

CASE REPORT

Ayurvedic Management of *Yakritodara* (Fatty Liver Grade II) Associated with *Garbhashayagata Granthi* (Uterine Fibroid) and *Ashma Sharkara* (Renal Concretions): A Case Report

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ABSTRACT

Yakritodara (NAFLD) is a major cause of liver-related morbidity in both developed and developing countries. It is frequently associated with the presence of insulin resistance. There is increasing evidence that NAFLD can progress to cirrhosis and liver failure. There is no established treatment for NAFLD. Treatment usually is directed toward optimizing body weight. In Ayurveda, *Rakta-Kapha Dushti* giving rise to *Yakritodara* (enlargement of the liver) *Garbhashayagatagranthi*, mentioned in Ayurveda with vitiated *vata* affecting *mamsa* (muscle tissue), *rakta* (blood) and *medas* (fat) mixed with *kapha*. *Mutrashmari* is the stone formed in urinary tract (kidney, ureter, bladder, and urethra). A 45-year-old female presented to the outpatient department with symptoms of irregular menstruation, body ache, and acidity. On investigation, an ultrasound revealed the presence of a uterine fibroid, Grade II fatty liver, and renal concretions. The patient underwent *Shaman Chikitsa* (palliative therapy) according to Ayurvedic principles for a period of 5 months. A follow-up ultrasound showed a complete resolution of the uterine fibroid, along with a reduction in both fatty liver and renal concretions.

1. INTRODUCTION

Prevalence of NAFLD has increased over the last few years in the adult population ranges from 14% to 31%. The global epidemic of obesity and diabetes in all age groups may be partly responsible for the increase.^[1] Incidence of steatosis clearly increases with obesity. A large population-based study found that 91% of obese individuals (body mass index [BMI] >30 kg/m²) had evidence of steatosis on ultrasound.^[2]

NAFLD should be suspected as a cause of asymptomatic elevation of aminotransferases. However, NAFLD can be present with normal or fluctuating aspartate aminotransferases (AST) and alanine aminotransferases (ALT). In general, ALT is higher than AST.

In Ayurveda, FLD is assigned as *Yakrit Roga* (liver disease) and *Medoroga* (obesity) The ancient text of *Yogratnakara* described that *Vidahi* (spicy food) and *Abhisyandi Ahara* (food that blocks the channels) lead to *Rakta-Kapha Dushti* giving rise to *Yakritodara* (enlargement of the liver).^[3]

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Uterine fibroids, also known as leiomyomas or myomas, are non-cancerous growths. Histologically, this tumor is composed of smooth muscle and fibrous connective tissue, so named as uterine leiomyoma, myoma, or fibroma.^[4]

They are among the most common benign tumors affecting women during their reproductive years. While uterine fibroids are generally harmless and often asymptomatic, they can cause a range of symptoms and complications that impact a woman's quality of life. In some cases, fibroids may lead to fertility issues or pregnancy complications.

Most of the women avoid surgical treatment such as hysterectomy/myomectomy. The condition of uterine fibroid is similar to *Garbhashayagatagranthi*, mentioned in Ayurveda with vitiated *vata* affecting *mamsa*(muscle tissue), *rakta* (blood), and *medas* (fat) mixed with *kapha* producing rounded, and hard swelling. Fibroids can be related to the “*Granthi*” mentioned in Ayurvedic texts, and it can be managed according to the principle of *Samprapti Vighatana* (to break the pathogenesis).^[5]

Ashmari is a disease related to *mutravaha strotas* in which an “*ashma*” meaning stone is formed in urinary system. It is a *tridoshaj vyadhi*

with predominant *kapha dosha*. This disease is classified on the basis of signs and symptoms as well as morphology of stone that are formed in a different part of *mutravaha srotas*.^[6] *Acharya Sushruta* has mentioned it in *Ashta Mahagada* (eight most dangerous diseases), It is estimated that 12% of the world population experiences renal stone disease with a recurrence rate of 70-80% in male and 47-60% in female. The functions of *Mutravaha srotas* (urinary system) are also regulated by *Apanavayu*. Ayurvedic treatment protocol was made for the present case.

2. CASE REPORT

The patient, a 45-year-old female, was in good health until 5 months prior when she gradually began experiencing irregular menstrual cycles, backache, generalized body ache, and acidity.

Clinical evaluation led to the diagnosis of:

- Uterine fibroid
- Grade II fatty liver
- Bilateral (B/L) renal concretions
- Cystitis
- Gastritis.

2.1. History of Present Illness

The patient, a 45-year-old female, was in good health until 5 months prior when she gradually began experiencing irregular menstrual cycles, backache, generalized body ache, and acidity. An ultrasound scan revealed:

- Uterine Fibroid
- Grade II Fatty Liver
- Renal Concretions
- Cystitis
- Gastritis.

A hysterectomy was recommended; however, the patient opted against surgical intervention. Seeking an alternative, she approached the *Kayachikitsa* (internal medicine) outpatient department for Ayurvedic treatment.

2.2. Medicine History

The patient has been on Thyroxine 50 µg daily for the past 3 years

2.3. Past History

There was no any history of Diabetes mellitus, Asthma, Any addiction, etc.

2.4. Personal History

Appetite and thirst were normal, sleep was disturbed, and bowels were normal.

2.5. Clinical Examination

2.5.1. Systemic examination

- CNS Examination – Patient was conscious and well oriented
- CVS Examination – No Abnormalities seen
- Respiratory system examination – Chest B/L clear
- GIT system examinations – No abnormalities seen.

2.6. *Asthavidh Pariksha* (Eight-Fold Examination)

- *Nadi* (~pulse) *Vata*, *kaphaj*
- *Mutra* (~urine) and *Mala* (~excreta) were normal
- *Jihwa* was (~tongue) coated

- *Sparsha* (~touch) *Anushna* (~not too hot) and *Mridu* (~ mild)
- *Shabd*(~voice) - *Spaasht*
- *Akriti* – *Madhyam*.

2.7. On examination

Pallor, icterus, clubbing, cyanosis, and lymphadenopathy were absent.

Examination of the cardiovascular, respiratory, urinary, and central nervous system revealed no abnormality.

2.8. Vital Parameters

- Bp – 124/70 mmhg
- Pulse rate – 90/min
- Temperature – 97.8 F
- Respiration rate – 18/min.

2.9. Clinical Findings

2.9.1. Investigation

Ultrasound scan of Abdomen and Pelvis revealed that uterus Endometrial echo is central 7.4 mm thickness myometrial echo is homogenous and shows heterogeneous hypoechoic lesion measuring uterine fibroid of 1.46 × 1.04 cm noted posterior wall of the uterus with Grade II Fatty liver, B/L renal concretions measuring (2–3 mm) in size no hydronephrosis. No Cystitis and gastritis.

2.10. Diagnosis

The clinical features along with the ultrasound scan report suggest that it is the case of Fatty liver Grade II associated with uterine fibroid and Renal calculi/Cystitis and was diagnosed as *yakritodara*(Fatty liver), *Garbhashyagata Granthi* (Uterine fibroid), and renal concretions (*Ashma sharkara*).

Yakritodara (Fatty liver), *granthi* (tumor), and *Ashma sharkara* (Renal concretions), *doshik* involvement in these are *vata* and *kapha*. Based on the Ayurvedic line of management, we formulated the line of treatment from ayurvedic medicines available at OPD.

The treatment was scheduled initially for 6 months with a follow-up once in 15 days but the patient get relief in 5 months, however, it was extended for the next month with the supportive results and willingness of the patient till the patient was completely relieved [Table 1].

Changes in subjective and objective criteria before and after treatment mentioned in [Tables 2 and 3 & Figure 1].

3. DISCUSSION

In this case, the report diagnosis was made by clinical features and confirmed by ultrasound scan.

The initial approach involves dietary modification and getting patients to increase levels of physical activity. Even small changes in body weight (0.5–3 kg) can achieve improvement in radiologic resolution of hepatic steatosis and/or reversal of insulin resistance.

Fibroids tend to shrink after menopause, their management is increasingly centered around improving patient quality of life rather than defaulting to surgical solutions.

In this particular case, the patient chose an Ayurvedic treatment over a hysterectomy. By opting for a holistic approach, she avoided

potential long-term complications associated with hysterectomy, such as osteoporosis and other hormonal imbalances.

In this case, Ayurvedic treatment primarily involved *Vata* and *Kapha Doshahara* (balancing) drugs due to the predominance of *Vata* and *Kapha doshas* in conditions such as Grade II fatty liver (*Yakritodara*), uterine fibroid (*Garbhashyagata Granthi*), and renal concretions (*Ashma Sharkara*). These doshic-balancing medications were selected to address the root imbalances, targeting the fatty accumulations and concretions associated with these conditions.

To support the treatment, the patient was advised on specific dietary modifications aimed at minimizing aggravation of *Kapha* and *Ama* (toxins). These included avoiding:

Junk, oily, and spicy foods: They can increase *Kapha* and lead to *Ama* accumulation [Table 4].

Navayasa Lauha is a herbo metallic preparation (*Rasaushadhi*) in Ayurveda, as a hematinic agent. It combines herbs with iron, providing a traditional remedy for conditions like anemia, where it supports red blood cell production and enhances overall vitality.

Rohitakarishtha is an Ayurvedic formulation detailed in the classical text *Bhaishajya Ratnavali*, specifically within the chapter on *Pleeharoga* (spleen disorders). It is used primarily in the treatment of liver and spleen disorders, where it promotes liver health, supports spleen function, and assists in detoxification.

Guggulu is another Ayurvedic Medicine with a broad spectrum of therapeutic properties. Known for its *Laghu* (light), *Ruksha* (dry), *Tikshna* (sharp), *Vishad* (clear), *Sara* (flowing), *Dipana* (digestive stimulant), *Anuloman* (regulating *Vata*), *Lekhana* (scraping action), *Medohara* (anti-obesity), and *Kapha-Daurgandhya-Hara* (eliminating foul smell of *Kapha*) qualities.

Studies have shown that *Guggulu* influences thyroid gland functions, suggesting a potential mode of action that helps in metabolic regulation and weight management, likely through thyroid modulation.^[7,8]

3.1. Punarnava Mandoor

Balances *Kapha* and *Pitta doshas*, beneficial in liver diseases.

Ingredients – *Triphala*, *Trikatu*, *Chitraka*, *Vidanga*, and *Pippalimula* enhance digestive power and absorption, aiding nutrient and drug assimilation. *Trivrita*, *Haritaki*, and *Danti* act as purgatives, relieving constipation.^[9,10]

3.2. Pashanbhed

Described in the *Sushruta Samhita* for *Vataja Ashmari* (*Vata*-type kidney stones). Often used as a decoction to help dissolve stones and soothe urinary tract irritation.

3.3. Gokshuradi Guggul

It is indicated for *mutrakriccha* (urinary disorders). Major ingredients: *Gokshura*, *Guggulu*, *Triphala*, *Trikatu*, *Musta*, *Madhura* (sweet taste) and *Sheeta* (cooling effect) properties act as *Vatahara* and *Basti Shodhan* (urinary tract cleanser). *Guggulu* provides anti-inflammatory and analgesic benefits, especially helpful in relieving symptoms of urinary disorders.^[11]

3.4. Varunadi Kwath

Main uses include *Ashmari* (urinary stones), *Mutrakricchra*, and *Vidradhi* (abscesses). *Varuna* helps minimize tubular damage and

reduces crystal deposits in kidneys. *Varunadi Kwath* acts as an urinary antiseptic and anti-inflammatory agent, with ingredients offering *Chedana* (cutting), *Bhedana* (splitting), *Lekhana* (scraping), *Tridoshghna*, *Mutrakrucchrahara* (relieving urinary issues), *Anulomana* (digestive stimulant), and *Krimighna* (antimicrobial) properties, aiding in lower urinary tract symptoms (LUTS).^[12,13]

3.5. Triphala

It acts as a Anti-inflammatory agent and detoxifier. *Triphala* is also known for scavenging free radicals.

3.6. Shwetparpati

Diuretic (*Mutral*) and *Vatanuloman* (relieves obstructed *Vata*).

Ingredients such as *Surya Kshara* (potassium nitrate), *Sphatika* (alum), and *Nausadar* (ammonium chloride) provide *Tridoshagna* (balancing all doshas), *Shodhana* (cleansing), and *Ropana* (healing) properties.^[14]

Alkaline and diuretic in nature, *Shwetparpati* helps prevent bacterial stasis in the bladder.

3.7. Avipattikar Churna

Ingredients include *Shunthi*, *Maricha*, *Pippali*, *Haritaki*, *Vibhitaki*, *Amalaki*, and *Mustaka*, among others.

Mode of Action: *Deepana* (digestive stimulant), *Pachana* (digestive), and *Agnivardhaka* (digestive fire enhancer). It is used in *Amlapitta* (hyperacidity) by clearing excess *Pitta*.

3.8. Guduchi

- Known for its anti-ulcer activity: Reduces ulcer index, decreases gastric volume, and acidity, and increases gastric pH, making it soothing for the digestive tract.^[15]

These formulations reflect Ayurveda's comprehensive approach, addressing root causes, *doshic* imbalances, and symptomatic relief through synergistic herbal combinations.

4. CONCLUSION

This case study demonstrates that a holistic approach using Ayurvedic medicine can effectively relieve symptoms of *Yakritodara* (Grade II fatty liver) associated with *Garbhashyagata Granthi* (uterine fibroid) and *Ashma Sharkara* (renal concretions) without surgical intervention. The patient followed Ayurvedic treatment for 5 months and experienced complete resolution of these conditions, with no adverse effects noted during treatment. This outcome highlights the potential of Ayurveda as a non-invasive alternative, providing successful management of fatty liver, uterine fibroid, and renal concretions while preserving patient quality of life and avoiding surgery.

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6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in the design and execution of the article.

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8. ETHICAL APPROVALS

This study not required ethical clearance as it is a review study.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript, and all data are available for only review purposes from principal investigators.

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Table 1: Treatment suggested

Timeline	Medications	Anupan	Duration
1 st visit (21 st December 2022)	Navayas loha 1 BD Shwet parpati 125 mg BD Yograj guggul 2 BD Rohitka arisht 15 mL BD Avipattikar churn 3 g BD Bala tail L/A	Lukewarm water Lukewarm water Lukewarm water Water Water	20 days
2 nd visit (10 th January 2023)	Triphala guggul 2 BD Rohitkarisht 15 mL BD Punarnava mandoor 2BD Shwet parpati 125 mg BD	Water Water Lukewarm water Lukewarm water	20 days
3 rd visit (31 st January 2023)	Triphala guggul 2 BD Rohitkarisht 15 mL BD Punarnava mandoor 2BD Pashanbhed churn 3 g TDS	Lukewarm water Water Lukewarm water Lukewarm water	1 Month
4 th visit (1 st March 2023)	Triphala guggul 2BD Rohitkarisht 15 mL BD Punarnava mandoor 2BD Pashanbhej churn 3 g BD Amritarisht 15 mL BD	Lukewarm water Water Lukewarm water Lukewarm water Water	1 Month
5 th visit (2 nd April 2023)	Varunadi kwath 15 mL BD Laghu vaishvanara churn 3 g BD Before meals Amrittottar kwath 15 mL BD Gokshuradi guggul 1TDS	Water Lukewarm water Lukewarm water	15 days
6 th visit (14 th April 2023)	Varunadi Kwath 15 mL BD Gokshuradi guggul 1TDS	Lukewarm water	15 days

Table 2: Subjective criteria

Symptoms	Before treatment	After treatment
Irregular periods	Present	Absent
Body ache	Present	Absent
Acidity	Present	Absent

Table 3: Objective criteria

Ultrasonography ON (17 December 2022) Before treatment	Ultrasonography ON (1 May 2023) After treatment
Fatty liver Grade II	No fatty liver
B/L Renal Concretions measuring 2–3 mm in size	Few tiny concretions seen in right kidney
Cystitis	No cystitis
Uterine fibroid of 1.46×1.04 cm in size	No fibroid
Gastritis	Absent

Table 4: Probable mode of action of drugs

Drugs	Probable effect on	Mode of action
Triphala guggul, Laghu vaishvanara churn	Uterine fibroid	Lekhana (scraping), deepan
Punarnava mandoor, Navayas loh, Rohitkarisht	Fatty liver	
Pashanbhed	Renal calculi	Ashmbhedana (lithotriptic)
Gokshuradi guggul, Varunadi yog, Shwet parpati	Cystitis	Basti shodhan, vatashamak, Mutravirechana (Diuretic), Mutrakrucchrahara
Avipattikar churn, Amrittottar kwath	Gastritis	Lessen the symptoms of vitiated Pitta, ama (toxins), udan vayu, saman vayu, anti-ulcer activity

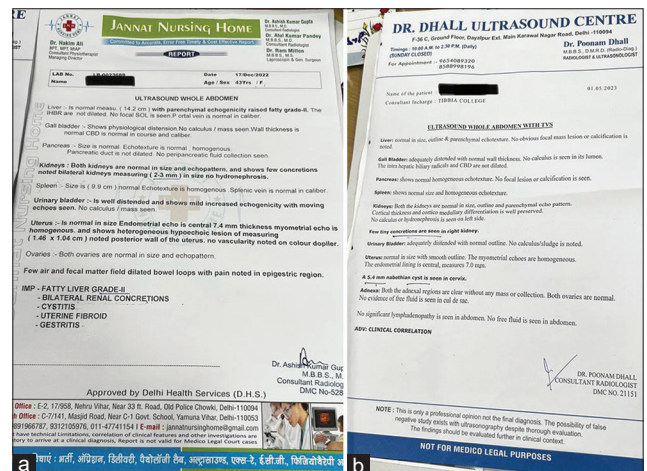


Figure 1: Ultrasonography reports. (a) Before treatment. (b) After treatment