

Treatment of Alcohol-associated Liver Disease (ALD) with Siddha Medicines: A Case Study

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ABSTRACT:

Alcoholic liver disease, also known as alcohol associated liver disease (ALD) is a condition where there is damage to the liver parenchyma due to chronic consumption or heavy use of alcohol. Liver is an organ which is meant to break the alcohol but when one consumes alcohol more than it can be processed; it leads to damage of the liver cells. The damage to the liver cells can manifest into three types of liver diseases such as Steatotic (fatty) liver disease, Acute hepatitis and Cirrhosis of liver. In this case report, 45-year male patient who is an alcoholic for past 24 years presented with complaints of difficulty to sleep, difficulty to focus, easily getting frustrated and with poor appetite. The patient's Liver function test (LFT) and lipid profile were deranged on examination. He was advised lifestyle changes and Siddha medicines to treat his condition. In Siddha system of medicine, Liver diseases are coined as *Kalleeral noi*. The patient sincerely followed the medicines and in a span of 3 months, his LFT and Lipid profile were completely normal and he showed excellent positive changes in personal life also. Thus this case study reveals the potential efficacy of Siddha medicines for treating alcohol associated liver disease.

KEYWORDS: Alcoholic liver disease, Lipid profile, Liver function test, Siddha system of medicine.

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INTRODUCTION:

The liver, a multifaceted organ, is central to regulating physiological processes including metabolism, detoxification, protein synthesis, and immune response (Santos, 2024). These functions are primarily mediated by hepatocytes, the major parenchymal cells within the liver. Supporting these are liver non-parenchymal cells (NPCs) - liver sinusoidal endothelial cells (LSECs), hepatic stellate cells (HSCs), cholangiocytes, Kupffer cells (KCs), and other immune cell types that maintain liver homeostasis. [1] [2] Most people never give their liver a thought until something goes wrong, yet, liver diseases on rise, affecting one in ten. Liver diseases can be inherited or caused by a variety of factors that damage the liver. In fact, there are many types of liver diseases that can be caused by a virus, damage from drugs or chemicals, obesity, diabetes or an attack from own immune system, when the condition is left untreated, it can become life threatening and can permanently damage the liver or the bile duct. [3]

Alcoholic Liver Disease

Alcoholic liver disease (ALD) is liver damage caused by long-term heavy alcohol consumption, progressing from fatty liver to hepatitis and potentially cirrhosis. Alcohol consumption can cause both acute and chronic damage to the liver, which is known as ALD (4). ALD is frequently symptomless, and this may result in chronic or acute diseases that are terminal and incurable. The early stages usually go without symptoms; therefore, diagnosis before liver damage

becomes a real problem is difficult. Common symptoms include fatigue, abdominal pain, jaundice, yellow discoloration of the eyes, and weight loss.[5] Heavy alcohol consumption can cause serious health problems, leading to morphopathologies that may lead to various organ diseases such as pancreas, liver, brain, heart, and gastrointestinal tract disorders.[6] ALD consists of alcoholic steatosis, alcoholic hepatitis, liver fibrosis, and severe liver cirrhosis.

Alcohol consumption and ALD

When considering alcohol consumption and its relation to ALD, it is important to note that all of the following contain approximately 0.6 fl oz. of alcohol: 4 oz. beer, 12 fl oz. wine, or 1.5 fl oz. distilled spirits [Table 1][7]. While few studies show that men who consume an average of 60–80 g of alcohol each day over the past 10 years are prone to alcohol-related liver disease, even with a daily intake of 20–40 g of alcohol, women also exhibit liver damage, providing evidence that they are more susceptible to the pathophysiology of ALD than men.[8] Chronic alcoholism can cause the liver to become the site of fibrosis and cirrhosis, as well as lead to liver failure [Figure 1][9]. Alcohol can also disrupt lipid metabolism because fat is embedded in the liver cell matrix and contributes to liver cell damage. Ethanol metabolism improves a fatty liver's function by increasing substrate supply, changing fat into triglycerides, and decreasing Very-low-density-lipoprotein (VLDL) export. Peroxisome proliferator-activated receptor (PPAR) and Sterol regulatory element-binding

protein (SREBP)-1c play key roles in this process [Figure- 2]^[10]

The Liver in Siddha medicine: Traditional concepts and functional perspectives

Liver disease, in Siddha system of medicine is called as “*KALLEERAL NOI*”, whereas *Kalleeral* means liver and *Noi* means disease. Liver is considered as an important organ actively involved in metabolic functions. It is the seat of *Pitta*. When *pitham*- (secretion of bile) gets affected with other humors it results in different types of liver diseases. The affected *pitham* causes infection in the first two physical constituents - *Udal Thathukal* namely *Saaram* -nursing juice and *Kuruthi*-blood. This leads to depletion of body tissues and obstruction to the natural pathway of *Pithaneer* (Bile). Aggravated *pitta* causes liver diseases such as fatty liver, cirrhosis and hepatitis.^[11]

CASE REPORT:

45-year male patient consulted OPD with complaints of difficulty to sleep, difficulty to focus, easily getting frustrated and with poor appetite. The patient is a chronic alcoholic, who has been taking alcohol for the past 24 years since a personal loss. The patient at first took it as a relief from grief and then slowly started consuming it every day for better sleep. As a result of long term consumption of alcohol, his liver function got deranged and the lipid profile was also affected. He had no history of any other comorbidity. His LFT and Lipid profile values are given below. [Table 2]

Personal history

The detailed personal history is mentioned in Table 3.

Diagnosis

The patient's symptoms and chronic alcoholic history suggested evaluating his Liver function and lipid profile. His blood reports revealed that he was affected with alcoholic liver disease and dyslipidemia. All the symptoms, patient's personal history of chronic alcoholism and blood test reports made it a crystal clear diagnosis of Alcoholic liver disease.

Timeline

A detailed history and examination were taken and the treatment protocol was chosen as per the drugs which contain hepato-protective activity and those which proved to be efficient in treating liver disease. The patient was advised to follow the medication properly and follow the *pathiyam* and avoid *abathiya unavugal* i.e avoidance of bittergourd, *agathi* (general siddha pathiyam) and habits that can increase the risk of liver disease like alcohol, fat rich foods, and late night consumption of food. Excessive calorie intake, especially within a Western-style diet, promotes gut dysbiosis, inflammation, and obesity^[12] The detailed timeline of events is mentioned in Table 4.

Assessment

The primary condition and outcome of the intervention were assessed with periodic follow-up of the case. The changes in objective parameters were evaluated using blood investigation.

THERAPEUTIC INTERVENTION:

On the basis of symptoms and blood investigations, hepato-protective and anti-hyper-lipidemic drugs were chosen at the first visit. The patient was strictly advised to abstain from drinking alcohol and to follow meditation every day to focus the mind away from the thought of drinking alcohol. The common medicines chosen in the entire course were *Plain Karisalai karpam tablet*, *Manjal noi kudineer*, *Kaisora guggulu*, *Sadamanjil kiyazham*, *Garlic extract capsules* and *Aswagandha balalakshadi thylam*. The details of therapeutic intervention are described in in Table 5. Some medicines were added in between depending on the temporary symptoms of the patient like *O-graine tablet*, *Kamaduda rasa* and *Karuppuvishnuchakkaram tablet*, *Aswaganthi legiyum* at different timeline for headache, giddiness, body pain and fatigue respectively. The patient took medicines for a total period of less than 40 days and the blood investigations were repeated and found that the lipid profile and liver function are back to normal. The medications were still continued even after the blood investigations returned to normal because been a chronic alcoholic, the

patient found it difficult to stay without alcohol and there were also withdrawal symptoms like headache, difficulty to sleep, fatigue without medication. A detailed intervention prescribed is mentioned in Table 5.

RESULT**Follow Up and Outcome**

The patient was given medicines initially for 15 days with proper advice and then asked to revisit. However, he stopped drinking alcohol only a few days after the first visit (i.e) the first visit was on 27/11/2025 and the patient stopped drinking alcohol completely from 05/12/2025. Although the patient started doing meditations and stopped drinking alcohol, he was feeling mildly sluggish, fatigue and headache. He was then given medicines for another 15 days and was also treated symptomatically also on 17/12/2025. When the patient visited for the third time on 03/01/2026, his liver function was back to normal and lipid profile was also normal. Still, the patient was advised to repeat the medicines to fight the withdrawal symptoms. The before and after treatment reports are in Figure 4 and 5.

Table 1: Alcohol content in different beverages [7]

Beverage	Volume (ml)	Alcohol content (g)
Whisky	30	10
Wine	100	10
Beer	250	10

Table 2: Blood investigations (Before and after treatment)

Investigation	Values Before treatment	Values after treatment
Hb	19.2 gms %	16.4 gms %
Triglycerides	248 mg/dl	209 mg/dl
VLDL Cholesterol	49.6 mg/dl	41.8 mg/dl
AST/SGOT	59 U/L	34 IU/L
ALT/SGPT	48 U/L	36 IU/L
Gamma GT	86 U/L	
**Only deranged values from the investigation is mentioned in the table.		

Table 3: Personal history

Diet	Mixed
Appetite	Normal
Bowel pattern	Normal
Micturition	Normal
Sleep	Disturbed
Alcohol consumption	Every day, for the past 24 years
Tobacco chewing	Present

Table 4: Timeline

Date	Event	Consultation
November 27, 2025	First visit	History taking, Diagnosis and Blood investigation assessment.
December 17, 2025	Second visit	Assessed the condition, advised to continue the medicines.
January 03, 2026	Third visit	Assessed the condition and repeated blood investigation. Reversal of the deranged parameters was observed.

Table 5: Therapeutic Intervention

Event	Medicines advised	Dose & frequency of administration
I VISIT (27/11/2025)	- Plain <i>karisalaikarpam</i> tablet <i>Manjal noi kudineer</i> <i>Sadamanjil kiyazham</i> <i>Kaisora guggulu</i>	2 tab, BD, After food 15ml BD with lukewarm water 15ml, at bedtime, with lukewarm water

		• 2 tab, BD, After food
II VISIT (17/12/2025)	• Plain <i>karisalaikarpam</i> tablet • <i>Manjal noi kudineer</i> • <i>Sadamanjil kiyazham</i> • <i>Kaisora guggulu</i>	• 2 tab, BD, After food • 15ml BD with lukewarm water • 15ml, at bedtime, with lukewarm water • 2 tab, BD, After food
III VISIT (03/01/2026)	• Plain <i>karisalaikarpam</i> tablet • <i>Manjal noi kudineer</i> • <i>Sadamanjil kiyazham</i>	• 2 tab, BD, After food • 15ml BD with lukewarm water • 15ml, at bedtime, with lukewarm water
***Additionally, medicines like <i>Aswaganthi legiyam</i> , <i>SKM - O-graine</i> tablet were given to treat the additional symptoms of the patient		

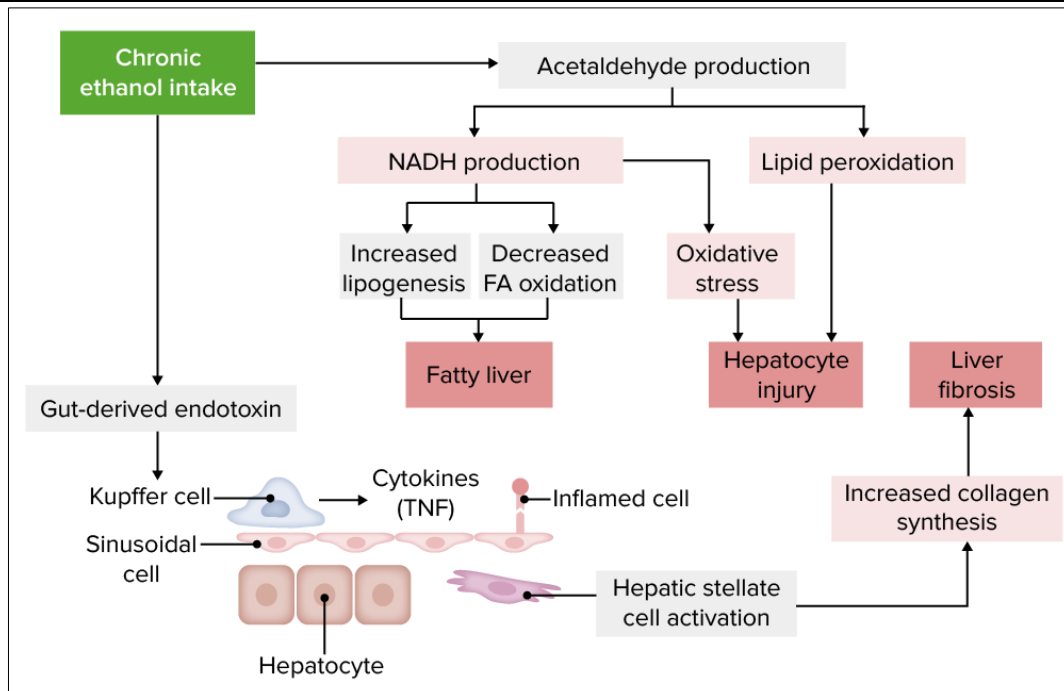


Figure 1: Pathophysiology of alcoholic liver disease ^[9] (FA: fatty acid; TNF: tumour necrosis factor)

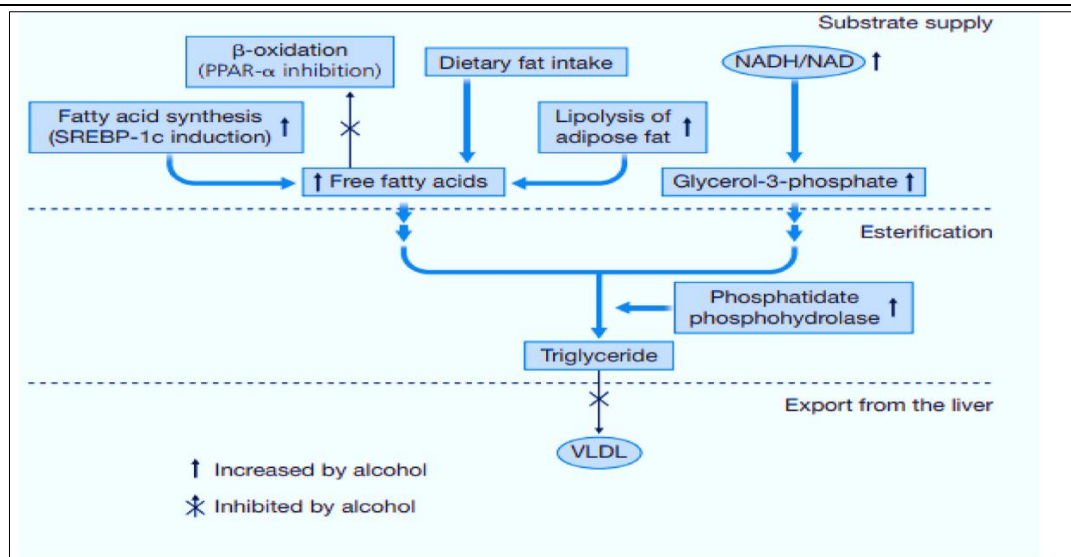


Figure 2 Fatty livers can develop as a result of ethanol metabolism in various ways. [10]

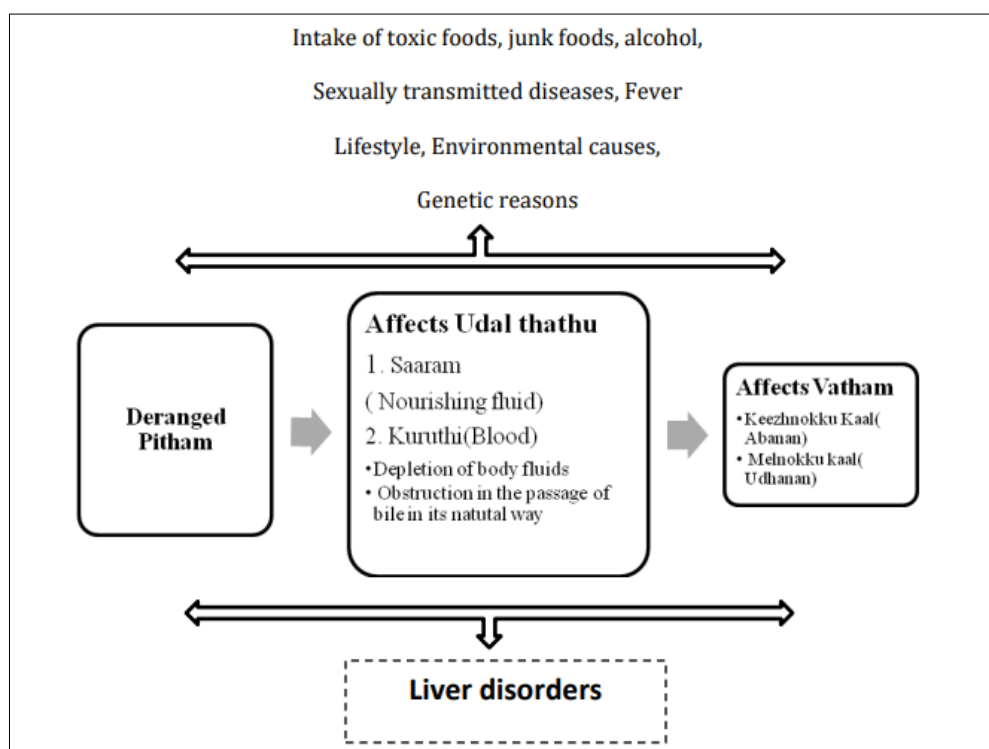


Figure- 3 : Siddha pathology of liver disease

DISCUSSION:

In Siddha, Liver disease (~Kalleeral Noi), is defined as either increase or decrease in the size of the liver and alteration in the normal physiological functions leading to various diseases. The other

terminologies include *Valapaateeralnoi*, *Valapateeralviruthi*, *Kaleeralvalarchi*, *Maandhakatti*, *Kalmaandham*, *Yahrutham*.^[13]

Pathology of liver disease

The present case is an alcoholic liver disease with dyslipidemia, depending on the patient's personal history and blood investigation reports. Thus the medicines were chosen based on drugs which can cure the above mentioned conditions. The medicines chosen commonly were *Manjal noi kudineer*, *Plain Karisalaikarpam tablet*, *Kaisora guggulu* and *Sadamanjil kiyazham* for various underlying conditions of the patient. The patient was also treated symptomatically for the withdrawal symptoms in the subsequent visits.

Manjal noi kudineer formulation consisted of equal proportions of *Keezhanelli* (*Phyllanthus niruri* Linn., whole plant), *Karisalai* (*Eclipta prostrata* Linn., whole plant), *Peipudal* (*Trichosanthes cucumerina* Linn., whole plant), *Venmilagu* (*Piper longum* Linn., white seed), *Sombu* (*Foeniculum vulgare* Mill., seed), and *Vilvam* (*Aegle marmelos* L., root). This formulation of *Manjal noi kudineer* is proven to be having anti-inflammatory property [14]. The anti-inflammatory evaluation utilized the carrageenan induced paw edema model, a standard assay for acute inflammation that exhibits a biphasic mediator profile involving early-phase histamine and serotonin release, followed by late-phase prostaglandin and bradykinin activity. [15,16] Thus, *Manjal noi kudineer* can be effectively used to treat Alcoholic fatty liver and associated complications. *Karisalaikarpam* is generally used to treat various kinds of liver diseases and also it is used as a hepato-protective drug. Here, *Plain Karisalaikarpam* is chosen without *Aya chendooram* in its constituents because the patient's initial

Hb level was 19.2 gm% (Table 2) *Karisalai Karpam* tablet is a Siddha formulation containing seven plants, *Karisalankanni* (*Eclipta alba* L.), *Avuri* (*Indigofera tinctoria* L.), *Kottakkaranda* (*Sphaeranthus indicus* L.), *Vallarai* (*Centella asiatica* L.), *Kuppaimeni* (*Acalypha indica* L.), *Siruseruppada* (*Coldenia procumbens* L.). This is a proprietary medicine used to cure liver disorders such as jaundice, enlargement of liver and spleen, anaemia. It possesses the hepato-protective property and antioxidant activity against paracetamol-induced liver damage, which provides a support for its use in treatment of liver disorders.[17] There are wide range of herbs and drugs in Siddha system of medicine for treating Liver diseases. Among those, *Karisalai karpam* which contains the major drug as *Karisalankanni* (*Eclipta alba* L.) significantly counteract CCl₄ induced inhibition of the hepatic, microsomal drug metabolising enzyme amidopyrine N-demethylase & membrane bound glucose-6-phosphatase. The loss of hepatic lysosomal acid phosphatase & alkaline phosphatase by CCl₄ was restored to normal by *Eclipta alba* in rats at subcellular levels[18]. The active constituents of the plant, Coumestans such as Wedelolactone & demethylwedelolactone are responsible for the potent anti-hepatotoxic activities in CCl₄, galactosamine & phalloidin induced liver damage in rats[19]. Wedelolactone has been reported to be a potent anti-hepato-toxic & selective 5-lipoxygenase inhibitor with an IC₅₀ of 2.5 & it does by oxygen radical scavenging mechanism. Wedelolactone,

which helps return liver enzyme levels to normal, fights oxidative stress, and encourages hepatocyte regeneration, is responsible for *Eclipta alba*'s hepatoprotective qualities. Its effectiveness in treating ailments including alcoholic liver disease and hepatitis has been shown in preclinical research.^[20]

Kaisora Guggulu, An Ayurvedic medicine was indicated for treating dyslipidemia. It contains *Seenthil* (*Tinospora cordifolia*), *Amlaki* (*Emblica officinalis*), *Bibhitaki* (*Terminalia bellirica*), *Haritaki* (*Terminalia chebula*), *Shunthi* (*Zingiber officinale*), *Danti Mool* (*Baliospermum montanum*), *Milagu* (*Piper nigrum*), *Thippili* (*Pepper longum*), *Vidanga* (*Embelia ribes*), *Nisoth* (*Operculina turpethum*), *Shuddha Guggulu* (*Commiphora mukul*). *Kaisora guggulu* containing *Thiripala* is very effective in reducing lipid levels. The effects of *triphala* on the lipid profile suggest that *triphala* is effective in decreasing LDL-C, TC, and TG. The lipid lowering properties of *triphala* have been explained by *triphala* that might decrease cholesterol absorption^[21,22], inhibit HMG, CoA reductase^[23] and regulate lipid accumulation by down regulation of adipogenic genes^[24]. *Guduchi* acts as a hepato-protective and anti-inflammatory^[25], whereas *Shudha guggulu* is hypolipidemic and hypocholesteremic and also it has anti-inflammatory property.^[26]

Sadamanjil kiyazham was given to treat the patient's sleep disturbances. It contains *Sadamanjil* (*Nardostachy sadamansi*) as the major ingredient which contains an amino acid. Sleep induction may be by synergistic action

of both drugs (*Sadamanjil* & *Kasa kasa* – *Papaver somnifer*) by activation of glycine, tryptophan pathway and gaba inhibition on the other hand. Sweet taste of the medicine normalizes the *pitha* humour and makes calming effect to the body to induce sleep^[27].

Thus these combinations of medicines were taken for around 40 days which helped reverse the condition of the patient with their proven anti-inflammatory and hepato-protective nature. The patient was however asked to continue the medicine thereafter also to combat with the withdrawal symptoms and associated conditions.

CONCLUSION:

This case study became a successful one because of the choice of medicines with proven anti-inflammatory and hepato-protective nature and the cooperation of the patient by following the advice properly like abstaining drinking alcohol, doing exercises, walking, yoga and meditation. Thus, even in a chronic alcoholic liver disease, Siddha medicines proved to be effective. However, further management of the disease with proper medications and lifestyle changes is advised to avoid any other complications.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

Since this case report is based on a single case which shows a positive outcome and hence it cannot be generalized. Further clinical trials can

be conducted on a larger scale to assess the efficacy of this treatment.

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