

Lesson 17: Hepatoprotective, Immunometabolic and Detox Formulas

Hepatoprotective, Immunometabolic and Detox Formulas in Oncology

1. Why This Lesson Matters

In cancer practice, liver, spleen, blood and kidneys are constantly stressed by tumour burden, chemotherapy, radiotherapy, antibiotics, analgesics and long-term polypharmacy.

In Ayurvedic terms this especially involves Yakrit (liver), Pliha (spleen), Rakta dhātu and Mutravaha srotas.

If this axis is not protected, patients develop fatigue, anorexia, nausea, jaundice, oedema, rising LFTs and creatinine, deranged clotting, poor tolerance to chemo and RT, and early limitation of modern therapeutic options.

Cytoveda places the Phalatrikadi axis at the centre of organ protection, supported by Yakrit-Pliha-Rakta formulations and Mutravaha-supporting Ghansatva and Mahākāśaya tablets.

2. Phalatrikadi - Central Hepato-Metabolic and Immune Buffer

2.1 Concept

Phalatrikadi in Cytoveda oncology is a fixed pillar in most prescriptions. It is used as a hepatoprotective, immunomodulator, metabolic enhancer, Pitta-Rakta-balancing and Ama-reducing agent, and as a "heat buffer" against chemo, RT and strong Rasa/Lauh preparations.

It stabilises Agni and supports Rasa-Rakta quality without irritating mucosa.

2.2 Core Actions In Oncology Context

Clinically, Phalatrikadi is expected to support liver detox pathways and drug clearance, gently regulate jatharāgni and bhūtāgnis, reduce subjective internal heat and burning during chemo/RT, improve Rasa and Rakta dhātu quality and stamina, and alleviate heaviness, nausea and sluggishness linked to hepatobiliary stress.

2.3 Place In Tri-Thera Spectrum And QuantumMatrix

Within Tri-Thera Spectrum (TTS) Phalatrikadi is part of the Immune Therapy pillar by maintaining immune-metabolic efficiency and reducing toxic load.

Within QuantumMatrix 5-D it primarily acts at

- D1 Agni Chikitsa by regulating Agni,
- D2 Doṣa-Dhātu Samatvam by balancing Pitta-Rakta, and
- D4 Rasayan Chikitsa by contributing to long-term tissue resilience.

3. Yakrit-Pliha-Rakta Support: Key Formulations

This group includes classical Vati, Ras and Lauh-Mandur yogas that work predominantly on liver, spleen and blood and often operate in synergy with Phalatrikadi. **At Cytoveda, we use Phalatrikadi only in most of the cases for Yakrit-Pliha-Rakta support, but the knowledge of other formulations is also important as substitute or for specific indicative need.**

3.1 Arogyavardhini Vati

- Primary sphere is Yakrit-Pliha, Medovaha and Rasavaha srotas.
- Conceptually it has Deepana-Pācana action with strong influence on liver and bile, clears saṅkīrṇa doṣa states with Kapha-Pitta-Meda aggravation and supports lipid metabolism and srotas clearance.
- In oncology it is considered in obese, dyslipidaemic, fatty-liver-prone patients where chemo and hormonotherapy

further stress liver and in survivorship to remodel metabolic terrain linked to recurrence risk, always within the limits of LFT trends and oncologist guidance.

- It must be used carefully in markedly raised LFTs, hepatic failure or acute hepatic states, with dose and duration guided strictly by LFT monitoring.

3.2 Punarnavadi Mandur

- Primary sphere is Yakrit-Pliha-Rakta with Shothahara action.
- It acts as Raktavardhaka and mild diuretic, reduces oedema associated with hepatic or splenic congestion and supports correction of iron-deficiency or anaemia of chronic disease.
- In oncology it is chosen in patients with mild to moderate anaemia, pedal oedema and hepatosplenomegaly and in ascites tendency where hepatic and fluid management is integral, always with standard allopathic evaluation.
- It is not a replacement for blood transfusion or definitive treatment in severe anaemia and requires monitoring of haemoglobin, iron profile and LFTs.

3.3 Navayas Lauh

- Primary sphere is Rasa-Rakta dhātu with a Pitta association.
- It is a gentle but effective haematinic, corrects Rakta-dushti with Pitta and Ama, and supports iron replenishment without excessive heaviness when used correctly.
- In oncology it is relevant in anaemia with Pitta-Rakta features such as heat, burning, reddish complexion and irritability and in post-chemo patients with falling Hb where iron deficiency is documented.
- High doses are avoided in acute Pitta crises or significantly deranged liver and it is often combined with Phalatrikadi to improve tolerance.

3.4 Dhatri Lauh

- Primary sphere is Rasa-Rakta with strong Amla-rasayana base.
- It is a haematinic with cooling and gentle Rasayana properties and is particularly useful when anaemia coexists with Pitta symptoms and fragile digestion.
- In oncology it is considered for frail patients with mild anaemia, gastric sensitivity and strong Pitta features and in long-term survivorship for blood quality support.
- Dose titration is important in very low Agni, starting slow and increasing cautiously.

3.5 Yakrit Plihari Lauh

- Primary sphere is focused Yakrit and Pliha strengthening.
- It supports congested or enlarged liver and spleen and improves Rakta quality and Raktavaha srotas.
- In oncology it is used in cancers with hepatic involvement or pre-existing chronic liver disease and in post-chemo or post-RT phases where LFTs remain borderline with clinical Yakrit-Pliha fatigue, always in coordination with hepatologist or oncologist.
- It must be guided by LFT trends and imaging and is not a substitute for necessary interventional or allopathic management in decompensated liver disease.

3.6 Selected Mahākāśaya Tablets For Inflammation And Rakta Support

Certain Mahākāśaya-based tablets such as Jwarahara Mahākāśaya Tablet, Shothahara Mahākāśaya Tablet and Shonita Sthāpana Mahākāśaya Tablet act at the interface of chronic low-grade feverishness, systemic śotha and Rakta stability.

In oncology they are considered when there is persistent low-grade fever, malaise and mild oedema with stable LFT and RFT and when stage allows focus on systemic inflammation modulation.

4. Mutravaha (Renal-Urinary) Support Group

Mutravaha support is critical because many chemo drugs, radiocontrast and supportive medications are renally cleared. Cytoveda uses Ghansatva tablets and Mahākāśaya tablets in this axis.

4.1 Punarnava Ghansatva Tablet

- It is Śothahara and Mutravirechaka, reduces oedema and supports renal handling of fluids.
- In oncology it is used in ankle oedema and mild fluid retention with stable or borderline renal function and in ascites or pleural effusion where diuretic strategy is part of integrated care, all under close medical monitoring.
- Electrolytes and creatinine must be regularly checked when it is part of the protocol.

4.2 Gokshur Ghansatva Tablet

- It provides Mutravaha srotas balya and mild diuretic action and supports lower urinary tract and renal microcirculation.
- In oncology it is considered in pelvic, prostate, bladder and gynaecologic malignancies with urinary symptoms and in patients receiving nephrotoxic chemo where gentle Mutravaha support may be beneficial.

4.3 Varuna Ghansatva Tablet

- It supports Mutravaha srotas where obstructive tendencies are present and is traditionally associated with relief of ureteric and urinary flow issues.
- In oncology it is relevant in obstructive uropathy from pelvic masses or prostate enlargement and in post-radiation LUTS where inflammatory and obstructive components coexist, always integratively with urology care.

4.4 Mahākāśaya Tablets for Mutravaha Sansthan

- Three Charakokta Mahākāśaya-based tablets are especially relevant: Mutra Sangrahaniya Mahākāśaya Tablet, Mutra Virajaniya Mahākāśaya Tablet and Mutra Virechaniya Mahākāśaya Tablet.
- Mutra Sangrahaniya is used in excessive urination or incontinence patterns, Mutra Virajaniya for improving urine quality and subtle Mutravaha Śodhana and Mutra Virechaniya for supporting controlled diuresis and clearance.
- In oncology these patterns appear with pelvic RT effects, prostate and bladder malignancies and drug-induced urinary irritation or retention.

5. Integration With Chemo, RT And Lab Monitoring

5.1 Baseline And Follow-Up Investigations

Use of Phalatrikadi and Yakrit-Pliha-Rakta-Mutra formulations is always accompanied by baseline and periodic LFT, RFT, CBC (including haemoglobin and platelets) and electrolytes wherever diuretic action is significant.

Adjustments are made according to trends in these parameters and in close communication with the oncology team.

5.2 Phasing And Timing

Typically Phalatrikadi is started early and maintained through most chemo or RT cycles unless a specific contraindication appears.

Arogyavardhini, Mandur and Lauh yogas are often introduced or up-titrated during relatively stable windows between cycles or post-acute toxicity.

Mutravaha support with Punarnava, Gokshur, Varuna and Mutra Mahākāśaya tablets is added when oedema, LUTS or creatinine trends indicate need, never blindly or without medical supervision.

5.3 Stage-Wise Emphasis

In early and potentially curative stages the aim is to keep liver and kidney function robust so that planned treatment can proceed fully, often with Phalatrikadi plus selective Yakrit-Rakta support like Navayas Lauh or Dhatri Lauh.

In advanced or metastatic stages focus shifts more to symptom control, fluid management and tolerance of palliative regimens with greater use of Punarnava, Gokshur and Shothahara or Jwarahara Mahākāśaya, always with careful monitoring.

In survivorship emphasis is on long-term metabolic remodelling and recurrence risk reduction, where Phalatrikadi, Arogavardhini, Medohar and Jwarahara or Shothahara Mahākāśaya may be used strategically according to metabolic and inflammatory profile.

6. Clinical Vignettes (Conceptual)

6.1 Rising LFTs During Chemo

A 52-year-old patient on hepatotoxic chemo develops mild elevation of LFTs with fatigue and mild anorexia but no jaundice.

The integrative approach is to continue Phalatrikadi with adjusted dose, intensify liver-friendly diet and avoid other hepatotoxic drugs, while monitoring LFTs closely and leaving chemo modification decisions to the oncologist.

6.2 Mild Ascites And Oedema In Hepatic Metastasis

A 60-year-old with hepatic metastases develops mild ascites and bilateral pedal oedema with stable creatinine.

Allopathic evaluation determines diuretic regimen and need for procedures. Cytoveda protocol can add Punarnava Ghansatva and carefully titrated Punarnavadi Mandur with Shothahara support and continue Phalatrikadi to ease hepatic burden, with strict monitoring of fluid status, weight and electrolytes.

6.3 Anaemia With Pitta-Rakta Features

A 45-year-old breast cancer survivor, post-chemo and RT, has haemoglobin 9 g/dL, Pitta-dominant symptoms and normal LFT/RFT.

Phalatrikadi is maintained as a base, and Dhatri Lauh or Navayas Lauh is selected according to symptom pattern and tolerance. Where low-grade feverishness or Rakta instability is present, Jwarahara or Shonita Sthāpana Mahākāśaya Tablet may be added, along with diet and lifestyle Rasayana for long-term blood quality support.

7. Key Take-Home Points

Phalatrikadi is a central pillar in Cytoveda oncology prescriptions, acting as hepatoprotective, immunometabolic enhancer and "heat" buffer against chemo, RT and strong formulations.

Yakrit-Pliha-Rakta support relies on formulations such as Arogavardhini Vati, Punarnavadi Mandur, Navayas Lauh, Dhatri Lauh and Yakrit Plihari Lauh, chosen according to hepatic, inflammatory and anaemic profiles.

Mutravaha support uses Punarnava, Gokshur and Varuna Ghansatva tablets and Mutra Mahākāśaya tablets to protect renal function, manage oedema and handle urinary symptoms under laboratory and clinical supervision.

These formulations primarily act through QuantumMatrix dimensions D1 (Agni), D2 (Doṣa-Dhātu), D3 (Srotas) and D4 (Rasayana) and form an important part of the Immune Therapy arm of Tri-Thera Spectrum.

Safe and effective use demands regular LFT, RFT, CBC and electrolytes, clear knowledge of oncology treatment plans and honest communication with the allopathic team; they are supportive, not substitutes for standard oncology protocols.

8. Review Questions

1. Describe the clinical role of Phalatrikadi in Cytoveda oncology practice and how it supports both metabolism and immune function.
2. Compare Punarnavadi Mandur, Navayas Lauh and Dhatri Lauh in terms of their primary indications and the types of anaemia or systemic states where each is most appropriate.
3. How can Yakrit Plihari Lauh be integrated in a patient with hepatic metastasis and borderline LFTs, and what monitoring is essential?
4. Outline an approach using Punarnava and Gokshur Ghansatva tablets, along with relevant Mahākāśaya tablets, for



a patient with mild oedema and urinary symptoms during pelvic radiotherapy.

5. In survivorship after curative therapy, how can Phalatrikadi and Arogyavardhini Vati be used to remodel metabolic terrain and potentially reduce recurrence risk?

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