

AYURVEDIC MANAGEMENT OF ALCOHOLIC LIVER DISEASE & PSORIASIS: A SINGLE CASE REPORT

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ABSTRACT

Liver is a major organ found in vertebrates which helps in performing vital biological functions such as detoxification, synthesis of proteins and other biochemicals, digestion, etc. Liver disorders can be understood under the heading of *Yakrit Vikaras*. Psoriasis (*Kitibha Kushta*) is having an autoimmune origin. Despite taking treatment for many months and there being no difference in the symptoms brings about an alarm. This article here discusses regarding one such case study which is diagnosed with Alcoholic liver disease and Psoriasis managed with administration of *Bhringaraja Rasayana* & other *shamana aushadhi* along with *bahir parimarjana chikitsa*.

KEYWORDS: Yakrit Vikara, Kitibha Kushta, Bhringaraja Rasayana, Shamana aushadi, bahir parimarjana chikitsa.

INTRODUCTION

The disorders of Liver are grouped together under the heading of *Yakrit Vikara*. There is no single line of treatment that is mentioned as a Standard Operative Procedure (SOP) for any particular disease to all patients. We as physicians should understand the *Dosha*, *Dushya*, *Desha*, *Agni*, *Kala*, etc., while treating a condition. Cases of *Yakrit Vikara* is increasing day by day^[1], which brings about the concern to provide appropriate treatment to the ones suffering.

For the occurrence of a disease *Nidana* is to be present. All the *Nidana* (causative factors) irrespective of their nature in-turn vitiate one or the *doshas*. The *Nidana* factors like *Vidahi Ahara* and *Abhishyandi Ahara* vitiates *Pitta* and *Kapha dosha* respectively. *Mandagni* or

Vishamagni thus produced further vitiates the *Doshas* forming *Ama*. *Ama* further leads to *Srotorodha*, *Dhatu dushti* by hampering the *poshana* of *uttarottara dhatus*, resulting in *rasa dushti* and *rakta dushti* further leading to *srotorodha* in *Yakrit* where *dosha-dushya sammurcchana* takes place. *Pitta prakopa* leads to *Rakta dushti* as they are *ashraya ashrayi bhava*, these vitiations in the level of *dosha*, *dhatu* bring about diseases in *Yakrit*. Almost all the *srotodushti prakara* are observed in the *samprapti* of *Yakrit vikara*.^[2]

Skin is correlated to *Twak*, all the *twak vikara* are mentioned under a broad heading “*Kushta*”.^{[3][4]} There is classification of *Kushta* namely, *Maha Kushta* and *Kshudra Kushta*. *Kitibha Kushta* comprising the *lakshana* of *twak* like *shyava*, *parushata* in *sparsha*, *khinakara sparsha*, associated with *kandu*, is explained under the classification of *Kshudra Kushta*.^[5] *Kushta* is understood to be due to vitiation of all the *tridosha*, i.e., *tridoshaja*. Observing the *lakshana* and *samprapti* of *Kitibha Kushta* it is considered to be *Vata-Kaphaja*.^[6]

Yakrit vikara and *Twak vikara* have *Rasa & Rakta* as their common *Dushya*, *Yakrit* being *ashraya* of *rakta* as well as *pitta*, further *dushya* of the *doshas* and *dhatu*, lead to the *dushti* in both *rakta* as well as *pitta*, *bhrajaka pitta* residing in the *twak* also gets vitiated, therefore one can understand the relation between *Yakrit vikara* and *Twak vikara*. (*Ashraya – Ashrayi bhava*).

As mentioned earlier, there is no single line of treatment protocol mentioned for any particular disease to all patients, there are various treatment modalities namely, *Nidana parivarjana*, *shamana chikitsa* and *shodhana chikitsa*. In this following case study, there has been consideration of administration of *Rasayana*, along with other *shamana aushadi* and *bahir parimarjana chikitsa* by advising the application of *aushadhi siddha Taila* for symptomatic management of the condition. The focus here, is to bring back the *prakritha avastha* of *Yakrit* as well as managing the *twak vikara* simultaneously.

CASE REPORT

A male patient aged about 57 years, not a known case of Diabetes Mellitus/ Hypertension was said to be healthy, i.e., without any ailment 12 years back. The patient had developed itching over the extremities which he neglected. He consulted local physician and took few medicines, as of which the symptoms had reduced. The patient had been abroad for further work along with his family. His mother lived in his native (a place in Karnataka), he had come to visit his mother after few months of work in abroad. He was observed to be in

work stress and grief as he was staying away from his mother, during such conditions the patient had leaned towards consumption of alcohol. When he was back to his hometown, itching and lesions aggravated due to stress and had been admitted in nearby allopathy hospital for the complaints.

The complaints of itching and lesions reduced and there was no recurrence in his complaints from the last 10 years. He was under continuous treatment of steroids for the past few years. From the last one and a half year the patient had developed itching and lesions and he did not give much attention as the family stress remained same. This time the scaly patches were severe than before and lesions had spread all over the body except the face and scalp. There was associated complaint of the patient feeling generalized weakness as well as reduced appetite.

Patient had a H/O Renal calculus which was removed surgically. H/O consumption of Alcohol from the last 35 years on a regular basis. Occasional habit of smoking.

Personal History

Diet – Non-Vegetarian

Sleep – Disturbed

Bowel – Clear

Appetite – Reduced

EXAMINATION

General Examination

Built: Normosthenic

Body

Gait: Normal

Pallor: Absent

Icterus: Absent

Clubbing: Absent

Cyanosis: Absent

Lymphadenopathy: Absent

Edema: Absent

Systemic Examination

Cardiovascular System: S1S2 Heard

Respiratory System: Air Entry Bilaterally Equal

Gastro-Intestinal System: P/A Soft, No Organomegaly felt.

Central Nervous System: Conscious and Oriented, Higher Mental Function – Intact

Cranial Nerves: Within normal limits

Examination of Skin**Inspection**

Nature of skin- Oily

Color – Reddish white

Distribution – Uniform, Symmetrical distribution on limbs

Thickness – Mildly Elevated

Bleeding on scaling – Absent

Edges – Not elicited

Configuration – generalized all over the body (except face and scalp) uniformly distributed all over the body and bilateral upper and lower limbs

Lesions

Primary Lesions – Plaque

Secondary Lesions – Scaling all over the skin

Palpation

Texture – Dry, Rough

Temperature – Not raised

Mobility – Immobile

Candle grease test – Positive

INVESTIGATION

There were variations and increased levels in the Liver enzymes, of which, variation in Total Bilirubin, Direct Bilirubin, SGPT, SGOT, Alkaline phosphatase were markedly high.

INTERVENTION

The principles of management of *Yakrit & Twak vikara* is by doing *samprapti vighatana* of *Pitta* and *Rakta* because of their *paraspara anubandha*. This can be achieved by alleviating

Pitta dosha and rectifying the *Rakta dushti*. In this patient, both *Shamana* and *Shodhana* mode of treatments were adopted. For *shamana*, *Rasayana* line of treatment was adopted before which *koshta shodhana* was administered. Other *shamana aushadi*, in the form of *vati*, *swarasa* were administered. *Baahya Chikitsa* was done in the form of *pariseka* & application of *aushadhi siddha taila*.

Treatment protocol is mentioned in the table below.

S. No	Symptoms	Treatment	Medication	Anupana	Dosage	Time	Duration
1.	Scaly lesions, Itching, Generalized weakness, Abnormal levels in LFT	Koshta shodhana	Eranda Taila	Shunti Kashaya	15mleach	E/M E/S	1 Day
2.	Scaly lesions, Itching, Generalized weakness, Abnormal levels in LFT	Shamana Aushadi	Dhatri loha	Ushna jala	2-2-2	A/F	1 month
3.	Scaly lesions, Itching, Generalized weakness, Abnormal levels in LFT	Shamana Aushadi	Swarasa of Nimba, Amrutha, Bhringaraja, Bhumyamalaki	-	24ml	E/M E/S	7 Days
4.	Scaly lesions, Itching, Generalized weakness, Abnormal levels in LFT	Rasayana	Bhringaraja Rasayana Course [Capsules]	Ushna jala	4 Capsules 8 Capsules 12 Capsules 16 Capsules	E/M E/S	1 Day 1 Day 1 Day 28 Days
5.	Scaly lesions, Itching, Generalized weakness, Abnormal levels in LFT	Baahya Upakrama	Nimba Patra Pariseka	-	-	-	7 Days
6.	Scaly lesions,	Baahya	Bhringaraja	Ushna jala	-	-	7 Days
	Itching,	Upakrama	Taila	snaana			
	Generalized						
	weakness,						
	Abnormal levels						
	in LFT						

E/M- Early Morning, E/S- Empty Stomach, A/F- After Food, B/F- Before Food.

SUBJECTIVE ASSESSMENT CRITERIA

PASI Scoring System for Psoriasis

Body region as Percentage of Body Surface Area (BSA)

Site		Percentage ofBSA	BT	AT	FU
Head	H	10%	-	-	-
Trunk	T	20%	+	-	-
Upper Extremities	U	30%	+	-	-
Lower Extremities	L	40%	+	-	-

BT: Before Treatment, AT: After treatment, FU: Follow Up, + : Present, - : Reduced/Almost Nil

Portion of Body Region Affected Extent Indicator

BT	AT	FU
5	1	0

Where 0-5% - 0, 5-25%- 1, 25-45%-2, 45-55%-3, 55-75%-4, 75-95%-5, 95-100%-6

Changes in Psoriasis Code Extent

Code	BT	AT	FU
Erythema (E)	3	1	0
Infiltration (I)	3	1	0
Desquamation (D)	2	1	0

Minimum score – 0, Maximum score – 4

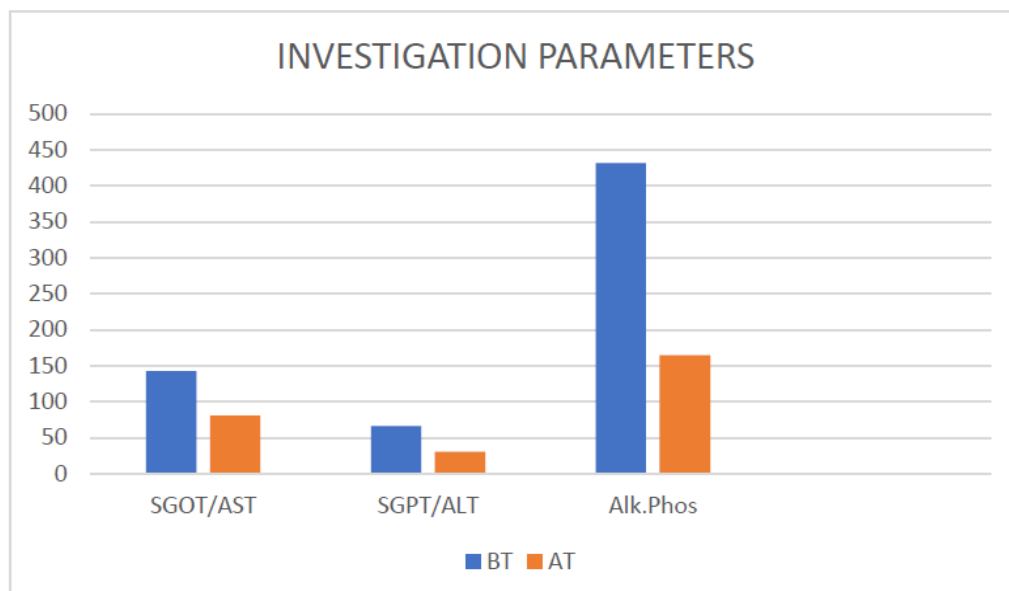
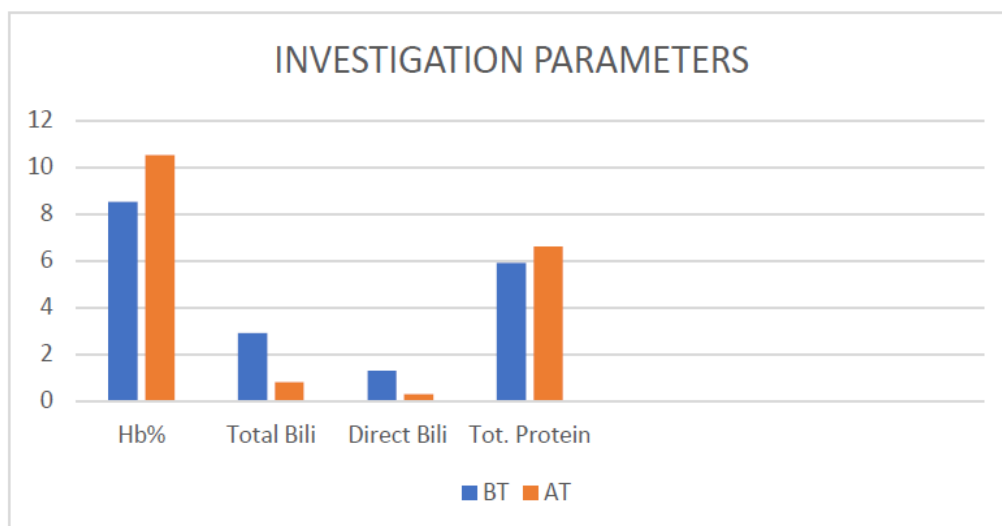
PASI Scoring

BT	AT
15.4	6.2

Minimum score – 0, Maximum score – 72

OBJECTIVE ASSESMENT CRITERIA

Parameters	BT	AT
Haemoglobin	8.5 mg/dl	10.5 mg/dl
Total Bilirubin	2.9 mg/dl	0.8 mg/dl
Direct Bilirubin	1.3 mg/dl	0.3 mg/dl
SGOT/AST	143.0 U/L	81.0 U/L
SGPT/ALT	67.0 U/L	31.0 U/L
Alkaline Phosphatase	432.0 U/L	165.0 U/L
Total Protein	5.9 g/dl	6.6 g/dl



DISCUSSION

The symptoms in the form of itching and formation of scaly lesions were developing when the treatment was ignored by the patient and was associated with exposure to familial stress. The patient's symptoms seem to be under control with medication. The reoccurrence of the symptoms with a gap of 10 years start to bring about concern along with history of alcoholism (from 35 years). He has been tested for the Liver function analysis resulting in altered enzyme levels. This condition not only limited to *Twak vikara* but is also associated with *Yakrit vikara.Dushti* of both *Rasa dhatu* and *Rakta dhatu* are observed here.

Based on the *lakshana* portrayed by the patient, treatment modality in concern with both *Yakrit vikara* as well as *Twak vikara* have been considered. Firstly, *Anulomana* with *Eranda taila* was

done followed by administration of *Shamana Aushadi* in the form of *Rasayana*, *Swarasa* and external treatment in the form of Application of *aushadi siddha taila (sthanika)* & *pariseka* were done.

Koshta Shodhana is done here, in this case, in order to clear the *srotas* and help in better absorption of the *shaman aushadi* administered.

Bhringaraja Rasayana is chosen for administration in *arohana krama* (4,8,12 and 28 days of 16 capsules), it is mentioned in the classics, the *karmukata* of *Bhringaraja* being *Twachya*, helps in *Shotha*, it is also having properties of *Rasayana* and is *Balya* in nature.^[7] It is mentioned that consumption of the *swarasa* for a period of one month improves the *bala* and *veerya* of the individual consuming it, also leading to *shatam jeevitamaapnuvanti*.^[8] It comprises of major chemical constituents namely, Wedelolactone, Stigmasterol, Polyacetylenic thiophenes, etc. which help improve and maintain the hepatocellular tissue health.^[9] It is also mentioned to be working as a hepatoprotective herb.^[10]

Application of *Bhringaraja Taila* for the lesions developed is found quite effective as it is used as a *sthanika chikitsa* in the form of *bahir parimarjana chikitsa* and is also known to be *Twachya*.^[11]

Kitibha kushta is understood being *vata-kapha pradhana vyadhi*, comprising other associated symptoms given, appropriate *bahir parimarjana chikitsa* in the form of *Pariseka* has been preferred. *Pariseka* is considered to be helpful in *vata pradhana* & *vata kapha pradhana vyadhi*, hence it is chosen here.^[12] In specific, *Nimba patra* has been selected for *pariseka*, given its qualities being *pittanut* & *kushtanut*.^[13]

Shamana aushadi advised here in this case is *Dhatri loha*, main ingredient being *Amalaki* (*Dhatri*), others being *loha bhasma*, *yashtimadhu*, *guduchi*. It is understood being *tridosha shamaka*, *rasayana*.^[14] *Dhatri* is mainly considered to be *Yakrututtejaka dravya*.^[15]

The *swarasa* of *Nimba*, *Amrutha*, *Bhringaraja*, *Bhunimba* was administered to the patient. *Nimba* having property of *pittanut* is traditionally recognized as a blood cleanser. It is packed with anti-oxidants, helps the liver to neutralize free radicals^[16] *Amrutha* (*Guduchi*) comprises the properties of *vata kapha hara*, *agni-deepaniya*, is also having *rasayana* property, which can be considered helpful for rejuvenation of the damaged hepatocytes.^[17] The importance of *Bhringaraja* has been mentioned in this article. *Bhunimba* is considered to be helpful in the

conditions where *kapha*, *pitta* and *asruk* are vitiated, also helpful in the conditions like *kushta* as well. The combination of the above mentioned 4 drugs is given in the form of *swarasa* is an indigenous formulation which was given to the patient in the dosage of 20ml (twice in a day).

CONCLUSION

The treatment mentioned here, in this particular case study, that is *Anulomana* by the administration of *Eranda taila* along with *Shunti kashaya* for a day, followed by the administration of *Rasayana* (*Bhringaraja Rasayana*) & *Shamana aushadi* (*Dhatri loha*), other *bahir parimarjana chikitsa* selected for this condition here (*Nimba patra pariseka* & application of *Bhringaraja Taila*) are selected on the basis of the *dosha dushti* that have been observed in the disease *Yakrit vikara* and *Twak vikara*, the treatment protocol followed here in this case helped in alleviating the signs and symptoms experienced by the patient thus showing remarkable effect both externally as well internally i.e., subjectively as well as objectively.

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