

## Unit 7.2 — Yakṛt Vikāra

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**Yakṛt-śoṭha (Hepatitis), Yakṛt-dālyodara (Cirrhosis), Madya-janya Yakṛt Vikāra (ALD), Madya-etar Yakṛt Vikāra (NAFLD), NASH, Yakṛt-kośakīya Arbuda (Hepatocellular carcinoma)**

#### 1) Concept-map: “Modern Liver Disorders” in Ayurvedic language

Ayurveda does not name “hepatitis / NAFLD / cirrhosis” in the modern way, but their **clinical patterns** and **pathology** are well expressible through:

- **Kāmala** (pitta-rakta pradhāna; haritā/peetā varṇa, dāha, tṛṣṇā, aruci, mutra-pīta, etc.)
- **Udara roga** spectrum (yakṛt/pliha involvement → yakṛt-vṛddhi / jalodara / dālyodara—advanced chronic stage patterns)
- **Madātyaya** (alcohol-related systemic derangements; later may culminate in kāmala + udara features)
- **Medo-rasa duṣṭi** patterns (for NAFLD/NASH phenotypes) with **kapha-meda pradhāna**, plus **pitta anubandha** when inflammation rises
- **Arbuda** (for liver mass / HCC pattern) with chronicity, deep-rootedness, and progressive nature

So, clinically you will often see a **continuum**:

**Agnimāndya/Āma → Rasa-Meda duṣṭi → Yakṛt śoṭha/āmāśaya-pitta prakopa → Kāmala → Udara (yakṛt/pliha/jalodara) → Arbuda-like phenotype in chronic cases**

#### 2) Core Samprāpti (pathogenesis) — the “Yakṛt axis”

##### 2.1 Doshā

- **Pitta** (rāñjaka pitta, pācaka pitta) + **Rakta duṣṭi** = “yellow” phenotypes (kāmala, dāha, pīta netra/mūtra)
- **Kapha-Meda** = fatty infiltration phenotype (NAFLD)
- **Vāta** rises in chronicity → fibrosis-like dryness, wasting, ascites tendency, conduction of complications (udara upadrava)

##### 2.2 Dūṣya & Srotas

- **Rasa-Rakta-Meda** (common triad)
- **Raktavaha / Rasavaha / Medovaha srotas** and **Udakavaha srotas** involvement in advanced edema/ascites patterns

##### 2.3 Agni

- **Jāṭharāgni + dhātvaṅni** become weak → improper rasa formation → burden on yakṛt-pāka/rāñjana functions

#### 3) Key classical anchor verses (for conceptual stability)

##### 3.1 Arbuda-definition (for malignant mass phenotypes such as HCC)

सुश्रुतसंहिता, निदानस्थान 11/13



गात्रप्रदेशे क्वचिदेव दोषाः सम्मूर्च्छिता मांसमभिप्रदूष्य ।  
वृत्तं स्थिरं मन्दरुजं महान्तमनल्पमूलं चिरवृद्धयपाकम् ॥१३॥

**English sense:** In some body region, doṣas localize, vitiate māṁsa, and produce a swelling that is rounded, firm, mildly painful, large, deep-rooted, slowly growing and not suppurating—this describes *arbuda*.

**Clinical use:** chronic, progressive, deep-rooted liver mass phenotype with systemic decline aligns better with an *arbuda* framework than with “simple gulma.”

### 3.2 Udara spectrum and progression difficulty (useful in cirrhosis/ascites continuum)

चरकसंहिता, चिकित्सास्थान 13/50

भवन्ति चात्र- वातात्पित्तात्कफात् प्लीहः सन्निपातात्तथोदकात् ।  
परं परं कृच्छ्रतरमुदरं भिषगादिशेत् ॥५०॥

**English sense:** Udara may arise from vāta, pitta, kapha, spleen (pliha), sannipāta, and then udaka (jalodara). Each subsequent type becomes progressively more difficult to manage.

### 3.3 Jalodara samprāpti clue (advanced hepatic failure phenotypes)

चरकसंहिता, चिकित्सास्थान 13/46

स्रोतःसु रुद्धमार्गेषु कफश्चोदकमूर्च्छितः ।  
वर्धयेतां तदेवाम्बु स्वस्थानादुदराय तौ ॥४६॥

**English sense:** With channel obstruction, kapha mixed with water increases the fluid, dislodges it from its site, and accumulates in the abdomen causing udara filled with water (jalodara).

### 3.4 Kāmala-oriented classical formulation (pitta-rakta-yakṛt support)

चरकसंहिता, चिकित्सास्थान 16/53 (पाण्डु/कामला-प्रकरण)

हरिद्रात्रिफलानिम्बबलामधुकसाधितम् ।  
सक्षीरं माहिषं सर्पिः कामलाहरमुत्तमम् ॥५३॥

**English sense:** Ghṛta processed with haridrā, triphalā, nimba, balā, madhuka along with buffalo milk is an excellent remedy for kāmala.

## 4) Diagnosis framework (Ayurvedic + Contemporary correlation)

### 4.1 Yakṛt-śoṭha (Hepatitis phenotype)

**Ayurvedic pattern:** pitta-rakta duṣṭi predominance; kāmala-prāya symptoms may appear.

**Contemporary pointers:** fever, fatigue, nausea, RUQ discomfort, raised bilirubin/ALT/AST.

#### Ayurvedic clinical checklist



- Varṇa: netra + tvak pītata / haritā
- Mutra: pīta mutra
- Aruci, tṛṣṇā, dāha, avipāka
- Jihvā: āma coat may exist if agni is low

## 4.2 Yakṛt-dālyodara / Cirrhosis phenotype

**Ayurvedic pattern:** chronicity → vāta-pradhāna with kapha/pitta history; udara-spectrum features: hepatosplenomegaly, ascites, wasting, edema.

**Contemporary pointers:** portal HTN signs, ascites, low albumin, varices, coagulopathy.

### Ayurvedic clinical checklist

- Udara-vṛddhi, jalodara features
- Śoṭha (peripheral edema)
- Bālya (debility), aruci, srotorodha signs
- Chronic dryness, weight loss = vāta dominance

## 4.3 ALD (Madya-janya Yakṛt Vikāra)

**Ayurvedic pattern:** madātyaya → pitta aggravation + ojas-kṣaya; later kāmala/udara phenotypes.

**Contemporary pointers:** fatty liver, hepatitis, cirrhosis, cardiomyopathy/neuropathy.

## 4.4 NAFLD & NASH (Madya-etar vasāmayaja yakṛt vikāra)

### Ayurvedic pattern (practical mapping):

- **Kapha-meda pradhāna** (manda agni, sthāulya tendencies, sedentary habits)
- **Pitta anubandha** in NASH (inflammation: dāha, mild kāmala tendency, raised enzymes)
- **Rasa-meda duṣṭi** as the base pathology; later rakta involvement

## 4.5 HCC (Yakṛt-kośakīya Arbuda phenotype)

**Ayurvedic pattern:** long-standing doṣa-dūṣya sammūḥanā with mām̄sa/rakta involvement → arbuda features (deep, slow-growing, firm, non-suppurating).

**Contemporary pointers:** liver mass, weight loss, pain, tumor markers (AFP sometimes), imaging confirmation.

# 5) Samprāpti-vighaṭana (breaking the chain): the common algorithm

## Step A — Nidāna-parivarjana (non-negotiable)

- Madya tyāga (ALD)
- Guru-snigdha-madhura excess reduction (NAFLD)
- Viruddhāhāra, atyāmla, atilavaṇa, kṣāra, vidāhi items avoidance (kāmala/pitta)

## Step B — Agni correction (base of yakṛt recovery)

- If āma: laṅghana + dīpana-pācana



- If **nirāma**: pitta-shamana + yakṛt support + mild anulomana

### Step C — Doṣa-specific shodhana/shamana selection

- Pitta-rakta pradhāna (hepatitis/jaundice): **mṛdu virecana** when indicated
- Kapha-meda pradhāna (NAFLD): **rūkṣaṇa** → **lekhaniya** → **dīpana**
- Vāta-pradhāna chronic (cirrhosis/ascites): careful **vāta anulomana**, **basti** consideration (as per strength), and udaka management principles

### Step D — Dhātu/ojas rebuilding (after stabilization)

- **Rasāyana** tailored to stage and digestion strength

## 6) Chikitsā-sūtra & Chikitsā-yojanā — by condition

### 6.2.1 Yakṛt-śoṭha (Hepatitis) — management

#### Chikitsā-sūtra

1. **Āma present** → laṅghana + pācana, then pitta shamana
2. **Pitta-rakta duṣṭi** → mṛdu virecana (if bala allows)
3. **Tikta-kaṣāya** dravya, cooling but agni-friendly approach
4. **Yakṛt support with ghṛta** only after nirāma stage

#### Classical Aushadha-yoga (stage-wise)

##### (A) Āma-pradhāna / avipāka + aruci

- **Pañcakola kvātha** (short course, to kindle agni)
- **Śuṅṭhī / Pippalī** in very small dose with warm water (if kapha-āma dominates)

##### (B) Pitta-pradhāna (yellowing, burning, bitter taste)

- **Haridrādi ghṛta**  
(*Caraka Saṃhitā, Cikitsāsthāna 16/53 — shloka given above*)
- **Triphala + Nimba** (kvātha) as pitta-rakta shāmaka support (nirāma preference)

##### (C) Recovery / convalescence

- **Guḍūcī** as rasāyana-support (dose as per digestion)
- **Triphala-ghṛta** (if bowel dryness and pitta settle)

#### Pathya-Apathya (Hepatitis phenotype)

**Pathya**: warm, light, tikta-kaṣāya dominant; old rice gruel, mudga yūṣa, peya, yava; moderate ghee only after appetite returns.

**Apathya**: madya, atyāmla, kṣāra, atilavaṇa, vidāhi, fried, late-night eating.

## 6.2.2 Yakṛt-dālyodara / Cirrhosis – management (Udara-spectrum)

### Chikitsā-sūtra

1. **Udara is “mandāgni + srotorodha + udaka vikṛti” disease** → agni correction is central
2. **Udaka control** with srotoshodhana & kapha-udaka reduction principles
3. **Vāta management** in chronic stage to prevent rapid decline
4. **Complication-aware sequencing** (ascites/edema/bleeding tendency)

### Classical samprāpti anchor

- Jalodara mechanism and udara difficulty progression:
  - (Caraka Cikitsā 13/46) and (Caraka Cikitsā 13/50) — shlokas given above.

### Aushadha-yoga (principle-led classical choices)

#### (A) Early compensated (hepatomegaly, dyspepsia, mild edema)

- **Dīpana-pācana** first (short course)
- **Nitya anulomana** (mild) to reduce udāvarta/pressure
- **Tikta-kaṣāya support** to pitta-rakta, without extinguishing agni

#### (B) Ascites / significant fluid phenotype (jalodara-like)

- Follow **udaka-kapha** reduction principle (Caraka 13/46 logic)
- Prefer formulations that are **agni-friendly, reduce kleda**, and support bowel regularity

#### (C) Severe chronicity (vāta dominance, wasting)

- **Bṛṃhaṇa only after agni improves**
- Select **mṛdu rasāyana** that does not overload digestion

### Pathya-Apathya (Cirrhosis phenotype)

**Pathya:** small frequent light meals, mudga yūṣa, peya, yava; warm water; avoid heavy salt; maintain bowel regularity; gentle rest.

**Apathya:** alcohol, salty-heavy foods, fried foods, suppression of urges, day sleep, extremes of fasting without supervision.

## 6.2.3 Madya-janya Yakṛt Vikāra (ALD) – management

### Chikitsā-sūtra

1. **Madya-nidāna removal** is primary (otherwise no stable benefit)
2. **Agni rescue:** correct manda agni and āma
3. **Pitta-rakta stabilization** when kāmala features appear
4. **Ojas rebuilding** in recovery phase

## Aushadha-yoga (classical orientation)

- Treat as **Madātyaya + Kāmala/ Udara** overlap depending on stage:
  - Early: dīpana-pācana + anulomana
  - If jaundice: **Haridrādi ghṛta** (Caraka 16/53)
  - If ascites: udara-spectrum principles (Caraka 13/46, 13/50)

## Pathya-Apathya

**Absolute apathya:** madya.

**Pathya:** warm, light, non-irritant diet; gradual rebuilding after appetite returns.

## 6.2.4 NAFLD & NASH – management

### Ayurvedic samprāpti lens

- NAFLD: **kapha-meda pradhāna, manda agni, rasa-meda duṣṭi**
- NASH: same base + **pitta anubandha** (inflammatory heat)

### Chikitsā-sūtra

1. **Rūkṣaṇa** → **lekhaniya** → **agni deepana** (core)
2. Add **tikta-kaṣāya** to stabilize pitta-rakta in NASH
3. Avoid premature snehana/ghṛta overload until agni is stable

### Aushadha-yoga

- **Lekhaniya + dīpaniya** oriented formulations (classical groups)
- When heat/inflammation signs rise: **tikta-kaṣāya** supportive medicines
- Later: mild rasāyana, only when digestion is reliable

### Pathya-Apathya

**Pathya:** yava, mudga, tikta śāka, warm water, measured diet, early dinner.

**Apathya:** guru-sniḡdha, madhura excess, sweets, bakery, deep fried, late-night meals, sedentary lifestyle.

## 6.2.5 Hepatocellular carcinoma phenotype – “Yakṛt-kośakīya Arbuda” framework

### Classical nidāna anchor

- Arbuda lakṣaṇa (Suśruta Nidāna 11/13 — shloka given above): deep-rooted, firm, slow-growing, non-suppurating.

### Chikitsā-sūtra

1. **Doṣa-dūṣya control** (usually pitta-rakta with chronic vāta)
2. **Agni and bala preservation** is central



3. **Rasāyana** only after digestibility is ensured; choose mild, compatible forms
4. In advanced stage: focus on **kṣaya, kleda, udara, aruci** management patterns

## Pathya-Apathya

- Same pitta-rakta friendly, light, agni-sustaining diet; avoid irritants, alcohol, heavy fats; maintain bowel regularity.

## 7) Short clinical reasoning cases (de-identified style)

### Case A — Hepatitis phenotype (Yakṛt-śoṭha / kāmala-prāya)

A 28-year-old presents with fatigue, nausea, mild fever, bitter taste, yellow eyes, dark urine, poor appetite. Tongue mildly coated.

**Interpretation:** āma + pitta-rakta involvement → start with laṅghana + pācana; after āma reduces, consider pitta-oriented kāmala management; ghṛta only in nirāma stage.

### Case B — NAFLD phenotype

A 42-year-old with central obesity, heaviness, sluggish appetite, daytime sleep habit, mild RUQ discomfort; reports “fatty liver” on ultrasound.

**Interpretation:** kapha-meda pradhāna → rūkṣaṇa + lekhanīya + deepana; avoid early ghṛta; add tikta-kaṣāya if inflammatory markers/heat signs appear.

### Case C — Cirrhosis with ascites phenotype (Udara-spectrum)

A 55-year-old with abdominal distension, pedal edema, reduced appetite, weakness, occasional breathlessness; history of chronic digestive disturbance and long-standing illness.

**Interpretation:** udara/jalodara continuum—treat agni, manage udaka-kapha as per Caraka Udara logic, preserve bala, and plan staged therapy.

## 8) Self-check

1. Why is **agni** central in every yakṛt-vikāra phenotype?
2. In which stage is **ghṛta** helpful—and when can it worsen the condition?
3. How does NAFLD map to **kapha-meda** and NASH to **pitta anubandha**?
4. Which classical features make you think of **arbuda** rather than simple gulma?