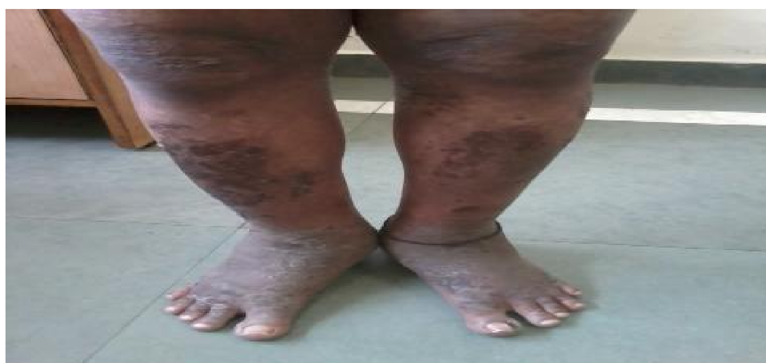
On 13/10/14 patient come to KLE's BMK Ayurveda hospital for follow up for first time. Complaints of swelling in lower limb reduced up to 50-60%. But scaly skin with itching still persists (Figure No. 01). On the day of follow up patient weight was 47 kgs with abdominal girth of 31.5". This time also patient was advised to continue the same medicines up to the next follow up.

On 3/11/14 patient come to KLE's BMK Ayurveda hospital for follow up for second time. All the previous complaints reduced upto 70-80%. This time some change in medications were advised (Table No. 03)-

Table 03: Showing medications prescribed during second follow-up

S.No	Medicine	Dose	Anupana	Schedule
1	*Shiva Gutika*	1	*Sukhoshna Jala*	Twice daily
2	*Moorvadighan Vati*	2	*Sukhoshna Jala*	Twice daily
3	*Poonarnava Mandoor*	1	*Sukhoshna Jala*	Thrice daily

Figure 01: On First follow-up

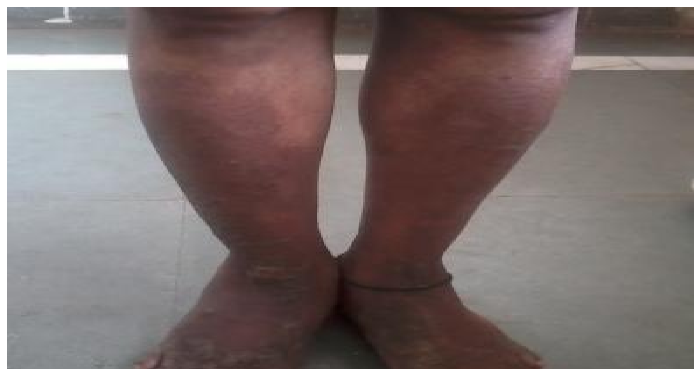


On 17/11/14 patient come to KLE's BMK Ayurveda hospital for follow up for third time. All the previous complaints reduced upto 70-80% (Figure No. 02). Same medications were advised for next 15 days (Table No. 04).

Table 04: Showing medication prescribed during third follow-up

S.No	Medicine	Dose	Anupana	Schedule
1	*Shiva Gutika*	1	*Sukhoshna Jala*	Twice daily
2	*Moorvadighan Vati*	2	*Sukhoshna Jala*	Twice daily
3	*Punarnava Mandoor*	1	*Sukhoshna Jala*	Thrice daily

Figure 02: On Third Follow-up



USG report (08/01/2015):

Abdomen and KUB Scan Report

Abdomen

- Liver span in the anterior axillary line is 12.0cm.
- Liver showed coarse increased echo texture. There is no SOL or biliary dilatation.

Impression

- Diffuse liver disease with no evidence of ascites.

Table 05: Investigation prior and during treatment:

Date	27/8/14	19/9/14	27/9/14
S.creatinine	1.61 mg/dl	0.85 mg/dl	0.9mg/dl
Sodium	118	137 mEQ/L	142 mEQ/L
Potassium	4.07	5.37 mEQ/L	133mEQ/L
Chloride	89	57 mEQ/L	5.9 mEQ/L
Hb	7.3 gm%	7.8 gm%	9.3 gm%
TLC	8,300cells/cu.mm	7,1000 cells/cu.mm	4,900cells/cu.mm
DLC	N-77%, L-13%, M-10%	N-70%, L-26%, M-4%,	N-54%,L-30%, M-02% E-14%,
SGOT-	46 IU/L	55 U/L	54 U/L
SGPT	39IU/L	35 U/L	40 U/L
P.count-	1,78,000 cells	1,60,000 cells	1,74,000 cells
RBS	115 mg/dl	109 mg/dl	110 mg/dl
T, bilirubin	3.15 mg/dl	3.25 mg/dl	3.12 mg/dl
D. bilirubin	3.11 mg/dl	3.0 mg/dl	3.17 mg/dl
Alk. Phos.-	263U/L	233 U/L	252 U/L
Total protein	3.8gm/dl	2.9 gm/dl	3.4 gm/dl

Albumin	1.5 gm/dl	1.2 gm/dl	1.7 gm/dl
A/G ratio	0.7	0.6	0.8
Prothrombin time			Patient- 18 sec Control- 12 sec INR- 1.9 Ratio-1.5
Peripheral blood smear			RBC- are normocytic & hypochromic occasional Polychromatic cells are seen WBC- total count is within the normal limit. Increase in eosinophil count Platelets- seen in singly & small clumps Impression-Normocytic Hypochromic Anaemia with Mild thrombocytopenia & eosinophilia.

DISCUSSION

As the patient was a diagnosed case of chronic liver disease and have sign and symptoms of *Garavisha*. To manage the condition *Moorvadighan Vati* was used. For management of *Shotha Punarnavadi Mandoor* is considering a best remedy. Due to its *Kleda hara* property this medication was used. In this case a well known drug *Shiva Gutika* for its *Vishahara*property was also used for the better result.

CONCLUSION

There is 70-80% reduction in swelling of lower limbs and skin lesions and electrolytes are found in balanced state. On investigations there were no signs of ascitis was found. All ascitic conditions are not *udara. Nidana* and proper history will make your exact diagnosis and the result will be fruitful.

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