



**Case Study**

**DISCOVERING THE EFFICACY OF INTEGRATED THERAPIES ON CHRONIC LIVER DISEASE**

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**ABSTRACT**

Chronic liver disease (CLD) poses a significant global health challenge and has become a primary cause of mortality worldwide. The development of CLD can be attributed to various factors, such as alcohol abuse, obesity and metabolic disorders, autoimmune hepatitis, and viral hepatitis. This case series explores the clinical journey and combined Ayurvedic treatments used for patients with CLD, aiming to integrate various holistic approaches to enhance overall well-being and potentially achieve remission in CLD. Data were collected at Patanjali Wellness Center, Patanjali Yogpeeth II, Haridwar, from June 2023 to December 2023. In this period of 6 months, we had taken 4 cases of chronic liver disease from IPD. The cases that we found are in the age range of 40 to 60 years. The pre- and post-treatment data on the patient's outcomes were studied over a period of 6 months, followed by a continuous 3-month follow-up. In this case series, a positive and effective outcome was observed through a holistic strategy. After undergoing treatment, the patient's symptoms showed a noteworthy alleviation of CLD-related symptoms. Simultaneously, the patient's quality of life improved. Their liver function test also showed balanced parameters. At present, they are leading a normal and fulfilling life. The collective impact of these alternative therapies played a significant role in the patient's notable recovery from CLD. Nevertheless, further investigation and exploration are necessary to facilitate larger-scale clinical trials in this area.

**INTRODUCTION**

Chronic liver disease (CLD) is a major cause of morbidity and mortality globally. According to findings from the Global Burden of Disease study, the age-standardized incidence rate of cirrhosis and CLD was 20.7 per 100,000 in 2015, marking a 13% rise from the figures recorded in 2000 [1]. In 2016, it ranked as the 11th most common cause of death and the 15th most prevalent cause of morbidity globally, comprising 2.2% of fatalities and 1.5% of disability-adjusted life years. In 2017, CLD resulted in 1.32 million deaths, with around two-thirds occurring in men and one-third in women [2].

Liver disease constitutes a significant source of both illness and death, claiming the lives of 1.75 million individuals annually across the globe. The leading causes of prevalent liver disease are NAFLD (59%), followed by HBV (29%), HCV (9%), and ALD (2%). Other liver conditions such as primary biliary cholangitis, primary sclerosing cholangitis, alpha-1-antitrypsin deficiency, Wilson's disease, and autoimmune hepatitis collectively contribute to 1% of cases [2]. Although among the causes of CLD, chronic hepatitis B (CHB), hepatitis C virus (HCV), alcohol-related liver disease (ALD), and non-alcoholic fatty liver disease (NAFLD) stand out as the primary contributors to the worldwide burden of liver disease [3]. The development of CLD can be attributed to various factors, with notable causes including alcohol abuse, obesity & metabolic disorders, autoimmune hepatitis, and viral hepatitis (HBV and HCV) [4].

ALD stands as a primary contributor to CLD on a global scale, responsible for up to 48% of cirrhosis-

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related deaths in the United States. Additionally, alcohol serves as a common co-factor in patients with other liver diseases, such as HCV infection, exacerbating hepatic fibrosis progression. According to a recent report by the World Health Organization, alcohol use is responsible for 3.3 million deaths worldwide, comprising 6% of all global fatalities. Moreover, alcohol abuse is identified as a contributing risk factor in approximately 50% of cirrhosis cases [5]. Cirrhosis exhibits pathological features such as the distortion of hepatic architecture, hepatocyte degeneration and necrosis, and the substitution of liver parenchyma with fibrotic tissues and regenerative nodules [6].

The ongoing challenges in treating viral hepatitis, cirrhosis, fatty liver, and liver cancer,

combined with limited treatment efficacy, have led to the widespread use of Indigenous medicine and herbal supplements worldwide. This case series, conducted at a single center, aimed to examine the clinical characteristics, management strategies, treatment methods, and outcomes of patients with chronic liver disease (CLD).

**Case Presentation**

In this observational study, we monitored four patients (aged 40 to 60 years) diagnosed with chronic liver disease (CLD) between June 2023 and December 2023 in the Inpatient Department (IPD). The study included follow-up with these patients until March 2024. The research was conducted at the Patanjali Wellness Centre, Patanjali Yogpeeth II, Haridwar. Informed consent was obtained from all participants.

**Table 1: Patient Information**

Parameter	Patient 1	Patient 2	Patient 3	Patient 4
Age	54	59	50	50
Gender	Male	Female	Male	Male
Diagnosis	ALD	Cirrhosis of liver and ascites	CLD with Portal hypertension	ALD
Psycho-Social History	Anger issue, anxiety and irritability, sleep disturbances, altered mood and personality, alcoholic	Anger issue, less active in household chores activity, sleep disturbances	Depression and anxiety, cognitive impairment, alcoholic	Problems with concentration, reduced alertness, sleep disturbances, alcoholic
Past Medical History	CLD with Portal hypertension	Cholecystectomy, migraine & ankle pain	CLD & constipation	CLD with portal hypertension & cataract

**Table 2: Clinical outcome of patients**

Vital Parameter	Patient 1	Patient 2	Patient 3	Patient 4
Blood Pressure (mmhg)	90/58	91/62	102/67	146/92
Pulse (bpm) / Temp. (°F)	59 / 98.3	81 / 98.6	86 / 98.6	89 / 98.6
Height (cm) /Weight (kg)	163 / 63	156 / 63	171 / 68.8	164 / 65

**Table 2.1: Liver Function tests of patients (-Pre and -Post).**

Liver Function test	Patient 1		Patient 2		Patient 3		Patient 4	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
SGOT (IU/L)	63.4	44.2	66	42.15	148	44.6	88.6	43.91
SGPT (IU/L)	36.2	32.6	70.9	43.69	158.9	14.8	34.23	26.52
ALP (U/L)	94	65	81	69.02	246	66	93.23	45.03
Bilirubin (Total) (mg/dl)	1.85	1.78	0.62	0.57	17.6	2.07	1.73	0.65
Bilirubin (Direct) (mg/dl)	0.79	0.35	0.13	0.8	8.1	0.95	0.54	0.21
Albumin (gm/dl)	3.3	3.1	3.80	3.63	3.6	2.7	5.1	4.23
Globulin (gm/dl)	3.4	3.2	3.5	3.23	2.7	3.6	3.4	2.68

## **Timeline**

Each of the four patients were admitted to the Patanjali Wellness Centre in Haridwar, at various times and for different lengths of stay. Patient 1<sup>st</sup> stayed for 7 days in June 2023. Patient 2<sup>nd</sup> had three visits: (13 days in June 2023, 14 days in September 2023, and 7 days in December 2023). Patient 3<sup>rd</sup> was hospitalized for 7 days in October 2023, and Patient 4<sup>th</sup> had two visits: (7 days in November 2023 and 7 days in March 2024).

A first follow-up occurred one month after each patient's discharge. During this time, they adhered to prescribed medications, engaged in yoga practices, and maintained the recommended diet. Following this, doctors advised them to continue with a comprehensive treatment plan including therapies and medications. Patients were scheduled for follow-ups every month for a continuous six months. Later on, a telephonic and verbal communication-based final follow-up revealed that patients experienced a notable reduction in symptoms related to CLD. Their vital signs remained stable, and there was a significant improvement in their liver profiles, according to the latest follow-up.

## **Patient Outcomes**

Upon admission, the patients presented with significant weight loss and a variety of symptoms, including overall body weakness, feelings of nausea, vomiting, and loss of appetite. They also exhibited clinical signs such as mild depression and jaundice (yellowing of the skin and eyes). Throughout the course of treatment, the patients showed gradual improvement in their clinical condition, as evidenced by systemic examinations and blood tests. Noteworthy improvements included decreases in SGOT, SGPT, ALP,

and albumin levels, along with stabilization of vital signs and enhancements in biochemical parameters such as liver function tests (refer to Table 2.1). This positive progression was further supported by the patient's adherence to the prescribed treatment plan, including follow-up visits, participation in yoga practices, and dietary modifications (Table 3).

## **DISCUSSION**

Many individuals start with modern medicine for treatment, but long-term side effects and slow progress can be discouraging. Consequently, patients often turn to complementary and integrative therapies, seeking more holistic and quicker solutions [7]. This shift shows a growing interest in alternative approaches that can complement traditional medical practices. Previous research suggests that integrative therapies like CIM have shown promising results in treating Chronic Liver Disease (CLD) [8]. Despite advancements in understanding liver problems, there is no standard medication to treat them. Managing chronic liver disease (CLD), non-alcoholic steatohepatitis (NASH) and fatty liver often relies on an integrative approach, including Ayurvedic remedies, yoga, naturopathic therapies, a healthier diet, intermittent fasting, exercise [9], and other lifestyle modifications [10]. Dietary interventions play a crucial role in determining CLD outcomes and have proven highly effective in managing the disease. [11] Yogic exercises have been found to play a significant role in primary prevention, as well as secondary and tertiary prevention, of CLD [12]. Consequently, patients may be more inclined to explore integrated therapies for these conditions [13].

**Table 3: Recommended Ayurvedic Medicines, Yoga and Diet according to treatment protocol**

Treatment Schedule							
Patients	Naturopathy			Yogasana & Pranayam		Ayurvedic Medicine	
	Therapies	Diet	Duration	Name	Duration	Name	Duration
<b>Patient 1</b>	Cold Face massage; coffee enema; hot and cold compress (liver); eye wash; mud compress (abdomen); eye pack; neutral hip bath with epsom salt; livogrit <i>basti</i> ; liver <i>Basti</i> ; <i>Matra basti</i> ; <i>Parisheka</i> by <i>Kwath</i> ; abdominal thermal pack; gastrohepatic pack	<p><b>Medicated water:</b> <i>Totla</i> water <b>Qwath:</b> <i>Sarv kalp qwath</i></p> <p><b>Juices:</b> Pomegranate, Livogrit Juice, Platogrit Juice</p> <p><b>Vegetables</b> Boiled bottle guord, barley porridge, boiled torai, goat milk chaach, goat milk chhaina,</p> <p><b>After Dinner</b> Goat milk, <i>Trikatu churn</i></p>	<p>1000ml throughout the day</p> <p>400ml water and 10gm <i>Qwath</i> boiled and reduced to 100ml</p> <p>300 ml twice a day</p> <p>Twice a day in alternate manner.</p> <p>After food at night.</p>	<p><i>Kapalbhati</i></p> <p><i>Ujjai</i></p> <p><i>Anulom-Vilom</i></p> <p><i>Bhramari</i></p> <p><i>Udgith</i></p> <p><i>Samanya Yoga Abhyas</i></p>	<p>10 min.</p> <p>10 min.</p> <p>40 min.</p> <p>20 min.</p> <p>10 min.</p> <p>40 min.</p>	<p><i>Divya kayakalp kwath, divya sarvakalp kwath, divya immunogrit kwath</i></p> <p><i>Divya immunogrit, divya livogrit</i></p> <p><i>Divya arogyavardhini vati, divya livamrit advance, divya punarnavadi mandoor</i></p> <p>Pat. Nutrela Vit B12 natural capsule <i>Divya praneshsti (hawan samagri)</i></p>	<p>Twice a day for 30 days</p> <p>Thrice a day for 30 days</p> <p>Thrice a day for 30 days</p> <p>Thrice a day for 30 days In morning</p>
<b>Patient 2</b>	Abdominal thermal pack; calf massage and thermal pack; eyewash; hot and cold compress (liver, abdomen); head pack; infrared radiation to all painful body parts; mud compress; eye pack; neutral hip bath with epsom salt; <i>Livogrit basti</i> ; <i>Janu upnaha</i> ; liver <i>Basti</i> ; <i>Parisheka</i> (by <i>Ksheerbala</i> oil); <i>Sthanik patra pind swedan</i> ; <i>Upnaha swedan</i> ; coffee enema, cold face massage; gastrohepatic pack	<p><b>Medicated water:</b> <i>Totla</i> water <b>Qwath:</b> <i>Vrik Dosh Har Qwath</i></p> <p><b>Dry Fruits:</b> 5 almond, 2 figs, 3 cashews, 2 dates, 2 walnuts</p> <p><b>Juices:</b> Livogrit Juice, Pomegranate, Peedanil Juice,</p> <p><b>Vegetables:</b> Goat milk chhaina, aloevera-turmeric-ginger vegetable, jau roti, boiled bottle guord, barley porridge, pear, papaya</p>	<p>1000ml throughout the day</p> <p>400ml water and 10gm <i>Qwath</i> boiled and reduced to 100 ml</p> <p>Soaked overnight and taken after breakfast</p> <p>300ml twice a day</p> <p>Twice a day in alternate manner.</p>	<p><i>Makarasan</i></p> <p><i>Bhujangasana</i></p> <p><i>Markatasana</i></p> <p><i>Shavasana</i></p> <p><b>Neck exercises:</b> <i>Pawan muktasan</i> <i>Shalabhasana</i> <i>Suryanamaskara</i></p> <p><b>Knee exercises:</b> <i>Vakrasana</i> hand exercises</p>	<p>2 min.</p> <p>1 min.</p> <p>4 min.</p> <p>2-5 min.</p> <p>2 min.</p> <p>3 min.</p>	<p><i>Divya Sarvakalp Kwath, Divya Kayakalp Kwath, Divya Vrikkdoshhar Kwath, Patanjali Medha Kwath</i></p> <p><i>Divya Immunogrit, Divya Livogrit</i></p> <p><i>Divya Livamrit Advance, Divya Punarnavadi Mandoor, Divya Trighan</i></p> <p><i>Divya Medha Vati</i></p> <p><i>Divya Praneshsti (Hawan Samagri)</i></p>	<p>Twice a day empty stomach for 30 days</p> <p>Thrice a day before meal for 30 days</p> <p>Thrice a day after meal for 30 days</p> <p>Twice a day after meal for 30 days In morning</p>



		<b>After Dinner:</b> <i>Trikatu Churn</i>	After food at night.	<i>Shashkasan</i> <i>Gomukhasana</i> <i>Mandookasan</i> Butterfly  <i>Chakki chalan</i> <i>Dhanurasana</i> <i>Naukasan</i> <i>Uttanpadasan</i> Yogic jogging  <i>Bhastrika</i> <i>Kapalbhati</i> <i>Anulom-vilom</i> <i>Bhramari</i> <i>Udgith</i> <i>Samanya yoga abhyas</i>	1 min.  12 min.  3 min.  2 min. 3 min. 1 min. 1 min. 2 min. 1 min.		
<b>Patient 3</b>	Eye wash, hot and cold compress (liver); mud application with (neem+tulsi+ginger+garlic+turmeric); neutral hip bath with epsom salt; <i>Nasyam</i> ; <i>Shirodhara</i> with <i>Medha kwath</i> ; <i>livogrit Basti</i> ; <i>Akshi tarpan</i> ; <i>Gandoosh/Kaval</i> ; <i>liver Basti</i> ; <i>Matra basti</i> ; <i>Parisheka</i> by <i>Kwath</i> ; <i>Nabhi Basti</i> ; hot and cold compress; abdominal thermal pack; gastrohepatic pack.	<b>Medicated water:</b> <i>Totla</i> water <b>Qwath:</b> <i>Vrik Dosh Har Qwath</i>  <b>Dry Fruits:</b> 5 almond, 2 figs, 3 cashews, 2 dates, 2 walnuts <b>Juices:</b> <i>Livogrit Juice</i> , <i>Pomegranate</i> , <i>Peedanil Juice</i> , <i>Punarnava Juice</i> <b>Vegetables:</b> Goat milk chhaina, aloevera-turmeric-ginger vegetable, jau roti, boiled bottle guord, barley porridge, pear, papaya, ckd salad <b>After Dinner:</b> <i>Trikatu Churn</i>	1000ml throughout the day 400 ml water and 10gm <i>Qwath</i> boiled and reduced to 100 ml Soaked Overnight and taken after breakfast  300 ml twice a day  Twice a day in alternate manner.  After food at night.	<i>Kapalbhati</i> <i>Ujjai</i> <i>Anulom-vilom</i> <i>Bhramri</i> <i>Udgith</i> <i>Samanya yoga abhyas</i>	10 min. 12 min. 40 min. 10 min. 40 min. 10 min.	<i>Divya Gokhru Kwath</i> , <i>Divya Sarvakalp Kwath</i>  <i>Divya Immunogrit</i> , <i>Divya Livogrit Vital</i>  <i>Divya Livamrit Advance</i> , <i>Divya Trighan</i> , <i>Punarnavadi Mandoor</i>  <i>Divya Bronchom</i>	Twice in a day empty stomach for 30 days  Twice in a day for 30 days  Thrice in a day after meal for 30 days  Thrice in a day

<p><b>Patient 4</b></p>	<p>Coffee enema; gastro hepatic pack; hot and cold compress (liver); Jalneti; eye wash mud compress; eye pack; neutral hip bath with epsom salt; <i>Shirodhara</i> with <i>Medha kwath</i>; <i>livogrit Basti</i>; <i>Matra Basti</i>; <i>liver Basti</i>; <i>Parisheka by kwath</i>; <i>Nabhi basti</i>; <i>Yoga+Yagna</i>; abdominal thermal pack</p>	<p><b>Medicated water:</b> Totla water</p> <p><b>Qwath:</b> <i>Vrik Dosh Har Qwath</i></p> <p><b>Dry Fruits:</b> 5 almond, 2 figs, 3 cashews, 2 dates, 2 walnuts</p> <p><b>Juices:</b> <i>Livogrit Juice</i>, <i>Pomegranate</i>, <i>Peedanil Juice</i>, <i>Punarnava Juice</i></p> <p><b>Vegetables:</b> Goat milk <i>Chhaina</i>, <i>aloe vera</i>-turmeric-ginger vegetable, <i>jau roti</i>, boiled bottle gourd, barley porridge, pear, papaya, CKD salad</p> <p><b>After Dinner:</b> <i>Trikatu Churn</i></p>	<p>1000ml throughout the day</p> <p>400 ml water and 10gm <i>Qwath</i> boiled and reduced to 100 ml</p> <p>Soaked overnight and taken after breakfast</p> <p>300 ml twice a day</p> <p>Twice a Day in alternate manner.</p> <p>After food at night.</p>	<p><i>Bhastrika</i></p> <p><i>Kapalbhati</i></p> <p><i>Ujjai</i></p> <p><i>Anulom-Vilom</i></p> <p><i>Bhramari</i></p> <p><i>Udgith</i></p> <p><i>Greeva sanchalana</i></p> <p><i>Samanya yoga abhyas</i></p>	<p>5 min.</p> <p>10 min.</p> <p>10 min.</p> <p>40 min.</p> <p>20 min.</p> <p>10 min.</p> <p>5 min.</p> <p>10 min.</p>	<p><i>Divya Kayakalp Kwath</i>, <i>Divya Sarvakalp Kwath</i></p> <p><i>Divya Immunogrit</i>, <i>Divya Mukta Vati Extra Power</i> <i>Divya Livogrit Vital</i>,</p> <p><i>Divya Arogyavardhini Vati</i>, <i>Divya Livamrit Advance</i>, <i>Punarnavadi Mandoor</i></p> <p><i>Patanjali Saumya Eye Drops</i></p>	<p>Twice in a day empty stomach for 30 days</p> <p>Thrice in a day before meal for 30 days</p> <p>Thrice in a day after meal for 30 days</p> <p>2 times in a day</p>
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## CONCLUSION

In conclusion, the holistic approach implemented at the Wellness Centre has demonstrated promising outcomes in the management of chronic liver disease (CLD). Through a combination of Ayurvedic remedies, yoga practices, naturopathic therapies, and lifestyle modifications, patients experienced significant improvements in their clinical condition and liver profiles over the course of treatment. The integration of complementary and integrative medicine (CIM) alongside conventional treatments highlights the potential for a synergistic effect in addressing the complexities of CLD. Furthermore, the positive response observed underscores the importance of personalized care and comprehensive treatment plans in achieving favorable outcomes for patients with chronic conditions. As such, further research and exploration into integrated therapies for CLD are warranted to enhance patient care and improve the long-term prognosis.

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