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An Integrated Approach To Ascites With Special Reference To Jalodara: A Case Study

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ABSTRACT:

Ascites is the accumulation of fluid in the peritoneum. Though their developed advanced medical science there is no sure treatment which cure patient totally. Ascitic tapping and all treatment gives temporary relief. Again, fluid gets collected in abdominal cavity. In ayurveda, Ascites can be correlated with Jalodara. In such case Ayurvedic treatment gives relief without any side effect. According Ayurveda it's a disease of ambuvaha and swedavaha strodushti. Due to mandagni and malavridhhi udar roga occurs. "AKRIYAYAM DHURUWO MRUTYU, KRIYAYAM SHANSHYO BHAWET" this statement regarding Jalodara found in Charak Samhita. If we are not giving treatment then patient will die and even, we do treatment then also no definitive survival of patient. In present case study, 36 year old male patient visited to Sane Guruji Aarogya Kendra OPD with complaining of Udarvridhhi (Abdominal Distention), Kshudhamandya (decreased appetite), Ubhaypadshoth (Bilateral pedal oedema), Sheerajal darshna (Prominent abdominal vein), Krushnavarniy malapravrutti (malena), daurbalya (Generalised weakness) since 2 months. He was alcoholic since 15 years. After ayurvedic treatment and management patient got relief in 15 days and all symptoms disappear within 1 month. In Ayurvedic Samhita, management of Jalodara, such as herbal drugs, Nityavirechana (Purgative), Agnideepan (increase appetite), balaprapti (Rejuvenation), yakrituttejjak (Liver stimulants), external application of Hingu shunthi lepa, and Arka patra – patta bandhana, diet restriction is an important feature of the management of this condition. Kewal Dugdha Aahar act on root of pathology of Jalodara and by doing Samparptibhanga it gives result in Jalodara and in modern treatment only provides provisional relief with time dependent recurrence but, the fluid gets collected in the abdominal cavity repeatedly.

KEYWORDS: Jalodara, Udarvridhhi, kewal Dugdha Aahar, Virechan, Basti, Lepa.

INTRODUCTION:

Jalodara is generalised abdominal enlargement. "Roga Sarvapi Mandagni Suturaudarani Tu" Mandagni (poor appetites), doshati sanchaya (collection of toxic substance in body), and Paap karma (bad nature) are main cause of Jalodara¹. pran-apan-dushti are main pathology in Jalodara². Among Tridosha, the Prakupita Vata (aggravated Vata) gets accumulated in Udara between Twaka (skin) and Mamsa (muscle tissue) leading to Shotha (swelling); this is being termed as Udararoga³. Vata is one of the prime causative factors in the

manifestation of Udararoga.⁴ There are eight types of udar.⁵ In which Vataj, Pittaj, Kaphja, Yakrutodar, Plihodar, Sannipataj, Chhidrodar, Jalodara is sequentially more hard to treat⁶. Udar Vyadhi is kruchasadhya (hard to treat). According to modern, ascites can be due to liver cirrhosis, portal hypertension, cardiac failure, renal failure, liver failure, hypoalbuminemia, peritonitis, carcinoma. Chikitsa sutra describes in Samhita – “Nityameva Virchayet”⁷ -Maharshi Charaka has described this sutra for Jalodara. The cardinal features are Kukshi Adhmana (Enlargement of abdomen), Karapada Shopha (oedema in the limbs), Mandagni/ Atyanta Nastagni, Krushagatra (Emaciation).

CASE REPORT:

Patient Name- XYZ

Age-36yr Sex- Male

Occupation- driver

A 36yr male patient came with complaints of

1. Udarvridhi (Abdominal distension)
2. Ayasen shwaskashtata (dyspnoea on exertion)
3. Ubhaypad shotha (bipedal edema)
4. Dourbalya (generalized weakness)
5. Malvashtamb (constipation)
6. Kshudhamandya (decreased appetite)

Patient had above complaints since 2month.

K/C/O- 1. DM since 4-5 yrs on regular Rx.

2. DCLD (Decompensated chronic liver disease) since 1year

History of Hematemesis– (1year ago) underwent OGD scopy and EVL (endoscopic variceal ligation) done.

History of present illness- Patient was normal 1 year back. Since then patient is suffering from DCLD (irregular treatment and unhealthy diet) Udarvridhi (Abdominal distension), Ayasen Shwaskashtata (dyspnoea on exertion), Ubhaypadshotha (bipedal edema), Dourbalya (generalized weakness), Malvashtamb (constipation), Kshudhamandya (decreased appetite) for these complaints he consulted with many doctors and had done paracentesis once but got no relief hence came to our hospital (SANE GURUJI AROGYA KENDRA, HADAPSAR) Kayachikitsa department OPD. Patient was clinically assessed the patient for better management and care advice admission in IPD.

Personal History-

Addiction- chronic alcoholism (since 15years stopped since 2month)
chronic tobacco chewer since 7yrs.

No any surgical history.

O/E-:

Ashtavidha Parikshan

Nadi(pulse):90/min

Mala(stool)- Malvashtamb (constipation)

Mutra(urine)- Alpamutra pravrutti (oliguria)

Jivha(tongue)- Sama

Agni- Kshudhamandya

Shabda(speech)- Normal

Druka(eyes)- Icterus 2+

Akruti- Madhyama

Bala- Heen

BP- 100/60 mmHg

RR-24/min

SpO₂- 94% on RA

Systemic examination-

CVS-S1S2 N

CNS- Conscious Oriented Obeying

RS- B/L min crepts with AE reduced (Rt>Lt)

P/A- Inspection: Distended abdomen, Prominent abdominal veins, “smiley umbilicus”.

Palpation- Tenderness over rt hypochondrium, epigastric region.

Percussion- shifting dullness present, Fluid thrill.

Auscultation- peristaltic movement +

Investigation-	Before	After
CBC	Hb-9.5, WBC-3450, Plt-111000	Hb-8.9, WBC-6200, Plt-89000
Liver function test	Albumin-2.8, total bilirubin-4.2 (direct-1.9, indirect-2.3), SGOT-89, SGPT-76, alkaline phosphatase-269.8	Albumin-3.1, total bilirubin-2.8(direct-1.3, indirect-1.5), SGOT-46, SGPT-30, alkaline phosphatase-210.2
Renal function test	Creat-0.8, BUL-22.4	-
Serum electrolyte	Na-130.8, K-3.9, ion Ca-1.07	Na-132, K-3.8, ion Ca-1.08
Bsl Random	269	-
Serum ammonia	156	-
Serum lipase	33	-
Serum amylase	67.6	-
PTINR	1.1	1.08
HbA1c	10.9%	-

USG(A+P)- shrunken liver, coarse hepatic echotexture, mild splenomegaly(13cm), gross free fluid in abdomen, finds are- liver parenchymal disease with cirrhosis.

Material and Methods-

1. Aarogyavardhini vati 250 mg Vyanudan kal
 2. Phaltrikadi Kashya- 20ml Vyanudan kal
 3. Trivruta avaleha- 2tsp @ Rasyan kal
 4. Erandabhrushta Haritaki- 2 Nisha kal
- All the above medication are taken with milk.

5. Panchkarma- a) Udar pradeshi hingu shunthi lep
b) Udar pradeshi arka patra patbandhan
c) Ubhay pad-pradeshi Punarnava lepa
d) Basti-Guduchitiktka Kshir basti

6. Pathya- Apathya

Diet was restricted to patient and he was kept on only cow milk 2-3liter/day. All type of food item were restricted for 3month. When the patient was hungry or thirsty, he was given kosha godugdha only.

METHOD

Center of study – Sane Guruji Hospital, OPD 2 , Malwadi, Hadapsar, Pune.

Type of study – simple random single case study

Duration of treatment: 3month

DISCUSSION

Discussion On Jalodar (Ascites) -Ayurvedic term Jalodar Vyadhi is homologous to Ascites described in modern medicine. According to Ayurveda Chikitsa sutra of Udara choice of treatment is, 'Nitya Virechana' (purgative), Agnidipan (increase appetite), Balaprapti and Yakritottejaka Chikitsa (Stimulating hepatic function) and also Arka pattabandhan over abdomen as external application. Appreciable results were observed in the form of reduction of abdominal girth, bipedal oedema, increase appetite, increase strength.

Hetu of jalodar as⁸ -

1) Ahar

- Improper and irregular diet Causes the disturbance of vatadosha.
- Jirna Madyapana (Chronic Alcoholism).
- Ati-ruksha, Lavan, Vidahi Annasevan.

2) Vihar

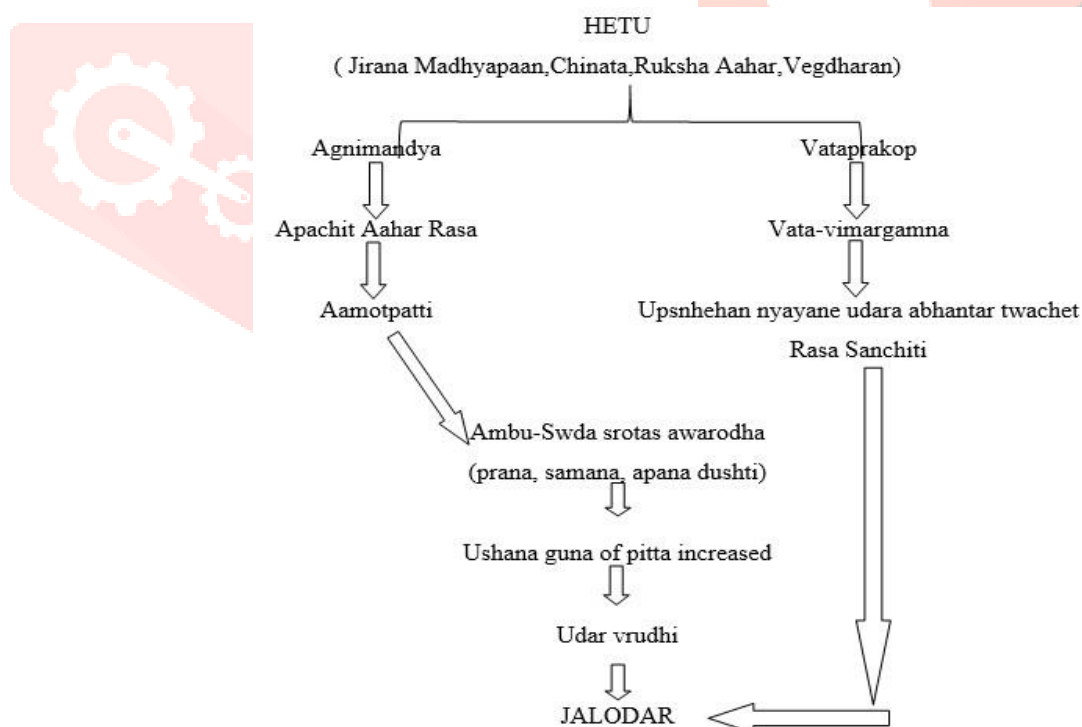
- Supresion of natural urgā (chhardi vega dharan).
- Ratri jagran.

3) Pap karma also one of cause ascites.

SAMPRAPTI GHATAK

Dosha	Vata (Prana, Saman, Apanna) Pitta (Pachak, Sadhak)
Dushya	Rasa
Mala	Swed
Srotas	Ambuvaha, Swedavaha
Sthan	Udara

SAMPRAPTI



Discussion on Action of Drug, Panchkarma and Aahar

- **Arogyavardhini Vati**- It's main content is kutki, which acts as pitta virechana and act on yakruta (liver). Arogyavardhini vati maintains the liver function and promote the balance as well as healthy digestive system. It also contains tamra, loha and abhraka bhasma (purified metals power). These bhasma also having chedana, bhedana property and helps to open the obstructed channels.
- **Phaltrikadi Kashaya**⁹- Its main contents are Amalaki, Hareetaki, Bibheetaki, Amrita, Vasa, Katuki, Kiratatikta, Nimba. All the content mainly having following properties i.e. Pittahar, Pittarechak, Yakriduttejak, Deepan, Rechan, Pachak, Shothhara, Jwarahara, Kamala and Panduhara, Yakrit and Raktvikarhara, Tridoshar, Rashayan, Mutrajanana, Pittasarak, Anulomak, Shwedak, Dahaprashaman and Raktapittahara. On the modern parameters we can say that the Herbal Hepato protective preparations have following properties Cholegogue and Cholertic action, Hepatocellular regeneration, Antiviral, Antioxident, Enzymes and Metabolic correction, Digestive, Membrane stabilizing effect, Immuno modulating action, anti inflammatory action and Antipyretic.
- **Trivrut avaleha**- trivrut is included in virechana dravyas and is considered Shrestha among all the Acharyas due to its variety of formulation and its use for various disease purposes. As per Shrangdhara Samhita Trivrut is mentioned best as Rechaka in Virechana Classification¹⁰. Acharya Sushruta also describes Trivrut Moola as the best Virechana Dravya¹¹. It also has the potency to effectively remove Bahu Doshas to a greater extent without causing discomfort and complications. Trivruta's samyog and sanskara properties make it possible to prepare many preparations or Kalpnas with it. Trivruta's Ayurvedic properties enable it to commence Sukhavirechana without any complications even in sukumaras person.
- **Erandabhrushta Haritaki**- Vatanulomana
- **Arka patra pattabandhan** - Arka pattabandhana is avoid Vataprakop due to its mrudu swedana. It reduced the srotorodh in udar.
- **Guduchitikta Kshir Basti** -Vatanulomana, Malavibandhanashk, Grahanidoshnashaka.
- **Virechana**: chikitsa sutra of Jalodar is - 'Nitya Virechana'. Liver (yakruta) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashraayi sambhnda, hence for elimination of vitiated Pitta dosha virechan is the best Chikitsa. Virechana also decreases abdominal girth and oedema by decreasing fluid in the abdominal cavity. Here we use Trivrut Avaleha and Erandabhrushta Haritaki for virechan.
- **Aahar**¹²: Role of diet also important as equal to medicine. Diet in Jalodar (ascites) should be milk (godugdha) only. Godugdha (cow milk) is only complete food which is full of nutrients and easily digestible.

Observation and Result

Showing Abdominal Girth measurement and weight

Date	4cm above umbilicus	At umbilicus	4cm below umbilicus	Weight
7/7/26	82cm	78cm	76cm	68kg
8/7/26	83cm	78cm	75cm	68.5kg
9/7/26	81cm	77cm	76cm	66kg
10/7/26	80cm	76cm	73cm	66kg
11/7/26	78cm	73cm	71cm	65kg
12/7/26	79cm	73cm	72cm	65kg
13/7/26	77cm	72cm	72cm	64kg
14/7/26	76cm	71cm	70cm	62.5kg
15/7/26	73cm	71cm	70cm	62kg
16/7/26	72cm	70cm	69cm	60kg

The patient had improved significantly during the hospital stay and on the 10th day of discharge, there is good improvement in all symptoms of patient, after one month follow up there is nearly nil of all symptoms.

Conclusion -

The pathological factors responsible for udarvyadhi are tridosha and reduced status of agni. Virechana is unique treatment mentioned for udar. Removal of doshas mainly pitta and normalise yakritdushti which was caused due to agnimadyapan was achieved by virechan, dugdha aahar and ayurvedic medicine. By this line of treatment, there is significant improvement in abdominal girth, appetite, strength without any complication were noted during and after the treatment. There is also significant improvement in laboratory findings. So it can be concluded that ayurvedic medicines with nitya virechana and restricted diet gives better result in ascites.

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