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A CASE REPORT ON AYURVEDIC MANAGEMENT OF *JALODARA* (ASCITES)

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ABSTRACT

Udara- mentioned under one among Ashtamahagadhas. In the Purana Avastha it is said to be Asadhya yet based on stage of disease it can be managed. The ayurvedic management of Jalodara which has provided a significant result to improve the lifestyle and reduce the symptoms markedly. As the disease is chronic there is an involvement of multisystemic symptoms. Through ayurvedic management providing a relief to the symptoms, can provide a lead for further research activities.

A male patient aged 50 years N/K/C/O HTN and DM presented with symptoms of increased size of abdomen,swelling of bilateral lower limb since 8 months associated with reduced appetite and altered bowel habbits. With history of alcohol consumption since 10 years.

On examination
Inspection :
Abdomen : Enlarged Prominently,
prominent viens, umbilicus: protruding
Palpation: Shifting dullness +
Flank Bulging +
Fluid Wave +
Pitting Odema +
Percussion : Dull
Auscultaion: Abdominal Venous Hum +
Hepatic Arterial Bruit +
Hepatic Frictional Rub +

As the clinical features are pretending to the clear cut diagnosis of gross ascites. In ayurveda the Lakshanas are Adhmana,Dourbalaya ,Durbalagni,Shotha,Angasada,vata sanga pureesha all indiactaing the Udara roga.

Treatment protocol starts with Agnideepana, Amapachana ,Srothoshodhana, Kledashoshana. Bhedana line of treatment approach to be carried out for breaking up the Samprapthi of Udara such as Srothorodha of Sweda and Ambu - Dushta of Prana and Apana vata -Agnimandhya -causes Udara.

The Nidana and Samprapthi Gataka has to be understood clearly to match the Amshamasha Kalpana of the Chikitsa. If it proceeds well further treatment and response will increase drastically to provide good improvement.

KEYWORDS: *Jalodara*, Ayurvedic management Grossascites.

INTRODUCTION

This case follows the *Nidana* and *Samprapthi* of *Pandu* and *Kamala* which further leads to *Udara*[1]
As the *Nidana* includes *Ati Amla Lavana Katu Sevana ,Madhyapana ,Vishamashana* all these causes *Athipakva* of *Raktha dhatu* leads to *Kamala* and further *Ajeerna Adhyashana* leads to *Haleemaka* and finally *Jalodara*[2].
Here identifying *Nidana* and *Samprapthi* is very vital before planning the treatment protocol.

Patient Information

A 50 year old male patient complains of enlargement of abdomen and swelling of bilateral lower limb since 8 months associated with reduced appetite and altered bowel habbits .

Medical history: N/k/c/o HTN and DM, k/c/o oesophageal varices
Family history: Nothing significant
Addiction -chronic alchoholic since 10 years. weekly twice 250 ml with fried items.

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Past Interventions

- Investigated and diagnosed as gross ascites with mild fatty liver.
- Grade 1 oesophageal varices with severe portal hypertensive gastropathy.

Clinical Findings

Inspection :
Abdomen : enlarged prominently,
prominent viens, umbilicus:protruding
Palpation: Shifting dullness +
Flank bulging +
Fluid wave +
Pitting odema +
Percussion : dull
Auscultaion: Abdominal venous hum +
Hepatic arterial bruit +
Hepatic frictional rub +

Time Line

- Apparently well before 8 months
- 1-2 months -gradually started with reduce appetite and abdominal distension
- 3-6 months – constipation and fluid accumulation and increased size of abdomen
- 7-8 months – Pitting oedema in bilateral lower limbs.

Diagnostic Assessment

LFT	16-12-2024	22-12-2024	01-01-2024
Total Bilirubin	3.8 mg/dl	3.4 mg/dl	3.8mg/dl
Direct Bilirubin-	2mg/dl	1.9mg/dl	2.9mg/dl
Indirect Bilirubin	1.8 mg/dl	1.5mg/dl	1mg/dl
Albumin	2.4g/dl	2.3g/dl	2g/dl
Alp	190 u/l	130.0U/L	85.0U/L
SGOT	30.8 UL	28.8UL	31.8 U/L
SGPT	19.3UL	15UL	14.6 U/L

ON 11/09/2024
HB% - 6gm/dl
Esnophills -10 %
Sodium – 128mmol/l

ON 18/09/24
Endoscopy -Grade 1 oesophageal varices with PHG.
Prognosis : Child Pugh score
Total Bilirubin - 73.0 (3'8) 3P
Serum albumin - <2.8 (2.4) 3P
INR- 1.7-2.30(2.2) 2P
class B - 8 Points -
Significant functional compromise

Therapeutic Interventions

In Udara – Srothorodha and all *Tridosha* will be involved. Need to be specific on the *Amashamasha Kalpana* of selecting *Aushadhis.*[3]
As there is dosha *Athimatara upachayath* and *Srothorodha* , there is only *Nitya virechana* is mentioned to safeguard the *Rogibala.*[4]

In case of *Jalodara* ,initially *Agnivardhaka* and *Kaphahara* line of approach is mentioned. Especially *Gomutra ,Takra, Yoosha, Kshara* are given highest importance in case of *Jalodara*.[5] And even fluid restriction is also to be taken care as there is *Agnimandhya* and *Srothorodha.*
9b) External therapies:
On 15/12/2024 –

1. *Lepa* to abdomen with *Katuki choorna* with *Gomutra*[6].
2. *Sthanika Parisheka* with *Dhanyamla* and *Gomutra*[7].
3. *Prathimarsha Nasya* with *Bhoomiamalaka Swarasa* 4 drops

Internal Medicines

1. *Gomutra Harithaki*[8] – 5grams tid with *Takra* after food
2. *Avipathikkarachoorna*(50grams)+*Godanthi Bhasma* (50grams)+*Arogyavardhini Rasa* (10 grams)+ *Soothashekara Rasa* (10 grams)+*Amrithasatva* (20 grams)+ *Punarnava choorna* (50 grams)+*Gokshura choorna*(50 grams) mix all these and 5 grams tid with warm water before food.

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3. Pathya – whole day -*Kana Vyosha Siddha Takra*[9] and *Ksheeranna*[10].

Sthanika Parisheka - is selected as a primary treatment as it is *Drava Sweda* it is indicated for *Vatikothara Vatika Vikaras*[11].

- And *Parisheka sweda* is mentioned for *Samsrishta* and *Sannipatha* doshas based on the type of *Dravya* selecting for conducting *Drava Sweda*.
- In *Udara Chikitsa* of *Charaka Samhita* specific *dravyas* are mentined for *Parisheka sweda*.In that *Dhanya jala Paktva Avasechayet* is clearly mentioned where the importance of *Mutra Prayogas* for *Parisheka sweda*[12] is also given the equal importance.
- *Katuki gomutra lepa*:

As *Katuki* is a *Bhedana dravya* it also has the Properties of *Tiktha, Ruksa, Laghu, Kaphapitta Jwarapaha* - when it is used with *Gomutra* it may have the effect of *shopha hara*. As *Gomutra* is having the Properties of *Teekshna, Ushna, Kledha shoshana* & *Shophagna*. It may help in absorption of excess fluid in the abdomen.

- *Shiropichu* with *Mahathiktha gritha* : *Shiropichu* is selected to initiate good sleep and for the purpose of calmness of mind. As there is involvement of *Pithavrtha Prana* to tackle the *Bhrama* and for the purification of *Pitha Rajo Prabalyatha Mahathikthka Gritha* is selected as it is mentioned for *"Krichran Pithajan Gadhan"*[13]
- *Bhoomiamalaki Swarasa – Prathimarsha Nasya*
  As patient having symptoms of *Haridratwa* of *Netra* and burning sensation of eyes *Pitha shamaka* measures has to be take on its *Sthana.*
  Thamalaki has given equal importance in pacifying the *Kapha* and *Pitha*. It is also *Raktha prasadaka* ,in *Dhanwanthari Nighantu* it is clearly mentioned that *Tamalaki* is having the action of *Drshti daha vinashini.*
  Gomutra harithaki prepared in a *Choorna* form ,where it is palatable for the patient to take regularly.
- *Harithaki* by itself is indicated in more than 60 diseases based on its method of prepration and administration. In Bhavaprakasha Nighantu *Haritakyadi varga*, *Guna* and *Karma* of *Harithaki* are directly discussed.It is well known for *Anulomana* other than that it has properties of *Shothahara,Udarapaha,Pleeharoga*.
- As in this case of *Jalodra, Harithaki* as a single drug pretends to be very effective.
- *Gomutra-Teekshna,ushna,Bhedhana* properties mainly helpful in bringing athe action of *Krimi,Vishahara,Shopha Udarapaha* properties.
  - *Gomuthra Harithaki* prepration:
    - 30 fruits of *Harithaki*
    - *Harithaki* has been taken and cleaned,then kept for drying in shade for 3 days.
    - Then it was cooked with *Gomuthra* on *Mridu Agni.*
    - Then it is kept for drying and powdered and packed in *Choorna* form in an air tight container.
  - *Takra :*
    - *Takra* has the *Gunas* of *Laghu ,Kashaya* and *Amla anurasa,Deepana kaphavatajith*.
    - And it is mainly indicated for *Shopha*, *Udara, Garavisha, Pandu, Adhmana, Shoola*, which also helps in *Agnideepana* and *Srothoshodhana* and further fast absorption and assimilation of the medicine.

Follow up and Outcomes

Anthropometry	15-02-2024	18-02-2024	22-12-2024	26-12-2024	30-12-2024
Abdominal circumference	139cm	135cm	124cm	122cm	121cm
Mid arm circumference	20 cm	21cm	24cm	25cm	20cm
Ankle joint circumference	25cm	23cm	22cm	20cm	20cm
Pre tibial circumference	47cm	46cm	42cm	41cm	40cm

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Avipathikkara choorna -has the properties to cure Agnimandhya, arsha helpful in maintaining to *Samana* and *Apana vata karma.*

Godanthi Bhasma: As it is having *Sheetha veerya Pithahara* in action and also *Agnideepana* and *Balya* ,helpful in reducing the risk of portal hypertension and vasodialation.

Soothashekara rasa : It does the action of *Agnideepana* ,*Grahani doshahara ,Anulomana* and *Shoolapaha.*

As it is mentioned under *Amlapitha adhikarana* it is highly helpful in balancing the *Vata* and *Pitha a*nd also does the *Srothoshodhana* action.

Arogyavardhini rasa: As it is mentioned under *Jwara adhikarana* highly helpful in *Srothoshodhana* and *Tridosha*

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shamana. In *Udara Tridosha* involvement is seen so *Tridoshahara oushadhas* are having equall importance.

As it contains *Katuki* helps in *Bedhana* and therefore helps in *Nithya virechana.*
Guduchi satva: As a single drug *Guduchi* is having the role of *Pithakapha shamana,Jwarahara,Agnideepana* and *Srothoshodhana*.Indicated in *Pandu ,Kamala*,and *Krimi.*

In the form of *Satva* it provides faster action on systemic biology and it also acts as *Rasyana* to the body.
Gokshura: Has the action of *Tridosha shamana*, *Agnideepana, basthishodhana,Balya,Arshohara* and *Kleda Shoshana*
Punarnava: It does the karma of *Shophahara,Vatakapha Vinashana,Deepana, Rukshakaraka*.It is also indicated in *Gara visha,Hridroga*,*Kasa*,and *Kledavilayana*.

	0th day	4th day	7th day	12th day
Appetite	Completely reduced	Improved by 40%	Improved by 60%	Improved by 80%
Bowels	Once in 3 days	Daily once (*gaada varchas*)	Passing thrice daily(*bhinna varchas*)	Passing thrice daily(*bhinna varchas)*
Exertion	Increases on activity	Reduced by 20%	Reduced by 40%	Reduced by 60%
Breathing difficulty	Increases on lying posture	Reduced by30%	Reduced by 50%	Reduced by 60%

No adverse and anticipated events found during the course of treatment.

DISCUSSION

In this case -initially *Deepana, Pachana,Anulomana* and *Srothoshodhana* has helped a lot to improvise the condition of the patient and helpful for reducing maximum of systemic illness.

External treatments-are helped in achieving the *Shamanaroopiya Langhana* which is very much required in this case.
Challenges- on the view of *Shodhana* aspect it is important for looking into *Rogarogi Bala* of the patient. As in this case patient is having *Uttama Roga Bala* and *Madhyama Rogi Bala -Teekshna Shodhanas* where not able to be planned by considering these factors .Only *Nitya Shodhana* and *Anulomana* are choosen as the key factor for planning the treatment protocol.

In this case the yoga of *Gomutra Harithaki* has proven to be an effective medication,providing significant relief from a wide range of symptoms.

Gomutra Harithaki- this preparation is clearly mentioned in *Charaka Chikithsa Sthana* 16th chapter- *Pandu Chikitsa*. As it is mentioned for *Bhedhana, Anulomana,Srothoshodhana,Vishahara* and especially *Shophahara* which has helped a lot in this case for reducing the wide variety of systemic illness.

Pathya for *Jaloodara* are clearly mentioned in 13 th chapter of *Charaka Chikitsa Sthana* where *Takra* ,*Ksheera* has given equal importance.

Nithya Virechana is mentioned mainly by considering these factors, *Roga* and *Rogi Bala* and *Satwa* of the patient.

This case has been considered as fatal where there is a need of continuous symptomatic mediactions ,parasurgical and surgical interventions was the options available in contemporaray science.Here through only the Ayurvedic line of approach the symptoms has been managed to the optimum level and where the quality of life of the patient has been improved to the maximum level.And by advising the internal medication and *Pathya* for one month it can be observed that the response of patient is improving without any severe difficulty.

Gross ascites(*Jalodara)* is generally considered as *Yapya Roga* unless it is of recent origin.However despite being categorized as *Yapya*, a thorough understanding of the *Sampraptighataka* and the *Amshamshakalpana* is essential for planning an effective treatment.By addressing these factors appropriately,a positive response can be achieved in the patient.Especially *Pathya* should be given equal importance to that of treatment for better results.

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