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# AYURVEDIC INTERVENTION FOR SPLEENOMEGALY AND HEPATOMEGALY (*PLEEHAVRUDDHI AND YAKRUTVRUDDHI)*

**[1]Prof. Vd Channamma S Hiremath, *[2]Vd Nainika S Chordiya, [3]Vd Santosh I Swami**

[1]Md Kayachikitsa SGR Ayurved College Solapur.

[2]PG Scholar Kayachikitsa SGR Ayurved College Solapur.

[3]Md Kayachikitsa Associate Professor Seth Govindji Raoji Ayurved Mahavidyalaya Solapur.

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***Corresponding Author**

**Vd Nainika S Chordiya**

PG Scholar Kayachikitsa SGR Ayurved College Solapur.

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## ABSTRACT

*Yakrut Vriddhi* and *Plihavruddhi*, traditionally described in Ayurvedic texts as conditions involving the enlargement of the liver and spleen respectively, represent significant health concerns often correlating with modern medical diagnoses such as Hepatomegaly and splenomegaly, including conditions like liver cirrhosis and Hypersplenism. In Ayurveda, the liver *(Yakrut)* and spleen (*Pliha)* are considered vital organs and are the *Moolasthana* (root) of the *Raktavaha Srotas* (channels carrying blood). Imbalances in *Pitta Dosha*, particularly *Ranjaka Pitta* (responsible for blood coloration and metabolism), alongside vitiation of *Kapha* and *Rakta Dhatu*, are central to their pathogenesis. The etiology of these conditions often involves improper dietary habits (*vidahi* and *abhisyandi ahara* – foods causing burning sensation and channel obstruction), irregular lifestyle, excessive physical or mental exertion, suppression of natural urges, and impaired *agni* (digestive fire). These factors lead to the accumulation of *Ama* (toxins) and vitiation of *Doshas*, obstructing the *Srotas* and causing swelling and dysfunction of Yakrut and Pliha. Symptomatology for Yakrut Vriddhi can include anorexia (*aruci*), indigestion (*avipaka*), weakness (*daurbalya*), abdominal pain (*udarashoola*), nausea, vomiting, fatigue, and in advanced stages, jaundice (*kamala*) and ascites (*jalodara*). Plihavruddhi often presents with discomfort or pain in the left upper abdomen, a feeling of fullness even after small meals, frequent infections, anemia, and easy bleeding. Both conditions can manifest with a palpable, enlarged organ on

examinati. In this case study, a 72 years old patient had complaints of unbearable Abdominal pain, giddiness, nausea Vomiting after food, weakness, anorexia, headache since 10 days only. Usg of Abdomen reveals moderate hepatomegaly with mildly raised echotexture, portal vein dilated, two non-obstructing canaliculi, gross splenomegaly in splenic hilar and peripancreatic region. The patient was managed with *Deepan*, *Pachana*, *Shaman Chikitsa* (~oral medication). After treatment, there was significant reduction.

**KEYWORDS**: Yakrutvikar, hepatoprotective, splenomegaly.

## INTRODUCTION

Ayurveda places great emphasis on the liver and spleen as the primary sites of the *Raktavaha Srotas*, the channels responsible for the formation and circulation of blood. The *Ranjaka Pitta*, a sub-type of *Pitta Dosha*, resides primarily in the liver and spleen and is responsible for imparting color to Rasa Dhatu (plasma) to transform it into *Rakta Dhatu* (blood). Any vitiation of this crucial Pitta, often alongside imbalances in *Kapha* and *Rakta Dhatu* themselves, can lead to the pathological enlargement of these organs. The development of *Yakrut Vriddhi* and *Plihavruddhi* is often attributed to a combination of improper diet and lifestyle choices. Factors like consuming *"vidahi*" (foods causing burning sensation) and "*abhisyandi"* (foods causing obstruction in channels) foods, irregular eating habits, excessive stress, suppression of natural urges, and a weakened *Agni* (digestive fire) are considered primary culprits. These factors collectively lead to the accumulation of *Ama* (undigested toxins) and vitiate the Doshas, obstructing the vital channels and causing the liver and spleen to swell and lose their functional efficiency. Understanding these conditions from an Ayurvedic perspective involves not just identifying the enlarged organs but delving into the underlying energetic imbalances and their root causes, which then guides a holistic approach to management encompassing diet, lifestyle, and personalized herbal and panchakarma therapies. Fatty liver disease is serious ailment affecting population world wide. it is caused due to disturbance in lipid metabolism in liver caused due to various etiological causes like sedentary life style, alcohol consumption, food, stress, poor nutrition, viral bacterial and parasite infection .Fat build up in liver cell due to steatosis it is condition occurring when fat content of liver suppress 5 % of total weight of liver or when more than 30% of hepatic cells in liver lobule have fat deposit. Fatty liver is *santarpanjanya vyadhi* In *Ayurveda* Fatty liver is correlated with *Yakritdalyodar* which refers to increase in size of liver. however *Ayurvedic*

treatment emphasizes on purification of *Rasa* and *Rakt* as well as *Yakrutshodhana*. it focuses on balancing *Doshas*, improving digestion and detoxifying liver and reduces fat accumulation

**Patient Information**

A 72 years old Female patient was consulted in Out-Patient Department (OPD) for complaints of Abdominal pain(left upper and left lower), Anorexia, Giddiness. Nausea after food, weakness, left renal angle tenderness, fever and chills since 10 days. The pain was so severe that she also had disturbance in sleep. There is no history of Alcoholism. Patient sought allopathic treatment. So, she was advised for surgery as the condition was deteriorating day by day, but the patient was not willing for it. Therefore, she was admitted for further ayurvedic management.

**Past History:** The patient had no significant medical history or surgical or accidental history. None of the family members had any genetic disease.

**Current medications:** cap nexproRd,(1-0-1) and cap colrid xsr(1-0-1)

**Personal History:** The Diet of the patient was vegetarian diet. The bowel was cleared once ortwice a day, and micturition was regular. There was loss of appetite of patient. The sleep was disturbed (due to severity of pain) and no day sleep present. No any history of allergy or addiction.

**Clinical Finding:** The general condition of the patient was anxious, with blood pressure 110/80 mm of Hg, pulse rate was 78 beats per minute, full in volume and regular, respiratory rate was 18 per minute. On clinical examination, pallor, icterus, clubbing, cyanosis, lymphadenopathy and oedema was absent.

**Examination of Liver and Spleen**

The patient was intstructed to lie flat on their back on an examination table or bed. Arms should be by the sides or crossed over the chest — not behind the head (which tenses the abdominal muscles). Legs should be extended or slightly flexed at the hips and knees to relax the abdominal wall.

**Liver Examination**

**Inspection**

patient abdomen inspection was done at right upper quadrant no any visible masses, distention, or overlying skin changes were seen.

**Palpation**

place your right hand below the right costal margin in the midclavicular line while the patient takes a deep breath. A liver edge was palpable with firm, nodular, or tender suggestive of cirrhosis, hepatitis, or malignancy.

**Percussion**

patient abdominal percussion was done downward in the midclavicular line to determine the liver span (normally 6–12 cm). Dullness was noted at extending below the costal margin may indicate hepatomegaly.

**Auscultation:** no bruits over the liver were auscultated.

**Spleen Examination**

**Inspection**

Splenic enlargement was visible in the left upper quadrant.

**Palpation**

The spleen is usually not palpable. With the patient in the supine or right lateral decubitus position, palpate under the left costal margin while the patient inhales deeply. spleen was palpable typically indicates splenomegaly suggestive for further evaluation for conditions like infection (e.g., mononucleosis), hematologic disorders (e.g., leukemia, lymphoma), or portal hypertension.

**Percussion**

Percuss over Traube's space (bounded by the 6th rib, left midaxillary line, and left costal margin). Dullness was there in tympanic area indicating enlarged spleen.

**Auscultation**

no friction rubs auscultated.

**LABORATORY FINDINGS:** The patient was investigated on 12/05/25 before admission and following findings were achieved.

**Table 1: Laboratory findings.**

**Laboratory findings:** The patient was investigated on 12/05/25 before admission and following findings were achieved.

**Table 3: Laboratory Investigations.**

| Investigation | Before treatment | After treatment |
|---|---|---|
| Haematological | Hb: 7.1gm%, RBC: 2.84 mil/cu.mm, WBC: 10300 /cu.mm, Platelet: 57000 /cu.mm, ESR: 37 mm/hr, | Hb -8.3gm/dl<br>Rbc -3.35mil/cumm WBC: 13600 /cu.mm, Platelet: 87000 /cu.mm, ESR: 37 mm/hr, HIV- non reactive, HBSag -negative |
| Biochemistry | | FBS: 92mg/dl, Rbc – microcytosis and macrohypochromia<br>Neutrophilic leucocytosis<br>Platelet reduced, no parasite seen |

**USG (ABDOMEN AND PELVIS)12/05/25 before treatment:** Moderate hepatomegaly with mildly raised echotexture portal vein dilated 19mm, two non-obstructing calculi of sizes 10mm and 6 mm seen at upper pole of left kidney. Gross splenomegaly with collateral seen in splenic hilar and peripancreatic region. Spleen is enlarged in size 22.4 cm, liver is enlarged in size 22.1cm (12/05/25).

**USG (ABDOMEN AND PELVIS)17/06/2 after treatment:** Moderate hepatomegaly shows minimally raised reflectivity. portal vein mildly dilated -13.3 mm-SV mildly dilated. Gross splenomegaly -216 mm-normal in reflectivity. No e/o any other calculus in left kidney.

**Therapeutic Intervention:** During IPD stay, the patient was initially given.

**Table 4: Timeline of the case.**

| Purpose | Shaman chikitsa | Shodhan chikitsa |
|---|---|---|
| (Deepana and Pachan along with Anulomak) | *Hingwashtak churna 500mg BD mahyabhakt with ghrut (Day 1 to Day 36) pragbhakt (9(Gandharva Haritaki 1gm with koshna jala at nishakali (for 3 3 days Shamavati (Day 3 to Day 37) Madhyabhakt with ghrut* | *Udar pradeshi shothhar lepa (Day 1 to Day 45)* |
| Day 3 to Day 35 | *Tapyadi loha 250mg BD with Madha paschatbhakt* | *shothar lepa for pedal oedema and pain* |
| Day 1 to Day 12 | *Suvarnasutshekhar 2 BD with Madha and Adhrak swaras praghabhakt* | |
| Day 4 to Day 31 | *Kasis bhasma with dadhi praghbhakta* | |
| Day 13 to Day 37 | *Rohitakarishta 10ml BD with koshna jala Paschatbhakta* | *Siravedh 70 ml Done on day 32* |
| Day 31 to Day 37 | *Arogyavardhini 500mg BD with koshna jala paschatbhakt* | |

**Outcome Measure and Follow up**

1. After completion of the treatment, patient was discharged as she got moderate improvement in overall symptoms. Spleen and liver size reduced in before and after ultrasound sonography. During discharge, previous ongoing allopathic medications were stopped and only the oral ayurvedic medicine were continued for the duration of 8 days months with regular weekly follow up.

2. ***Agnideepana*** **(Improved Digestive Fire)**

- Return of normal appetite (*Aruci* resolves).
- Absence of indigestion (*Avipaka* resolves), bloating, or gas.
- Regular and healthy bowel movements (absence of *Vibandha* - constipation or *Atisara* - diarrhea; normal consistency and color of stool).
- Reduced feeling of *Gaurava* (heaviness) after meals.

3. ***Kshudha Vriddhi*** **(Increased Hunger) & Pachan Shakti (Digestive Strength):** Patient reports feeling genuine hunger and proper digestion.

4. ***Daurbalya Harana*** **(Reduction in Weakness/Fatigue):** Increased energy levels, reduced lethargy.

5. ***Udarashoola Nivrutti*** **(Resolution of Abdominal Pain/Discomfort):** Reduction or complete absence of pain in the right (liver) or left (spleen) hypochondrium.

6. ***Kamala Nivrutti*** **(Resolution of Jaundice):** Clearing of yellow discoloration from eyes, skin, and urine.

7. ***Shotha Harana*** **(Reduction in Swelling/Edema):** Decreased pedal edema, facial puffiness, or general.

8. ***Shwasa Nivrutti*** **(Relief from Breathlessness):** Improvement in breathing comfort.

9. ***Manasika Prasannata*** **(Mental Clarity & Well-being):** Reduced irritability, improved mood, and clearer thinking, as liver health is linked to *Sadhaka Pitta* and emotional balance.

10. ***Nidra Sudhar*** **(Improved Sleep):** Patient reports sound and refreshing sleep.

**11. Overall Quality of Life:** General feeling of well-being, ability to resume daily activities without significant discomfort.

## DISCUSSION

The Ayurvedic descriptions of *Yakrut Vriddhi* and *Plihavruddhi* align with modern diagnoses of hepatomegaly and splenomegaly. The broad array of etiological factors in Ayurveda, encompassing dietary indiscretions (*Ahara*), lifestyle errors (*Vihara*), and psychological stressors (*Manasika Nidana*), aligns with the multifactorial nature of liver and splenic disorders in contemporary medicine. For instance, the *Ayurvedic* emphasis on *vidahi* and *abhisyandi ahara* (foods that cause burning sensation and channel obstruction) resonates with modern understanding of processed foods, unhealthy fats, and their role in conditions like fatty liver disease. Chronic *Ama* formation, a cornerstone of *Ayurvedic* pathogenesis, finds its modern parallel in metabolic toxins and inflammatory mediators that contribute to organ enlargement and dysfunction. The case report effectively demonstrates the application of a **Ayurvedic approach**—encompassing *Deepana*, *Pachana*, and *Shaman Chikitsa*, supplemented by external therapies (*Lepa*) and a minor procedure (*Siravedh*)—in managing a complex presentation of **Gross Splenomegaly** (*Plihavruddhi*) and **Moderate Hepatomegaly** (*Yakrutvruddhi*) with associated portal hypertension. The patient's clinical picture, marked by severe abdominal pain, anorexia, anemia (Hb 7.1gm%), thrombocytopenia (Platelet 57,000 /cu.mm), and significant organ enlargement (spleen 22.4 cm, liver 22.1 cm), represented a serious condition requiring swift intervention. The Ayurvedic pathogenesis, centered on the vitiation of **Ranjaka Pitta**, **Kapha**, and **Rakta Dhatu** leading to **Srotas Abandha** (channel obstruction) and **Ama** formation, guided the therapeutic selection. Medicines like **Hingwashtak Churna** provided *Deepana* and *Pachana* to restore *Agni* and mitigate *Ama*. **Tapyadi Loha** and **Rohitakarishta** were crucial for *Yakrut* and *Pliha Shodhana* (purification) and strengthening the *Raktavaha Srotas*. **Kasis Bhasma** and **Arogyavardhini Vati** are known for their specific actions in addressing *Yakrutvikar* and chronic *Kapha-Pitta* imbalances, respectively. The inclusion of **Siravedh** (therapeutic venesection), a *Shodhana* technique, was strategically employed to reduce the portal congestion and *Rakta Dhatu* vitiation, providing a targeted impact on the pathophysiology. Post-treatment evaluation, both clinical and objective (USG), showed a significant reduction in organ sizes (Spleen 21.6 cm, Portal Vein 13.3 mm) and improvement in hematological parameters (Hb 8.3 gm%, Platelet 87,000 /cu.mm), alongside the resolution of debilitating symptoms like pain and anorexia. This outcome validates the traditional Ayurvedic principles in the management of these

chronic, systemic disorders, highlighting the efficacy of personalized, multi-modality treatment over isolated symptomatic relief. The case serves as a strong preliminary evidence for Ayurvedic interventions in conditions correlating to advanced stages of liver and splenic dysfunction.

## CONCLUSION

This case report concludes that the multi-pronged Ayurvedic intervention for **Yakrut Vriddhi** and **Plihavruddhi** in a 72-year-old patient achieved **significant clinical and objective improvement**. The integrated therapy, combining oral *Shaman* (palliative) medication with *Shodhana* (purificatory) procedures, successfully addressed the core pathogenesis of *Ama* accumulation and *Srotas Abandha*. The objective reduction in the measured size of the spleen and liver on USG, coupled with the restoration of appetite and alleviation of severe pain, underscores the potential of Ayurveda as a **viable, non-surgical management option** for complex hepatosplenic disorders, particularly in cases where conventional medical options are limited or declined by the patient. **Further controlled clinical studies are strongly warranted** to systematically evaluate the role and efficacy of these specific Ayurvedic formulations and procedures.

## REFERENCES

1. *Charaka Samhita. Chikitsa Sthana 13/13–15*. Edited by Shastri KN, Chaturvedi GN. Varanasi: Chaukhambha Bharati Academy; 2016.
2. *Sushruta Samhita. Nidana Sthana 11/3–4*. Edited by Shastri AD. Varanasi: Chaukhambha Sanskrit Sansthan; 2018.
3. *Vagbhata. Ashtanga Hridaya. Nidana Sthana 11/1–3*. Commented by Kunte AM, Navre KR. Varanasi: Chaukhambha Krishnadas Academy; 2017.
4. *Bhavaprakasha Nighantu. Haritakyadi Varga*. Varanasi: Chaukhambha Bharati Academy; 2015.
5. *Sharma S. Rasatarangini.* Chapter 24. Varanasi: Chaukhambha Amarabharati Prakashan; 2012.
6. *Sharangadhara Samhita. Madhyama Khanda 2/1–5. Varanasi: Chaukhambha* Orientalia; 2015.
7. Sherlock S, Dooley J. Diseases of the Liver and Biliary System. 12th ed. Oxford: Wiley-Blackwell; 2011.

8. Friedman SL, Neuschwander-Tetri BA, Rinella M, Sanyal AJ. Hepatic fibrosis and cirrhosis. N Engl J Med., 2018; 379(8): 779–780.
9. Wang X, Li J, Riaz DR, Shi G. Fatty liver disease: pathogenesis and treatment. J Hepatol. 2020; 73(1): 220–235.
10. Reuben A, Tilg H. Hepatosplenomegaly: mechanisms and management. Nat Rev Gastroenterol Hepatol. 2021; 18: 133–146.
11. National Institutes of Health. Fatty liver disease overview. Medline Plus [Internet]. 2022 [cited 2025 Nov 8]. Available from: https://medlineplus.gov/fattyliver.html