

Role of Dugdhahara, Nirlawana Pathya and Arogyavardhini Vati in Management of Yakrit Dalludara w.s.r. to Decompensated Liver Cirrhosis: A Case Report

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Abstract

Background: Yakrit Dalludara is one among Ashta Mahagada with Krichhrasadhya prognosis. Charaka advocates Dugdhahara and Lavana Varjana as Pathyatama in Udara Roga.

Case Report: A 54-year-old male with decompensated liver cirrhosis, moderate ascites, and splenomegaly was managed with Ayurvedic protocol. Baseline investigations on 26/09/2025: Weight

61.7 kg, abd girth 95 cm, T. Bilirubin 5.16 mg/dL, HB 8.1 g%, Platelets 79,000/μL, USG - cirrhotic liver, spleen 16.7 cm, moderate ascites.

Intervention: Patient administered Arogyavardhini Vati, Sutshekhar Ras, Vasaguduchyadi Kwath, Indrayan Yog Kadha, Mahamrutunjay Ras along with Nitya Mridu Virechana. Pathya: Exclusive Dugdhahara for 5 months and Nirjala-Nirlawana Pathya.

Results: After 8 months [14/05/2026], weight reduced to 49.3 kg, abd girth 76 cm, T. Bilirubin 1.65 mg/dL, spleen 15.6 cm, ascites reduced to mild-moderate. No complications reported.

Conclusion: Classical Udara Chikitsa with Dugdhahara and Nirlawana showed significant improvement in ascites and liver functions, validating Ayurvedic principles.

Keywords: Yakrit Dalludara, Dugdhahara, Nirlawana, Arogyavardhini Vati, Liver Cirrhosis, Ascites, Case Report

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1. Introduction

Udara Roga is described as one of the Ashta Mahagada in Charaka Samhita. Yakrit Dalludara results from Yakrit Vriddhi leading to Udakavaha Sroto Dushti and Jala Sanchaya in Udara. This correlates with ascites due to portal hypertension in liver cirrhosis. Acharya Charaka mentions “Takram Dugdhahara Cha Pathyam Udara Roginam” [Ch.Chi.13/96] and Lavana as Abhishyandi causing Kleda Vriddhi. Present case evaluates this classical protocol.

2. Patient Information

A 54-year-old male farmer presented with

Udaravridhi, Daurbalya, Pandu, and Agnimandya since 6 months. Diagnosed case of alcoholic liver cirrhosis with portal hypertension. No history of encephalopathy or variceal bleed.

3. Clinical Findings

Dashavidha Pariksha: Vata-Pitta Prakriti, Madhyam Sara, Madhyam Samhanana, Avara Satva.

Ashtavidha Pariksha: Nadi - 84/min, Mala - Baddha, Mutra - Alpa, Jihva - Saam, Shabda - Ksheena, Sparsha - Anushna Sheeta, Drik - Pandu, Akriti - Madhyam.

BP 100/70 mm of Hg

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Timeline of Investigations:

Parameter	*26/09/25*	*19/01/26*	*14/05/26*
Weight	61.7 kg	54.2 kg	49.3 kg
Abd Girth	95 cm	84 cm	76 cm
HB g%	8.1	7.1	8.2
Platelets/ μ L	79,000	80,000	80,000
T. Bilirubin mg/dL	5.16	9.20	1.65
Direct Bili mg/dL	3.74	7.12	0.85
SGOT/SGPT U/L	74.66/26.11	76/86.16	32/23

USG

Date- 26/09/2025		
liver		Cirrhosis
Spleen		16.7cm
Mod ascites —		
Date- 16/05/2026		
Liver	Paranchymal	Disease
Spleen		15.6cm
Mild- ascites		

4. Diagnostic Assessment

Vyadhi Vinishchaya: Yakrit Dalludara - Pitta-Kaphaja Samprapti Ghatak:

Ghatak	*Description*
Dosha	Pitta Pradhana Tridosha, Vyana Vayu, Samana Vayu
Dushya	Rasa, Rakta, Mamsa, Meda, Udaka, Majja
Srotas	Udakavaha, Rasavaha, Raktavaha, Annavaha
Srotodushti	, Vimarga Gamana

Agni	Jatharagni & Dhatvagni Mandya
Ama	Rasagata Ama
Udbhava Sthana	Yakrit, Pliha
Sanchara Sthana	Udara
Vyakta Sthana	Udara
Rogamarga	Abhyantara

5. Therapeutic Intervention

5.1 _Shamana Chikitsa_

1. Arogyavardhini Vati: Yakrit Uttejaka, Pitta Rechaniya, Kleda Shoshaka. Contains Katuki, Tamra Bhasma. Given for Nitya Mridu Virechana and LFT correction.

2. Sutshekhar Ras: Pittashamaka, Shulahara. Controlled Agnimandya and Utklesha.

3. Vasaguduchyadi Kwath: Tikta Rasa, Raktaprasadana, Jwaraghna. Vasa + Guduchi for Yakrit Shothahara.

4. Indrayan Yog Kadha: Indrayan Moola - classical Jalodaraghna drug. Tikta, Rechaka for Udara Jala Nirharana.

5. Mahamrutunjay Ras: Sannipataj Avastha Pratibandhaka, Ojovardhaka. Used during acute Pitta Prakopa on 19/01/26.

[1][2][3][4][5][6]

Anupana: Dugdha for Arogyavardhini Vati, Ushnodaka for Kwatha.

5.2 _Pathya-Apathya Vyavastha_

1. Dugdhahara for 5 Months: Exclusive Go-Dugdha Siddha with Sunthi-Pippali ~2 L/day. Dugdha is Pathyatama in Udara as per Charaka. Provides Dhatu Poshana without Guru Ahara load and acts as Mutrala.

2. Nirjala-Nirlawana Pathya:

- Nirlawana: Total salt restriction for 5 months. Lavana is Kledakara and Shothakara.

- Nirjala/Alpa Jala: Shruta Jala with Dhanyaka <1 L/day to prevent Udaka Vriddhi.

3. Apathya: Lavana, Madya, Dadhi, Guru-Snigdha Ahara, Divaswapna completely avoided.

[1][2]

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6. Follow-up and Outcomes

After 5 months of Dugdhahara + 8 months total therapy: 12.4 kg weight loss, 19 cm girth reduction, 68% reduction in bilirubin, 1.1 cm reduction in splenomegaly. No episode of SBP, encephalopathy, or variceal bleed. HB maintained despite Pandu. Patient symptomatically better with improved appetite and strength.

7. Discussion

Dugdhahara provides Rasayana effect and prevents Dhatu Kshaya while being Laghu for Mandagni. Nirlawana directly reduces portal pressure and ascitic fluid volume, matching modern salt restriction. Arogyavardhini Vati acts as Nitya Virechaka removing Kleda without Daurbalya. Mahamrutunjay Ras prevented Upadrava during acute decompensation. This integrated approach aligns with Charakokta Udara Chikitsa Sutra.

8. Conclusion

Yakrit Dalludara can be managed with classical protocol of Dugdhahara, Nirlawana, and Yakrit Uttejaka Aushadhi. The case shows significant reduction in ascites and stabilization of LFTs. However, cirrhosis requires lifelong hepatologist monitoring for varices, HCC, and MELD

scoring. Ayurveda serves as effective supportive care.

Patient Perspective: “After 5 months of milk-only diet and no salt, my stomach swelling reduced completely. I feel stronger now.”

Informed Consent: Written consent obtained for publication. Conflicts of Interest: None.

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