



An Ayurvedic Case Report of *Yakritdalyodar* with Special Reference to Hepatomegaly: A Clinical Presentation

Dr. Neetu Singh¹, Prof. (Dr.) C.R. Yadav²

¹MD Scholar, Department of Kriya Sharir, NIA, DU, Jaipur, Rajasthan.

²Professor and Head, Department of Kriya, NIA, DU, Jaipur, Rajasthan.

Corresponding Author: Dr. Neetu Singh

ABSTRACT

Introduction- Hepatomegaly is an enlargement of the liver caused by metabolic, infectious, inflammatory, or infiltrative conditions. In Ayurveda, it can be correlated with *Yakritdalyodar*, described under *Udara Roga*. The condition is primarily associated with *Agnimandya*, *Ama* formation, and vitiation of *Pitta-Kapha Dosha*, leading to dysfunction of *Raktavaha Srotas*. This case highlights the Ayurvedic understanding and management of hepatomegaly with clinical correlation and therapeutic outcomes.

Case presentation- A 50-year-old male patient presented with nausea, constipation, pain and tenderness in the right hypochondrium, indigestion, coated tongue, gaseous distension, and abdominal discomfort persisting for two years. On examination, the patient had coated tongue, abdominal tenderness, and symptoms suggestive of digestive impairment. Laboratory investigations revealed elevated liver enzymes consistent with hepatomegaly with fatty liver infiltration. The case was diagnosed as hepatomegaly with fatty liver changes, correlated with *Yakritdalyodar* in Ayurvedic perspective. The patient was managed with Ayurvedic medications aimed at correcting *Agnimandya*, reducing *Ama*, and balancing *Pitta-Kapha Dosha* over a period of six months. After six months of treatment, the patient showed marked symptomatic relief along with significant improvement and normalization of biochemical parameters.

Conclusion- This case demonstrates that Ayurvedic management focusing on *Agnimandya*, *Ama pachana*, and *Dosha shodhana* can be effective in improving symptoms and biochemical markers in hepatomegaly (*Yakritdalyodar*). It highlights the potential role of integrative Ayurvedic therapy in chronic hepatic disorders.

KEYWORDS: Ayurveda, *Yakritdalyodar*, Hepatomegaly, *Udara Roga*, *Yakrit Vikara*, Liver disorder

INTRODUCTION

The liver is the largest glandular organ responsible for metabolism, detoxification, storage, and synthesis of vital biochemical substances. Hepatomegaly is a clinical condition characterized by enlargement of the liver due to infections, metabolic derangements, alcohol abuse, fatty infiltration, or autoimmune disorders. In Ayurveda, *Yakrit* is considered the seat of *Ranjaka Pitta* and is closely related to *Rakta Dhatu*. One of the main cause of *Udara Roga* like ascites and organomegaly, etc. is indigestion, which is brought on by poor food regulation and lifestyle choices leads to mental disorders. In medical practice, several infectious illnesses precede "hepatomegaly." In Ayurveda, we might refer to this clinical entity as *Yakritdalyodar* based on the disease's pathophysiology, signs, and symptoms. There is no detailed description of *Yakritdalyodar*, but

Acharyas correlate its symptoms with *Pleehodar* as “*Evameva Yakridapi Dakshinparshvastham Kuryat.*” Clinical features of *Yakritdalyodar* are *Dorbalya* (weakness), *Aruchi* (anorexia), *Avipaka* (Indigestion), *Varcha Graha* (retention of stool), *Trishnadhikya* (excessive thirst), *Mandagni* (indigestion), *Udarshool* (abdominal pain), *Tamapravesh* (anxiety)¹.

These are almost similar to the sign & symptoms of hepatomegaly.

Nidan Panchak-

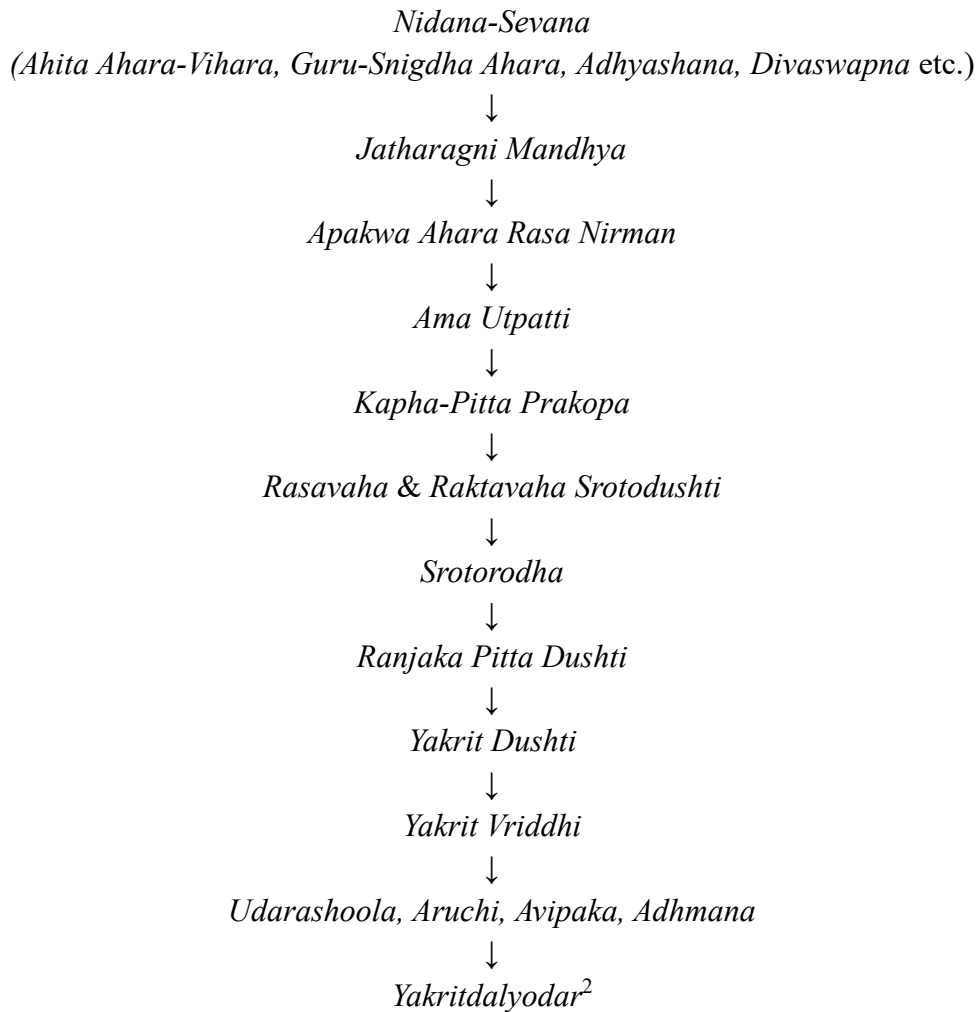
Nidan- *Atia Amala, Lawan, Ushan Vidahi, Guru Snigdha Anna Sevan*

Poorvaroopa- *Jatheragni Mandhya, Aruchi, Avipaka, etc.*

Roopa- *Yakrit vriddhi*

Upashayaa- *Laghu Aahar, Deepana-Pachana drugs, Tikta and Kashaya Dravya*

SAMPRAPTI-



CASE PRESENTATION-

A 50-year-old married male patient, working as a security guard, attended OPD No. 3 of the Department of Kriya Sharir at the National Institute of Ayurveda, Jaipur, Rajasthan, with complaints of nausea, constipation, indigestion, coated tongue, gaseous distension of abdomen, abdominal discomfort after meals, loss of appetite, and pain and tenderness in the right hypochondrium. The patient reported that the symptoms had persisted for the last two years and were progressive in nature. He had previously undergone ultrasonography, which

revealed hepatomegaly with fatty infiltration of the liver. The patient took allopathic treatment for the condition, but experienced only temporary relief. During the treatment, his weight also gradually decreased from 64 kg to 55 kg. Due to persistent symptoms and inadequate improvement with conventional treatment methods, he sought Ayurvedic consultation for the same at the National Institute of Ayurveda for further evaluation and treatment. The patient was diagnosed with *Yakritdalyodar* as per Ayurveda. There was no significant history of familial predisposition, addictions, or drug allergies. Also, there was no history of systemic conditions like hypertension or diabetes mellitus; however, the patient had a history of thyroid dysfunction and was under allopathic medication.

Clinical findings-

Table 1- General examination

S.No.	Parameters	Remarks	Normal value
1.	Blood Pressure (BP)	128/76 mm of Hg	120/80 mm of Hg
2.	Pulse Rate (PR)	74/min	72-76/ min.
3.	Respiration Rate (RR)	18/min.	18-20/min.
4.	Temperature	98.2°F	98.6°F

Vital signs were normal throughout the physical examination. Systemic examination revealed moderate liver enlargement and discomfort in the right hypochondrium. No abdominal mass was observed on examination.

USG Finding-

The ultrasonography examination revealed hepatomegaly associated with Grade I fatty infiltration of the liver.

AYURVEDIC DIAGNOSIS-

Based on the clinical features such as nausea, constipation, pain and tenderness in the right hypochondrium, indigestion, coated tongue, gaseous distension of the abdomen, postprandial abdominal discomfort, and loss of appetite, the condition can be correlated with *Yakritdalyodara*.

Table 2- Brief summary of therapeutic intervention

Time Duration	Intervention
November 3, 2025(1 st Day of visit)	<p>Treatment administered to the patient on the first visit-</p> <p>Before food-</p> <p>1)</p> <p><i>Arogyavardhini Vati</i> 500 mg BD</p> <p><i>Punarnava Mandur</i> 250 mg BD</p> <p>With Syrup M-Liv- 20 ml BD</p> <p>After food-</p> <p>2)</p> <p><i>Aviptikar Churna</i> – 3 gm BD</p> <p><i>Sankha Bhashma</i> – 500 mg BD</p> <p><i>Mukta Pishti</i> – 500 mg BD</p> <p><i>With water</i></p>

	<p>3) • <i>Phaltrikadi Kashaya</i> – 30 ml BD</p> <p>4) <i>Ashwagandha Churna</i> -3 gm HS <i>With milk</i></p> <p>5) <i>Bhrit Manjisthadi Churna</i> – 3 gm HS <i>Kutaki Churna</i>- 1 gm HS <i>With lukewarm water</i></p>
January 11, 2026(2nd visit)	<p>The patient reported mild relief from nausea and a reduction in gaseous distension of the abdomen.</p> <p>The same management was advised for next 15 days.</p>
March 25, 2026 (3rd visit)	<p>Constipation was significantly reduced, and appetite improved.</p> <p>The same management was advised for next 15 days.</p>
May 13, 2026 (4th visit)	<p>Progressive relief in the abdominal discomfort, indigestion, and tenderness in the right hypochondriac region, along with a gradual increase in body weight.</p> <p>The same management was advised for next 15 days.</p>

Brief summary of follow-up and outcomes-

After 15 Days

- Mild relief in nausea
- Reduction in gaseous distension

After 1 Month

- Improvement in appetite
- Reduction in constipation

After 3 Months

- Significant reduction in abdominal discomfort
- Improved digestion

After 6 Months

- Complete relief from nausea
- Normal bowel habits
- Marked reduction in tenderness
- Improved overall well-being

Investigations-

Table No. 3: Blood investigation report before and after the treatment

S. No.	Test (Liver function tests)	Before	After	Normal value
	Bilirubin total	0.827 mg/dl	0.57mg/dl	Up to 1.2
	Bilirubin direct	0.408 mg/dl	0.14 mg/dl	<=0.30
	Bilirubin indirect	0.42 mg/dl	0.43 mg/dl	0.3-0.7
	SGOT(AST)	208.1 U/L	36.2 U/L	Up to 40
	SGPT(ALT)	254.9 U/L	33.6 U/L	Up to 41

Test	Method	Result	Unit	Bio.ref.Interval
BILIRUBIN TOTAL	Colorimetric Diazo	0.827	mg/dl	Up to 1.2
BILIRUBIN DIRECT	Diazo	0.408	mg/dl	<= 0.30
BILIRUBIN INDIRECT	Calculated	0.42	mg/dl	0.3 - 0.7
SGOT (AST)	NADH (without P-5-P)	208.1	U/L	Up to 40
SGPT (ALT)	NADH (without P-5-P)	254.9	U/L	Up to 41
TOTAL PROTEIN	BCG	7.92	g/dl	SEE BELOW
ALBUMIN	BCG	4.17	g/dl	3.97 - 4.94
GLOBULIN	Calculated	3.55	g/dl	2.2 - 3.5
A / G Ratio	Calculated	1.17	U/L	1.3 - 2.5:1
ALKALINE PHOSPHATASE	PNP AMP	120	U/L	40 - 129

Test	Method	Result	Unit	Bio.ref.Interval
BILIRUBIN TOTAL	Colorimetric Diazo	0.578	mg/dl	Up to 1.2
BILIRUBIN DIRECT	Diazo	0.143	mg/dl	<= 0.30
BILIRUBIN INDIRECT	Calculated	0.43	mg/dl	0.3 - 0.7
SGOT (AST)	NADH (without P-5-P)	36.2	U/L	Up to 40
SGPT (ALT)	NADH (without P-5-P)	33.6	U/L	Up to 41
TOTAL PROTEIN	BCG	6.47	g/dl	SEE BELOW
ALBUMIN	BCG	4.66	g/dl	3.97 - 4.94
GLOBULIN	Calculated	3.81	g/dl	2.2 - 3.5
A / G Ratio	Calculated	1.22	U/L	1.3 - 2.5:1
ALKALINE PHOSPHATASE	PNP AMP	139	U/L	40 - 129

BT (Before treatment)

AT (After treatment)

USG After Treatment

Liver size near normal with reduced fatty infiltration.

Adverse Events

No adverse events or drug-related side effects were reported throughout the treatment period.

Mode of action of drugs-

Arogyavardhini Vati -

Arogyavardhini Vati is a well-known Ayurvedic formulation in which *Kutki* serves as the main ingredient. *Kutki* possesses *Tikta Rasa* and *Katu Vipaka* along with *Deepana* and *Bhedana* properties, which help improve digestion, clear bodily channels, and support liver function. It is also widely recognized for its hepatoprotective activity. In addition, it also exhibits anti-inflammatory, antioxidant, antibacterial, antimicrobial, hypocholesterolemic, hypolipidemic, and immunomodulatory effects. The formulation also contains *Abhrak Bhasma*, *Tamra Bhasma*, and *Triphala*, which contribute *Kapha-Vata Shamaka* and *Lekhaniya* properties, helping in lipid reduction and weight management. Collectively, these ingredients provide *Deepana*, *Pachana*, *Malashuddhikara* (detoxifying), and *Medo-Vinasana* (fat-reducing) actions, thereby supporting liver function and maintaining metabolic balance⁴.

Punarnavadi Mandoor -

Punarnavadi Mandoor is a classical Ayurvedic formulation used mainly in the management of *Pandu Roga* (anaemia). It contains ingredients such as *Punarnava*, *Trikatu*, *Triphala*, *Chitraka*, *Haridra*, *Daruharidra*, *Nagarmotha*, *Mandoor Bhasma*, and *Gomutra*. The formulation possesses *Deepana* and *Pachana* properties, which improve digestion and metabolism. It also acts as a *Raktavardhaka* by enhancing blood formation, strength, and complexion. Many ingredients exhibit anti-inflammatory, diuretic, and hepatoprotective activities, helping to reduce swelling and support liver function. Due to its *Tridoshahara* and *Ushna* properties, it removes channel obstruction, pacifies *Vata Dosha*, and maintains *Dosha* balance. Overall, *Punarnavadi Mandoor* improves digestion, liver health, blood quality, and helps effectively manage anaemia.⁵

Avipattikar Churna-

Avipattikar Churna is a classical Ayurvedic formulation described under *Amlapitta Rogadhikara* in *Bhaishajya Ratnavali*. It contains ingredients such as *Trikatu*, *Triphala*, *Musta*, *Vida Lavana*, *Vidanga*, *Ela*, *Twak*, *Lavanga*, *Trivrit*, and *Sharkara*. *Sharkara*, which is present in the highest proportion, helps balance the *Laghu* (light), *Ruksha* (dry), *Teekshna* (sharp), and *Ushna* (hot) properties of other ingredients like *Lavanga*. *Trivrit*, another major components like *Trikatu*, *Triphala*, *Musta*, *Vida Lavana*, *Vidanga*, *Ela*, and *Twak* possesses *Rechana* (laxative) and *Shothahara* (anti-inflammatory) properties. *Lavanga* exhibits *Deepana* (enhances digestion), *Amapachana* (digests toxins), *Vatanulomana* (regulates *Vata*), and *Shoolaprashamana* (pain-relieving) activities. Collectively, these ingredients make *Avipattikar* effective in managing digestive disturbances, inflammation, and disorders associated with acid peptic imbalance.⁶

Shankh Bhasma -

Shankh Bhasma possesses *Sheetala* (cooling), *Kshariya* (alkaline), and *Grahi* (absorbent) properties. It is beneficial in the management of *Amlapitta* (hyperacidity) and *Agnimandya* (impaired digestive fire). Due to its cooling and alkaline nature, it helps neutralize excess gastrointestinal acidity, improves digestion, and supports gastrointestinal health.⁷

Mukta Pishti -

Mukta Pishti possesses *Katu*, *Snigdha*, *Ruchya*, *Deepana*, *Pachana*, and *Ruchikara* properties. It is also effective in *Shoolaprashamana* (relieving pain). The formulation helps improve appetite and digestion, enhances taste perception, supports digestive fire, and provides soothing effects in gastric and digestive disorders.⁸

Phaltrikadi Kwatha -

Phaltrikadi Kwatha is a classical Ayurvedic formulation containing *Triphala*, *Daruharidra*, *Vishala*, and *Musta* as its major ingredients. These herbs are well known for their hepatoprotective activity and beneficial effects on liver function. The formulation possesses *Pittahara* (*Pitta*-pacifying), *Pitta Rechana* (elimination of aggravated *Pitta*), *Yakruduttejaka* (liver-stimulating), *Deepana* (digestive stimulant), and *Shothahara* (anti-inflammatory) properties.⁹

Manjistha Churna -

Manjistha contains *Tikta* and *Kashaya Rasa* with *Katu Vipaka* and exhibits *Deepana* and *Pachana* actions. These properties support digestion, metabolism, and purification of the blood and body systems.¹⁰

Ashwagandha Churna –

Ashwagandha Churna helps in nourishing and strengthening the body, promotes healthy weight gain, and improves physical stamina. The formulation is also considered an excellent *Vayasthapaka* (rejuvenator and age-sustaining medicine), which helps maintain vitality, strength, and overall well-being.

DISCUSSION

Yakritdalyodar can be understood in Ayurveda as a disorder resulting from prolonged *Nidana Sevana*, which leads to *Agnimandya* and subsequent *Ama Utpatti*. The accumulated *Ama* causes vitiation of *Kapha and Pitta Dosha*, resulting in *Raktavaha Srotodushti* and impaired functioning of *Ranjaka Pitta*, ultimately leading to enlargement of the liver. In the present case, the patient had clinical manifestations such as nausea, indigestion, abdominal discomfort, tenderness in the right hypochondriac region, gaseous distension, and loss of appetite, which are suggestive of *Yakrit Dushti*. The elevated liver enzymes and ultrasonographic findings are suggestive of hepatomegaly with Grade I fatty infiltration further supported the diagnosis. The Ayurvedic management adopted in this case acted through *Deepana*, *Pachana*, *Amapachana*, and *Yakritottejaka* properties, which helped in correcting *Agnimandya*, metabolizing *Ama*, balancing vitiated *Dosha*, and restoring normal liver metabolism. *Kutki* possesses *Bhedana* property, which helps in breaking and expelling accumulated malas downward. It also exhibits *Pitta Rechana* action. Regular follow-up demonstrated gradual symptomatic relief, improvement in appetite, reduction in abdominal discomfort, and normalization of liver function parameters, indicating the effectiveness of Ayurvedic intervention in managing *Yakritdalyodar*.

Diet-

पथ्येऽसतिगदार्तस्य किमौषधनिषेवणैः ॥

पथ्येऽसति गदार्तस्य किमौषधनिषेवणैः ॥ (Vaidya Jeevanam)

When a patient properly follows wholesome diet and lifestyle practices, medicines may not be required; however, if proper diet and lifestyle are not maintained, medicines may fail to produce effective results.

सङ्क्षेपतः क्रियायोगो निदानपरिवर्जनम् |(सु. उ. 1/25)¹⁰

The fundamental approach to treatment is the avoidance of *Nidana* (causative factors).

Keeping these views in mind the patient was advised to follow the following *Pathya-Apathaya Ahara-*

Category	Diet
<i>Pathya Ahara</i>	<i>Shali, Yava, Mudga, Jangala Mamsa Rasa, Ksheera, Asava, Arishta, Madhu, Dadima Rasa, Ghrita, Sharkara, and Takra</i> etc.
<i>Apathya Ahara</i>	<i>Audaka and Anupa Mamsa Rasa, Shaka, Pishtanna, Tila, Ushna Guru and Vishtambhi Ahara Dravya, Patra Shaka, Montha, Viruddhanna, and Tikshna, Vidahi, and Lavana Yukta Anna</i> , etc.

CONCLUSION

The present case study demonstrates that Ayurvedic treatment is effective in the management of *Yakritdalyodar* (Hepatomegaly). The therapeutic approach based on correction of *Agnimandya*, elimination of *Ama*, and pacification of vitiated *Kapha-Pitta Dosha* produced significant clinical and biochemical improvement in the patient, along with appropriate *Pathya-Apathya*, regular Ayurvedic treatment resulted in a reduction of symptoms, improvement in liver function, and enhancement of overall health status. This case suggests that Ayurveda offers a safe, economical, and holistic treatment modality for hepatomegaly and can play a significant role in its successful management.

ACKNOWLEDGEMENT

I sincerely acknowledge my respected guide or supervisor for their constant guidance, valuable suggestions, and continuous support throughout the preparation of this case study. Their expert insight and encouragement played a crucial role in the successful completion of this work.

I extend my heartfelt thanks to the patient for their full cooperation and willingness to participate in this study, without which this work would not have been possible.

PATIENT CONSENT

He has given his consent for his clinical information to be reported in this journal. The patient was assured that his initials will not be published, and due efforts will be made to conceal his identity

REFERENCES

1. Pandit Kashinaath Shastri, Dr. Gorakhnath Chaturvedi Charak Samhita of Maharshi Charak, Chukambhaprakashan, Varanasi, chikitsasthan, chapter 13, shlok 38 page no.387.
2. Paliwal G, Trivedi AB, Mohan Kumar SS, Sahoo S, Ayurvedic Management of Yakritddalyodar (Hepatomegaly) - A case Report. J Ayu Int Med Sci. 2026;11(4):601-605.
3. Anonymous. Arogyavardhini Gutika. In: Ayurvedic Formulary of India. Part I. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH; p. 664.
4. Anonymous. Punarnava Mandoor. In: Ayurvedic Formulary of India. Part I. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH; p. 653-654..
5. Anonymous. Avipattikar Churna. In: Ayurvedic Formulary of India. Part I. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH; p. 309-310.
6. Anonymous. Shankha Bhasma. In: Ayurvedic Formulary of India. Part I. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH; p. 641.
7. Anonymous. Mukta Pishti. In: Ayurvedic Formulary of India. Part I. New Delhi: Government of India, Ministry of Health and Family Welfare, Department of AYUSH; p. 585-586.
8. Paliwal G, Trivedi AB, Mohan Kumar SS, Sahoo S, Ayurvedic Management of Yakritddalyodar (Hepatomegaly) - A case Report. J Ayu Int Med Sci. 2026;11(4):601-605.
9. Prof.P.V. Sharma, Dravyaguna-vijana, Chaukhambha Bharti Academy, Varanasi, Vol. II, 2019; p-441,800
10. Maharshi Sushruta, Edited By Kaviraj Ambikadutta Shastri, Sushruta Samhita, Uttar Tantra, 1 Adhyay, Shloka No 25. P-14