ISSN:3139-0935(Online)

Intemed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 10 | Oct 2026

Article History: Received: 14-10-2026 Accepted: 26-10-2026 Published:30-10-2026

DOI: doi.org/10.68108/intemed.v2.i10.27

Case Study

Ayurvedic Management of Vidagdhajirna Janya Raktadushti with Virechana Karma Using Trivrut Avaleha: A Case Report

Running title: Virechana in Vidagdhajirna Janya Raktadushti

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Abstract :

Background: Food that is hot, pungent, heavy or eaten at the wrong time, especially in a hot climate, can leave *Agni* unable to digest it properly. Ayurveda calls this *Vidagdhajirna*, a *Pitta*-dominant indigestion, and describes how it can go on to vitiate *Rakta*, whose root seat is the liver (*Yakrit*). This report describes a young man with raised liver enzymes and bilirubin who was assessed and treated on these principles.

Case presentation: A 28-year-old man who had lived in Dubai presented with six months of chest burning, heaviness and bloating in the left abdomen, and low back pain, plus one month of unsatisfactory bowel habit, hair fall and testicular pain. He had had jaundice a year earlier and had not completed treatment. Total bilirubin was 1.80 mg/dl, direct bilirubin 0.76 mg/dl, SGOT 60.5 U/L and SGPT 108.3 U/L. Earlier imaging had shown a small liver hemangioma and renal calculi. He received 15 days of *Pachana*, *Anuloma* and *Raktaprasadana* medicines, *Snehapana* with Mahatikta Ghrita for five days, *Sarvanga Snehana* and *Swedana*, and *Virechana* with Trivrut Avaleha (22 *Vegas*), followed by *Samsarjana Krama* and *Rasayana*.

Outcome: About six weeks after the first report, SGOT was 35.0 U/L, SGPT 33.7 U/L and total bilirubin 0.84 mg/dl, all within the reference range, and his symptoms had improved. Ultrasound still showed mild fatty change in the liver, and a single tiny calculus remained in the left kidney.

Conclusion: In this one patient, a Panchakarma-based plan built around *Virechana* was followed by normal liver enzymes and bilirubin and by symptomatic relief. Because several treatments were given together, the report suggests a direction for further study and does not show that Trivrut Avaleha alone was responsible.

Keywords: *Vidagdhajirna*, *Raktadushti*, *Virechana*, Trivrut Avaleha, Mahatikta Ghrita, raised liver enzymes, Panchakarma, case report

Introduction

In Ayurveda, digestion depends on how well *Agni* can handle what is eaten. When food is hot, sour, pungent, oily and heavy, eaten at odd hours, or eaten in a hot environment, it can turn sour and burn rather than digest. This state is called *Vidagdhajirna*, and its familiar signs are burning in the chest and throat, sour belching, thirst and a feeling of being unwell after meals. The classical discussion of *Agni* and digestive disorders is found in the *Grahani Chikitsa* chapter of the Charaka Samhita [2]. *Pitta* and *Rakta* are closely related, and repeated *Vidagdhajirna* is therefore thought to spoil *Rakta*, whose roots are the *Yakrit* (liver) and *Pleeha* (spleen). Left unchecked, this *Raktadushti* can move toward conditions such as *Kamala* (jaundice).

In modern terms, many young adults now present with mildly raised liver enzymes, fatty liver and borderline bilirubin, often linked to diet, irregular meals, heavy tea intake, late-night eating and stress. Case reports and small series from Ayurvedic centres describe *Virechana* and related purgation in liver disorders such as alcoholic liver disease and acute viral hepatitis [5,6], and an experimental study in rats found less fatty change in the liver after *Virechana* [8]. The classics name *Virechana* as the foremost treatment for *Pitta* [3].

We report a patient in whom the cause-and-effect chain (*Nidana Panchaka*) was worked out carefully and the treatment was matched to it. We are reporting it because the diagnosis was made on Ayurvedic grounds first, because *Virechana* was given after a full preparation, and because liver function was measured before and after. The report follows the CARE guidelines [1].

Aim and Objectives

Aim: To study the effect of Trivrut Avaleha, given as *Virechana*, in *Vidagdhajirna Janya Raktadushti*.

Objectives: (1) To observe the change in the patient's symptoms. (2) To observe the change in liver enzymes and bilirubin.

Patient Information

A 28-year-old man, who had been living in Dubai, came to the Panchakarma OPD with the complaints listed in Table 1.

Complaint (Ayurvedic term)	Plain description	Duration
Urah Daha	Burning in the chest, on about 3 days out of 7	6 months
Vama Udara Gaurava, *Adhmana*	Heaviness and bloating in the left side of the abdomen	6 months
Katishula with *Sakashta Kriya*	Low back pain, with difficulty in movement	6 months
Asamyak Malapravrutti	Unsatisfactory bowel habit, 2 to 3 times a day	1 month
Khalitya	Hair fall	1 month
Vrushana Shula	Pain in the testicles	1 month

Table 1. Presenting complaints

Past history: He had had jaundice one year earlier. Blood tests then showed raised bilirubin and liver enzymes, but he did not complete the treatment he was given. He also had a history of renal calculus, sciatica and backache. Ultrasound and a contrast CT of the abdomen and pelvis, done elsewhere, had shown a hemangioma of the liver, and laser treatment had been advised.

Causative factors (*Hetu*)**:**

- Living in a hot climate with constant air-conditioning (*Desha Vimargagamana*)
- *Pitta*-aggravating food: non-vegetarian meals on 4 to 5 days a week (camel meat), including at night; very pungent, *Vidahi* and heavy food; 4 to 5 cups of tea a day
- Excess exercise, exercise soon after meals, and a lot of travel
- *Shukra Kshobha*

Clinical Findings

General examination (*Ashtavidha Pariksha*)**:** *Nadi* was *Pitta*-dominant *Vata*, warm (*Aushnya*) and *Jalada*. *Mala* was passed 2 to 3 times a day without a feeling of complete relief. *Mutra* was 5 to 6 times

a day. *Jivha* was *Sama* with a thick coating (*Upalepa*). *Shabda*, *Sparsha* and *Drik* were normal, and *Akriti* was medium. There was no pallor, icterus or clubbing.

Systemic examination: Air entry was equal on both sides and the chest was clear. Heart sounds S1 and S2 were normal. On abdominal examination the liver and spleen were not palpable, and there was a feeling of heaviness on the left side.

Samprapti (pathogenesis): *Dosha* — *Pitta*-dominant *Vata*. *Dushya* — *Rakta*, *Mamsa*, *Meda*, *Asthi*. *Vikara Prakriti* — *Pitta*-dominant *Vata*.

Diagnosis: *Vidagdhajirna Janya Raktadushti*, with raised liver enzymes and bilirubin.

Diagnostic Assessment

Liver function tests were done on 18 August 2024 and an ultrasound of the whole abdomen on 19 August 2024. The earlier CT abdomen and pelvis (plain and contrast) showed:

- A tiny isodense lesion, 7 × 5.5 mm, in segment V of the liver, with minimal peripheral enhancement in the arterial phase and the same appearance as the surrounding liver on the delayed phase, most likely a small hemangioma.
- A tiny calculus, 3.0 × 2.5 mm (200 HU), in the lower pole calyx of the left kidney, and a few tiny concretions in the right kidney, without hydronephrosis.

The ultrasound before treatment reported mild diffuse fatty change in the liver, 3 mm calculi in the mid and lower calyces of the left kidney, and mild fullness of the pelvicalyceal system on both sides.

Therapeutic Intervention

The plan had four stages: *Pachana*, *Anuloma* and *Raktaprasadana* for 15 days; *Snehapana* with external oleation and sweating; *Virechana*; and *Rasayana*.

Stage 1: Internal medicines (15 days)

Table 2. Internal medicines

Medicine	Dose and timing	Intended action
Arogyavardhini Vati 500 mg	2 tablets twice a day, after food	*Deepana*, *Rochana*, *Yakrit Doshahara*, *Lekhana*, *Shothahara*
Sootshekhar Rasa 250 mg	2 tablets twice a day, at 10 am and 2 pm	*Amlapittahara*, *Pachana*, *Vidagdhajirnahara*
Gandharva Haritaki Vati	3 g at bedtime with lukewarm water	Mild purgative, *Vata Anuloma*
Kumari Asava	2 teaspoons twice a day, after food	*Raktaprasadana*, *Brumhana*, *Mutrakrichhrahara*, *Ashmarighna*
Tab. Liv 52	2 tablets twice a day, after food	*Deepana*, *Yakrit Doshahara*

Stage 2 (*Purvakarma*)**:** *Snehapana* with Mahatikta Ghrita for 5 days in rising doses of 20, 50, 80, 120 and 160 ml. This was followed by *Sarvanga Snehana* with Bala Dhatryadi Taila and *Bashpa Sweda* (steam in a box) for 3 days, which included 2 days of *Sneha Viram*.

Stage 3 (*Virechana*)**:** Trivrut Avaleha, 80 g, was given as the *Virechaka Dravya*, with Triphala Kashaya and Aragvadha Kapila Vati (1 tablet) as *Virechanopaga Dravya*. The patient passed 22 *Vegas*. The first stools were sticky and black (*Picchila*, *Krishna Varni*) and the last ended with *Pitta* (*Pitta Pata*), accompanied by burning at the anus and downward movement of wind. This was taken as a sign of good *Shuddhi*. *Peyadi Samsarjana Krama* was followed for 7 days.

Stage 4: After *Virechana*. *Agnikarma* on the anatomical snuffbox of the right hand once a day for 3 days with Akhanda Haridra, and *Rasayana* with Swamla.

Follow-up and Outcomes

The patient's symptoms were reported to have improved clearly, and his liver function tests were normal on 2 October 2024, about six weeks after the first set (Table 3).

Table 3. Liver function tests before and after treatment

Test	Before (18 Aug 2024)	After (2 Oct 2024)	Reference range (before / after)	Change
Total bilirubin (mg/dl)	1.80	0.84	0 to 1.2 / 0.30 to 1.20	Down 53%
Direct bilirubin (mg/dl)	0.76	0.46	0 to 0.4 / 0 to 0.50	Down 39%
Indirect bilirubin (mg/dl)	1.04	0.38	0 to 0.8 / 0 to 0.70	Down 63%
SGOT / AST (U/L)	60.5	35.0	5 to 46 / 0 to 45	Down 42%
SGPT / ALT (U/L)	108.3	33.7	5 to 49 / 0 to 49	Down 69%

The two sets of tests were done in different laboratories, so the reference ranges differ slightly. Direct bilirubin of 0.46 mg/dl is within the range on the second report but would be just above the range on the first.

A repeat ultrasound on 16 October 2024 showed that the liver still had mild diffuse fatty change. In the left kidney, only a tiny calculus in the superior calyx was reported, and there was no hydronephrosis. This is a reduction in the stones, not their complete disappearance. The CT was not repeated, so we cannot say what happened to the hemangioma. No adverse events were noted during or after *Virechana*.

Timeline

Table 4. Timeline of the case

Date / stage	Event
One year earlier	Jaundice; treatment not completed
Before 18 Aug 2024	CT abdomen and pelvis: small hemangioma, renal calculi
18 Aug 2024	Liver function tests: raised enzymes and bilirubin
19 Aug 2024	Ultrasound: mild fatty liver, left renal calculi
Days 1 to 15	*Pachana*, *Anuloma*, *Raktaprasadana* medicines
Next 5 days	*Snehapana* with Mahatikta Ghrita
Next 3 days	*Sarvanga Snehana* and *Bashpa Sweda* (2 days *Sneha Viram*)
Virechana day	Trivrut Avaleha 80 g, 22 *Vegas*
Next 7 days	*Peyadi Samsarjana Krama*
After *Virechana*	*Agnikarma* for 3 days, then *Rasayana*
2 Oct 2024	Liver function tests normal
16 Oct 2024	Ultrasound: mild fatty liver, one tiny left renal calculus

Discussion

Why this diagnosis fits. The patient's way of living made a strong case for *Pitta* trouble: constant heat, pungent and heavy meals, non-vegetarian food at night, a lot of tea, and exercise right after eating. Chest burning, a coated tongue and an unsatisfactory bowel habit point to *Vidagdhajirna* with *Mandagni*. Because the liver is the root of *Rakta* and the history included jaundice, it was reasonable to read the raised enzymes and bilirubin as *Raktadushti* produced by long-standing *Vidagdhajirna*. We think *Vidagdhajirna* may be an early step in a chain that can end in *Kamala*, but that

is an idea drawn from one case and this report cannot test it.

Why this treatment. The principle was to clear *Ama* first, then oil the body, then purge. *Pachana* and *Anuloma* medicines prepared the bowel. *Snehapana* with Mahatikta Ghrita, a bitter and *Pitta*-pacifying preparation, loosened the *Pitta* that had settled in the tissues. The doses rose to 160 ml over five days; a published study of escalating *Snehapana* in volunteers found no rise in blood lipids over a short course [7], which is reassuring in a patient with fatty change in the liver, although we did not repeat his lipid profile. *Virechana* is the main purification for *Pitta* [3], and Trivrut is a mild, reliable purgative. Retrospective data on another avaleha-based *Virechana* describe how *Vegas* and *Shuddhi* are recorded and graded [4]. In our patient, 22 *Vegas* ending with *Pitta*, together with the burning and wind at the end, matched the classical signs of proper *Virechana*. *Samsarjana Krama* then rebuilt *Agni* gradually, and *Rasayana* was used to consolidate.

Comparison with other reports. Single-case reports describe normalisation of bilirubin and enzymes after purgation-based Ayurvedic plans in alcoholic liver disease [5] and acute viral hepatitis [6]. Our patient differs in that the picture was a chronic, diet-related *Pitta* disorder rather than an acute or alcohol-related illness. An animal study reported less fatty change in the liver, kidney and heart after *Virechana* in a fructose-induced model [8]. Our follow-up scan, however, still showed mild fatty change in the liver, so we cannot support that finding in this patient.

The hemangioma. Small, asymptomatic hepatic hemangiomas generally follow a benign course and are often managed by observation alone [9,10]. We did not treat the lesion and did not re-image it, so we make no claim about it. The point for readers is that the advice for laser treatment received earlier should be weighed against this benign natural history.

What we can and cannot say. His enzymes and bilirubin did return to normal, and the fall in SGPT was large. But several things were done at once: five oral medicines, preparation with *Snehapana* and *Swedana*, *Virechana*, *Agnikarma*, *Rasayana*, and the dietary and lifestyle advice that usually accompanies such a programme. We cannot say how much of the improvement came from Trivrut Avaleha itself. Liver enzymes can also fall when a person stops eating heavy food and drinking heavy tea, which this patient would have done during the programme. The fatty change was still present on the follow-up scan, so the treatment did not clear it in this period. The stone result is a partial improvement. No scoring system was used for symptoms, follow-up was short, and the hemangioma was not re-imaged.

Even so, the case shows that a patient with a *Pitta–Rakta* picture can be taken safely through a full *Virechana* course, and that his tests can improve over about six weeks. This is worth testing in a larger, planned study with symptom scores and longer follow-up.

Conclusion

In this 28-year-old man with *Vidagdhajirna Janya Raktadushti*, a plan of *Pachana*, *Anuloma*, *Raktaprasadana*, *Snehapana* and *Virechana* with Trivrut Avaleha was followed by normal SGOT, SGPT and bilirubin and by relief of symptoms, without adverse effects. Fatty change in the liver persisted and the renal calculi reduced to a single tiny stone. Because this is one patient who received combined treatment, the result is a starting point for controlled studies and is not proof of efficacy.

Patient Consent

Written informed consent was obtained from the patient for the publication of this case report and the accompanying clinical details and investigation reports, with his identity withheld.

Acknowledgements

The authors thank the staff of the Department of Panchakarma, College of Ayurved, Bharati Vidyapeeth (Deemed to be University), Pune, and Arogya Sarathi Chikitsalaya, Kothrud, Pune.

Author Contributions

YSD managed the patient, collected the data and wrote the first draft. SC and SG supervised the clinical management and reviewed the manuscript. All authors approved the final version.

Financial Support and Conflict of Interest

No funding was received. The authors declare no conflict of interest.

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