AN AYURVEDIC APPROACH IN THE MANAGEMENT OF JALODAR (ASCITES): A CASE STUDY

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Abstract

“AKRIYAYAM DHRUWO MRUTYU, KRIYAYAM SHANSHYO BHAWET” this is an interesting statement regarding jalodar found in charak samhita. If we are not doing treatment then patient will die and even we do treatment then also patient will die. Udar (acities) is such kind of disease.

Shakespeare very well said that, ‘To be or not to be’ was my question. Being doctor we are mounting to be care, which may be border of life & death. In such condition sending back to patient it may be criminal act to doctor. So we must treat the patient until he breath last.

After all Modern technics and medical facilities and development still there is no sure treatment which cure patient totally. In jalodar Tapping and all treatment gives temporary relief. Again fluid gets collected in abdominal cavity. In such case Ayurvedic treatment is the best.

In Present case study, 45 year male patient have been suffering from Udarvriddhi (Increased abdominal girth), Jwaraprachiti (fever), Droubalya (Gen.Weakness), kshudhamandya (decreased appetite), Ubhaypadshoth since 4 month which get relive in 15 days and disappear within 1 month.

Ayurvedic management on Jalodar such as herbal drug, Nityavirechana (purgative), Agnideepan (increase appetite), balaprapti, yakrituttejjak, external application of Arka-patta bandhana, only Dugdha Aahar act on root of pathology of Jalodar and by doing Samparthptibhangha it give result in Jalodar.

Keywords: Jalodar; Acities; Ayurvedic Management.


1. Introduction

Jalodar is generalised abdominal enlargement. Madagni (poor Appetites), doshati sanchaya (collection of toxic substance in body), and Paap karma (bad nature) are main cause of jalodar\textsuperscript{[1]}. pran-apan-agni dushti are main pathology in Jalodar\textsuperscript{[2]}. In modern science we can co-relate it with ascites.
The word ascites is of Greek origin (askos) and means bag or sacacities describe the condition of pathological fluid collection within the abdominal cavity. [3]

“Nityameva Virechayet” This short chikitasa Sutra describe Maharshi Charaka for Jalodar (ascites) [4].

Ayurvedic management such as herbal drug, Nityavirechana (purgingative), Agnideepan (Increase appetite), Balaprapati, Yakrituttejjak (stimulant for hepatic function, external application of Arka-patta bandhana (belt made by leaves of Calotropisprocera), only Dugdha Aahar act on root of pathology of Jalodar and by doing Samparptibhanga it give best result in Jalodar. Ayurvedic management still stand test to time.

A case report

A 45 year old male patient came to us with chief compliant of –
1) udarvridhi (Increased abdominal girth).
2) Jwaraprachiti (fever).
3) Droubalya (Gen. weakness).
4) Kshudhamandya (Decreased appetite).
5) Ubhaypadshoth (Pedal edema).

Patient had above complaints since 4 months.

H/O Amalpitta.
No H/o Dm / HTN, Asthma

History of Personal Illness

The patient was normal 4 month back. Since then patient have been suffering from Udarvridhi (increased abdominal girth), Jwaraprachiti (fever), Droubalya (Gen. weakness), Kshudhamandya (decreased appetite), Ubhaypadshoth (pedal edema) [5]. For this patient took treatment from different modern doctor but got no relief, then he came to our hospital – Seth Sakharam Nemchand Jain Ayurvedic Rugnalaya in Kaychikitsa department opd. For better Management we admitted patient in Ipd.

Personal History

Occupation: Farmer.
Bad Habits: Chronic alcoholism.

O/E:
Nadi (pulse) = 80/min.
Mala (stool) = Normal.
Mutra (urine) = Normal.
Jeeva (tounge) = Eshatha saam.
Agni = Kshudhamandya.
Shabda (speech) = Normal.
Druka (eyes) =Pallor ++, icterus +++.
Akruti = krusa.
Bala = heena.
Raktadaaba (B.P) = 110/70 mm/Hg.

2. Material and Method

Material

<table>
<thead>
<tr>
<th>SR.NO</th>
<th>DRAVYA</th>
<th>DOSE</th>
<th>DURATION</th>
<th>ANUPANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Daruharidra</td>
<td>1 gm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Amalaki</td>
<td>300 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHART.NO - 2: Showing Panchkarma Management of Jalodar as –

<table>
<thead>
<tr>
<th>PANCHKARMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkapatta Bandhana</td>
</tr>
<tr>
<td>Arkapatra + Eranda taila</td>
</tr>
<tr>
<td>Basti</td>
</tr>
<tr>
<td>Triphala + Til tail + Sendhawa</td>
</tr>
<tr>
<td>Virechana</td>
</tr>
<tr>
<td>Abahaydi modak (1/2 tablet with Triphala Kwath)</td>
</tr>
</tbody>
</table>

Method

- Center of study: S.S.N.J.Ayurvedic Rugnaayan, Solapur.
- Type of study: Simple random single case study.

3. Discussion

Discussion On Jalodar (Ascites)
Ayurvedic term Jalodar Vyadhi is homologous to Ascites described in modern medicine.

According to Ayurveda Chikitsa sutra of Udara choice of treatment is, ‘Nitya Virechana’ (purgative), Agnidipan (increase appetite), Balaprapati and Yakritottejaka Chikitsa (Stimulating hepatic function) and also Arka pattabandhan over abdomen as external application. Appreciable results were observed in the form of reduction of abdominal girth, bipedal oedema, increase appetite, increase strength.

Hetu of jalodar as [6]–

1) Ahar
   - Improper and irregular diet Causes the disturbance of vatadosha.
   - Jirna Madyapana (Chronic Alcoholism).
   - Ati-ruksha, Lawan, Vidahi Annasevan.
2) Vihar
- Supresion of natural urga (chhardi vega dharan).
- Ratri jagran.

**SAMPRAPTI GHATAK**

**CHART.NO-3: Showing samprapti Ghatak of Jalodar as -**

<table>
<thead>
<tr>
<th>DOSHA</th>
<th>Vata (Prana, Saman, Apan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pitta (Pachak, Sadhak)</td>
</tr>
<tr>
<td>DUSHYA</td>
<td>Rasa</td>
</tr>
<tr>
<td>MALA</td>
<td>Sweda</td>
</tr>
<tr>
<td>SROTUS</td>
<td>Ambuvaha, Swedavaha</td>
</tr>
<tr>
<td>STANA</td>
<td>Udar</td>
</tr>
</tbody>
</table>

**SAMPRAPTI**

**HETU**

(Jirana Madhyapaan, Chinata, Ruksha Aahar, Vegdharan)

Agnimandya

Apachit Aahar Rasa

Aamotpatti

Vataparakop

Vata-vimargamna

Upsnhehan nyayane udara abhantar twachet

Rasa Sanchiti

Ambu-Swda srotas awarodha

(prana, samana, apana dushti)

Ushana guna of pitta increased

Udar vruddhi

JALODAR

**Discussion on Action of Drug and Other Procedure**

- **Sharapunkha**[^7]- yakrutojaak, diapn, pachan.
- **Daruharidra**[^8]- Pittaghana, Dipan, Yakruttejak, Kandughana, Vrana.
• Aamalki\textsuperscript{[9]}: Pittaghana, kledaghna, Rasayana, Agni diapn & Aampachan.
• Pachak vati\textsuperscript{[10]}: Pacchana mainly Amadosa nasaka & Agni vardhaka.
• Aarogyavardhini vati\textsuperscript{[11]}: Grahanishodhak, Diapan, Pachan, Pakwashyashti nashka.
• Laxmivilaas Guti\textsuperscript{[12]}: Rasayana, Rudhya, Balya, Krumighna, Vednastapana, Mutral, Pachaka.
• Pittashekahar rasa: Vata-pittghna, virechhya
• Punarnawadi kwatha\textsuperscript{[13]}: Shotaghna, mutral.
• Arka pattabandhana: Arka pattabandhana is avoid Vataprakop due to its Mrudu swedana. It reduced the srotorodh in udar.
• Basti: [Triphala+ Til tail+ Sendhawa] = for Vatanulomana, Malavibandhanashk, Grahanidoshshashaka
• Virechana: chikitsa sutra of jalodar is - ‘Nitya Virechna’. Liver (yakrit) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashraayi sambhnda, hence for elimination of vitiated Pitta Dosha virechan is the best Chikitsa. Virechana also decreases abdominal girth and oedema by decreasing fluid in the abdominal cavity. Here we use tablet. Abhayadi Modak for virechan.
• Aahar\textsuperscript{[14]}: Role of diet also important as equal to medicine. Diet in jalodar (acitis) should be milk (Godugdha) only. Godugdha (Cow Milk) is only complete food which is full of nutrients and easily digestible. With Godugdha we advised patient to take Takrapaan and jwari Roti as Supplimentary food with Godugdha.

Observation and Result

CHART.NO-4: Showing Abdominal Girth Measurement

<table>
<thead>
<tr>
<th>Date</th>
<th>8 cm above umbilicus</th>
<th>At umbilicus</th>
<th>8 cm below umbilicus</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.1.2015</td>
<td>80 cm</td>
<td>80.5 cm</td>
<td>75.5 cm</td>
</tr>
<tr>
<td>26.1.2015</td>
<td>80 cm</td>
<td>80.5 cm</td>
<td>75.5 cm</td>
</tr>
<tr>
<td>28.1.2015</td>
<td>80 cm</td>
<td>81 cm</td>
<td>76 cm</td>
</tr>
<tr>
<td>30.1.2015</td>
<td>78.5 cm</td>
<td>78 cm</td>
<td>72 cm</td>
</tr>
<tr>
<td>1.2.2015</td>
<td>81 cm</td>
<td>82.5 cm</td>
<td>74.5 cm</td>
</tr>
<tr>
<td>3.2.2015</td>
<td>81 cm</td>
<td>81.5 cm</td>
<td>75 cm</td>
</tr>
<tr>
<td>4.2.2015</td>
<td>79 cm</td>
<td>78 cm</td>
<td>72.5 cm</td>
</tr>
<tr>
<td>5.2.2015</td>
<td>76.5 cm</td>
<td>76 cm</td>
<td>71 cm</td>
</tr>
<tr>
<td>6.2.2015</td>
<td>75 cm</td>
<td>74 cm</td>
<td>70 cm</td>
</tr>
<tr>
<td>7.2.2015</td>
<td>70.5cm</td>
<td>69 cm</td>
<td>67.5 cm</td>
</tr>
</tbody>
</table>

CHART.NO-5: Showing Table showing improvement Pedal oedema

<table>
<thead>
<tr>
<th>Date</th>
<th>Just below knee</th>
<th>Just above knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.1.2015</td>
<td>Rt.30cm</td>
<td>Rt.26cm</td>
</tr>
<tr>
<td></td>
<td>Lt.31 cm</td>
<td>Lt.25 cm</td>
</tr>
<tr>
<td>30.1.2015</td>
<td>Rt.28 cm</td>
<td>Rt.23.5 cm</td>
</tr>
<tr>
<td></td>
<td>Lt.29 cm</td>
<td>Lt.23 cm</td>
</tr>
<tr>
<td>7.2.2015</td>
<td>Rt.26 cm</td>
<td>Rt.19. cm</td>
</tr>
<tr>
<td></td>
<td>Lt.25.5 cm</td>
<td>Lt.19.5 cm</td>
</tr>
</tbody>
</table>
The patient had started improving during hospital stay & at end of 15th days, there is good improvement in all symptoms of patents. After one month follow up there is nearly nil of all symptoms.

4. Conclusion

Ayurveda has unique concepts with all disease its chikitsa siddhanta work and stand test to the time. Since the therapy for jaodar (acitis) has limitation in other pathies, Ayurvedic management of jalodar (acitis) is one of the most effective therapy.

References

[8] The Ayurvedic pharmacopoeia of india-part-1, Gov.of India ministry of health & family welfare Department Of AYUSH. New Delhi; vol-2, pg.no.36.

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