

**AYURVEDIC APPROACH OF JALODARA (ASCITES) – A CASE STUDY****Parmanand Upadhyay**

Professor, Faculty of Ayurveda Science, Department of Panchkarma, Jayoti Vidyapeeth  
Women's University, Jaipur, drparmanand@jvwu.ac.in

**ABSTRACT**

A 63 yrs male patient, brought by relatives to SSSB ayurved college, Mundiagarh, Renwal and later to Suryansh Arogyashala, Jayoti Vidyapeeth Woman's University, Jaipur, who belongs to the upper socio economic class presenting with complaints of Udaravidhi (abdominal distension), sense of fullness, sense of heaviness, Agnimandhya (loss of appetite), Dourbalya (general weakness), ati shotha (swelling on face), padashotha (swelling on the lower leg) and Krishna varna (blackish discolouration), weight gain, constipation, dilated vessels on abdomen, from one year.

Patient was treated with Ayurvedic management. According to Ayurveda, management here given was Nitya Virechanam (purgative), deepan-pachana (for increase appetite), bala vriddhi, correction of hepatic and splenic functions and proper dietetic regimens. Appreciable results were observed in the form of reduction in abdominal distension, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

**KEY WORDS:** Jalodara, Ayurveda, Nitya Virechana, Yakrutodara, Plihodara.

**INTRODUCTION:**

Accumulation of fluid in the peritoneal cavity is called Jalodara (ascites). Jalodara (Ascites) is caused very commonly due to Yakrutodara (chronic liver disease), Pleehodara (enlargement of Spleen) and all kinds of Udara rogas without proper treatment which in turn leads to Jalodara (Ascites). Sometimes, there will be mild fluid buildup and not able to detect it externally. But in extreme cases, the fluid builds up to such a large extent that, it causes severe abdominal distention. In this condition, the patient is unable to walk and feels extreme discomfort. Ascites mostly represents symptom of different serious illness. The presence of ascites may indicate portal hypertension, hepatitis, heart failure, pericarditis and even cancers. People who were habituated to alcohol on daily basis are at very high risk of developing liver cirrhosis, which may lead to ascites. According to Ayurveda classics, main causes for udara vridhi are Mandagni and Virudhahara. Ayurvedic management includes, oral medications for agni vriddhi as well as Nitya Virechan for specific treatment to decrease the accumulation of fluid, as well as management to remove the obstructions. Low liquid diet regulation is important part of management of this type of ascites. Ayurvedic line of treatment for Jalodara (ascites) is mainly virechan and Raktamokshana. It is useful in these cases as it helps in purgative and diuretic action which helps to remove excessive fluid out of the body. **“AKRIYAYAM DHRUWO MRUTYU, KRIYAYAM SHANSHYO BHAWET”** - this is an interesting statement regarding Jalodara found in Charaka Samhita which

means If we are not giving proper management also, the patient will die and if we give proper management also, the patient will die. Udara roga(ascites) is such kind of drastic disease.

Shakespeare very well explained that, 'To be or not to be' was my question. Being a doctor we have too much care for the patient, even if they live or die. In such conditions, sending back the patient may be a criminal act done by the doctor. So we must treat the patient till his/her last breathe.

After the application of all kinds of Modern techniques and medical facilities and its development, still there is no permanent cure for the patient totally. In Jalodara, Tapping and all other related managements gives temporary relief only and again the fluid gets accumulated in the peritoneal cavity. In such case, Ayurvedic management will provide the best result without any complications in the positive way.

### **Case Report:**

A 63 yrs male patient brought by relatives to SSSB Ayurved college, Mundiagarh, Renwal and later to Suryansh Arogyashala, Jayoti Vidyapeeth Woman's University, Jaipur, belonging to the upper socio economic class presenting with complaints of Udaravidhi (abdominal distension), sense of fullness, sense of heaviness, Agnimandhya (loss of appetite), Dourbalya (general weakness), Ati sotha (swelling on face), padashotha (swelling on the lower leg) and Krishnavarna (blackish discolouration), weight gain, constipation, dilated vessels on abdomen, from one year

### **On Examination**

- 1) General condition of patient - moderate
- 2) Pulse rate: 78/min
- 3) B.P. 130/80 mm of Hg
- 4) Pallor ++
- 5) Weight- 72kg, Height- 164cm
- 6) RS – Breathlessness on walking
- 7) CVS – Normal
- 8) CNS – well conscious and orientation
- 9) Mukha shotha and Pada shotha present-on inspection.
- 10) P/A - Abdomen was distended with bulging of flanks, no abnormal sound but thrill was present and vessels are prominent that appears on the abdominal wall, Umbilicus -transverse. On palpation, enlargement of liver and spleen present. Shifting dullness- present

### **Ashtavidha Pariksha :**

- 1) Nadi – Vat-kapha pradhan
- 2) Mala – Grathita
- 3) Mutra – 4 to 5 times/day
- 4) Jihva –Malavruta

- 5) Shabd – Deena
- 6) Sparsh – ushna
- 7) Druk –Whitish
- 8) Akriti - madhyam

Srotodushti in Raktavahasrotas, Annavahasrotas, Pureeshavaha srotas, Udakvahasrotas, Pranavahasrotas.

### INVESTIGATIONS

- 1) CBC
- 2) LFT
- 3) RFT
- 4) HbA1c
- 5) Urine analysis
- 6) USG abdomen

### MANAGEMENT APPROACH:

- 1) Jalodarari rasa 1 tab BD
- 2) Shothari loha 250 mg + Punarnavadi mandoora 250 mg + Giloy satva 250 mg + Praval pishti 250 mg with shahad
- 3) After meal: Punarnavarishta 20 ml BD + Arogyavardhini 2 tab BD
- 4) At night: Markandeyadi hima 20 ml

### TABLE OF INVESTIGATION BEFORE AND AFTER TREATMENT

Investigations	Before treatment	After tretment
CBC	Hb%9.1, TLC 5800, DLC-68, L- 24, E-04, M-4, B-00	HB% 9.6, TLC 5900, DLC N-70, L-24, E- 04, M- 02, B-00
LFT	Alkalaine phosphate-73,protein-7.11,albumin-3.40	SGOT 48.62, SGPT 15.20, Bilirubin(T) 2.24, (Di) 0.83, (Ind) 1.41, Total Pr. 7.07,Albumin 3.29. Globulin 3.78, Alk. P'tase 71.31
RFT	s.urea-44,creatinine-1.26,uric acid-6.83,s.calcium-9.14, phosphorous-3.21	B. urea 29.16, s. cretinine 1.14, s.uric acid 7.39, chloride 103.7, calcium 8.9
HbA1c Mean blood glucose	5.6% 114	5.19%, 102
Urine examination	normal	normal

USG Abdomen	Findings of chronic liver diseases, gross splenomegaly and gross Ascites	Findings of chronic liver disease , splenomegaly and no ascites
-------------	---	--

### DISCUSSION:

Patient was provided with Ayurvedic management. According to Ayurveda, management with Jalodarari Rasa and Markandeyadi hima are used daily as Nitya Virechana (purgative), Shothari loha is used as shothahara, Punarnavadi mandoora and Arogyavardhini is used as Agnideepan and shothahara (increase appetite, swelling remover), Praval pishti is used as bala vrudhi (increase strength), Giloy satva and Vardhamana pippali Rasayana are used as Rasayana karma to treat Yakrut and Pleehabhivruddhi (as stimulant for hepatic and splenic functions). Appreciable results were observed in the form of reduction in abdominal enlargement, decreased in lower leg edema, increased appetite, and increased strength. Chikitsa sidhanth for udara vyadhi is 'nityamev virechayet'. Virechana checks Udara vrudhi and Padashotha., after virechana, Samsarjana karma is used to increase jatharagni and dhatvagni. It has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites. It helps in gallbladder and liver stimulation, hepato and spleeno protective action. Therefore it is useful in generalized oedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out from the body there by did shothaghna action (reduces edema) and purgation action by its ushna tikshna vyavayi gunas. Punarnavarishta acts as renal stimulant. Udara is asadhyavyadhi (incurable) as per Ayurveda but we could give symptomatic relief ie; by reduction in fluid there by improving the quality life of the patient.

### CONCLUSION :

In Jalodara (Ascites), the pathological factors responsible for udarvyadhi are tridosha prakopa, Sanga and vimarga gamana and Srotodushti in Raktavahasrotas, Annavahasrotas, Pureeshavaha srotas, Udakvahasrotas, Pranavahasrotas which reduced the status of Jathara agni and Dhatvagni. Nitya Virechana medicine is unique treatment mentioned for udara. Removal of doshas mainly pitta and normalize yakrutodara and Pleehodara was achieved by this integrated approach of Ayurvedic treatment successfully. By this line of management, there is significant improvement in abdominal distension, sotha, appetite, strength. There is also significant improvement in laboratory findings. So Ayurveda can play very important role in treating patients of Jalodara (ascites).

### REFERENCES:

- [1] Prof. Ravidatta Tripathi, 2007 Editor Charaka Samhita, Chaukhamba Prakashana, Varanasi, siddhisthana 1/17,879.
- [2] Kajaria Divya, Tripathi J. S., Tiwari S. K., Utilization of panchakarma in health care: Preventive, Nutritive and Curative treatment of disease, jpsi 2(5) septocto.2013 1-5.

[3] Antarkar D. S., Vaidya A. B., Joshi J. C.: A double blind clinical trial of Arogyavardhini an ayurvedic drug in acute viral Hepatitis. Ind.J.med.Res72 588-593.

[4] [http://www.wikipedia.org/wiki/cow urine.](http://www.wikipedia.org/wiki/cow%20urine)

[5] Bhavamishra, Bhavaprakasha with Vidyotini Hindi Commentary, edited in Hindi by Sri Brahma Shankar Mishra and Sri Rupalalji Vaisya, 11th Ed Varanasi Chaukhamba Sanskrit Sansthan; 2004.

[6] Longo, Fauci etc., Harrison's Principles of Internal Medicine 18th Ed  
2018 Rt 22 cm, Lt 23 cm Rt 19 cm, Lt 17 cm