



Ayurvedic management of Jalodara (Ascites) -A case study.

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Abstract:

Ascites is the accumulation of fluid in peritoneal cavity. It is the most common manifestation of liver dysfunction. In modern science still there is no sure treatment which cure the patient of *Ascites* totally. it gives only symptomatic relief with time dependent recurrence. In such type of cases *ayurvedic* treatment therapy gives result without any side effects. In *Ayurveda* there are 8 types of *udarroga* are mentioned, and this case will be correlated with *Jalodara*.

A 45 yrs male patient came to OPD with abdominal distension, bipedal edema, anorexia, icterus, general weakness etc since 1 month. He was given *nitya virechana* with *abhayadi modaka* and *ayurvedic shamana chikitsa* as well as restricted diet plan for 3 months with cow milk. after two months of treatment marked improvement was noted in all Symptoms of the patient. Hence it was concluded that ayurvedic management are useful in *Jalodara*. Key words:

Keyword: *Jalodara.*, *Ascites*, *Ayurveda*, *Nitya virechana*, *Godugdha*, diet restriction.

INTRODUCTION:

Jalodara. (Ascites) is one of the critical disease among the eight types of *udar roga*. According to ayurveda, *Jalodara.* is accumulation of fluid in abdominal cavity. It is of two types i.e. *svatantra* (independent or primary) and *paratantra* (secondary) that is due to other diseases. Acharya charaka says *Jalodara.* is a incurable disease and susruta called all *udarroga* as a mahagada i.e garve alinment and difficult to treat.

Among tridosha, prakupita vata gets accumulated in udara between twaka (skin) and mansa (muscle). Because of mandagni, there is mala sanchya and dosha sanchya occurs and which causes srotorodha of udakvaha & rasavaha srotasa. Then it disturbs prana (heart) Apana (renal) ,Agni (liver) and ultimately causes accumulation of udaka (fluid) in body mainly in udara, which is cardinal feature of *Jalodara.*

Jalodara. (Ascites) as a disease has been described extensively in ayurveda along with medical treatment & surgical procedures. Diet and water restriction is an important thing in the management of

Ascites. Ayurvedic management with drugs such as provocation of digestion, daily purgation, hepatic stimulation and only milk as a diet.that acts on root of pathology of *Ascites* and breaking dawn of pathogenesis gives good result in *Jalodara*. (*Ascites*).

CASE REPORT

A 45 yrs old male patient came in OPD with chief complaints of, Anorexia
Abdominal distension Bipedal edema
Mild icterus

General weakness : 1 months H/O - present illness

The patient was alright before 1 months,after that the patient has develop Anorexia, abdominal distension, bipedal edema, mild icterus and general weakness. Hence he came to kayachikitsha department of ayurved seva sang college and Arogyashala hospital, ganeshwadi panchvati Nashik. Patient was admitted in indoor patient department for ayurvedic treatment &daily observation.

PAST HISTORY:

- N/H/O - Malaria, typhoid, Koch's, HTN, DM etc. SURGICAL

HISTORY

- No any surgical history. FAMILY HISTORY
 - No evidence of this type of disease in the family. H/O - ADDICTION
 - Alcohol consumption - since 6yrs
- ## PHYSICAL EXAMINATION
- BP - 140/ 80 mmHg P - 84/ min
 - SPO2 - 96 % O2
 - Respiratory rate - 20/ min
 - Temperature
 - Pallor - ++
 - Icterus - ++
 - Bilateral pedal edema - ++

SYSTEMIC EXAMINATION (per abdomen) INSPECTION - Distended abdomen

PALPATION- Tenderness in the right hypochondriac region. *Hepatomegaly* - 3 cm below Rt costal margin.

PARCUSSIN

Fluid thrill - present Shifting dullness - present INVESTIGATIONS
Before treatment and after treatment.

PARAMETERS	Before treatment	After treatment
Hb	8.2 mg/DL	10.6 mg /dl
WBC	11,600/ cumm	9000 / cumm
RBC	3.49	3.96
Total Bilirubin	4.6mg/dl	1.9mg/dl
Direct bilirubin	1.4mg/dl	0.7mg/dl
Indirect bilirubin	3.2mg/dl	1.2mg/dl
SR.creat	2.1 mg/dl	1.7 mg/dl

Blood urea	56 mg/ dl	38 mg/dl
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UITRA SONOGRAPHY

Before treatment	After treatment
Mild <i>hepatomegaly</i> Moderate <i>Ascites</i> Grade-1 fatty liver	N/O - <i>Hepato & splenomegaly</i> Minimal free fluid in abdominal cavity Grade - 1 fatty liver

#. TREATMENT SCHEDULE

Date	Medicine	Dose	Anupana	Times
3/03/2020 to 8/03/2020	<i>Arogyavardhini vati</i>	500 mg	Luke warm water	2 times a day
	<i>Kumari asava</i>	20 ml	Luke warm water	2 times a day
	<i>Hingvasthaka churna</i>	2gm	Luke warm water	2 times a day
	Castor oil	30ml	Milk	Morning

Date	Medicine	Dose	Anupana	Time
9/03/2020 to 23/03/2020	<i>Arogyavardhini vati</i>	500mg	Luke warm water	2 times
	<i>Kumari asava</i>	10ml	Luke warm water	2 times
	<i>Hingvasthaka churna</i>	2gm	Luke warm water	2 times
	<i>Gomutra haritaki</i>	500 mg	Luke warm water	2 times
	<i>Punarnavasthaka kwatha</i>	40 ml	Luke warm water	2 times
	<i>Abhayadi modaka</i>	500 mg	Luke warm water	1 time morning
	<i>Lohasava</i>	10 ml	Luke warm water	2 times

* Treatment after discharge from hospital

Date	Medicine	Dose	Anupana	Time
24/03/2020 to 2/04/2020	<i>Arogyavardhini vati</i>	500mg	Luke warm water	2 times
	<i>Kumari asava</i>	10ml	Luke warm water	2 times
	<i>Hingvasthaka churna</i>	2gm	Luke warm water	2 times
	<i>Gomutra haritaki</i>	500 mg	Luke warm water	2 times
	<i>Punarnavasthaka kwatha</i>	40 ml	Luke warm water	2 times
	<i>Abhayadi modaka</i>	500 mg	Luke warm water	1 time morning
	<i>Lohasava</i>	10 ml	Luke warm water	2 times
	<i>Punarnavasava</i>	10 ml	Water	2 times
	<i>Yavakshar+kutki churna+gokshur churna</i>	3gm	Water	2 times

First follow up was taken at 2/04/2020 after 10 day's of discharge from hospital 3/04/2020 to 12/04 /2020 same treatment was continued and
Second follow up was taken at 12/04/2020

Pathya- apathya

Diet was restricted to the patient.

He was kept on only cow milk (*trikatu*

sidhha Godugdha)

No any food items and water were given to patient for 2 months
RESULT.

Significant result were found in all Symptoms such as abdominal girth, icterus, pallor, bipedal edema , genral weakness etc.
*. Relief in Symptoms

Date	Anorexia	Abdominal distension	Bipedal edema	Icterus	Pallar	General weakness
3 march	+++	++	++	++	++	+++
8 march	++	++	++	++	++	+++
13 march	++	++	++	+	++	++

18 march	+	++	+	-	+	+
23 march	-	+	+	-	+	-
First follow up 2 April	-	+	-	-	+	-
2 nd follow up 12 April	-	+	-	-	-	-

*. measurement of girth

Date	4 cm below umbilicus	At umbilicus	4 cm above umbilicus
3 march	83cm	80cm	75cm
8march	82.5cm	80cm	74.5cm
13 march	82cm	80cm	74.5cm
18 march	81cm	79.5cm	74cm
23 march	80.5cm	79cm	73cm
2 April 1st follow up	77cm	75.5cm	69.5cm
12 April 2nd follow up	74.5cm	72cm	65.5cm

DISCUSSION:

Discussion on cause of *Ascites*-

In *charaka samhita* , *acharya charaka* has mentioned many causes of *udarroga*

In the present case patient was alcohol addict and he consume alcohol since 6 yrs continuously and he has habit of eating spicy, salty and over eating in the presence of low digestive fire (*mandagni*).

Discussion on treatment of *Ascites*.

Nidan parivarjana

This disease can occurs due to multiple causative factors

It includes *ushna*, *lavana*, *vidahi*, *amla* and *virudha ahar sevana*, and poor lifestyle such as *vegधारana* (suppuration of natural urges).so avoid all these factors and it will help to breakdown of pathogenesis of *Ascites*.

Along with diet and water intake was restricted and the patient was kept only on milk diet.

Agnidipana (provocation of digestion)

Mandagni is the main cause of all types of *udarroga*. For *Agnidipana*, *hingvasthaka churna* & *kumari asava* ware given.it

enhance agni (digestive power) and helps to samprapti vighatana.

c). Stroto shodhana & Apya dosha harana.

Mainly srotosangha is occurs in udaroga, it is necessary to go for srotoshodhana in order to remove the obstruction by using tikshna, ushna, kshara yukta Medicine, such as yavkshara, gomutraharitaki and punarnavasthka kwatha etc.

It removes strotosanga (obstruction) of channels and helps in samprapti vighatana.

Simultaneously, there was removal of apya dosha (water retention) also. d). Nitya virechana (daily therapeutic purgation)

Restoring the Agni by expelling bahudoshatva by means of stoka stoka nirharana and preventing further accumulation. This can be done by administering 'Nitya virechana'

Indication of nitya virechana Durbalapi mahadosha:

Patient who are weak and in whom there is excessive accumulation of dosha. Dosha atimatra upachayath:

If dosha are in morbid state. Margavarodhath:-

When morbid doshas causes the obstruction to the channels.

Chikitsa sutra of *Jalodara*. is nitya virechana. To break up the sanga of all doshas and retained fluid & separate them, virechana is necessary. In the present case abhayadi modaka was given for virechana purpose. Daily 6- 8 vega were noted in patient after giving abhayadi modaka.

Arogyavardhini vati:-

It's main content is kutki, which acts as pitta virechana and act on yakruta (liver).

Arogyavardhini vati maintains the liver function and promote the balance as well as healthy digestive system. It also contains

tamra, loha and abhraka bhasma (purified metals power).

Thes bhasma also having chedana, bhedana property and helps to open the obstructed channels.

Punarnavasthka kwatha.

Punarnavasthka kwatha is indicated in the management of udaroga and it also reduces the shotha (swelling) . In the present case, patient had all these symptoms with *Jalodara*.. Hence this kwatha shows significant results in all Symptoms of udaroga.

Conclusion:-

Daily therapeutic purgation, diet restriction and ayurvedic Medicine had shows improvement in all the Symptoms of *Jalodara*.. In the present case abdominal distension, bipedal edema anorexia, and all above Symptoms were significantly improved without any side effect. althout the patient was kept only on milk diet. No any complication were noted during & after the treatment.

Hence, it can be concluded that ayurvedic Medicines with nitya virechana & restricted diet gives better result in *Ascites*.

References:

1. Charak Samhita Chikitsasthan Adhyay- 13/50 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha ; Chaukhambha Orientalia, Varanasi,; Pg. No.- 320 .
2. Charak Samhita Chikitsasthan Adhyay- 13/61 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha ; Chaukhambha Orientalia, Varanasi,; Pg. No.- 321 .

3. 3).Sushrut Samhita Chikitsasthan Adhyay- 14/6 by Kaviraj Dr. Ambika Datta Shastri; Chaukhambha Sanskrit Sansthan, Varanasi,; Pg. No.- 86.
4. Charak Samhita Chikitsasthan Adhyay- 13/190-192 by Acharya-Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha; Chaukhambha Orientalia, Varanasi,; Pg. No.- 338.
5. Charak Samhita Chikitsasthan Adhyay- 13/62 by Acharya-Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha; Chaukhambha Orientalia, Varanasi,; Pg. No.- 321
6. Davidson's Principles & Practice of Medicine, 21st Edition; Edited by- Nicki R.Colledge, Brian R. Walker, Stuart H. Ralston,; Publication Churchill Livingstone Elsevier, Pg. No.921.
7. API Textbook of MEDICINE, 10th Edition; Volume-1,;Edited by- Editor

- in chief-YP Munjal, Executive Editor-SK Sharma, Editors- AK Agrawal, P Gupta, SA Kamath, MY Nadkar, RK Singal, S Sundar, S Verma, Associate Editors- GS Pangtey, A Prakash.,Emiritus Editor-SN Shah,; Publication- Jaypee Brothers Medical Publishers (P) Ltd. Pg. No.107
8. Vd.G.P. Gune, (Aushadhi Gundharmashatra. part-2, kalpa no 10, reprint -2005, page no208
9. Harrison, Textbook of internal medicine, Mcgraw hillpublications, 18th edition, Pg. no 331.
10. New Delhi: Government of India, Ministry of Health and Family Welfare; 2003. The Ayurvedic Formulary of India. Part-1, 2nd Revised English Edition. Sec 20. Kvatha-Curna-4:21 Punarnavadi Kvatha Curna; p. 58. [Google Scholar].

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

Karhale, N. M. (2021). Ayurvedic management of Jalodar (ascites) -A case study. Ayurlog: National Journal of Research in Ayurved Science, 9(02). <https://doi.org/10.52482/ayurlog.v9i02.833>

Ayurlog: National Journal of Research in Ayurved Science- 2021; (09) (02):01- 07