

## A COMPREHENSIVE CASE STUDY ON YAKRIT VIKARA W. S. R TO HEPATITIS

Soumya Sucharita Sarangi\*

P. G. Scholar, Department of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri.

Article Received on  
30 November 2024,

Revised on 20 Dec. 2024,  
Published on 15 Jan. 2025

DOI: 10.20959/wjpr20252-35324



\*Corresponding Author  
**Dr. Soumya Sucharita  
Sarangi**

P. G. Scholar, Department  
of Kayachikitsa,  
Gopabandhu Ayurveda  
Mahavidyalaya, Puri.

### ABSTRACT

**Introduction:** There is no specific description regarding *Yakrit-vikara* in *Ayurveda*. Any disease related to liver & biliary system can be considered as *Yakrit-vikara*. In *Ayurveda*, *Yakrit* is considered as one of the *kosthanga*s & termed as *mula* of *raktavaha srotas*. It is well known for its *pachakagni* karma. Any pathology related to *Yakrit* contributes to *mandagni*, *rasa* & *rakta vaha srota dusthi*. All kind of *Yakrit vikara* is basically formed from *tridoshas*. **Aim & Objective:** To evaluate the efficacy of Indigenous drug in the management of *Yakrit-vikara w.s.r* to Hepatitis. **Methodology:** A 35years Male patient reported with chief complaints of *aruchi* (Anorexia), *avipaka* (Indigestion), *Haridra mutra* (Yellow urination), *Daurbalya* (Weakness) since 3 months. *Mrudujwara* was recorded since 2 days. A rise in LFT was seen in Pathological Reports. An Indigenous *kwatha* described in *Sahasrayoga* was administered as trial drug. **Result:** After the intake of internal medication, marked improvement was seen in symptoms. **Discussion:**

The shaman *ausadhi* given are helpful in reducing the symptoms & rise in LFT. **Conclusion:** By administering indigenous *kwatha* described in *Sahasrayoga* the patient was able to get some relief from the disease. This case report here, showed the effectiveness of Ayurvedic Intervention in the management of *Yakrit-Vikara*.

**KEYWORDS:** *Yakrit-Vikara*, Hepatitis, *Haridramutra*, *Arochak*.

### INTRODUCTION

*Yakrit* is the second largest organ of our body and single metabolic detoxifying organ placed below & right to *Hridaya*. In *Veda*, *Yakrit* is called as *Takima*, *yakna* etc. In *Ayurveda*, it is said that *Yakrit* & *pleeha* utpati by *rakta*. It is the *moola sthana* of *raktavaha srotas*. The

involvement of pitta in this pathology should be considered as rakta & pitta bear same ashraya-ashrayi bhava.

The nidana of yakrit-vikara are vidahi bhojana, abhisyandi bhojana, excess consumption of Varuni, usna, lavana, ksharaaharas. Vishamasana can also leads to yakrit vikara. Ativyavaya, vegadharana cause vitiation of vata.

Acharya Charak has emphasized vitiation of tridoshas & Rasa, rakta dhatu dusti which leads to mandagni, malasanchaya and manifests the disease.

### **Hepatitis**

Acc to WHO, Hepatitis is an inflammation of the liver that is caused by a variety of infectious viruses & noninfectious agents leading to a range of health problems, some of which can be fatal. Liver inflammation can be caused by several viruses (viral hepatitis), chemicals, drugs, alcohol, certain genetic disorders or by an overactive immune system that mistakenly attacks the liver, called autoimmune hepatitis.

The symptoms seen in Hepatitis are nausea, vomiting, anorexia, indigestion, mild fever, malaise, constipation, dark urine etc.

### **CASE REPORT**

#### **Chief complaint**

A 35 years male patient visited to OPD (Kayachikitsa) of G. A. M, Puri. Odisha presented with complaints of anorexia, indigestion, bloating, constipation, weakness, yellow urine since 3 months. He was having mild fever since 2 days.

#### **History of past illness**

The Patient was alright before 3 months. Gradually he developed bloating, indigestion, anorexia, weakness & yellow urination since 3 months. Patient was not interested to take allopathic drug, hence came to O. P. D, G. A. M, Puri for better treatment.

Personal history		
Appetite	Poor	<b>VITAL DATA</b>  Pulse-78/min  BP-128/80mm Hg  RR-18/min  Weight-81kgs
Bowel	constipated	
Micturition	Normal	
Sleep	Sound	
Diet	Mixed	
Addiction	Alcohol everyday	
Occupation	Teacher	
General examination		
Appearance	Normal	<b>GI EXAMINATION</b>  PALPATION-tenderness ++  Character of surface of Liver-Firm  No swelling or mass found  PERCUSSION-Resonant sound heard  Shifting dullness-Absent  AUSCULTATION- Bowel Sound-6/min)
Body built	Obese	
Pallor	Absent	
Icterus	++	
Edema	absent	
Lymphadenopathy	absent	

### Ingredients of drug

निम्बत्वक त्रिफला पोटोल रजनि बाशा अमृता सारिबा ।

श्यामा तामलकी पलङ्कश बला निली स्थिरा यस्तिभिः।

सिद्धो मक्षिक पिप्पलि गिरिजतु प्रक्षेपणात् संस्कृतः।

क्वाथः कुम्भ हलिमकम् प्रशमयेत् भिदेन दिने पञ्चसः॥ (sahashrayog)

### Preparation of medicine

As per the classical reference of *kwatha* preparation, 125 gm of *kwatha churna* of indigenous drug was taken in *yavakuta* form in a container and 2 lit (16 parts) of water was added to it and kept on mild fire. Then it was reduced to 1/4<sup>th</sup> to get 500 ml of *kwatha*. To that 3gm of *pippali*, *shilajit*, *madhu* added in equal amount.

### Nidana panchaka

Nidana	Purvarupa	Rupa	Samprapti	Upashaya
Usna, vidahi, ruksha ahara	Anorexia, indigestion	Weakness, malaise	Nidan sevan	Mrudu jwara, aruchi subsided after taking

				medicine orally
Varuni sevana	Burning sensation in chest, dyspnoea	Dark urine, indigestion	Mandagni, malasanchaya	
ativyavaya	Constipation	Constipation, mild fever	Sweda, ambuvahasrotaro dha, rakta dhatu dusthi	
			Aruchi, daurbalya, mrudu jwara, koshavatasula	

### Therapeutic schedule dose of medicine

Indigenous kwatha was given 50ml with 50ml water twice daily after food for 3 months.

LFT was advised in each 1 month for follow up.

### RESULTS

After intake of medicine orally, mild fever was reduced in 4 days. There was marked improvement in aruchi, avipaka, haridramutra & daurbalya.

The patient was advised to follow nidhan parivarjana & abstinence from alcohol was strictly advised.

High protein, less carbohydrate, fatty diets was strictly advised.

#### 1. Assessment criteria for LFT.

Grading	SGOT(U/L)	SGPT(U/L)	BILIRUBIN(mg/dl)
0	8-35	29-33	0-1.5
1	36-45	33-45	1.5-2.5
2	45-80	45-80	2.5-3.5
3	>80	>80	>3.5

#### 2. Observation Table

Sl. No	Liver enzymes	BT	AT1 (after 1 month)	AT2 (after 2 months)	AT3 (after 3 months)
1	SGOT	46	20	19	20
2	SGPT	58	43	36	32
3	BILIRUBIN	1.7	1.5	0.88	0.56

### DISCUSSION

- The indigenous kwatha described in sahasrayoga was prepared by yavakuta of ingredients described above in the shloka.

- Maximum ingredients of kwatha possess tridoshahara property which acts as beneficial in yakrit-udara those are triphala, sariva, gambhari, yastimadhu, shilajit.
- Many of the drugs belong to tikta skandha which helps in pacifying pitta dosha which is caused due to mandagni i. e, guduchi, vasa. Nimba twak, haritaki, amalaka have yakrit-uttejaka karma which rejuvenates every cell of liver.
- Tribhrt is a sukhavirechaka drug which helps in reducing malasanchaya & vivandha.
- Drugs like nimbatwak, triphala, patola, sariva, bhumiamalaki exhibit deepana pachana karma which helps in agni samrakshana in this disease.
- Many of the drugs possess jwaraghna karma hence reduces the mrudu jwara of patients i. e, patola, sariva, bhumiamalaki.

## CONCLUSION

Yakrit-vikara is a tridoshaja vyadhi with pitta predominance. The ruksha guna of vata causes constipation. The excess drava guna of pitta causes mandagni. Kapha causes srota-avarodha for which the channels are blocked.

Absistence from madyasevana and pathyapathya palana was helpful in reducing symptoms of disease. The shaman aushadis worked well for yakrit-vikara.

## REFERENCES

1. Pandit Kashinath sashtri, Dr. Gorakhnath Chaturvedi Chark Samhita Part 2 Udara chikitsa
2. Sahasrayoga.
3. Kaviraj Dr. Ambikadutta Sashtri Sushrut Samhita Nidan chapter, 7.
4. Davidson's Principles & Practice of Medicine.