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Case Study

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ROLE OF NITYA VIRECHANA IN THE MANAGEMENT UDAR VYADHI: A CASE STUDY

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ABSTRACT

One variety of Udara roga is Jalodara. It is the kind of illness that is challenging to treat. In contemporary society, its prevalence is growing daily. There is a buildup of fluid in Jalodara between the Udara pradesha's Tvak and Mamsa (abdomen). Abdominal distension is the outcome. Apa dosha, Srotoavarodha, Mandagni, and other factors are its primary causes. Vata and vitiated Kapha are primarily at play here. The Swedavaha and Ambuvaha srotas are primarily obstructed by accumulated Doshas in this illness. The basics of Ayurvedic treatment for Jalodara have been thoroughly explained in this article. These include Nidan parivarjana, Nitya virechana, therapies which remove the defects of liquid elements (Apam doshaharanam), Dipana and Shastra karma (abdominal tapping). This article is based on the review of the significance of Nitya virechana in the management of Jalodara (Ascites).

KEYWORDS: Udara roga, Jalodara, Ascites, Nitya virechana.

INTRODUCTION

A build-up of more than twenty-five milliliters of fluid in the peritoneal cavity is referred as ascites in gastroenterology. Ascites falls within the broad category of Udararoga (diseases of the abdomen) in Ayurveda. [2] In Tridosha, Udara is the area where the exacerbated Vata,

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Prakupita Vata, accumulates between the muscles and skin, Mamsa and Twaka, resulting in Shotha, or swelling; this is called Udararoga. One of the main causal variables in the appearance of Udararoga is Vata^[3,4] In addition to the heightened Vata, Udararoga is also caused by the Mandagni (low digestive fire). [5] As a result, there are several variables that contribute to Udararoga. To put it another way, the vitiated Rasa Dhatu part that extravagates from Kosta and collects Grahani in Udara is what causes Udara to emerge.

Ascites as a disease has been described extensively in Ayurvedic literature along with medical treatment and surgical procedures related to the management of this condition. Diet restriction is an important feature of the management of this condition. Ayurvedic management with drugs such as provocation of digestion, daily therapeutic purgation, stimulant for hepatic function and only milk diet that acts on root of pathology of ascites and by breaking down of pathogenesis gives good result in ascites.

CASE STUDY

A 49 yrs. male patient came to Panchakarma OPD of Rajiv Gandhi Ayurvedic Medical College & Hospital with known case of alcoholic liver disease (ALD) induced Ascites with following complaints Udarvruddhi (Distension in abdomen)-2 month, dourbalya (Weakness) -3 Month, Sakashthashwasana (Breathlessness) 15 Days and Kshudhadourablya (Anorexia)-20 days ubhayapadashotha (oedema over feet) since 15 days along with yellowish discoloration of eyes, skin and dark urine, disturbed sleep as alcohol withdrawal symptoms. Patient was known case of chronic alcoholic that too 200 to 250 ml of alcohol per days for five days a week for 10 years and was said to be normal before three months gradually above symptoms started for which he consulted to physician and admitted to hospital there he was diagnosed as alcoholic liver disease induced Ascites and managed conservatively for further treatment he came for here.

Physical examination

Bilateral pedal edema: +++

Body temperature: 98.6 F

Mild pallor

Blood pressure: 130/70 mmHg

Pulse: 86/min

No icterus

Respiratory rate: 20/min.

Systematic examination (per abdomen).

Inspection: Distended abdomen.

Palpation: Hepatomegaly (2 cm below the right costal margin), splenomegaly, tenderness in

the right and left hypochondriac region.

Percussion: Shifting dullness and fluid thrill: Present.

Treatment given

Abhayadi Modaka 500 mg - Daily for 15 days.

OBSERVATION

Lakshana	Before treatment	After treatment
Udarvrudhi	+++	+
Shwaskashtata	++	+
Daurbalya	+++	+

DISCUSSION

Concept of Nitya virechana the term 'Nitya virechana' is made up of two words 'Nitya' and 'Virechana.' Derivation of Nitya: The word 'Nitya' is derived from - Ni (upasarga) + Avyayat (dhatu) + Tyap (pratyay). 'Ni' upasarga along with 'Avyayat' dhatu and 'Tyap' pratyaya give the meaning 'Nirantara kriya.' [6] Derivation of Virechana: The word 'Virechana' is derived from – Vi (upasarga) + Rich (dhatu) + Lyut (pratyay). 'Vi' upasarga along with 'Rich' dhatu and 'Lyut' pratyaya give the meaning 'Visheshena rechayati iti.'[7] Definition of Virechana (Purgation therapy): The process of expelling out Doshas through downward tract (anus) is called Virechana. [8] Definition of Nitya virechana: It can be defined as a type of Virechana karma which is done to eliminate the excessively aggravated Doshas (Bahu dosha) in small quantity (dosha nirharana) in Alpa bala Rogi on daily basis by administering Mridu virechaka aushadha. [9] Application of Nitya virechana in Jalodara, there are Dosha atimatra upachayat (excessive accumulation of Doshas) and Srotomarga nirodhanat (obstruction to the opening of srotas). That is why, the patient of Jalodara should be given purgation therapy every day (Nityameva virechayet). [10] For this purpose following medicines are administered.^[11]

In Jalodara, there is distension of abdomen due to accumulation of fluid. So, such type of should be adopted which removes the accumulated fluid from the body and prevent further accumulation of fluid in the abdomen. Ayurveda has described the management of Jalodara in detail. In this article all these treatment principles have been

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discussed. These include Nidan parivarjana, Nitya virechana, therapies which remove the defects of liquid elements (Apam doshaharanam), Dipana and Shastra karma (abdominal tapping). Among all these treatment principles, Nitya virechana has been discussed in detail. Nitya virechana is a type of Virechana karma which can be used on regular basis. It helps to remove the accumulated Doshas from the body of Jalodara rogi. On the other hand, it also removes the Srotoavarodha which is one of the important causes for the accumulation of fluid. Thus, all the above-mentioned treatment principles help to remove the accumulated fluid from the body. Somehow, also prevent the further accumulation of fluid in the abdomen. Proper Pathya-apathya should also be followed along with above mentioned treatment. Takra (butter milk) and Kshira(milk) are greatly beneficial for Jalodara rogi. In Jalodara, takra mixed with Trikatu curna should be given. After the body is cleansed of impurities and it has become emaciated then cow's milk, goat's milk, and buffalo's milk are extremely useful. All the eight types of Mutra(urine) should be used for Seka (sprinkling over the abdomen) and Pana(drinking) in Udara roga. Salt and water restricted diet should be given to the patient of Jalodar.

CONCLUSION

Daily therapeutic purgation, diet restriction and Ayurvedic medicines had shown improvement in all the symptoms of Jalodara. In the present case, abdominal girth, pedal edema, and all above-mentioned symptoms were significantly improved without any side effect. Although the patient was kept only on milk diet, no side effects were noted during and after the treatment.

REFERENCE

- 1. Pedersen JS, Bendtsen F, Møller S. Management of cirrhotic ascites. Therapeutic advances in chronic disease, May. 2015; 6(3): 124–37. [PMC free article] [PubMed] [Google Scholar]
- Kotihal M, Muttappa T, Vasantha B, Sandrima KS. Critical analysis of Jalodara (Ascites)
 A review. J Ayurveda Integr Med Sci, 2017; 2: 150–3. [Google Scholar]
- Acharya YT, editor. Reprint Edition. Ch 13 Ver 11. New Delhi: Chaukhambha Publications; 2016. Charaka Samhita of Charaka, Chikitsa Sthana; p. 491. [Google Scholar]

- 4. Acharya YT, editor. Reprint Edition. Ch 13 Ver 24. New Delhi: Chaukhambha Publications; 2016. Charaka Samhita of Charaka, Chikitsa Sthana; p. 492. [Google Scholar]
- Acharya YT, editor. Reprint Edition. Ch 13 Ver 10. New Delhi: Chaukhambha Publications; 2016. Charaka Samhita of Charaka, Chikitsa Sthana; p. 491. [Google Scholar]
- 6. Vasu W, Vasu H. The Shabdakalpadruma. 2nd part. Reprinted. Varanasi; Chaukhambha Surbharati Prakashan, 2015; p. 878.
- 7. Vasu W, Vasu H. The Shabdakalpadruma. 4th part. Reprinted. Varanasi; Chaukhambha Surbharati Prakashan, 2015; p. 420.
- 8. Sharma RK, Dash B. Caraka Samhita. Vol VI (Kalpa sthana-13/189,190). Reprinted. Varanasi; Chowkhambha Sanskrit Series Office, 2012; p. 3.
- 9. S Rashmi, Rao VG, Jayaraj R. A Conceptual Study on Nitya Virechana: Review Article. European Journal of Biomedical and Pharmaceutical Sciences, 2018; 5(9): 182.
- 10. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/61). Reprinted. Varanasi; Chowkhambha Sanskrit Series Office, 2012; p. 539-540.
- 11. Murthy KRS. Illustrated Sushruta Samhita. Vol. II (Chikitsa sthana-1. 0). Reprinted. Varanasi; Chaukhambha Orientalia, 2016; p. 143-144.
- 12. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/62). Reprinted. Varanasi; Chowkhambha Sanskrit Series Office, 2012; p. 539-540.
- 13. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/108). Reprinted. Varanasi; Chowkhambha Sanskrit Series Office, 2012; p. 551.
- 14. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/111). Reprinted. Varanasi; Chowkhambha Sanskrit Series Office, 2012; p. 552. Disclaimer.