



Science

## **AYURVEDIC APPROACH FOR ASCITES: A CASE STUDY**

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### **Abstract**

A 49yrs male patient presenting with udarviddhi (abdominal distention), dourbalya (gen. weakness), ubhaypadshoth (bilateral pedal edema) diagnosed as Udarvyadhi (ascites) was brought to SSNJ Ayurved Hospital, Solapur. Patient was treated with an integrated approach of ayurveda. According to ayurveda, treatment of is nityavirechana (purgative), agnideepan (increase appetite), balaprapti (stimulant for hepatic function), lepachikitsa, Proper diet (cow milk) and external application of arkapattabandhan (belt made by leaves of Calotropisprocera). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

**Keywords:** Ayurveda; Yakrut; Udara; Ascites; Virechana; Lepa.

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### **1. Introduction**

Ascites is accumulation of fluid in the peritoneal cavity. Ascites is caused very commonly due to cirrhosis and severe liver disease. Sometimes the fluid buildup is mild and cannot be detected externally. But in extreme cases, the fluid builds up to such a large extent that it causes severe abdominal distention. The condition is quite painful and the person suffering from it finds it extremely inconvenient to even move around. Ascites itself is a symptom of several serious problems. The presence of ascites may indicate portalhypertension, 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 includes oral medications as well as virechan for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction. Ksheerpan for diet regulation part of management of this disease. Ayurvedic line of treatment for ascites is mainly virechan. It is useful in cases of ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.

## 2. A Case Report

A 49 yrs male Hindu patient brought by relatives to Seth Sakharam Nemchand Ayurved Hospital, Solapur belonging to the middle socio economic class presenting with complaints of *Udaravidhi* (increased abdominal girth), *Kshudhamandhya* (decreased appetite), *Dourbalya* (general weakness), *Ubhayapadashotha* and *Krishnavarna* (bilateral pedal oedema and discolouration) from 6 months.

### On Examination

- 1) General condition of patient is moderate
- 2) Pulse rate: 78/min
- 3) B.P. 130/80 mm of Hg
- 4) Pallor ++
- 5) icterus +
- 6) Weight- 72kg, Height- 164cm
- 7) RS - AE=BE clear CVS – S1 S2 normal.  
no abnormal sound CNS – well conscious oriented
- 8) P/A - Abdomen was distended with bulging of flanks.

Veins on the wall appears prominent.

Umbilicus transverse.

On palpation liver enlarged.

Shifting dullness present.

- 9) Bipedal pitting edema present.

### Ashtavidhpariksha

- 1) Nadi – Vatpradhanpitta
- 2) Mala – malavshtambha (occasional)
- 3) Mutra – 4 to 5 times/day
- 4) Jivha – sama
- 5) Shabd – spashta
- 6) Sparsh – ushana
- 7) Druk – panduta
- 8) Akriti - madhyam

Srotodushti: Rasavahasrotas, Annavahasrotas,

Udakvahasritas, Pranavahasrotas.

### Investigations

- 1) CBC
- 2) LFT
- 3) RFT
- 4) Urine analysis
- 5) USG abdomen

### Past History

No H/O of DM, HTN, T.B, Asthma or any major illness.

No H/O of any Surgery.

H/O of Alcohol intake for 20 yrs left since 3 months.

### Treatment Approach

- 1) *ArogyavardhiniVati* 500 mg (thrice daily).
- 2) *Trivruttavaleha* 10 gram with *TriphalaKwatha* 20 ml (once at night).
- 3) *Punarnavasava* 20 ml (twice daily).
- 4) *Tb. SuvarnaSutshekhar* 500 mg with *Madhu* (twice daily).
- 5) *RohitakGhrita* 10 ml (twice daily)
- 6) *ShothaharaLepa* apply on both leg (Oedematous)
- 7) *Arkapatrawith eranda tail bandhan* over abdomen.
- 8) Patient is only on cow milk.

### 3. 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) and external application of *arkapattbandhan* (belt made by leaves of *Calotropisprocera*). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength. *Chikitsasidhanth* for *udarvyadhiis 'nityamevvirechayet'*. Virechanacheckes improper jatharagni and dhatvagni, after virechanajatharagni and dhatvagni increases<sup>1</sup>. It has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites<sup>2</sup>. It possesses Cholagogue, hepatoprotective and liver stimulant action. Therefore it is useful in generalized oedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body. *Arogyavardhini vati* acts as *yakrituttejjak, hepatoprotective activity*<sup>3</sup>. *Trivruttavleha* has action of virechana prominently and is used in ascites cases. It is a bowel regulator in chronic constipation and induces therapeutic *mutral* (diuretic) as well as *shothaghna* (reduces edema) and it purgation by its *ushnatikshnavyavayi gunas*. *Punarnavasava* acts as improves renal function. *Arkapatrapattabandhan* avoids *vataprapkop by mriduswedan* and is supportive to diuretic action. Cow milk gives strength to the patient without increasing body fluid level in the body. *Udar* is *asadhyavyadhi* (incurable) as per ayurveda but we could give symptomatic relief, reduction in fluid, improvement in quality of life to the patient.

### 4. Conclusion

The pathological factors responsible for *udarvyadhi* are *tridosha* 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.

Table 1: ABDOMINAL GIRTH

Date	At Umbilicus (in cm)
23/3/2018	98
24/3/2018	97

25/3/2018	98.5
26/3/2018	97
27/3/2018	95
28/3/2018	96
29/3/2018	95.5
30/3/2018	93
31/3/2018	92.5
1/4/2018	91.5
2/4/2018	90
3/4/2018	91
4/4/2018	89.5
5/4/2018	88
6/4/2018	87
7/4/2018	85
8/4/2018	83.5
9/4/2018	81
10/4/2018	80
11/4/2018	78.5
12/4/2018	77
13/4/2018	77.5
14/4/2018	77

Table 2: Pedal Edema Assessment

<b>Date</b>	<b>Just below Knee</b>	<b>Just Above Ankle</b>
23/3/2018	Rt 29.5 cm, Lt 30 cm	Rt 27.5 cm, Lt 26 cm
24/3/2018	Rt 29.5 cm, Lt 30 cm	Rt 27 cm, Lt 26 cm
25/3/2018	Rt 29 cm, Lt 29.5 cm	Rt 26.5 cm, Lt 25.5 cm
26/3/2018	Rt 28.5cm, Lt 29.5 cm	Rt 26.5 cm, Lt 25 cm
27/3/2018	Rt 28 cm, Lt 29 cm	Rt 26 cm, Lt 24.5 cm
28/3/2018	Rt 27.5 cm, Lt 29 cm	Rt 25.5 cm, Lt 24.5 cm
29/3/2018	Rt 27 cm, Lt 28.5 cm	Rt 25 cm, Lt 23 cm
30/3/2018	Rt 26.5 cm, Lt 28.5 cm	Rt 24.5 cm, Lt 22.5 cm
31/3/2018	Rt 26.5cm, Lt 28 cm	Rt 24 cm, Lt 22 cm
1/4/2018	Rt 26 cm, Lt 27.5cm	Rt 23.5 cm, Lt 21.5 cm
2/4/2018	Rt 25.5 cm, Lt 27 cm	Rt 23 cm, Lt 21 cm
3/4/2018	Rt 24.5 cm, Lt 27 cm	Rt 22.5 cm, Lt 20.5 cm
4/4/2018	Rt 24 cm, Lt 26.5 cm	Rt 22.5cm, Lt 20cm
5/4/2018	Rt 23.5cm, Lt 26 cm	Rt 22 cm, Lt 20 cm
6/4/2018	Rt 23.5 cm, Lt 26 cm	Rt 21.5 cm, Lt 19.5 cm
7/4/2018	Rt 23 cm, Lt 25.5 cm	Rt 21.5 cm, Lt 19.5cm
8/4/2018	Rt 23 cm, Lt 25.5 cm	Rt 20 cm, Lt 19 cm
9/4/2018	Rt 22.7 cm, Lt 25 cm	Rt 20.5 cm, Lt 18.5 cm
10/4/2018	Rt 22.5 cm, Lt 24.5 cm	Rt 20.5 cm, Lt 18.5 cm
11/4/2018	Rt 22 cm, Lt 24 cm	Rt 20cm, Lt 18 cm
12/4/2018	Rt 22 cm, Lt 23.5 cm	Rt 20cm, Lt 18 cm

13/4/2018	Rt 22 cm, Lt 23.5 cm	Rt 19.5cm, Lt 17.5 cm
14/4/2018	Rt 22 cm, Lt 23 cm	Rt 19 cm, Lt 17 cm

Table 3: Investigations Before and After Treatment

Test	Before Treatment	After Treatment
Hb%	6.2 gm/dl	8.2 gm/dl
WBC count	15,500/cmm	11000/cmm
Platelet count	1,66,000	1,73,000
Urine analysis	Albumin-Present. Pus cells- Plenty/hpf	Albumin absent. Pus cells- occasional.
Liver Function Test	Sr. Bilirubin Total- 2.43 mg/dl, Indirect- 1.30 Direct-1.13 SGOT -83 IU/Lit SGPT -52 IU/Lit Total Protein- 7.9g/dl Albumin- 3.8g/dl Globulin(calculated) 4.10g/dl Alkaline phosphate-132 u/l	Sr. Bilirubin Total- 1.6 mg/dl, Indirect- 1.19 Direct-0.41 SGOT -80 IU/Lit SGPT -51 IU/Lit Total Protein- 7.9g/dl Albumin- 3.9g/dl Globulin(calculated) 4.00 g/dl Alkaline phosphate-129u/l
Renal Function test	Blood Urea-32 mg/dl, Blood Urea nitrogen- 15.24 mg/dl, Sr. Creatinine-1.1 mg/dl	Blood Urea-33 mg/dl, Blood Urea nitrogen-15.71 mg/dl, Sr. Creatinine-0.96 mg/dl
USG abdomen	Borderline Hepatomegaly with Mild splenomegaly. Raise reflectivity of Liver with coarse parenchymal and gross surfaced nodularity. Gross ascites.	Liver Grossly normal in size with mild spleenomegaly. Moderate ascites.

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