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## Case Study

### Successful Management of Hyperbilirubinemia with *Snehapana* and *Virechana*: A Case Report

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#### ABSTRACT

**Background:** Hyperbilirubinemia reflects impaired bilirubin metabolism, usually due to hepatic dysfunction or bile flow obstruction. Ayurveda considers such conditions to be Pitta-dominant disorders affecting *Yakrit* and *Ranjaka Pitta*. Classical Panchakarma therapies such as *Snehapana* and *Virechana* are indicated for detoxification and Pitta elimination.

**Case:** A 35-year-old male presented with mild jaundice, fatigue, dark-coloured urine, and a history of asthmatic bronchitis. Laboratory evaluation revealed elevated total (2.5 mg/dL), direct (1.2 mg/dL), and indirect (1.3 mg/dL) bilirubin levels. The patient underwent *Snehapana* with *Indukanta Ghrita* followed by *Virechana* with *Trivrit Avaleha*.

**Intervention and Outcome:** *Samyak Snehana* signs were achieved on the fourth day. *Virechana* produced *Madhyama Shuddhi* with 13 Vegas. Post-therapy bilirubin values returned to normal limits (total 0.3 mg/dL, direct 0.1 mg/dL, indirect 0.2 mg/dL). The patient reported significant improvement in jaundice, breathing difficulty, and fatigue.

**Conclusion:** This case demonstrates the potential efficacy of Ayurvedic Panchakarma - specifically *Snehapana* and *Virechana*-in managing hyper-bilirubinemia and improving liver function. Further controlled studies are warranted.

#### INTRODUCTION

Hyperbilirubinemia is characterized by elevated bilirubin levels in the blood and is commonly associated with hepatocellular dysfunction, impaired conjugation, or biliary obstruction. Modern management focuses on identifying the cause and providing supportive care. Ayurveda considers jaundice and elevated bilirubin as *Pitta*-dominant conditions involving derangement of *Ranjaka Pitta* and *Yakrit*.

Classical Ayurvedic texts recommend *Snehapana* as a preparatory procedure for *Shodhana*, followed by *Virechana* for the elimination of vitiated Pitta and removal of morbid doshas from the gastrointestinal tract. *Indukanta Ghrita* is traditionally used to enhance digestion, nourish tissues, and support systemic detoxification.

This case report demonstrates successful management of hyperbilirubinemia using *Snehapana* and *Virechana*.


#### Case Presentation

##### Patient Information

**Age:** 35 years

**Gender:** Male

**Date of Initial Assessment:** 28/06/2025

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**Chief Complaints:** Mild jaundice, fatigue, dark-coloured urine

**Associated complaint:** Breathing difficulty during night

**Past history:** Known case of asthmatic bronchitis; no history of diabetes or hypertension

**Family history:** Non-contributory

#### Personal history

- Diet: Mixed
- Appetite: Reduced
- Bowel: Once daily; yellowish stools
- Micturition: Dark-coloured urine, 4–5 times/day
- Sleep: Sound
- Addiction: None

#### General Examination

- **Blood Pressure:** 120/80 mmHg
- **Pulse:** 86/min

#### Laboratory Findings

	28/06/2025 (Before Treatment)	04/09/2025 (After Treatment)
Total Bilirubin	2.5 mg/dL	0.3 mg/dL
Direct Bilirubin	1.2 mg/dL	0.1 mg/dL
Indirect Bilirubin	1.3 mg/dL	0.2 mg/dL

#### Diagnosis

- Hyperbilirubinemia
- Asthmatic bronchitis

#### Treatment Protocol

##### 1. Snehapana

**Indukanta Ghrita** was administered in increasing doses as follows:

Date	Dose
30/10/2025	25ml
01/07/2025	50mL
02/07/2025	100mL
03/07/2025	125mL

The patient achieved **Samyak Snehana Lakshana** on 03/07/2025; hence **Snehapana** was stopped.

##### 2. Poorva Karma

- **Vishrama Kala:** 1 day
- **Sarvanga Abhyanga + Bashpa Sweda:** 04/07/2025

- **Respiratory Rate:** 20/min

- **Temperature:** 98.2°F

#### Ayurvedic Examination

- **Nadi:** 75/min
- **Mutra:** Pita-varna
- **Mala:** Dourgandhya
- **Jihva:** Saama, yellowish coating
- **Sparsha:** Shita
- **Prakruti:** Vata-pradhana Tridosha
- **Aharashakti:** Madhyama
- **Vyayama Shakti:** Madhyama
- **Sara, Samhanana, Satmya:** Madhyama

#### Systemic Examination

- **Respiratory System:** Wheeze ++
- **Cardiovascular System:** S1S2 normal; no murmurs
- **Central Nervous System:** Conscious, oriented; higher mental functions intact

- **Repeat Abhyanga + Sweda:** 05/07/2025

#### 3. Virechana

- **Drug:** Trivrit Avaleha 30 g
- **Anupana:** 250 mL milk
- **Outcome:**
- **13 Virechana Vegas**
- **Madhyama Shuddhi**
- **Vatanulomana** and improved Agni noted

#### 4. Paschat Karma

- **Samsarjana Krama:** 5 days

#### Results

A significant reduction in bilirubin levels was observed following **Virechana**. Clinical symptoms-including breathing difficulty, jaundice, and fatigue showed marked improvement. The patient reported lightness of body, improved digestion, and better respiratory comfort.

## DISCUSSION

Hyperbilirubinemia primarily reflects disturbances in liver function. Ayurveda correlates such presentations with *Pitta* vitiation and impaired *Ranjaka Pitta* function within the *Yakrit*.

### Snehapana

*Indukanta Ghrita* possesses *Deepana*, *Pachana*, *Rasayana*, and *Tridosha-shamana* properties. It helps mobilize morbid *Doshas* from peripheral tissues toward the gastrointestinal tract, preparing the body for *Virechana*. Reaching *Samyak Snehana* is essential for optimal purification.

### Virechana

Classically indicated for *Pitta* disorders, *Virechana* expels morbid *Pitta* through the anal route. *Trivrit Avaleha*, being a strong purgative, effectively clears accumulated *Pitta* and *Ama* from the liver and intestines. The patient attaining *Madhyama Shuddhi* with 13 Vegas indicates effective expulsion. Modern research suggests that *Panchakarma* may improve biochemical markers of hepatic function by reducing oxidative stress and enhancing metabolic clearance.

The normalization of bilirubin levels in this case indicates improved hepatic processing and elimination of bilirubin, correlating with Ayurvedic principles of *Pitta shodhana*.

## CONCLUSION

This case highlights the successful management of hyperbilirubinemia through classical Ayurvedic interventions-*Snehapana* followed by *Virechana*. The rapid normalization of bilirubin parameters and symptomatic relief indicates the therapeutic potential of *Panchakarma* in liver disorders. Further clinical studies and controlled trials are recommended to substantiate these findings.

### Patient Consent

Informed consent was obtained from the patient for publication of this case report.

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