

ROLE OF AYURVEDIC THERAPY IN THE MANAGEMENT OF ALCOHOLIC LIVER
DISEASE (ALD) WITH SPECIAL REFERENCE TO SHAKHASHRITA KAMALA – A
CASE STUDY¹*Dr. Rupa Shekhawat, ²Dr. Monika Kashyap, ³Dr. Pooja Chikhlonde¹Assi. Professor, Panchakarma Department, School of Ayurveda and Siddha, Sehore.²Assi. Professor. Rasashastra and Bhaishjya Kalpana, NRI Institute of Ayurvedic Medical Sciences Bhopal.³Assi. Professor, Rognidan Evum Vikruti Vigyan Department, NRI Institute of Ayurvedic Medical Sciences Bhopal.***Corresponding Author: Dr. Rupa Shekhawat**

Assi. Professor, Panchakarma Department, School of Ayurveda and Siddha, Sehore.

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ABSTRACT

Background: Alcoholic Liver Disease (ALD) is a major cause of chronic liver disorders worldwide, encompassing conditions such as fatty liver, alcoholic hepatitis (AH), and cirrhosis. AH is a severe inflammatory condition associated with a high short-term mortality rate of 30–80%. In *Ayurveda*, the condition may be correlated with *Shakhashrita Kamala*, wherein aggravated *Pitta* and vitiated *Rakta* affect the liver and associated channels. Aim: To evaluate the effectiveness of Ayurvedic management in Alcoholic Liver Disease.

OBJECTIVES

- To study the etiopathogenesis of ALD
- To assess the role of Ayurvedic formulations in its management
- To evaluate clinical and biochemical improvement in patients

Materials and Methods: This study is based on a clinical case of a 42-year-old male with a history of chronic alcohol consumption presenting with symptoms such as loss of appetite, jaundice, generalized weakness, abdominal distension, and altered bowel habits. Diagnosis was made based on clinical features and liver function tests (LFTs). The treatment protocol included Shodhana Chikitsa (Sadyavirechana with Ichhabhedhi Rasa) followed by *Shamana Chikitsa* with *Arogyavardhini Vati*, *Kamdudha Rasa*, *Triphala Yoga*, *Indrayava*, and *Erand Bhrusht Haritaki*. Discussion: ALD involves oxidative stress, inflammation, and immune dysfunction leading to hepatocyte damage. Ayurvedic management focuses on balancing *Pitta* and *Rakta dosha*, improving digestion (*Agni*), and eliminating toxins (*Ama*). The selected formulations exhibit hepatoprotective, antioxidant, anti-inflammatory, and digestive properties, contributing to improved liver function. **Conclusion:** Ayurvedic management shows promising results in improving clinical symptoms and liver function in ALD. The combined approach of *Shodhana* and *Shamana* therapies provides a holistic and effective treatment strategy.

KEYWORDS: Alcoholic Liver Disease, Alcoholic Hepatitis, *Shakhashrit Kamala*, *Arogyavardhini Vati*, Liver Function Test, Hepatoprotective.

INTRODUCTION

Alcoholic hepatitis (AH), cirrhosis, and reversible fatty liver are all included in the category of alcoholic liver disease (ALD). A serious hepatic inflammation brought on by heavy alcohol usage is called AH. 56809 hospital admissions with an AH diagnosis occurred in 2007, making up 0.71% of all US hospital admissions. The short-term mortality rate for AH patients is 30-80%,

which indicates a bad prognosis.^[1] High mortality rates are associated with alcoholic hepatitis (AH), a severe liver disease. To forecast mortality and improve treatment approaches, clinical models such as the Maddrey discriminant function and end-stage liver disease (MELD) have been created. Screening mortality may also benefit from physical examination indicators of ascites and encephalopathy. the risk factors and clinical

traits linked to inpatient mortality in hospitalized AH cases, as well as the relationship between inpatient mortality and hospital characteristics.^[2] The efficiency of the MELD scoring system, a disease-specific prognostic model utilized for treatment choices and patient classification in clinical trials, in forecasting mortality in patients with alcoholic hepatitis (AH).^[3] Alcohol-associated liver disease (ALD), a common chronic liver disease worldwide, is the cause of half of cirrhosis in the United States. ALD includes cirrhosis, hepatocellular carcinoma, and steatosis, among other liver diseases. Patients with underlying ALD and heavy alcohol intake may develop acute alcohol-associated hepatitis (AH), a liver damage condition that is acute on-chronic and manifests as cholestasis.^[4] Severe forms of ALD are commonly diagnosed by clinical indicators, and the disease's progression is accelerated by coexisting diseases and risk factors like alcohol use. Alcoholic liver disease encompasses a range of disorders, from fatty liver to alcoholic hepatitis and, in certain cases, alcoholic cirrhosis, the most severe and irreversible form of alcohol-related liver damage.

There are three histologic phases of alcoholic liver disease

1. Steatosis: A condition where fat accumulates in the liver parenchyma, this condition is also referred to as alcoholic fatty liver.
2. Alcoholic Hepatitis: This condition involves inflammation of the liver cells and is determined by the extent of damage. Alcohol abstinence, nutritional support, infection control, and, in severe cases, prednisolone therapy are all effective treatments for alcoholic hepatitis; nevertheless, more severe cases lead to liver failure.
3. Alcoholic Cirrhosis: This kind of irreversible liver damage results in consequences from cirrhosis and portal hypertension.^[5]

In Ayurveda, Alcoholic Liver Disease (ALD), particularly alcoholic hepatitis, can be correlated with *Shakhashrita Kamala*, a subtype of *Kamala* described in the classical texts. Excessive consumption of alcohol (*Madya*), along with *Ushna*, *Tikshna*, *Amla*, *Katu*, and *Viruddha Ahara*, leads to aggravation of *Pitta Dosha* and vitiation of *Rakta Dhatu*. The aggravated *Pitta*, due to obstruction in its normal pathway, gets displaced from the *Kostha* (gastrointestinal tract) to the *Shakha* (peripheral tissues), resulting in *Shakhashrita Kamala*.

This condition manifests clinically with *Haridra Netra* (yellow discoloration of eyes), *Haridra Mutra* (yellow urine), *Daurbalya* (generalized weakness), *Aruchi* (loss of appetite), *Angamarda* (body ache), and *Shotha* (edema), which closely resemble the clinical features of alcoholic hepatitis and liver dysfunction. Continuous exposure to alcohol causes impairment of *Agni*, formation of *Ama*, and obstruction of the *Rasavaha* and *Raktavaha Srotas*, ultimately affecting the *Yakrit* (liver) and *Pleeha* (spleen).

From an Ayurvedic perspective, the pathogenesis involves:

Nidana Sevana: Excessive alcohol intake and improper diet.

Dosha: Predominant *Pitta Dosha* with involvement of *Vata* and *Kapha*.

Dushya: *Rasa*, *Rakta*, and *Mamsa Dhatu*.

Srotas: *Rasavaha*, *Raktavaha*, and *Annavaha Srotas*.

Adhithana: *Yakrit* (liver) and *Pleeha* (spleen).

Vyadhi Swaroopa: *Shakhashrita Kamala*.

Therefore, the management principles of *Shakhashrita Kamala*, including *Virechana Karma*, *Deepana-Pachana*, *Pittashamana*, *Yakrit-Uttejaka*, and *Rasayana Chikitsa*, may be beneficial in the management of Alcoholic Liver Disease. The therapeutic interventions used in the present case, such as *Arogyavardhini Vati*, *Kamdudha Rasa*, *Triphala Yoga*, *Indrayava*, and *Erand Bhrashta Haritaki*, act by correcting *Agni*, eliminating vitiated *Pitta*, improving liver function, and restoring normal metabolism.^[6-8]

AIMS AND OBJECTIVES

Aim

To evaluate the role of Ayurvedic management in Alcoholic Liver Disease.

OBJECTIVES

1. To study the pathogenesis of ALD from modern and Ayurvedic perspectives
2. To evaluate the effectiveness of Ayurvedic medicines in ALD
3. To assess clinical improvement based on symptoms and laboratory findings
4. To analyze the hepatoprotective role of selected Ayurvedic formulations

MATERIALS AND METHODS

Study Design

A conceptual and clinical review based on Ayurvedic principles and modern understanding.

Patient Profile

A 42-year-old male with a history of chronic alcohol consumption (>20 years) presented with:

- Loss of appetite
- Bilateral lower limb swelling
- Yellowish discoloration of eyes and urine
- Abdominal distension (*Adhmana*)
- Altered bowel habits (constipation/loose motion)
- Generalized weakness

Diagnostic Criteria

- Clinical presentation
- Liver Function Test (LFT) findings
- History of alcohol intake
- Treatment Protocol

Shodhana Chikitsa

Sadyavirechana with *Ichhabhedi Rasa* (250 mg)

Shamana Chikitsa

- *Arogyavardhini Vati* – 250 mg, 2 tablets twice daily
- *Kamdudha Rasa* – 250 mg, 2 tablets twice daily
- *Erand Bhrusht Haritaki* – 250 mg at bedtime
- *Triphala Yoga* – 4 g twice daily with lukewarm water
- *Kwatha: Triphala + Indrayava + Nimba Twak*

RESULT**Table 1: Clinical assessment before and after treatment.**

Sr.no.	Clinical parameter	Before treatment	After treatment (after 7 days)
1.	Appetite (<i>agnimandya</i>)	Poor	Improved
2.	General weakness (<i>daurbalya</i>)	Severe	Mild
3.	Yellowish discoloration of eyes (<i>haridra netra</i>)	Present (+++)	Reduced
4.	Yellowish discoloration of urine (<i>haridra mutra</i>)	Present (+++)	Reduced
5.	Bilateral Pedal edema (<i>padshoth</i>)	Present (+++)	Absent/minimal
6.	Abdominal distension (<i>adhmana</i>)	Moderate	Mild
7.	Bowel habits	Alternating constipation and loose stools	Regular
8.	Liver tenderness	Present	Absent
9.	Sleep pattern	Disturbed	Improved

Laboratory findings**Table 2: Comparison of laboratory parameters before and after treatment.**

Sr.no.	Parameters	Before Treatment	After Treatment
1.	Total bilirubin (mg/dl)	8.4	4.2
2.	Direct bilirubin (mg/dl)	5.2	2.3
3.	SGOT/AST (U/L)	182	96
4.	SGPT/ALT (U/L)	145	78
5.	Alkaline Phosphatase (U/L)	285	198
6.	Serum albumin (g/dl)	2.8	3.2
7.	Total protein (g/dl)	5.8	6.4

The liver function tests demonstrated improvement in hepatic function, as evidenced by a reduction in serum bilirubin levels and liver enzyme values. Improvement in serum albumin and total protein levels indicated better hepatic synthetic function and nutritional status.

DISCUSSION

Alcoholic liver disease is characterised by hepatocellular injury, inflammation, oxidative stress, and metabolic derangements caused by chronic alcohol consumption. In *Ayurveda*, the condition may be correlated with *Shakhashrita Kamala*, wherein aggravated *Pitta* and vitiated *Rakta* affect the liver and associated channels.

The treatment protocol considered of *Shodhana* and *Shamana* therapies. *Sadyavirechana* with *Ichhhabhedi rasa* was administered to eliminate aggravated *pitta* and facilitate detoxification.

Role of Medicines**Arogyavardhini vati**

Arogyavardhini Vati is a classical *Ayurvedic* formulation widely used in the management of liver disorders, obesity, dyslipidemia, edema, jaundice, and various metabolic conditions. It is known for its *Deepana* (appetite-stimulating), *Pachana* (digestive), and *Lekhana*

(scraping) properties, which help improve digestion, regulate lipid metabolism, and facilitate the elimination of metabolic toxins. The formulation supports liver function, promotes healthy metabolism, and aids in maintaining the physiological balance of the *Tridoshas*. Experimental studies have suggested its hepatoprotective, antioxidant, and anti-dyslipidemic activities, making it beneficial in conditions such as fatty liver disease and metabolic syndrome. By enhancing digestion, absorption, and tissue metabolism, *Arogyavardhini Vati* contributes to overall metabolic health and organ function.^[9,10]

Kamdudha Rasa

Kamdudha Rasa is a classical *Ayurvedic* formulation renowned for its *Pittashamaka* properties and is indicated in various disorders associated with aggravated *Pitta Dosha*. It possesses multiple therapeutic actions, including *Deepana* (enhancing digestive fire), *Pachana* (improving digestion and metabolism), *Balya* (strengthening), *Rasayana* (rejuvenative), *Varnya* (promoting complexion), *Anulomana* (facilitating proper bowel movement), *Netrya* (beneficial for eye health), and *Vrushya* (aphrodisiac). Owing to its *Tridosha-shamaka* action, with a predominant effect on *Pitta*, *Kamdudha*

Rasa helps restore physiological balance and supports overall health and well-being.^[11]

Triphala Yoga

Triphala Yoga is a well-established *Ayurvedic* formulation with significant antioxidant, anti-inflammatory, and hepatoprotective properties. Its therapeutic efficacy is largely attributed to hydrolyzable tannins, which act as potent free radical scavengers. Experimental studies using carbon tetrachloride (CCl₄)-induced liver injury models have demonstrated that *Triphala* can attenuate hepatic damage by reducing oxidative stress and suppressing the overexpression of pro-inflammatory cytokines such as tumor necrosis factor-alpha (TNF-α) and interleukin-6 (IL-6). Additionally, *Triphala* enhances endogenous antioxidant defense mechanisms through activation of the Nrf2 signaling pathway, thereby protecting hepatocytes from oxidative injury. Research suggests that low-temperature extraction methods help preserve the bioactive tannins responsible for these effects, thereby maximizing the hepatoprotective potential of *Triphala* and other tannin-containing herbal formulations.^[12]

Indrayava (Holarrhena antidysenterica)

Holarrhena antidysenterica (*Indrayava*) is recognized for its hepatoprotective and restorative effects on liver function. It supports hepatic regeneration and assists in the management of various liver disorders. Traditionally, *Indrayava* has been used to stimulate appetite, enhance digestion, and facilitate detoxification processes. Its bioactive constituents are reported to improve the liver's resilience against toxic substances and oxidative stress, thereby contributing to overall hepatic health and metabolic function.^[13]

Eranda Bhrishta Haritaki

Eranda Bhrishta Haritaki is widely used for promoting healthy bowel function and regulating intestinal motility. Experimental studies evaluating kaolin expulsion time have demonstrated its potential to enhance gastrointestinal transit. This effect may be attributed to accelerated gastric emptying and stimulation of intestinal peristalsis through activation of the enteric nervous system. *Haritaki* facilitates the efficient elimination of fecal matter, maintains normal stool consistency, and supports proper absorption of water and nutrients from intestinal contents. Through these mechanisms, it contributes to improved digestive function and bowel regularity.^[14]

CONCLUSION

Alcoholic liver disease is a serious and progressive condition associated with significant morbidity and mortality. *Ayurvedic* management through a combination of *Shodhana* and *Shamana* therapies provides a holistic approach to treatment. The use of formulations like *Arogyavardhini Vati*, *Kamadudha Rasa*, *Triphala*, *Indrayava*, and *Eranda Bhrishta Haritaki* demonstrates promising results in improving liver function and

reducing symptoms. This approach not only targets the disease but also restores systemic balance, making it a valuable complementary therapy in ALD management.

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