

# Management of Hepato- Splenomegaly – A case report

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## Abstract

Splenomegaly is indeterminate in extremely interior forests hamlets of South India and also at village level. Usually many pathological conditions imply to bring the graveness in due course. If the proper attention is paid to notice in time, the condition is well managed with traditional time tested Ayurveda medicines viz. Yakrutpleehari Loha and Kumaryasava in short time effectively. The patient recovered in 10 days prescription of these medicines and the LFT is expressive as normal. All the presenting symptoms were disappeared with in 10 days.

**Key-words:** Splenomegaly, Yakrutpleehari Loha, Kumaryasava, Udara, Pleehodara, Virechana

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## Introduction:

Present day life style especially of a non local resident student in a University is difficult with respect to his diet habits. The maintenance of the familial food regulations are impossible and leads to the Indigestion, a chief cause of “Udara” i.e. ascites and organomegaly. Even though many infectious conditions are placed before to get a “splenomegaly” in contemporary medical practice, a most common cause is indigestion in Ayurveda. The presented case has no history or evidence of generating the splenomegaly other then his altered food habits.

## Case Presentation / Case Report:

A 23 year old Male resident of Sawangi, Wardha (MS) approached to the hospital with abdominal discomfort, icterus, loss of appetite and weight loss. On examination, patient has palpable spleen and the Murphy's sign is positive. The eyes are yellowish and mild temperature (99.6°F) is present. Patient complains the malaise and nausea. The Ayurvedic diagnosis on these conditions is yakritpleehodara can be correlated with Hepato- Splenomegaly.

Patient initially on 24th May 2013 felt feverish with chills and loss of appetite and consulted the local doctor for the treatment. On examination it is found that the fever is fluctuating between 101°F to 103°F. The other symptoms associated are – weakness, body ache, and mild abdominal pain.

Physician suspected the malaria or typhoid and investigated further. The widal test, is negative for S. Typhi, S. Paratyphi A

and B. Even the smear test for the malarial parasite also revealed negative. The hemogram is normal.

Prior complaints are stand still even after the medical attendance. Mean while patient developed more abdominal discomfort and pain along with icterus. The weight loss is 3 kgs in 3 days from 55 kgs to 52 kgs body weight. Abdominal examination show the positive “Murphy's sign”.

Physician Advised HCV test and HBsAg (Australian Antigen) are found non reactive. Ultrasonography dated 29th May 2013 expressed the opinion of mild (Grade-I) splenomegaly (pleehodara). Patient switched to the Ayurvedic management on 12th June 2013.

The diagnosis of Ayurveda to presented complaints provisionally is Udara. Later the splenomegaly is revealed by Ultrasound examination, which is Pleehodara in Ayurveda. The final diagnosis is Yakrut-Pleehodara.

## Management and Treatment:

The treatment planned according to the norms affirmed by the Ayurveda as daily purgation (Nitya Virechana) to eliminate the “Pitta”. The protocol of the Udara works with Virechana module, which gives rise to 3-4 loose motions to the patient. Some times it may be a bit more to cause the 5-8 loose motions. This situation may panic and weak the patient. Apart from this small inconvenience there is absolutely no unanticipated effects in the treatment schedule. This can be easily overcome by the Ayurvedic Diet schedule of peya and manda (liquid nutrient foods).

The treatment given for 10 days is –

- ♦ Tab. yakrutpleehari loha - 2 tabs thrice in a day before food
- ♦ Kumaryasava – 3 tsf after food mixed with equal quantity of water
- ♦ Tab. Nirocil – 1 tab twice daily after food

The Tab. Yakrutpleehari loha along with Kumaryasava is given as drug of choice in “Yakrut-Plehodara” for 10 days. The Tab Nirocil (Phyllanthus niruri) is liver corrective, as added management. After the treatment, it communicates that the raised liver parameters are brought back to normal and the splenomegaly is reduced. The other disease manifestations such as icterus, malaise, nausea, loss of appetite are disappeared. The weight gain of 2 Kgs is observed. The investigations and parameters observed before and after are compared in the below table-1.

In the treatment schedule patient did not complain any disadvantages or discomforts. After 10 days treatment as the patient is brought back to the normal condition, advised to take Cap. Amylcure - 1 tab in a day before food. Cap. Amylcure makes the liver and spleen regulation.

**Discussion:**

India has wide scope for splenomegaly, especially in forest areas where malaria is prevalent. In US, splenomegaly is listed as a "rare disease" by the Office of Rare Diseases (ORD) of the National Institutes of Health (NIH) [1]. In a study conducted in South India, about 25-40%, where cause of splenomegaly is not identified on usual evaluation that is labeled as indeterminate group. Malaria was the commonest cause of splenomegaly, observed in 22 patients. Other causes, in order of importance, were chronic myeloid

**Table-1 ::** Showing the objective & subjective parameters of Before & After treatment

SNo	Investigation (Normal range)	Before (30th May 2013)	After (22nd June 2013)	Difference	Remarks
<b>Objective Parameters</b>					
1	Hemoglobin (13 -18gms %)	13.8 gms	16.0 gms%	+2.2	Brought to the high normal
2	Platelet count (1.40 to 4.40 lakc/cu.mm)	1.77 lack/cu.mm	1.76 lack/cu.mm	-0.01	WNL
3	Serum Bilirubin Total (0.2 to 1.0 mg/dl)	0.58 mg/dl	0.61 mg/dl	+0.03	WNL
4	SGOT (5 to 40 U/L)	101.0 U/L	30.0 U/L	-71.0	Brought to the normal range
5	SGPT (5 to 35 U/L)	95.0 U/L	26.0 U/L	-69.0	Brought to the normal range
6	Urine Ca.Ox.	2+	Absent	-2+	Brought to the normal range
7	Urine Albumin	1+	Absent	-1+	Brought to the normal range
8	Urine Sp.Gr.	1015	1010	-5	Brought to the normal range
9	Weight (BMI)	52 Kgs (21.0)	54 Kg (21.8)	+2	Weight gain
10	Spleen	Palpable – 1+	Not Palpable	-1	Brought to the normal
<b>Subjective Parameters</b>					
11	Icterus	2+ of 5	Absent	-2	Brought to the normal
12	Burning sensation	4+ of 5	Normal	-4	Brought to the normal
13	Loss of appetite (Indigestion)	4+ of 5	Normal	-4	Brought to the normal

leukaemia (n=11), non-cirrhotic portal fibrosis (n=9), enteric fever (n=9), cirrhosis of liver (n=8) and hyper-reactive malarial splenomegaly also called as tropical splenomegaly syndrome (n=7) and so on [2].

The spleen is the largest lymphoid organ in the body. The spleen and the lymph nodes are the major components of the mononuclear-phagocyte system (MPS). They serve as filters that remove damaged cells, microorganisms, and particulate matter and deliver antigens to the immune system.

The MPS, originally called the reticuloendothelial system, consists of fixed phagocytic cells in different organs [3]. One of the primary functions of the spleen is the filtration of defective cells. The spleen is also critical for clearing circulating, particularly encapsulated, bacteria. In splenomegaly Bone pain, fever, malaise, lethargy, or bruising, Weight loss, fevers, night sweats and Jaundice are common [4]. Portal hypertension usually increases flow through minor collateral vessels between the portal circulation and the systemic circulation [5].

The Udara is Ayurveda develops with the obstruction phenomenon in sweat and water metabolism. It vitiates the Pranavata, Apanavata and Jatharagni (Digestion) [6]. The common symptoms narrated are – weakness to walk, indigestion, emaciation of the limbs, weight loss, burning sensation or fever with malaise and constipation [7]. The specific symptoms developed for “Yakrut-Pleehodara is enlargement of liver and spleen [8]. The Dosha predominance is noticed with the symptoms associated with in. If bloating abdomen is noticed the involvement of Vata, associated with fever – it is Pitta association, and the anorexia and nausea conforms the association of Kapha. The mixed symptoms instigate dual or all Dosha involvements.

Charaka affirms that the pleehodara is produced because of Agni vitiation [9]. The Agni in terms of Pachaka Pitta & Ranjaka Pitta from stomach under goes provocation and disturbs the seats of Pitta and Rakta i.e. the Liver and Spleen. There by the either of these organs undergoes the megaly. At the extreme organomegaly, it is observed with Neela Rāji (spider nevus) on abdominal wall [10].

Susruta introduces the Shira Vyadha (Vein Puncture) of Left radial artery at cubital fossa. He explains the procedure in sequence of 1) Food intake – 2) vein puncture – 3) squeezing the spleen. After the completion of procedure the Kshara Jala (Alkaline water) is given. This procedure pacifies the splenomegaly [11]. The medicines given have the following combination and proportions shown in table-2.

**Table-2 ::** Composition of Yakrut-Pleehari Loha: [12]

SNo	Sanskrit Name	Proportion
1	Hingulotha Pārada	1 Part
2	Gandhaka suddha	1 Part
3	Lauha bhasma	1 Part
4	Abhrak bhasma	1 Part
5	Tāmra bhasma	2 Part
6	Manashila suddha	2 Part
7	Haridra	2 Part
8	Jayapāla	2 Part
9	Tankana bhasma	2 Part
10	Shilājītu	2 Part
Yakrut-Pleehari Loha Bhavana Dravya		
1	Danti swaras	(Q. S.)
2	Trivrut swaras	(Q. S.)
3	Chitraka swaras	(Q. S.)
4	Nirgundi swaras	(Q. S.)
5	Triushana (Sunthi, Pipplai, Maricha)	
	kwatha	(Q. S.)
6	Ardraka swaras	(Q. S.)
7	Bhringaraj swaras	(Q. S.)

The disease pacified with Yakrut-Pleehari Loha are - Udararoga (Ascites), Ānāha (Distension of abdomen due to obstruction to passage of urine and stools), Jvara (Fever), Pāndu (Anaemia), Kāmala (Jaundice), Śoṭha (Inflammation), Halīmaka (Chronic obstructive Jaundice/ Chlorosis/ Advanced stage of Jaundice), Manāgni (Impaired digestive fire), Aruchi (Tastelessness), and Yakṛtṣplīhāroga (Disorder of Liver and Spleen).

The Sahapana medicine Kumāryāsava chief ingredients [13] are – Kumāri, Guda (Jaggary) and Haritaki. The other additives are – Dhataki, Jayapatri, Kāntaloha, Lavanga, Jatiphala, Chavya, Jatamamsi, Chitraka, Karkata, Vibhitaki, Pushkara Moola, Tamra Bhasma and Loha Bhasma.

The action of Kumāryāsava emphasized as - Gulma (Abdominal lump), Kāsa (Cough), Svāsa (Dyspnoea/Asthma), Arsha (Haemorrhoids), Vāta Vyādhi (Disease due to Vāta dosha), Apasmāra (Epilepsy), Kshaya (Pthisis), Udara (Diseases of abdomen / enlargement of abdomen), Manyāroga (Diseases of Neck), Agnimāndya

(Digestive impairment), Koshtashoola (Pain in abdomen), Nashta Pushpa (Amenorrhoea), etc.

The drug action is chiefly attributed to the elimination of the Pitta from the Koshta i.e. alimentary canal. By definition the Kosta includes the liver and spleen too. The excess produced biological waste and pathogenic biochemicals of these are brought to the alimentary canal and from there they are purged out. There by the body functions are regularized.

#### **Conclusion:**

When any pathological condition exhibits its bursting symptoms either in full-fledged as a disease or a pre pathological profile (Poorvaroopta), the state should not be neglected as if it is not capable of liable to any damage [14].

With the above cited subjective and objective parameters for Hepato- Splenomegaly of pre and post test we understand that the time tested medication provided in accordance with Ayurvedic parameters is effective. The Yakritpleehari Loha with Kumaryasava is a successful economic safe practice.

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