

A CASE STUDY- JALODARA

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ABSTRACT

Raga sarve api mandagni suturaudarani tu, functionally weak Agni that is *Mandagni* causes improper digestion of ingested food which leads to *Udara roga*. *Udara roga* is one among *Astamahagada*, *Jalodara* is one among 8 *udara roga*. *Udara roga* denotes the generalized distension of abdomen. In *Jalodara* there is an accumulation of fluid in between the *Twak* and *Mamsa* of *Udara pradesha*. 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 very important in the management of this condition. Ayurvedic management with *deepana*, *pachana* drugs and *nitya virechana* along with milk intake helps to get rid of this condition gradually. Stimulation of hepatic function is very important in alcoholic liver disease along with above mentioned treatment protocol.

KEYWORDS: *Udara roga*, Ascites, *Jalodara*, *Ashtamahagada*, Agni.

INTRODUCTION

Acharya Sushruta and *Charaka* mentioned *Jalodara* is one among 8 types of *Udara roga*,^[1,2] *Jalodara* is a disease of *Swedavaha* and *Ambuvaha Srotodushti Janya Vyadhi*, it includes the symptoms like *Kukshiadmana*, *Padakarasya Shotha*, *Mandagni*, *Udakapoorna Druti Sparsha*.^[3] These signs and symptoms of *Jalodara* are similar to symptoms of ascites in modern science. Ascites is accumulation of free fluid in the peritoneal cavity. Small amount of fluid accumulation in peritoneal cavity is asymptomatic, but with larger accumulations of fluid there is abdominal distension, fullness in the flanks, shifting dullness on percussion and when the ascites is marked, a fluid thrill is present on palpation.^[4]

Along with the aggravated *Vata*, *Mandagni* also plays a major role in the manifestation of *Udara roga*.

Alcoholic liver disease (ALD) causes damage to the liver and its function's. Alcohol induced liver damage causes liver cirrhosis and fibrosis. Alcoholic liver disease is a main cause for ascites.

Ayurvedic management *Jalodara* includes *Deepana*, *Nitya virechana* and *Nitya dughda sevana*. *Acharya* 's have also mentioned surgical management for *Jalodara*.^[5]

CASE REPORT

Patient C/O.

Reduced appetite – since 1 month Generalized weakness – since 1 month.

Abdominal distension, pain & swelling in B/L – lower limbs since – 15 days Unable to walk since 1 week.

History of present illness

36 years old male patient was apparently normal before 20 days, gradually he started C/O – pain, swelling & heaviness in both the lower limbs, pain aggravates during walking, relieves after taking rest. Patient also complaining of reduced appetite, generalized weakness and the abdominal distension which is increasing progressively, associated with the mild, intermittent, dull aching pain in the lower abdomen, lasting for 5 to 10 minutes- since 15 days. Swelling increased gradually and also patient started c/o stiffness and heaviness in both lower limbs since 1 week. He started developing difficulty in walking, he can stand only with support, with these complaints they came to our hospital for further management.

History of past illness

K/C/O – HTN since 2 years not under medication

Anxiety – since 6 months - on treatment – Tab. Anxit 0.25mg

General examination

Mental state- Conscious and oriented, Built – Moderate, Weight – 58 kgs, Height -161 cms, Temp- 98.4 F, Pulse – 78/ min, regular, good volume, RR – 19/ min, BP – 140/90 mm of mercury in Rt arm in supine position, Cyanosis – Absent, Pallor – absent, Icterus – mild present, Lymphadenopathy – absent.

Personal history

Diet – Mixed

Sleep – Disturbed. Appetite – reduced Urine- 4 to 6 times / day

Bowel habit – Normal (1 times /day)

Habits – Patient is a chronic alcoholic – consuming alcohol since more than 7 yrs. consuming on an average 80 to 100 ml daily from past 7 years, and Stopped taking alcohol since 1 month.

Dasha vidha pareeksha

Prakriti – Vata pitta

Vikriti – Rasa, sweda, udaka Sara – Madhyama Samhanana – Madhyama Sathmya- Sarva rasa sathmya Satwa – Madhyama

Pramana – Madhyama

Ahara – Abhyavaharana – Avara

Jarana Shakti – Avara Vyayama Shakti- Avara

Vaya – Madhyama

Systemic examination

CNS- Conscious, well oriented to time, place and person CVS- S1 and S2 heard, no cardiac murmur.

RS - B/ L chest auscultation – NBVS heard GIS - Liver is palpable, No other palpable mass.

LOCAL EXAMINATION**Inspection- Lower limbs**

- ▶ B/L – lower limbs edema present (Mid-thigh to foot).
- ▶ No wound, no discharge, no visible dilated veins, no redness.



ABDOMEN

- ▶ Supine position - Generalized distension of abdomen.
- ▶ Umbilicus is inverted
- ▶ Absence of abdominal foldings
- ▶ No scar of any surgery
- ▶ The abdominal skin – Shiny
- ▶ Absence of caput medusae
- ▶ Tanyol sign – positive



PALPATION**Abdomen**

Soft to feel

Mild tenderness present(RUQ), no guarding Liver- palpable

Spleen – Not palpable

No other lump is felt in the abdomen Abdominal girth – 93 cms

Xiphisternum to umbilicus – 25cms Umbilicus to pubic symphysis – 18cms

B/L - Lower limbs

Temp- normal.

Pulse – present (dorsalis pedis, popliteal, ant & post tibial) Mild Tenderness present.

Pitting edema –present.

Percussion

Puddle sign positive Shifting dullness present.

Horseshoe dullness – absence.

Auscultation

Normal peristaltic sounds are heard No venous hum or bruit.

Laboratory investigation

Hb%- 16 gm/dl

TC – 7100 cells / cu mm Plat count – 2.6 lakh ESR – 19 mm/hr S.creatinine – 0.8

B.Urea- 28 mg/dl Albumin – 3.9 gm/dl SGOT – 33 IU/L SGPT – 40 IU/L

Total bilirubin – 2.3 mg/dl Direct bilirubin – 0.8 mg/dl

Unconjugated bilirubin – 1.5 mg/dl Usg- liver is enlarged

Duplex colour doppler study – Both the limbs arterial and venous system is normal.

Differential diagnosis

Jalodara Chidrodara baddhodara.

Diagnosis: *Jalodara.*

Treatment**Oral medications**

1. *Arogyavardhini* 1-1-1^[6]

2. *Kumaryasava* no.3 20ml-0-20ml^[7]
3. *Chandraprabha vati* 1 tid^[7]
4. *Punarnava mandoora* 250mg 1 tid^[8]

Panchakarma Procedure

1. *Sarvanga agnilepa* followed by *Dhanyamla dhara* for 7 days
2. *Sarvanga abhyanga* and *Sarvanga shashtika shaali pinda sweda* for 7 days

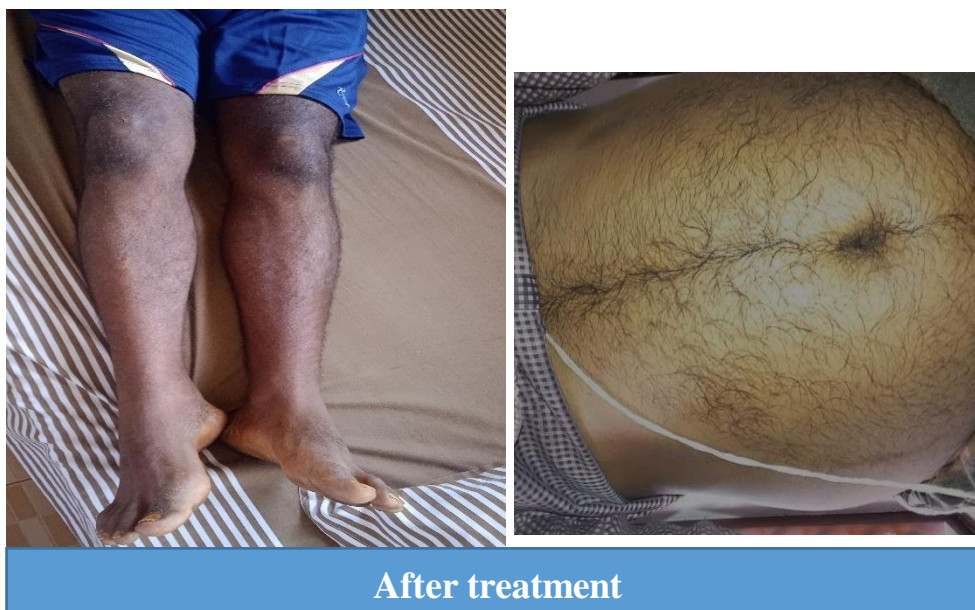
Diet and yoga

- Salt restricted diet was advised.
- *Kulatta yusha* was given daily.
- *Laghu supaccha anna* was advised.
- Milk intake was advised daily.
- *Yoga* and *pranayama* – last 7 days.

Parameters	Before treatment	After treatment
Weight	58kg	56kg
Abdominal girth	100cm	82 cm
Blood pressure	140/90 mm hg	130/ 80 mm hg
BL- lower limb pitting edema	Present	Reduced
Walking	Unable to walk	He can walk without any difficulty
Appetite	Reduced	Increased



Before treatment



After treatment

Advice on discharge

- ▶ Patient was discharged in stable condition
 - ▶ Diet advised
1. *Arogyavardhini* 1-1-1
 2. *Kumaryasava* no 3 – 15ml- 0-15ml x 10 days

Follow up.

31/03/2023	21/4/2023	28/4/2023	30/5/2023
✓ All the symptoms were reduced. ✓ Patient was feeling better ✓ Ascites reversed ✓ There were no fresh complaints. Continued the medicines for next 20 days	✓ No fresh complaints ✓ Condition improved Medicines continued	✓ c/o – weakness ✓ Cap. Nurokind gold 0-0-1	✓ Condition was improved

DISCUSSION

- ***Sarvanga Agnilepa*** – All the drugs are having *Ushna, Tikshna Guna's*- does *Amapachana*, it increases tissue metabolism, helps to dries up the excess fluid & absorbs the extra – extracellular and extravascular fluid.
- ***Dhanyamla dhara***- helps to reduce *Shoola, Shotha* and *Sthamba*.
- ***Shashtika shaali pinda sweda***- it improve muscle strength, acts as *brumhana* and provides *Dhatu poshana*. *Sara & Sukshma* guna liquefy the *Leena dosha* & then these doshas expelled out through the micropores.

- **Arogyavardini vati**- does *Deepana, Pachana, Malashodana* and *Sarvaroga hara*.
- **Chandraprabha vati**- It helps to relieve *Agnimandya, Aruchi*, indicated in *Plihodara*. Act as anti-inflammatory and diuretic helps to reduce edema. It Contains *Kshara*- does *Sroto shodhana*.
- **Kumaryasava** – acts as anti-inflammatory, antioxidant, mild laxative & provides effective results in splenomegaly and hepatomegaly. It's not only decreases the bilirubin levels in the blood but also detoxifies the liver and boosts overall liver functions.
- **Punarnava mandoora** – best *Shothahara dravya*- reduces edema, mainly indicated in *Grahani dosha, Pleea roga* and *Pandu*.

CONCLUSION

Jalodara and *yakrit dalyodara* its causes, symptoms are well described in *Ayurveda*. The management of *Jalodara* is quite difficult when it compares to other diseases because of its complications. Keeping these all thing in mind here effort was made to manage the present case successfully with *Ayurvedic* treatment following the *Chikista siddhanta* of *udara* and *Jalodara*. After treatment patient showed good overall improvement in his condition which is evident by changes in his general well-being and investigations.

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