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## Ayurvedic Interventions in *Yakrutodar* (Alcoholic Liver Disease): A Case Study

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### Abstract

**Introduction:** Alcohol is a hydroxy derivative of aliphatic hydrocarbons. The main type of alcohol, which is used as alcohol consumption is ethanol. According to the 2023 National Survey on Drug Use and Health (NSDUH), 134.7 million Americans aged 12 and older, accounting for 47.5% of this age group, reported alcohol consumption within the past month. A systematic review and meta-analysis published in 2023 reported that the prevalence of alcohol-associated liver disease among individuals with Alcohol Use Disorder (AUD) was 51.0% (95% CI, 11.1%–89.3%). Three types of Alcoholic Liver Diseases are recognized on the basis of various pathological changes seen in the liver. In Ayurveda, it has been explained under the heading of *Yakrutodara Roga* (It is included in *Pleehodara roga* by *Aacharya Charak*).

**Clinical Findings:** A 48-year-old Hindu married male patient had complaints of loss of appetite, weakness, anorexia, abdominal pain (in the right hypochondrium and epigastric regions) after the intake of food, and abdominal distension for the past 3 months. His sleeping pattern had been disturbed.

**Diagnosis:** The assessment was based on clinical symptoms, laboratory investigations and ultrasonography (before and after the treatment).

**Intervention:** *Yakrut Shool Vinashini Vati* and other medications were given for a period of 15 days.

**Result:** Significant changes in laboratory investigations and ultrasonography were observed, along with improvements in clinical signs and symptoms.

**Conclusion:** Ayurvedic treatment can be an effective, low-cost, and safe solution for the management of Alcoholic Fatty Liver Disease.

**Keywords:** Alcoholic Liver Disease, *Yakrut Shool Vinashini Vati*, *Yakrut Dalyodara*.

### Introduction

Alcohol consumption is a global phenomenon, and its excessive and prolonged use can have detrimental effects on physical and mental health. Alcohol is a hydroxy derivative of aliphatic hydrocarbons. The main type of alcohol, which is used as alcohol consumption is ethanol. According to the 2023 National Survey on Drug Use and Health (NSDUH), 134.7 million Americans aged 12 and older, accounting for 47.5% of this age group, reported alcohol consumption within the past month [1]. A systematic reviews and meta-analysis published in 2023 reported that the prevalence of alcohol-associated liver disease among individuals with Alcohol Use Disorder (AUD) was 51.0% (95% CI, 11.1%–89.3%) [2]. The risk threshold for developing ALD (Alcoholic Liver Disease) is variable but begins at 30g/day of ethanol [3].

Three types of ALDs are recognized on the basis of various pathological changes seen in the liver, in which ALD is the most common alcohol induced liver problem which is build-up of fat inside the liver cell, Alcoholic hepatitis - is an acute inflammation of the liver and death of liver cells also occurs

and lastly Alcoholic cirrhosis is characterized by diffuse fine scarring, uniform loss of liver cells and small regenerative nodules. The most common symptoms of ALD are anorexia, weakness, weight loss, nausea and vomiting, abdominal pain etc. Inside the body, alcohol is metabolized to acetaldehyde, both alcohol and acetaldehyde have toxic effect on hepatocytes. Alcohol also has direct effects on intestinal microbiomes and gut permeability that allows bacterial products to reach in the liver, and further stimulate immune response and liver injury.

In Ayurveda, alcoholic liver disease has been explained under the heading of *Yakrut-Dalyodara Roga* (it is included in *Pleehodara Roga*) by *Acharya Charak* in *Udara Chikitsa* [4] *Adhyaya* and *Acharya Sushrut* mentioned it in *Nidana Sthana* [5]. While describing about the symptoms of *Yakrutodara*, *Acharya Charak* has mentioned symptoms like – *Daurbalya* (weakness), *Arochaka* (anorexia), *Pipasa* (thirst), *Chhardi* (vomiting), *Kostha Shool* (abdominal pain), *Haridra-Roop-Varn* (yellowish discoloration) [6]. In *Yakrutodara Kapha Dosha* is vitiated along with *Rakta Dhatu* [7]. As per *Acharya*

Charak the treatment principle for *Yakrutodara* is mainly *Nidana Parivarjana* and *Sanshamana Chikitsa* [8].

## Case Presentation

### History

A 48 yrs old Hindu married male patient residing Jaipur presented to the OPD of De-addiction unit (room no. 25), National Institute of Ayurveda, Jaipur on 24/12/2024 (Registration number - 332024302381) and admitted in IPD of De- addiction unit (IPD registration no. 6300) on bed no. 270. The patient had a history of alcohol intake for 10 years but withdrew 1 month ago. There was no significant family history.

### Clinical Symptoms

A patient with Alcohol Use Disorder was experiencing various withdrawal symptoms, such as tremors in both hands, constipation, disturbed sleep, anxiety and agitation. Additionally, the patient complains of loss of appetite, weakness, anorexia, abdominal pain in the right

hypochondrium and epigastric regions after eating, along with abdominal distension, which has been ongoing for the past three months. The patient's sleeping pattern has also been disturbed.

### Clinical Findings

On physical examination, the patient's vitals were normal, and he had a medium build. Mild icterus was noted. His pulse rate was 77/min (regularly irregular). Blood pressure was 120/80 mmHg, and the respiratory rate was 20/min, with a normal body temperature. On systemic examination, the GIT examination revealed mild tenderness in the right hypochondrium and epigastric region, with mild liver enlargement (hepatomegaly). No abdominal mass was reported. The case was taken up, and essential investigations were suggested, including a CBC (complete blood count), ESR (erythrocyte sedimentation rate), LFT (liver function test), complete urine analysis, and an ultrasound of the whole abdomen.

## Laboratory Investigation

**Table 1:** Blood investigation reports before and after treatment

Particulars	Date 25/12/2024	Date 02/01/2025
<b>Haematology</b>		
<b>Complete Blood Count</b>		
<b>Before Treatment</b>	<b>After treatment</b>	
Hb (gm/dl)	13.20	12.6
TLC (total leucocyte count) ( $10^3/\mu\text{l}$ )	10.55	6.69
Neutrophils	83.00	65.00
Lymphocytes	11.00	16.7
Monocyte	5.00	13.1
Eosinophils	1.00	3.6
Basophils	0.00	1.6
<b>ESR</b>	16.00	64
<b>Liver Function Test</b>		
S. Bilirubin total (mg/dl)	1.70	0.577
S. Bilirubin direct (mg/dl)	0.59	0.284
S. Bilirubin indirect (mg/dl)	1.11	0.29
SGOT/(AST) (u/l)	165.50	39.8
SGPT/(ALT) (u/l)	54.00	42.7
Alkaline phosphate (u/l)	108.00	120
S. Protein (g/dl)	7.90	8.06
S. Albumin (g/dl)	4.07	4.26
S. Globulin (g/dl)	3.83	3.80
S. A/G Ratio	1.06	1.12
GGT (Gamma Glutamyl Transferase) (u/l)	569	382

**Table 2:** Ultrasonography reports before and after treatment

Ultrasonography	Date (27/12/24)	Date (08/01/2025)
Findings	Enlarged in size (150mm) & shape with increased echogenicity (Grade - 1)	Normal in size (140 mm) & shape with echogenicity (Grade - 1)
Final Impression	Grade-1 Fatty changes in liver	Grade-1 Fatty changes in liver

## Intervention

Initially, medicines and dietary advice (*Pathya* and *Apathya*) were prescribed for 15 days. The patient returned for a

follow-up and reported complete relief in the initial complaints. The detailed lists of medications are following -

**Table 3:** List of given treatment

Duration	S. No.	Given Treatment	Anupana
15 Days (24/12/2024 to 02/01/25)	1.	<i>Shrikhandasava</i> 8 tsf (40ml) (After food & BD)	With same quantity of water
	2.	<i>Khajuradi Mantha</i> (80ml) (Empty stomach & BD)	-
	3.	<i>Lavanbhaskar Churna</i> 3gm (After food & BD)	With lukewarm water
	4.	<i>Avipattikar churna</i> 3gm + <i>Praval Bhasma</i> 500mg + <i>Shankh Bhasma</i> 500mg (Before food & BD)	With normal water
	5.	<i>Kampvatari Rasa</i> 250mg + <i>Vidarikand Churna</i> 2gm + <i>Godanti Bhasma</i> 500mg + <i>Ashwagandha Churna</i> 1gm (After food & BD)	With <i>Brahm Rasayan</i>
	6.	<i>Erund Bhrast Haritaki Churna</i> 5gm (After food & bedtime)	With lukewarm water
	7.	<i>Yakrut Shool Vinashini Vati</i> 1 tab, (After food & TDS)	With lukewarm water

This treatment was given continuously for 15 days.

### Discussion

*Madatyaya*, a *Tridoshaja vyadhi*, first vitiates *Pitta* and *Vata*, and then, combined, they vitiate *Kapha*, resulting in *Agnimandya*, *Aruchi*, and other ailments. *Kapha Chikitsa* is regarded as the primary line of treatment because *Agni* must be in a normal state in order to treat any disease. The *yoga* that follows is called *Kaphahara*. *Shrikandasava* is a *Madatyaya Shamana Yoga* that uses *Shrikanda*, also called *Chandana*, as its primary element. The ancient references state that *Shrikandasava* is *kaphapitta Shamaka*, as evidenced by the following: *Daha*, *Ati Svedajanya Dourgandhya*, *Manasikavyagrata*, *Durbalya*, *Trisna*, *Amlapitta*, *Kamala*, *Hridorbalya*, and *Visha*, all of which are found in *Madatyaya* and *Shrikanda's Sheeta Guna* acts against *Pitta's Ushna* and *Teekshna Guna*, while its *Katu Vipaka* calms *Vata* and *Kapha*. *Maricha* is a stimulant and tonic for nerves, a treatment for liver problems, a *Kapha - vatahara*, and a *Medohara*. *Tridoshahara Jatamamsi* contains anti-anxiety properties and is primarily recommended in *Nidranasha*, *Agnimandya*, and *Kampavata*. *Haridra* has anti-hepatotoxic, CNS-depressant, *Raktaprasadana*, and *Tridosha shamaka* qualities. *Pippali* is *Kaphavatahara*, which is anti-giardial immune stimulatory and hepatoprotective, while *Tagara* is *Kapha-Vatahara*, *Rasayana*, a nervine and tranquilizer. All of the medications work together as *Tridoshahara*, and depending on their chemical makeup, they relieve the *Madatyaya* disease by acting on the central nervous system and other systems [7].

In the *Khajuradi Mantha* maximum ingredients were *Snigdha Guna* and *Guru*. The body uses the medications' *Guru Guna* as *Brimhana* and *Balya*. They perform *Triptijanana*, *Vatahara*, and *Srotaupalepa*. The body becomes more stable and performs *Ojovardhana* with these *Guna*. *Adrata*, *Mriduta*, and *Snehana* are increased in the body by *Snigdha Guna*. Acting as *Vatahara*, enhances *Varna*, *Bala* of *Shariradhatu*, *Malapravartaka*, *Rasayana*, and *Vajikara*, which aids in compensating for the harm that *Mada* has caused to *Dhatu* and

other body organs.

Diagrammatic illustration of *KharjuradiMantha's* impact. *Jala + Prithivi + Guru = Guru Snigdha* and *Sheeta* → *Brumhana*, *Balya*, *Vatahara*, *Srotoupalepa* → Offer vitiated *Doshas* stability, alleviate *Madatyaya* symptoms, and perform *Ojovardhana*. *Jala* → *Snigdha* → *Snigdha and Sheeta* → *Mriduta*, *Vatahara*, *Triptijanana*, *Varnya*, *Dhatuwardhaka*, *Balya*, *Vajikara* → Give vitiated *Doshas* stability and alleviate *Madatyaya* and *Ojovardhana* symptoms.

*Yakrut Shool Vinashini Vati* is described in *Bhaisajya Ratnavali* in *Pleehayakrut Chikitsa Adhyaya* [8] whose ingredients are as follows – *Navsacara*, *Saindhava Lavana*, *Kokilaksha*, *Rohitaka*, *Yavani*, *Chitraka*, *Pootikaranj (Chirabilva)*. Most of these ingredients are having *Katu*, *Tiktaras*, *Katu Vipak*, *Laghu*, *Ruksha Guna*, *Ushna Veerya* [9]. So, they exhibit *Raktshodhaka*, *Vatapittashamak*, *Krimighna Karma*. As per contemporary science they have hepatoprotective, antimicrobial, anti-viral in properties. *Yakrut shool vinashini vati* has been proved hepatoprotective in hepatic damage and hepatic toxicity in an animal study [6].

### Conclusion

The current case study shows that ayurvedic treatment significantly improves clinical and objective parameters. Overall, the patient reported feeling better, and the treatment had no negative side effects. It's pretty safe here. Therefore, Ayurvedic treatment for Alcoholic Liver Disease (*Yakrit - Dalyodara*) has been shown to be safe, affordable, and effective. It might provide researchers and clinicians with new avenues for treating hepatomegaly (*Yakrit-Dalyodara*).

### Declaration of Patient Consent

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that their name and initials

will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

**Conflict of interest**

No

**References**

1. Han S, Yang Z, Zhang T, Ma J, Chandler K, Liangpunsakul S. Epidemiology of Alcohol-Associated Liver Disease. *Clin Liver Dis*. 2021 Aug;25(3):483-492. doi: 10.1016/j.cld.2021.03.009. Epub 2021 May 26. PMID: 34229835; PMCID: PMC8996817.
2. Pandey K, editor. *Charak samhita*. Vol. 2. shloka no. 38, p. 350.
3. Pandey K, editor. *Sushruth samhita*. Vol. 1. nidaana sthana adhyay 7, shloka no. 14-16, p. 334.
4. *Bhaisajya ratnavali*. pleehayayakrut chikitsha adhyaya shlok no. 59, p. 137.
5. Sharma PV. *Dravyaguna Vijanana*. Vol. II (Hindi). Reprint. Varanasi: Chaukambha Bharti Academy; 2006.
6. Mali A, Kumar S. Experimental evaluation of “yakritashula vinashini vatika” w.s.r. to hepatoprotective potential in albino rats. From the proceedings of Insight Ayurveda 2013; 2013 May 24-25; Coimbatore. OA02.07. *Anc Sci Life*. 2013 Jan;32(Suppl 2):S13. doi: 10.4103/0257-7941.123826. PMCID: PMC4147481.