

MANAGEMENT OF ASCITES THROUGH AYUREDA: A CASE STUDY.**¹*Dr. Upasna Gulati and ²Dr. Sanjay Kumar Tripathi**¹MD Scholar, Kayachikitsa Dept., Rishikul Campus, Haridwar, UAU, Dehradun.²Professor, Kayachikitsa Dept., Rishikul Campus, Haridwar, UAU, Dehradun.Article Received on
03 Feb. 2018,Revised on 24 Feb. 2018,
Accepted on 16 March 2018

DOI: 10.20959/wjpr20187-11565

Corresponding Author*Dr. Upasna Gulati**MD Scholar, Kayachikitsa
Dept., Rishikul Campus,
Haridwar, UAU, Dehradun.**ABSTRACT**

Ascites is the most common complication of chronic liver disease with poor prognosis & reduced survival rate. In Ayurveda, Jalodar (Ascites) is one among the various disorders of abdomen. The best treatment in Ayurveda for Udar Vyadhi is Virechana. In the present study, a 50 year male patient with c/o Udarvridhi (abdominal distension), Ubhaypadashoth (bilateral pitting edema), Swashakricchata (breathing difficulty), Agnimandhya (loss of appetite) diagnosed as Jalodar (ascites) was brought to Kayachikitsa Opd of Rishikul campus, Haridwar. The patient was treated on the basis of basic principle of

management of Jalodar as explained in Ayurvedic texts which includes Virechana, Agnideepan, Bala-prapti, Yakrituttejjaka chikitsa. Within one month of starting the treatment patient shows appreciable improvement in the form of clinical and biochemical parameters.

KEYWORDS: Ascites, jalodar, yakrituttejjaka, udarvridhi.**INTRODUCTION**

Ascites is the accumulation of protein containing fluid with in the abdomen i.e. peritoneal cavity. Many disorders can cause ascites but the most common cause is chronic liver disease which causes Portal Hypertension. Other causes include disorders unrelated to liver such as cancer, heart failure, kidney failure, anemia, inflammation of the pancreas and tuberculosis affecting the abdomen.^[1]

In Ayurveda, it is one among the various disorders of abdomen in which generalized abdominal distension is found. According to Acharya Charaka, accumulation of fluid occurs in between skin and muscle layer of abdomen and it is one among 'Asadhya Rog'.^[2] The

main causes of Udar Rog are Mandagni, Ajirna, Mala Sanchaya; Ushna, Lavana, Kshara Vidahi Annasevan; Gara visha sevan; Vegavrodha etc.^{[3],[4]} The basic principle of management is to keep the patient without water and salt. The water from abdomen must be removed by using Deepniya & Kapha-shamaka Aahar, by reducing intake of water and by using Mutra-virechaka & Mala-virechaka drugs like Punarnava, Gokshur, Jaypal etc. and other oral medications.^[5] The patient must be kept on cow milk for diet regulation.

CASE REPORT

In the present case study, a 50 year old male patient came to Opd of Kayachikitsa, Rishikul campus, UAU, Haridwar, with regd. No. Kc- 550/4397 on 1/2/2018 with c/o abdominal distension, increase in abdominal girth, swelling over face, B/L pitting pedal edema, difficulty in breathing, reduced appetite and generalized weakness since 6-7 months.

History of present illness

According to the patient, he was well before one year. Then he suffered from pain abdomen along with distension after meal. He took medicines from a store and got symptomatic relief. After few days, his problem again started and he also noticed increasing abdomen size, swelling over face, pedal edema along with difficulty in breathing in sitting position. He also has weakness and loss of appetite. He went to civil hospital where in his ultrasound report; he was investigated with Alcoholic Liver Parenchymal Disease & Mild Splenomegaly with Ascites. There he was advised for tapping. He refused & came to Rishikul hospital to take Ayurvedic treatment.

Personal history

Occupation- Private Work.

Addiction- Alcoholic.

On examination

General condition- Average

Pulse rate- 104/min.

B.P- 112/80 mmHg

Pallor ++

Icterus +

B/L pitting edema present along with swelling over face

Weight- 58kg

Height- 162cm

R/S- B/L chest clear

CVS- S1, S2 sound audible, no murmur

CNS- Patient is well oriented to time, place and person.

P/A- Abdomen was distended with shiny skin and prominent veins over the wall, everted umbilicus, fluid thrill present.

Investigations

Hb, TLC, DLC, ESR, RBS, Blood urea, Serum Creatinine, Uric acid, Serum Bilirubin (T), SGPT, SGOT.

Treatment plan

1. Yakritplihaari Lauha 2 tablets in the morning at 6 A.M with cold milk.
2. Ajmodaadi Churna 3 gm mix with Haritaki Churna 3 gm afternoon and evening with luke warm water.
3. Gokshuradi Guggulu 2 tablets twice daily.
4. Punarnavashtaka Kwath + Phalatrikaadi Kwath (2 spoon boiled in 1 glass of water till it remains $\frac{1}{4}$) twice daily
5. Gomutra 40 ml twice daily.

Patient is advised to take cow milk only.

OBSERVATION AND RESULT

Table 1: Abdominal girth assessment.

Date	Circumference (in inches)
02/02/2018	39.5
06/02/2018	39
09/02/2018	38.5
13/02/2018	37.5
17/02/2018	36.5
22/02/2018	35.5
24/02/2018	34.5
28/02/2018	34
05/03/2018	34

Table 2: Investigation before & after treatment.

Test	Before treatment	After treatment
Hb	8.0 gm	7.4 gm
TLC	9000	8000/cumm
DLC	P75,L20,E01,M04,B00	P56,L35,E02,M07,B00
ESR	150	150
RBS	98.49	92.66
Blood Urea	50.65	27.39
Serum Creatinine	1.92	1.23
Uric Acid	13.90	8.06
Serum Bilirubin (T)	4.32	3.32
SGPT	12.38	10.61
SGOT	72.49	54.10

Pictures showing improvement

Before treatment.



After treatment

**DISCUSSION**

In alcoholic cirrhosis liver the cells of liver damaged due to alcohol and flow of Portal vein is restricted. Due to this, Portal Hypertension occurs and to reduce the pressure the water comes out in peritoneal cavity. By regular Virechan the water is expelled out from gut forcefully and the extra water present in the peritoneal cavity absorbed by gut to fulfill the water requirement. The diuretic medicine also helps to expel extra water from the body. In the

present case, the treatment is done by following the principle of management of Udar Vyadhi which is 'Nityamev Virechayet'^[6] along with Agnideepan, Balaprapti & Yakrit-uttejaka Chikitsa. Appreciable results were obtained in reduction in abdominal circumference, reduced swelling over face, decreased pedal edema, and improvement in breathing, appetite & body strength. In the treatment given above, the Yakrit-plihaahari Lauha has Jaypal as its main content which is a virechak. Ajmodaadi Churana and Haritaki Churana has Agnivardhan and Vata anulomaka action respectively. Gokshuradi guggulu has diuretic action. Punarnavashtaka kwath helps to reduce edema by its Shothhara action and Phalatrikaadi Kwath has Hepato-protective as well as liver stimulating action. Gomutra given will act as Yogavahi dravya. During treatment period, patient passes loose watery stool 8-10 times a day. Therefore, this treatment is useful in ascites and generalized edema by excreting excess fluid out of body. Along with this, patient was advised to take only cow milk as in Ayurvedic text, cow milk is said to be Amrit having high protein content and is very useful in critical and chronic illness. Cow milk possesses the properties like Ojowarhdhaka (increases immunity), Dhatuwardhaka (nourishes body tissue), Balya (improves strength), increases life expectancy, Vrushya (natural aphrodisiac) and best Rasayana (good rejuvenator).^{[7],[8]} The patient is given this treatment for one month and admirable result was obtained and is kept continued with the same treatment.

CONCLUSION

The Dosha responsible for Udar Vyadhi are Tri-dosha and reduced Agni status i.e. Agnimandhya. Virechana is the best treatment mentioned for Udar Rog. Removal of Doshas and normalization of functions of liver, which were disturbed by excessive alcohol intake, were achieved by this integrated approach of Ayurvedic treatment successfully. By this treatment, there is marked improvement in abdominal girth, appetite, strength and reduced edema. There is also marked improvement in laboratory findings. So, Ayurvedic treatment can be opted for treating the patients with Jalodar i.e. Ascites.

REFERENCES

1. Steven K. Herrine, MD, Professor of Medicine, Division of Gastroenterology and Hepatology, and Vice Dean for Academic Affairs, Sidney Kimmel Medical college at Thomas Jefferson University.
2. Kashinath Shastri. Charak Samhita: Chikitsa Sthana 13/11, Udarchikitsaadhya. Varanasi; Chaukhamba Bharti Akadmi; Edition, 2011; 382.

3. Kasinath Shastri. Charak Samhita: Chikitsa Sthana 13/12, Udarchikitsaadhya. Varanasi; Chaukhamba Bharti Akadmi; Edition, 2011; 382.
4. Kaviraj Atridev Gupt, Ashtang Hridayam: Nidana Sthana 12/1, Udar Nidanam, Varanasi; Chaukhamba Prakashan. Edition, 2015; 358.
5. Kasinath Shastri. Charak Samhita: Chikitsa Sthana 13/93-94, Udarchikitsaadhya. Varanasi; Chaukhamba Bharti Akadmi; Edition, 2011; 398.
6. Kasinath Shastri. Charak Samhita: Chikitsa Sthana 13/61, Udarchikitsaadhya. Varanasi; Chaukhamba Bharti Akadmi; Edition, 2011; 392.
7. Prof. Ravidatta Tripathi, Charak Samhita Chikitsa Sthana 1.3/52-55, Rasayanaadhya. Varanasi; Chaukhamba Prakashana; Edition, 2007.
8. Prof. Ravidatta Tripathi, Charak Samhita Sutra Sthana 27/217-218, Varanasi; Chaukhamba Prakashana; Edition, 2007.