Case Report

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AYURVEDIC MANAGEMENT OF YAKRITODARA ASSOCIATED WITH ASHMARI AND ASHMA SHARKARA: A CASE REPORT

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ABSTRACT

Yakritodara (Non-Alcoholic Fatty Liver Disease) has emerged as a major contributor to liver-related morbidity in both developed and developing nations. Evidence suggests that NAFLD can advance to cirrhosis and ultimately liver failure. Currently, no definitive treatment is available; management is primarily focused on weight optimization. In Ayurveda, the condition is attributed to Rakta-Kapha Dushti, leading to Yakritodara (hepatic enlargement). Mutrashmari refers to calculi formed within the urinary tract, including the kidneys, ureters, bladder, and urethra. A 40-year-old male presented with complaints of pain in the right hypochondriac and epigastric regions, along with bilateral flank pain, burning micturition, nausea, and postprandial vomiting persisting for four months. Ultrasonography evaluation revealed Grade I fatty liver along with renal calculi and concretions. The patient was managed with Shamana Chikitsa (palliative therapy) based on Ayurvedic principles for one month. On follow-up, ultrasound findings demonstrated regression of fatty liver (Grade I) to normal, accompanied by a reduction in renal calculi and concretions.

Keywords: Non-Alcoholic Fatty Liver Disease, Ashmari, Yakritodara

INTRODUCTION

Non-alcoholic fatty liver disease (NAFLD) is a spectrum of liver conditions, which primarily includes simple steatosis and non-alcoholic steatohepatitis (NASH). Steatosis is a condition characterized by the excessive accumulation of lipids within hepatocytes, whereas NASH is characterized by hepatic steatosis accompanied by inflammation and varying degrees of hepatocellular injury.[1]

The prevalence of non-alcoholic fatty liver disease (NAFLD) has increased significantly in recent years, with estimates in the adult population ranging from 14% to 31%. This trend is likely influenced by the global surge in obesity and diabetes across all age groups. [2]Notably, the incidence of hepatic steatosis shows a strong correlation with obesity. In a large population-based study, ultrasound findings showed that 91% of individuals with a body mass index (BMI) greater than 30 kg/m² presented with steatosis.[3]

In Ayurveda, fatty liver disease (FLD) can be correlated with Yakrit Roga (liver disorders) and Medoroga (disorders related to obesity). According to Acharya Yogratnakara, the excessive consumption of Vidahi Ahara (pungent or spicy foods) and Abhisyandi Ahara (foods that obstruct bodily channels) causes the vitiation of Rakta (blood) and Kapha doshas, ultimately leading to Yakritodara, a condition characterized by liver enlargement.[4]

Renal calculi (urinary stones) are mostly observed in individuals between the ages of 20 and 40 years, with a significant decrease in incidence after the age of 50.[5] Contemporary medical sciences suggests urinary stone formation is influenced by a variety of factors, including genetics, age, sex, metabolic disorders, sedentary lifestyle, dehydration, mineral content in drinking water, and nutritional deficiencies. Contemporary medicine focuses on addressing the underlying causes through pharmacological treatment, the use of diuretics to facilitate stone passage, and, when needed, surgical procedures. These may include open surgery, percutaneous methods, and other minimally invasive techniques.

In Ayurveda, renal stones can be correlated with the condition known as Ashmari (Renal calculus). This condition is classified under Ashtamahagada (Eight Grave Diseases), a group of eight diseases considered difficult to cure. Ashmari is considered as a disorder of the Mutravaha Srotas (Urinary channels), the bodily channels responsible for the formation and flow of urine.

Acharya Sushruta has mentioned both medicinal and surgical approaches for the management of Vrikkashmari (renal stones) and also emphasizes the use of medicinal treatment during the early stages of the disease to prevent further progression. Surgical intervention is recommended when conservative management is not effective.[6]

Case Study

A 40-year-old male patient came in Kayachikitsa OPD (OPD No.3) at A & U Tibbia College and Hospital, Karol Bagh, New Delhi, with symptoms of pain in the right hypochondriac, epigastrium region, and pain in the bilateral flanks regions with burning micturition, nausea, and vomiting after taking meals for 4 months. An informed consent was taken from the patient prior to participation in this study.

History of Present Illness

According to the patient, he was asymptomatic 4 months back, and then he developed pain in the right hypochondriac region and epigastrium region with burning micturition, nausea, and

vomiting. He was advised to undergo an ultrasonography of the whole abdomen to determine the cause of his symptoms.
Then, USG reports revealed Mild Hepatomegaly with grade 1 Fatty Liver.
Right Kidney also showed a calculus of size 5.7mm in the upper pole, and small concretions were noted in the bilateral kidneys of size approximately the same size 1-2 mm.
Epigastric probe tenderness, like gastritis, was also present.
Minimal inflammation is noted in the bowel loops located in the upper abdomen.

Past History
There was no history of diabetes mellitus, hypertension, asthma, thyroid disorders, cardiovascular disease, chronic kidney disease, liver disease, autoimmune disorders, or any addictions.

Personal History
Appetite and thirst were normal, sleep and bowels were normal, but patient reported burning sensation during urination.

Clinical Examination

Systemic Examination
CNS Examination – Patient was conscious, alert, and well oriented to time, place, and person.
CVS Examination – Heart sounds S1 and S2 were normal; no murmurs, rubs, or gallops were heard
Respiratory system examination – Bilateral air entry was clear; no added sounds were noted.
GIT system examinations – Mild tenderness present in the epigastric and right hypochondriac region. No organomegaly was present

Ashta Vidha Pariksha (Eight-Fold Examination)
Nadi (Pulse) – Pittakaphaja, 82 beats per minute
Mala (Bowel movement) - Altered bowel habit with Sama Mala
Mutra (Urination) – Daha (Burning), 2- 3 times a day, normal colour
Jihwa (Tongue) - Coated
Drika (Eyes) - Normal
Sparsha (Touch) - Sama Sheetoshna (Normal)
Aakriti (Body build) - Madhyam
Shabda (Speech) - Spashta (Clear)

On Examination
Pallor, icterus, clubbing, cyanosis, edema, and lymphadenopathy were absent.

Timeline

Table 1: Treatment Suggested

Date	Clinical Events	Interventions	Duration
15.01.2025	First episode of recurrent alteration in bowel habit with pain in the abdomen. Advised USG of the whole abdomen.	Chitrakadi vati 2 BD	10 days
25.01.2025	Complaints of pain in the epigastrium region and pain in the bilateral flanks region radiate to the back with nausea and burning during urination. USG whole abdomen Figure 1-Hepatomegaly with grade 1 fatty liver. Right Kidney also showed a calculus of size 5.7mm in upper pole, and small concretions were noted in bilateral kidneys of size approximately 1-2 mm. Epigastric probe tenderness, like gastritis, was also present. Minimal inflammatory changes were seen in the bowel loops of the upper abdomen.	Tablet Arogyavardhini vati 250mg 2 BD Tablet Gokshuraadi gugullu 2 BD. Varunadi Kashaya 20 ml BD Chandanasava 20ml with equal amount of water BD. Avipattikara churna 3g BD Before meal. Shweta parpati 250mg BD	7 days
01.02.2025	Follow up 1 A slight improvement was observed in the previously reported symptoms. The bowel was constipated.	Tablet Arogyavardhini vati 250mg 2 BD Before meal Tablet Goksuraadi Gugullu 2 BD Varunadi Kashaya 20 ml BD Chandanasava 20ml with an equal amount of water BD. Avipattikara Churna 3gm BD before a meal. Shweta Parpati 250mg BD	7 days
08.02.2025	Follow up 2 A significant improvement was observed in the previously reported symptoms	Tablet Arogyavardhini vati 250mg 2 BD before meal Tablet Goksuraadi Gugullu 2 BD Varunadi Kashaya 20 ml BD Chandanasava 20ml with an equal amount of water BD. Avipattikara Churna 3gm BD before meal. Shweta Parpati 250mg BD	7 days
15.02.2025	Follow up 3 Improvement in the above complaints.	The same treatment protocol was followed.	7 days
22.02.2025	Follow up 4 No alteration of bowel habits and Fever. No associated complaint. Advised USG whole abdomen	The same treatment protocol was followed.	7 days
01.03.2025	Follow up 5 No associated complaint was present. USG Figure 2 No Hepatomegaly & fatty liver. No Renal calculus was seen in the scan. No gastritis was present.	Chitrakadi Vati 1 TDS was advised.	7 days.

Pathya and Apathya in Fatty Liver (Yakrita Roga / Medoroga)

Pathya (Recommended Diet and Lifestyle)
Ahara (Diet): Yava (barley), Mudga (green gram), fruits, salad, Patola (ridge gourd), Amalaki (Indian gooseberry), etc.
Vihara (Lifestyle): Regular physical activity such as brisk walking 3–4 km/day.

Apathya (To Be Avoided)
Diet: Excessive intake of dairy products (milk, butter, buttermilk, ghee), spicy foods, oily and fried items, Maida (refined flour), rice, potato, sugar, and sweets, etc.
Lifestyle: Smoking, tobacco use, excessive sleep, sedentary habits, overeating, stress, and frequent anger.[7]

Pathya and Apathya in Renal Calculus (Mutrashmari)

Pathya (Recommended Diet and Lifestyle)
Ahara (Diet): Kulattha (horse gram), Mudga (green gram), Kushmanda (ash gourd), Shigru (moringa), leafy vegetables
Vihara (Lifestyle): Adequate fluid intake to promote urine flow

Apathya (To Be Avoided)

Diet: Masha (black gram), brinjal, tomato, spinach, foods that are heavy to digest, acidic, or constipating
Lifestyle: Suppression of natural urge, lack of exercise.[8]

RESULT

Table 2: Subjective Assessments

Symptoms	Before Treatment	After Treatment
Pain in the abdomen	Present	Absent
Burning urination	Present	Absent
Nausea and Vomiting	Present	Absent
Alteration of Bowel habit	Present	Absent

Table 3: Objective Assessments

Ultrasonography on 21.01.2025 Before Treatment	Ultrasonography on 28.02.2025 After Treatment
Mild Hepatomegaly with Grade 1 Fatty Liver	No Fatty liver and hepatomegaly
Right Renal calculus of size 5.7 mm in the upper pole and bilateral kidney noted approximately 1-2mm small concretions.	No calculus seen in the kidney.
Gastritis	Absent
Minimal inflammation is noted in the bowel loops located in the upper abdomen.	Not seen.

DISCUSSION

Non-alcoholic fatty liver disease (NAFLD), with an estimated global prevalence of around 25% represents the most widespread chronic liver condition worldwide.[9] Non-alcoholic fatty liver disease is the primary cause of chronic liver disease globally. Despite continuous research efforts and progress in drug development, effective treatment options in modern medicine remain limited.

In this case, Ayurvedic treatment was primarily planned because of the dominance of Vata and Kapha doshas, which are considered key contributors in conditions such as Grade I fatty liver (Yakritodara) and Ashmari (renal calculus). Accordingly, formulations with Vata-Kapha Doshahara (dosha-pacifying) properties were selected to address the underlying imbalances responsible for fatty deposition in the liver and calculus formation.

To complement the pharmacological intervention, the patient was advised to follow dietary modifications aimed at reducing Kapha and preventing Ama (toxin) accumulation. This included the avoidance of junk food, oily, and spicy items known to exacerbate Kapha and promote metabolic disturbance.

Aarogyavardhini Vati contains ingredients such as Triphala (which is a combination of three fruits—Amalaki (*Emblica officinalis* Gaertn.), Haritaki (*Terminalia chebula* Retz.), and Bibhitaki (*Terminalia bellirica* Roxb) along with Chitraka (*Plumbago zeylanica* Linn.) and Tikta Kutki (*Picrorhiza kurroa* Royle ex Benth.). The formulation also contains resinous material such as Shuddha Guggulu (*Commiphora mukul* Engl.). In addition to these botanicals, several purified minerals are incorporated, including Shuddha Shilajit (Asphaltum), Shuddha Parada (purified mercury), Abhraka Bhasma (calcined mica), Shuddha Gandhaka (purified sulphur), and Tamra Bhasma (calcined copper). As Arogyawardhini Vati includes Triphala as one of its key components, with Amalaki (*Emblica officinalis*) being notably rich in antioxidants, significant antihepatotoxic and antibacterial properties, contributing to the therapeutic potential of the formulation.[10] Haritaki is known to support digestive health and has been found effective in managing liver-related disorders.[11-12] It also includes Shudha Shilajit, which exhibits potent antioxidant activity, which contributes to its therapeutic role in the management of digestive disturbances as well as liver and kidney disorders.[13] Although Rasaratnasamucchaya primarily recommends Arogyavardhini Vati as a Sarvarogaprashamani (a remedy for various diseases), it is also traditionally employed in the management of conditions such as loss of appetite, indigestion, and irregular bowel movements. Additionally, it is indicated for hepatic and dermatological disorders, including liver disease, skin ailments, leprosy, fever, edema, obesity, and jaundice.[14] Katuki (*Picrorhiza kurroa*), being one of the main ingredients of the Arogyavardhini Vati, has also been studied to assess its effect in liver disorders. Katuki possesses a bitter taste and cooling properties. It facilitates the elimination of excess Pitta through the colon and supports the restoration of liver function by mitigating fatty liver changes.[15]

Varunadi Kwatha is a traditional Ayurvedic formulation that includes key constituents such as Varuna (*Crataeva nurvala* Buch.-Ham.), Shatavari (*Asparagus racemosus* Willd.), Chitraka (*Plumbago zeylanica* L.), Bilva (*Aegle marmelos* (L.) Corrêa), and both varieties of Shigru—*Moringa oleifera* and *Moringa concanensis* (stem bark)—along with several other herbal components. Most of these constituents are characterized by Katu and Tikta Rasa (pungent and bitter tastes). This formulation is indicated in conditions associated with Kapha dosha and is

traditionally prescribed in the management of Medoroga (obesity), Gulma (abdominal masses), Shirahshoola (Cephalalgia), and internal Vidradhi (abscesses) affecting organs such as the intestine, liver, spleen, and uterus.[16]

Chandansava is a classical Ayurvedic formulation, extensively utilized in traditional medicine for its therapeutic efficacy in managing urogenital, metabolic, and cardiovascular conditions. It is prepared through natural fermentation, using *Santalum album* L. (sandalwood) as the principal ingredient, along with 24 additional medicinal plants such as Raktachandana (*Pterocarpus santalinus* Linn.), Musta (*Cyperus rotundus* Linn.), Kashmari (*Gmelina arborea* Roxb.), Bhunimba (*Andrographis paniculata* Nees.), Patha (*Cissampelos pareira* Linn.), and Manjistha (*Rubia cordifolia* Linn.) etc. Traditionally, it is indicated in various conditions including Karsya (emaciation), Sukrameha (spermatorrhea or semenuria), Mutrakricchra (dysuria), Hridroga (cardiac disorders), Balakshaya (general debility), and Agnimandya (digestive impairment).[17] Chandanasava is a Sandhana Kalpa (Fermented product) which is commonly used in urinary disorders.[18] The formulation demonstrates multiple pharmacological activities, including Dipana (appetizing), Pachana (digestive), and Rakta Shodhaka (blood-purifying) effects. It possesses Rasayana (rejuvenative), Pitta-pacifying (Pittahara), and urinary antiseptic properties.[19-20] It may help in the management of renal calculus and fatty liver.

Gokshuradi Guggulu is a classical Ayurvedic formulation comprising ingredients such as Gokshura (*Tribulus terrestris* Linn.), Guggulu (*Commiphora mukul* Engl.), Shunthi (*Zingiber officinale* Roscoe), Maricha (*Piper nigrum* Linn.), Pippali (*Piper longum* Linn.), Haritaki (*Terminalia chebula* Retz.), Bibhitaki (*Terminalia bellirica* Roxb.), Amalaki (*Emblica officinalis* Gaertn.), and Musta (*Cyperus rotundus* Linn.). These components are traditionally recognized for their therapeutic potential in the management of urolithiasis (Ashmari).[21]

Avipattikara Churna is a classical Ayurvedic formulation composed of various herbal and mineral ingredients, including Shunthi (*Zingiber officinale*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellirica*), Amalaki (*Emblica officinalis*), Musta (*Cyperus rotundus*), Vida Lavana (a type of mineral salt), Vidanga (*Embelia ribes*), Tamala Patra (*Cinnamomum tamala*), Ela (*Elettaria cardamomum*), Lavanga (*Syzygium aromaticum*), Trivrit (*Operculina turpethum*), and Khandasharkara (raw sugar). Traditionally, this formulation is indicated for managing a range of gastrointestinal and metabolic conditions such as impaired digestion (Agnimandya), constipation (Vibandha), hyperacidity (Amlapitta), hemorrhoids (Arsha), urinary retention (Mutraghata), and diabetes mellitus (Prameha).[22] Ela (cardamom), Lavanga (clove), and Tamala Patra (Indian bay leaf) are aromatic spices known to contain essential oils. These constituents' exhibit carminative and antispasmodic properties, which help alleviate colicky abdominal pain by relaxing gastrointestinal smooth muscles and reducing gas formation.[23] Herbal ingredients such as Trivrit (*Operculina turpethum*) and Triphala are known to enhance gastrointestinal motility. They exert a mild laxative effect (Anulomana), which facilitates bowel movements and helps relieve constipation (Vibandha).[24]

Shweta Parpati: As per Ayurveda, medicinal treatment includes the use of various Ghrita, Kwatha, Churna, Kshara Dravyas, etc. in the management of Ashmari.[25] This preparation consists of a precise alkaline combination: Surya Sarkara**,** Spatika**,** and Navasara in the ratio 1:1/8:1/16, respectively. Traditionally indicated for Aṣhmari (urinary calculi), Mutraghata (urinary retention), and Mutrakrichchha (dysuria), it is recognized as one of the most potent Ayurvedic alkalizes. Its strong alkaline nature not only aids in dissolving urinary stones but also creates an unfavorable environment for bacterial proliferation within the urinary tract.[26]

CONCLUSION

This case report illustrates the effective management of Grade I fatty liver with Hepatomegaly (Yakṛitodara**)** co-existing with multiple renal calculi (Aṣhma Śarkarā**)** through a comprehensive Ayurvedic treatment regimen. Over one-month Shamana Chikitsā (palliative therapy), the patient achieved complete resolution of the renal calculus and notable regression of both fatty liver and hepatomegaly, all without requiring surgical intervention. Over one-month of Ayurvedic regimen, the patient experienced complete resolution of fatty liver, hepatomegaly, and renal calculi, with no adverse effects observed throughout the treatment period. This case underscores Ayurveda's potential as a non-invasive therapeutic alternative, successfully managing multiple conditions simultaneously while maintaining patient quality of life and eliminating the need for surgical intervention.

REFERENCES

1. Huang DQ, El-Serag HB, Loomba R. Global epidemiology of NAFLD-related HCC: trends, predictions, risk factors and prevention. Nat Rev Gastroenterol Hepatol. 2021;18 (4):223–238. doi:10.1038/s41575-020-00381-6.
2. Stewart E. Clinical practice guidelines for the management of nonalcoholic fatty liver disease. J Hepatol. 2016; 64:1388–1402.
3. Thompson MJ, Carr BR. Intramural myomas: To treat or not to treat. Int J Womens Health. 2016; 8:145–149.
4. Dhiman K. Ayurvedic intervention in the management of uterine fibroids: A case series. Ayu. 2014; 35 (3):303–308.
5. Dasgupta R, Glass J, Olsburgh J. Kidney stones. BMJ Clin Evid. 2009;2009:2003
6. Sushruta. Chikitsasthana, Chapter 7: Ashmari Chikitsa. In: Sushruta Samhita (Sharira, Chikitsa evam Kalpasthana), Part II. Hindi translation by Thakral KK. Varanasi: Chaukhamba Orientalia; 2019. p. 275.
7. Singhal P, Nesari T, Gupta GS. Efficacy of herbomineral compounds and pathya in the management of Yakrit Roga (Non-alcoholic fatty liver disease). Anc Sci Life. 2015; 34 (4):216–222. doi:10.4103/0257-7941.160866.
8. Sharma R, Amin H, Prajapati PK. Efficacy of Ashmarihara Kwatha Ghana Tablet (an ayurvedic formulation) on Mutrashmari (renal calculi): a case study. World J Pharmacol Res Technol. 2015;4 (1):43-50.
9. Non-alcoholic fatty liver disease. Wikipedia. Available from: https://en.wikipedia.org/wiki/Non-alcoholic_fatty_liver_disease
10. Rathwa A, Rathod D, Patel K. Pharmacognostical study of Amalaki. Eur J Biomed Pharm Sci. 2018;5 (7):764–766.
11. Gupta A, Mishra AK, Bansal P. Phytochemistry and pharmacological activities of Hritaki. J Pharm Res. 2010;3 (2):417–424.
12. Prakash P, Gupta N, Sharma M. Biological and pharmacological properties of *Terminalia chebula* Retz (Haritaki). Int J Pharm Sci. 2012;4(3):62–68.
13. Sharma P, Jha J, Shrinivas V, Dwivedi LK, Suresh P, Sinha M. Shilajit: Evaluation of its effects on blood chemistry of normal human subjects. Anc Sci Life. 2003;23(2):114–119.
14. Anonymous. Rasatantrasara and Siddhayoga Sangraha. Ajmer: Krishna Gopal Ayurveda Bhavana; 2015. p.150–153
15. Dasi P, Maheshwar T, Anuradha D, Rao CVS. Arogyavardhini Vati – a boon for liver disorders from

Ayurveda (fatty liver). Ayushdhara. 2021;8 (4):3418-3425. doi:10.47070/ayushdhara.v8i4.791
16. Shastri A. Bhaishajya Ratnavali, Gulmarogachikitsa Prakaran, 32/39–41. 20th ed. Varanasi: Chaukhamba Prakashan; 2010. p. 674.
17. Government of India, Ministry of Health and Family Welfare. The Ayurvedic Formulary of India. Part I. 2nd ed New Delhi: Govt. of India; 2003. p. 332–333.
18. Shastry JLN. Dravyaguna Vijnana. Vol. 2. New Delhi: Chaukhamba Press; 2005. p.650.
19. Acharya S. Updated Ayurveda. Manipal: Shripathi Acharya; 2011. p.140.
20. Acharya S. Researches in Ayurveda. Manipal: Shripathi Acharya; 2010. p.127.
21. Tripathi B. Sharngadhara Samhita with Dipika Hindi Commentary. Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011. p.206.
22. Govind Das. Bhaishajya Ratnavali. Reprint 3rd ed. Varanasi: Chaukhamba Prakashan; 2013. p.922.
23. Heghes SC, Vostinaru O, Rus LM, Mogosan C, Iuga CA, Filip L. Antispasmodic effect of essential oils and their constituents: A review. Molecules. 2019;24(9):1675. doi:10.3390/molecules24091675.
24. Onoja SO, Madubuike GK, Maxwell E, Chukwu CJ. Investigation of the laxative activity of *Operculina turpethum* extract in mice. Int J Pharm Clin Res. 2015;7:275–279.
25. Sushruta. Chikitsasthana, Chapter 7: Ashmari Chikitsa. In: Sushruta Samhita (Sharira, Chikitsa evam Kalpasthana), Part II. Hindi translation by Thakral KK. Varanasi: Chaukhamba Orientalia; 2019. p. 275.
26. Agrawal A, Tandon S, Singla SK, Tandon C. A novel antilithiatic protein from *Tribulus terrestris* having cytoprotective potency. Protein Pept Lett. 2012;19(8):812–819

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