

AYURVEDA MANAGEMENT OF YAKRUTHODARA W.S.R TO ALCOHOLIC LIVER DISEASE – A CASE STUDY

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ABSTRACT

Yakruth is the *Moola* of *Raktavaha Srotas*, formed by the actions of *Samana Vayu*, *Dehoshma*, and *Rakta Dhatu*. Its main function is the *Ranjana* of *Rasa Dhatu*. *Yakruthodara*, a type of *Udhara Roga*, is characterized by enlargement of the liver, loss of appetite, retention of urine, constipation, and abdominal pain. Alcoholic Liver Disease is liver damage caused by chronic excessive alcohol intake. It develops due to acetaldehyde toxicity, oxidative stress, and alcohol-induced inflammation. Major contributing factors include long-term heavy drinking, malnutrition, and genetic predisposition. Alcoholic Liver Disease progresses through fatty liver, alcoholic hepatitis, and alcoholic cirrhosis. The present case involves a 42-year-old male, a known case of hypertension for 6 years, with a 20-year history of chronic alcoholism, who presented with gradual onset of yellowish discoloration of eyes,

dark-colored urine, pain and swelling in the right hypochondrium, loss of appetite, nausea, and hard stools. After thorough examination, the patient was diagnosed with *Yakruthodara*. He was advised to discontinue *Madya Sevana*, and was treated with *Siravyadha* and *Shamana Aushadhis* for 3 months. Following treatment, the patient showed significant improvement with relief from symptoms and considerable reduction in hepatomegaly. This case highlights that *Nidana Parivarjana*, proper *Pathya Sevana*, and appropriate *Shodhana–Shamana Chikitsa* play a crucial role in the effective management of *Yakruthodara*.

KEYWORDS: *Yakruthodhara*, ALD, *Siravyadha* etc.

INTRODUCTION

Yakruth plays a vital role in *Chayapachaya* and in the *Ranjana* of *Rasa Dhatu*. Both *Yakruth* and *Pleeha* originate from the *Raktadhatu*. Anatomically, *Yakruth* is located in the *Dakshina Bhaga*, while *Pleeha* lies in the *Vaama Bhaga*. Together, they form the *Moola Sthana* of the *Raktavaha Srotas*.^[1] *Madya* (alcohol), possessing *Amla*, *Ushna*, *Laghu*, *Tikshna*, *Sukshma*, *Vyavayi*, *Ruksha*, *Vikasi* and *Vishada*^[2] qualities, tends to vitiate both *Pitta* and *Rakta*, ultimately leading to *Yakruth Vriddhi*. Among the *Dushyas* involved in *Yakruth Vriddhi*, *Rakta* is considered the most significant. Additionally, diet and lifestyle play crucial roles in determining an individual's susceptibility to liver disorders. Alcoholic liver disease (ALD) is a chronic disorder caused by prolonged excessive consumption of alcohol and represents a major cause of liver-related morbidity. The primary etiology includes heavy and long-term alcohol intake, nutritional deficiencies, genetic variations in alcohol-metabolizing enzymes, female gender susceptibility and co-existing conditions such as obesity or hepatitis infections.^[3] Alcohol metabolism produces acetaldehyde and excess NADH, which induce oxidative stress, lipid peroxidation, mitochondrial injury and impaired fat metabolism. These pathological mechanisms lead to hepatocyte damage, inflammation, neutrophil infiltration and activation of stellate cells, resulting in fibrosis.^[4] ALD progresses through three major stages: alcoholic fatty liver, alcoholic hepatitis and alcoholic cirrhosis. Fatty liver is characterized by macrovesicular steatosis and hepatomegaly, is usually asymptomatic and reversible with abstinence. Alcoholic hepatitis involves hepatocellular necrosis, Mallory bodies, ballooned cells and significant jaundice or systemic symptoms. Persistent injury eventually advances to cirrhosis, marked by fibrosis, regenerative nodules, portal hypertension and complications such as ascites and encephalopathy. Hepatomegaly is commonly seen in the early stages due to fat accumulation, inflammation and edema, whereas the liver may become shrunken in end-stage cirrhosis. Thus, ALD reflects a progressive spectrum of liver injury driven by alcohol toxicity and metabolic disturbances. *Acharya Bhavaprakasha* mentioned *Siravyadha* in *Dakshina Bahu Koorpara* for *Yakruth Roga*.^[5] Along with *Rakta Mokshana*, *Nitya Virechana*, *Udara Lepa* and *Shamana Aushadis* are given. Patient symptoms got relieved and improvement is evident by inspection and photographs.

PATIENT INFORMATION**CHIEF COMPLAINTS/ *PRADHANA VEDANA***

Patient c/o yellowish discolouration of eyes and urine since 3 months and pain and swelling in right hypochondrial region in the last one month.

Associated Complaints

Patient c/o hard stool with loss of appetite and distension of abdomen, generalised weakness and itching all over the body in the last 2 months.

HISTORY OF PRESENT ILLNESS / *PRADHANA VEDANA VRUTANTA*

A 42-year-old male patient, known case of hypertension (HTN) for 6 years with a 20-year history of chronic alcoholism, presented with a gradual onset of yellowish discoloration of eyes and dark-colored urine associated with loss of appetite, nausea, and hard stools. For all these symptoms, he was admitted to Victoria Hospital, where he received symptomatic relief.

However, he subsequently developed pain and swelling in right hypochondriac region, which was mild in nature, generalized weakness, itching all over the body, altered sleep patterns with drowsiness during day-time and a feeling of imbalance while walking. For all these symptoms, he was admitted to Government Ayurveda Medical College, Bengaluru, in September 2024 for further management.

Previous history

History of hypertension since 5 years on medication with telma 5 mg.

No h/o diabetes mellitus, TB, asthma.

No h/o prior surgeries in past.

TREATMENT HISTORY/ *CHIKITSA VRUTANTA*

For HTN - TELMA 10 mg.

FAMILY HISTORY/ *KULA VYADHI VRUTANTA*

No any history of similar complaints was noted in family.

***SAMAJIKA VRUTTANTA* (SOCIAL HISTORY)**

Living situation – lives with family

Social support network – family

Patient's history of substance use- patient has a 20-year history of alcohol use and smoking.

Quarter per day-180 ml, type- original choice – a type of whisky (40 % alcohol) and smoking (2 packs /day).

Culture and religious background – belong to Hindu family practices his rituals perform his cultures under the limitation and guidance of devotee

Social stressors and challengers – financial problems due to high loan in family.

***Desha* (ENVIRONMENTAL HISTORY)**

Desha: Jaata - Sadharana

Vyadita – Sadharana

***KALA* (SEASONAL)**

No any seasonal variation noted/ no diurnal variations.

OCCUPATIONAL HISTORY

Tailor - Job duration-10 hours (8am- 6pm)

***Vaiyaktika Vrutanta* (Personal history)**

Ahara

Ahara Matra or *Abhyavaharana Shakti – Poorvakaleena - Madhyama*

Ahara Matra or *Abhyavaharana Shakti – Adyatana – Avara*

Ahara Vidhi: Regular/ Irregular; irregular

Interval between two consumptions not regularly taking on time

Frequency of meals per day...1-2 meals.

Upavasa: Not engaging.

AHARA -Ati Sevana of Katu, Ushna, Amla Aahara,Ati Sheetambu Sevana, Kukkuta, Ajamamsa Sevana, Nishpava, Atidadhi Sevana, Vidahi Ahara, Pishtanna, Vishamashana, Ajeerna Bhojana.

VIHARA-Mutra Vegadharana, Ativyayama.

MANASIKA- Chinta, Krodha

AGNI – Pattern of digestion- Even small quantity of regular meal (easily digestible) may take longer time to digest & reduced appetite for the next scheduled meal. – Mandagni

Mala Pravrutti

Frequency – once in a days

Consistency – *Grathita*

Colour – *Peeta*

Evacuation –incomplete

Mutra Pravrutti

Frequency – 4-5 /day, 1-2 times in night

Stream – uninterrupted flow with adequate calibre

Colour- dark yellow

Burning sensation – sometimes

Koshta

Irregular bowel movements with infrequent stool passage. Stools are hard and dry, necessitating straining and an extended time for defecation. Bowel clearance is unsatisfactory, and hard stool is more prevalent than loose stools- *KRURA KOSHTA*

Nature of work

Type of *Karma* (Work) - *Shareerika* and *Manasika*.

Nature of work - Repetitive movements - repetitive lifting, continuous pedaling tailoring machine, continuous sitting.

Nidra

Status of *Nidra* – Disturbed

*If disturbed - Difficulty in getting the sleep and difficulty in maintaining the sleep duration- 3 hrs

Ratri Jagarana Present – due to excessive discomfort.

VYASANA

Patient has a 20-year history of alcohol use and smoking.

Quantity: Quarter per day-180 ml, type- original choice type of whisky (40 % alcohol) and smoking- cigarette (2 packs /day).

Alcohol (grams)= volume (ml)x (ABV) / 100 x 0.789 (ethanol density in gm/ml)180x 0.4x0.789 = 56.8g/d.

Ashtasthana Pareeksha

Nadi- Vata Pittaja Nadi

Mala –Grathita,

Mutra- Peeta Varna

Jihva- Ishat Lipta

Shada - Prakruta

Sparsha – Prakruta

Druk – Peeta Netrata,

Akruti- Madyama

DASHAVIDHA PARIKSHA

Prakruti – Vata Pitta

Vikruti – Hetu - Ati Madya Sevana, Amla, Katu, Ahara, Krodha, Chinta

Dosha – Pitta, Vata

Dushya –Rasa, Rakta, Mamsa, Mutra and Mala.

Sara – Madhyama

Samhanana- Madhyama

Pramana – Madhyama - 61kg

Satmya – Madhyama (Mamsa Rasa, Katu, Lavana Rasa Satmya)

Satva – Madhyama

Ahara Shakti – Abhyavarana - Avara, Jaranashakti – Avara

Vyayama Sakti – Avara

Vaya – Madhyama

Examination

Patient was moderately built and nourished

Pallor – Absent

Icterus – Present

Cyanosis – Absent

Clubbing – Absent

Lymph nodes enlargement – Absent

Oedema – Absent

Height – 160cm

Weight – 61 kgs

VITALS

Pulse – 72 beats /m, regular in rhythm, normal volume, normal character, no radio- radial delay and radio- femoral delay.

Blood pressure – 130/80 mmHg measured on right brachial artery in supine position.

Respiratory rate – 20 cycle/min, predominantly thoracoabdominal

Axillary temperature of 97.8 F

CENTRAL NERVOUS SYSTEM

HIGHER MENTAL FUNCTIONS

Right-handed individual.

Conscious - well oriented to time, place and person.

Appearance and Behaviour - Appropriate and Emotionally stable.

Memory – Recent, immediate, remote memory intact.

Attention – sustained and alternating attention was intact.

Speech – normal fluency

Cranial nerve – within the normal limit

Cardiovascular system examination

S1, S2 Heard

No palpable impulse

No Parasternal heave

No cardiomegaly

No murmurs heard

Respiratory system examination

Bilateral normal vascular breath sounds

No added sounds

Bilateral normal symmetry of chest

Gastro intestinal examination

Oral examination: *Jihwa Pareeksha* – Tongue – Normal, coated, ulcers and white lesions

Enlargement of tongue: Gum bleeding: Absent,

Per abdominal examination

***Darshanendriyataha Pareeksha* – Inspection**

Udara Akriti /Shape of the abdomen – Distended

Nabhi Pareeksha – Umbilicus: Normal

Distended veins - *Sira Santhata* – Absent

striae - *Raji Janma* or *Raji Santhata* – Absent

Discoloration of skin – *Varna* - (Cullen's sign, Turner's sign) – Absent

Sparshanendriyataha Pareeksha – Palpation

Sparsha Asahata – tenderness over the right hypochondriac area and the epigastric area

Ashaya Vruddhi – Organomegaly- present *Yakruth Vruddhi* - Liver enlarged, liver size measures 21-22 cm seen / hepatomegaly is seen. Surface: Regular, sharp edge.

Shabdha Prakshobha Pareeksha – Percussion: Dullness over the liver, remaining area tympanic note– present

Shrotrendriyataha Pareeksha – Auscultation

Bowel sounds - 7- 25normal bowel sounds per minute.

Samprapti Ghataka

Dosha: Vata (Samana Vata), Pitta (Ranjaka, Pachaka and Brajaka)

Dushya: Rasa, Rakta, Mamsa

Ama: Jataragnijanya Ama

Agni: Jataragni

Srotas: Rasavaha, Raktavaha.

Srotodustiprakara: Vimargagamana

Rogamarga: Abhyantara

Udhavasthana: Amashaya

Vyaktasthana: Twacha, Rakta

Adhistana: Twak, Rakta, Mamsa, Yakruth

Rogaswabhava: Chirakari

Sadhyasadhyatha: Krichrasadhya

DIAGNOSIS

Yakruthodara

Alcoholic liver disease- Alcoholic hepatitis

INTERVENTION

Table 1: Siravyadha – Bloodletting.

<i>Poorva Karma</i>	<i>Pradhana Karma</i>	<i>Pashchath Karma</i>
Proper examination of patient. Assessment of Hb, CT, BT. Upakarana sanghrana- scalp vein set, kidney tray, tourniquet, cotton, bandage material, sphygmomanometer etc <i>Snigdha Anna Bhojana</i>	<i>Snehana</i> and <i>Swedhana</i> to right arm. Under aseptic conditions vein puncture using scalp vein set is done. Mild pressure is given over liver during procedure. Blood collected in kidney tray and examined for quantity and dosha involvement.	Patient was stable and blood pressure was under normal range. About 350 ml of blood collected.

Table 2: Shamana chikitsa.

<i>Aushadha</i>	Dose	Duration
<i>Katuki churna</i>	5gm with 50 ml hot water	3 months
<i>Udhara Lepa</i> with <i>Katuki</i> , <i>Triphala</i> , <i>Punarnava Churna</i> and <i>Gomutra</i> over right hypochondrial to right iliac region.	Quantity sufficient	1 month
<i>Arogyavardini vati</i>	1-0-1	3 months
<i>Yakruthplihari loha</i>	1-0-1	1 month

Table 3: Follow up and outcomes.

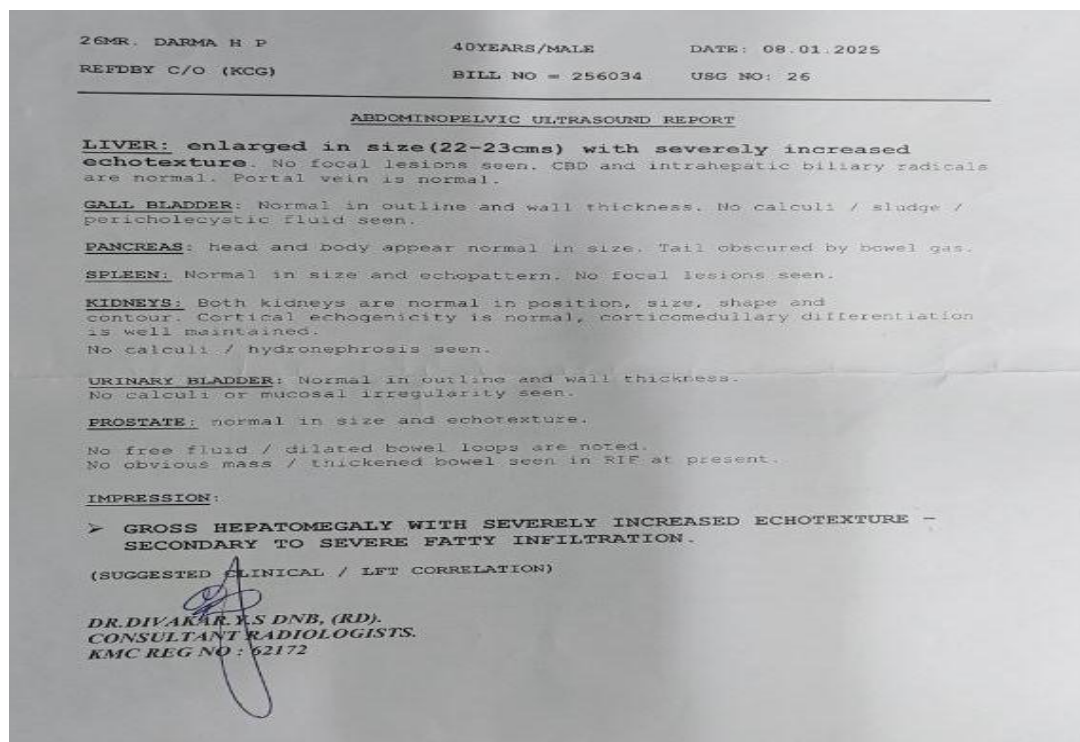
Visit Date	Condition/ symptoms
26/08/2024	Hepatomegaly, abnormal LFT (Elevated bilirubin and AST levels)
26/09/2024	Hepatomegaly persists, bilirubin levels reduced, symptomatically better.
08/01/2025	Hepatomegaly present, Normal LFT
17/06/2025	Reduction in size of liver and no complaints.

OBSERVATION AND RESULTS

At the beginning of treatment, a detailed patient examination and counselling were conducted. The patient was then planned for *Siravyadha* followed by *Nitya Virechana*. After performing *Siravyadha*, there was a marked reduction in bilirubin levels, and the pain in the right hypochondrial region significantly decreased. Subsequently, *Udhara Lepa Chikitsa* was administered daily for a period of one month. After completing this phase, the patient was advised to continue *Shamana Aushadhis* along with appropriate Pathya, and was discharged. One month later, the patient returned for follow-up, showing considerable improvement in

overall condition. Further regular follow-up assessments were carried out, and the results were clearly evident, as demonstrated in the photographs mentioned below.

Before and after treatment investigations.



Abdomen USG showing hepatomegaly with size 22-23 cm of length on 08/01/2025

GOVERNMENT OF KARNATAKA

K C GENERAL HOSPITAL
3RD CROSS MALLESHWARAM, BANGALORE-560003

ABHA ID: dharmah8282@abdm
Sex: Male

MR. D: KCG-202300138302
Patient: Mr Dharm H P
Address: Parimalanagar, null, India, 560003.
Mobile No: 6363403129
Age: 41 Years, 5 Month, 16 Days
Visit ID: 1172394

KCG-202300138302
Date: 17-06-2025

ABDOMEN AND PELVIC SCAN

LIVER	ENLARGED IN SIZE, MEASURE 17CM AND SHOWS FATTY CHANGES
P.V	NORMAL
C.B.D	NORMAL
GALL BLADDER	PARTIALLY DISTENDED, CONTENTS CLEAR
PANCREAS	NOT VISUALISED DUE TO BOWEL GAS
SPLEEN	ENLARGED AND MEASURES 13X5.7CM
KIDNEYS	-
RIGHT KIDNEY	CALCULI NOTED IN MID POLE MEASURING 2.8MM
LEFT KIDNEY	NORMAL
URINARY BLADDER	PARTIALLY DISTENDED, CONTENTS CLEAR
PROSTATE	NORMAL
NO FREE FLUID/NO LYMPHADENOPATHY/NO MASS LESION	


IMPRESSION: HEPATOMEGALY WITH FATTY LIVER
SPLENOMEGALY
RIGHT RENAL CONCRETION/CALCULI

SUGGESTED TO CORRELATE CLINICALLY

NOTE:- This is only a professional opinion. However, the above findings have to be correlated with clinically and with other relevant investigation for further management.


Authoritative Signatory

Abdomen USG showing hepatomegaly with size 17cm of length on 17/06/2025.



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HINDLABS

AN INITIATIVE OF HLL, A GOVT. OF INDIA ENTERPRISE

Name : Mr.DHARMA H.P

Reg. No : 392260

Bill No : BIL0232480

Age / Sex : 40 Y Male

Phone No : 6363403129

Ref.By Dr :

Bill Dt : 26-08-2024

Report Dt : 26-08-2024

Description	Result Value	Reference Value
BIOCHEMISTRY		
LIVER FUNCTION TEST(LFT)		
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	5.7 mg/dl	0.1 - 1.2 mg/dl
DIRECT BILIRUBIN	2.7 mg/dl	0.0 - 0.4 mg/dl
INDIRECT BILIRUBIN	3.0 mg/dl	0.2 - 0.8 mg/dl
SGOT (AST)	329 U/L	Upto 40 U/L
SGPT (ALT)	45 U/L	Upto 50 U/L
ALK.PHOSPHATASE	290 U/L	80 - 290 U/L
TOTAL PROTEIN	6.7 gm/dl	6.2 - 8.4 gm/dl
ALBUMIN	3.2 gm/dl	3.2 - 5.4 gm/dl
GLOBULINS	3.5 gm/dl	1.8 - 3.5 gm/dl
A/G RATIO	0.9	1.1 - 1.8
Note: Please correlate clinically		
----- End Of Report -----		

Image showing LFT lab reports before treatment.

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HINDLABS
AN INITIATIVE OF HLL, A GOVT. OF INDIA ENTERPRISE

Name : Mr.DHARMA H.P
Reg. No : 443324
Bill No : BIL0283093

Age / Sex : 40 Y Male
Phone No : 6363403129
Ref.By Dr :

Bill Dt : 17-06-2025
Report Dt : 17-06-2025

Description	Result Value	Reference Value
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BIOCHEMISTRY

LIVER FUNCTION TEST(LFT)

LIVER FUNCTION TEST

TOTAL BILIRUBIN	1.5 mg/dl	0.1 - 1.2 mg/dl
DIRECT BILIRUBIN	0.5 mg/dl	0.0 - 0.4 mg/dl
INDIRECT BILIRUBIN	1.0 mg/dl	0.2 - 0.8 mg/dl
SGOT (AST)	82 U/L	Upto 40 U/L
SGPT (ALT)	21 U/L	Upto 50 U/L
ALK.PHOSPHATASE	160 U/L	80 - 290 U/L
TOTAL PROTEIN	7.9 gm/dl	6.2 - 8.4 gm/dl
ALBUMIN	3.3 gm/dl	3.2 - 5.4 gm/dl
GLOBULINS	4.6 gm/dl	1.8 - 3.5 gm/dl
A/G RATIO	0.7	1.1 - 1.8

----- End Of Report -----

LAB TECHNICIAN

DR. JAYALAXMI DESAI
M.B.B.S, D.C.P.
Pathologist

Image showing LFT lab reports after treatment.



Image showing *Raktamokshana – Siravyada* procedure at right cubital fossa.



image showing *lepa* to *udara* covering right hypochondrial region up to right iliac region.

DISCUSSION

Yakṛuth can be affected by several causative factors, among which *Madya* is significant. *Madya* possesses ten qualities—*Amla*, *Uṣṇa*, *Laghu*, *Tīkṣṇa*, *Sūkṣma*, *Vyāvāyī*, *Rūkṣa*, *Vikāśī*, And *Viśada*—which closely resemble the attributes of *Viṣa*. Because of these properties, it strongly aggravates *Pitta* and acts as an important etiological factor in vitiating *Rakta*. Due to its *Guna*, *Panchabhoutika* composition and structural resemblance to *Rakta Dhatu*, *Madya* has a strong influence on it. Through the *Ashraya–Ashrayee* relationship, *Madya* aggravates *Pitta*, thereby disturbing both *Rakta* and *Pitta*.^[6] Since *Yakṛuth* is the *Moolasthan* of *Raktadhatu* and also the site of *Ranjaka Pitta*, these vitiations directly impair liver function. In contemporary medical terms, this pathological process correlates with the development of Alcoholic Liver Disease (ALD). Excessive alcohol intake is one of the leading causes of chronic liver disorders and is responsible for nearly 5.5 million deaths worldwide.^[7] Alcohol-related liver damage tends to occur earlier in life compared to many other hepatic diseases. The development and severity of alcoholic liver disease (ALD) are influenced by factors such as gender, genetic and ethnic variations, associated illnesses, and the amount and duration of alcohol consumed. Intake of around 240 ml of alcohol for a few days can produce mild and reversible fatty liver. Continuous heavy drinking for 10–20 years leads to progressive liver injury. Alcohol-induced damage typically evolves through three stages: fatty liver (steatosis), alcoholic steatohepatitis, and fibrosis that can eventually progress to cirrhosis. Alcoholic steatohepatitis occurs due to toxic effects of chronic alcohol intake leading to steatosis, inflammation and hepatocellular injury. Alcohol metabolism increases the NADH/NAD⁺ ratio, causing excess lipogenesis and impaired fatty acid oxidation, resulting in fat accumulation. Acetaldehyde and CYP2E1-mediated oxidative stress produce reactive oxygen species that damage mitochondria and cellular proteins. Alcohol also increases gut permeability, allowing endotoxins to activate Kupffer cells, which release TNF-α and other cytokines, attracting neutrophils and promoting inflammation. Persistent injury stimulates hepatic stellate cells, leading to pericellular fibrosis and progression of alcoholic liver disease.^[8]

After careful examination of *Roga* and *Rogibala*, the case was diagnosed as *Yakṛuthodara* in Ayurveda and Alcoholic Liver Disease according to contemporary science. Acharya *Bhavaprakasha* has mentioned *Raktamokshana* on the *Dakshina Bahu* for *Yakṛuth Roga* and

on the *Vama Bahu* for *Pliha Roga*.^[9] Accordingly, *Siravyadha* was performed at the right cubital fossa. Since *Yakruth* and *Pliha* are the *Moola* of *Raktavaha Srotas*, and *Rakta* and *Pitta* are the main *Dushyas* in *Yakruth Roga*, *Raktamokshana* helps eliminate excess impure blood. Circulating blood travels through the liver where it undergoes purification and metabolism. *Udara* is one type of *Shotha*, hence *Lepa chikitsa* is appropriate for *Yakruthodara*. *Lepa* was prepared using *Katuki churna*, *Triphala churna*, *Punarnavadi churna*, and *Gomutra*. All these drugs possess *Rooksha Guna* and *Shothaghna* properties. *Katuki Churna*, 5 g per day with hot water early in the morning on an empty stomach, was administered for 3 months. *Katuki*, having *Tikta Rasa*, *Laghu* and *Rooksha Guna*, and *Sheeta Veerya*, acts as a *Rechana*, *Bhedana*, and *Dipana Dravya*.^[10] Used as a *Nitya Virechana Dravya*, it works as a *Mrudu Virechaka* and *Pittahara* drug. Along with this, *Arogyavardhini Vati*^[11] and *Yakritplihari Loha*^[12] were also advised, both of which are indicated in all types of *Yakruth Rogas* irrespective of *Dosha* involvement. After *Siravyadha Chikitsa*, the patient showed significant symptomatic improvement and a reduction in bilirubin levels. With continuous treatment for 6–8 months, there was a considerable decrease in the size of the enlarged liver. The patient is now stable and asymptomatic.

CONCLUSION

This case highlights the impact of chronic alcohol use in provoking *Rakta* and *Pitta*, leading to *Yakruthodara* and corresponding Alcoholic Liver Disease. Ayurvedic management—consisting of *Raktamokshana*, *Nitya Virechana* with *Katuki Churna*, and *Lepa Chikitsa* with *Shothaghna* herbs—effectively addressed the underlying *Doshic* imbalance and hepatic dysfunction. Supportive medicines such as *Arogyavardhini Vati* and *Yakritplihari Loha* further promoted liver detoxification and regeneration. Over 6–8 months of continuous treatment, the patient showed marked symptomatic relief, improved liver parameters, and a significant reduction in liver size, demonstrating the therapeutic potential of an integrative Ayurvedic approach.

ACKNOWLEDGEMENTS

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REFERENCES

1. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapanidatta edited by Vaidya Yadavaji Trikamji Acharya; chaukhamba Surabharati Prakashana Varanasi; reprint, 2021; Chikitsa vimanasthana 5/8; pp 250.
2. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapanidatta edited by Vaidya Yadavaji Trikamji Acharya; chaukhamba Surabharati Prakashana Varanasi; reprint, 2021; Chikitsa Sthana 24/30; pp 583.
3. API textbook of medicine; 9th edition published by: Association of physician of India Reprinted in 2012: 2nd volume; Section 14; Alcoholic liver diseases; page no 873.
4. API textbook of medicine; 9th edition published by: Association of physician of India Reprinted in 2012: 2nd volume; Section 14; Alcoholic liver diseases; page no 875.
5. Bhavamishra. Bhavaprakasha samhitha: Vidyotini Hindi Commentary. Bhramasha editor. 11th ed. Varanasi: Chaukambha Sanskrit Bhavan; 2007. Madhyama Khanda, 33th chapter. Yakrutpliharogadhikara.Pg721.
6. Astanga Hrudayam; with Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri; edited by Pt, Bhisagacharya Harisastri Paradkar Vaidya; Krishnadasa Academy Varanasi: Reprint, 1995; Sutrastana 11/26-28; pp 186.
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5513682/>.
8. Textbook of pathology: 6th edition published by: jaypee publishers. section 21; Liver and biliary diseases; page no 619.
9. Bhavamishra. Bhavaprakasha samhitha: Vidyotini Hindi Commentary. Bhramasha editor. 11th ed. Varanasi: Chaukambha Sanskrit Bhavan; 2007. Madhyama Khanda, 33th chapter. Yakrutpliharogadhikara, Pg721.
10. Pandit Narahari; Raja Nigantu with Drvaygunaprakashika commentary by Dr Indradev Tripathi; published by krishnadas academy Varanasi. Pippalyadi varga; page no161.
11. Kaviraj Govinda Das Sen. Bhaisajyaratnavali. Hindi Commentary, Prof. Siddhinandana Mishra editor. 1st edition. Kustharogadhikar, Chapter no. 54, verse n. 117, Varanasi: chaukhamba surbharati prakashana, 2012; page no 871.
12. Kaviraj Govinda Das Sen. Bhaisajyaratnavali. Hindi Commentary, Prof. Siddhinandana Mishra editor. 1st edition. Yakrutpliharogadhikar, Chapter no. 41, verse n. 123-128, Varanasi: chaukhamba surbharati prakashana, 2012; page no 746.