

## A CASE STUDY ON EFFICACY OF AYURVEDIC PRESCRIPTION IN THE MANAGEMENT OF JALAOODARA (ASCITES)

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### INTRODUCTION

Ascites is the abnormal collection of fluid within the peritoneal cavity. It is mostly found due to pathology of liver, most common cause is cirrhosis of liver, which can be categorised into alcoholic cirrhosis and non- alcoholic fatty liver disease (NAFLD). Cirrhosis accounts for 84% of cases of ascites. Besides these other causes of ascites are- peritonitis, congestive cardiac failure, malignancy, hypoalbuminemia, hepatic vein obstruction, pancreatitis.1.

In Ayurveda, this type of condition is known as Jalaodara, which is caused as a sequelae of other udara roga. According to Ayurveda, the pathology (samprapti) of Jalaodara involves multiple causative factors which leads to the involvement of rasavaha srotas, annavaha srotas and udakavaha srotas. 2 From

the point of view of srotadusti- liver is becoming cirrhotic which causes the stasis of the portal circulation leading to vimargagamana and ultimately increase the peritoneal fluid (udakavaha) i.e. atipravritti. So to reverse the pathogenesis (samprapti bighatan) the regeneration of the hepatocytes is the key factor in the treatment of this condition.

**AIM AND OBJECTIVE** - The aim and objective of the research is to study the efficacy of Ayurvedic prescription in the management of Jalaodara (Ascites)

**CASE DETAILS** - Patient information- In December 25, a male patient aged 37 years came with complain of distention of abdomen since 6 months, swelling of bilateral foot since 3

months along with associated symptoms of tightness of abdomen since 1 month. The patient has past history of alcoholism for past 15 years, with alcohol intake of 3-4 days/week.

**Planning of treatment-** Cirrhosis of the liver is a condition where hepatocytes is degenerated and fibrous tissue occupy the space resulting in decrease of quantity of hepatocytes, which can be considered as a rukshata of the hepatocytes. To reverse this condition, hepatocytes stimulation is essential with snigdghata to reverse the rukshata is essential. Keeping that view in mind, ushna – tikshna – katu guna drugs having madhur vipak is essential. So pippali churna is chosen. As pippali may increase the rukshata of hepatocytes so ksheerapak procedure have been adopted for internal use for the nourishing, cooling and soothing properties of milk. There are some other medicines which are included regularly in Ayurveda to treat Jalaodara like Yakrit pleehadi lauha, Rohitakarista, Syrup Yastimadhu, Syrup Green Punarnava. these medicines are also given to the patient.

#### **Procedure of preparation of ksheerapak**

The patient was prescribed vardhaman pippali churna ksheerapak along with other ayurvedic medicines. Vardhaman pippali churna ksheerapak started with ½ tsf pippali churna ksheerapak. it was prepared by ½ tsf pippali churna with 1 time (100 ml) milk +4 times (400ml) water heated and reduced by ¼. It was prescribed before breakfast in empty stomach. The ½ tsf pippali churna was increased everyday by ½ tsf uptill 4 tsf then it is reduced everyday by ½ tsf uptill ½ tsf again. This was followed for 15 days.

#### **Clinical findings at the start of Ayurvedic treatment**

The general examination of the patient are as follows- Appetite-Reduced, Built-Moderate, Nutrition-Poor, Temperature- Afebrile, Pulse rate-78 bpm, B. P- 110/70 mm Hg, Pallor-Mild, Swelling-Present, Clubbing-Absent, Cyanosis- Absent, Icterus-Present, Tongue-Coated, Bowel-Constipated, Bladder- 1-2 times/day, Sleep- Disturbed. The Systemic Examination was as follows- C.N.S-Well oriented to time, place and person, C.V.S -S1, S2 +, Respiratory System- Clear, G.I.T-Distention +, Abdominal girth = 94 cm. The Dashavidh Pariksha of the patient were as follows- Prakriti (Constitution)-Vata, Vikriti (Morbidty)- Rasa, Rakta, Mamsa, Sara (Excellence of dhatu) - Meda, Asthi, Majja, Samhanana (Compactness of muscles) - Shaithilya, Pramana (measurement of organs of the body) - Madhyam, Satmaya (suitability) - Ushna ahara, Satva (phychic conditions) - Madhyam, Ahara shakti (power of intake and digestion of food)- Avara, Vyayam Shakti (power of performing exercise)-Alpa, Vaya- Madhyam avastha.

### Investigations at the start of Ayurvedic Treatment

Serum albumin = 2 g/ dL, Serum globulin = 5.2 g/ dL, U.S.G findings- 1. Chronic Liver parenchymal changes with signs of Portal hypertension (Dilated portal vein, porto- systemic varices, prominent spleen and moderate ascites. 2. Bilateral minimal non- tappable pleural effusion.

### OUTCOME / RESULT

After starting Ayurvedic treatment the patient showed reduction in symptoms of Jalaodara.

#### Subjective parameters

Lakshan of Jalaodara 3 Status of symptoms

1. Annanaakansha (Loss of appetite) Improved
2. Pipasa (Thirst) Sameas earlier
3. Guda srava (Anal discharge) Absent
4. Sula (Pain abdomen) Improved
5. Swasa (Difficulty in breathing) Absent
6. Kasa (Cough) Absent
7. Dourbalya (Weakness) Improved
8. Udara nana varna raji, sira (different varieties of lines, veins in abdomen) Improved
9. Santata udaka purna driti (On palpation, abdomen feels filled with fluid) Improved
10. Ksobham samsparsha (distension of abdomen) Improved

#### Objective parameters

Investigation at the end of 2 weeks -Serum albumin= 2.6 g/dL, Serum globulin= 4.5g/dL, Abdominal girth at the end of 2 weeks= 88 cm.

### DISCUSSION

The patient showed significant improvement in Annanaakansha (loss of appetite), sula (pain abdomen), dourbalya (weakness), udara nana varna raji, sira (Different varieties of lines, veins), Santata udakapurna driti sobha samsparsha (On palpation, abdomen feels filled with fluid and there is distension of abdomen). Along with it, the serum albumin level increased from 2 g/dL to 2.6 g/dL and serum globulin level decreased from 5.2 g/dL to 4.5 g/dL . On examination, the abdominal girth decreased from 94 cm to 88 cm. Hence there is significant improvement observed in the patient.

In Jalaodar, there is involvement of tridosha (dominant vata and kapha dosha), dushya rasa (plasma), rakta (blood) and mamsa (muscle tissue) are involved, Agni is mandaagni (weak digestive fire), Srotas (channel) involved is ambuvaha (water), swedavaha (sweat) and udakavaha (body fluid) srota rodha (obstruction).<sup>[4]</sup>

Pippali churna (*Piper longum*) has the following characteristics- Rasa- Katu rasa, guna – laghu, snigdha, tikshna guna, virya- ushna virya, vipak- madhur vipak, karma- vata-sleshmahara, dipana, visha, rasayan.<sup>[5]</sup>

Probable mode of action of pippali- Katu rasa and tikshna guna of pippali helps to alleviate kapha dosha, snigdha guna and madhur virya helps pacify vata dosha, katu rasa and tikshna guna also helps to reduce manda agni.

Ksheerapak – tikshna medicines are boiled with milk and water in the ratio 1:4 when water is completely evaporated then it is sieved and residue is used as medicines.<sup>[6]</sup> The ksheerapak technique is highly beneficial because it enhances the bioavailability of pippali while utilizing the nourishing, cooling and soothing properties of milk to reduce the katu rasa and tikshna guna of pippali.

The substantial reduction in the symptoms both subjective parameters and objective parameters in this case further underscores the potential of Ayurvedic medicines in Jalaodara. The patient showed significant improvement by use of pippali churna ksheerapak in vardhaman matra along with other ayurvedic medicines. However rigorous clinical studies are necessary to further explore the efficacy and safety of Ayurvedic prescription in Jalaodara.

## CONCLUSION

The patient have shown significant improvement in symptoms like Annanakansha (loss of appetite), sula (pain in abdomen), dourbalya (weakness), udara nana varna raji, sira (different varieties of lines and veins), santata udaka purna driti purna sobha samsparsha ( on palpation, abdomen feels filled with fluid and there is distension of abdomen). The drug pippali churna ksheerapak in vardhaman matra along with other ayurvedic medicines prescribed are found to be effective in reduction of abdominal girth in the patient of Jalaodara. The differences were not significant in symptoms like pipasa (thirst). Thus, it can be concluded that Ayurvedic prescription is useful in the management of jalaodara (ascitis).

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