

AN AYURVEDIC MANAGEMENT OF ALCOHOLIC HEPATITIS – A CASE STUDY

Dr. Preetesh Kumbhare*¹, Dr. Ganesh Dhore¹, Dr. Dushyant Patil², Dr. Vijaya Nyahalse², Dr. Sheetal Roman³

¹PG Scholar, Department of Kriya Sharir, Dr. D.Y. Patil College of Ayurved and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pune 411018, Maharashtra, India.

²Associate Professor, Department of Kriya Sharir Dr. D.Y. Patil College of Ayurved and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pune 411018, Maharashtra, India.

³Professor, Department of Kriya Sharir, Dr. D.Y. Patil College of Ayurved and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pune 411018, Maharashtra, India.

Article Received on 15 Sept. 2026,
Article Revised on 05 Oct. 2026,
Article Published on 16 Oct. 2026,

<https://doi.org/10.5281/zenodo.23389100>

*Corresponding Author

Dr. Preetesh Kumbhare

PG Scholar, Department of Kriya Sharir, Dr. D.Y. Patil College of Ayurved and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pune 411018, Maharashtra, India.



How to cite this Article: Dr. Preetesh Kumbhare*¹, Dr. Ganesh Dhore¹, Dr. Dushyant Patil², Dr. Vijaya Nyahalse², Dr. Sheetal Roman³. (2026). An Ayurvedic Management Of Alcoholic Hepatitis - A Case Study. World Journal of Pharmaceutical Research, 15(20), 1189–1197.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Alcoholic hepatitis is a severe inflammatory liver disease caused by heavy, prolonged alcohol consumption and is a frequent precursor of liver cirrhosis and hepatocellular carcinoma. In Ayurveda, such conditions can be managed on the lines of *Kamala (Shakhashrita Kamala)*. A 42-year-old male with a history of chronic alcohol consumption for more than 20 years presented to the Ayurgram clinic, Ravet, Pune, with yellowish discolouration of eyes and urine, loose motions alternating with constipation, *adhmana* (gaseous distension), bilateral lower limb swelling, loss of appetite and generalized weakness for one month, along with deranged liver function tests. He was managed with *Sadyavirechana* using *Ichhabhedi Ras (Shodhana Chikitsa)*, followed by *Shamana Chikitsa* comprising *Arogyavardhini Vati*, *Kamdudha Rasa*, *Triphala Yog*, *Erand Bhrasht Haritaki* and a *Kadha* of *Triphala*, *Indrayava* and *Nimba Twak*. *Arogyavardhini Vati* is widely

used in hepatic disorders, *Kamdudha Rasa* has *Deepana* and *Pachana* properties, *Triphala* has anti-inflammatory activity, *Indrayava* is known to support liver function, and *Erand*

Bhrasht Haritaki promotes gentle bowel clearance. After one week, the symptoms were markedly reduced and serum total bilirubin fell from 14.30 to 6.26 mg/dL, with serum glutamic pyruvic transaminase decreasing from 107.2 to 53.3 and serum glutamic oxaloacetic transaminase from 196.8 to 94.6. No adverse effects were observed. This case suggests that an integrated *Shodhana* and *Shamana* approach may be useful in alcoholic hepatitis; larger controlled studies are needed.

KEYWORDS: Alcoholic hepatitis, *Shakhashrita Kamala*, liver function, Ayurvedic management, hepatomegaly.

INTRODUCTION

Alcoholic liver disease includes reversible fatty liver, alcoholic hepatitis and cirrhosis. Alcoholic hepatitis is a serious hepatic inflammation brought on by heavy alcohol use.^[1] In 2007, 56,809 hospital admissions in the United States carried a diagnosis of alcoholic hepatitis, accounting for 0.71% of all admissions.^[2] The short-term mortality of alcoholic hepatitis is 30-80%, indicating a poor prognosis.^[1] To forecast mortality and to guide management, clinical models such as the Maddrey discriminant function and the Model for End-Stage Liver Disease (MELD) have been developed.^[3] Physical examination signs of ascites and encephalopathy may also help in screening for mortality risk.

At the pathogenic level, alcohol increases fatty acid mobilization and hepatic uptake while interfering with mitochondrial β -oxidation of fatty acids.^[4] Chemokines play a significant role in alcoholic hepatitis, as endotoxins, ethanol and HIV-1 glycoprotein 120 all provoke severe reactions in Kupffer cells,^[5] and interleukin-8 has been implicated in alcoholic liver disease.^[6] Management therefore aims to prevent innate immune reactions.

In previously published reports, alcoholic liver disease has been managed with formulations such as *Patola Katurohinyadi Kashaya*, syrup Liv 52 and syrup Himcocid, among others. However, further studies, particularly in the early stages of the disease, are necessary for better evaluation and validation of therapeutic outcomes. The medicines used in this case as part of *Shamana Chikitsa* and *Shodhana Chikitsa* showed encouraging results.

MATERIALS AND METHODS

Case report

A 42-year-old male patient with a history of alcohol consumption for more than 20 years,

with no major comorbidities and no significant family history, presented to the Ayurgram clinic OPD with yellowish discolouration of eyes and urine, loose motions (sometimes constipation), *adhmana* (gaseous distension), bilateral lower limb swelling, loss of appetite and generalized weakness for the past one month. He had been taking allopathic medications without relief. His personal history revealed a habit of consuming spicy and junk food, along with chronic alcohol consumption.

General examination

The general condition of the patient was moderate, with yellowish discolouration of the eyes and mild hepatomegaly on palpation. Blood pressure was 126/82 mm Hg, pulse 101/min, respiratory rate 20/min and SpO₂ 98%. Height was 162 cm and weight 75 kg.

Systemic examination

On systemic examination, the patient was well oriented and conscious; his respiratory, cardiovascular and central nervous systems were within normal limits.

Clinical findings

Yellowish discolouration of eyes and urine, and hyperbilirubinaemia (serum total bilirubin 14.30; indirect bilirubin 10.04).

Ashtavidha pariksha

The *Ashtavidha pariksha* findings are shown in Table 1.

Table 1: Ashtavidha pariksha.

SN	Name	Lakshana
1	<i>Nadi</i> (Pulse)	<i>Pitta-Kapha</i> predominant
2	<i>Mala</i> (Stool)	<i>Muhur baddha muhur drava</i>
3	<i>Mutra</i> (Urine)	<i>Pitta varna</i>
4	<i>Jivha</i> (Tongue)	<i>Sama</i>
5	<i>Shabda</i> (Speech)	<i>Spashta</i>
6	<i>Sparsha</i> (Touch)	<i>Ushna</i>
7	<i>Druk</i> (Eyes)	<i>Pitta varna</i>
8	<i>Aakruti</i> (Appearance)	<i>Madhyam</i>

Diagnosis

It is evident from the patient's history that excessive consumption of foods (such as spicy and non-vegetarian foods) and beverages (such as alcohol) having *Ushna*, *Teekshna*, *Katu*, *Amla* and *Viruddha* properties vitiated *Pitta*, which in turn vitiated the *Rakta dhatu* (blood). This

vitiated blood, along with excess *Pitta* seated between the *Twak* and *Mamsa dhatus*, and the impure vitiated *Rakta dhatu*, increased the size of the liver and spleen. The patient was diagnosed with alcoholic hepatitis on the basis of the clinical presentation and laboratory test results (liver function tests, Table 2).

Table 2: Laboratory investigations on day 1 (liver function test).

Parameter	Value
Serum bilirubin, total	14.30
Serum bilirubin, direct	4.26
Serum bilirubin, indirect	10.04
SGPT	107.2
SGOT	196.8
Alkaline phosphatase	190.8
Total protein	8.22
Serum albumin	4.86
Globulin	3.36
Serum albumin/globulin ratio	1.45

SGPT: serum glutamic pyruvic transaminase; SGOT: serum glutamic oxaloacetic transaminase.

Therapeutic intervention

Shodhana Chikitsa

One cycle of *Sadyavirechana* was administered using a single 250 mg tablet of *Ichhabhedhi Ras*. The procedure was completed successfully, achieving the intended purgation without complications. It was well tolerated and helped relieve symptoms such as *adhmana* (gaseous distension) and constipation, and improved appetite.

Shamana Chikitsa

Shamana Chikitsa with dosage is given in Table 3.

Table 3: *Shamana Chikitsa* with dosage.

SN	Formulation	Dose and administration
1	<i>Arogyavardhini Vati</i>	250 mg, 2 tablets BD after meal
2	<i>Erand Bhrasht Haritaki</i>	250 mg, 1 tablet HS
3	<i>Kamdudha Ras</i>	250 mg, 2 tablets BD after meal
4	<i>Triphala Yog</i>	4 g BD with lukewarm water before meal
5	<i>Triphala</i> (3 g) + <i>Indrayava</i> (2.5 g) + <i>Nimba Twak</i> (2.5 g)	<i>Kadha</i> BD after meal

BD: twice daily; HS: at bedtime.

RESULTS AND DISCUSSION

Follow-up and outcomes

Following one week of Ayurvedic management, the patient showed significant clinical improvement, with marked reduction in yellowish discolouration of eyes and urine, loose motions, *adhmana* (gaseous distension), constipation, bilateral lower limb swelling, loss of appetite and generalized weakness. Laboratory investigations also improved, with serum total bilirubin decreasing from 14.30 mg/dL to 6.26 mg/dL (Table 4). No adverse effects related to the medications were observed during the treatment period, suggesting that the regimen was well tolerated.

Table 4: Laboratory investigations on day 8 (liver function test).

Parameter	Value
Serum bilirubin, total	6.26
Serum bilirubin, direct	1.51
Serum bilirubin, indirect	4.75
SGPT	53.3
SGOT	94.6
Alkaline phosphatase	227.2
Total protein	7.42
Serum albumin	3.91
Globulin	3.51
Serum albumin/globulin ratio	1.11

SGPT: serum glutamic pyruvic transaminase; SGOT: serum glutamic oxaloacetic transaminase.

DISCUSSION

Ichhabhedi Ras

According to *Charak Chikitsa*, *Ichhabhedi Ras* is used for *Virechana karma*. It contains *Jaypal* (*Croton tiglium* Linn.), a strong *virechaka* that helps in *Pitta shamana*. Through its *Katu rasa* and *Ushna virya*, *Jaypal* acts on *sarvanga shoth* (swelling), as the patient also had bilateral lower limb swelling.^[7] It also contains *Kajjali*, which acts as *yogvahi* and enhances the effects of the other drugs.

Arogyavardhini Vati

Arogyavardhini Vati is a powerful medication used in a number of conditions, including hepatic disorders, oedema, leprosy, acne, liver cirrhosis, jaundice and obesity. It strengthens the digestive system, lowers inflammation, and serves as a tonic for the kidneys, liver, heart, uterus, rectum and intestine.^[8,9] It contains *Kutki* (*Picrorhiza kurroa*), whose mild purgative

effect facilitates elimination of *Pitta*-related toxins from the liver and intestines, and whose anti-inflammatory action helps pacify aggravated *Pitta dosha*. *Loha Bhasma* in the formulation has *Shothahara* (anti-inflammatory) action, reduces inflammatory swelling of the liver and aids *Ama pachana* (digestion of toxins), thereby improving liver metabolism. *Chitrak moola* enhances the efficacy of the other herbs by carrying their actions deep into the tissues, and helps in *Deepana* and *Pachana*. *Arogyavardhini Vati* also helps keep the digestive tract healthy by encouraging digestive fire, regulating lipids, removing toxins and opening up pathways for nutrients, with no severe toxicological effects on the brain, liver or kidney.^[10]

Kamdudha Ras

Alcoholic hepatitis is typically a *Pittaja* condition with signs such as burning sensation, inflammation, jaundice and hyperbilirubinaemia. *Pravala Pishti* in *Kamdudha Ras* reduces aggravated *Pitta* at both systemic and liver levels, helping to restore balance.^[11] *Deepana*, *Pachana*, *Netrya*, *Balya*, *Rasayana*, *Varnya*, *Tridoshashamaka* (primarily *Pittashamaka*), *Anulomana* and *Vrushya* are among its other qualities. It has the property of *rudhirabhisarana* (hepatic blood circulation) and is therefore used in *Raktapitta vyadhi* as a *Pitta shamak*. As *Yakrit* (liver) is the *mulasthan* of *Rakta* according to Ayurveda, it is also beneficial in alcoholic hepatitis.^[12]

Triphala Yog

Amalaki (*Phyllanthus emblica*), through its *Laghu* (light) *guna*, improves digestion and reduces *Ama* (toxins), helping to reduce hepatomegaly. Its *Ruksha* (dry) *guna* counters excessive *Kleda* (moisture) and *Kapha*, reducing fatty accumulation (hepatic steatosis) in the liver, and its *Sheeta* (cold) *guna* pacifies *Pitta dosha*, which is often aggravated in alcoholic hepatitis.^[13,14] *Bibhitaki* (*Terminalia bellirica*), through its *Shothahara* (anti-inflammatory) property, reduces hepatic swelling and congestion, which is helpful in hepatomegaly and inflamed liver tissue, and also assists *Deepana* and *Pachana*.^[15] *Haritaki* (*Terminalia chebula*) helps in *Yakrit Shodhana* (liver cleansing), clearing the *Yakrit Srotas* (liver channels) and supporting detoxification, bile flow and liver metabolism. Its *Rasayana* (rejuvenation) action strengthens *Ojas* and enhances cellular regeneration, aiding recovery of damaged hepatocytes.^[16]

Indrayava

Indrayava (*Holarrhena antidysenterica*) is well known for its positive effects on liver

function.^[17] Its *Tikta rasa* helps pacify aggravated *Pitta* and purifies the blood, thereby reducing inflammation in the liver, while its *Kashaya rasa*, *Sheeta virya* and *Ruksha guna* correct diarrhoea. Its *Deepana* property helps reduce symptoms such as loss of appetite.^[18]

Eranda Bhrasht Haritaki

Haritaki is roasted in castor oil (till brown and dry) and then powdered. Roasting in *Eranda Taila* enhances the *Anulomana* (mild purgative) effect, making it more suitable for chronic constipation and digestive imbalances.^[19] *Eranda Bhrashta Haritaki* promotes mild purgation, aiding expulsion of *Ama* and *Pitta dosha* through the lower channels. It helps clear inflammatory mediators and relieves hepatic congestion, stimulates digestive fire, enhances liver metabolism, reduces *Ama* and supports *Rasa dhatu* quality. Both *Haritaki* and *Eranda Taila* have anti-inflammatory effects that are beneficial in reducing liver swelling and pain.^[20]

Nimba Twak

The *Tikta rasa* of *Nimba Twak* helps clear *Ama*, purify *Rakta* (blood) and alleviate *Pitta*; it reduces *Yakrutagata Pitta*. Its *Kashaya rasa* exerts an astringent action that supports anti-inflammatory effects and helps reduce liver congestion. Its *Sheeta virya* soothes *Pitta*-induced inflammation in the liver and controls *Raktapitta dushti*, calming excessive heat and reducing jaundice and hepatic irritation. Its *Shothahara* (anti-inflammatory) property reduces liver swelling and discomfort.^[21]

CONCLUSION

In this case study, *Sadyavirechana* with *Ichhabhedi Ras* was given as *Shodhana Chikitsa*, and *Arogyavardhini Vati*, *Kamdudha Ras*, *Triphala Yog*, *Indrayava*, *Nimba Twak* and *Eranda Bhrasht Haritaki* were given as *Shamana Chikitsa*. After one week of Ayurvedic management, the patient's signs and symptoms were markedly reduced and the liver function tests showed significant changes. Larger controlled studies are needed to validate these findings.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

INFORMED CONSENT

Informed consent for publication of the data was obtained from the patient.

AUTHORS' CONTRIBUTION

Dr. Preetesh Kumbhare and Dr. Ganesh Dhore: concept, design and manuscript preparation. Dr. Dushyant Patil, Dr. Vijaya Nyahalse and Dr. Sheetal Roman: manuscript editing and review.

REFERENCES

1. Chayanupatkul M, Liangpunsakul S. Alcoholic hepatitis: a comprehensive review of pathogenesis and treatment. *World J Gastroenterol*, 2014; 20(20): 6279-86.
2. Liangpunsakul S. Clinical characteristics and mortality of hospitalized alcoholic hepatitis patients in the United States. *J Clin Gastroenterol*, 2011; 45(8): 714-9.
3. Dunn W, Jamil LH, Brown LS, Wiesner RH, Kim WR, Menon KV, Malinchoc M, Kamath PS, Shah V. MELD accurately predicts mortality in patients with alcoholic hepatitis. *Hepatology*, 2005; 41(2): 353-8.
4. Gao B, Bataller R. Alcoholic liver disease: pathogenesis and new therapeutic targets. *Gastroenterology*, 2011; 141(5): 1572-85.
5. Bautista AP. Impact of alcohol on the ability of Kupffer cells to produce chemokines and its role in alcoholic liver disease. *J Gastroenterol Hepatol*, 2000; 15(4): 349-56.
6. Bird G. Interleukin-8 in alcoholic liver disease. *Acta Gastroenterol Belg.*, 1994; 57(3-4): 255-9.
7. Deshpande AP, Javalgekar R, Ranade S. Jaypal (Croton tiglium). In: Dravyagun Vidnyan. Pune: Proficient Publishing House, 2017; 684.
8. Mahajon B, Pal S, Aku R. Arogyavardhini Vati: A theoretical analysis. *J Sci Innov Res.*, 2016; 5.
9. Padhar BC, Dave AR, Goyal M. Clinical study of Arogyavardhini compound and lifestyle modification in management of metabolic syndrome: A double-blind placebo controlled randomized clinical trial. *Ayu*, 2019; 40(3): 171-8.
10. Gune G. Ayurvediya Aushadhi Guna Dharma Shastra. Pune; Vd Vaidyak Grantha Bhandar, 2008; 208-9.
11. Singh D, Mal N, Kumar V, Sharma RP, Pareek P. Scientific explanation of mode of action of Kamadudha Rasa in Amlapitta with special reference to acid peptic disorders: A review. *J Ayurveda Integr Med Sci.*, 2023; 8(4): 99-105.

12. Gune G. Ayurvediya Aushadhi Guna Dharma Shastra. Pune; Vd Vaidyak Grantha Bhandar, 2008; 239.
13. Wei X, Luo C, He Y, Huang H, Ran F, Liao W, Tan P, Fan S, Cheng Y, Zhang D, Lin J, Han L. Hepatoprotective effects of different extracts from Triphala against CCl₄-induced acute liver injury in mice. *Front Pharmacol*, 2021; 12: 664607.
14. Deshpande AP, Javalgekar R, Ranade S. Amalaki (*Emblica officinalis* Burm.). In: *Dravyagun Vidnyan*. Pune: Proficient Publishing House, 2017; 418-20.
15. Deshpande AP, Javalgekar R, Ranade S. Bibhitaki (*Terminalia bellirica* Roxb.). In: *Dravyagun Vidnyan*. Pune: Proficient Publishing House, 2017; 482-4.
16. Gune G. Ayurvediya Aushadhi Guna Dharma Shastra. Pune; Vd Vaidyak Grantha Bhandar, 2008; 216-7.
17. Panda A, Dixit AK. Effect of Indrayava (*Holarrhena antidysenterica* seed) on inpatient uncomplicated severe hyperglycaemia: A case study. *J Homeopathy Ayurvedic Med.*, 2013; 2.
18. Deshpande AP, Javalgekar R, Ranade S. Kutaj (*Holarrhena antidysenterica*). In: *Dravyagun Vidnyan*. Pune: Proficient Publishing House, 2017; 652-3.
19. Jirankalgikar YM, Ashok BK, Dwivedi RR. A comparative evaluation of intestinal transit time of two dosage forms of Haritaki [*Terminalia chebula* Retz]. *Ayu.*, 2012; 33(3): 447-9.
20. Gune G. Ayurvediya Aushadhi Guna Dharma Shastra. Pune; Vd Vaidyak Grantha Bhandar, 2008; 218-20.
21. Deshpande AP, Javalgekar R, Ranade S. Nimb (*Azadirachta indica*). In: *Dravyagun Vidnyan*. Pune: Proficient Publishing House, 2017; 684.