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Role of *Ayurvedic Shaman* and *Shodhan Chikitsa* in Alcoholic Liver Disease: A Case Study

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Abstract

Alcoholic liver disease is a broad term that incorporates fatty liver, jaundice, hepatomegaly, ascites and cirrhosis. One of the causes for liver cirrhosis and hepatocellular carcinoma is Alcoholic hepatitis. This condition can be correlated with *Yakrit Vriddhi* or *Yakritdalyodara*. *Madya* causes vitiation of *Pitta* and *Rakta* and leads to *Yakrit Vriddhi*. This case study is a 46-year old male, presented with abdomen pain, distension, generalised weakness, bodyache, nausea, vomiting, dyspnoea on exertion, sleeplessness, anxiety. Diagnosis done was Alcoholic liver disease-*Yakritdalyodara*. He was treated as IPD patient with *Ayurvedic Shamanoushadhis* and *Panchakarma* therapies- *Abhyanga*, *Kayaseka*, *Shirodhara*, *Pindasweda*, *Prishthabasti*, *Tailabasti*. This helped in improvement of signs and symptoms, decrease in SGPT, SGOT, Bilirubin levels.

Keywords: Alcoholic liver disease, *Yakritdalyodara*, *Yakrit Vriddhi*, *Shamanoushadhis*, *Basti*.

Introduction

Alcoholic liver disease is a condition that occurs due to chronic consumption of alcohol. Alcoholic fatty liver, alcoholic hepatitis, and alcoholic cirrhosis are various forms of Alcoholic liver disease. Alcoholic hepatitis is characterized by symptoms of jaundice and presents as increased level of bilirubin in the blood. Alcoholic Liver Disease (ALD) involves fatty liver, alcoholic hepatitis, chronic hepatitis, and liver cirrhosis [1]. It accounts for 20%-50% of the prevalence of liver cirrhosis [2]. *Ayurveda* describes function of *Yakrit* as *Ranjana* of *Rasadhatu* [3] and a *Moolasthan* of *Raktavaha srotas* [4]. *Pitta* and *Rakta dhatu* has *Ashryashraye bhava*. And both have almost same qualities [5] any pathology of *Rakta* or *Pitta* causes disturbance in its *moolasthan* i.e. *Yakrit*. *Madya* has *Amla*, *Ushna*, *Laghu*, *Tikshna*, *Sukshma*, *Vyavayi*, *Ruksha*, *Vikasi* and *Vishada guna* [6]. It vitiates *pitta* and *Rakta* and causes *Yakrit Vriddhi*.

Case Report

A 46-year old male, presented with abdomen pain, distension, generalised weakness, bodyache, nausea, vomiting, dyspnoea

on exertion, sleeplessness, anxiety at Jeena Sikho Lifecare Limited Hospital, Ajmer, Rajasthan, India.

Presenting Conditions

- Ascites
- Fatty Liver
- Type II Diabetes Mellitus

Surgical History

- No history of any surgical procedures

Allergies

- No known allergies

Social History

- Chronic Alcohol Use

Family History

- No relevant family history reported

Table 1: On Examination:

General Examination:	Ashtasthana Pariksha:
Pulse: 72/min	Nadi: PittaVataja
Blood pressure: 130/80 mm of hg	Mala: Vibandha
Weight: 81 kgs	Mutra: Pitavarna
CVS: S1S2 heard normal	Jivha: Saam
CNS: Conscious, Oriented	Kshudha: Mandya
RS: AEBE Clear	Sparsha: Amushnasheeta
	Drika: Prakrita
	Akriti: Sthula

Table 2: Investigations:

15/10/2024	
AST (SGOT)	422 U/L
ALT (SGPT)	165.2 U//L
AST:ALT Ratio	2.55
Bilirubin- Total-	1.44 mg/dl
Direct-	0.62 mg/dl
Total Protein	6.96 g/dl
Albumin	4.23 g/dl
Albumin: Globulin Ratio	1.55

1. Treatment**i). Shaman Chikitsa**

- Dr. Shuddhi Powder ½ tsf HS with lukewarm water (*Nishikala with kosha jala*)
- Liv DS Cap 1 BD with lukewarm water (*Adhobhakta with kosha jala*)
- Yakrit Shotha har Vati 1 BD with lukewarm water (*Adhobhakta with kosha jala*)
- Arthri tab 1 BD with lukewarm water (*Adhobhakta with kosha jala*)
- Lipi capsule 1 BD with lukewarm water (*Adhobhakta with kosha jala*)
- Sandhi arogya Cap 1 BD with lukewarm water (*Adhobhakta with kosha jala*)
- Vata har ras vati 1 BD with lukewarm water (*Adhobhakta with kosha jala*)

ii). Panchakarma for 14 Days:

- Abhyanga- Mahanarayan Tail
- Kayaseka
- Shirodhara- Bramhi Tail
- Shashtik shali Pindasweda
- Prishtha basti- Mahanarayan Tail
- Tail Basti- Erand Tail

iii). Diet

The dietary guidelines provided by Jeena Sikho Lifecare, Limited Hospital, Ajmer, Rajasthan, India include the following key recommendations:

Foods to Avoid:

Eliminate wheat, processed foods, refined products, dairy, animal-based foods, coffee, and tea.

Avoid eating after 8 PM to support better digestion and metabolic function.

Hydration:

Drink alkaline water 3-4 times daily, along with herbal tea, living water, and turmeric water.

Almond milk, coconut water & coconut milk.

Millet Inclusion:

Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.

Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

Meal Timing & Structure:

Breakfast (9:00 - 10:00 AM): Steamed fruits (equal to patient's weight × 10 in grams) and steamed sprouts.

Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient's weight × 5 in grams) and cooked millets.

Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.

Dinner (6:15 - 7:30 PM): Same as lunch.

Special Practices:

Offer gratitude before meals to cultivate positive energy.

Sit in *Vajrasana* after eating to improve digestion and circulation.

2. Lifestyle Recommendations

Sungazing: Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

Yoga: Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to overall well-being.

Meditation: Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

Barefoot Walking: Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

Sleep: Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

Consistent Daily Routine: Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

Observation**Table 3:** Observation of symptoms-

	06/11/2024 (Before Treatment)	20/11/2024 (After Treatment)
Abdomen pain	++++	-
Abdomen distension	++++	-
Generalised weakness	++++	-
Bodyache	++++	-
Nausea	++++	-
Vomiting	Present	Absent
Dyspnoea on exertion	++++	-
Sleeplessness	++++	+
Anxiety	++++	-

Table 4: Observation of changes in lab values-

	15/10/2024	20/11/2024
AST (SGOT)	422 U/L	90 U/L
ALT (SGPT)	165.2 U/L	118 U/L
AST:ALT Ratio	2.55	0.76
Bilirubin- Total- Direct-	1.44 mg/dl 0.62 mg/dl	0.74 mg/dl 0.35 mg/dl
Total Protein	6.96 g/dl	7.40 g/dl
Albumin	4.23 g/dl	1.90 g/dl
Albumin:Globulin Ratio	1.55	1.11

Test Name	Results	Units
LIVER PANEL 1: LFT, SERUM (Reflectance Photometry)		
AST (SGOT)	422.0	U/L
ALT (SGPT)	165.2	U/L
AST:ALT Ratio	2.55	
GGTP	633.9	U/L
Alkaline Phosphatase (ALP)	72.84	U/L
Bilirubin Total	1.44	mg/dL
Bilirubin Direct	0.62	mg/dL
Bilirubin Indirect	0.82	mg/dL
Total Protein	6.96	g/dL
Albumin	4.23	g/dL
A:G Ratio	1.55	

Fig 1: LFT before Treatment

TEST NAME	VALUE	UNIT	REFERENCE RANGE
LIVER FUNCTION TEST			
SERUM BILIRUBIN (TOTAL) (Tech - Jendrassik & Grof)	0.74	mg/dl	0.00 - 1.00
SERUM BILIRUBIN (DIRECT) (Tech - Jendrassik & Grof)	0.35	mg/dl	0.00 - 0.50
SERUM BILIRUBIN (INDIRECT)	0.39	mg/dl	0.00 - 0.80
SGOT / AST (Tech - IFCC without pyridoxal-phosphate)	90.00 ^H	U/L	15.00 - 37.00
SGPT / ALT (Tech - IFCC without pyridoxal-phosphate)	118.00 ^H	U/L	14.00 - 59.00
TOTAL PROTEIN (Tech - Biuret)	7.40	gm/dl	6.40 - 8.30
ALBUMIN (Tech - Bromocresol Green)	3.90	gm/dl	3.50 - 5.20
GLOBULIN (Calculated)	3.50	gm/dl	2.00 - 4.00
A/G RATIO (Calculated)	1.11		1.00 - 2.50
ALKALINE PHOSPHATASE (Tech - IFCC)	91.00	U/L	Children : 54 - 369 Adults : 46 - 116

Fig 2: LFT after Treatment

Discussion

Madya has *Amla*, *Ushna*, *Laghu*, *Tikshna*, *Sukshma*, *Vyavayi*, *Ruksha*, *Vikasi* and *Vishada guna* which are similar to *Visha Guna* and it causes *Pittaprakopaka* and causes *Rakta Dushti*. As *Yakrit* is *Moolasthan* of *Rakta* and *Ranjaka Pitta* it leads to *Yakrit roga/Yakrit vridhhi/Yakritdalyodara*. It can be compared to *Alcoholic Liver disease*.

Samprapti Ghatak:

Dosha: *Pitta*

Dushya: *Rasa, Rakta, Mansa*

Srotas: *Rasavaha, Raktavaha, Annavaha*

Srotodushti: *Sanga, Atipravritti, Vimargagamana*

Agni: *Jatharagni, Dhatvagni*

Udbhavasthan: *Amashaya*

Vyaktasthan: *Twaka, Netra*

Adhishthan: *Rakta, Mansa*.

- Dr. Shuddhi Powder:** An Ayurvedic formulation which is rich in nutrients and antioxidants, increases energy and immunity and helps in better digestion. It contains ingredients like *Triphala* [7], *Trikatu*, *Ajwain* [8], which enhances the digestive power and minimizes bloating and strengthens metabolic process. *Amalaki* [9], *Haritaki* [10] has *Tridoshaghna* properties. Due to its *Madhura Vipaka*, it is *Shukraavrdhan*. *Trikatu* is *Kapha Vataghna*, *Dhatvagni deepana*. *Ajwain* is *Kapha Vataghna*. Most of ingredients causes *Agnideepana* and *Amapachana*.
- Liv DS Cap:** It contains *Bhumiamla Ext.*, *Kasani Ext.*, *Himsra*, *Punarnava Ext.*, *Guduchi Ext.*, *Kakamachi*, *Arjuna*, *Biranjasispha*, *Kasamarda Jhavuka*, *Vidanga*, *Chitraka*, *Kutki*, *Haritaki*, *Bhringraj*. It is useful in liver disease and helps improve appetite.
- Yakrit Shothahar Vati:** It contains *Punarnava*, *kalimirch*, *pippali*, *vidanga*, *devadaru*, *haridra*, *chitrak*, *haritaki*, *amalaki*, *danti*, *chavya*, *pippalimula*, *kutaki*, *nishoth*, *shunthi*, *ajwain*, *mandoor bhasma*. Helps in liver dysfunction, diuretic, anemia, oedema.
- Arthri Cap:** It helpful in *Vatavyadhi*, arthritis. It contains- *Nirgundi*, *Nishoth*, *Sonth*, *Punarnava*, *Giloy*, *Surjana*, *Haritaki*, *Rasna*,
- Lipi Capsule:** It contains *Arjuna*, *Guggulu*, *Resine Ext.*, *Haridra*, *Bhumiamla*, *Guduchi*, *Amla*, *Haritaki*, *Vibhitaki*, *Sunthi*, *Kali Mirch*, *Pippali*, *Mulethi*, *Punarnava*, *Jatamansi*, *Lasun*, *Bulb Ext.* *Akika Pishti*, *Mukta Pishti*, *Abhrak Bhasma*, *Shankha Bhasma*. Useful in dyslipidemia, CAD.
- Sandhi Arogya Cap:** Used in *Vatavyadhi*, arthritis. *Sonth*, *Syah Jeera*, *Shilajeet*, *Abhrak Bhasma*, *Ashwagandha*, *Shallaki*, *Guggul*, *Yavani*, *Chandrasoor*, *Rason*, *Nirgundi*, *Hemvati*, *Suranjan*, *Parijat*, *Vai Vidang*.
- Vata har ras Vati:** Used for muscle pain, joint pain, arthritis.
- Sarvanga Abhyanga:** It helps relieve tiredness, body aches, nourishes body tissues, induces good sleep, *Mahanarayan Tail* is a well-known medications used for *Abhyanga* which helps in relieving musculoskeletal pain. It contains rejuvenating antioxidant herbs.
- Kayaseka:** It is beneficial in psycho-somatic healing. It is highly beneficial in tackling *Vata Dosha*, helps in relieving musculo-skeletal pain, causes *Dhatu dhrudata*, *Deha Sthairyam*, *Agni Sthairyam*. Relaxes and rejuvenates the mind. Controls and secretes equilibrium in all *doshas*.

10. **Shirodhara:** Is a classic and widely practiced *Ayurvedic* procedure which involves slow and steady dripping of medicated oil on the forehead. *Taila dhara* is one of the variety of *shirodhara* which is considered specifically effective in various disorders where *Vata dosha* play a predominant role ^[11] The pressure of oil on to the forehead creates a vibration and then the oil saturates the forehead and scalp and penetrates into nervous system ^[12]. Gentle pressure and soothing warmth of the oil allows the body, mind and nervous system to experience a deep state of relaxation ^[13]. It helps to relieve stress.
11. **Bramhi Tail:** Is useful in relieving headaches, dizziness, anxiety, lack of sleep. It helps relax the mind. *Bramhi* is a *medhya*, *rasayana* and *kaphavata shamaka* which is specifically used in *nidravikara* and *manoroga* ^[14]. It has *medohara* *nidrajanana*, *chittowegahara* (anxiolytic) and *hrudya* properties ^[15].
12. **ShashtikShali Pinda Sweda:** Helps improve muscle strength, rejuvenate and re-energize. It is used in disease related to vitiated *Vata*, *Pitta* and *Rakta*. Used in musculoskeletal pain, stiffness.
13. **Prishtha Basti:** An *Ayurvedic* treatment that helps relieve back pain, strengthens ligaments, improves circulation and improves flexibility.
14. **Eranda Tail Basti:** Is sweet and heavy, it is highly curative of *Vata*, *Rakta Gulma*, heart disease, and chronic fever.^[16] It improves the memory, complexion, and intellect decreases *Vayu* and *Kapha*, and cleanses the system by inducing purging ^[17]. In Liver diseases where jaundice appears, *Eranda Taila* is used as a *Sneha Virechana*.

Need for Further Research

This case highlights the significant clinical improvements observed in a 46-year-old male patient with ascites, fatty liver, and Type II Diabetes Mellitus following an integrated *Ayurvedic* treatment regimen, including *Shaman Chikitsa*, *Panchakarma* therapies, and diet and lifestyle modifications. The notable reduction in symptoms such as abdominal pain, distension, generalised weakness, nausea, vomiting, and dyspnea, alongside improved biochemical parameters (including significant decreases in AST, ALT levels, and normalization of bilirubin), suggests potential benefits of *Ayurvedic* intervention in chronic hepatic conditions complicated by metabolic disorders.

However, despite these promising outcomes, this single case report underscores the necessity for further systematic research. Large-scale, controlled clinical trials are needed to:

- Validate the efficacy and safety of the combined *Ayurvedic* treatment protocols in managing fatty liver disease complicated by ascites and diabetes.
- Elucidate the underlying mechanisms of action of specific *Ayurvedic* formulations and *Panchakarma* procedures on hepatic function and metabolic regulation.
- Explore the long-term sustainability of symptomatic relief and biochemical improvements.
- Assess the comparative effectiveness of integrative *Ayurveda* versus conventional standard-of-care treatments.
- Investigate patient-reported outcomes including quality of life, psychological well-being, and functional status, given the improvements noted in anxiety and sleeplessness.

Given the rising global prevalence of metabolic liver diseases

and their complications, such rigorous scientific inquiry could support the development of standardized, evidence-based integrative care models. This would ultimately contribute to enhanced therapeutic options and improved patient outcomes.

Conclusion

The integrated *Ayurvedic* treatment regimen comprising *Shaman Chikitsa*, *Panchakarma* therapies, and lifestyle modifications demonstrated significant clinical and biochemical improvements in a 46-year-old male patient suffering from ascites, fatty liver, and Type II Diabetes Mellitus. There was a marked reduction in symptoms such as abdominal pain, distension, weakness, nausea, and dyspnoea, accompanied by notable improvement in liver function tests including a decrease in AST (SGOT) from 422 U/L to 90 U/L, ALT (SGPT) from 165.2 U/L to 118 U/L, and normalization of the AST:ALT ratio from 2.55 to 0.76. Additionally, bilirubin levels improved, with total bilirubin decreasing from 1.44 mg/dl to 0.74 mg/dl, and direct bilirubin from 0.62 mg/dl to 0.35 mg/dl. These findings suggest that *Ayurveda* may offer a beneficial adjunctive approach in managing complex metabolic and hepatic disorders. However, further rigorous research is essential to establish the reproducibility, safety, and mechanisms of such interventions, which could potentially enhance therapeutic strategies for chronic liver diseases in the future.

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