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

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ABSTRACT

Traditionally described in Ayurvedic texts as conditions involving the enlargement of the liver and spleen, respectively, Yakrut Vriddhi and Plihavruddhi represent serious health issues that frequently correlate with contemporary medical diagnoses like hepatomegaly and splenomegaly, including conditions like liver cirrhosis and hypersplenism. The liver (Yakrut) and spleen (Pliha) are regarded as essential organs in Ayurveda and are the Moolasthana (root) of the Raktavaha Srotas (blood-carrying channels). Their pathophysiology is mostly caused by vitiation of Kapha and Rakta Dhatu, as well as imbalances in Pitta Dosha, especially Ranjaka Pitta, which is in charge of blood coloration and metabolism. Inappropriate eating habits (*vidahi and abhisyandi ahara*, which are foods that cause burning and channel blockage), an erratic lifestyle, intense physical or mental activity, repression of natural desires, and poor agni (digestive fire) are frequently the causes of these illnesses. These elements cause *Ama* (toxins) to build up and *Doshas* to become vitiated, clogging the *Srotas* and causing *Yakrut* and *Pliha* to enlarge and malfunction. Anorexia (*aruci*), indigestion *(avipaka*), weakness *(daurbalya*), stomach discomfort (*udarashoola*), nausea, vomiting, exhaustion, and in more severe cases, jaundice (*kamala*) and ascites *(jalodara*) are symptoms of *Yakrut Vriddhi*. Plihavruddhi frequently manifests as left upper abdominal ache or discomfort, anemia, easy bleeding, recurrent infections, and a sense of fullness even after little meals. Upon inspection, these disorders may show up as a palpable, enlarged organ. A 31-year-old patient in this case study complained of excruciating stomach discomfort, nausea, vomiting

after meals, weakness, anorexia, and headaches after just ten days. Usg of the abdomen shows two non-obstructing canaliculi, a dilated portal vein, severe splenomegaly in the splenic hilar and peripancreatic regions, and moderate hepatomegaly with a slightly elevated echotexture. The patient was managed with Deepan, Pachana, Shaman Chikitsa (~oral medication). There was a notable decrease following therapy.

KEYWORDS: Yakrutvikar, hepatoprotective, splenomegaly.

INTRODUCTION

As the main locations of the *Raktavaha Srotas*, the channels in charge of blood generation and circulation, the liver and spleen are highly valued in *Ayurveda*. *Rasa Dhatu* (plasma) is coloured to become *Rakta Dhatu* (blood) by the *Ranjaka Pitta*, a subtype of *Pitta Dosha* that is mostly found in the liver and spleen. Pathological expansion of these organs can result from any vitiation of this important Pitta, sometimes in conjunction with abnormalities in *Kapha* and *Rakta Dhatu*. A combination of poor dietary and lifestyle choices is frequently blamed for the development of *Yakrut Vriddhi* and *Plihavruddhi*. The main factors are said to be things like eating "*vidahi*" (foods that cause burning) and "*abhisyandi"* (foods that cause blockage in channels), eating irregularly, being under a lot of stress, suppressing natural desires, and having a diminished Agni (digestive fire). Together, these elements cause *Ama* (undigested toxins) to build up and vitiate the *Doshas*, blocking essential pathways and causing the liver and spleen to expand and become less effective.

From an *Ayurvedic* standpoint, understanding these conditions entails not only identifying the enlarged organs but also exploring the underlying energetic imbalances and their underlying causes. This leads to a comprehensive approach to management that includes diet, lifestyle, and customised herbal and panchakarma therapies. A dangerous condition that affects people all around the world is fatty liver disease. It results from a disruption in the liver's lipid metabolism brought on by a number of etiological factors, including a sedentary lifestyle, alcohol use, diet, stress, inadequate nutrition, and infections with bacteria, viruses, and parasites.

Steatosis, a disorder that occurs when the fat content of the liver reaches 5% of the liver's total weight or when more than 30% of the hepatic cells in the liver lobule contain fat deposits, causes fat to accumulate in the liver cells. *Santarpanjanya vyadhi* is the Ayurvedic term for fatty liver. *Yakritdalyodar,* or a rise in liver size, is associated with fatty liver.

However, Ayurvedic medicine places a strong emphasis on *Yakrutshodhana* and the purifying of *Rasa and Rakt*. It focuses on reducing fat formation, enhancing digestion, cleansing the liver, and harmonising doshas.

Patient Information

A 31-year-old female patient was seen in the outpatient department (OPD) with complaints of giddiness, anorexia, and left upper and lower abdominal discomfort. Fever, chills, left renal angle discomfort, weakness, and nausea after eating had been present for ten days. She also experienced sleep disturbances due to the extreme discomfort. Alcoholism has never occurred. Allopathic therapy was requested by the patient. Since her illness was becoming worse every day, she was urged to have surgery, but she refused. She was thus hospitalised for further ayurvedic treatment.

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 patient followed a vegetarian diet. Micturition was regular and the bowel was cleansed once or twice a day. The patient has lost their appetite. Due to the intensity of the discomfort, there was no daytime sleep and the sleep was disrupted. No past history of addiction or allergies.

Clinical Finding: With a blood pressure of 110/80 mm Hg, a full-volume, consistent pulse rate of 78 beats per minute, and a respiratory rate of 18 breaths per minute, the patient's overall state was worried. Pallor, icterus, clubbing, cyanosis, lymphadenopathy, and oedema were not present during the clinical examination.

Examination of Liver and Spleen

The patient was instructed to lie flat on their back on a bed or examination table. Instead of being behind the head, which tenses the abdominal muscles, the arms should be at the sides or crossed across the chest. To relax the abdominal wall, lengthen your legs or slightly flex your knees and hips.

Liver Examination

Inspection

When the patient's abdomen was examined in the right upper quadrant, no obvious tumours, distention, or skin alterations were seen.

Palpation

As the patient inhales deeply, place your right hand in the midclavicular line beneath the right costal margin. There was a palpable liver edge that was hard, nodular, or painful, which might indicate hepatitis, cirrhosis, or cancer.

Percussion

The patient's abdomen was percussionated downward at the midclavicular line to measure the liver span, which is usually 6–12 cm. Dullness that spreads below the costal margin may be a sign of hepatomegaly.

Auscultation: no bruits over the liver were auscultated.

Spleen Examination

Inspection

Splenic enlargement was visible in the left upper quadrant.

Palpation

Usually, the spleen cannot be felt. While the patient is in the supine or right lateral decubitus posture, take a deep breath and palpate beneath the left costal border. When the spleen is palpable, it usually implies splenomegaly that warrants further testing for diseases including portal hypertension, haematologic illnesses like leukaemia or lymphoma, or infections like mononucleosis.

Percussion

Over Traube's space, which is defined by the left midaxillary line, left costal margin, and sixth rib, percussion should be used. The tympanic region was dull, which suggested an enlarged spleen.

Auscultation

No friction rubs auscultated.

LABORATORY FINDINGS: The patient was investigated on 28/01/26 before admission and following findings were achieved.

Table 1: Laboratory Investigations.

Investigation	Before treatment	After treatment
Haematological	Hb: 11.8gm%, RBC: 4.50 mil/cu.mm, WBC: 10300 /cu.mm, Platelet: 49000 /cu.mm, ESR: 37 mm/hr,mcv:87.1fl,mch:26.2pg, mchc30.1 g/dl, TLC 1700/cumm	Hb -12gm/dl Rbc -4.60mil/cumm WBC: 13600 /cu.mm, Platelet: 101000 /cu.mm, ESR: 30 mm/hr, mcv:91.5fl,mch28.2 pg,mchc:30.8 g/dl,TLC:1300/cumm,HIV- non reactive, HBSag -negative
Biochemistry		FBS: 92mg/dl, Rbc – microcytosis and macrohypochromia Neutrophilic leucocytosis Platelet reduced, no parasite seen

USG (ABDOMEN AND PELVIS)12/05/25 before treatment: Moderate hepatomegaly with mildly raised echotexture portal vein dilated 15mm.Gross splenomegaly with collateral seen in splenic hilar and peripancreatic region. Spleen is enlarged in size 19 cm, liver is enlarged in size 10.5cm (28/05/25).

USG (ABDOMEN AND PELVIS)17/06/2 after treatment: Moderate hepatomegaly shows minimally raised reflectivity. portal vein mildly dilated -13 mm-SV mildly dilated. Gross splenomegaly -2 cm-normal in reflectivity.

Therapeutic Intervention: the patient was initially given.

Purpose	***Shaman chikitsa***
(*Deepana and pachan along with anulomak)*	*Sutshekhar rasa 250 mg,* *Pittantak churn 1gm,* *Madhuyasthi churn 1 gm,* *Avipittatikar churn 2 gm* bd before food *Rohitakaristha 20 ml* bd after food *Phaltrikaadi kwath 40* ml bd before food (for 5 months)

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. previous ongoing allopathic medications were stopped and only the oral ayurvedic medicine were continued for the duration of 5 months months with regular

weekly follow up.

2. *Agnideepana* (Improved Digestive Fire)

o Return of normal appetite (*Aruci* resolves).

o Absence of indigestion (*Avipaka* resolves), bloating, or gas.

o Regular and healthy bowel movements (absence of *Vibandha* - constipation or *Atisara* - diarrhea; normal consistency and color of stool).

o 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 contemporary diagnoses of hepatomegaly and splenomegaly are consistent with the Ayurvedic descriptions of *Yakrut Vriddhi* and *Plihavruddhi*. The complex character of liver

and splenic problems in modern medicine is consistent with *Ayurveda*'s wide range of etiological variables, which include food mistakes (*Ahara*), lifestyle mistakes (*Vihara*), and psychological stresses (Manasika Nidana). For example, contemporary knowledge of processed foods, harmful fats, and their significance in diseases like fatty liver disease aligns with the Ayurvedic emphasis on *vidahi* and *abhisyandi ahara* (foods that induce burning sensation and channel blockage). A key component of Ayurvedic pathophysiology, chronic Ama formation has a contemporary equivalent in metabolic poisons and inflammatory mediators that lead to organ dysfunction and hypertrophy. The case study successfully illustrates the use of a

Ayurvedic approach—encompassing *Deepana*, *Pachana*, and *Shaman Chikitsa*—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 11.8gm%), thrombocytopenia (Platelet 49,000/cu.mm), and significant organ enlargement (spleen 19cm, liver 10.5 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 *Sutshekhar rasa 250mg, Pittantak churn 1gm, Madhuyasthi churn 1 gm, Avipittatikar churn 2 gm* provided *Deepana* and *Pachana* to restore *Agni* and mitigate *Ama*.

Rohitakarishta was crucial for *Yakrut* and *Pliha Shodhana* (purification) and strengthening the *Raktavaha Srotas*.

Phaltrikaadi kwath was known for this specific actions in addressing *Yakrutvikar* and chronic *Kapha-Pitta* imbalances, respectively. Post-treatment evaluation, both clinical and objective (USG), showed a significant reduction in organ sizes (Spleen 2 cm, Portal Vein 13mm) and improvement in hematological parameters (Hb 12 gm%, Platelet 101,000 /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

The multi-pronged Ayurvedic intervention for *Yakrut Vriddhi and Plihavruddhi* in a 31-year-old patient resulted in considerable clinical and objective improvement, according to the case report. The primary pathophysiology of Ama buildup was effectively treated by the comprehensive therapy, which included oral Shaman (palliative) medicine with *Srotas bandha.* Ayurveda has the potential to be a viable, non-surgical treatment option for complex hepatosplenic disorders, especially when conventional medical options are limited or the patient declines them. This is demonstrated by the objective reduction in the measured size of the spleen and liver on USG, as well as the restoration of appetite and alleviation of severe pain. To thoroughly assess the function and effectiveness of these particular Ayurvedic compositions and techniques, more controlled clinical research is definitely necessary.

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