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Case Study

AYURVEDIC MANAGEMENT OF *KOSTHASHAKHASHRITA KAMLA* W.S.R TO ALCOHOLIC HEPATITIS (ALCOHOLIC LIVER DISEASE) - A CASE REPORT

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ABSTRACT

Alcoholic hepatitis is an inflammatory condition of the liver. It is caused by excessive alcohol consumption over an extended period of time. Genetics, other liver disorders, and nutrition may also contribute to alcoholic Liver Disease. In Ayurveda there are so many herbs and natural remedies available for treatment of liver diseases. Herein we present a case of married male of age 36yrs who was reported in Kayachikitsa OPD, All India Institute of Ayurveda New Delhi India with chief complaints of pain in abdomen with mild distension, yellowish discolouration of eyes, skin and dark yellow urine, loss of appetite, disturbed sleep, pedal oedema, weakness, anorexia. The diagnosis alcoholic liver disease was made on clinical ground supported with Ultrasonography and blood biochemistry reports. Ayurvedic treatment given was *Nitya Virechan* with *Trivrit Avleha* (regular purgative), *Bilwadi Gutika Anjana* (medicated collyrium) and *Shamanoushadhi* (palliative drugs). During the treatment the patient was totally abstaining from alcohol. Within 45 days of starting the therapy patient showed significant improvement which were assessed by measuring liver functions through specific clinical features and laboratory parameters. Hence presenting this case is an evidence to demonstrate the effectiveness of Ayurvedic treatment in ALD which can be proved an important guideline for treating Alcoholic Liver Disease with safe and effective Ayurveda line of management.

KEYWORDS: Alcoholic liver disease, *Anjana*, *BilwadiGutika*, *Nitya Virechana*, Ultrasonography, Ayurveda.

INTRODUCTION

Chronic consumption of alcohol leads to a condition termed alcoholic liver disease (ALD). The three most widely recognized forms of ALD are alcoholic fatty liver, alcoholic hepatitis, and alcoholic cirrhosis. Clinical features of alcoholic liver disease are hepatomegaly, jaundice, abdominal pain, loss of appetite, malnutrition, ascites and encephalopathy.[1] Alcoholic hepatitis (Alcoholic liver disease) is an inflammatory condition of the liver. It's caused by excessive alcohol consumption over an extended period of time. Alcohol is the most common substance abused in Nepal and a study carried out in 2000 AD found that about 60% of the Nepalese population had experienced alcohol and 41% had taken it during the last 12 months.[2] Alcohol is associated with high morbidity and mortality; about 3.7% of the global deaths. [3] Liver disease may vary from country to country and in the same country in different cultural groups and at different periods of time. [4] Alcoholic hepatitis may be presented in the form of increased level of bilirubin in the blood and are characterized by features of jaundice. Alcoholic hepatitis can vary from mild elevation of liver enzymes to even liver failure. The severe acute cases of alcoholic hepatitis, if not managed timely may land into complications such as hepatic encephalopathy and even early death at a rate of 50% or greater within 30 days.[5] The conventional treatment options are limited and are mainly directed towards prevention of further liver damage and prevention of complications. Ayurveda therapies are seen to be beneficial to patients of Alcoholic liver disease. Ayurveda has mentioned several formulations which acts as hepatoprotective and are known to offer considerable protection against further liver damage. In this present case the patient responded very positively to a *Nitya Virechan, Bilwadi Gutika Anjana* and *Shamanoushadhi*

Case Presentation

A 36yrs old, 62kg moderately built married male, belonging to a middle class household, presented to Kayachikitsa outpatient department (OPD) on 22 Nov 2018 with a chief complaints of pain

in abdomen with mild distension, yellowish discolouration of eyes, skin and dark yellow urine, loss of appetite, disturbed sleep, weakness, anorexia, pedal oedema, incomplete evacuation (indigestion). The abdominal pain was aggrevated by oily, spicy and heavy food. Initial history revealed that he was suffering from these symptoms from last 10 days. For the past 8 years, he had consumed approximately 360-540 ml of alcohol daily. His base line Liver Function Test dated on 19 Nov 2018 showed Total Bilirubin level 11.40mg/dl (Direct-7.10mg/dl, Indirect-4.30mg/dl) and USG (Whole Abdomen) dated on 19 Nov 2018 had a impression of Alcoholic liver disease with moderate ascites. He approached a nearby physician with these symptoms and was diagnosed with alcoholic hepatitis and treated with standard of care. As the complaints were not satisfactorily reduced he opted for the Ayurvedic treatment and consulted in OPD No.1 All India Institute of Ayurveda, New Delhi. He was advised to be admitted in Indoor Patient Department (IPD) for better management.

During the treatment, the patient was completely on cessation of alcohol. Throughout the treatment, the patient was advised to avoid the spicy, oily, salty food, and advised to take excess milk as possible during *Nityavirechana. Bilwadi Gutikaanjana* was done alternatively to eliminate the morbid *Sthanikapittadosha* from the *Netra. Bilwadi Leh* was administered for the purpose of *Pittarechana* and *Anulomana*.

Personal history

Name – XYZ	Age – 36 yrs
Sex – Male	Marital status – Married
Occupation- None	Diet – Non-vegetarian
Addiction- Alcohol	Sleep – Disturbed
Appetite – Decreased	Bowel-incompletely evacuated
Bladder- Regular	

On General Examination

Height	165cm
Weight	62kg
BMI	22.8kg/m2
B.P	110/70mm hg
Temperature	Afebrile
Pulse Rate	78/min
Respiratory Rate	20/min
Pallor	+
Pedal edema	Present
Icterus	+++
Lymphadenopathy	Not Present
Clubbing	Not Present
Cyanosis	Not Present

Ayurveda Perspective

In Ayurveda exact correlation cannot be found of alcoholic liver disease but according to signs and symptoms and pathology of disease we can consider this clinical entity as *Kosthashakhashrita kamla*. Ayurveda considers Jaundice (*Kamala*) as a disorder of *Raktavahastrotas*.[6] *Yakrit* and *Pleeha* are *Moolasthana* of *Raktavahastrotas*.[7] Clinical features of *Kosthashakhashritakamla* are *Haridra Netra, twak* (Yellowish discolouration of eyes, skin), *Haridranakha, Aanana* (Yellowish discoloration of nails and oral mucosa), *Raktamutrata, Peetashakrit* (Dark colored urine, yellow stool), *Dorbalaya* (weakness), *Aruchi* (anorexia), *Avipaka* (indigestion) Vitiated *Pitta* is the main causative factor in the pathogenesis of *Kamala*.[8] Main causative factor of these disease is *Agni Mandya*, excessively irritating food (like alcohol etc) strenuous exercise etc that lead to development of jaundice in Ayurveda.[9]

Comparison of Alcoholic Liver Disease with *Koshtashakhashrita Kamala*

Alcoholic Liver Disease	*Koshtashakhashrita Kamala*
Chronic alcohol intake	*Teekshna oushadhi* and *Madhya sevana*[10] - *Shonita dushti* - affecting *Mulasthana* i.e., *Yakrit – Kamala*
Yellowish discolouration of eyes, skin	*Haridra Netra, Twak*
Yellowish discoloration of nails and oral mucosa	*Haridra nakha, aanana* (oral mucosa)
Dark colored urine, yellow stool	*Rakta mutrata, Peeta shakrit*
Generalized weakness	*Dourbalya*
Anorexia	*Aruchi*
Indigestion	*Avipaka*

Ashtavidha Pariksha

Naadi	78/min
Mala	*Vibandh*
Mootra	*Pitavarniya*
Jihwa	*IshatSaam*
Shabda	*Prakrut*
Sparsha	*Samanya*
Drika	*Netrapitata*
Akriti	*Madhyam*

Dashvidha Pariksha

Prakriti	*Vata Pittaja*
Vikrati	*Prakritisamsamveta*
Sara	*Madhyam*
Samhanan	*Madhyam*
Pramana	*Madhyam*
Satmya	*Madhyam*
Satva	*Madhyam*
Vyayama Shakti	*Madhyam*
Jarana Shakti	*Madhyam*
Vaya	*Madhyam*

Treatment

Considering the *Pitta* and *Rakta* involvement these medicines were given in this case on the OPD basis

Date	**Medicines**	**Dose**	**Duration**	***Anupana***
22.11.18	1.*Trivrita Avleha*	1tsp	BD	*Dugdha*
	2.*Arogyavardhni Vati*	2tab	BD	Water
	3.*Phaltrikadi Kwath*	30ml	BD	-
	4.*Punarnavadi Gugglu*	2tab	BD	Water
	5.*Yakritplihari Lauh*	1tab	TID	Water

Treatment was continued from 22.11.18 to 27.11.18. He visited OPD again on 28.11.18 and *Bilwadi Leh* was added with the above medicines and on that day he was advised to be admitted in Indoor Patient Department (IPD).

Date	**Medicine added**	**Dose**	**Duration**	**Anupana**
28.11.18	6.Bilwadi Leh	1tsp	BD	-

Above treatment was continued till 3.12.18, after that with the above Internal medicines *Bilwadi Gutika Anjana* was added and applied on alternative days

Date	**Treatment added**	**Day of treatment administered**	**Duration**	**Use**
4.12.18 to 21.12.18	*Bilwadi Gutika Anjana*	Day 6th, Day 8th, Day 10th, Day 12th, Day 14th, Day 16th, Day 18th, Day 20th, Day 22th	OD	For local application

The *Bilwadi Gutikaanjana* was done to eliminate the morbid *Sthanikapittadosha* from the *Netra*. This is having *Pittarechana* properties. [11]

During the treatment, the patient was completely on cessation of alcohol. Throughout the treatment, the patient was advised to avoid the spicy, oily, salty food, and advised to take excess milk as possible during *Nityavirechana*

OBSERVATIONS AND RESULTS

After 3rd day improvement was seen in the symptoms (loss of appetite, disturbed sleep, weakness)

After 1-week improvement was seen in the symptoms (incomplete evacuation, abdominal pain with distension followed by gradual decrease in yellowish discolouration of eyes and skin was seen.

On examination yellowish discoloration of sclera, mucus membrane, and skin were reduced to almost normalcy after the treatment.

Changes in laboratory parameters before, during and after the treatment

Liver Function Test	19.11.18	6.12.18	13.12.18	21.12.18	2.1.19	8.1.19
S.Bilirubin total-(mg/dl)	11.40	8.45	5.87	4.85	3.35	1.75
S.Bilirubin (Conjucated)-(mg/dl)	7.10	5.30	4.86	2.67	2.53	1.28
S.Bilirubin (Unconjucated)-(mg/dl)	4.30	3.15	1.01	2.18	0.82	0.47

Ultrasonography reports before and after the treatment

Ultrasonography	Date 19.11.18 (BT)	Date 2.1.19 (AT)
Findings	Liver is normal in size -14.40 cm with altered echo pattern. No focal lesion is seen in the liver. Intrahepatic bile ducts are not dilated. Hepatic and the IVC appear in caliber. Ascites - +	Liver is normal in size -14.40 cm with altered echo pattern. No focal lesion is seen in the liver. Intrahepatic bile ducts are not dilated. Hepatic and the IVC appear in caliber. Ascites – not seen
Final Impression	Alcoholic liver disease with Ascites	Alcoholic liver disease

DISCUSSION

In current case study, *Trivrita Avleha, Arogyavardhni Vati, Phaltrikadi Kwath, Punarnavadi Gugglu, Yakritplihari Lauh* were advised to the patient.

By considering the *Dosha* (*Pitta*) and *Dushya* (*Rakta, Mamsa* including *Twacha*) the line of treatment was selected mainly as *Pitta* and *Raktashamana* which in turn pacifies the Kamala. Vitiated *Pitta* is the main causative factor in the pathogenesis of *Kamala*. [12] In this case, the steps followed in the management were

Koshtashodhana with *Trivritavleha* (*Anulomaka*, *Pittaghana* property) *Shamana* with *Tikta*, *Madhurarasa, Madhuravipaka, Sheetavirya* and *Anulomana* drugs which help in pacifying the *Vriddha pitta* and mitigate the *Kamala*. Eg. *Arogya vardhanivati* contains *Kutuki* as main content. *Kutuki* has *Ushna*, *Tikshana* and *Pitta Virechaka* property which helps in detoxification of liver and whole body. [13] It acts by their Agni *Deepana, Amapachana, Lekhana* actions. It may be helpful in removing the obstruction of hepato-biliary channels and correcting hyperbilirubinaemia.

Punarnavadigugglu has a *Sothahara* action. The main ingredient *Punarnava* itself has a *Sothahara* and *Mutrala* action. [14] Thus it is helpful to increase the urine output and remove oedema.

Anjana with *Bilwadi Gutika* was done to eliminate the morbid *Sthanikapittadosha* from the *Netra*. This is having *Pittarechana* properties. *Pathyasevana*-During the treatment, the patient was completely on cessation of alcohol. Throughout the treatment, the patient was advised to avoid the spicy, oily, salty food, and advised to take excess milk as possible during *Nityavirechana*.

CONCLUSION

Through this case report we might prefer to demonstrate that the line of treatment of *Kosthashakhashrita kamla* mentioned in Ayurveda texts actually contains a nice potential. Observations in treating similar cases shows that this therapy has an excellent safety and tolerability and therefore it can be utilized in treatment of *Kosthashakhashrita kamla*. Ayurveda medicines have been known for their benefits in hepatobiliary disorders. This Ayurvedic treatment modality appeared possible to apply in ALD, as it is both safe and effective. In the present practice, the patients with moderate hyperbilirubinemia were managed successfully with the part of the management strategy adopted here. In the present case where high increase in bilirubin was managed with very little modification within the routine strategy of management of hyper-bilirubinemia cases. A similar line of treatment can be

up taken for original research work to claim statistically.

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