Case Study

AYURVEDIC APPROACH IN JALODAR (ASCITES): A CASE STUDY

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ABSTRACT

Today, Modern medical science, have lots of facilities and sophisticated technologies for treatment modalities of patient, even though many diseases may still prevails in the society. 45year aged male patient presenting with udarvridhhi (abdominal distension), ubhaypadashoth (bilateral pedal edema), swashakricchata (breathing difficulty), agnimandhyata (loss of appetite) diagnosed as udarvyadhi (ascites) was brought to national institute of Ayurveda, jorawarsingh gate, Jaipur. Patient was treated with an integrated approach of Ayurveda. According to Ayurveda, principal of management of jalodar is nityam virechana (purgative), agnideepan (increase appetite), balaprapti (increase strength), yakrituttejjak (stimulant for hepatic function) appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength and significant changes in investigations.

Keywords: Udar, Ascites, Virechana, Jalodar

INTRODUCTION

Ascites is the accumulation of fluid within the peritoneal cavity. Patients typically note an increase in abdominal girth that is often accompanied by the development of peripheral edema. The development of ascites is often insidious, and it is surprising that some patients wait so long and become so distended before seeking medical attention. Patients usually have at least 1–2 L of fluid in the abdomen before they are aware that there is an increase. If ascitic fluid is massive, respiratory function can be compromised, and patients will complain of shortness of breath. Hepatic hydrothorax may also occur in this setting, contributing to respiratory symptoms. Patients with massive ascites are often malnourished and have muscle wasting and excessive fatigue and weakness. The presence of ascites may indicate liver cirrhosis, 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 for this disease includes oral medications as well as virechan for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction ksheerapan for diet regulation plays an important part of management of this diseases. Ayurvedic line of treatment for ascites is mainly virechan. It is useful in case of ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.¹⁻⁷

CASE REPORT

A 45 year old male patient came to us with chief complaint of –
1) distension of abdomen
2) breathing difficulty on exertion along with sitting position
3) bilateral pedal edema
4) generalized weakness
5) loss of appetite

Patient had above complaints since 4 months.

History of personal illness: Acc. to patient, he was well before 4 months. Then patient have been suffering from distension of abdomen after meal. Gradually increase abdominal girth and also suffering from bilateral pedal edema, breathing difficulty on exertion along with sitting position. Patient is also having complaints general weakness all over the body. He took modern medication but got no relief, then patient decided to take Ayurvedic management.

Personal History:

Occupation: Taxi driver
Bad Habits: smoking, alcoholic

O/E

1. General condition of patient is moderate
 2. Pulse rate: 98/min
 3. B.P. 140/80 mmHg
 4. Pallor ++ icterus +, B/L pitting edema present
 5. Weight- 72kg, Height- 164cm
 6. R/S : AE=BE clear, crepitation present all over chest
CVS – S1 S2 normal. no abnormal sound
CNS – well conscious, oriented place, person, time.
 7. P/A - Abdomen was distended with bulging of flanks. Veins on the wall appears prominent. Umbilicus transverse. On palpation liver enlarged. Shifting dullness +
- Srotodushti:** Rasavahasrotas, Annavahasrotas, Udakvahasrotas, Pranavahasrotas.

INVESTIGATIONS

1. CBC
 2. Liver function test
 3. Renal function test
 4. Urine analysis
- Patient doesn't have any concomitant illness.

TREATMENT PLAN

1) Swetaparni=2.5gm, yavakshar=2.5gm, gokshurch=4gm given two times in a day before meal, **Anupan**:- Punarnavastakkwatha-40ml

2) Gokshuradigugulu 500 mg each tab., 2 tab. thrice in a day after meal

3) Vardhamanpipplirasayana

4) Kutkivati each tab. 500mg, 2 tab. in night

5) Patient is only on cow milk.

OBSERVATION & RESULT**Table 1: Abdominal girth assessment**

Date	At umbilicus (in cm)
01.09.2015	107
03.09.2015	106.5
05.09.2015	105
07.09.2015	104
09.09.2015	102.5
11.09.2015	99.5
13.09.2015	98
15.09.2015	96.5

Table 2: Pedal edema assessment

Date	Just below knee	Just above ankle
01.09.2015	Rt 29cm, Lt. 30 cm.	Rt 25cm, Lt. 26 cm.
03.09.2015	Rt 28.5cm, Lt. 29 cm.	Rt 24cm, Lt. 25.5 cm.
05.09.2015	Rt 27.5cm, Lt. 28 cm.	Rt 24.5cm, Lt. 24 cm.
07.09.2015	Rt 26cm, Lt. 27 cm.	Rt 22cm, Lt. 22.5 cm.
09.09.2015	Rt 25.7cm, Lt. 26 cm.	Rt 21.5cm, Lt. 22 cm.
11.09.2015	Rt 25cm, Lt. 25cm.	Rt 20cm, Lt. 20.5cm.
13.09.2015	Rt 24cm, Lt. 23cm.	Rt 19.5cm, Lt. 18 cm.
15.09.2015	Rt 23.5cm, Lt. 22 cm.	Rt 18cm, Lt. 17.5cm.

Table 3: Investigations before and after treatment

Test	Before Treatment	After Treatment
Hb%	9.8gm/dl	10.2gm/dl
WBC Count	6800/cmm	6300/cmm
Platelet count	1,24,000	1,29,000
Urine analysis	Albumin trace. Pus cells 3-5/hpf	Albumin absent. Pus cells absent
RFT	Sr. Urea – 37mg/dl, Sr. Creatinine 96mg/dl	Sr. Urea 35mg/dl, Sr. Creatinine 96mg/dl
LFT	Sr. Bilirubin Total- 4.8, Indirect- 2.8 Direct- 2.0 SGOT- 43 IU/Lit, SGPT- 36 IU/Lit	Sr. Bilirubin Total- 1.6, Indirect- 0.82 Direct- 0.78, SGOT- 40 IU/Lit, SGPT- 34 IU/Lit
USG Abdomen	liver cirrhosis, Mild splenomegaly. Nonspecific thick walled gall bladder. Moderate ascites.	liver cirrhosis, Mild splenomegaly No ascites.

DISCUSSION

Patient was treated with an integrated approach of Ayurvedic treatment. According to Ayurveda treatment of udaris nityavirechana (purgative), agnideepan (increase appetite), balaprapti (increase strength), yakrituttejjak (stimulant for hepatic function). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength. Chikitsasidhanth for udarvyadhiis 'nityamev virechayet'

Virechana checks improper jatharagni and dhatvagni, after virechana jatharagni and dhatvagni increases. It has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites. It possesses Cholagogue, hepatoprotective and liver stimulant action. Therefore it is useful in generalised oedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.

CONCLUSION

The pathological factors responsible for udarvyadhiaretri 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.

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