

## AN AYURVEDIC MANAGEMENT OF JALODARA W.S.R. TO ASCITIES: A SINGLE CASE STUDY

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### ABSTRACT

Ascities is an abnormal accumulation of fluid in peritoneal cavity. In *Ayurveda* it is correlated with *Jalodara*. Inspite of having Advance medical facilities, still there is no sure treatment which cures patients of ascities totally. In this case *Ayurvedic* treatment along with diet restrictions gives relief without any side effect. **Case report-** This is a case of ascities having *Udarvrudhhi*, *Daurbalya*, *Agnimandya*, *Shwasankasthata*. The patient was chronic alcoholic, had no history of hypertension and diabetes. He was treated on the basis of treatment principles of *Jalodara* describe in *CharakSamhita*, *Nityavirechana* daily purgation by using *Ayurveda* medicine, *Srotoshodhana* and some hepatoprotective medicine along with *Arkapatrabandhan* externally.

**KEYWORD:-** *Jalodara*, Ascities, *Nityavirechana*, *Arkapatrabandhana*, *Udar*.

### INTRODUCTION

*Ayurveda* is the oldest medical science that has narrated disease and treatment in systemic and scientific methods. Ancient *Ayurvedic* scholar *AcharyaCharaka* Scientifically classified disease, herbs, ODP of disease. According to ancient *Ayurveda* science liver and biliary tract disease has been classified as *UdarRoga*. *AcharyaVagbhatta* narrates that diseases of *UdarRoga* or ascites or alimentary tract occurs due to impairment of *Agni* (digestion-gastric fire). *Agni* in *Ayurveda* science refers to all form of digestion, metabolism and diseases of liver, biliary tract and pancreas are grouped under *Grahani* and *Udarroga*. These triode has been narrated as places of *Agni* i.e. digestion, metabolism and assimilation. *Agni* refers to

digestion and metabolism mechanism, normal function of *Agni* maintains normal physiology and thus the health and its vitiation leads to disease.<sup>[1]</sup>

*UdarRoga* means generalised abdominal enlargement or ascites, Alcohol has been the most important cause of disease; the other cause includes indulgence of cold beverages after heavy food.<sup>[2]</sup> Unwholesome food (*Virudha Aahara*), food that may alter digestion (produce indigestion), diseases of visceral organ, poisons, toxins, piles etc. may also eventually lead to liver disease.<sup>[3]</sup>

Ascites is a gastro-enterological term to describe the accumulation of a fluid in the peritoneal cavity which leads to abdominal distension.<sup>[4]</sup> It is called *Jalodar* in Sanskrit. *Jal* means water or fluid. *Udar* means abdomen. *Jalodar* is type of *Udar roga*.

Fluid secreted by the liver is exceeded on large scale and the abdominal cavity is distended with such fluid. A severe liver cirrhosis and heart failure is a common cause for this disease. If not cured in proper time, this disease may lead to severe complications.

### Case presentation

A 48 yr old male patient came to Pakwasa Samanvaya Rugnalaya, Nagpur belonging to middle socioeconomic class was having complaints of *Udarvrudhhi* (Increase abdominal girth), *Agnimamdy*, *Daurbalya*, *Shwasankashta* (Difficulty in breathing) from 5 months.

### Past history

No H/O- HTN, DM, any other major illness

No H/O - any surgery, trauma.

H/O- Alcohol consumption since 15 yrs, left since 6 months

H/O - Tobacco chewing since 10-15 yrs.

### General examination

1. General condition of patient is moderate
2. Pulse rate: 78/min
3. B.P. 130/80 mmofHg
4. Pallor ++
5. Weight- 68kg, Height- 171 cm
6. RS - AE=BE clear CVS – S1 S2 normal. No abnormal sound
7. CNS – well conscious oriented

8. P/A - Abdomen was distended with bulging of flanks. Umbilicus is transverse.  
On palpation liver slightly enlarged. Shifting dullness is present.

### Ashtavidhpariksha

1. *Nadi – Vatpradhanpitta*
2. *Mala – Malavshambha (occasional)*
3. *Mutra – 4 to 5 times/day*
4. *Jivha – Sama*
5. *Shabd – Spashta*
6. *Sparsh – Anushanshita*
7. *Druk – Panduta*
8. *Akriti – Madhyam*

**Srotodushti:** *Rasavahasrotas, Annavahasrotas, Udakvahasritas, Pranavahasrotas.*

### Investigation

1. CBC
2. LFT
3. KFT
4. USG abdomen

### Treatment

#### A) Internal medication -- (Abhyantarchikitsa)

1. *Arogyavardhinivati* -- 500 mg three times a day with lukewarm water
2. *EranpatraSwarasa* -- 30ml at morning with lukewarm water
3. *NishothChurna* -- 2gm at night with lukewarm water
4. *Punarnavasava* 20 ml (twice daily).
5. *Triphalachurna* 3gm twice a day with *Madhu* (Honey)
6. Tab. *SuvarnaSutshekhhar* 500 mg with *Madhu* (twice daily).

#### B) External treatment - (Bahyachikitsa)

*Arkapatrabandhan* with *eranda tail* over abdomen.

### Pathya

Diet was restricted to the patient and he was kept on only cow milk (*Shunthi Siddha Godugdha*). All type of food items and water were restricted for 3 months.

When the patient was hungry or thirsty, he was given lukewarm *Shunthi Siddha Godugdha* only. Medicines were also given with cow milk as an adjuvant.

## DISCUSSION

In Ayurveda, excessive use of *Ushna*, *Tikshna Ahara*, and *Madyapana* (consumption of spicy diet and alcohol) is described as etiological factors of *Udararoga*.<sup>[5]</sup> These factors were found in the patient. Therefore, he was advised to quit these because *Nidanparivarjan* (avoiding causative factors of disease) has prime importance in treatment. *Nityavirechan* (purgation and diuretic), *Strotoshodhan* (cleansing of microchannel), and use of hepatoprotective drugs are the mainstay of treatment of *Jalodar*.<sup>[6]</sup>

For *Nityavirechana*,<sup>[7]</sup> *nishothchurna* is given, because the patient had *Mrudukostha* along with it *Eranpatraswarasa* is given to patient at morning empty stomach which also acts as *Mrudurechana*. It removes *Strotosanga* (obstruction of microchannels) and helps in *Sampraptivighatana* (reverse pathophysiology). *Arogyavardhinivati* acts as *yakrituttejak*, hepatoprotective activity.<sup>[8]</sup> *Punarnavasava* acts as improves renal function. *Triphala* contain *Haritaki*, *Amalaki* and *Bibhitak*. *Haritaki* is a good liver tonic, promote overall body health and for the support of digestive system and functioning and have *Vatanulaman* property. *Bibhitak* is laxative in nature, cure loss of appetite and enhance immunity. *Amalaki* also balance *Agni*. In Ayurveda all *UdaraRoga* caused by mainly due to *Agni Mandya* and all the drugs contents have property of increase the *Agni*.

*Arkapatrapattabandhan* avoids *vataprakop* by *mruduswedan* and is supportive to diuretic action. Cow milk gives strength to the patient without increasing body fluid level in the body. With 15 days of treatment, patient's appetite was improved, body temperature was normalized, and abdominal girth was reduced. In the later period, *Arogyavardhinivati* is continue due to its hepatoprotective property. *Triphalachurna* with *Madhu* was used to prevent further accumulation of abdominal fluid because of its *Amapachan* (digestive), *Vatanulomana* (to normalize the direction of *Apanavayu*), *Mruduvirechan* (mild purgation), and *Strotoshodhan* properties.

## CONCLUSION

Daily therapeutic purgation, diet restrictions and *ayurvedic* medicine had shown improvement in all the symptoms *Jalodara*. In this case results of *Ayurvedic* treatment both internal and external had complete relief from all complaints such as *Udarvriddhi*,

*Daurbalya* and lack of appetite within a short duration of treatment with no adverse reaction. Therefore, this case study motivates to conduct further studies to establish treatment protocol of ascites. Hence, it can be concluded that *Ayurveda* medicines with *Nityavirechana* give better result in ascites without side effect.

**Table no. 1: Abdominal girth measurements.**

Date	4 cm above umbilicus (cm)	At umbilicus (cm)	4 cm below umbilicus (cm)
23/08/2021	88	95	98
24/08/2021	88	95	98
25/08/2021	87	94.5	98.5
26/08/2021	87.5	94.5	97
27/08/2021	86	93	97
28/08/2021	86	93	97
29/08/2021	85.5	93.5	96
30/08/2021	85.5	92	96
31/08/2021	84	92	95
01/09/2021	83	92.5	95.5
02/09/2021	83	91	95.5
03/09/2021	83	91	94
04/09/2021	82.5	90.5	93
05/09/2021	82.5	90	92
06/09/2021	82	89.5	92

**Table no. 2: Investigation Before and After treatment.**

Test	Before treatment	After treatment
HB%	9.2 gm/dl	10.8 gm/dl
TLC	13000/cmm	11500/cmm
Platelet count	1,78,000	1,82,000
Liver function test	Sr. bilirubin total- 2.23mg/dl, Indirect- 1.22, direct- 1.1 SGOT- 79 IU/Lit, SGPT- 48 IU/Lit, Total protein- 7.4 g/dl. Alkaline phosphate- 113 u/l	Sr. bilirubin total- 1.88mg/dl, Indirect- 1.06, direct- 0.54 SGOT- 72 IU/Lit, SGPT- 44 IU/Lit, Total protein- 7.2g/dl. Alkaline phosphate- 109 u/l
Kidney function test	Blood urea- 26 mg/dl, Sr. creatinine- 1.1 mg/dl	Blood urea- 24 mg/dl, Sr. creatinine- 1.1 mg/dl
USG Abdomen	Mild hepatomegaly with grade I fatty liver changes moderate Ascites.	S/O changes of mild hepatomegaly with mild ascites.

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