

A SINGLE-CASE STUDY OF MANAGEMENT OF JALODARA WITH SPECIAL REFERENCE TO ASCITES**Dr. Vanita G. Rathod^{1*}, Dr. Ganesh S. Barahate² and Dr. Uday K. Neralkar³**¹PG Scholar, ²Guide and Associate Professor, ³Head of Department

Department of Panchakarma, CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Paithan Road, Aurangabad.

Article Received on
26 Feb. 2020,Revised on 17 March 2020,
Accepted on 07 April 2020,

DOI: 10.20959/wjpr20205-17269

Corresponding Author*Dr. Vanita G. Rathod**PG Scholar, Department of
Panchakarma, CSMSS

Ayurved Mahavidyalaya,

Kanchanwadi, Paithan

Road, Aurangabad.

ABSTRACT

Udararoga is one among the Astamahagada described in Ayurveda. It is mentioned in all the three Brihatraee texts (Charak samhita, Sushruta samhita, Asthang Hridaya). In which there is Swedavaha and Ambuvaha srotasdusti having Kukshiadhmanatopa (Abdominal distension), Shophapadasya (Swelling on ankle, feet & hand), Mandagni (Indigestion and loss of appetite), Pandu (anemia & jaundice), Karshya (Lean and thin body), Mandajwara (Mild fever), shinbala (Weakness), Udakapurnadrutishodhasansparsha (fluid thrill) etc symptoms and signs are quite similar to ascitis. Ascitis is a accumulation of free fluid within the peritoneal cavity. Small amounts of ascites are asymptomatic, but with larger accumulations of fluid i.e > 1 litre there is abdominal distension, fullness in the flanks, shifting

dullness on percussion etc. A case of 29 years aged male patient presenting with Udarvridhi (abdominal distention), Adhmana, Kshudhamandya (decreased appetite), Udar shoola, Sarvanga Shotha, Dourbalya (general weakness) diagnosed as Udarvyadhi (Ascites). Patient was treated with an integrated approach of Ayurveda and Allopathy medications (which were simultaneously withdrawn). Ayurvedic management with drugs such as provocation of digestion, Nitya virechana with Godugdha and Pathya- Apathy palana-only milk diet that acts on root of pathology of Ascites and by breaking down of pathogenesis gives good result in Udarvyadhi. Appreciable results were observed in the form of reduction in abdominal girth, Decreased Edema, Increased Appetite, Increased Strength and significant changes in investigation.

KEYWORDS: Jalodara, Ascitis, Ayurvedic management-Shaman chikitsa, Virechana.

INTRODUCTION

The udararoga is classified into Astamahagada in the three Brihatraee texts (Charak samhita, Sushruta samhita, Asthang Hridaya). Mandagni has the key role to play in its development. There are eight types of Udararoga jalodara is one of them which is basically considered to be the disease in which there is filling of jaliya ansh/jal inside the udara. Accumulated Doshas obstructs the srotases carrying sweat, and water and vitate Prana vayu, Agni and Apana vayu, as a result of which Udara Roga is manifested. In which there is Swedavaha and Ambuvaha srotasdusti Kukshiadhmanatopa (Abdominal distension), Shophapadasya (Swelling on ankle, feet & hand), Mandagni(Indigestion and loss of appetite), Pandu(anemia & jaundice), Karshya(Lean and thin body), Mandajwara(Mild fever), shinbala (Weakness), Udakapurnadrutishodhasansparsha (fluid thrill) etc symptoms and signs, as there are multiple factors involved in the causation of Udararoga. In other terms, Udara is manifested because of vitiated Rasa dhatu portion which gets extravagated from Kosktha and Grahani gets collected in Udara.

Ayurvedic management for this disease includes oral medications as well as Virechana for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction. Udararoga is parallel term to Ascitis where in Ascitis there is abnormal collection of fluid in the peritoneal cavity caused by imbalance existence between plasma oncotic pressure and total body sodium-water excess. According to Acharyas the rational and important treatment of this disease mentioned is Agnisandhukshan, Virechana, and Pathyapathya-Godugdh has prime importance in the treatment of Udararoga. Treatment should aim at Vata alleviation (Prana and Apana) and to remove obstruction in channels of Sweda and Udakavaha, increase digestive fire and expel waste products, which are accumulated in channels.

CASE REPORT

29 years-old male came with following chief complaints: Sarvanga shotha for 6 months, abdominal distension for 6 months, Adhmana, Swashkasthata, generalized weakness.

HISTORY OF PRESENT ILLNESS

The patient was alright before 8 months. After that, the patient had low grade fever and headache. Thereafter, the patient got swelling over face and gradually over the whole body,

pedal edema, abdominal distension, loss of appetites, abdominal pain etc. For this, the patient took allopathic medicine for 3 months but did not have relief; hence he came to Panchakarma department, and was treated on the basis of OPD and IPD for daily observation.

PAST HISTORY

- No history of tuberculosis, diabetes mellitus, hypertension, hypothyroidism, any surgery or chronic illness.

FAMILY HISTORY

- No evidence of similar complaints in the family.

PHYSICAL EXAMINATION

- Bilateral pedal edema : +++
- Pulse : 78/min
- Blood pressure : 120/80 mmhg
- Respiratory rate : 18/min
- Body temperature : 98.4 F
- Mild pallor
- No icterus

SYSTEMIC EXAMINATION (Per abdomen)

- Inspection : Distended abdomen
- Palpation: Hepatomegaly, splenomegaly, tenderness in the right and left hypochondriac region.
- Percussion: Shifting dullness and fluid thrill: present.

INVESTIGATION

Table 1: Investigation before and after treatment.

Parameters	Before treatment	After treatment
Haematology parameters		
Hemoglobin %	15.8	15.5
Total Leukocyte Count (cells/cumm)	22800	7300
Red Blood Cells (million cells/mcl)	5.80	5.85
Platelet count (/mm ³)	513000	317000
Total Protein (g/dl)	5.14	6.6
Albumin (g/dl)	2.58	4.23
Serum creatinine (mg/dl)	2.45	0.72
Urine Protein	1597.6	9.4

Urine Creatinine	66.46	82.04
Urinary Protein Creatinine Ratio	24.0385	0.1146
HBsAg, Hepatitis A, Hepatitis C antibodies	Negative	Negative
Imaging USG abdomen	USG of abdomen and pelvis reveals normal sized kidney with mildly increased echogenecity – To correlate with KFT'S. Minimal Ascitis. No mass lesion. No calculus disease seen. No other Abnormality seen.	USG Abdomen and Pelvis study reveals No significant abnormality

TREATMENT

Table 2.

Date	Medicine	Dose and time
31/10/2019	Punarnavadi kashyam Tablet Medoyog Pancharvinda choorna Dashamula haritki leham + Gomutra haritaki	15ml BD 2 tablets TDS 5 grams BD 1 tsp + 2 tablets BD
07/11/2019	Punarnavadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Gandharvahastadi Erandatailam	15ml BD 2 tablets BD 2 tablets TDS 5 grams BD 2 tablets BD 10ml HS
*13/11/2019 To 18/11/2019 (IPD)	Punarnavadi kashyam Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Gandharvahastadi Erandatailam	15ml BD 15ml BD 2 tablets BD 2 tablets TDS 2 tablets BD 10ml HS
22/11/2019	Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Brahatyadi kashyam Gandharvahastadi Erandatailam	15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 2 tablets BD 15ml BD 10ml HS
02/12/2019	Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Brahatyadi kashyam Gandharvahastadi Erandatailam	15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 2 tablets BD 15ml BD 10ml HS

13/12/2019	Patolakaturohinyadi kashyam Vayugulika Gandharvahastadi Erandatailam Pancharvinda choorna Tablet Raktayog Dusparshakadi kashyam	15ml BD 2 tablets BD 10ml HS 2 tablets TDS 2 tablets BD 15ml BD
28/12/2019	Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Dusparshakadi kashyam Brahatyadi kashyam Gandharvahastadi Erandatailam Chandraprabha vatika	15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 15ml BD 15ml BD 10ml HS 2 tablets BD
13/01/2020	Gandharvahastadi Erandatailam Patolakaturohinyadi kashyam Chandraprabha vatika Vayugulika Tablet Medoyog Pancharvinda choorna	10ml HS 15ml BD 2 tablets BD 2 tablets BD 2 tablets BD 2 tablets TDS

With addition to Allopathic medications

Date	Medicine	Dose and time
04/10/2019	Tablet Omnacortil 20mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg	Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am
21/10/2019	Tablet Omnacortil 40mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg	Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am
12/11/2019	Tablet Omnacortil 30mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg	Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am
02/12/2019	Tablet Omnacortil 20mg Tablet Razo 20mg	Morning at 8 am Before breakfast
13/01/2020	Tablet Omnacortil 10mg	Morning at 8 am

And simultaneously the dose of Tablet Omnacortil was reduced to 5mg then 2.5mg and then withdrawn.

PATHYA-APATHYA

Diet was restricted to the patient and he was kept on only Godugdha. All type of food items and water were restricted for 3 months. Whenever the patient was hungry or thirsty, he was given Godugdha only. Medicines were also given with cow milk as adjuvant.

RESULTS

Significant result was found in all symptoms, abdominal girth and Weight.

Table 3:

Date	Sarvanga shoof	Abdominal distension	Adhmana	Swashkasthata	Generalized weakness
31/10/2019	+++	+++	++	++	+++
07/11/2019	++	++	+	++	+++
13/11/2019	+	+	+	++	++
22/11/2019	+	+	-	+	+
02/12/2019	-	+	-	+	+
13/12/2019	-	+	-	-	-
28/12/2019	-	-	-	-	-
13/01/2020	-	-	-	-	-

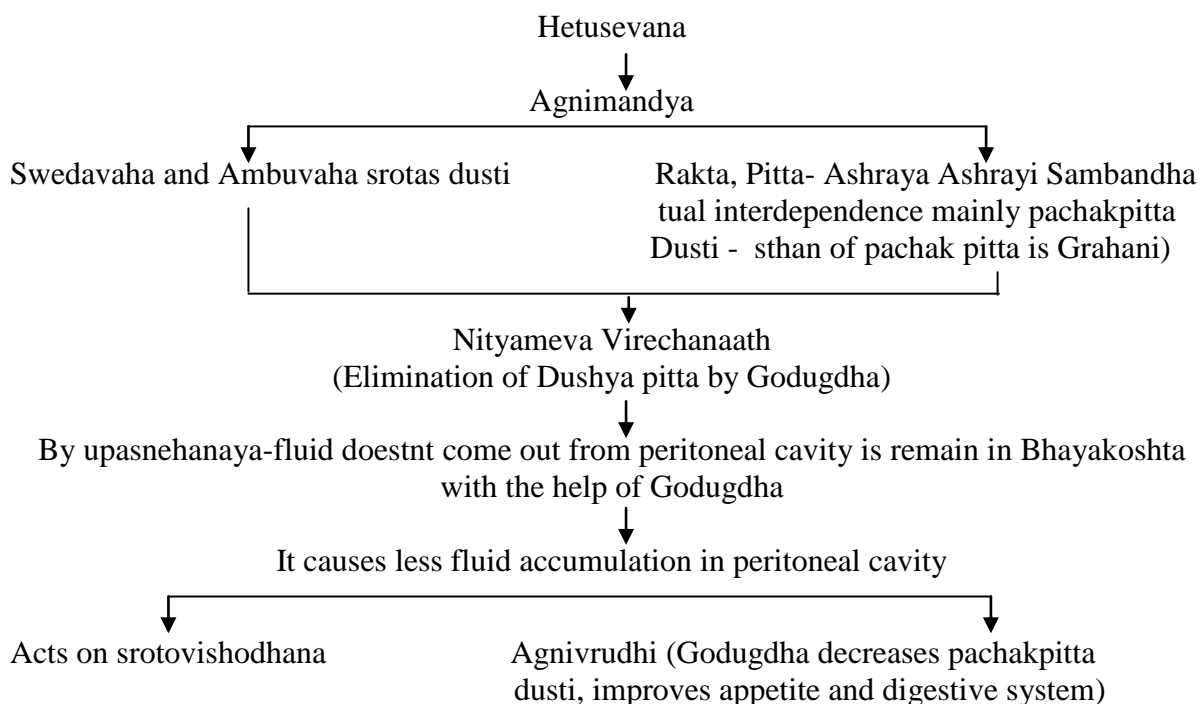
Table 4: Measurement of Abdominal girth.

Date	4cm below umbilicus(cm)	At umbilicus (cm)	4cm above umbilicus (cm)
31/10/2019	93	90	86.5
07/11/2019	92.5	90.0	86.5
13/11/2019	91.5	88.5	84.0
22/11/2019	90.0	87.0	82.5
02/12/2019	88.0	85.5	81.0
13/12/2019	86.5	83.5	79.5
28/12/2019	84.5	82.5	76.0
13/01/2020	82.0	80.0	74.0

Table 5: Measurement of weight in kg.

Date	Weight in kilograms
31/10/2019	66.7
07/11/2019	62.6
13/11/2019	61.3
22/11/2019	60
02/12/2019	59.5
13/12/2019	58
28/12/2019	57.5
13/01/2020	56

DISCUSSION



DISCUSSION ON TREARMENT OF ASCITIS

NIDANA PARIVARJANA (Avoid causative factors)

Acharya sushruta has said nidana parivarjana is prime line of treatment for any cause of disease uttartastra adhya 1st for this diet and water intake was restricted and the patient was kept only on Godugdha.

AGNIDIPTI (Provocation of Digestion)

In this condition Agni plays a major role in the manifestation of disease where the Aprakrutha Ahara paka mala, and all Malaswaroopa is accumulating in the Udara leads to this Ghora vyadhi where Mandagni, Malinabhojana and Malasanchaya are considered as main Nidanas.

NITYA VIRECHANA Chikitsa Sutra of Jalodara is "NityaVirechana." To break up the Sanga of all Dosha and retained fluid and separate them, Virechana is necessary. Liver (Yakrita) is the Mulasthana of Rakta. Rakta-Pitta has Ashraya and AshrayiSambandha (mutual interdependence), hence for elimination of vitiated Pitta Dosha, purgation is the best treatment. Virechana also decreases abdominal girth and edema by decreasing fluid in the abdominal cavity. Gomutraharitaki for 8 days were given then Gandharvahastadi Erandatailam was given for 2 months. This was given for Vatanulomana purpose. Apana Vayu is also included in Samprapti of Jalodara. Because of Gandharvahastadi Erandatailam,

Apana Vayu moves toward its normal path and it helps counteracting pathology. It also posses laxative effect.

APYAM DOSHAHARANAM AND STROTO SHODHANA (Removal of accumulated fluid) the following medication were given

Drug Name	Dosha	Indication	Reference
Punarnavadi Kashyam (given for 20 days)	Reduces Kapha Dosha balances Vata Dosha	Anti-edema Anti-inflammatory Mutrala	Sahasrayoga
Panchavrvinda Choorna (given for 75 days)	Pittahara	Mutravisarajaneeya General body weakness, aphrodisiac, improves strength and stamina Rasayana, vrishya	Astangahridayam Rasayanavidhiadhyaya 39/48
Tablet Medoyog (given for 75 days)	Pittahara (vrukka is medovaha strotas mulasthanana)	Tritiyak Jwar, Medo-Dhatvagni Mandya, Medo-Poshak	Sahasrayoga
Dashamula Haritkileham (given for 8 days)	Kapha-pittahara	Pravruddha shophya, Genito-urinary diseases, Aruchi, Gulma,Udara, Pleeha roga,etc	Ashtangahridayam, Chikitsasthanam, Adhyayam 17/14-16
Vayu gulika (given for 60 days)	Balances vata and kapha	Indigestion, Colic abdominal pain, Anorexia, Hicup, Sprain, convulsions, epilepsy and nerve disorders	Sahasrayoga
Praval Panchamruta (given for 35 days)	Balances pitta dosha	Ascites, splenic disorders, jeerna agnimandya, indigestion, parinamshoola, mutrakrucchra, mutradada,etc	Bhaishajya Ratnavali Gulma rogadhikara 139-143
Patolakaturohinyadi Kashyam (given for 60 days)	Kapha-pitta shamak	Liver diseases, lack of appetite, vomiting, allergic skin manifestations, and diseases due to to toxicity	Ashtangahridayam, Chikitsasthanam, Adhyayam 19
Brahatyadi Kashyam (given for 55 days)	Vatakaphahar	diuretic action(mutrala) anti-inflammatory, antilithiatic actions	Ashtangahridayam, Chikitsasthanam, Adhyayam 11/35
Dusparshakadi Kashyam (given for 30 days)	Vatakaphahar	Arshas, bhagandara, atisara and shulahara.	Ashtangahridayam, Chikitsasthanam, Adhyayam 8

CONCLUSION

Jalodara are described in Ayurveda as the type of Udararoga. The management of this disease complex was made to manage the present case with Nitya Virechana by Godugdha as explained Acharya Charaka in sutrasthan 1st Adhaya shloka 109 to 113 it can be used as treatment modality in Shodhana and Shamana Chikitsa, 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 any side effects were noted during and after the treatment. Hence, it can also be concluded that it increases urine creation and are not harmful to the body if given in suitable dose, rather it gives more benefits. Hence, it can be concluded that Ayurvedic medicines with Nitya Virechana give better result in ascites without side effect.

REFERENCES

1. HARRISON'S Principles Longo, Jameson, Localxo, 267 & 1978.
2. Davidson's Principles & Practice of Medicine, 21 Edition Edited by- Nicki R.Colledge, Brian R. Walker, Stuart H Ralston,: Publication Churchill Livingstone Elsevier, 921.
3. API Textbook of MEDICINE, 10 Edition: Volume 1, Edited by Editor in chief-YP Munjal, Executive Editor SK Sharma, Editor AK Agrawal P Guta, SA Kamath, MY Nadkar, RK Singal, S Sundar. S Ver Assee Editor GS Pagey. A Prakash Emeritus Editor-SN Shah: Publication Jayper Brothers Medical Publishers (I) Ltd, 107.
4. Charak Samhita Chikitsa Sthan Adhyay 13/50 by Acharya Sidhinandan Mishra, Hindi vyakhyakar Vd.Harishchandra Singh Kushwaha; Chaukhambha Orientalia, Varanasi, 220.
5. Charak Samhita Chikitsa Sthan Adhyay- 13/61 by Acharya: Sidhitandan Mish, Hindi vyakhyakar. VdHarishchandra Singh Kushwaha: Chaukhambha Orientalia, Varanasi, 321.
6. Sushruta Samhita Chikitsa Sthan Adhyay. 14/6 by Kaviraj Dr. Ambika Datta Shastr: Chamkhamha Sanskrit Sansthan, Varanasi, 86.
7. Charak Samhita Chikitsasthan Adhyay 1190192 by Acharya Sidhinandan Mishra, Hindi vyaklyakar- Vd.Harishchandra Singh Kushwaha Chaukhambha Orientalia, Varanasi, 33.
8. Charak Samhita Chikitsa Adhyay- 13/62 by Acharya Siddhinandan Mishra, Hindi yukbaar vaHarishchandra Singh Kushwaha: Chaukhambha Orientalia, Varanasi, 21.