



JALODHARA (ASCITES) - A CASE REPORT

Dr. Berbi .P. S., PG Scholar, Department of Moulika Siddhantha

Dr. Prarthana H. M., PG Scholar, Department of Moulika Siddhantha

Dr. Sourabha S.kokatnur, Associate Professor, Department of Moulika Siddhantha

Ayurveda Mahavidhyalaya and Hospital, Hubli.

ABSTRACT

Udararoga is one among the Astamahagada. The diseases that are manifested in the abdominal cavity causing the distension of the abdomen is udararoga. It is mentioned that dushti (defect) of udaka vaha srotas or kloma is leading to Jalodara. Jalodara is basically considered to be the disease in which there is filling of jaliya amsha / jala (body fluid) inside udara (abdomen). In this condition Agni plays a major role in the manifesting of disease where the apakruthaaharapaka mala, and all malaswaropa is accumulating in the udara leads to this ghoravyadhi where mandagni, malinabhojana and malasanchaya are considered as main nidanas. In modern part it is ascites which is basically free fluid inside peritoneal cavity in abdomen. It is most common feature in liver diseases and is a sequelae of portal hypertension in liver cirrhosis. A 60 year old female patient approached with udararoga with pada shotha. she was subjected to treatment involving shodhana, shamana treatment followed by vyadhana karma (Tapping) and pathya for 15 days. This case report demonstrated the successful treatment of udararoga

Keywords: Udararoga, Chikitsa, Vyadhana karma, Tapping, pathya apathya

INTRODUCTION:

CASE REPORT:

Patient presented with abdominal distension since 2 months, dyspnoea on exertion, cough, general weakness, decreased appetite, vomiting after meals, pedal oedema Since 4 months

N/K/H/O DM, HTN

HISTORY OF PERSONAL ILLNESS:

A 60 years old female patient came to OPD of Ayurveda Mahavidhyalaya college and hospital, who was apparently normal before 4 months. Since then, patient have been suffering from increased abdominal girth, dyspnoea on exertion, cough, general weakness, decreased appetite, vomiting after meals and pedal edema since 4 months. For this patient took treatment from many allopathy hospitals symptoms are not relieved then she came to our Ayurveda hospital for further treatment.

PERSONAL HISTORY

Occupation: House wife

Height -147 cm

Weight - 71 kg

O/E:

Nadi (pulse)- 60/min

Mala (stool) - constipated

Mutra (Urine)-difficulty in passing urine

Jihwa (Tongue)- lipta

Agni (Digestion)- Agnimandhya

Shabda (Speech) - Normal

Druk (eyes) - Pallor++, icterus+++

Akruti - Madhyama

Bala - heena

Raktadhaba (B.P) = 140/90 mm/Hg

SYSTEMIC EXAMINATION:

INSPECTION: Distended abdomen

PALPATION: Tenderness in the right and left hypochondric region, local temperature+

PERCUSSION: Shifting dullness and fluid thrill present

ASCULTATION: P/A- Bowel sounds +

Table 1: Summarizes the blood profile and ultrasound investigations before and after treatment.

TEST	BEFORE TREATMENT	AFTER TREATMENT
HB	9.5 gm/dl	10.2 gm/dl
WBC COUNT	8700/cu.mm	6300/cu.mm
PLATELET COUNT	1.38 lakhs	1.39 lakhs
URINE ANALYSIS	Pus cells 3-5 hpf, albumin trace	normal
ESR	70 mm/hr	40 mm/hr
RBS	108.9 g/dl	102 g/dl
RFT	Sr. Urea-40 mg/dl	Sr. Urea- 40 mg/dl
	Sr. creatinine- 94 µmol/l	Sr. Creatinine- 94 µmol/l

LFT	BT-1.6 mg/dl Direct - 0.8 mg//dl Indirect-0.8 mg/dl SGOT- 25.6 U/L SGPT-28.7 U/L Alkaline phosphatase-110.2 U/L Protein-8.2 g/dl Albumin- 4.0 g/dl	BT- 1 mg/dl Direct-0.1 mg/dl Indirect- 0.1 mg/dl SGOT-24.6 U/L SGPT- 25.6 U/L Alkaline phosphatase-101.2 U/L Protein-8 g/dl Albumin-3.8 g/dl
USG ABDOMEN PELVIS	Cirrhosis of liver, hepatosplenomegaly, ascites grade 3	Cirrhosis of liver, Splenomegaly, ascites grade 2
Ascitic fluid analysis (500 ml)	Protein-1.34 gms/dl, Albumin-0.49 gms/dl Sugar-127.83 mgs/dl Cytology- No malignancy Impression- Transudate	-

NIDANA OF JALODARA

If there is Atyambupana (excessive intake of water) in the conditions like Snehapitasya (after administration of oleation therapy) or Mandagni (suppressed power of digestion) or Kshinasya atikrishasya (cachexia or excessive emaciation) then Agni loses its power. As a result of this, Vayu located in Kloma (a visceral organ located adjacent to the heart, i.e. right lungs) gets interrupted with Kapha and Udaka dhatu (a liquid element of the body) increases the quantity of water in the obstructed channels of circulation. Both vitiated Kapha and Vayu displace this water from its place and cause its accumulation into the abdomen, due to which Udakodara is caused¹.

The person who is undergoing therapies such as Sneha pana (Oleation), Anuvasana (Oil enema), Vamana (Emesis), Virechana (Purgation) or Niruha (Decoction enema), if he drinks cold water immediately, then channels of water become smeared with fatty materials and give rise to Udakodara².

RUPA OF JALODARA⁽³⁻⁵⁾

1. Aruchi (Anorexia), Pipasa (morbid thirst), Guda srava (discharge from the rectum), Shula (colic pain), Swasa (dyspnoea), Kasa (cough) and Dourbalya (general weakness).
2. The abdomen is Snigdha (unctuous), Mahat (big) and Sthira (static). There is presence of Vritta nabhi (bulging umbilicus).
3. Udaram nanavarna raji sira santatam – appearance of network of veins having different colour over the abdomen.
4. Udaka purna driti kshobha samsparsha – in percussion and palpation, the physician feel as if the abdomen is a leather bag filled with water.

SADHYA ASADHYATA OF JALODARA:

All varieties of Udara roga are considered as Kriccha sadhya(difficult to cure) right from their origin. But it can be cured with proper care soon after its origin.⁶

CHIKITSA FOR JALODHARA:

1.Nidana parivarjana (Avoidance of etiological factors)

2.Nithya Virechana –Patient of jalodhara should be given virechana everyday⁷

3.Apam doshaharanyadau praddhyat udakodare–At first the patient of Jalodara should be administered therapies which remove the defects of the liquid elements. For this purpose, patient should be given drugs having Tikshna properties and different types of Kshara mixed with Gomutra. Patient should be given Deepaniya(digestive stimulant) and Kaphaghna ahara. Gradually, the patient should be prohibited to take water and such other liquids⁸.

4.Takra (butter milk) mixed with Trikatu curna is beneficial in Jalodara⁹.

5.Shastra karma (Abdominal tapping)–The physician should puncture(vyadhana karma) the left side of the abdomen below the umbilicus with the help of Vrihimukha shastra. After that fluid should be drained out with the help of Nadi yantra. After draining the fluid, abdomen should be tied tightly with the help of a cloth bandage¹⁰.

6.Diet regimen after abdominal tapping–Patient should be made to fast after abdominal tapping then he should take Peya(thin gruel) without adding Sneha(fat) and Lavana(salt). Thereafter, he should take following diet for one year¹¹.

- For first six months–Milk diet.
- For next three months–Peya+ milk.
- For last three months–Cereals like Shyamaka along with milk.

These are laghu for digestion and no salt should be given during this period

Table 2 shows the treatment schedule of the patient.

Date	Medicine	Dose	Anupana	Time
11/1/22-15/1/22	Gomutra (cow urine) ¹²	50 ml	Luke warm water	1 time/day
	Patola muladi kashayam ¹³ (Decoction)	20 ml	Warm water	BD
	Punarnavadi mandura ¹⁴ (Tablet)	2 tab	Warm water	BD
	Guduchi+ katuki+ devadaru+ bringaraja + Gokshura kashayam (Decoction) ¹⁵	20 ml	Warm water	BD
16/1/22-20/1/22	Gomutra (Cow urine)	50 ml	Luke warm water	1 time/day
	Punarnavadi	2 tab	Warm water	BD

	mandura (Tablet) Guduchi+ katuki + devadaru + bringaraja+ Gokshura kashayam (Decoction)	20 ml	Warm water	BD
20/1/22-24/1/22	Brihatyadi kashayam (Decoction) ¹⁶	20 ml	Warm water	BD
	Avipattikara churnam (Powder) ¹⁷	1 tsp	Hot water	BD
	Guduchi+ katuki+ devadaru + bringaraja + Gokshura kashayam (Decoction)	20 ml	Warm water	BD
	Gomutra haritaki ¹⁸	1 tb	Warm water	BD

12/1/22 – Vyadhana karma (Tapping) done – Collection of 500 ml ascitic fluid.

Table 3: Showing in Relief in Symptoms

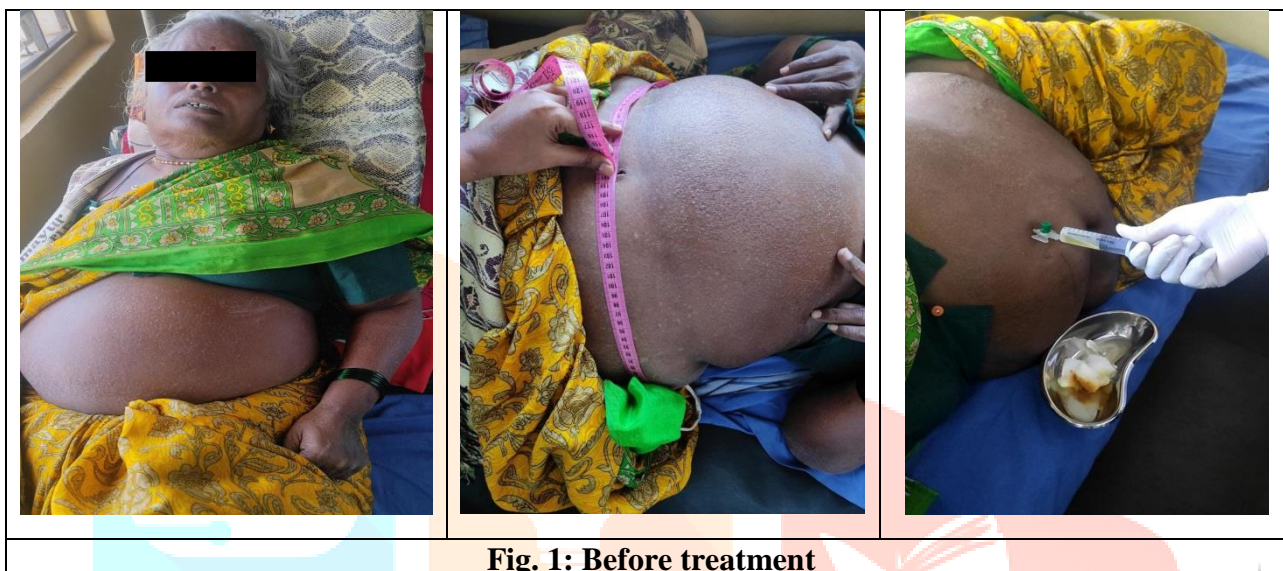
Date	Anorexia	Vomiting after meals	Abdominal distension	Dyspnoea	Cough	Generalized Weakness	Bilateral Pedal edema
11/1/22- 13/1/22	+++	+++	+++	++	++	+++	+++
14/1/22- 16/1/22	++	+	+++	++	+	++	++
17/1/22- 19/1/22	++	-	++	+	-	+	+
20/1/22- 22/1/22	+	-	+	-	-	-	+
22/1/22- 25/1/22	-	-	+	-	-	-	+

+ indicates severity of complaints

- indicates absence of signs and symptoms

Table 4: Measurement of Abdominal girth

DATE	Below Umblicus (cm)	At Umblicus (cm)	Above Umblicus (cm)
11/1/22	114 cm	111 cm	107 cm
13/1/22	113 cm	111 cm	106 cm
16/1/22	110 cm	110 cm	105 cm
19/1/22	105 cm	108 cm	104 cm
22/1/22	101 cm	104 cm	101 cm
25/1/22	99 cm	101 cm	97 cm



DISCUSSION

The Nidana are due to atiruksha ,vidahi annsevana, vegadharana and ratri jagarana leads to agnimandya causing amotpatti leads to prana,samana,apana vayu dushti and ambu swedavaha srotoavaroda. Then ushna guna of pitta increased leads to udara vriddhi causes jalodhara.Because of Dushita vata ,dusthta annarasa gets sthanasamsraya in twacha and mamsa of udara causes jalodhara.Nidana parivarjana is the first line of treatment adopted.According to Ayurveda Chikitsa sutra of udara is Nitya Virechana (Purgative). Agnidipana (Increase appetite), Balaprapti and yakritottejaka chikitsa (Stimulating hepatic function) and also Arka Pattabandhana over abdomen as a external application.Appreciable results were observed in the form of reduction of abdominal girth, bipedal oedema, Increase appetite, increase strength.

Gomutra possess tikshna, ushna guna enhances agni. By its ushna, tikshna and ruksha guna it removes the srotosanga and helps in samprapti vighatana (Breakdown the pathogenesis). Simultaneously there was removal of apya dosha. Patola muladi kashayam contains patola, triphala, vishala, trayamana, katukarohini and nagara having tikta katu rasa and ushna veerya acts as pachaka and it is yakrittejaka. Brihatyadi kashayam contains brihati, prishnaparni, kutaja, paata and yasthimadhu having mutrala and shothahara property. The kashaya tikta rasa of brihatyadi kashayam acts as vatanulomaka and srotoshodhaka and kledhasamana property. Avipattikara churnam- Chikitsa sutra of jalodara is nithya virechana to break up the sanga of all dosha and retained fluid and for separate them virechana is necessary. Yakrit is the mula sthana of rakta. Rakta pitta has ashraya and ashrayi sambandha, hence for elimination of vitiated pitta avipattikara churnam is given for virechana. Avipattikara churnam having trikatu and triphala corrects the agni by deepana and pacify pitta dosha by vatanulomana action. Punarnavadi manduram is indicated in udara roga and it also reduces the shotha (Swelling). It corrects Pandu and shwasa too. Gomutra Haritaki- Apana vayu is also included in samprapti of Jalodhara. Gomutra haritaki removes srotosanga along with vatanulomana. Guduchi, katuki, devadaru, bhringaraja, gokshura mainly having tikta pradhana kashaya rasa, ushna veerya, Kapha pittaghna. Due to its gunas it helps in absorption of extra peritoneal fluid, which plays an important role by kleda shoshana, Agni deepana, Srotomukhavishodhana, yakrit uttejaka. Vyadhana karma (tapping) done for diagnosing the underlying cause and to reduce the pressure in udara. 500 ml of ascitic fluid collected.

Pathya apathya is planned. Diet was restricted to the patient only lukewarm godugdha and takrapana was advised to intake for easy digestion. Patient had started improving during hospital stay and at the end of 15 days, there is good improvement in all symptoms of patient. Follow up advised for patient to get full recovery.

CONCLUSION:

Even the vyadhi is difficult to cure also can be managed by skilled physician. Jalodhara is one among the eight types of udara. Jalodhara can be managed by proper treatment in its initial stage by identifying the correct dosha dushya involvement. Ayurvedic treatment with nidana parivarjana, correcting agni, sroto shodhana and nitya Virechana give better result in ascites without side effect.

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