

ASCITIES AND AYURVEDA: A CASE STUDY ON THE EFFICACY OF AYURVEDIC TREATMENT FOR JALODAR (ASCITIES).

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Article Received on 15 Jan. 2026,
Article Revised on 05 Feb. 2026,
Article Published on 16 Feb. 2026,

<https://doi.org/10.5281/zenodo.18669711>

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How to cite this Article: Dr. Hrishikesh Shendage^{*1}, Dr. S. B. Jamdhade², Dr. Pradnya Jamdhade³. (2026). Ascites and ayurveda: a case study on the efficacy of ayurvedic treatment for jalodar (ascities). World Journal of Pharmaceutical Research, 15(4), 1267-1275.

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ABSTRACT

Background: Ascites (Jalodara) is a pathological condition characterized by abnormal accumulation of fluid in the abdominal cavity, frequently associated with chronic liver disease, portal hypertension, malignancy, and infections. According to Ayurvedic principles, Jalodara is primarily caused by the derangement of Kapha and Vata doshas, impaired Agni, and disturbances in Rasa, Rakta, and Meda dhatus, leading to fluid retention and edema. Modern treatments often have limited effectiveness and side effects, highlighting the need for integrative approaches. **objective:** To evaluate efficacy and safety of Ayurvedic management in alleviating symptoms, improving general health, and stabilizing clinical parameters in a patient diagnosed with ascites **methods:** – A 32 year male patient came to OPD with Abdominal distension, Respiratory

distress, Anorexia, Generalized weakness, headache, disturbed sleep, etc since 3 months He was given Nitya virechan (Daily therapeutic purgation) by using Panchasakar churnas as panchakarma and internal ayurvedic medicines such as Aarohyavardhini vati, sutshekhar ras, kamdudha ras, trikatu churna, gokshur churna, amlaki churna, gokshur churna, guduchi bharad kwath etc and Restricted diet plan for more than one month **results:** After treatment for more than 1 month significant improvement was noted in all the symptoms of the patient. **conclusion:** This case shows that a Ayurvedic Management gives best relief in ascities.

KEYWORDS: Ascities, Ayurveda, Diet restriction, Jalodar, Nitya virechan.

INTRODUCTION

Ascites is a gastroenterological term for an accumulation of fluid in the peritoneal cavity that exceeds 25 ml.^[1]

शोथं संजनयेत्कृक्षावुदरं तस्य जायते॥'- च. स. १८/३७^[2]

Ascites can be considered in Ayurveda under the broad spectrum of Udararoga (diseases of abdomen).^[3]

Among Tridosha, the Prakupita Vata (aggravated lata) gets accumulated in Udara between Twaka (skin) and Mamsa (muscles tissue) leading to Shotha (swelling), this is being termed as Udararoga.^[4]

Vata is one of the prime causative factors in the manifestation of Udararoga.^[5]

Along with the aggravated Vata, Agni (digestive fire) which is Manda (low) also causes Udararoga.^[6]

Hence, there are multiple factors involved in the causation of Udararoga. In other terms, U dara is manifested because of vitiated Rasa Dhatus which gets extravagated from Koshta and Grahani gets collected in U dara.

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 an important feature of the management of this condition.

AIMS AND OBJECTIVES: To evaluate efficacy of ayurvedic management of Jalodar (Ascities).

MATERIAL AND METHOD

Present work is based on a review of Classical information, relevant Published research work and modern literature.

Method: single case study.

Place: PG department of kayachikitsa laxmanrao kalaspurkar Ayurvedic college Yavatmal, Affiliated with D. M.M Ayurved college yavatmal.

CASE REPORT: A 32 years male patient came to OPD of kayachikitsa department With chief complaints of.

1. Adhman (Abdominal Distension)
2. Anannabhilasha (Anorexia)
3. Daurbalya (Generalized weakness)
4. Alpanidra (Disturbed Sleep)
5. Shwasankashtata (Respiratory distress)
6. Bhrama (Vertigo)
7. Shirashool (Headache)
8. Alpamutrapravrtti (Oliguria)

All complaints were developed since 3 Months.

History of Present Illness – Patient was said to be healthy before Then he suffered from Adhman (Abdominal distension), Daurbalya (Generalized weakness), Shwasankashtata (respiratory distress), Bhrama (Vertigo), shirashool (Headache), Alpamutrapravrtti (Oliguria), He consulted with a local hospital in his area but did not find any relief. So he Approached our L. K. Ayurveda Hospital and was admitted on 10/02/2025 for further management.

PAST HISTORY OF ILLNESS

- No similar complaints in the past.
- No history of Hypertension, diabetes, Asthma, thyroid disorders.
- No History of Chronic illness.
- Surgical History – Nil
- No recent ear infections or viral illness.
- History of – OP Poisoning, (3 years ago).

General Examination

Pulse – 82/min

BP – 120/80 mmhg

R.R. – 18/min

Wt. – 51.9kg.

S/E

RS – B/L Clear

CVS – S1 S2 Normal

CNS – Conscious Oriented

P/A – Inspection: Distended abdomen, everted umbilicus

Palpation: splenomegaly, no tenderness

Percussion: Shifting dullness and fluid thril Present.

Ashtavidha Pariksha

Nadi- 82/min

Mala – Samyak

Mutra-ASamyak,

Jivha – SAAM

Shabda – Spashta

Sparsha – Samshitoshna

Druka – Peetabh

Akruti – Madhyam

INVESTIGATION

Hb – 8 gm % , **WBC** -1330/cmm , **PLATELET**-77000 lack /mm³ **RBC**-3.37 L mil/cmm,

ESR:20mm/hr ,**BSL Random** -76mg/dl, **Uric acid**-6.25 mg/dl **SR .CREATININE** -

0.82mg/dl , **Blood Urea level** - 15mg/dl **Billirubin (Total)** – 2.05 mg/dl **Total Protein** –

5.5g/dl **Albumin** - 2.7g/dl **USG Abdomen and pelvis** – Gross splenomegaly, Gross ascites,

liver is shrunken in size, Gross free fluid is seen in abdomen and pelvis.

SAMPRAPTI GHATAKA^[10]

Nidana Sevana

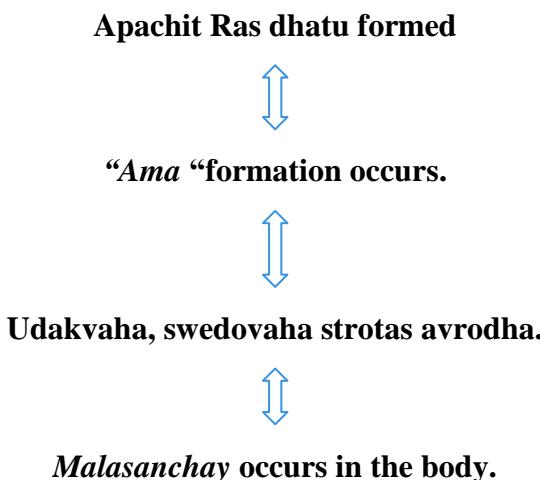


Agnimandya



Low Digestive fire causes Grahani vikruti





Dhatupachan of doshas causes fluid accumulation from dhatus in peritoneal cavity.

Udarvvikruti

Udar

Dosha –Vata , Pitta Predominant Tridosha

Dushya – Rasa, Rakta ,

Srotas –Rasavaha , Raktavaha ,Swedowaha, Udakvaha.

Srotodushti- Sanga ,

Adhisthan – Udarpradesh

Agni – Mandagni

Koshta - Madhyam

Vyadhimarg:- abhyantara.

DIAGNOSIS - With the above clinical presentation patient is diagnosed as Jalodar(Ascities).

TREATMENT

Panchakarma Treatment

SHODHAN CHIKITSA

Nitya virechan – (Daily Therapeutic Purgation)

Panchasakar churna 3-5gm at night with koshnajal.

Shaman Chikitsa Table

Dravya	Matra (Dose)	Sevankala	Anupana
Punarnava Guggulu	500 mg	Vyanodane (BD)	Godugdha
Aarogyavardhini	250 mg	Vyanodane (BD)	Godugdha
Sutshekhar rasa	250 mg	Vyanodane (BD)	Godugdha
Kamdudha rasa	250 mg	Vyanodane (BD)	Godugdha

Punarnava Mandoor	250 mg	Vyanodane (BD)	Godugdha
Avipattikar churna	1 gm	Vyanodane (BD)	Godugdha
Amlaki churna	1 gm	Vyanodane (BD)	Godugdha
Punarnava churna	1 gm	Vyanodane (BD)	Godugdha
Gokshur churna	1 gm	Vyanodane (BD)	Godugdha
Trikatu churna	1 gm	Vyanodane (BD)	Koshnajala
Guduchi bharad kwath	30 ml	Vyanodane (BD)	Koshnajala

RESULTS- The patient showed marked improvement after 1 month of Ayurvedic treatment.

Parameters	Before the treatment	After the treatment
Hb in gm%	8 gm%	10 gm%
WBC	1330	5000
RBC	3.37	4
Platelets	77000	160000
ESR	20	10
BSL Random	76 mg/dl	86 mg/dl
Uric acid	6.25 mg/dl	6 mg/dl
Sr creatinine	0.82 mg/dl	0.8 mg/dl
Blood urea	15 mg/dl	18 mg/dl
Billirubin total	2.05 mg/dl	1.2 mg/dl
Total Protein	5.5 g/dl	6.5g/dl
Albumin	2.7	3.5
USG abdomen and pelvis	Gross Ascities Gross splenomegaly Liver is shrunken in size, Gross free fluid is seen in abdomen and pelvis	Mild splenomegaly Liver appears normal in size No any significant abnormalities detected

Measurements of Abdominal girth

Date	4 cm above the umbilicus (cm)	At umbilicus	4 cm below the umbilicus
10/2/25	83	80	73
15/2/25	78	73	70
20/2/25	74.5	71.5	69
25/2/25	74	72	68
2/3/25	73	71	68
5/3/25	73	70	67

Relief in symptoms

A	Abdominal distension	Anorexia	Respiratory distress	Generalized weakness	Disturbed sleep
10/2/25	+++	+++	++	+++	+++
15/2/25	+++	++	++	+++	+++
20/2/25	++	++	+	++	++
25/2/25	++	+	+	+	-
2/3/25	+	-	-	-	-
5/3/25	+	-	-	-	-

Overall, the patient experienced improvement in all the symptoms.

DISCUSSION

Discussion on causes of Jalodar (Ascities)

Acharya charak has mentioned many causative factors of Udarroga, In present case, the patient had low digestive fire, over eating, very hot and spicy food, taking dry and impure diet, suppression of natural urges etc.

Discussion on Treatment of Jalodar (Ascities).

[A] Nidan Parivarjana (Avoid causative factors)

In this case, Diet and water intake was strictly restricted and patient was kept only on milk(cow milk) diet.

[B] Agnidipti

In all udarroga, Mandagni is a chief factor, To overcome this Trikatu churna were given to the patient, it enhances agni and helps in samprapti vighatana.

[C] Nitya Virechan (Daily therapeutic Purgation)

Chikitsa sutra of jalodar is “Nitya virechan”,

To break up sang of dosha and retained fluid and to separate them

Virechan decreases abdominal girth by decreasing fluid in the abdominal cavity.

Panchasakar churna (3-5gm) were administered to patient daily at night and 4-5 Vega's were noted in patient daily, More results were achieved in all the symptoms after starting daily therapeutic purgation. .

Punarnava Guggulu:It Balances tridoshas,

It is mutrala and shothhara so it increases Urine output and removes ascitic fluid as well as abdominal swelling.

It also do deepana- pachana,Lekhana, and it is Yakrituttejak that is it supports liver which is main cause of ascities.

Arogyavardhini vati: Useful as a yakrituttejaka (liver stimulant) and pachana drug, reducing $\bar{a}ma$, kapha and abdominal distension.

Sutshekhar ras: By improving digestion and balancing pitta, it prevents further fluid accumulation.

By regulating vata and clearing ama, it reduces abdominal heaviness, pain, and flatulence. Provides symptomatic relief (acidity, nausea, discomfort) and supports liver in cirrhotic ascites.

Kamdudha ras: It Works as a pitta-śāmaka and pittaja-udarahara, protecting liver, reducing burning, inflammation, and supporting fluid balance.

Punarnava Mandoor:- Reduces ascitic fluid through diuresis. Relieves edema (legs, abdominal wall). Corrects anemia and improves strength in debilitated patients. Improves liver-spleen function, helping address root cause.

Avipattikar: Improves digestion, mild laxative, reduces pitta-kapha.

Amlaki: Liver protective, antioxidant, mild diuretic.

Punarnava: Best Ayurvedic diuretic, reduces ascitic fluid & swelling.

Gokshur: Diuretic, strength promoting, kidney supportive

Trikatu: it enhances agni and helps in samprapti vigathan (Breakdown of pathogenesis) .

Guduchi bharad kwath: Corrects digestion & metabolism. Protects liver function (main site of pathology in ascites).

Acts as diuretic & anti-edema – reduces abdominal fluid.

Provides strength & immunity to prevent complications.

CONCLUSION

This case study shows that daily therapeutic purgation, diet restriction and Ayurvedic medicines had shown improvement in all the symptoms of Jalodara. In the present case, abdominal girth, 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 be concluded that Ayurvedic medicines with Nitya Virechana give better result in ascites without side effect.

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