Title: Changing perspectives: unveiling the risks of ashwagandha-induced hepatotoxicity

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DOI: 10.17235/reed.2023.10080/2023
Link: PubMed (Epub ahead of print)


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Dear Editor,

Ashwagandha, an herb popular in Ayurvedic medicine, is renowned for its health-enhancing properties. However, its association with liver damage in recent years has raised significant concerns, necessitating careful assessment and management. This case emphasizes the importance of recognizing and addressing these issues.

**Case report**

A 33-year-old male with an unremarkable medical history was admitted to the Gastroenterology Department of Cáceres University Hospital. He presented with pruritus, jaundice, and choluria that had appeared over several days. Blood tests revealed elevated total bilirubin levels (10.7 mg/dL), direct bilirubin (6.27 mg/dL), and increased transaminases. The ALT/ALP ratio (R) suggested cholestatic liver damage. The patient reported no medication, alcohol, or drug use but acknowledged consuming Ashwagandha to manage stress. Comprehensive tests ruled out other liver diseases. The patient improved, and bilirubin levels decreased to 4.5 mg/dL before discharge. A month later, the patient returned with deteriorating jaundice, choluria, pruritus, and weight loss. Blood tests showed elevated bilirubin (total bilirubin 21.1 mg/dL and direct bilirubin 15.3 mg/dL) and alkaline phosphatase, with a mild increase in
transaminases. The patient had ceased Ashwagandha use for two months and denied using any other hepatotoxic substances. The RUCAM scale scored 8 and classified the case as a probable herb-induced liver injury (HILI) due to Ashwagandha. While the patient initially deteriorated, corticosteroid treatment led to significant improvement.

Discussion
Herbal and dietary supplements (HDS) are widely popular for their purported health benefits, yet they often enter the market without undergoing thorough preclinical safety and efficacy assessments. Among these supplements, Ashwagandha (Withania somnifera) has come under scrutiny due to its association with herb-induced liver injury (HILI)[1,2]. Our case shares the cholestatic pattern of liver damage observed in prior reports, but what sets it apart is the recurrence of liver injury following an initial improvement[3,4].

Despite the widespread promotion of Ashwagandha for health optimization, such as enhancing physical performance, reducing stress, or improving sexual life, robust clinical evidence supporting these claims remains conspicuously absent[4,5]. Therefore, it is imperative to increase public awareness of the potential dangers associated with some herbal supplements.

In conclusion, this case underscores the dangers of Ashwagandha, particularly for individuals with preexisting liver conditions, where it can lead to life-threatening acute-on-chronic liver failure. The lack of solid clinical evidence supporting Ashwagandha's health claims emphasizes the need for an evidence-based approach. Public education is essential to raise awareness of the risks associated with herbal supplements and prevent liver diseases.

References:


