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MANAGEMENT OF HEPATITIS THROUGH AYURVEDA: CASE SERIES

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ABSTRACT

Hepatitis, characterized by liver inflammation, poses significant health risks, including chronic liver disease and cancer. This case series explores the management of hepatitis through Ayurveda treatments, correlating the condition with Kamala Roga, which is associated with Pitta Dosha and Rakta Dushti. Two cases were treated using Ayurveda interventions, specifically Mridu Shodhana and Shamana Chikitsa, aimed at balancing Pitta Dosha and Shodhana of Rakta. Formulations such as Arogyavardhini Rasa, Patolakaturohinyadi Kashaya, and Tab Nirocil, along with dietary adjustments. The treatment resulted in significant clinical improvements, with notable reductions in total bilirubin, SGOT, and SGPT levels, indicating enhanced liver function and reduced inflammation. These outcomes suggest that classical Ayurveda treatments can offer a precise and effective therapeutic approach for Kamala with the help of Samprapti Vighatana Chikitsa.

KEY WORDS : *Hepatitis, Kamala, Samprapti Vighatana , Shodhana, Case Series*

INTRODUCTION

Hepatitis, a condition characterized by the inflammation of the liver, leads to damage and subsequent death of hepatocytes, the liver's primary cells. This inflammation can result from various causes, most notably infections by Hepatitis A, B, C, D, and E viruses. Each of these viruses affects the liver in distinct ways, leading to varying clinical outcomes. While acute hepatitis often resolves with complete recovery, it poses significant health risks, including chronic liver disease and liver cancer. Hepatitis A virus (HAV) is particularly has high infectivity. It primarily spreads through the fecal-oral route. Hepatitis B and C, on the other hand, are primarily transmitted through blood and bodily fluids, often leading to chronic infections that can cause severe liver damage over time. Hepatitis D is a defective virus that only coexists with Hepatitis B, while Hepatitis E, similar to HAV[1]. Patients with hepatitis exhibit several common symptoms, including the yellowish discoloration of the eyes, skin, nails, and face, which is a hallmark of jaundice. Other symptoms include reddish-yellow discoloration of feces and urine, indicating the excretion of bilirubin; a burning sensation in the body; loss of appetite; general weakness; and anorexia. Additionally, patients may experience fatigue, abdominal pain, nausea, and vomiting. In the realm of *Ayurveda*, hepatitis can be correlated with *Kamala Roga* based on symptoms. This condition is categorized under *Pittajananatmaja Vyadhi*[2] and *Raktapradoshajavikara*[3], denoting its connection with disorders caused by imbalances in the *Pitta Dosha* and *Rakta*.

CASE REPORT

CASE I

A 18 year old male patient who is a student with no relevant medical history or family history came to OPD of Alva's Ayurveda medical college, Moodubidire for the symptoms mentioned in **Table 1.** Since 5 days

CASE II

A 14 year old female patient who is a student with no relevant medical history or family history came to OPD of Alva's Ayurveda medical college, Moodbidri for the symptoms mentioned in **Table 1.** Since 4 days

Table. 1 : *LAKSHANA* AND *DOSHADI* INVOLVEMET

Lakshana		***Dosha***	***Dhatu , Upadhatu, Mala***	***Srotas***
CASE I	**CASE II**			
Jwara(Fever)	*Jwara*(Fever)	*Pitta*	*Rasa*	*Rasavaha*
Mutra, twak, netrapeetata (yewllowish discoloration of skin urin and sclera)	*Mutra, twak, netrapeetata* (yewllowish discoloration of skin urin and sclera)	*Pitta*	*Rakta*	*Raktavaha*
Hritklesha (Nausea)	*Hritklesha* (Nausea)	*Kapha*	*Rasa*	*Rasavaha*

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Atisara (loose stools)	*Atisara* (loose stools)	*Tridosha*	*Purisha*	*Purishavaha*
Aruchi (loss of appetite	*Aruchi* (loss of appetite	*Kapha*	*Rasa*	*Rasavaha*
Angamarda (generalized bodyache)	*Angamarda* (generalized bodyache)	*Vata*	*Rasa*	*Rasavaha*
Udara shoola (stomach ache)	*Udara shoola* (stomach ache)	*Vata*	*Rasa*	*Rasavaha*
Chardi (vomiting)	*Chardi* (vomiting)	*Kapha*	*Rasa*	*Rasavaha*
Shrama (exersion without exercise)	*Shrama* (exersion without exercise)	*Tridosha*	*Rasa*	*Rasavaha*

(both cases presented predominantly with *pitta* and *kaphavriddhi* and having *Rasa pradoshaja vikara* with *Dusti Prakara* being *Sanga.)*

NIDANA

Since the causative factor in hepatitis A is a viral infection[4], the *nidana* can be considered as *agantuja*, which is *bahya hetu*[5]. As the *lakshana* and *nidana* are independent of each other, it can be recognized as a swatantra vyadhi. Based on this, it can be classified as *Shakashrita Kamala* or *Swatantra Kamala*[6]

Table. 2 : ***DASHAVIDHA PAREEKSHA***[7]

	CASE I	***CASE II***
Prakruthi	*Pitta Vata*[8]	*Kapha pitta*
Vikruthi	*Nidana – Agnimandya, TridoshaPrakopakaNidana*	*Nidana – Agnimandya, TridoshaPrakopakaNidana*
	Dosha – pitta pradhanatridosha	*Dosha – pitta pradhanatridosha*
	Dhatu – Rasa,rakta	*Dhatu – Rasa,rakta*
	Prakruti – pitta Vata	*Prakruti – Kapha pitta*
	Desha – Anupa,	*Desha – Anupa,*
	Kaala – no specific Rtu Kala was observed for the Lakshana to manifest	*Kaala – no specific Rtu Kala was observed for the Lakshana to manifest*
	Hetu and LingaBala is Pravara hence ***RogaBala is Pravara***	*Hetu and LingaBala is Pravara hence* ***RogaBala is Pravara***
Sara	*Madhyama*	*Madhyama*
Samhanana	*Pravara*	*Pravara*
Pramana	*Pramanavatishareera*	*Pramanavatishareera*
Satmya	*Pravara*	*Madhyama*
Satva	*Pravara*	*Pravara*
Aharashakti	*Abhyavaranashakti – Avara*	*Abhyavaranashakti – Avara*
	Jaranashakti – Avara	*Jaranashakti – Avara*
Vyayamashakti	*Madhyama*	*Madhyama*
Vaya	*Baala*	*Baala*
Rogabala	***Pravara***	***Pravara***
Rogibala	***Pravara***	***Madhyama***

Table. 3 : ***SAMPRAPTI*** [9]

Sankhya	-
Vidhi	*Agantuja Vyadhi*
	Tridosha
	Sukha Sadhya
Pradhanya	*Pitta Pradhana Tridosha*
	Swatantra vyadhi
Vikalpa	*Teekshna ushna and Sara Guna* of pitta *Manda guna* of *Kapha* *Ruksha guna of vata*
BalaKaala	–

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CHIKITSA

Table.4 – *SHODHANA CHIKITSA*

Procedure	**Medicine**		***Matra***		**Days**	
	Case I	**Case II**	***Case I***	***Case II***	***Case I***	***Case II***
Nityavirechana	***Trivrit leha*** + ***Draksha Kashaya***	***Trivrit leha*** + ***Draksha Kashaya***	***5 gm*** ***50 ml*** At 7:00 AM	4 gm 40 ml At 7:00 AM	***15 days***	***15 days***

Table.5 – *SHAMANA CHIKITSA*

Aoushadhi	***Matra***	***Kaala***	***Anupaana***
Arogyavardhini rasa	1 – 1– 1	After food	*SukoshnaJala*
Patolakaturohinyadi Kashaya	20ml – 0 – 20ml	Before food	*SukoshnaJala*
Tab. Nirocil	1 – 1 – 1	After food	*Sukoshna Jala*

Table. 6 : INVESTIGATION : CASE I

TEST PARAMETER	**16/06/24**	**17/06/24**	**19/06/24**	**22/06/24**	**26/06/24**	**01/07/24**	**08/07/24**
TOTAL BILIRUBIN(MG/DL)	**9.9**	**11.8**	**11.8**	**4.0**	**2.6**	**2.3**	**1.7**
DIRECT BILIRUBIN(MG/DL)	**4.0**	**5.2**	**5.2**	**1.3**	**1.1**	**0.9**	**0.7**
INDIRECT BILIRUBIN(MG/DL)	**5.9**	**6.6**	**6.6**	**2.7**	**1.5**	**1.4**	**1.0**
SGOT (IU/L)	**1748**	**1960**	**708**	**155**	**89**	**48**	**55**
SGPT (IU/L)	**1792**	**1660**	**1124**	**434**	**189**	**92**	**58**
ALKALINE PHOSPHATE (IU/L)	**388**	**318**	**308**	**306**	**260**	**226**	**150**

Table. 7 : INVESTIGATION : CASE II

TEST PARAMETER	**07/07/24**	**08/07/24**	**09/07/24**	**15/07/24**	**22/07/24**	**29/07/24**	**05/08/24**
TOTAL BILIRUBIN(MG/DL)	**2.4**	**3.6**	**3.8**	**3.7**	**2.1**	**1.7**	**1.3**
DIRECT BILIRUBIN(MG/DL)	**0.8**	**1.2**	**1.6**	**1.5**	**0.8**	**0.7**	**0.4**
INDIRECT BILIRUBIN(MG/DL)	**1.6**	**2.4**	**2.2**	**2.2**	**1.3**	**1.0**	**0.8**
SGOT (IU/L)	**460**	**640**	**412**	**167**	**58**	**48**	**34**
SGPT (IU/L)	**816**	**848**	**628**	**198**	**93**	**78**	**52**
ALKALINE PHOSPHATE (IU/L)	**325**	**752**	**705**	**510**	**590**	**407**	**290**

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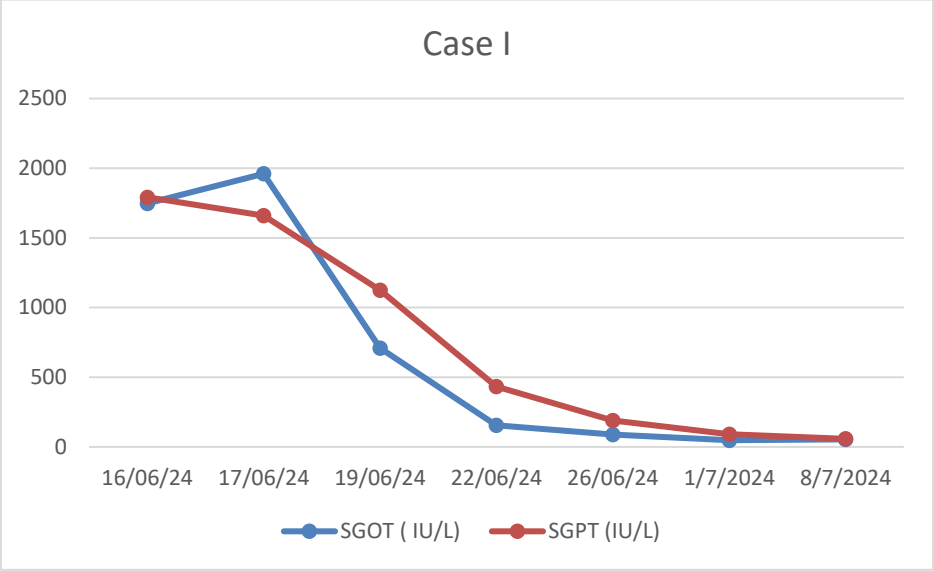


FIGURE.1 : RESULT OF CASE I

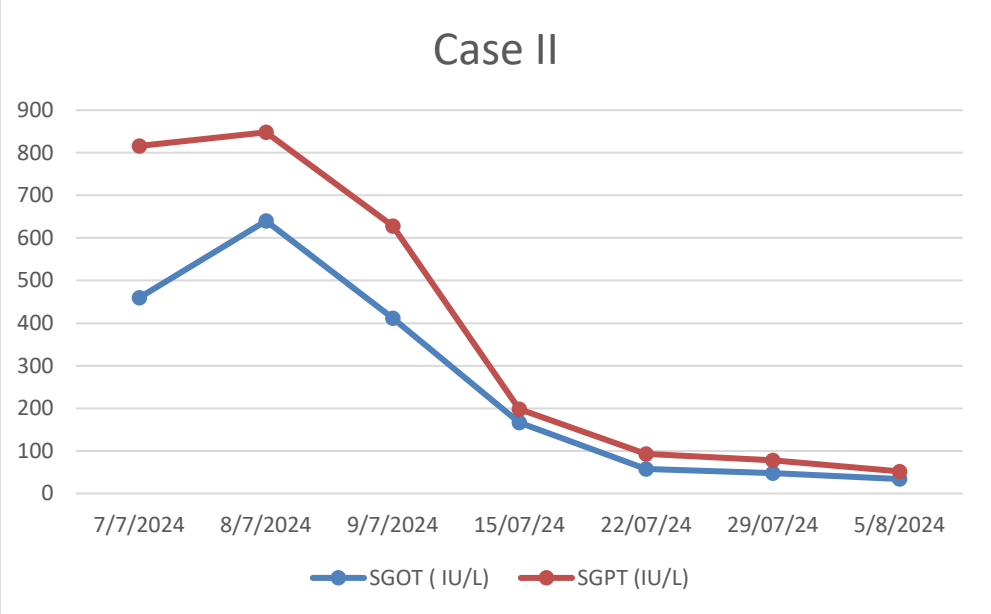


FIGURE.2: RESULT OF CASE II

DISCUSSION

Acharya Charaka has classified *Kamala* under *Pittaja Nanatmaja Vyadhi*, where he suggests to treat on the principle of *Paittika Vikara* "*Virechanam Tu Sarvakramabhyam Pitta Pradhanatamam Manyate Bishajah*" and He also quotes "*Shamshodhyo Mrudubitiktastya Kaamale Tu Virechane*"[10]

In *Kamala Pitta Dosha* is vitiated by its *Ushna, Tikshna Guna* and leads to *Rakta Pradosha*. Along with this because of *Drava Guna* accumulation (*Sanchaya*) of *Pitta Dosha* occur. In this state if we give *Tikshna Shodhana*, it leads to vitiation of *Vayu*. So, there is need to eliminate *Sanchita Dosha* and to avoid *Dhatukshaya Mrudu Shodhana* i.e., *Mrudu Virechana* (mild purgation) is useful. Here treatment of choice for *Kamala* is *Mrudu-Virechana* as *Virechana* is best therapeutic procedure for *Pittadosha*. *Virechana* is a specific treatmentfor *Pitta Doshas* and *Pitta Samsarga Doshas*. *Virech ana Dravyas* will have properties of *Ushna, Tikshna, Sukshma, Vyavayi* and *Vikasi Guna*. These drugs consist of *Prithvi* and *Jala Mahabhutas*. *Virechana* drugs have a specific property of removing the *Doshas* through *Adhobhaga*.[11]

The cases presented in this study demonstrate the beneficial effects of Ayurvedic interventions on these symptoms. The *Ayurveda* treatment regimen utilized in these cases included *Mridu Shodhana* and *Shamana*, which were specifically aimed at balancing the *Pitta Dosha* and *Shodhana* of *Rakta*. The treatments resulted in significant clinical improvements, as evidenced by the reduction in total bilirubin levels, SGOT, and SGPT. These improvements indicate enhanced liver function and a reduction in hepatic inflammation.

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Key *Ayurveda* formulations used in the treatment included *Arogyavardhini Rasa*[12] which acts on *Yakrut Vikara* and does *Malashodhana* and *Kshudhavardhana*, *Patolakaturohinyadi Kashaya*[13] which have the action on *kamala* and does *Kapha Pittahara* , Tab *Nirocil* acts as *yakrututtejaka*, *jwaraghna*, and *rechaka*. These formulations, combined with specific dietary additions like *Draksha*, *Ikshu Rasa*, *Ganji* in patient's diet were integral to the patients' recovery process.The findings from these cases align with the principles of Ayurveda pathology and therapeutics, emphasizing that a simple and effective classical treatment approach can provide precise treatment based on *Samprapti Vighatana* and timely results, as evidenced by objective parameters.

CONCLUSION

This case series highlights the effectiveness of *Ayurveda* management in treating hepatitis. The combination of *Mridu Shodhana* and *Shamana* therapies, aimed at balancing *Pitta Dosha* and *Shodhana* of *Rakta*, demonstrated significant clinical improvements. Notable reductions in total bilirubin, SGOT, and SGPT levels suggest enhanced liver function and decreased hepatic inflammation. *Ayurveda* formulations such as *Arogyavardhini Rasa*, *Patolakaturohinyadi Kashaya*, and *Tab Nirocil*, along with specific dietary interventions, played a crucial role in the patients' recovery. These outcomes underscore the potential of classical *Ayurveda* treatments as a precise and timely therapeutic approach for hepatitis, reinforcing the importance of *Samprapti Vighatanameva Chikitsa*.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

FINANCIAL SUPPORT AND SPONSORSHIP
Nil.

CONFLICTS OF INTEREST
There are no conflicts of interest.

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