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MANAGEMENT OF ASCITES THROUGH THE GLASS OF AYURVEDA W.S.R., UDAR ROGA - A CASE STUDY

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ABSTRACT

Ascites is defined as accumulation of fluid with in peritoneal cavity. Alcohol Induced Liver cirrhosis is one of the most common cause of Ascites. Hepatosplenomegaly is one of the commonest clinical finding in Ascites. According to *Ayurveda* this condition can be correlated to *Udara roga* i.e., *Jalodara (Yakriddalyudara)* & *Plihodara* characterized by Anorexia, Indigestion, Constipation etc., The ideal treatment for *Udar Roga* is *Virechana*. *Aacharya Charak* has mention *Basti* in *Pleehodara*. Here we present a Case of Ascites with Hepatosplenomegaly where *Basti Chikitsa* was given after *Virechana* along with *Yakrututtejaka*, *deepan paachana chikitsa*. Significant Improvement was seen in both subjective & Objective assessment of the patient.

KEYWORDS: Ascites, *Udar Roga*, *Virechana*, *Basti*.

INTRODUCTION

Ascites is the accumulation of fluid within the peritoneal cavity. Overwhelmingly, the most common cause of ascites is portal hypertension related to Cirrhosis. The presence of Portal Hypertension contributes to the development of Ascites in patients who have cirrhosis. Congestive Hepatosplenomegaly is common in patient with portal hypertension.

Haemodynamic changes such as vasodilation & activation of rennin –angiotensisn aldosterone system which results into sodium retention. Sodium retention causes fluid accumulation and expansion of extracellular fluid volume, which results in the formation of Ascites & peripheral oedema.

According to *ayurveda* main cause of *Udar Roga* is *Agni maandya*. *Samprapti* occurs by *avrodha* of *sweda vaha* & *Ambuvaha Strotas* by *dusti* of *Prana, Agni* & *Apaan Vaayu*. In *Jalodar* due to *Mandagni, Vaata dosha* present in *Kloma* blocks the *Udakavaha strotas* by *Kapha*. Also According to *sushrut Yakruddplihodar* is caused by *Vidaahi, Abhishayandi Aahar* which causes *dusti* of *Asruk* (also *Pitta –Dalhan*) & *Kapha* which causes enlargement *Yakrut & Pleeha*.

Here we present a case of Alcoholic Liver Disease –Ascites with Hepatosplenomegaly. *Virechana* was given to the patient followed by *Panchtikta Niruh Kaala Basti.*

MATERIALS AND METHOD

Case Report

In this present Case study, A 35yrs old male patient came to OPD of Kaaychikitsa worli with CR No.- 26259 at MAPH Worli as on 15/04/2018 having following complaints.

Intermittent Abdominal pain since 1yr, aggravated since 1month, Abdominal distension Bipedal oedema with facial edema, anorexia, dyspepsia, constipation & intermittent burning micturition.

History of Present Illness

According to Patient, He had history of Ascites 1year back & was admitted at civil hospital the then was diagnosed as Alcohlic Liver Disease with Portal Hypertension. He has undergone diuretic therapy (Tab Ciplar 20mg 1 BD, Tab Lasilactone (50/20) ½ BD) & Ascitic Tapping the then. At that time he got symptomatic relief but he had intermittent abdominal pain. Now since 1 month he noticed abdominal distension with facial & Bipedal edema again, anorexia, dyspepsia, burning micturition, constipation & also frequent abdominal pain. Due to recurrence of ascites patient was willing for ayurvedic treatment. Patient was not taking any sort of medication when he came to OPD of Kaaychikitsa at MAPH.

Personal History

Occupation- Security Guard

Addiction- Alcohol

Cigarrete smoking

Gutka & Tobacco Chewing

Allergy- Allergic to Fluroquinolones & Metronidazoles

History of Plasma Transfusion 1yr back.

General Examination

General Condition - Fair & Afebrile

Pulse rate- 88/min

B.P.- 100/60mm of Hg.

Icterus +

Pallor-+

Height- 162cm

Weight- 70kg

Systemic Examination

R/S - Air Entry decreased in Right Lower Zone.

CVS – S1, S2 audible with no murmur.

CNS – Conscious & well oriented to date, place & time.

P/Abdomen - Mild distented & tender at Rt & Lt hypochondriac Region.

Mild fluid thrill +

$L_2K_0S_1$

Urine- Intermittent Burning Micturition

Stool- Constipation

S/o- Gynaecomastia

Muscle Power grade and Reflexes of the patient were normal.

Investigations

CBC with ESR, Widal, URINE- Routine & Microscopy, Liver Function Tests, Renal Function Tests, Ultrasonography of abdomen and Pelvis.

Treatment Plan

1. *Aarogyavardhini Vati* 2 tab thrice a day for 1month.
2. *Phaltrikadi Kwath* 30 ml twice a day for 1 month.
3. *Nitya Virechan* with *Abhyadimodak* 1tab (250mg) at morning for 15 days
4. *Panchatikta niruha kaala basti* was given for next 15 days.

(*Niruha basti*-350ml, *Anuvaasana* with *Sahchar tailam*- 60ml)

Diet Plan

1. Cow milk diluted with same quantity of water.
2. Mudga Yusha (Kanji of green gram) with pinch of saindhav lavan.
3. Dadima phala swaras(juice of pomengranate).
4. Kharjuradi mantha kalpana (dates, raisin, were soaked overnight and grinded well with 1 tsp of Amlaki powder)
5. Flakes of Jowar etc all laghu aahar was given to the patient.

Criteria of Assesment

1. Gradation of Ascites.
2. Gradation of Mandagni.
3. Abdominal Girth measurement.
4. Investigations Reports before and after treatment.
5. Sonography Reports of Abdomen and Pelvis before and after treatment.

Gradation of Ascites

Grades	Severity of symptom
0	No fluid
1	Mild
2	Moderate
3	Gross

Mandagni

Grade	Hunger after taking food in hours
0	Patient feeling complete digestion & hunger after 3 hour of taking meal.
1	Patient feeling hunger after 4-7 hour of taking meal.
2	Patient feeling hunger 8-11 hour of taking meal.
3	No feeling of hunger even after 12 hour of taking meal.

OBSERVATION AND RESULT

1. Gradation of Ascites

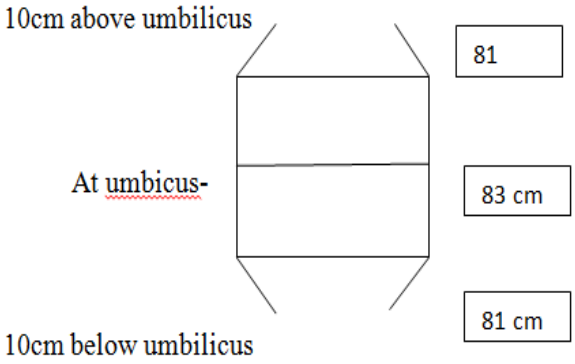
Before Treatment	After Treatment
2	0

1. Gradation of Mandagni

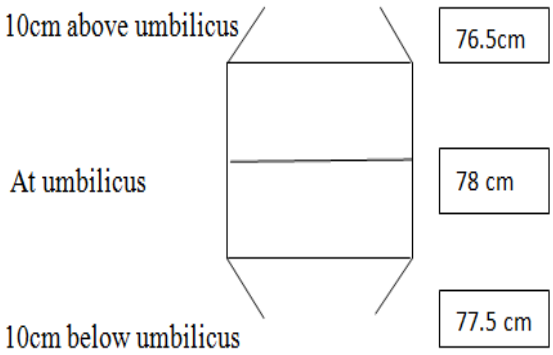
Before Treatment	After Treatment
3	1

2. Abdominal Girth

Before Treatment



After Treatment



3. Investigations

Investigation	Before treatment	After treatment
Hemoglobin	9.8g/dl	11.4g/dl
Platelet	$82*10^3$/uL	$81*10^3$/uL
SGOT	60U/L	58U/L
SGPT	31U/L	33U/L
Bilirubin (Total/Direct)	4.6mg/18mg/dl.	2.2mg/0.9mg/dl
Alkaline Phosphatase	152IU/L	122IU/L

4. Sonography of Abdomen & Pelvis

Before Treatment-(dated 17.04.2018)

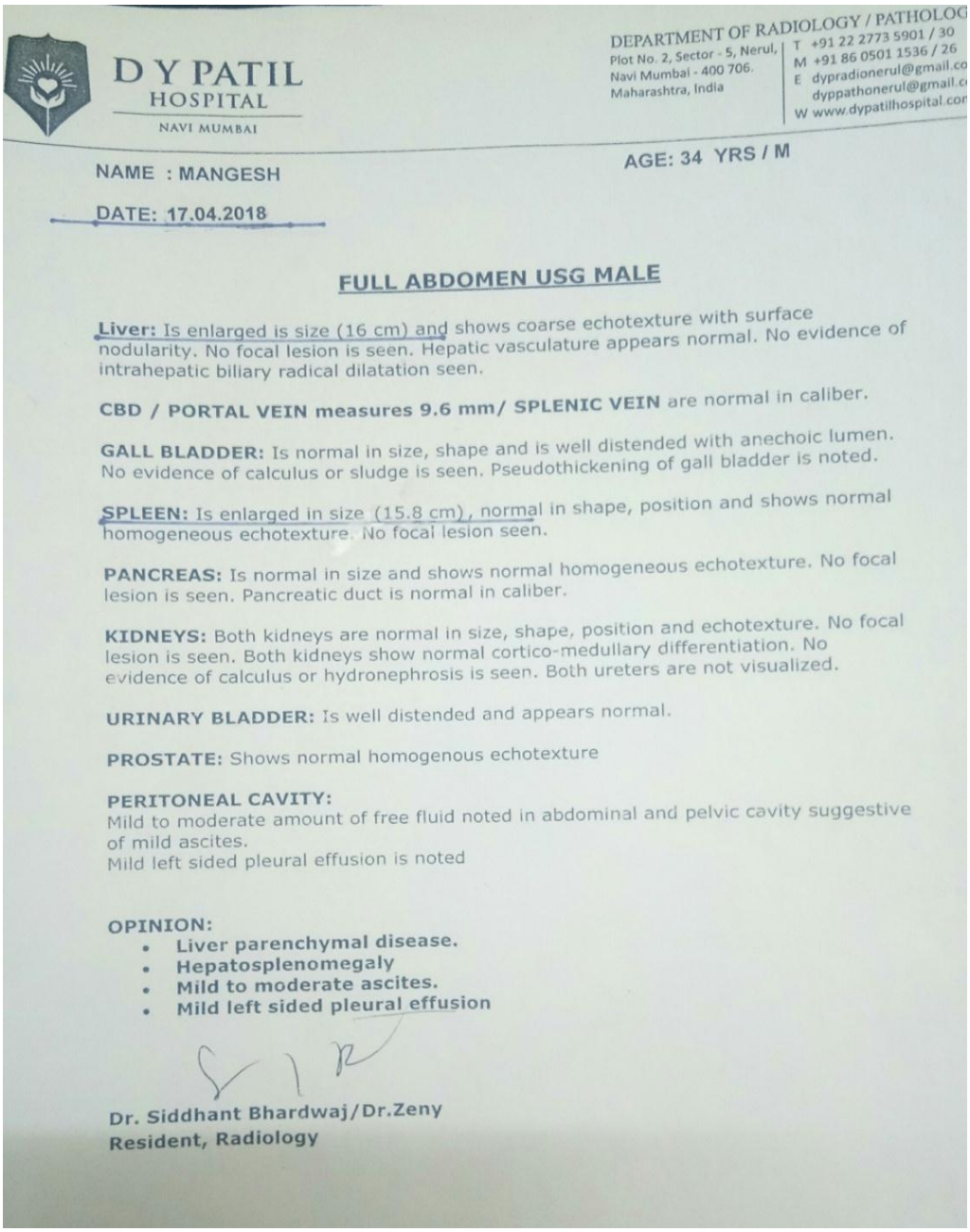
Liver is enlarged-16cm. Spleen is enlarged 15.8cm. Liver Parenchymal disease. Mild to Moderate Ascites. Mild left side Pleural effusion.

After Treatment-(dated 19.5.2018)

Liver is normal in size-14.2cm. Spleen is enlarged 15.0cm (but reduced by 0.8). No Ascites or enlarged Lymphnodes are seen.

USG REPORTS

Before treatment



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NAME : MANGESH AGE: 34 YRS / M

DATE: 17.04.2018

FULL ABDOMEN USG MALE

Liver: Is enlarged is size (16 cm) and shows coarse echotexture with surface nodularity. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of intrahepatic biliary radical dilatation seen.

CBD / PORTAL VEIN measures 9.6 mm/ SPLENIC VEIN are normal in caliber.

GALL BLADDER: Is normal in size, shape and is well distended with anechoic lumen. No evidence of calculus or sludge is seen. Pseudothickening of gall bladder is noted.

SPLEEN: Is enlarged in size (15.8 cm), normal in shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Is normal in size and shows normal homogeneous echotexture. No focal lesion is seen. Pancreatic duct is normal in caliber.

KIDNEYS: Both kidneys are normal in size, shape, position and echotexture. No focal lesion is seen. Both kidneys show normal cortico-medullary differentiation. No evidence of calculus or hydronephrosis is seen. Both ureters are not visualized.

URINARY BLADDER: Is well distended and appears normal.

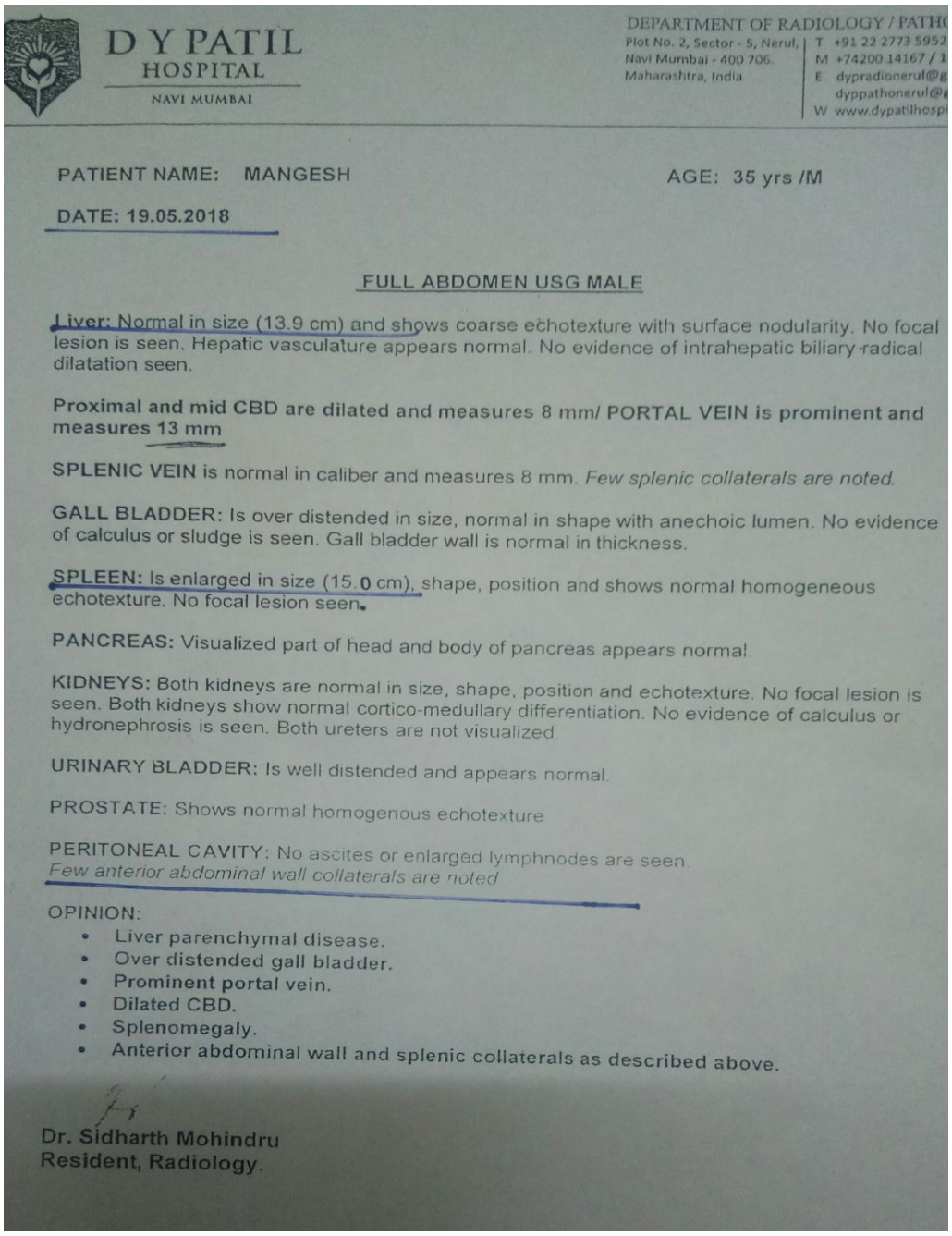
PROSTATE: Shows normal homogenous echotexture

PERITONEAL CAVITY:
Mild to moderate amount of free fluid noted in abdominal and pelvic cavity suggestive of mild ascites.
Mild left sided pleural effusion is noted

OPINION:
- Liver parenchymal disease.
- Hepatosplenomegaly
- Mild to moderate ascites.
- Mild left sided pleural effusion

Dr. Siddhant Bhardwaj/Dr.Zeny
Resident, Radiology

After treatment



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PATIENT NAME: MANGESH AGE: 35 yrs /M

DATE: 19.05.2018

FULL ABDOMEN USG MALE

Liver: Normal in size (13.9 cm) and shows coarse echotexture with surface nodularity. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of intrahepatic biliary radical dilatation seen.

Proximal and mid CBD are dilated and measures 8 mm/ PORTAL VEIN is prominent and measures 13 mm

SPLENIC VEIN is normal in caliber and measures 8 mm. *Few splenic collaterals are noted.*

GALL BLADDER: Is over distended in size, normal in shape with anechoic lumen. No evidence of calculus or sludge is seen. Gall bladder wall is normal in thickness.

SPLEEN: Is enlarged in size (15.0 cm), shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Visualized part of head and body of pancreas appears normal.

KIDNEYS: Both kidneys are normal in size, shape, position and echotexture. No focal lesion is seen. Both kidneys show normal cortico-medullary differentiation. No evidence of calculus or hydronephrosis is seen. Both ureters are not visualized.

URINARY BLADDER: Is well distended and appears normal.

PROSTATE: Shows normal homogenous echotexture

PERITONEAL CAVITY: No ascites or enlarged lymphnodes are seen.
Few anterior abdominal wall collaterals are noted

OPINION:

- Liver parenchymal disease.
- Over distended gall bladder.
- Prominent portal vein.
- Dilated CBD.
- Splenomegaly.
- Anterior abdominal wall and splenic collaterals as described above.

Dr. Sidharth Mohindru
Resident, Radiology.

DISCUSSION

In Alcoholic Liver disease, Liver Cells are hampered and normal portal vein pressure is increased which cause sodium retention as well as water retention. By regular *virechana* excessive of water is expelled out of the body, it also balances the *Ambu dhatu* (water content) of the body. *Virechana* is also *dhatavagni vardhana*, hence improve *bala* and *agni*. After *Virechana Kala Basti* of *Panchatikta dravya* was given. *Basti* aids in removing *Malasanchiti*, *Tikta Dravya* in *basti* acts on *Raktavaha strotasa* and improve the quality of *rakta dhatu* and helps in normal functioning of *moolsthana* i.e., *Yakrut* and *Pleeha*. Along

with *virechana* and *basti*, *Yakrututtejaka* & *Pachan chikitsa* like *Aarogyavardhini Vati* and *Phalatrikadi Kwath* is also used. *Aarogyavardhini Vati* balances all the three *doshas*. It is beneficial for reducing water retention. It is natural liver detoxifying and fatty Liver remedy. It does the *shoshan* of different excess *snigdha dravya* also does *Pachan* of *Kleda* & does Raktavardhan. Phalatrikadi kwath is Hepatoprotective i.e., *Pittahara, Pitta pachana, Yakrututtejak*a, *Deepana & Kaphapitta Shamak.*

In this present case, the treatment is done by following principle of management of *Udar vyadhi* i.e., *NITYAMEV VIRECHYET, agnideepan, Yakrututtejaka, Kapahapitta shamak, Raktvaha strotas Niyaman.*

CONCLUSION

Agnimaandya, Malasanchiti along with Vitiation of three *doshas* are responsible for *Udar Vyadhi. Nitya Virechana* aids in removing the excessive *Aap dhatu* (water content) and normalizes the function of Liver. *Basti* removes *malasanchaya* and also *tikta dravya* helps in *raktvaha strotas niyaman*. Along with *deepan*, *Yakrututtejaka chikitsa*, there is marked improvement in Abdominal Girth, Appetite, Facial and Bipedal edema. There was also marked improvement in Laboratory and Sonography findings. Thus *Ayurvedic* treatment can be opted for treating the patient of Liver Parenchymal Disease with Ascites.

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