



Ayurvedic Intervention in Nonalcoholic Fatty Liver Disease with Hepatomegaly: A Case Report

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ABSTRACT

This case report describes the successful management of Nonalcoholic Fatty Liver Disease in a 28-year-old male using a classical Ayurvedic protocol. The patient presented with Adhmana (Distention of abdomen), Aruchi (anorexia) and Hrillas (Nausea). Ultrasonography of abdomen confirmed fatty liver grade 2 and hepatomegaly. A diagnosis of yakradlauda was established. Treatment comprised agnidipak, kaphpitta-pacifying channel-clearing regimen including Chitrakadi vati, dhanyak jeerak siddh jal, Avipaatikar churn, Punarnava mandoor, supported by a strict Pathya diet of low-fat, easily digestible foods. Within 90 days, complete clinical resolution was achieved, with normal ultrasonography and no adverse events. This case demonstrates that a structured Ayurvedic framework focusing on Agni-Chikitsa and Srotoshodhana (channel purification) can safely and effectively resolve NAFLD and associated hepatomegaly. The findings suggest that integrative approaches combining traditional formulations with dietary regulation may provide safe and effective alternatives for managing Nonalcoholic Fatty Liver Disease requiring further systematic evaluation.

INTRODUCTION

It encompasses a spectrum of disease from non-alcoholic fatty liver (NAFL) through to non-alcoholic steatohepatitis (NASH), fibrosis and cirrhosis.^{[[i]]} NAFLD has a global prevalence of 25% and has become one of the leading causes of chronic liver disease.^{[[ii]]} Non-alcoholic fatty liver disease (NAFLD) patients usually present with varying symptoms apart from being entirely asymptomatic, as the condition is most frequently discovered incidentally during routine medical examinations or unrelated diagnostic procedures.

Ayurveda describes this disease condition as *Yakrit Roga* (liver disease) with symptoms including low-grade fever (*manda-jvara*), anorexia (*aruchi*), burning sensation (*dāha*), generalized heaviness (*gaurava*), and asthenia

(*daurbalya*).^{[[iii]]}

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).^{[[iv]]}

Nitya virechana (~ therapeutic purgation) and *Tikta katu Dravya* (bitter substances) are the first-line treatments for *Yakdradlauda* described in the *Ayurvedic* literature.^{[[v]]} Concurrently, a strict, easily digestible, salt-restricted Pathya (dietary protocol) is enforced to minimize the metabolic demand on the hepatic system.

The present case is unique because it demonstrates significant clinical, biochemical and ultrasonographic improvement in a patient diagnosed with Grade II NAFLD

and hepatomegaly following a structured Ayurvedic treatment regimen, highlighting the potential role of Ayurvedic interventions in the management of fatty liver disease.

PATIENT INFORMATION

De-identified Patient Information

A 28-year-old male presented to the outpatient department with complaints of *Adhaman* (distention of abdomen), *Aruchi* (loss of appetite), and *Hrillasa* (nausea). The patient's identity has been anonymized, and no personally identifiable information has been disclosed.

Primary Concerns and Symptoms

The patient reported abdominal discomfort, *Aruchi*, and *Hrillasa* of one month's duration, which had gradually increased in severity. He also experienced occasional burning sensation in the abdomen, persistent, and fatigue (*Daurbalya*). There was no history of fever, vomiting, altered bowel habits, or jaundice.

Medical, Family, and Psychosocial History

The patient had no history of alcohol consumption, smoking, recent travel, or long-term medication use. There was no history of viral hepatitis, metabolic disorders, or hereditary liver disease in the family. Psychosocial history was unremarkable, and no significant contributory factors were identified.

Relevant Past Interventions and Outcomes

No prior medical or Ayurvedic treatment had been undertaken for the presenting complaints before consultation.

SIGNIFICANT PHYSICAL EXAMINATION AND IMPORTANT CLINICAL FINDINGS

On examination, the patient appeared moderately built and nourished, with complaints of *Daurbalya* (fatigue) and *Udaragauravata* (abdominal heaviness). General physical examination revealed no evidence of icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema. Vital parameters were within normal limits, with a temperature of 98.6°F, pulse rate of 76 beats/minute, and blood pressure of 120/80 mmHg.

Abdominal examination revealed mild tenderness and a sensation of fullness (*Anaha*) in the right hypochondriac region. Palpation demonstrated a smooth, firm liver edge palpable approximately two fingerbreadths below the right costal margin, suggestive of hepatomegaly. Percussion elicited dullness over the right hypochondrium, while the remaining abdominal regions exhibited normal tympanic notes. Bowel sounds were normal on auscultation. These findings were suggestive of hepatic enlargement and

correlated with the subsequent ultrasonographic diagnosis of Grade II fatty liver with hepatomegaly.

Table 1. *Ayurvedic Ashtavidha Pariksha* findings were as follows:

Parameter	Observation
Nadi (Pulse)	Slow and steady
Mala (Stool)	<i>Sama</i>
Mutra (Urine)	<i>Pitta Varna</i> (dark yellow)
Jihwa (Tongue)	<i>Sama</i> (coated tongue)
Shabda (Voice)	<i>Spashta</i> (clear)
Sparsha (Touch/Skin)	<i>Ushna</i> and <i>Rūkṣa</i> (warm and rough)
Drik (Eyes)	<i>Samanya</i> (normal)

The clinical findings indicated hepatic steatosis with hepatomegaly and underlying metabolic dysfunction. These observations correlated with the *Ayurvedic* features of *Yakritodara*, characterized by *Kapha-Meda Dushti*, *Mandagni*, *Gaurava* (heaviness), and *Daurbalya* (fatigue). The physical examination findings, together with ultrasonographic evidence of Grade II fatty liver and hepatomegaly, supported the diagnosis of Non-Alcoholic Fatty Liver Disease (NAFLD) corresponding to *Yakritodara* in *Ayurveda*.

TIMELINE OF EVENTS

The patient's clinical course demonstrated progressive improvement in symptoms, biochemical parameters, and radiological findings following Ayurvedic intervention.

Table 2.

Sno.	DURATION	DRUG	DOSE AND FREQUENCY	ROUTE OF ADMINISTRATION	SYMPTOMS
1	5.6.25- 12.6.25	Chitrkadi vati	500 mg with <i>Takra</i> (buttermilk)	oral	Heaviness in abdomen, Loss of appetite fatigue
2	13.6.25-27.6.25	² <i>Avipattikar chur</i> [ii] ² <i>Punarnava m and o o r</i> [ii] ² <i>Nisothchurn</i> [iii] <i>Kutki</i> ² <i>Dhanyak jeera heem kalpna</i> [iv]	5gm With water before meal twice a day . 500 mg with water after meal twice a day. 3 gm 500 mg With lukewarm water at bed time 20 ml empty stomach	Oral	Improvement in loss of appetite Mild relief in heaviness in abdomen and fatigue . Nausea and mild abdominal discomfort after meal . Pathya advised .

3	28.6.25 - 12.7.25	² Avipattikar churn ² Punarnava mandoor ² Nisothchurn Kutki ² Dhanyak jeera heem kalpna	5gm With water before meal twice a day. 500 mg with water after meal twice a day. 3 gm 500 mg With lukewarm water at bed time 20 ml empty stomach	oral	Complete symptomatic relief. No fresh complaints.
4	15.7.25 - 14.8.25	² Avipattikar churn ² Nisothchurn Kutki ² Dhanyak jeera heem kalpna	5gm With water before meal twice a day. 3 gm 500 mg With lukewarm water at bed time 20 ml empty stomach	oral	Pathya Ahara and Pathya Vihara continued. No recurrence of symptoms.
5	15.8.25-15.9.25	-	-	-	Pathya Ahara and Pathya Vihara continued. No recurrence of symptoms.

DIAGNOSTIC ASSESSMENT

Diagnostic Testing (Physical Examination, Laboratory Testing, and Imaging)

The patient underwent a comprehensive diagnostic evaluation comprising physical examination, laboratory investigations, imaging studies, and Ayurvedic assessment. Clinically, the patient presented with abdominal discomfort, occasional epigastric burning sensation, *Hrillasa* (nausea), *Daurbalya* (fatigue), and *Adhmana* (Distention of abdomen). Physical examination revealed hepatomegaly, with a palpable liver margin below the right costal margin.

Laboratory investigations were performed to assess hepatic and metabolic status and to monitor therapeutic response. Serial biochemical assessments demonstrated improvement in lipid profile parameters, including a reduction in total cholesterol and serum triglycerides, along with an increase in HDL cholesterol and serum albumin levels.

Ultrasonography (USG) of the abdomen revealed hepatomegaly with Grade II fatty liver, supporting the diagnosis of Non-Alcoholic Fatty Liver Disease (NAFLD). Ayurvedic assessment using *Ashtavidha Pariksha* suggested the presence of *Agnimandya*, *Rakta-Kapha Dushti*, and *Yakritodara*.

Clinical improvement was assessed using a predefined symptom grading scale (Table 3). Changes in subjective symptoms[x], biochemical parameters, and ultrasonographic findings before and after treatment are presented in Tables 4, 5, and 6, respectively.

Table 3. Effect on Subjective Parameters

S. No.	Symptom	Before Treatment	After Treatment
1	<i>Aruchi</i> (Loss of appetite)	3	0
2	<i>Daurbalya</i> (Weakness)	2	0
3	<i>Hrillasa</i> (Nausea)	1	0
4	<i>Adhmana</i> (Distention of abdomen)	1	0
5	<i>Klama</i> (Exhaustion)	1	0

Table 4. Biochemical Parameters Outcome

Parameter	14.06.2025	15.11.2025
Total Cholesterol	201.9 mg/dL	166.4 mg/dL
Serum Triglycerides	129.7 mg/dL	99.6 mg/dL
HDL Cholesterol	39.4 mg/dL	40.1 mg/dL
Serum Albumin	5.06 g/dL	5.27 g/d

Table 5. Ultrasonographic Changes Before and After Treatment

Parameter	Before Treatment (31.05.2025)	After Treatment (02.12.2025)
Liver Size	Enlarged (156 mm)	Normal (149 mm)
Hepatic Echogenicity	Increased (Grade II fatty liver)	Normal
Hepatic Steatosis	Present	Resolved
Focal/Diffuse Lesion	Absent	Absent
Intrahepatic Biliary Radicals	Normal	Normal
Portal Vein Radicals	Normal	Normal
Overall Impression	Grade II Fatty Liver	Normal Liver Study

Baseline ultrasonography demonstrated hepatomegaly (liver size 156 mm) with increased hepatic echogenicity consistent with Grade II fatty liver. Follow-up ultrasonography performed after treatment revealed normalization of liver size (149 mm) and hepatic echogenicity, with complete resolution of hepatic steatosis and no focal or diffuse hepatic lesions, indicating marked radiological improvement.

Diagnostic Challenges

No significant diagnostic challenges were encountered

during the evaluation or treatment period. Laboratory investigations and ultrasonographic examinations were readily available and performed without difficulty. The patient demonstrated good compliance with diagnostic procedures, prescribed medications, dietary recommendations, and scheduled follow-up visits, facilitating accurate diagnosis and continuous monitoring of therapeutic response.

Diagnosis (Including Other Diagnoses Considered)

Based on the clinical presentation, laboratory findings, and ultrasonographic evidence of Grade II fatty liver with hepatomegaly, the patient was diagnosed with Non-Alcoholic Fatty Liver Disease (NAFLD). From an Ayurvedic perspective, the condition was correlated with *Yakritodara*, characterized by *Agnimandya*, *Rakta-Kapha Dushti*, and *Srotorodha*.

The presenting symptoms, including *Aruchi* (loss of appetite), , *Daurbalya* (fatigue), *Hrillasa* (nausea), and hepatomegaly, were consistent with the Ayurvedic description of hepatic disorders resulting from vitiation of *Rakta* and *Kapha*. Other causes of liver disease, including alcoholic liver disease, viral hepatitis, and drug-induced liver injury, were excluded based on the patient's history, clinical findings, and investigative reports. Therefore, the final diagnosis was established as Grade II NAFLD with hepatomegaly, corresponding to *Yakritodara* in Ayurveda.

Changes in Therapeutic Intervention (with Rationale)

The treatment protocol was modified according to the patient's clinical response and therapeutic requirements. During the initial phase, emphasis was placed on correction of *Agnimandya*, *Ama Pachana*, and alleviation of *Rakta-Kapha Dushti* through *Deepana-Pachana* and *Mridu Virechana* therapies. *Chitrakadi Vati* administered with *Takra* and *Dhanyaka-Jeeraka Paniya Kalpana* were prescribed to improve appetite, digestion, and metabolic functions, while *Avipattikara Churna* facilitated mild purgation and elimination of vitiated *Pitta-Kapha Doshas*.

Following improvement in *Aruchi*, *Hrillasa*, and *adhmana*, the treatment focus shifted toward hepatoprotection and restoration of hepatic function. *Punarnava Mandura* was continued to support hepatic metabolism and reduce hepatomegaly, whereas *Kutki* and *Nishoth Churna* were administered considering their hepatoprotective, lipid-lowering, antioxidant, and *Virechana* properties. Dietary regulation (*Pathya Ahara*) and lifestyle modifications (*Pathya Vihara*) were reinforced throughout the treatment period to maintain metabolic correction and prevent recurrence. No treatment-related complications or adverse drug reactions were observed during follow-up.

Clinician- and Patient-Assessed Outcomes

Progressive clinical improvement was observed throughout the treatment period. The patient showed gradual resolution of *Aruchi* (loss of appetite), *Adhmana* (Distention of abdomen), *Daurbalya* (fatigue), *Udardaha* (burning sensation in the abdomen) and *Hrillasa* (nausea). Follow-up clinical examinations demonstrated improvement in general health status and reduction in hepatomegaly.

From the patient's perspective, appetite and digestion improved significantly, with complete relief from abdominal discomfort and associated symptoms. The patient reported increased energy levels, improved daily functioning, and enhanced overall quality of life following the Ayurvedic intervention.

Important Follow-up Diagnostic and Other Test Results

Clinical assessment revealed complete resolution of all presenting symptoms by the end of the treatment period. Biochemical investigations showed improvement in lipid profile parameters, with total cholesterol decreasing from 201.9 mg/dL to 166.4 mg/dL and serum triglycerides from 129.7 mg/dL to 99.6 mg/dL. HDL cholesterol increased from 39.4 mg/dL to 40.1 mg/dL, while serum albumin improved from 5.06 g/dL to 5.27 g/dL.

Baseline ultrasonography demonstrated hepatomegaly (liver size 156 mm) with Grade II fatty liver. Follow-up ultrasonography performed after treatment revealed normalization of liver size (149 mm) and hepatic echogenicity, with complete resolution of fatty liver changes. These clinical, biochemical, and radiological findings indicated a favorable therapeutic response.

Intervention Adherence and Tolerability

Treatment adherence was assessed through regular follow-up visits and patient interviews. The patient demonstrated excellent compliance with the prescribed medications, dietary recommendations (*Pathya Ahara*), and lifestyle modifications (*Pathya Vihara*) throughout the treatment period.

The prescribed Ayurvedic interventions were well tolerated, and no difficulty in medication administration or treatment continuation was reported. Good adherence to the treatment protocol may have contributed to the favorable clinical outcome.

Adverse and Unanticipated Events

No adverse drug reactions, treatment-related complications, or unanticipated events were observed during the treatment period. All prescribed interventions were tolerated well, and the patient completed the treatment course without any reported side effects.

DISCUSSION

Strengths and Limitations of the Case Report

A major strength of this case report is the integration of Ayurvedic and contemporary diagnostic approaches in the management of Non-Alcoholic Fatty Liver Disease (NAFLD). Clinical improvement was supported by objective evidence, including biochemical investigations and ultrasonographic findings, in addition to complete symptomatic relief. The structured treatment protocol incorporating Ayurvedic medications, dietary regulation (*Pathya Ahara*), and lifestyle modification (*Pathya Vihara*) provided a comprehensive and holistic approach to disease management.

However, this report has certain limitations. As a single-case study, the findings cannot be generalized to a larger population. Histopathological confirmation of hepatic steatosis was not performed, and long-term follow-up beyond the study period was unavailable. Furthermore, the individual contribution of each therapeutic intervention could not be assessed because multiple treatment modalities were administered concurrently.

Discussion of Relevant Medical Literature

Non-Alcoholic Fatty Liver Disease (NAFLD) is one of the most prevalent chronic liver disorders worldwide, affecting approximately 25% of the global population and closely associated with obesity, insulin resistance, dyslipidemia, and metabolic syndrome. The disease spectrum ranges from simple steatosis to non-alcoholic steatohepatitis, fibrosis, and cirrhosis.

In Ayurveda, NAFLD may be correlated with *Yakrit Roga* and *Yakritodara*, conditions arising due to *Agnimandya*, *Rakta-Kapha Dushti*, and *Srotorodha*. Classical Ayurvedic texts describe the role of *Vidahi* and *Abhishyandi Ahara* in causing vitiation of *Rakta* and *Kapha*, ultimately impairing hepatic function. The management principles emphasize *Nitya Virechana*, *Deepana-Pachana*, and administration of *Tikta-Katu Dravyas* to restore metabolic balance and liver health.

Chitrakadi Vati was administered with *Takra* (buttermilk) to enhance its *Deepana* and *Pachana* effects and to correct *Agnimandya*, the primary factor in the pathogenesis of *Yakritodara*. *Chitrakadi Vati* stimulates *Jatharagni* and facilitates *Ama Pachana*, while *Takra* acts as an excellent *Anupana*, enhancing digestion and therapeutic efficacy. This combination may have contributed to the improvement in appetite, digestion, and metabolic functions observed in the present case.

Kutki (*Picrorhiza kurroa*) is a renowned hepatoprotective drug indicated in *Yakrit Vikara* and has demonstrated antioxidant, anti-inflammatory, and lipid-lowering

activities. Studies have shown that *Kutki* reduces hepatic fat accumulation and improves liver function in NAFLD. *Nishoth Churna* (*Operculina turpethum*), a potent *Virechana Dravya*, helps eliminate vitiated *Pitta* and *Kapha Doshas* and facilitates *Ama Pachana*. Experimental studies have reported significant hepatoprotective and antioxidant effects of *Nishoth*, leading to improvement in hepatic injury. Thus, the combined use of *Kutki* and *Nishoth* may have contributed to the regression of fatty liver changes and restoration of normal liver function in the present case.

Punarnava Mandura was administered considering its hepatoprotective, *Shothahara*, *Deepana-Pachana*, and *Yakritottejaka* properties. The formulation contains *Punarnava* (*Boerhavia diffusa*), which exhibits antioxidant, anti-inflammatory, diuretic, and hepatoprotective activities. Experimental studies have demonstrated that *Punarnava* reduces oxidative stress and protects hepatocytes from damage, thereby improving liver function. *Mandura Bhasma* supports *Rakta Dhatu* and improves metabolic functions, while the accompanying ingredients help correct *Agnimandya* and *Ama*.

Dhanyaka-Jeeraka Paniya Kalpana was administered considering its *Deepana*, *Pachana*, *Amapachana*, and *Pittashamaka* properties. *Dhanyaka* (*Coriandrum sativum*) possesses digestive, antioxidant, and hepatoprotective activities, while *Jeeraka* (*Cuminum cyminum*) acts as a potent digestive stimulant and carminative. By improving *Agni* and facilitating *Ama Pachana*, the formulation helps alleviate *Aruchi*, *Hrillasa*, and abdominal discomfort while supporting hepatic metabolism. These actions may have contributed to the symptomatic improvement observed in the present case.

Avipattikara Churna was administered for its *Deepana*, *Pachana*, *Pittashamaka*, and *Mridu Virechana* properties. By correcting *Agnimandya*, digesting *Ama*, and facilitating the elimination of vitiated *Pitta-Kapha Doshas*, it may have contributed to metabolic correction and improvement of hepatic function in *Yakritodara*.

Scientific Rationale for the Conclusions

The observed clinical, biochemical, and radiological improvement may be attributed to the combined effects of Ayurvedic medications, dietary regulation, and lifestyle modifications. From an Ayurvedic perspective, the treatment protocol corrected *Agnimandya*, pacified *Rakta-Kapha Dushti*, promoted *Ama Pachana*, and facilitated *Srotoshodhana*, thereby reducing pathological accumulation within the liver. Improvement in digestive and metabolic functions likely contributed to normalization of lipid metabolism and reduction of hepatic fat accumulation.

From a biomedical perspective, adherence to dietary restrictions, lifestyle modification, and the use of hepatoprotective Ayurvedic formulations may have contributed to improved metabolic parameters and restoration of normal hepatic architecture. The temporal association between treatment initiation and subsequent clinical, biochemical, and ultrasonographic improvement supports the potential therapeutic role of the Ayurvedic intervention in the management of NAFLD.

CONCLUSION

This case demonstrates that a comprehensive Ayurvedic treatment approach comprising internal medications, dietary regulation (*Pathya Ahara*), and lifestyle modification (*Pathya Vihara*) may be beneficial in the management of Grade II Non-Alcoholic Fatty Liver Disease with hepatomegaly. Significant improvement was observed in clinical symptoms, biochemical parameters, and ultrasonographic findings without any adverse effects. The case highlights the potential role of Ayurveda as a safe and holistic management strategy for NAFLD and warrants further evaluation through well-designed clinical studies.

Annexure -

1. Assessment Criteria (subjective parameters)

S.NO.	Grades	0	1	2	3
1	<i>Aruchi</i> (Loss of appetite)	Willing towards all <i>Bhojya Padarth</i>	Unwilling towards some specific <i>Ahara</i> but less than normal	Unwilling towards some specific <i>Rasa</i> i.e. <i>Katu/Amla/Madhura</i> food	Unwilling for food but could take the meal
2	<i>Daurbalya</i> (Weakness)	Absent	Not able to perform strenuous activity.	Not able to perform moderate activity.	Cannot perform moderate activity but can perform mild activity without any difficulty.
3	<i>Hrillasa</i> (Nausea)	Absent	Anannabhilasha	Aasyapraseka	Feels sense of nauseating and vomits occasionally
4	<i>Adhmana</i> (Distention of abdomen)	No <i>Adhmana</i>	Occasionally feelings of distension of abdomen	Daily after intake of food up to 1 hour with mild distension of abdomen	Distension of abdomen up to 1-3 hours after intake of food
5	<i>Klama</i> (Exhaustion)	No klama	Occasionally feeling of lassitude without Shrama and remains for sometimes and vanishes	Lassitude without Shrama daily for sometimes	Lassitude without Shrama daily for long duration

2. Grading of subjective parameters

S.no.	Symptoms	Normal	Mild	Moderate	Severe
1	<i>Aruchi</i>	0	1	2	3
2	<i>Daurbalya</i>	0	1	2	3
3	<i>Hrillasa</i>	0	1	2	3
4	<i>Adhmana</i>	0	1	2	3
5	<i>Klama</i>	0	1	2	3

[1] World Health Organization. (n.d.).WHO -DFC sponsored project on developing guidelines for clinical research methodology in Ayurveda . Institute for postgraduate Teaching & Research in Ayurveda ,Gujarat Ayurveda University , Jamnagar.

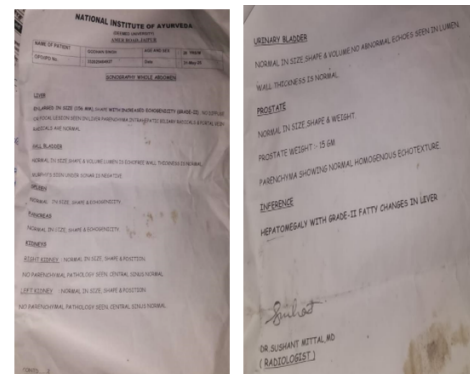


Figure 1. BEFORE TREATMENT

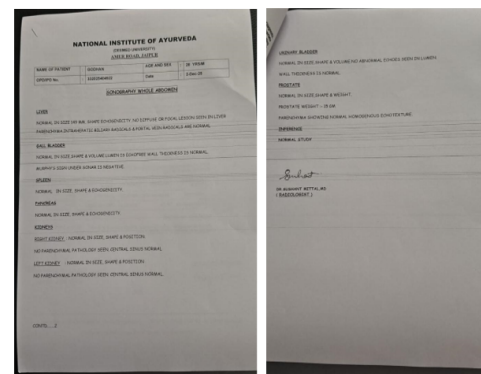


Figure 2. After Treatment

REFERENCES

- Dyson, J. K., Anstee, Q. M., & McPherson, S. (2018). Non-alcoholic fatty liver disease. *Clinical Medicine*, 18(3), 245–251.
- Younossi, Z. M., Koenig, A. B., Abdelatif, D., Fazel, Y., Henry, L., & Wymer, M. (2016). Global epidemiology of nonalcoholic fatty liver disease—Meta-analytic assessment of prevalence, incidence, and outcomes. *Hepatology*, 64(1), 73–84.
- Sharma, R. K., & Dash, B. (Eds. & Trans.). (2021). *Agnivesha's Caraka Samhita (Based on Chakrapani Datta's Ayurveda Dipika Commentary)* (Vol. 3, Chikitsa Sthana, Ch. I–XIV). Chowkhamba Sanskrit Series Office.
- Sahoo, S., & Panda, P. K. (2022). Effect of Ayurveda interventions in non-alcoholic grade II fatty liver disease: A case report. *Journal of Ayurveda and Integrative Medicine*, 13(3), Article

100570.

- Acharya, Y. T. (Ed.). (2020). *Charaka Samhita of Agnivesha: Chikitsa Sthana (Udara Chikitsa Adhyaya)* (Cap. 13, Ver. 61). Chaukhambha Surbharati Prakashan. (Original work compiled c. 1st century BCE–2nd century CE).
- Sen, G. D. (2019). *Bhaishajya Ratnavali* (A. D. Shastri, Ed.). Chaukhambha Sanskrit Sansthan. (Original work compiled c. 18th century CE).
- Sharma, S. (Ed.). (2019). *Bhaishajya Ratnavali of Govinda Das Sen (Pandu Roga Chikitsa Adhyaya)*. Chaukhambha Sanskrit Sansthan. (Original work compiled c. 18th century CE).
- Agnivesha. (2020). *Charaka Samhita* (Y. T. Acharya, Ed.). Chaukhambha Surbharati Prakashan. (Original work compiled c. 1st century BCE–2nd century CE).
- Bhavamishra. (2018). *Bhavaprakasha Nighantu* (K. C. Chunekar & G. S. Pandey, Eds.). Chaukhambha Bharati Academy. (Original work compiled c. 16th century CE).

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