

CASE STUDY

Restoring Liver Health: Ayurvedic Treatment of Hepatitis B: A Case Report

Sahil Patel¹, Hemant D Toshikhane², Harish Daga³, Ridham Undaviya⁴

¹⁻⁴ Department of Shalya Tantra, Parul Institute of Ayurved, Parul University, Limda, Vadodara, Gujarat, India

Corresponding author:

Dr. Sahil Patel

Mail ID: - sahilpatel3217@gmail.com

ABSTRACT

Hepatitis may be a worldwide wellbeing concern characterized by liver irritation caused by viral diseases or non-infectious variables such as poisons, liquor, drugs, and metabolic disarranges. Hepatitis B, a predominant shape of the malady, can show as intense or constant and postures significant wellbeing dangers universally. This case ponder highlights the Ayurvedic administration of a 26-year-old male analysed with Hepatitis B, who displayed with indications such as fever, nausea, severe body ache, poor appetite, and yellow discoloration of the eyes. The condition was surveyed and analyzed as Yakritsotha in Ayurveda, a disorder characterized by liver enlargement, systemic impacts, and Kapha-Pitta imbalance. The treatment protocol included a combination of Ayurvedic medicine such as Arogyavardhini Vati, Punarnava Mandur, Kalmegh Syrup, Kasis Bhasma, Liv 52 HB, Phaltrikadi Kwatha, Capsule Stresscom, and Arka Makoy, along with regimen of dietary and way of life alterations (Pathya-Apathya). These interventions aimed to reduce inflammation, restore dosha balance, and support liver function. The patient marked enhancement in clinical improvement, including appetite restoration, decrease in pain, and normalization of jaundice, as confirmed by blood examinations and follow-ups. This case underscores the potential viability of Ayurvedic treatment in management of Hepatitis B through holistic and individualized approach.

KEYWORDS: Hepatitis B, Yakritsotha, Yakritvridhi, Arka Makoy, Kasis Bhasma, Ayurveda

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INTRODUCTION

Hepatitis, a condition characterized by inflammation of the liver parenchyma, arises from both infectious and non-infectious causes.[1][2] Viral infections, particularly Hepatitis A, B, C, D, and E, are the most common etiological agents, while non-infectious factors include toxicity, excessive alcohol consumption, drug overdose, and metabolic disorders. Among these, Hepatitis B is a significant global health burden due to its dual nature, presenting either as an acute infection lasting less than six months or as a chronic condition persisting longer.[1][2]. Left untreated, chronic Hepatitis B can lead to severe complications such as cirrhosis, hepatocellular carcinoma, and liver failure.[4][5][22]

Universally, approximately 2 billion individuals have been exposed to the Hepatitis B infection, with 350 million influenced by constant disease. India, categorized inside the endemicity zone, reports a predominance rate of 2-7%, with a normal of 4%. The high prevalence underscores the require for viable anticipation, early determination, and management. Hepatitis B transmission happens basically through introduction to contaminated blood or substantial liquids, making immunization and open wellbeing mindfulness basic for controlling its spread.[23][24]

Ayurvedic point of view:

In Ayurveda, Yakritsoth/Yakritvridhi is described in our ancient textbooks one who consumes irritating and spicy food and the nourishment that obstructs the strotas (channels) (by causing malabsorption and expanding thick secretions), the Raktadhatu along with Kapha doshas too much vitiated. It leads to enlargement of the liver i.e., Yakritvridhi.[7][10] The enlargement takes places within the right side. The

individual afflicted by this infection loses his weight, suffers from intermittent fever, loss of appetite, loss of immunity and physical strength and iron deficiency.

It is additionally characterized by tiredness, vertigo, burning sensation, discoloration (due to iron deficiency), heaviness of the body, stupor and reddening of the abdomen as well as fever, thirst, burning sensation, yellowish discoloration of the body and less pain, hard on palpation, loss of taste, persistent enlargement of the guts, continuous flatulence, reversed peristalsis and pain.

PATIENT INFORMATION:

A 26-year-old male presented to the Shalyatantra Department OPD with complaints of fever, nausea, severe body pain, poor appetite, and yellow discoloration of the eyes. The condition was diagnosed as Hepatitis B based on the patient's blood investigation reports. Prior to seeking Ayurvedic management, the patient had been undergoing allopathic treatment. The patient's condition was assessed through a combination of clinical symptoms, blood test results, and Ayurvedic diagnostic parameters, leading to the diagnosis of Yakritsotha for Ayurvedic treatment.

Aashtavidha Pariksha: (Eight-Fold Examination of patient)

1. Nadi	104
2. Mutra	Vikrutha varna
3. Mala	Vikrutha varna
4. Jihwa	Coated (sama)
5. Sabda	Normal
6. Sparsha	Ushna
7. Drik	Yellow
8. Aakriti	Madhyam

Table 1 Aashtavidha Pariksha

Dashavidha Pariksha: (Ten-Fold Examination of patient)

• Prakriti	Kapha-Vata
• Vikriti	Kapha-Pitta
• Sara	Mamsa
• Samhanana	Madhyam
• Pramanam	Madhyam
• Satmyam	Sarvarasa
• Satvam	Madhyam
• Vaya	Madhyam
• Ahara Shakti	Avaram
• Vyayama Shakti	Madhyama

Table 2 Dashavidha Pariksha

CLINICAL FINDINGS

General physical examination:

General condition:	Medium
Pulse rate:	104/min
Respiratory rate:	19/min
Blood pressure:	126/80 mmHg
Pallor:	Present
Icterus:	Present
Cyanosis	Absent
Lymph Nodes:	No any lymphadenopathy
Clubbing:	Absent
Edema:	Present

Table 3 General physical examination

MATERIAL AND METHODS

Ayurvedic Treatment Protocol for Hepatitis B

The treatment included Shamana Chikitsa for 60 days, comprising the following internal medicines:

Sr.No.	Drug given	Dose	Duration/Time
1	Arogyavardhini Vati	250 mg BD	14 days by interval of 7 days for 3 months after food
2	Punarnava Mandur	250 mg BD	After food
3	Kalmegh Syrup	15 ml BD	After food
4	Kasis Bhasma	125 mg BD with Madhu	After food
5	Liv 52 HB	2 tablets BD	After food
6	Phaltrikadi Kwatha	20 ml BD	After food
7	Arka Makoy	20 ml BD	After food
8	Cap.Stresscom	1 cap BD	After food

Table 4 Intervention given

Pathya-Apathya (Dietary and Lifestyle Modifications):

Foods to Include:

- Fruits and Vegetables: Rich in antioxidants, vitamins, and minerals that boost liver work. Aim for an assortment of colours, with a focus on leafy greens, berries, oranges, and cruciferous vegetables (broccoli, cauliflower).
- Entirety Grains: Brown rice, quinoa, oats, and entirety wheat bread give fiber and help control blood sugar levels, which can decrease strain on the liver. Protein: Include sources like skinless poultry, fish, eggs, beans, and vegetables. These proteins are easier to process and help the liver with repair and recovery.
- Healthy Fats: Consolidate healthy fats like those found in olive oil, avocado, and nuts. Omega-3 fatty acids (from fish like salmon or flaxseeds) have anti-inflammatory impacts that can benefit the liver.
- Hydration: Drink plenty of water to help the liver flush out toxins. Home grown teas such as dandelion or milk thorn may too give benefits for liver wellbeing, in spite of the fact that they should be utilized cautiously.
- Probiotics: Yogurt, kefir, and fermented nourishments (kimchi, sauerkraut) can help promote gut health, which in turn may support liver well-being.

Foods to Avoid:

- Alcohol: Alcohol is poisonous to the liver and can compound liver harm in people with hepatitis B. It's important to totally avoid liquor or consult a specialist for personalized advice.
- High-Fat Foods: Restrain saturated fats from processed meats, full-fat dairy, and fried foods, which can increase liver inflammation and fat accumulation.
- Sugary and Processed Nourishments: Foods high in refined sugars, such as soft drinks, sweet, and baked products, can contribute to fat build-up within the liver, which may lead to fatty liver disease.
- Excess Salt: Too much salt can contribute to fluid retention and liver stress. Prefer herbs and flavours to season your food instead.

Vitamin and Mineral Considerations:

- Vitamin D: Hepatitis B patients may have low vitamin D levels, so it's vital to get sufficient through sun exposure or nourishments like fatty fish, fortified dairy items, and egg yolks.
- Iron: Excessive iron can be harmful to the liver, so it's vital to monitor iron intake if there's an iron over-burden condition (like hemochromatosis). It may be advisable to avoid iron supplements unless prescribed.
- Vitamins: B-complex vitamins, including B12 and folate, are important for liver wellbeing. Whole grains, eggs, and leafy greens are great sources.

Meal Timing and Portion Control

- Smaller, Frequent Dinners: Eating smaller meals more regularly can help the liver process nutrients more effectively and decrease the strain of digestion.
- Avoid Overeating: Over the top eating or overloading the digestive system can include extra stress to the liver. Maintain a healthy body weight to reduce liver fat build-up.

5. Supplements:

- Milk Thistle: This herbal supplement is commonly utilized to support liver wellbeing, but always consult with a healthcare supplier before starting any supplement, especially if on medication.
- Antioxidants: Supplements such as vitamin C and E might protect the liver from oxidative stress. However, talk about any supplementation with your doctor to avoid interactions with medications

Other Considerations:

- Avoid Toxins: Be cautious with medications, including over-the-counter ones, as they can affect liver function. Always consult with your healthcare supplier before taking new medications or supplements.

- Exercise: Moderate physical activity can support liver wellbeing and help maintain a healthy weight

RESULTS

Blood Investigations	15-Feb	17-Feb	22-Feb	27-Feb	30-May
Total protein	6.81 g/dl	6.91 g/dl	-	-	7.64 g/dl
Albumin	3.40 g/dl	3.32 g/dl	-	-	3.94 g/dl
Globulin	3.41 g/dl	3.59 g/dl	-	-	3.70 g/dl
A/G ratio	1.00 g/dl	0.92 g/dl	-	-	1.06 g/dl
S.G.O.T	1921.43 u/l	1948.01 u/l	-	-	-
S.G.P.T	5594.35 u/l	3942.67 u/l	759.23 u/l	238.90 u/l	185.30 u/l
Alkaline phosphatase	128.5 u/l	121.9 u/l	-	-	-
Total bilirubin	7.46 mg/dl	10.90 mg/dl	9.70 mg/dl	2.86 mg/dl	0.48 mg/dl
Conjugated bilirubin(direct)	5.68 mg/dl	8.43 mg/dl	7.64 mg/dl	1.54 mg/dl	0.12 mg/dl
Unconjugated bilirubin(indirect)	1.78 mg/dl	2.47 mg/dl	2.06 mg/dl	1.32 mg/dl	0.36 mg/dl
Serum creatinine	-	1.83 mg/dl	-	-	1.57 mg/dl
HBsAg	Positive	-	-	-	Negative

Table 5 Blood Investigations Before and After treatment

The patient showed significant improvement in symptoms such as fever, body pain, yellow discoloration of the eyes, and decrease appetite in one month of treatment. Post-treatment blood investigation a significant diminishment in liver enzymes and bilirubin levels, showing improve liver health as well as liver functions.

PROBABLE MODE OF ACTION OF MEDICINES

Arogyavardhini Vati: is rasaushadhi mentioned in ayurveda, it is mainly indicated in treatment of kamla, liver disorders, and various skin disorders. It consists of Haritaki, Bibhitaka, Amalaki, Silajatu Suddha Guggulu, Shuddha Eranda, Katuka leaf juice of Nimba and minerals like Shuddha Rasa, Shuddha Gandhaka, Lauha Bhasma, Abhraka Bhasma and Tamra Bhasma. Arogyavardhini Vati Improves bile secretion and detoxification, promotes hepatocyte recovery, and reduces Pitta Dosha aggravation. A hepatoprotective formulation with properties to reduce inflammation and enhance liver regeneration through its Pittarechana and Deepana action. Research conducted on it proves its choleric, anti-inflammatory and antiviral action. Hence this drug is widely used in the hepatic disorders.

Punarnava Mandur: It contents Triphala, Trikatu, Chitraka, Vidanga, and Pippalimul are deepan, pachan and vatanulomak properties. Hence it improves jaranshakti and ultimately absorption of nutrition and drug also. Trivrita, Haritaki and Danti acts as a nitya virechak. Other drug like Amalaki, Danti, Pippali, Punarnava, and Daruharidra are immunomodulator and antioxidant properties.

Encourages diuresis, diminishes edema, and equalizations Tridosha whereas advancing detoxification of the liver. A formulation for Tridosha balance, specifically targeting Rakta Shodhana (blood purification) and Srotoshodhana (channel clearing).

Kalmegh Syrup: Diminishes inflammation because of its Tikta Rasa (Bitter taste), Agni improvement and Sroto Shodhana. Anti-inflammatory and hepato-protective, it aids in the clearance of toxins form body.

Kasis Bhasma: Fortifies hematopoiesis, improves liver health and functions, and helps in bilirubin metabolisam. Acts as a liver function stimulant, promoting the resolution of jaundice and anemia.

Liv 52 HB: Secures hepatocytes from oxidative stretch, makes strides enzymatic action, and improves by overall liver functions. A supportive formulation to improve liver enzyme function and protect against hepatotoxicity.

Phalatrikadi Kwatha: Cleanses the liver, reduces systemic inflammation, and improves digestion through its Pitta-pacifying properties. An herbal decoction with detoxifying properties. It is herbal formulation mentioned in the Siddhasara Nighantu for the management of kamala. It contains eight herbs namely Haritaki, Bibhitaka, Amalaki, Amruta, Vasa, Katuka, Nimb and Kairattikta. All these drugs are having Pitta and Kapha Shamaka, Yakruduttejaka, Shothahara, Rechana and Dipana properties hence it is indicated in Kamala and pandu. Being shothahar it may relieve the shotha at the cellular level of liver, rechak properties acts as nitya virechak mainly indicated in kamala. Yakriduttejak and rasayan properties help to rejuvenate the liver cells. So, Phalatrikadi kwath have hepato-cellular regeneration capacity, antiviral and antioxidant effect, Molecular nutrients effect and property to correct metabolic activities due to enzymatic action.

Arka Makoy: Acts as an anti-inflammatory and antioxidant, making a difference in detoxification and restoration of liver tissue.

Cap. Stresscom: Balances stress hormones, decreasing their effect on liver wellbeing and boosting immunity.

DISCUSSION

Hepatitis B could be a Significant worldwide wellbeing issue due to its potential to advance into chronic liver illness, including cirrhosis and hepatocellular carcinoma. [4][5] In spite of advancement of modern medical science and medication, including antiviral drugs and vaccination, the management of Hepatitis B proceeds to challenges, especially in tending to side effects, anticipating complications, and improve liver wellbeing. Ayurveda offers an all-encompassing approach that centres on root-cause determination and systemic balance, making it a profitable complementary or elective treatment. [7-9]

This case study highlights the successful management of a 26-year-old male diagnosed with Hepatitis B using Ayurvedic principles and formulations. The patient presented with classical symptoms of liver dysfunction, including fever, nausea, body pain, poor appetite, and jaundice. According to Ayurvedic diagnosis, the condition was identified as *Yakritsotha*, characterized by *Kapha-Pitta* imbalance and systemic inflammatory processes affecting the liver.

The treatment protocol included Shamana Chikitsa, utilizing *hepatoprotective, anti-inflammatory, and detoxifying* Ayurvedic medicines. The restorative activities of these medication are synergistic and custom-made to address both symptomatic relief and tridosha imbalances. *Arogyavardhini Vati*, a well-documented Ayurvedic formulation, played a vitally role in diminishing liver irritation and progressing bile secretion, subsequently reducing *Pitta dosha* aggravation.[7][11] *Punarnava Mandur* encouraged *blood filtration, diminished edema*, and advanced liver *detoxification*. *Kalmegh* Syrup and *Kasis Bhasma* acted as powerful anti-inflammatory marker, supporting digestive function and liver health, whereas Liv 52 HB given extra *hepato protection* by upgrading enzymatic activities and ensuring hepatocytes from oxidative load.[13][18] *Phaltrikadi Kwatha* and *Arka Makoy* complemented these actions by aiding systemic detoxification, reducing inflammation, and alleviating symptoms such as jaundice and poor appetite. Cap. Stress com served as an adaptogen, addressing the stress-induced exacerbation of liver dysfunction and enhancing immunity.[29]

A basic angle of the treatment was the integration of *Pathya-Apathya* (dietary and way of lifestyle alterations), which is foundational in Ayurveda. The quiet followed to a slim down emphasizing effortlessly edible and nutrient-rich nourishments, such as natural products, fruits, green vegetables, and buttermilk, whereas disturbing substances like *fatty food, spicy, and processed nourishments*. These dietary mediations likely improvement of Agni, upgraded the absorption of supplements, and diminished systemic burden on the liver.[8][29]

The treatment outcomes were evident within one month, with significant symptomatic improvement, including normalization of appetite, reduction in jaundice, and alleviation of fever and body pain. Laboratory investigations corroborated these clinical findings, showing substantial reductions in liver enzymes and bilirubin levels. These improvements can be attributed to the combined effects of the Ayurvedic formulations, dietary modifications, and the holistic treatment approach.[4][22][23]

This case fortifies the potential of Ayurvedic pharmaceutical in overseeing liver diseases, especially Hepatitis B. By tending to both the symptomatic and systemic viewpoints of the infection, Ayurveda gives a feasible and individualized approach to treatment. Besides, the focus on dietary and way of lifestyle adjustments long-term wellbeing benefits and decreases the chance of infection. Whereas this case illustrates promising comes about, it is basic to recognize the require for larger, controlled clinical trial to approve the viability and safety of Ayurvedic mediations for Hepatitis B. Also, integrator approaches combining Ayurveda with present day medication might encourage upgrade helpful results and progress understanding quality of life.

CONCLUSION

In conclusion, the case underscores the potential part of Ayurveda as a complementary treatment in Hepatitis B administration, emphasizing an encompassing treatment system that boost liver wellbeing, decreases inflammation, and re-establishes systemic balance. The findings highlight the significance of individualized care and the significant effect of joining conventional information with present day clinical practice.

PATIENT CONSENT

The patient provided informed consent for the publication of this case report and any accompanying images. These materials are available for verification by the journal's editor if required.

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DECLARATION OF CONFLICT OF INTEREST:

No conflicts of interest.

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