



Case Study

AYURVEDIC MANAGEMENT OF HEPATITIS

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| <p>Article info</p> <p>Article History: Received: 12-12-2021 Revised: 31-12-2021 Accepted: 07-01-2022</p> <p>KEYWORDS: Hepatitis, <i>Aryogyavardhini Vati, Punarnava Mandur, Shallaki, Syp. Kalmegh, Kasis Bhasm, Liv 52 HB, Phaltrikadi Kwatha, cap. Stresscom.</i></p> | <p>ABSTRACT</p> <p>Hepatitis is inflammation of liver parenchyma mostly caused by viruses and other factors. It's a non-specific prodromal illness characterized by headache, myalgia, arthralgia, nausea, anorexia, dark urine, yellow discoloration of skin, mucosa, sclera and other tissues etc. Methodology: A diagnosed case of hepatitis, 37yrs old female patient, admitted in at Government Ayurvedic college & Hospital, Kadam Kaun, Patna, Having IPD No.1006, RN.7178. Based on symptoms, supported by blood investigation reports and Ayurvedic parameters, the condition diagnosed as <i>Yakritsotha</i>. Oral medicines given: <i>Aryogyavardhini Vati, Punarnava Mandur, Shallaki, Syp. Kalmegh, Kasis Bhasm, Liv 52 HB, Phaltrikadi Kwatha, cap. Stresscom</i> along with <i>Pathya apathy ahara vihara</i> were prescribed. Result: There was drastic decrease in all the symptoms. The effect of treatment was monitored during the follow up with routine blood examinations. The bilirubin level decreased from initial 6.2mg/dl to 1.0mg/dl. Discussion: This article is a discussion about a case of Hepatitis which was successfully treated by Ayurvedic line of treatment. The signs and symptoms, causes, pathos-physiology of Hepatitis, along with its co-relation in Ayurveda as <i>Yakritsotha</i>, its line of treatment and possible the mode of action of drugs were the main points of consideration. Conclusion: Use of medicines such as <i>Aryogyavardhini Vati, Punarnava Mandur, Shallaki, Syp. Kalmegh, Kasis Bhasm, Liv 52 HB, Phaltrikadi Kwatha, cap. Stresscom</i> along with <i>Pathya apathy ahara vihara</i> showed good result without any complication in the present study.</p> |
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INTRODUCTION

Hepatitis is an inflammation of the liver Parenchyma caused by a viral infection and non-infectious causes like toxicity, alcohol intake, drugs (overdose of PSM), several metabolic disorders. There are 5 main hepatitis viruses, referred to as types of A, B, C, D and E. Hepatitis B is considered acute when it lasts less than 6 months, and chronic when it persists longer.

It is estimated that about 200 crores of the world's populations have been exposed to the hepatitis B virus, of which 35 crores harbour it chronically. India falls in the intermediate endemicity zone, the prevalence is 2-7% and the average is 4%.

Hepatitis B is a common disease all over the world, and countries have been divided into 3 groups high, intermediate and low according to its endemicity^[1]. When the patient, first infected the warning signs include: Flu like symptoms initially along with malice, muscle and joint ache, fever, fatigue, loss of appetite, nausea and vomiting, abdominal pain, diarrhea.^[2] More specific symptoms include dark coloured urine and yellow discoloration of the skin, mucosa, sclera and other tissue fluids. Hepatitis B is caused by Hepatitis B Virus. It is transmitted from person to person through blood, semen and other body fluids. Common routes of transmission include sexual contact, sharing of needles, accidental needle sticks and placental transmission (3rd trimester of pregnancy)^[3]. The hepatitis B virus is constructed of an outer capsule containing HBsAg (Hepatitis B virus surface antigen), an inner core containing HBcAg (Hepatitis B Virus core antigen), and HBeAg (Hepatitis B Virus e antigen). Exposure to HBV, results in a cell mediated immune response by sending cytotoxic T cells and natural killer cells to the virus and releasing

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inflammatory cytokines. The greater the immune response, the greater will be the chance of fighting the virus. As the cytoplasm of hepatocytes are infiltrated by the HBV, they appear to have a 'ground glass' appearance under histological exam. This is unique for HBV and thus different from other forms of hepatitis. Because hepatocytes are continually proliferating, the virus is constantly being shed into the blood, which contributes to chronic infections^[4].

Ayurvedic Review

In Ayurveda, *Yakritsoth/Yakritvridhi* is described in *Laghutryee* that one who consumes irritating and spicy food and the food that obstructs the channels (by causing malabsorption and increasing thick secretions), the *Raktadhātu* (blood tissue) along with *Kapha dosa* is excessively vitiated. It leads to enlargement of the liver i.e., *Yakritvridhi*. The enlargement takes place in the right side (right hypochondriac area). The person afflicted by this disease loses his weight, suffers from low grade fever, loss of appetite, loss of immunity and physical strength and anemia. The *Dosic* signs and symptoms of *Kapha* and *Pitta* are observed here.

It is also characterized by tiredness, vertigo, burning sensation, discoloration (due to anemia), heaviness of the body, stupor and reddening of the abdomen as well as fever, thirst, burning sensation, yellowish discoloration of the body and less pain, larger size, hard on palpation, heaviness and loss of taste, persistent enlargement of the abdomen, continuous flatulence, reversed peristalsis and pain.^[5]

Case Report

A 37yrs old female patient, admitted in at Government Ayurvedic College & Hospital, Kadam Kaun, Patna, Having IPD No.1006, RN.7178 with fever, nausea, severe body pain, poor appetite and yellow discoloration of eye. The condition was diagnosed as acute hepatitis as per his blood investigation reports. The patient was following allopathic treatment prior to coming for Ayurvedic management. The assessment of the patient's conditions was done Based on symptoms, supported by blood investigation reports and Ayurvedic parameters, the condition diagnosed as *Yakritsotha* Ayurvedic treatment.

Showing the Aashtavidha Pariksha (Eight types of Examination) (Date: 18/08/2021)

| | |
|------------------------------|----------------|
| 1. Nadi (Radial pulse) | 108 |
| 2. Mutra | Vikrutha varna |
| 3. Mala | Vikrutha varna |
| 4. Jihwa (tongue) | Coated |
| 5. Sabdha (voice) | Normal |
| 6. Sparsha (touch sensation) | Ushna |
| 7. Drik (colour of sclera) | Yellow |
| 8. Aakriti (built) | Madhya |

Showing General Physical Examination Results (Date: 18/08/2021)

| | |
|-------------------|--------------|
| General condition | Medium |
| Pulse rate | 108/min |
| Respiratory rate | 22/min |
| Blood pressure | 100/64 mm/Hg |
| Pallor | Present |
| Icterus | Present |
| Cyanosis | Absent |
| Lymph Nodes | Not palpable |
| Clubbing | Absent |
| Edema | Present |

Showing Blood Investigation Report (Date: 18/08/2021)

| Bio-chemical test | Values | Normal range values |
|--------------------|--------|---------------------|
| Bilirubin total | 6.2 | up to 1.2mg/dl |
| Bilirubin direct | 4.6 | up to 0.2mg/dl |
| Bilirubin indirect | 1.6 | up to 1.0mg/dl |
| S.G.O. T | 810.0 | 0-35U/L |
| S.G.P. T | 685.0 | 0-45U/L |
| Alkaline phosphate | 75.0 | 0-258U/L |

Ayurvedic Management Protocol

At first, when patient was admitted in IPD of GACH, Patna, *Shamana chikitsa* with following internal medicines for a period of 15 days was given as following:

1. *Aryogyavardhini Vati*= 250mg. BD
2. *Punarnava Mandur*= 250mg.
Kasisa Bhasma= 125mg. With *Madhu* BD
3. *Liv 52HB*= 1 tab twice a day.
4. *Phaltrikadi Kwatha*= 20ml with water twice a day.
5. *Shallaki 400tab.*= 2 tab. Twice a day.
6. *Syp. Kalmegh*= 15ml with water twice a day
7. *Cap.Stresscom*= 1cap. Twice a day.

Pathya Ahara

Patient was advised to take her meal at proper timing. Dinner is advised to take early. Intake of fruits, green vegetables and salad should be increased. She was also advised *Takra*. Fatty items and spicy foods are prohibited.

Apathya Ahara

Patient was asked to avoid sleeping during daytime, not to consume the items prepared by refined flour (*Maida*), also avoid fast food etc.

Follow-up: It was done after 15 days with a review on the bilirubin level.

RESULT

By the end of 1st week after admission of patient, all symptoms like fever, weakness of body, body pain, yellow discoloration of the eye, and dryness of the body reduced completely. The following shows the blood report on the day of final visit.

Comparison of Blood Investigation Reports Before and After treatment

| Bio-chemical Test | Before Treatment (18/8/2021) | After Treatment (01/09/2021) | Normal Values |
|--------------------|---------------------------------|---------------------------------|----------------|
| Bilirubin total | 6.20 | 1.00 | up to 1.2mg/dl |
| Bilirubin direct | 4.6 | 1.70 | up to 0.2mg/dl |
| Bilirubin indirect | 1.60 | 1.00 | up to 1.0mg/dl |
| S.G.O. T | 810.0 | 97.0 | 0-35U/L |
| S.G.P. T | 685.0 | 146.0 | 0-45U/L |
| Alkaline phosphate | 75.0 | 110 | 0-258U/L |

DISCUSSION

Hepatitis is an inflammation of the liver Parenchyma. The infected patient is observed with the warning signs like symptoms initially along with malaise, muscle pain and joint ache, fever, fatigue etc. More specific symptoms include dark coloured urine and yellow discoloration of the skin, mucosa, sclera and other tissue fluids. When the condition is persisting for less than 6 months it is considered as Acute and Chronic when it persists longer. According to Ayurveda, hepatitis or jaundice is acknowledged as *Yakritsoth*, caused mainly due to impairment of *Pitta Dosh*a and *Rakta Dhatu*. The diagnosis criteria for hepatitis consist of examination of skin, mucous membrane, and stool colour, liver function test though blood investigation. In *Yakritsoth Ashtavidha pariksha* forms the diagnostic index. Assessment of *Agni, Bala, Dosh*a *vridh*i, *Dhatu* concerned is required to decide the Ayurvedic therapeutic measures. In *Yakritsoth*,

Shamana Chikitsa followed by *Pathya Ahara Vihara* (wholesome food and activities) are recommended. In the present case scenario, a 37yrs old female patient, admitted in at Government Ayurvedic College & Hospital, Kadam Kaun, Patna, Having IPD No.1006, RN.7178 with fever, nausea, severe body pain, poor appetite and yellow discoloration of eye. The condition was diagnosed by blood investigation reports. The patient was following allopathic treatment prior to coming for Ayurvedic management. The assessment of the patient's conditions was done based on symptoms, supported by blood investigation reports and Ayurvedic parameters, the condition diagnosed as *Yakritsotha*.

Based on the assessment of the patient's conditions by the *Ashtavidha Pariksha*, General Examination and Routine blood Investigations a *Samprapti ghatak* was determined and diagnosed as

Yakritsoth and an Ayurvedic treatment protocol was designed. Primarily as *Shamana Chikitsa*, oral medications including *Aryogyavardhini Vati*, *Punarnava Mandur*, *Shallaki*^[6], *Syp. Kalmegh*^[7], *Kasis Bhasm*, *Liv 52 HB*^[8], *Phaltrikadi Kwatha*, *cap. Stresscom*^[9] which have liver protective in nature, anti-inflammatory, regenerative in action also *Tikta rasa pradana* with mild *Virechana karma*, was given. These Ayurvedic formulations have already been proved as very effective for hepatitis (*Yakritsoth*) management. *Aryogyavardhini Vati* (contains mainly *Katuki* 50%) is anti-inflammatory and anti-viral property. *Katu tikta rasa* of *Aryogyavardhini Vati*, which is also *Pittarechana* in property in general helped in reducing the *Srotoavarodha*. *Aryogyavardhini Vati* is considered as a liver tonic, and in healing the tissues. This drug is extensively used in hepatic disorders^[10]. *Punarnava Mandur*, which have actions such as *Tridosha hara* specifically *Pittahara*, *Pittarechana*, anti-inflammatory, hepatoprotective, *Deepana*, *Jwarahara*, neuroprotective, *Rasayana*, *Rakta shodhana*, *Srotoshodhana* properties. It has the property of anti-viral, anticancer, anti-inflammatory, antibacterial, hepato-protective effect^[11].

Pathya ahara, Patient was advised to take her meal at proper timing. Dinner is advised to take early. Intake of fruits, green vegetables and salad should be increased. She was also advised *Takra*. Fatty items and spicy foods are prohibited. *Apathy*, Patient was asked to avoid sleeping during daytime, not to consume the items prepared by refined flour (*Maida*), also avoid fast food, non-vegetarian, curd etc. The above-mentioned drugs along with *Pathya apathy* were advised for a period of 1 week. Regular follow-up for every 15 days was done and the bilirubin level was taken on these days to assess the respond to the management.

CONCLUSION

In this case study, hepatitis was acknowledged as *Yakritsoth* and oral medications such as *Aryogyavardhini Vati*, *Punarnava Mandur*, *Shallaki*, *Syp. Kalmegh*, *Kasis Bhasm*, *Liv 52 HB*, *Phaltrikadi Kwatha*, *cap. Stresscom* along with *Pathya apathy ahara vihara* proved to be very effective, without any complication.

The patient got relief in the symptoms and the bilirubin level reduced. Symptoms like fever, nausea, severe body pain and appetite and yellow discoloration of eye reduced within a week.

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