

Ayurvedic management of *Jalodara* with special reference to *Ascites*: A case study

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Abstract

Hepatic cirrhosis is one of the leading causes of death worldwide, especially if complicated by *Ascites*. This chronic condition can be related to the classical disease entity *Jalodara* in Traditional Indian Medicine (Ayurveda). *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 *Trivrutta Avaleha* 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*.

Keywords: *Jalodara (Ascites)*; Ayurveda; *Nitya Virechana*; *Godugdha*; Dietrestriction

1. Introduction

Jalodara (Ascites) is one of the critical disease among the eight types of *Udarroga*¹. According to ayurveda, *Jalodara* is accumulation of fluid in abdominal cavity. It is of two types i.e., *Svatantra*² (independent or primary) and *Paratantra* (secondary) that is due to other diseases. Acharya charaka says *Jalodara* is an incurable disease and Susruta called all *Udara Roga* as a *Mahagada* i.e., grave ailment 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 *Strotorodha* of *Udakvaha* & *Rasavaha Strotasa*³. 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.

Along with the aggravated *Vata*, *Agni* (digestive fire) which is *Manda* (low) also causes *Udararoga*. Hence, there are multiple factors involved in the causation of *Udararoga*⁴.

In other terms, *Udara* is manifested because of vitiated *Rasa Dhatu* portion which gets extravagated from *Koshtha* and *Grahani* gets collected in *Udara*⁵. Ayurvedic management with drugs such as provocation of digestion, daily therapeutic purgation, stimulant for hepatic function and only milk diet that acts on root of pathology of *Ascites* and by breaking down of pathogenesis gives good result in *Ascites*.

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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 down pathogenesis gives good results in *Jalodara*⁶ (*Ascites*). Hepatic cirrhosis incidence in India could be high due to high prevalence of Hepatitis B & C fatty liver disease and even increasing trends of alcohol intake. Cost of hepatic cirrhosis on quality of life, loss of productivity, medical expenses are high. Treatments to stop progression from compensated to decompensated stage are being tried. Liver transplantation is the only treatment in the end stage liver disease.

2. Case report

A 45 yrs. male patient with chief complaints of Anorexia, Abdominal distension, Bipedal edema, Mild icterus, General weakness: 1 months.

2.1. Present illness

The patient was alright before 1 months, after that the patient has develops Anorexia, abdominal distension, bipedal edema, mild icterus and general weakness. Hence, he came to Kayachikitsa Department of Sane Guruji Arogya Kendra, Malwadi, Hadapsar, Pune. Patient was admitted in indoor patient department for Ayurvedic treatment & daily observation.

- Past history: HTN, DM, etc.
- Surgical history: No major surgical illness.
- H/O- Addiction: Chronic Alcoholic since 20 yrs.

2.2. Physical examination

- Systemic examination (per abdomen).
- Inspection - Distended abdomen.
- Palpation- Tenderness in the right hypochondriac region. Hepatomegaly - 3cm below Rt costal margin.
- Percussion Fluid thrill - present Shifting dullness.

2.3. Pathya-Apathya⁷

Diet was restricted to the patient and she was kept on only cow milk (*Shunthi Siddha Godugdha*). All type of food items and water were restricted for 3 months. When the patient was hungry or thirsty, she was given lukewarm *Shunthi Siddha Godugdha* only. Medicines were also given with cow milk as an adjuvant.

Table 1 Treatment given to the patient

Day	Drugs	Effect
1.	<i>Arogyavardhini Vati</i> 2 TDS. <i>Phalatrikadi Kwatha</i> 4 tsp BD. <i>Trivritta Avahaleha</i> 1 tsp at 4 am OD. <i>Punarna Asava</i> 4 tsp BD. <i>Panchakarma</i> <i>Arkapatta Bandhana (Udarapradeshi)</i> <i>Hingu shunthi lepa. (Udarapradeshi)</i> <i>Punanrava Lepa (Ubhayapada)</i> <i>Anupana- Godugdha</i>	Appetite decreases, Tongue coated, Bowel not passed.
2.	Continue till <i>Upasaya</i>	Appetite improves, Tongue coated, Bowel passed

3. Results

Significant results were found in all the symptoms, abdominal girth and bipedal edema.

4. Discussion

4.1. Discussion on cause of Ascites

In Charaka Samhita, Acharya Charaka has mentioned many causes of *Udararoga*. In the present case patient was alcohol addict and he consume alcohol since 6yrs continuously and he has habit of eating spicy, salty and over eating in the presence of low digestive fire (*Mandagni*).

4.2. Discussion on treatment of Ascites

4.2.1. Nidan Parivarjana⁸

This disease can occur due to multiple causative factors. It includes Ushna, Lavana, Vidahi, Amla and *Virudha Ahar Sevana*, and poor lifestyle such as *Vegdharana* (suppuration of natural urges). So avoid all these factors and it will help to break down 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* and *Kumari Asava* were given.

It enhances *Agni* (digestive power) and helps to *Samprapti Vighatana*. *Strotoshodhana* and *Apya Dosha Harana*. Mainly *Strotosangha* is occurs in *Udarroga*, it is necessary to go for *Strotoshodhana*⁹ in order to remove the obstruction by using *Tikshna*, *Ushna*, *Kshara Yukta* medicine, such as *Arogyavardhini Vati*, *Phaltrikadi Kwatha*. It removes *Strotosanga* (obstruction) of channels and helps in *Samprapti Vighatana*. Simultaneously, there was removal of *Apya Dosha* (water retention) also. *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 '*Njtya 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. *ChikitsaSutra* is *Nitya Virechana* to break up the *Sanga* of all *Doshas* and retained fluid and separate them, *Virechana* is necessary. In the present case *Trivrutta Avleha* was given for *Virechana* purpose. Daily 6- 8 Vega were noted in patient after giving *Trivrutta Avleha*.

4.2.2. Nidana Parivarjana¹⁰ (Avoid Causative Factors)

For this diet and water, intake was restricted and the patient was kept only on milk diet.

4.2.3. Agnideepti¹¹ (Provocation of Digestion)

Mandagni is the chief factor in any type of *Udararoga*. For *Agnideepti*, *Trikatu Churna* (for 6 days) and *Shivakshar Pachana Churna* (for 15 days) were given to the patient. It enhances *Agni* and helps in *Samprapti Vighatana* (breakdown of pathogenesis).

4.2.4. Nitya Virechana¹² (Daily Therapeutic Purgation)

Chikitsa Sutra of *Jalodara* is "*Nitya Virechana*." To break up the *Sanga* of all *Dosha* and retained fluid and separate them *Virechana* is necessary. Liver (*Yakrita*) is the *Mula Sthana* (main site) of *Rakta*. *RaktaPitta* has *Ashraya* and *Ashrayi Sambandha* (mutual interdependence), hence for elimination of vitiated *Pitta Dosha*, purgation is the best treatment. *Virechana* also decreases abdominal girth and edema by decreasing fluid in the abdominal cavity. *Abhayadi Modaka* was given in present case for *Virechana* purpose. Daily 5–8 Vega were noted in patient after giving *Abhayadi Modaka*. More results were achieved in all the symptoms after starting daily therapeutic purgation. ,

4.2.5. *Arogyavardhini Vati*¹³

Its 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). These *Bhasma* also having *Chedana, Bhedana* property and helps to open the obstructed channels. In the management of *Udarroga* and it also reduces the *Shotha* (swelling). In the present case, patient had all these symptoms with *Jalodara*.

Arogyavardhini Vati is known for its benefits especially to the liver. *Arogyavardhini Vati* maintains the liver function and promotes balance as well as a healthy digestive system.

Its main content is *Katuki* (*Picrorhiza kurroa* Royle ex Benth.) which acts as *Pitta Virechana* and acts on *Yakrita*. *Ascites* may be caused due to any pathology of liver, heart, kidney, etc., but *Ascites* from liver disease is difficult to be treated; hence, there comes the need to correct the pathology from its root cause. In the present case, the patient also has hepatomegaly hence these drugs were administered. *Sharapunkha* is the drug of choice in spleen and liver diseases. It corrects the working of digestive system. It improves the functioning of liver. The study shows that *Sharapunkha* has hepatoprotective activity.

4.2.6. *Phalatrikadi Kwath*¹⁴

It can help support liver functions and loss of appetite. the ingredients may also help manage gas, stomach bloating, belching, indigestion, constipation and heartburn. *Amalaki* may aid in supporting the heart, and healthy blood sugar levels, protecting and strengthening the liver and digestive system. *Haritaki* can help ease constipation by cleansing the intestines and removing toxins from the body. It may also be effective in reducing stomach acidity.

- Key Ingredients
 - *Amalaki*
 - *Bibhitaki*
 - *Haritaki*
 - *Guduchi*
 - *Vasa*
 - *Kalmegha*
 - *Nimba*
 - *Kutaki*
- Key Benefits
 - It may help boost immunity
 - It can reduce indigestion and constipation
 - It may remove toxins from the body and regulate bowel movements
 - It may improve the digestion process
- Directions for Use: Take 3-6 teaspoonful (15-30ml) after meals with an equal quantity of water.

4.2.7. *TrivrittaLehyam*¹⁵

Trivritta Lehyam is an effective Ayurvedic medicine for constipation. It is in herbal jam form. It is also known as *Trivritadi Lehyam* and *Trivrth Leham*. It is mainly used in Ayurvedic Panchakarma treatment called *Virechana*.

Trivritta Lehyam Benefits

- It helps to relieve constipation; this is a first-rate purgative with no bad taste.
- It is good for the heart.
- It is used in Ayurvedic Panchakarma treatment called *Virechana*.
- This medicine should be taken strictly under medical supervision only.

Trivritta Lehyam Dose

- 3 – 6 grams once or two times a day after food or before food.
- It is administered along with honey, milk, or warm water.

For purgation, it is taken between 4 to 6 a.m. to be following up with frequent drafts of hot water. Keep in mind that *Virechana* is done after *Snehana* and *Swedana*. As a daily laxative, this is taken 5-10 grams after dinner.

4.2.8. *Punarnava Asava*

In Liver disorders, *Punarnava* is used to revitalize and clean the liver. According to Ayurveda, when the liver is unable to perform well it also leads to an imbalance of *Vata–Pitta–Kapha Doshas*. This might lead to liver diseases like jaundice. Taking *Punarnava* helps to correct the function of the liver by removing toxins from the liver cells. This is because of its *Shodhan*(purification) and *Mutral* (diuretic) properties. *Punarnava* also helps to improve digestive fire due to its *Deepan* (appetizer) property. It helps to digest the food easily and reduce the burden of liver. This useful in gastritis, oedema, liver diseases and widely used as herbal anti- inflammatory and anti-oedema medicine. It reduces swelling, useful in liver and spleen condition. It reduces excess water collection in the body.

- Tips
 - Take 1-2 teaspoon of *Punarnava* juice.
 - Add the same quantity of water to it.
 - Have it once or twice a day before taking meals to get rid of the symptoms of liver disorders.

Arkapatta Bandhana avoids *Vata Prakop* by *mrudu swedana* and is supportive to diuretic action. Cow milk gives strength to the patient without increasing body fluid level in the body. *Udara* is *Asadhya vyadhi* as per ayurveda but we could give symptomatic relief, reduction in fluid, improvement in quality of life of the patient.

5. Conclusion

Daily therapeutic purgation, diet restriction and Ayurvedic Medicine had shown 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. 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*.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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