

# AYURVEDIC MANAGEMENT OF *JALODARA* ; A CASE STUDY

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## ABSTRACT

Ascites is most commonly caused by liver dysfunction. Ascites is the accumulation of fluid in the peritoneal cavity that exceeds 25ml. Ascites can be considered in *ayurveda* under the broad spectrum of *Udar roga* (Diseases of Abdomen). *Udara* is manifested due to vitiated *Rasa dhatu* portion, which get extravagated from *Koshta* & *Grahani* gets collected in *Udara*. Because of *mandagni* there is *Malasanchaya* and *Doshasanchaya* occurring which causes *strotorodha* of *Udakavaha* and *Rasavaha strotas*. *Ayurveda* management protocol mainly aims in improving the *Jatharagni* (Provocation of digestion) and stimulating the hepatic function. *Jalodara* management includes *nitya virechana* as a specific treatment to reduce accumulation of fluid and to remove the obstruction. It has laxative and diuretic action which help to excrete excess of fluid out of the body. Diet and water restriction is most important feature in the management of Ascites. This will act on root of pathology of Ascites and by breaking down of pathogenesis gives good results in Ascites.

**KEY WORDS :** *Udara, Nityavirechana, Ayurveda, Ascites*

## INTRODUCTION :

*Udara Roga* denotes the generalized distension or enlargement of abdomen of varied aetiology. It is done among the *Ashtamahagada*. *Acharya charaka, Sushruta and Vagbhata*<sup>[1]</sup> described *udar as Mahagada*. i.e. grave ailment and difficult to treat. *Jalodara* (Ascites) is one of the critical disease among the eight types of *Udararoga*. According to *ayurveda*, In *Jalodara* ; *prakupita vayu*<sup>[2]</sup> deposited in *twacha* (skin) and *mamsa* (muscle) of *udarpradesha* which makes odema. It is of two types i.e., *Svatantra* (independent or primary) and *Paratantra* (secondary) that is due to other diseases<sup>[3]</sup>. From the origin of the illness it is difficult to manage. *Agni dosha* and *mala vridhhi* causes vitiation of *Prana, Agni* and *Apana* and obstruction of the upward and downward channels of circulation. The vitiated *doshas* get lodged between skin and muscle tissue and causes extensive distension of the abdomen resulting in *Udara roga*<sup>[4]</sup>. The cardinal features are *Kukshi adhmata* (enlargement of abdomen), *Karapada shopha* (oedema in the limbs), *Mandagni/ Atyanta Nastagni, Krushagatra* (emaciation)<sup>[5]</sup>. Extreme impairment of *agni* (digestion and metabolism) is the basic pathology of *udara roga* in general, which is regarded as one among the *Mahagada* (major illness). It is classified into eight types *Vatodara* (Accumulation of flatus), *Pittodara* (Hepatic causes), *Kaphodara* (Renal causes), *Sannipatodara* (exudative causes), *Plihodara* (splenomegaly), *kshatodara/chhidrodara* (abdominal enlargement due to intestinal perforation), *baddhagudodara* (enlargement of abdomen due to gastrointestinal obstruction) and *jalodara/udakodara* (ascites).<sup>[6] [7]</sup>

It is explained that when intervention is not done on appropriate time eventually the end stage presentation will be *Jalodara*. Although *Jalodara* is said to be *Asadyavyadhi*<sup>[8]</sup>, the hepatoprotective herbal medicines and following a restricted diet regime as described in Ayurveda has been proved to have given positive results.

### Case report

A 66 yr old male patient brought by relatives to Seth Sakharam Nemchand Jain Ayurveda Rugnalaya presenting with complaints of *Udaravridhi* (Distention of abdomen), *Kshudhamandya* (Decreased appetite), *Ubhaya Pada Shotha* (Bipedal oedema), *Ayasan Shwas* (Breathlessness), *Ubhaya pad & Udar Kandu* (Itching over abdomen & Bilateral lower limb), *Katishoola* (low back pain).

### History of present illness:-

According to history given by patient and relatives, patient was chronic alcoholic since 20 yrs. Patient was diagnosed with jaundice 1.5 month back. Since then patient have been suffering from *kshudhamandya* (Decreased appetite) condition further deteriorated leading to *Udaravridhi* (Distention of abdomen), *Ubhaya Pada Shotha* (Bipedal oedema), *Ayasan Shwas* (Breathlessness), *Ubhaya pad & Udar Kandu* (Itching over abdomen & Bilateral lower limb), *Katishoola* (low back pain), *Balakshaya* for this patient consulted to the Allopathy physician but got no relief. So patient came to our hospital Seth Sakharam Nemchand Jain Ayurveda Rugnalaya Kayachikitsa OPD. For better management we admitted the patient in IPD.

General condition of patient is moderate Pulse rate: 80/min

B.P. 140/80 mm of Hg, Pallor present, Icterus present

Weight-65.2 kg, Height- 164cm, RS-AE-BE clear CVS - S1 S2 normal, No abnormal sound, CNS – well conscious oriented

P/A-Abdomen was distended with bulging of flanks. Veins on the wall appears prominent, Umbilicus transverse, Shifting dullness and fluid thrill present. Bipedal pitting edema present. CBC, LFT, RFT, Urine complete, USG abdomen & pelvis

History Of jaundice before 1.5 yrs. History of self fall 10 days before.

Hemorrhoidectomy 10 yrs before, No history of DM/HTN/Thyroid

### Therapeutic Intervention:

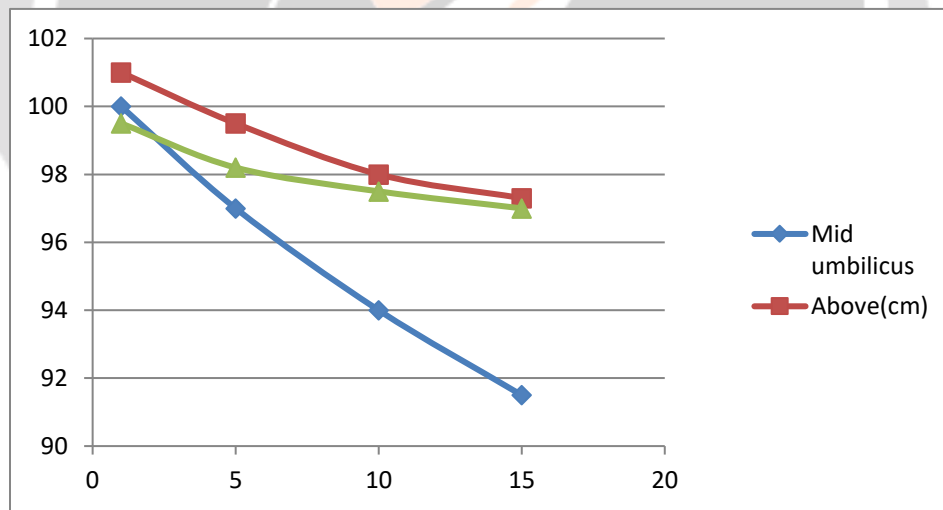
The patient was diagnose with *jalodara*. He was given *Nityavirechana* (Daily therapeutic Purgation) with *Haritaki churna* and *gomutra ark* on the second day of admission 5 grms of *Haritaki churna* given with 20 ml of *gomutra ark* given at 7:15 a.m. 2 to 3 *Vegas* were noted on that day. Then the quantity increased gradually. For next 3 days 10 grms of *Haritaki Churna* with 20 ml of *gomutra ark* was given in the morning 3 to 4 *vegas* were noted each day. For next 3 days dose increased to 15 grms of *Haritaki churna* with 30 ml of *gomutra ark* total 6 to 7 *vegas* were noted each day. For next 3 days *haritaki churna* given with *koshna jala anupana*. Along with *nityavirechana* Syp *Kalamegha* strong 2tsf twice a day & Tb. *Livomyn IBD* was administered. Diet and water restriction was adviced and patient kept on milk diet Daily intake was approximately 2-2.5 liters of warm cow milk. Blood pressure was monitored 4 hourly & urine output 12 hourly.

**OBSERVATION & RESULT**

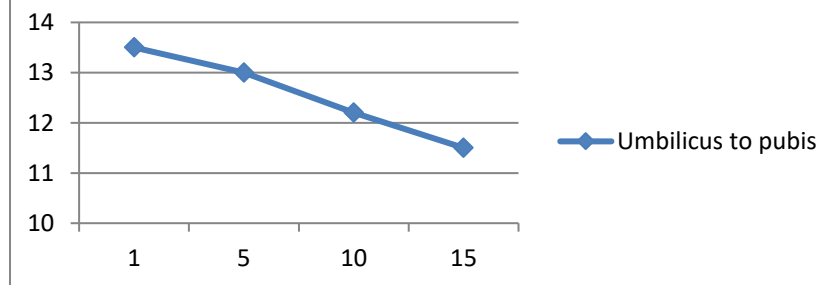
**Table no.1 Abdominal Girth**

| Days | Mid umbilicus | Above(2cm) | Below(2cm) | Xifi to umbilicus | Umbilicus to pubis |
|------|---------------|------------|------------|-------------------|--------------------|
| 1    | 100           | 101        | 99.5       | 21.6              | 13.5               |
| 5    | 97            | 99.5       | 98.2       | 19                | 13                 |
| 10   | 94            | 98         | 97.5       | 18.1              | 12.1               |
| 15   | 91.5          | 97.3       | 97         | 17                | 11                 |

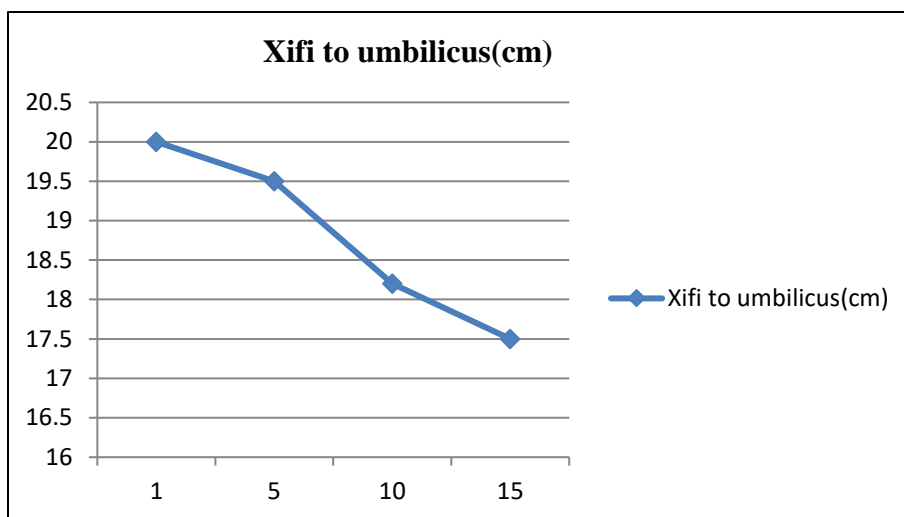
**Graph 1**



**Umbilicus to pubis**



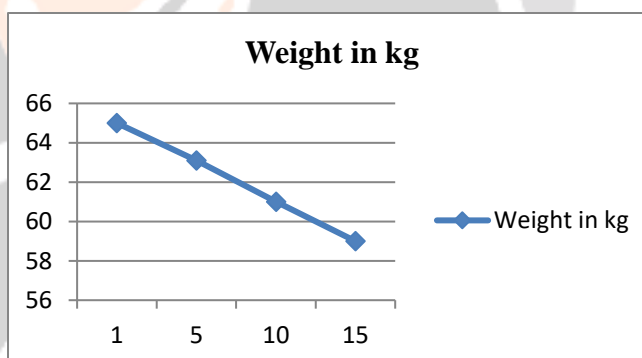
**Graph 2**



**Graph 4**

**Table no.2 Weight in Kg  
Graph 5**

| Day | Weight in kg |
|-----|--------------|
| 1   | 65.2         |
| 5   | 63.1         |
| 10  | 61           |
| 15  | 59           |



**Table no. 2 Measurements of Lower limb**

| Day | Calf |      | Ankle |      | Foot |      |
|-----|------|------|-------|------|------|------|
|     | Rt   | Lt   | Rt    | Lt   | Rt   | Lt   |
| 1   | 27   | 27.2 | 25    | 25.2 | 25   | 25   |
| 5   | 26.5 | 26.6 | 24.5  | 24.8 | 24.3 | 23.5 |
| 10  | 25.2 | 25.4 | 23    | 23.5 | 23   | 22.8 |

|    |      |      |    |      |    |    |
|----|------|------|----|------|----|----|
| 15 | 24.5 | 24.2 | 22 | 22.5 | 22 | 22 |
|----|------|------|----|------|----|----|

Fig. no. 1



Abdominal girth before &amp; after Treatment

## DISCUSSION

*Udara roga* is *Swedavaha* and *Ambusaha Srotodushti Vikar* due to *Jatharagnimandya*, *Pranavayu* and *Apanavayu Dushti*. Due to obstruction of *Swedavaha*, *Ambuvaha Srotas* excessive accumulation of fluid especially in peritoneal cavity occurs. *Ayurveda* management protocol mainly aims in improving the *Jatharagni* (metabolism), *Nitya Virechana* (Daily therapeutic Purgation), *Balaprapti* (increase strength) and *Yakrituttejjak* (stimulant for hepatic function). *Nitya Virechan* is the prime *Ayurvedic* intervention for *Udar roga* as it eliminates vitiated *pitta dosha*<sup>[9]</sup>. *Yakrit* Is a *moola sthana* of *Raktavaha Srotas* and *rakta* and *pitta* have *ashryashrayi sambandh* so by eliminating excessive *pitta dosha* from body will ultimately leads to *samprapti Bhanga*. *Nitya Virechan* is the variant of *virechan* procedure in which *poorvakarma* like *snehapana* (internal oleation therapy) *Swedana* (Sudation therapy) are not carried out. It is done in lesser intensity and more frequency in *udara roga* to avoid excessive *Balakashaya* and vitiation of *vaat dosha*.

For *Nitya virechan Gomutra* and *Haritaki churna* was given to the patient<sup>[10]</sup>. Due to *ushna*, *tikshna* and *Sara guna* of *Gomutra* cause Purgation It decreases the abdominal girth and edema by decreasing fluid In abdominal cavity<sup>[11]</sup>. Due to its *Ushna*, *tikshna ruksha guna* it removes *srotosanga* (obstruction) of channels and helps in *samprapti vighatan* (breakdown of pathogenesis). *Ushna tikshna guna* and *katu rasa* enhances the *Agni* (Digestive power). It also cause mutral and *Shothaghna* effect on kidneys.

*Haritaki* is the drug of choice for gastrointestinal and liver disorders, it is traditionally used for indigestion. *Haritaki* is considered as best *pathya dravya* ( the substance that cleans the channels and beneficial for body) and Good *rasayana* (immunomodulatory). By *tikta kashaya rasa* and *ushna*, *ruksha guna* it causes *strotoshodhan* (cleaning by detoxifying metabolic waste) .It acts as *Anulomak* ( Mild Purgative) which removes the fluid and toxins from the body. By its *Madhur vipaak* and *tikta kashaya rasa* it pacifies vitiated *pitta dosha* which causes *samprapti vighatana*.

Since *Mandagni* is primary contributing factor to *Jalodara* ,diet and water are restricted. There is only given a milk diet. So *nidana parivarjana* operated. *Godugdha* is complete food and gives strength to the patient without raising bodily fluid levels. By *Madhur rasa* (sweet taste), *mridu* (soft), *Shlkashna* ( soft and unctuous) *guna* it act as a purgative and diuretic. *Godugdha* is one of the best *Rasayana* ( rejuvenating) and *jeevaniya* (enhanced vitality) and contributes in raising oja (immunity). As cow milk contain high amount of protein this leads to rise in intravascular protein levels this causes rise in osmotic pressure. This results in shifting of fluid from low concentration to high concentration. Syrup *Kalamegha* strong works as a *Yakrituttejjak* and Hepatoprotective. principle ingredient is *Bhunimba*. By its *Tikta rasa* and *laghu ruksha guna* it balances *pitta* and *kapha dosha*.One of the ingredient is *kutaki*

having *bhedan* (Piercing) property causes laxative effect helps in splitting up the *malas* helpful in conditions of *kaphasamshlishta strotas*, where in it breaks up the *kapha* and *pitta doshas* adhering within the mucosal surfaces of colon acts as *Dosha Sanghata Vighatak* and thereby helps the body in getting eliminated through the process of defecation.

*Arkapattabandhan* (Belt constructed from leaves of *Arka* plant) applied around the belly twice a day. Management of *jalodara* involves *nitya virechan* for *sanchit dosh nirharan* which results in reduction of abdominal girth. As we know there is *tridosha dushti* in *Udara* and to avoid repeated *vata sanchiti* in abdomen after *dosh nirharna* by *virechan*, *arkpattabandhan* is done. *Erand taila* was applied over *arka patras* and *koshna patras* were applied over abdomen and tied with a cotton cloth (like abdominal belt). External application of *koshna erand taila* helps in reducing aadhmaan while *koshna arkpatra* act as *mudusweda* which reduces *margavarodha*.

Tb. Livomyn offers antiviral, anti-inflammatory and antioxidant properties. Kalmegh (*Andrographis paniculata*) has cholagogue property (promotes the discharge of the bile from the system), and antiviral properties. *Bhumyamalaki* (*Phyllanthus niruri*) is hepatoprotective; exhibits marked inhibitory effect on Hepatitis B virus and has anti-inflammatory property. *Punarnava* (*Boerhaavia diffusa*) has powerful antiinflammatory action and significantly inhibits the cell proliferation. *Guduchi* (*Tinospora cordifolia*) is immunomodulatory and anti-infective. *Daruharidra* (*Berberis aristata*) is hepatoprotective, liver rejuvenator and antiinflammatory. *Kumari* (*Aloe barbadensis*) restores the integrity of hepatocytes and *Amalaki* (*Emblica officinalis*) from *Triphala* reverses the hepatotoxin induced pre-fibrogenic events thus they help to rejuvenate the liver.

## CONCLUSION:

In *Udara Vyadhi*, *Tridoshas* are involved. So, it is necessary to break down the pathogenesis. In contemporary science, only Diuretics and Paracentesis is mentioned. But recurrence is more so this case was managed by only *Ayurvedic* Medicines. As patient was having complaints of *Balakshaya* (weakness) which was got to normal state by advising *Dugdhapana* (drinking of milk) with *Deepana* & *Pachana Aushadhis*.

To remove the accumulated fluid *Nitya Virechana* was given and it gives best result by decreasing weight, abdominal girth and in measurement of lower limbs by decreasing oedema. To break up the *Sanga* of all *Doshas* and retained fluid and separate them, *Virechana* is necessary. *Yakrita* is the *Mula Sthana* of *Rakta*. *Rakta Pitta* has *Ashraya* and *Ashrayi Sambhadha*, hence, *Virechana* is the best treatment for elimination of *Pitta Dosha*.

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