



## Case Study

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## MANAGEMENT OF JALODARA (ASCITES) THROUGH AYURVEDIC PRINCIPLES: A CASE STUDY

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## ABSTRACT

The accumulation of fluid in the peritoneum is called ascites. It is the most prevalent sign of liver damage. In contemporary medicine, there is currently no proven cure for ascites patients. It only relieves symptoms, and recurrence occurs over time. Such cases benefit from the side-effect-free results of ayurvedic treatment. Eight categories of Udara roga are stated in Ayurveda, and this case is correlated with Jalodara. A 44-year-old male patient came to Rognidan OPD in Government Ayurveda College, Nagpur, India, with symptoms including abdominal distension, anorexia, bipedal edema, icterus, dyspnea on exertion, interrupted sleep, and overall weakness. In addition to being a persistent alcoholic, the patient had no prior history of diabetes or hypertension. He was treated in accordance with the Jalodara therapeutic principles as stated in the Charaka Samhita, which included nitya virechana (daily purgation) using Ayurvedic medicines, strotoshodhana (microchannel cleaning), and a few hepatoprotectives. After receiving therapy for one month, the patient's symptoms showed significant improvement; hence, it was concluded that Ayurvedic treatments benefit Jalodara.

**Keywords:** Jalodara, Ascites, Ayurveda, Nitya virechana.

## INTRODUCTION

An abnormal buildup of fluid in the peritoneal cavity is called Ascites.<sup>1</sup> Liver cirrhosis is the most frequent cause of ascites; additional reasons include pancreatitis, malignancy, heart failure, Tuberculosis, and obstruction of the hepatic vein. Diagnosing mild ascites might be challenging. Patients with moderate-to-severe ascites may experience dyspnea and heaviness in the abdomen because of mechanical pressure on the diaphragm. With abdominal ultrasonography, a diagnosis is typically possible.

Ascites is associated with Jalodara, one of the forms of Udara roga, according to Ayurveda.<sup>2</sup>

Ashtanga Hridaya, Sushruta, and Charaka, all give excellent descriptions of it.<sup>3-5</sup> Several plants are said to enhance liver function in Ayurvedic literature. Numerous investigations are also carried out to examine the impact of herbs on the liver. Here, we describe a case of ascites in which the patient experienced full recovery after a brief course of therapy.

**Aim and Objective:** To study the role of Ayurvedic principles in the management of Jalodara with special reference to ascites.

Table 1: Material

Medicine	Dose	Mode of action
1. A. Vasa ( <i>Adhatoda vasica</i> ) B. Guduchi ( <i>Tinospora cordifolia</i> ) C. Nimba chhal ( <i>Azadirachta indica</i> ) D. Patol patra ( <i>Trichosanthes Dioica</i> ) Each 50 gm E. Kutaki ( <i>Picrorhiza kurroa</i> ) F. Triphala Amalaki ( <i>Emblica Officinalis</i> ) Bibhitaki ( <i>Terminalia bellirica</i> ) Haritaki ( <i>Terminalia chebula</i> ) G. Black Raisin Munakka ( <i>Vitis vinifera</i> ) Each drug for 50 gm, 30 equal parts	Each part for one day × 30 days	Virechaka (purgative), Hepatoprotective.
2. Aroyavardhini vati	250 mg BD	Maintains the liver function
3. Punarnava mandura	250 mg BD	Shothaghna (reduces swelling), corrects Pandu (anaemia), promotes wellbeing
4. Kumariaasava	10 ml BD	Hepatoprotective
5. Punarnavadi kwatha	10 ml BD	Reduces swelling (shothaghna), corrects Pandu (anaemia), promotes wellbeing
6. Jalodarari Rasa	250 mg OD	Vata Pitta shamaka, virechaka (purgative)

**Method**

Type of study: Simple random, single case study  
Duration of treatment: One month

**Consent:** A case study was conducted after obtaining written informed consent from the patient.

**CASE REPORT**

A 44-year-old male patient came to Rognidan OPD in Government Ayurveda College, Nagpur, India, with the following complaints for one year.

- Udaravridhi (Abdominal distension)
- Kshudhamandya (Anorexia)
- Ubhaypada shotha ( Bipedal edema)
- Shwaskashata (Dyspnoea on exertion)
- Shiroshula (Headache)
- Khandit Nidra (Interrupted sleep)
- Daurabalya (overall weakness)

**History of Present Illness:** A 44-year-old male patient was healthy one and a half years ago. Then, after he got symptoms of black stool and fainting, so the patient sought treatment at a private hospital but did not get much relief. But later, due to abdominal pain, distension, and difficulty breathing, the patient underwent abdominal paracentesis ten times while undergoing treatment in a private hospital. However, the patient did not improve. Hence, he came to the Rognidan Department of GAC Nagpur, India. After taking written consent, the patient was admitted to the indoor patient department for Ayurvedic management and daily observation.

**Past Medical History**

H/O - Per-Rectal bleeding (due to fissure) - 1.5 years ago  
H/O - Melaena – 1 year ago  
H/O - Abdominal paracentesis - 10 times  
No H/O - HTN, DM, BA, Typhoid, Malaria  
Do not have any significant family history.

**Personal History**

- **Diet** - Mixed diet (non-veg twice a week)

- **Addiction** - Tobacco and Kharra 3 times daily since 12 -15 years, Alcohol – 200 ml daily for 10-15 years
- **Sleep** - Disturbed sleep
- **Occupation** - Auto Driver

**Ashtavidha Pariksha**

- Nadi - 88/Min
- Mala - 1 episode/day
- Mutra - 4 to 5 episodes/day
- Jivha - Alpa Saam
- Shabda - Spashta
- Sparsha - Samsheetoshna
- Druka - Blurred vision
- Aakruti - Krusha
- Pulse - 88/Min
- BP - 130/80mmhg
- Pallor - ++
- Icterus - +++
- Bipedal edema - ++

**Systemic examination**

R/S - Clear, AEBE  
CVS - S1, S2 Normal, No added sound.  
CNS - Conscious, well oriented

**Per Abdomen Examination**

Inspection - Distended abdomen  
Palpation - Mild tenderness in the right hypochondriac region, mild hepatomegaly  
Percussion - Fluid thrill +, Shifting dullness +, Horseshoe dullness

**Table 2: Investigations**

Parameters	Before Treatment	After Treatment
Hb	9 gm%	10 gm%
WBC	6000/cumm	5300/cumm
RBC	3.48	3.86
Total Bilirubin	4.5 mg/dl	1.2 mg/dl
Direct Bilirubin	1.5 mg/dl	0.7 mg/dl
Indirect Bilirubin	3 mg/dl	0.5 mg/dl
SR. creatinine	2.09 mg/dl	1.7 mg/dl
Blood urea	48.9 mg/dl	32.9 mg/dl

**Table 3: Ultrasonography**

Before treatment	After treatment
Liver cirrhosis, mild splenomegaly and hepatomegaly with Grade 3 ascites.	Liver cirrhosis, mild splenomegaly and hepatomegaly with Grade 2 ascites

**Table 4: Observation and Result**

Date	5 cm above the umbilicus	At umbilicus	5 cm below the umbilicus
2/2/2023	113 cm	110 cm	103 cm
12/2/2023	106 cm	100 cm	93 cm
18/2/2023	104 cm	97 cm	91 cm
23/2/2023	101 cm	94 cm	88 cm
1/3/2023	96 cm	94 cm	86 cm
8/3/2023	90 cm	88 cm	80 cm

**Table 5: Pathya-Apathya**

Pathya (Do's)	Apathya (Don'ts)
Nidanparivarjana (Avoidance of causes) Only milk diet Fresh fruits, like Dadima (pomegranate), grapes, orange Yoga, Pranayama (Meditation) Spend time with positive and encouraging people.	Complete restriction of alcohol Complete Restriction of salt Vegavrodha (Urges) Chinta (Anxiety), Bhaya (Fear), Krodha (Anger) Diwaswapa (Sleeping during daytime) Ratrojagarana (Night vigil)

**Panchakarma Procedure**

1. Nitya virechana (daily purgation) is given using the medicines mentioned above, which have purgative properties.

**Mode of Action of Virechana**

"Nitya Virechana" is Jalodara's chikitsa sutra. The mula-sthana of Rakta is the liver (Yakrit). Because Rakta and Pitta have an ashray and ashraayi sambhanda, to get rid of vitiated Pitta dosha, Virechana is the best panchakarma. Because virechana reduces the amount of fluid in the abdominal cavity, it also reduces edema and abdominal circumference. <sup>6</sup> Here, we use Aarogyavardhini vati and Jalodarari Rasa for virechana.

**Hetu of Jalodara**

Ahar (Diet)

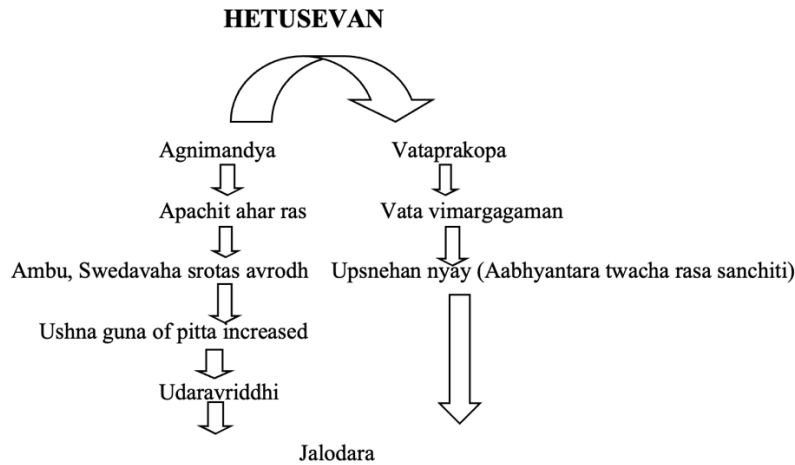
- Irregular and improper diet
- Jirna madyapana (chronic alcoholic)
- Ati-ruksha, lavanras, vidahi annasevana (dry, salty and spicy food)

Vihar

- Vegavrodha (suppression of natural urges)
- Ratrojagaran (night vigil)

**Table 6: Samprapti Ghataka**

Dosha	Vata (Prana, Samana, Apana), Pitta (Pachaka, Sadhaka)
Dushya	Rasa
Mala	Sweda
Srotas	Ambuwaha, Swedavaha
Sthana	Udara



**Before Treatment**



**After Treatment**

**DISCUSSION**

Acharya Charaka pointed out several udara roga reasons when discussing the cases of ascites. In this instance, the patient exhibited low digestive power, overindulged in hot, salty, spicy, and acidic foods, consumed an impure and dry diet, neglected to receive treatment for serious illness, and suppressed natural urges. <sup>7</sup>

Regarding nidan parivarjan (avoidance of causes), the patient was kept solely on a milk diet and had restricted intake of regular diet and water. <sup>8</sup>

Agnidipti: A digestive provocation is main in all forms of udara roga. The patient was administered Shunthi (*Zingiber officinale*), siddha godugdha, and Kumariaasava to treat mandagni. It aids in samprapti vighatana and strengthens the Agni.

Aarogyavardhini vati is well known for its advantages, particularly for the liver. Aarogyavardhini vati and other medicines like Vasa (*Adhatoda vasica*), Guduchi (*Tinospora cordifolia*), and Nimba (*Azadiracta indica*), support a healthy digestive tract, equilibrium, and the maintenance of liver function. Katuki (*Picrorhiza kurroa*), which acts on yakrita (liver) and as a Pitta virechana (cleansing of Pitta dosha by using purgative medicines), is its main property. <sup>9</sup>

Punarnava mandura and Punarnava kwatha are useful in treating Udara roga. In addition to reducing Shotha, Pandu and Shwas are also corrected.<sup>10</sup>

Jalodarari Rasa is an herbomineral preparation described in Bhaishajya Ratnavali, Udara roga prakaran. Its main constituents are Jayapal, Tamra bhasm, Pippali and Maricha, all of which have lekha-pachana-bhedana action and are therefore helpful in removing excess fluid that has accumulated and is required to counteract Jalodara.<sup>11</sup>

## CONCLUSION

In this patient, we have given, Vasa (*Adhatoda vasica*), Nimba chhal (*Azadiracta indica*), Patolpatra (*Trichosanthes Dioica*), Guduchi (*Tinospora cordifolia*), Kutaki (*Picrorhiza kurroa*), Amalaki (*Embllica Officinalis*), Bibhitaki (*Terminalia bellirica*), Haritaki (*Terminalia chebula*), Black Raisin Munnaca (*Vitis vinifera*) kwatha, Aarogyavardhini vati, Kumariaasava, all have virechaka and hepatoprotective action. Jalodarari rasa have lekha pachana and bhedana property. Punarnavadi kwatha and Punarnava mandura are both helpful in correcting Shwas (breathlessness), Shotha (edema), and Pandu (anaemia), along with that diet restriction, nitya virechana (daily purgation), have all shown improvements in the symptoms of Jalodara. In this instance, there was no adverse impact, and there was a significant improvement in the symptoms of anorexia, bipedal edema, and abdominal distension. Nevertheless, the patient was only fed a milk diet. There were no complications during treatment.

Therefore, it may be concluded that restricted diets, nitya virechana, and Ayurvedic medicines produce better results in cases of ascites.

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