



Management of Viral Hepatitis in Children: An Ayurvedic Perspective

Dr.Prakash Honnoli, Dr Veena K H, Dr Veena K H , Dr.dattaraj Desai

KAHERS Shri BMK Ayurveda madavidhyalaya belagavi

Abstract

Viral hepatitis is a major pediatric health concern caused by hepatotropic viruses (HAV, HBV, HCV, HDV, HEV) and other viral agents. In children, morbidity is linked to acute liver failure or chronic sequelae. Ayurveda correlates hepatitis with Kamala, a pittaja-nanatmaja vyadhi and rakta-pradoshaja vyadhi. The present paper highlights modern management approaches alongside Ayurvedic principles of nidana parivarjana, shodhana, shamana, and pathya-apathya. A case study of a 5-year-old male with hepatitis-like features is presented, showing clinical improvement with Ayurvedic interventions. Early Ayurvedic intervention helps restore agni, prevents complications, and strengthens liver function.

Introduction

Viral hepatitis in children is predominantly caused by HAV and HBV, with varying risks of chronicity and acute liver failure. Globally, hepatitis remains a significant cause of morbidity and mortality. Ayurveda describes Kamala as a disease characterized by haridra netra, haridra twak, rakta-pita mala-mutra, and agnimandya. The doshic basis is aggravated pitta affecting rakta and mamsa dhatus. This study attempts to correlate modern virology and Ayurveda's concept of Kamala while presenting a practical management approach.

Methods

Design: Case-based observational study.

Patient: 5-year-old male with fever, abdominal pain, loss of appetite, dark-yellow urine, and hepatomegaly.

Modern diagnosis: Viral hepatitis (clinical + biochemical features).

Ayurvedic assessment: Dasavidha pariksha and ashtasthana pariksha were done. Findings indicated pitta-kapha vikriti.

Treatment protocol:

- Avipattikar churna 1 tsp HS with lukewarm water
- Syrup Kalmegha strong 10 ml TID
- Guduchi swarasa 5 ml + Nimba swarasa 5 ml + Katuki churna 2.5 g BD
- Pathya diet: Ganji, khichdi, kulattha yusha, dal soup, roti with dal
- Apathya: oily/spicy food, curd, non-veg

Observation: Patient followed up during treatment, and symptomatic changes were noted.

Results

Before treatment: Fever, pain abdomen, anorexia, dark yellow urine, hepatomegaly (liver span 10.5 cm).

After treatment: Symptomatic relief observed in fever, abdominal pain, appetite improvement, normalization of urine color, and reduction of liver tenderness.

Outcome: Improved agni, reduced pitta dushti, and restored general wellbeing.

Discussion

Modern management of viral hepatitis is largely supportive—hydration, rest, nutrition, monitoring, antivirals (e.g., interferon, entecavir, tenofovir for HBV). In Ayurveda, Kamala is managed through mridu virechana, tikta rasa dravya, ghrita preparations, and pathya ahara. The observed case showed improvement with classical drugs like Guduchi, Nimba, Katuki, and formulations like Avipattikar churna. These herbs possess pittashamana, deepana, pachana, and rasayana properties, aiding hepatic regeneration and improving digestion. The study highlights integrative relevance of Ayurvedic approaches in pediatric hepatitis.

Limitations

1. Single case study; no biochemical follow-up data (e.g., liver function test values).
2. Lack of long-term follow-up to assess relapse or chronicity.
3. No control group for comparative analysis.

Future Research Scope

1. Clinical trials on larger pediatric populations using standardized Ayurvedic formulations.
2. Comparative studies of Ayurvedic drugs vs. supportive modern care in mild-to-moderate viral hepatitis.
3. Pharmacological validation of Guduchi, Nimba, Katuki, Kalmegha on hepatocyte regeneration.
4. Development of integrative treatment protocols for pediatric hepatitis.

Conclusion

Viral hepatitis in children is self-limiting but may progress to serious complications. Ayurvedic management through shodhana, shamana, and pathya showed symptomatic improvement in this case. Early intervention focusing on pitta shamana and agni vardhana can help prevent chronicity and complications. Ayurveda offers safe, effective, and holistic options for pediatric hepatitis management. Further systematic research is needed to establish evidence-based integrative protocols.

References

1. Kliegman RM. Nelson Textbook of Pediatrics. 20th ed. Elsevier; 2016.
2. Sharma P. Charaka Samhita, Chikitsa Sthana, Panduroga Chikitsa. Chaukhambha Sanskrit Pratishthan, Delhi; 2006.
3. Ambikadutta Shastri. Sushruta Samhita, Uttartantra, Ch. 45. Chowkhamba Orientalia, Varanasi; 2018.
4. Atrideva Gupta. Ashtanga Hridaya, Chikitsa Sthana, Panduroga Chikitsa. Chaukhambha Prakashan, Varanasi; 2018.
5. Tiwari S, et al. A Concept to Treatment of Hepatitis Virus by Herbal Remedies. J Pharm Sci Res. 2020;12(8):1088-1092.
6. Varsakiya J, et al. Role of Ayurveda in Management of Hepatitis B (Ubhayapatha Ashrita Swatantra Kamala) – A Case Report. Ayu. 2022;43(1):13–17.
7. Kumari R, Kumar S, Kumar S, Prasad D. Ayurvedic Management of Hepatitis. Int J Ayurveda Pharma Res. 2022;10(1):53–56.