Yakrit Dushti: An Ayurvedic Approach to Non-Alcoholic Fatty Liver Disease (NAFLD) Management—A Case Study

¹Acharya Manish, *2Dr. Gitika Chaudhary, 3Dr. Richa and 4Dr. Gurdas

¹Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.

*2Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.

³Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India.

⁴Consultant, BAMS, Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India.

Abstract

Non-Alcoholic Fatty Liver Disease (NAFLD) is a growing global health concern, primarily linked to metabolic disorders such as obesity, Type II Diabetes Mellitus, and dyslipidemia. *Ayurveda* correlates NAFLD with *Yakrit Roga* and *Medoroga*, where *Kapha-Pitta Medovaha Srotodushti*, *Agnimandya* (digestive fire impairment), and *Ama Utpatti* (toxin accumulation) play a central role in its pathogenesis. The disease originates from *Apathya Ahara-Vihara* (improper diet and lifestyle), leading to *Srotorodha* (blockage of metabolic pathways) and excessive *Meda Dhatu* (fat accumulation) in the liver. A clinical case study demonstrated the efficacy of *Ayurvedic* interventions in a 59-year-old male patient with NAFLD, treated with a combination of dietary modifications, lifestyle corrections, and *Ayurvedic* medicines. By restoring *Agni* (digestive fire), detoxifying the liver, and regulating *Meda Dhatu*, *Ayurveda* offers a preventive and curative approach to NAFLD. Early diagnosis, proper medicinal support, and a disciplined lifestyle are essential in preventing the progression to fibrosis, cirrhosis, and hepatocellular carcinoma, making *Ayurveda* a valuable system for NAFLD management.

Keywords: Agnimandya, Ama, Ayurveda, Medoroga, NAFLD, Yakrit Roga.

Introduction

Non-Alcoholic Fatty Liver Disease (NAFLD) is a common liver condition characterized by excessive fat accumulation in the liver of individuals who consume little to no alcohol. It is a major global health concern, often associated with metabolic disorders such as obesity, type 2 diabetes, and dyslipidemia. NAFLD encompasses a spectrum of liver conditions ranging from simple fatty liver (steatosis), which is generally benign, to Non-Alcoholic Steatohepatitis (NASH), a more severe form that involves liver inflammation and can lead to fibrosis, cirrhosis, and even liver cancer. The primary risk factors for NAFLD include obesity, insulin resistance, high blood sugar, and abnormal cholesterol levels. It is often considered the hepatic manifestation of metabolic syndrome. Many individuals with NAFLD remain asymptomatic, making early detection difficult. Diagnosis is typically based on imaging studies, liver function tests, and sometimes liver biopsy. Management of NAFLD primarily involves lifestyle modifications such as weight loss, dietary changes, and increased physical activity. Currently, there are no specific medications approved for NAFLD, though ongoing research is exploring potential treatments. With the rising prevalence of obesity and metabolic disorders, NAFLD has become a

leading cause of chronic liver disease worldwide, emphasizing the need for increased awareness, early detection, and effective management strategies [3].

Modern research on NAFLD (Non-alcoholic fatty liver disease) is heavily focused on understanding its complex multi-systemic nature, exploring the role of genetics and gut microbiota in its development, identifying new biomarkers for disease progression, and investigating potential therapeutic options beyond lifestyle modifications, with a particular emphasis on the link between NAFLD and cardiovascular disease (CVD) as well as the emerging concept of "metabolic dysfunction-associated steatotic liver disease (MASLD)" as a more accurate descriptor of the condition [1]. Research is investigating how alterations in gut bacteria composition can contribute to NAFLD pathogenesis, potentially influencing inflammation and lipid metabolism in the liver [2]. Studies are increasingly highlighting the strong link between NAFLD and increased risk of cardiovascular events, investigating mechanisms like endothelial dysfunction and inflammation that contribute to this connection [4]. While lifestyle changes like weight loss, diet modification, and physical activity remain the cornerstone of NAFLD management, studies are refining dietary strategies to optimize liver health [5].

In Ayurveda, Non-Alcoholic Fatty Liver Disease (NAFLD) can be correlated with Yakrit Roga (Liver Disorders) and is often linked to Medoroga (Disorders of Fat Metabolism) and Ama (Toxic Buildup). The liver, known as Yakrit, plays a vital role in digestion, metabolism, and detoxification, aligning with the Ayurvedic principles of Agni (Digestive Fire) and Pitta Dosha. Causes (Nidana) of NAFLD in Ayurveda:

- **Dietary Factors** (*Apathya Ahara*): Consuming heavy, oily, and sweet foods can lead to *Kapha* accumulation and impaired digestion, resulting in fat buildup in the liver.
- Lifestyle Factors (*Apathya Vihara*): A sedentary lifestyle, overeating, and stress contribute to metabolic imbalances and fat accumulation.
- Weak Digestive Fire (*Mandagni*): Impaired *Agni* leads to the formation of *Ama* (toxins), which accumulate in the liver, disrupting its function ^[6]

Ayurvedic management of NAFLD include Shodhana (detoxification), Pathya Ahara (Dietary Recommendations), Pathya Vihara (Lifestyle Modifications). Ayurveda provides natural medicines that can effectively manage and potentially reverse non-alcoholic fatty liver disease (NAFLD). Medicinal plants, in particular, play a significant role in treating NAFLD. One notable herb is Milk Thistle (Silybum marianum), used for centuries in Ayurveda to protect and treat liver problems. Another beneficial ayurvedic herb is Bhumyamalaki (Phyllanthus niruri), known for its

hepatoprotective effects. Studies indicate that combining *Bhumyamalaki* with turmeric (*Curcuma longa*) can enhance its effectiveness in treating liver disorders. Turmeric possesses anti-inflammatory and antioxidant properties, addressing two crucial factors in the development of NAFLD—liver inflammation and oxidative stress. Furthermore, Andrographolide, a compound found in the herb *Andrographis paniculata*, has demonstrated hepatoprotective properties and may contribute to improved liver function. Other herbs like dandelion root, liquorice, and *kutki* also offer hepatoprotective effects and can be combined with other herbs to treat NAFLD [7].

Case Report

A 59 year old male patient with history of mild hepatomegaly with grade II fatty liver disease visited Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India on 18th of May, 2024. Table 1 shows the detailed analysis and diagnosis of the patient. Table 2 shows the initial vitals and *Ashtasthana pareeksha* of the patient taken on the day of first visit. The patient attended a follow-up visit each month for six months. His blood pressure and weight was carefully recorded all these days since these play a vital role in prescribing appropriate medicines and therapy. The investigations are tabulated in table 3. The clinical findings of the patient are mentioned in the table 4.

Table 1: Analysis details and Diagnosis

Analysis & Diagnosis		
Symptoms	Abdominal Pain	
	High Cholesterol	
	Enlarged lymph nodes	
Medical History	Mild Hepatomegaly with Grade II Fatty Liver	
	Type II Diabetic Mellitus	
Family History	None	
Diagnosis Non-Alcoholic Fatty Liver Disease (NAFLD)		

Table 2: Initial Vitals and Ashtasthana Pareeksha on first consult

Parameter	Values
Blood Pressure	140/90 mm Hg
Pulse Rate	99/min
Weight	90.50 Kg
Height	6' 10"
Body Mass Index	25.56
Nadi	Vataj pittaj
Mala	Prakrit
Matra	Prakrit
Jiwha	Saam
Shabda	Spashta
Sparsha	Anushnasheet
Akriti	Sthool
Drikka	Prakrit

Table 3: Daily blood pressure and weight records

Date	Blood Pressure (mm Hg)	Weight (Kg)
18-05-2024	140/90 mm Hg	90.50 Kg
17-06-2024	110/70 mm Hg	88.40 Kg

12-07-2024	120/70 mm Hg	88.1 Kg
20-08-2024	100/70 mm Hg	87.80 Kg
20-09-2024	120/65 mm Hg	86 Kg

Table 4: Clinical Findings

Parameters	Remarks
	Vata Kapha Prakriti
Body Constitution	Madhyam Koshtha
	Madhyam Bala
Electrocardiogram	Tachycardia
Jiwha (Tongue)	Saam (Coated)
Auscultation	Cardiovascular System Normal
Auscultation	Central Nervous System Normal
Delegion	Pain at right hypochondrium
Palpation	Enlargement of post-auricular lymph nodes

In keeping all these facts, the patient was advised a combination of *Ayurvedic* treatments which covered a tailored therapeutic diet, lifestyle recommendations and *Shaman*

(ayurvedic medication). Ayurvedic medications taken during the course of treatment is shown in table 5. Medication schedule for each follow up is mentioned in table 6.

Table 5: Medicines taken throughout the treatment

Medicines	Ingredients	Therapeutic Effects
Prameh Rog Har Powder	Kutaki (Picrorhi:a k-urroa), Chiraita (Swertia chirata), Nam (tfradirachta indica), Karela (Momordica charantia), Rasonth (Berberis aristata), bull Beej (Tama Indus indica), Sala Nantak, Giloy (Tinospora cordifolia), South (Zingiber officinale), Babool Chaal (Vachellia nilotica), Sarpgandha (Rauvolfia sepentina), Trivang Bhasam Yashad Bhasam, Revend Chinni (Rheum emodi), Sodhit Guggul (Commiphora mukul), Methi (Trigonella foenum-graecum), Stamm (Sylygium cumini), Babool Fruit (Vachellia nilotica), Karanj (Millettia pinnata), Shilajeet, Haldi (Curcuma longa), Hamel (Terminalia chebula), Inderjamt (Holanhena antidvsenterica), Vanshlochan (Bambusa a•undinacea), Bahera (Terminalia bellirica), Amla (Phyllanthtts emblica), White Musli (Chlorophytum borivilianum), Gunnar (Gymnema sylvestre).	Ingredients like Amla, Jamttn, and Meth/assist in maintaining optimal blood glucose levels, making the formulation beneficial for diabetic patients.
Gadood sudharak vati	Kahn (Ettpho•bia hirta), Vann: (Crataeva nurvala), Gokshur (Tribulus terrestris), Khayarain (Acacia catechu), Shodhit Guggal (Commiphorawightii).	The combination of Gokshur and Varun assists in cleansing the liver, promoting the elimination of toxins, and supporting metabolic processes
YAM Shoth Har Vati	Punarnava (Boerhavia dffitsa), Munch (Piper nigrum), Pippali (Piper longum), Vayavidanga (Embelia ribes), Devdaru (Cedars deodara), Kutha Haldi (Picrorhi:a kurroa), Chitrak (Plumbago: eylanica), Herod Bahera (Terminalia chebula, Terminalia bellirica), Anda (Emblica officinalis), Danti (Baliospennum montanum), Chavya (Piper chaba), Indra Jon (Taraxacum officinale), Pippin Mool (Piper longum), Motha Kalajira (Nigella sativa), Kayphal (*rim esculenta), Kutaki (Picrorhi:a kurroa), Nishoth (Operculina turpethum), South (Zingiber officinale), Kakad Singhi (Cucumis sativus), Sails (Trachyspermum ammi), Mandoor Bhasnt	The formulation helps reduce inflammation of the liver, addressing conditions like hepatitis, fatty liver, cirrhosis and other inflammatory liver diseases.
Lis-Balance Capsule	Bh rani Ant& (Phyllanthus ni•tri), Punarnava (Boerhavia diffitsa), and Makoy (Solanum nignan).	Amla is rich in vitamin C and antioxidants, which help protect the liver from oxidative stress and support its overall function. Punarnava and Macon are known for its diuretic and anti-inflammatory properties, aiding in the detoxification process and promoting liver health
Sama vati	Gokshur (Tribulus terrestris), Kaunch (Mucttna pntriens), Shatawar (Asparagus racemosus), Ashwagandha (TV ithania somnifera), Vidarikand (Pueraria tuberosa), Beej Band Lal (Sida cordifolia), Akarkara (Anacychts pyrethrum), Talmakhana (Hygrophila attriculata), Musli (Chlorophytum borivilianum), Aawla (Emblica officinalis), Sounth (Zingiber officinale), Jaiphal (Mvristicafragrans), Swann Makshik (Chalcopyrite), Shilajeet Shuddh (Asphaltum punjabianum).	The formulation helps to ease digestive discomfort, promoting smoother digestion.
Lipi Capsule	Adult (Terminalia adttna), Guggul (Commiphora wightii), Resine at (Resin Extract-source-specific), Haridra (Curcuma longa), Bhuntiantla	The combination of these herbs helps in regulating cholesterol levels, thereby

	(Phyllanthtts Guduchi (Tinospora cordifolia), Amin (Emblica officinalis), Haritaki (Terminalia chebula), Vibhitaki (Terminalia bellirica), Shunthi (Zingiber officinale), Marich (Piper nigrum), Pippali (Piper longum), Mulethi (Glvc-ytrhiza glabra), Punarnava (Boerhavia diffitsa), Jatanumsi	
	(Nardostachysjatamansi), Lasuna (Allium sativum), Bulb Ext (Bulb Extract — source-specific), Akika Pishti (Agate Calx), Mukta Pishti (Pearl Calx), Abhrak Bhasnt (Mica Calx), Shankha Bhasm (Conch Shell Calx).	
Liver Tonic	Lal Punantava (Boerhavia dijfitsa), Soled Punarnava (Boerhavia diffitsa), Bala (Sida cordifolia), Atibala (Abutilon indicum), Patna (Cyclea peltata), Giloy (Tinospora cordifolia), Churak (Plumbago zeylanica), Kakoli (Lilium polyphyllum), Vasa (Adhatoda vasica), Nagannotha (Cypents rotundus), Ajwain (Trachyspermum ammi), South (Zingiber ojficinale), Marich (Piper nigrum), Long (Piper longum), Methi (Trigonella foenum-graecum), White teem (Cuminum cyminum), Roheda Chhal (Tecomella undulata), Dalchini (Cinnamomum verum), Tejpatta (Cinnamomum tamala), Badi Elaichi (Amomum subulatum), Chotti Elaichi (Elettaria cardamomum), Jaiphal (Mi'risticafragrans), Nagkesar (Mesita fetrea), Kankol (Piper cttbeba), Multhi (Goicyrrhiza glabra), Shekel (Balanites aegyptiaca), Manua (Madhttca longifolia).	Enhances the production of bile, which aids in digestion and fat breakdown. Shields liver cells from damage caused by toxins, alcohol, and infections. Aids in reducing fat accumulation in the liver, which helps prevent fatty liver disease.
Dr. Immune tablet	"Cesar (Crocus sativus), Shuddh Kuchler (Shychnos nrcx-vomica), Ashwagandha Ext. (Withania somnifera), Shatawari Ext. (Asparagus racemosus), Pipali (Piper longum), Tulsi (Ocimum sanctum), Laung (Syygium aromaticum), Choti Elaichi (Elettaria cardamomum), South (Zingiber officinale), Haldi (Cu•cuma longa), Loh Bhasm (Forum), Swaran Makshik Bhasm (Chalcopyrite), Mukta Shukti Bhasm (Pinctada margaritifera).	Shatavari enhance vitality and energy, supporting an active lifestyle. Herbs such as Elaichi and Sonth improve digestion, contributing to overall comfort and
Granthihar vati	Kanchanar Guggul, Antalaki (Phyllanthtts emblica), Bibhitak (Terminalia bellirica), Haritaki (Terminalia chebula), Shunthi (Zingiber officinale), Marich (Piper nigrum), Pippali (Piper longum), Varuna (Crataeva nurvala), Twak (Cinnamomum zeylanica), Tantalpatra (Cinnamomum tamala)	Effective in treating glandular swellings, cysts, and fibroids, including thyroid nodules and lymphatic congestion.
Divya Shakti Powder	Trikatu (Zingiber officinale, Piper nigrum, Piper longum), Triphala (Emblica officinalis, Terminalia bellirica, Terminalia chebula), Nagarmotha (Cype•tts rotundus), Vay Vidang (Embelia ribes), Chhoti Elaichi (Elettaria cardamomum), Tej Patter (Cinnamomum tamala), Luting (Syzygium aromaticum), Nishoth (Operculina ttupethum), Sendha Namak, Dhaniya (Coriandrum sativum), Pipla Mool (Piper longum root), Jeera (Cuminum cyminum), Nagkesar (Mesuaferrea), Amarvati (Ac)tyranthes aspera), Anardana (Punica granatttm), Badi Elaichi (Amomum subulatum), Hing (Fentla assafoetida), Kachnar (Bauhinia variegata), Ajmod (Trachyspermum ammi), Sazzikhar, Pushkarntool (Inula racemosa), Mishri (Sacchamm officinarum).	Appetite stimulation: digestion enhancement, and detoxification
JS Diab Cap	Karvellak (Momordica charantia), Gudmar (Gymnema sylvestre), Jamb:, (Sy:ygium cumini), Methika (Trigonella foenum-graecum), Nimb (Azadirachta indica), Kahnegh (Andrographis paniculata), Bilva (Aegle marmelos), Guduchi (Tinospora cordifoha), Mamejava (Enicostema littorals), Ttrak (Cinnamomum zeylanicum), Yashad Bhasm, Vang Bhasm	p-cells from oxidative damage, delaying
Kanchnar Guggul Tablet	Kanchnar chhal (Bauhinia variegata), Haritaki (Terminaha chebula), Bibhitaki (Terminaha bellerica), Amalaki (Phyllanthus emblica), Shunthi (Zingiber officinak), Markh (Piper nigrum), Pippali (Piper longum), Varun ennui (Crataeva movcda), Ela (Elettaria cardamomum), Dalchini (Cinnamomum verum), Tejpatra (Cinnamomum tamales), and Shuddh Guggul (Commiphora wightii).	Improves digestion and gut health

Table 6: Medication Schedule

Visits	Date	Medicines	Dosage
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
		Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
		Yakrit Shoth har Vati	1 TAB BD Adhobhakta with koshnajala
1 st	18-05-2024	Liv Balance	1 CAP BD Adhobhakta with koshna jala
		Sama Vati	1 TAB BD Adhobhakta with koshna jala
		Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		Liver Tonic	15 ml BD Adhobhakta with Samamatra koshna jala
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
2^{nd}	17-06-2024	Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
		Yakrit Shoth har Vati	1 TAB BD Adhobhakta with koshna jala

		Liv Balance	1 CAP BD Adhobhakta with koshnajala
		Sama Vati	1 TAB BD Adhobhakta with koshna jala
		Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		Liver Tonic	15 nil BD Adhobhakta with Samamatra koshna jala
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
		Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
		Liv Balance	1 CAP BD Adhobhakta with koshna jala
3 rd	12.07.2024	Sama Vati	1 TAB BD Adhobhakta with koshna jala
3.4	12-07-2024	Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		Liver Tonic	15 ml BD Adhobhakta with Samamatra koshna jala
		Dr.Immune	1 TAB BD Adhobhakta with koshna jala
		Granthi Har Vati	1 TAB BD Adhobhakta with koshna jala
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
		Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
		Liv Balance	1 CAP BD Adhobhakta with koshna jala
4 th	20.00.2024	Sama Vati	1 TAB BD Adhobhakta with koshna jala
4"	20-08-2024	Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		Dr.Immune	1 TAB BD Adhobhakta with koshna jala
		Liver Tonic	15 ml BD Adhobhakta with Samamatra koshna jala
		JS Diab Cap	1 TAB BD Adhobhakta with koshnajala
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
		Divya Shalcti Powder	Half teaspoon HS Nishikala with koshna jala
		Sama Vati	1 TAB BD Adhobhakta with koshna jala
		Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
5^{th}	20-09-2024	Dr.Immune	1 TAB BD Adhobhakta with koshna jala
		Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		JS Diab Cap	1 TAB BD Adhobhakta with koshna jala
		Liv Balance	1 CAP BD Adhobhakta with koshna jala
		Liver Tonic	15 ml BD Adhobhakta with Samamatra koshna jala
		Prameh rog har powder	Half teaspoon BD Adhobhakta with koshna jala
		Sama Vati	1 TAB BD Adhobhakta with koshna jala
		Gadood Sudharak Vati	1 TAB BD Adhobhakta with koshna jala
		Dr.Immune	1 TAB BD Adhobhakta with koshna jala
6^{th}	26-11-2024	Lipi Cap	1 CAP BD Adhobhakta with koshna jala
		JS Diab Cap	1 TAB BD Adhobhakta with koshna jala
		Liv Balance	1 CAP BD Adhobhakta with koshna jala
		Liver Tonic	15 ml BD Adhobhakta with Samamatra koshna jala
		Kancluiar Guggul Tablet	2 TAB BD (Adhobhakta with koshna jala)

Treatment Plan

i). Diet

In Ayurveda, an ideal diet is a plant-based, easily digestible diet designed to detoxify the liver and improve digestion. For

Non-Alcoholic Fatty Liver Disease (NAFLD), the focus should be on reducing fat accumulation in the liver, improving metabolism, and balancing *Pitta* and *Kapha doshas*.

Table 7: Healthy Recommendations

Hydration
To ensure adequate water intake take slow sips at uniform time intervals
Drink 1 litre of alkaline water for 3-4 times a day
At proper intervals drink herbal tea, living water, turmeric water
Drink only boiled water
Millet Ingest
Foxtail (Setaria italica)
Barnyard (Echinochloa esculenta),
Little (Panicum sumatrense),
Kodo (Paspalum scrobiculatum),

Browntop (Urochloa ramose)

Cook millets in a steel cookware using only mustard oil.

Special Notes

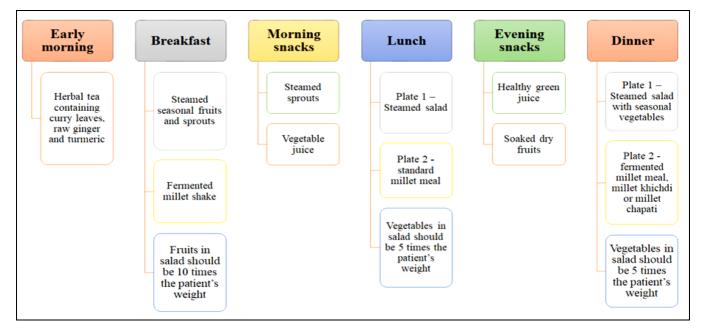
Intermittent fasting a day is recommended

A slow walk after dinner is recommended.

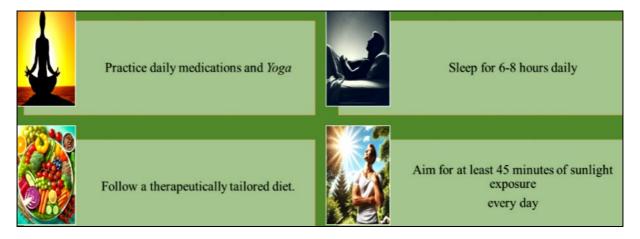
Practice Vajrasana and Sukhasana as this postures can help with digestion

Millet diet/ multigrain diet
 All leafy and fruit vegetables
 Semi-solid diet
 All lentils especially green gram
 Eat only after sunrise and before sunset
 Regular exercise

Packaged and salty food, spicy, oily
 Dairy and bakery products, sugar products
 too liquid or too dry/solid diet
 Eating after 8.00 pm
 Heavy exercise



ii). Lifestyle Recommendations



iii). Medicinal Interventions

The medicinal interventions included in this case were Prameh rog har powder, Gadood Sudharak Vati, Yakrit

Shotha har Vati, Liv Balance, Sama Vati, Lipi Cap, Liver Tonic, Dr. Immune, Granthihara Vati, Divya Shakti Powder and JS Diab Cap.

Result

Throughout the treatment course, the patient exhibited steady clinical progress with marked improvements in both physical and emotional well-being, as reflected in quality of life assessments. Following six outpatient consultations, there was a notable reduction in symptoms, indicating the efficacy of the prescribed Ayurvedic regimen in managing Non-Alcoholic Fatty Liver Disease (NAFLD). The patient experienced relief from symptoms such as abdominal discomfort and elevated cholesterol levels. Symptom severity progressively decreased over the duration of treatment, and follow-up ultrasonography (USG) revealed significant improvement, with hepatomegaly and fatty liver grade reducing from Grade II to Grade I.

Future Aspects

Ayurveda is gaining recognition in managing Non-Alcoholic Fatty Liver Disease (NAFLD) through ayurvedic medicine, detoxification (*Panchakarma*), dietary modifications, and lifestyle interventions. Future developments in Ayurveda for NAFLD focus on:

- Integration of Ayurveda with Modern Diagnostics: Combining Ayurvedic dosha-based diagnosis with modern imaging techniques like FibroScan & MRI-PDFF for accurate assessment Using biomarkers to validate Ayurvedic treatments impact on liver health.^[8]
- Personalized Ayurvedic Diet & Nutrigenomics:
 Ayurveda will integrate with Nutrigenomics to provide diet plans based on one's Prakriti (body constitution) and genetic profile. Growing research supports whole foods, fiber-rich meals, and herbal tea in liver detox. Incorporating Ayurvedic herbs into daily foods like herbal tea, chyawanprash, and infused ghee for liver protection. [9]
- Panchakarma & Ayurvedic Detox Therapies:
 Customized detox therapies for NAFLD patients,
 including Virechana (Therapeutic Purgation), Basti
 (Ayurvedic medicinal Enema), Udwartana (Ayurvedic
 medicinal Powder Massage), Nasya Therapy. [10]
- Yoga, Meditation & Mind-Body Healing: Research supports yoga postures like Twisting Asanas (Vakrasana, Ardha Matsyendrasana) to stimulate liver function Pranayama (Kapalbhati, Anulom-Vilom) as a natural detox method.^[11]

Discussion

A 59-year-old male with a known history of Non-Alcoholic Fatty Liver Disease (NAFLD) presented to Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India, on May

18, 2024. He underwent a total of six outpatient consultations. The primary complaint was mild abdominal discomfort, and he had a concurrent diagnosis of Type II Diabetes Mellitus for the past eight years. The treatment approach included a personalized Ayurvedic regimen comprising dietary modifications, lifestyle changes, and a comprehensive Shaman based medicinal protocol. The *Samprapti* and *Samprapti Ghatak* are illustrated in Figure 1.

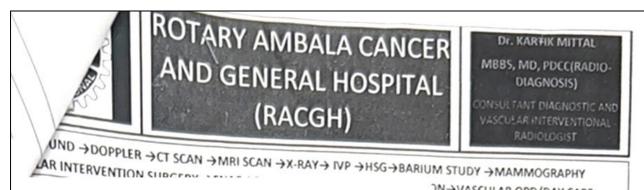
During the course of treatment, the patient was prescribed a comprehensive Ayurvedic formulation comprising Prameh Rog har Powder, JS Diab Cap, Gadood Sudharak Vati, Yakrit Shoth har Vati, Liv Balance, Sama Vati, Lipi Cap, Liver Tonic, Dr. Immune, Granthi har Vati, and Divya Shakti Powder.

- Prameh Rog har Powder and JS Diab Cap were utilized to help regulate blood glucose levels, making them particularly effective for managing Type II Diabetes Mellitus.
- Gadood Sudharak Vati was aimed at balancing *Pitta* and *Kapha doshas*, supporting liver health, and aiding in conditions such as jaundice, hepatitis, and detoxification.
- Yakrit Shoth har Vati helped reduce hepatic inflammation, enhance bile secretion, and improve digestion, with applications in fatty liver, hepatitis, and cirrhosis.
- Liv Balance functioned as a liver detoxifier and metabolism enhancer, promoting bile flow and liver repair, while Liver Tonic supported liver enzyme function and protected against liver damage due to alcohol or medications.
- Sama Vati targeted Ama (toxins), impaired digestive fire (Agnimandya), and metabolic imbalances, proving useful in liver dysfunction and indigestion-related issues.
- Lipi Cap was prescribed for lipid regulation, aiding in the management of high cholesterol, NAFLD, and obesity by supporting healthy lipid metabolism and reducing fat accumulation.
- Dr. Immune worked as an immunity booster, enhancing *Ojas* and strengthening the body's natural defense mechanisms.
- Granthi har Vati was indicated for managing cysts, glandular swellings, and fibroid conditions.
- Divya Shakti Powder served to balance all three doshas— Vata, Pitta, and Kapha—thereby improving energy, strength, and overall vitality.



Fig 1: Samprapti and Samprapti Ghatak of this case

Lab Reports



KEF. BY: OTHER

AGE/SEX: 59/MALE

ON→VASCULAR OPD/DAY CARE

DATE: 16/05/2024

ULTRA-SONOGRAPHY OF THE ABDOMEN AND PELVIS

The liver is Enlarged in size (16.3cm) and has smooth margins with raised echotexture. No focal/diffuse parenchymal hepatic lesion is seen. There is no intrahepatic biliary dilatation. Portal vein is normal in coarse and caliber.

The gallbladder is well distended. There is no biliary calculi, mass lesion or wall thickening. No e/o cholecystitis or pericholecystic collection is seen. The CBD is not dilated.

The pancreas has normal contours and echotexture. No focal or diffuse lesion is seen in the pancreas. Pancreatic duct is normal in coarse and caliber. IVC and aorta are normal.

The spleen is not enlarged and no focal splenic lesion is observed.

The right kidney measures 10.4 x 4.2cm and

The left kidney measures 11 x 4.7cm.

Both kidneys are normal in size, shape, and have smooth margins. Cortical echotexture is normal. Corticomedullary differentiation (CMD) is well maintained.

There is no ascites or adenopathy.

The **urinary bladder** is well distended and has normal contours. There is no bladder wall thickening or calculus disease seen.

Prostate measures 36 cc and is enlarged in size.

CONCLUSION: MILD HEPATOMEGALY WITH GRADE II FATTY LIVER.

MILD PROSTATOMEGALY.

DR KARTIK MITTAL

MD RADIO DIGNOSIS (KEM HOSPITAL MUMBAI)

FELLOW INTERVENTIONAL RADIOLOGY (INSTITUTE OF LIVER AND BILLIARY SCIENCES, NEW DELHI) -EXCONSULTANT INTERVENTIONAL RADIOLOGY

(ARTEMIS AND MEDANTA HOSPITAL, GURGAON)

DR JASMINE KAUR

-MD DNB RADIODIAGNOSIS

-FELLOW ONCO IMAGING

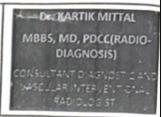
-EX ASST PROFFESOR

(GOVT MEDICAL COLLEGE ,BIKANER)

This is only an opinion and not the final diagnosis. Clinical correlation is must. This report is not valid for



ROTARY AMBALA CANCER AND GENERAL HOSPITAL (RACGH)



 \Rightarrow ULTRASOUND \Rightarrow DOPPLER \Rightarrow CT SCAN \Rightarrow MRI SCAN \Rightarrow X-RAY \Rightarrow IVP \Rightarrow HSG \Rightarrow BARIUM STUDY \Rightarrow MAMMOGRAPHY \Rightarrow VASCULAR INTERVENTION SURGERY \Rightarrow FNAC \Rightarrow BIOPSY \Rightarrow VARICOSE VEIN ABLATION \Rightarrow VASCULAR OPD/DAY CARE

AGE/SEX: 59/MALE

REF. BY: OTHER

DATE: 18/08/2024

ULTRA-SONOGRAPHY OF THE ABDOMEN AND PELVIS

The **liver** is normal in size (13.3cm) shape and has smooth margins with **raised echotexture**. No focal/diffuse parenchymal hepatic lesion is seen. There is no intrahepatic biliary dilatation. Portal vein is normal in coarse and caliber.

The gallbladder is well distended. There is no biliary calculi, mass*lesion or wall thickening. No e/o cholecystitis or pericholecystic collection is seen. The CBD is not dilated.

The pancreas has normal contours and echotexture. No focal or diffuse lesion is seen in the pancreas. Pancreatic duct is normal in coarse and caliber. IVC and aorta are normal.

The spleen is not enlarged and no focal splenic lesion is observed.

The **right** kidney measures 10.2 x 4.4cm The **left** kidney measures 11 x 4.9cm.

Both kidneys are normal in size, shape, and have smooth margins. Cortical echotexture is normal. Corticomedullary differentiation(CMD) is well maintained.

There is no ascites or adenopathy.

The urinary bladder is well distended and has normal contours. There is no bladder wall thickening or calculus disease seen.

Prostate measures 35cc and is enlarged in size .

CONCLUSION: GRADE I FATTY LIVER.

MILD PROSTATOMEGALY WITH INSIGNIFICANT POST VOID RESIDUAL URINE.

DR KARTIK MITTAL

MD RADIO-DIAGNOSIS (KEM HOSPITAL MUMBAI)
FELLOW INTERVENTIONAL RADIOLOGY
(INSTITUTE OF LIVER AND BILLIARY SCIENCES, NEW DELHI)
-EXCONSULTANT INTERVENTIONAL RADIOLOGY
(ARTEMIS AND MEDANTA HOSPITAL, GURGAON)

DR JASMINE KAUR

-MD DNB RADIODIAGNOSIS

-FELLOW ONCO IMAGING

-EX ASST PROFFESOR

(GOVT MEDICAL COLLEGE , BIKANER)

This is only an opinion and not the final diagnosis. Clinical

Conclusion

Non-Alcoholic Fatty Liver Disease (NAFLD) is understood in Ayurveda as a *Kapha-Pitta* predominant *Medovaha Srotodushti* condition, characterized by *Yakrit Dushti* (liver dysfunction), *Agnimandya* (diminished digestive fire), and

Ama Utpatti (toxin accumulation). The pathology often stems from improper dietary habits (consumption of heavy, oily, and sweet foods), sedentary lifestyle, and mental stress, leading to Strotorodha (obstruction of bodily channels) and excess Meda Dhatu (fat tissue) accumulation in the liver.

Ayurvedic management of NAFLD, especially when diagnosed early, involves a holistic and multi-faceted approach, which includes:

- Nidan Parivarthan (eliminating causative factors)
- Agni Deepan and Ama Pachan (stimulating digestion and removing toxins)
- Shodhan Chikitsa (purificatory therapies like Vamam, Virechan, and Basti for doshic balance)
- Shaman Chikitsa (use of hepatoprotective and fatregulating herbs such as Kutaki, Bhumyamalaki, Guduchi, and Triphala)
- Pathya Ahar and Vihar (a therapeutic diet and lifestyle including physical activity, yoga, and stress reduction)

By enhancing digestive strength, detoxifying the liver, and optimizing lipid metabolism, Ayurveda offers both preventive and therapeutic strategies to manage NAFLD and halt its progression to more severe conditions like fibrosis or cirrhosis. Sustainable outcomes require adherence to a disciplined lifestyle, appropriate herbal formulations, and periodic detoxification.

References

- 1. Rong L, Zou J, Ran W, Qi X, Chen Y, Cui H and Guo J (2023) Advancements in the treatment of non-alcoholic fatty liver disease (NAFLD). Front. Endocrinol. 13:1087260. doi: 10.3389/fendo.2022.1087260
- Maurice J, Manousou P. Non-alcoholic fatty liver disease. Clin Med (Lond). 2018; 18(3):245-250. doi: 10.7861/clinmedicine.18-3-245. PMID: 29858436; PMCID: PMC6334080.
- 3. Younossi ZM, Golabi P, Paik JM, Henry A, Van Dongen C, Henry L. The global epidemiology of nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH): a systematic review. Hepatology. 2023; 77(4):1335-1347. doi: 10.1097/HEP.00000000000000004. Epub 2023 Jan 3. PMID: 36626630; PMCID: PMC10026948.
- Kosmalski M, Frankowski R, Ziółkowska S, Różycka-Kosmalska M, Pietras T. What's New in the Treatment of Non-Alcoholic Fatty Liver Disease (NAFLD). J Clin Med. 2023; 12(5):1852. doi: 10.3390/jcm12051852. PMID: 36902639; PMCID: PMC10003344.
- Kounatidis D, Vallianou NG, Geladari E, Panoilia MP, Daskou A, Stratigou T, Karampela I, Tsilingiris D & Dalamaga M. NAFLD in the 21st Century: Current Knowledge Regarding Its Pathogenesis, Diagnosis and Therapeutics. Biomedicines. 2024; 12(4):826. https://doi.org/10.3390/biomedicines12040826
- 6. https://doctorrekha.com/fatty-liver/
- 7. Tembhurne D & Dachewar SD. Non-Alcoholic Fatty Liver Disease: An *Ayurvedic* Perspective: A Review. SD-IJAY, 2024, 24(3). https://doi.org/10.55552/SDNJAY.2024.2403
- Sahu AK, Upadhyay A, Bhakuni H, Attanayake AMHS, Sharma P. Effect of *Ayurveda* interventions in nonalcoholic grade II fatty liver associated with obesity-A case report. *J Ayurveda Integr Med*. 2022; 13(3):100605. doi: 10.1016/j.jaim.2022.100605. Epub 2022 Jul 19. PMID: 35868134; PMCID: PMC9307675.
- Benedict M, Zhang X. Non-alcoholic fatty liver disease: An expanded review. World J Hepatol. 2017; 9(16):715-732. doi: 10.4254/wjh.v9.i16.715. PMID: 28652891; PMCID: PMC5468341.

- Huang DQ, El-Serag HB & Loomba R. Global epidemiology of NAFLD-related HCC: trends, predictions, risk factors and prevention. Nat Rev Gastroenterol Hepatol. 2021; 18:223–238. https://doi.org/10.1038/s41575-020-00381-6
- 11. Singhal, Pragya; Nesari, Tanuja1; Gupta, Girja Shankar2. Efficacy of herbomineral compounds and pathya (*Ayurvedic* dietary regime and physical exercise) in the management of Yakrt Roga (Non-alcoholic fatty liver disease). Ancient Science of Life. 2015; 34(4):216-222. | DOI: 10.4103/0257-7941.160866.