

Ayurvedic Approach For Jalodar (Ascites): A Case Study**Dr.Akshay Santosh Gandhi**UG Student,
SGR Ayurved collage Solapur**Abstract**

A 49yrs male patient presenting with *udarvridhi* (abdominal distention), *dourbalya* (gen. weakness), *ubhaypadshoth* (bilateral pedal edema) diagnosed as *Udarvyadhi* (ascites) was brought to SSNJ Ayurved Hospital, Solapur. Patient was treated with an integrated approach of ayurveda. According to ayurveda, treatment of is *nityavirechana* (purgative), *agnideepan* (increase appetite), *balaprapti* (stimulant for hepatic function), *lepachikitsa*, Proper diet (cow milk) and external application of *arkapattabandhan* (belt made by leaves of *Calotropisprocera*). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

Keywords: Ayurveda, Yakrut, Udara, Ascites, Virechana, Lepa.

Introduction-

Ascites is accumulation of fluid in the peritoneal cavity. Ascites is caused very commonly due to cirrhosis and severe liver disease. Sometimes the fluid buildup is mild and cannot be detected externally. But in extreme cases, the fluid builds up to such a large extent that it causes severe abdominal distention. The condition is quite painful and the person suffering from it finds it extremely inconvenient to even move around. Ascites itself is a symptom of several serious problems. The presence of ascites may indicate portal hypertension, hepatitis, heart failure, pericarditis and even cancers. People who consume excessive alcohol are at very high risk of developing cirrhosis, which may cause ascites. According to ayurveda main causes for *udarvyadhi* are *mandagni* and *garvisha* like *atimadyapan*. Ayurvedic management includes oral medications as well as *virechan* for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction. *Ksheerpan* for diet regulation part of management of this disease. Ayurvedic line of treatment for ascites is mainly *virechan*. It is useful in cases of ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.

A Case Report

A 49yrs male Hindu patient brought by relatives to Seth Sakharam Nemchand Ayurved Hospital, Solapur belonging to the middle socio economic class presenting with complaints of *Udaravridhi* (increased abdominal girth), *Kshudhamandhya* (decreased appetite), *Dourbalya* (general weakness), *Ubhayapadashotha* and *Krishnavarna* (bilateral pedal oedema and discoloration) from 6 months.

On Examination

1. General condition of patient is moderate
2. Pulse rate: 78/min
3. B.P. 130/80 mm of Hg
4. Pallor ++
5. Icterus +
6. Weight- 72kg, Height- 164cm
7. RS - AE=BE clear CVS – S1 S2 normal.
no abnormal sound CNS – well conscious oriented
8. P/A - Abdomen was distended with bulging of flanks.
Veins on the wall appear prominent.

Umbilicus transverse.

On palpation liver enlarged.

Shifting dullness present.

9. Bipedal pitting edema present.

Ashtavidhpariksha :

1. Nadi – Vatpradhanpitta

2. Mala – malavshtambha (occasional)

3. Mutra – 4 to 5 times/day

4. Jivha –sama

5. Shabd – spashta

6. Sparsh – ushana

7. Druk –panduta

8. Akriti - madhyam

Srotodushti: Rasavahasrotas, Annavahasrotas,

Udakvahasritas, Pranavahasrotas.

Investigations

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

Past History

No H/O of DM, HTN, T.B, Asthma or any major illness.

No H/O of any Surgery.

H/O of Alcohol intake for 20 yrs left since 3 months.

Treatment Approach

1. *Arogyavardhini Vati* 500 mg (thrice daily).
2. *Trivruttavaleha* 10 gram with *Triphala Kwatha* 20 ml (once at night).
3. *Punarnavasava* 20 ml (twice daily).
4. *Tb. Suvarna Sutshekar* 500 mg with *Madhu* (twice daily).
5. *Rohitak Ghrita* 10 ml (twice daily)
6. Shothahara Lepa apply on both leg (Oedematous)
7. *Arkapatra* with *eranda tail bandhan* over abdomen.
8. Patient is only on cow milk.

Discussion

Patient was treated with an integrated approach of ayurvedic treatment. According to ayurveda treatment of *udar* is *nityavirechana* (purgative), *agnideepan* (increase appetite), *balaprapti* (increase strength), *yakrituttejjak* (stimulant for hepatic function) and external application of *arkapatbandhan* (belt made by leaves of *Calotropisprocera*). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength. *Chikitsasidhanth* for *udaryadhiis 'nityamevvirechayet'*. Virechana checks improper jatharagni and dhatvagni, after virechana jatharagni and dhatvagni increases¹. It has laxative action

which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites². It possesses Cholagogue, help to protective and liver stimulant action. Therefore it is useful in generalized oedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body. *Arogyavardhinivati* acts as *yakrituttejak*, *hepatoprotective activity*³. *Trivrittavleha* has action of *virechana* prominently and is used in ascites cases. It is a bowel regulator in chronic constipation and induces therapeutic *mutral* (diuretic) as well as *shothaghna* (reduces edema) and it purgation by its *ushnatikshnavyavayigunas*. *Punarnavasava* acts as improves renal function. *Arkapatrapattabandhan* avoids *vataprakop* by *mriduswedan* and is supportive to diuretic action. Cow milk gives strength to the patient without increasing body fluid level in the body. *Udaris asadhyavyadhi* (incurable) as per ayurveda but we could give symptomatic relief, reduction in fluid, improvement in quality of life to the patient.

Conclusion

The pathological factors responsible for *udarvyadhi* are *tri dosha* and reduced status of *agni*. *Virechana* is unique treatment mentioned for *udar*. Removal of *doshas* mainly *pitta* and normalize *yakritdushti* which was caused due to *atimadyapan* was achieved by this integrated approach of ayurvedic treatment successfully. By this line of treatment there is significant improvement in abdominal girth, appetite, strength. There is also significant improvement in laboratory findings. So ayurveda can play very important role in treating patients of ascites.

Table no 1: Abdominal Girth

Date	At Umbilicus (in cm)
23/3/2018	98
24/3/2018	97
25/3/2018	98.5
26/3/2018	97
27/3/2018	95
28/3/2018	96
29/3/2018	95.5
30/3/2018	93
31/3/2018	92.5
1/4/2018	91.5
2/4/2018	90
3/4/2018	91
4/4/2018	89.5
5/4/2018	88
6/4/2018	87
7/4/2018	85
8/4/2018	83.5
9/4/2018	81
10/4/2018	80
11/4/2018	78.5
12/4/2018	77
13/4/2018	77.5
14/4/2018	77

Table No. 2 Pedal Edema Assessment

Date	Just below Knee	Just Above Ankle
23/3/2018	Rt 29.5 cm, Lt 30 cm	Rt 27.5 cm, Lt 26 cm
24/3/2018	Rt 29.5 cm, Lt 30 cm	Rt 27 cm, Lt 26 cm
25/3/2018	Rt 29 cm, Lt 29.5 cm	Rt 26.5 cm, Lt 25.5 cm
26/3/2018	Rt 28.5cm, Lt 29.5 cm	Rt 26.5 cm, Lt 25 cm
27/3/2018	Rt 28 cm, Lt 29 cm	Rt 26 cm, Lt 24.5 cm
28/3/2018	Rt 27.5 cm, Lt 29 cm	Rt 25.5 cm, Lt 24.5 cm
29/3/2018	Rt 27 cm, Lt 28.5 cm	Rt 25 cm, Lt 23 cm
30/3/2018	Rt 26.5 cm, Lt 28.5 cm	Rt 24.5 cm, Lt 22.5 cm
31/3/2018	Rt 26.5cm, Lt 28 cm	Rt 24 cm, Lt 22 cm
1/4/2018	Rt 26 cm, Lt 27.5cm	Rt 23.5 cm, Lt 21.5 cm
2/4/2018	Rt 25.5 cm, Lt 27 cm	Rt 23 cm, Lt 21 cm
3/4/2018	Rt 24.5 cm, Lt 27 cm	Rt 22.5 cm, Lt 20.5 cm
4/4/2018	Rt 24 cm, Lt 26.5 cm	Rt 22.5cm, Lt 20cm
5/4/2018	Rt 23.5cm, Lt 26 cm	Rt 22 cm, Lt 20 cm
6/4/2018	Rt 23.5 cm, Lt 26 cm	Rt 21.5 cm, Lt 19.5 cm
7/4/2018	Rt 23 cm, Lt 25.5 cm	Rt 21.5 cm, Lt 19.5cm
8/4/2018	Rt 23 cm, Lt 25.5 cm	Rt 20 cm, Lt 19 cm
9/4/2018	Rt 22.7 cm, Lt 25 cm	Rt 20.5 cm, Lt 18.5 cm
10/4/2018	Rt 22.5 cm, Lt 24.5 cm	Rt 20.5 cm, Lt 18.5 cm
11/4/2018	Rt 22 cm, Lt 24 cm	Rt 20cm, Lt 18 cm
12/4/2018	Rt 22 cm, Lt 23.5 cm	Rt 20cm, Lt 18 cm
13/4/2018	Rt 22 cm, Lt 23.5 cm	Rt 19.5cm, Lt 17.5 cm
14/4/2018	Rt 22 cm, Lt 23 cm	Rt 19 cm, Lt 17 cm

Before Treatment



After Treatment



Before Treatment



After Treatment



Table No: 3 Investigations Before And After Treatment

Test	Before Treatment	After Treatment
Hb%	6.2 gm/dl	8.2 gm/dl
WBC count	15,500/cmm	11000/cmm
Platelet count	1,66,000	1,73,000
Urine analysis	Albumin-Present. Pus cells- Plenty/hpf	Albumin absent. Pus cells-occasional.
Liver Function Test	Sr. Bilirubin Total- 2.43 mg/dl, Indirect- 1.30 Direct-1.13 SGOT -83 IU/Lit SGPT -52 IU/Lit Total Protein- 7.9g/dl Albumin- 3.8g/dl Globulin(calculated) 4.10g/dl Alkaline phosphate-132 u/l	Sr. Bilirubin Total- 1.6 mg/dl, Indirect- 1.19 Direct-0.41 SGOT -80 IU/Lit SGPT -51 IU/Lit Total Protein- 7.9g/dl Albumin- 3.9g/dl Globulin(calculated) 4.00 g/dl Alkaline phosphate-129u/l
Renal Function test	Blood Urea-32 mg/dl, Blood Urea nitrogen-15.24 mg/dl, Sr.Creatinine-1.1 mg/dl	Blood Urea-33 mg/dl, Blood Urea nitrogen-15.71 mg/dl, Sr.Creatinine-0.96 mg/dl
USG abdomen	Borderline Hepatomegaly with Mild splenomegaly. Raise reflectivity of Liver with coarse parenchymal and gross surfacenodularity. Gross ascites.	Liver Grossly normal in size with mild spleenomegaly. Moderate ascites .

References

1. Prof. Ravidatta Tripathi, 2007 Editor Charaka Samhita, Chaukhamba Prakashana, Varanasi, siddhithana 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.
5. Bhavamishra, Bhavaprakasha with Vidyotini Hindi Commentary, edited in Hindi by Sri Brahma Shankar Mishra and Sri Rupalaji Vaisya, 11th Ed Varanasi Chaukhamba Sanskrit Sansthan;2004.
6. Longo, Fauci etc., Harrison's Principles of Internal Medicine 18th Ed