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Original Research Paper

Ayurveda

A SINGLE CASE STUDY ON SUCCESSFUL AYURVEDIC MANAGEMENT OF *JALODARA* (ASCITES)

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ABSTRACT Ascites, the accumulation of fluid in the peritoneal cavity, primarily manifests as a result of liver dysfunction, commonly attributed to liver disease. Despite advancements in modern medical care, complete and lasting resolution of ascites remains exclusive, typically leading to reoccurring fluid build-up in the abdomen over time. However, Ayurveda treatments offer an alternative approach that has shown promise in managing ascites effectively without adverse effects. Ayurveda, addresses ascites under the condition known as *Jalodara*, providing therapeutic solutions that include herbal formulations, *Panchakarma* therapies (purification procedures), dietary regulations, and adjustments in lifestyle. This case study presents the successful application of Ayurvedic principles in the treatment of a 38-year-old male, suffering from ascites caused by alcoholic liver cirrhosis. The treatment protocol involved a combination of specific herbal preparations tailored to the patient's condition according to the treatment principle described in Ayurveda classical texts, alongside comprehensive *Shodhana* therapies and personalized dietary modifications. These interventions led to significant clinical improvements, underscoring the efficacy of Ayurveda in managing ascites, offering patients a holistic approach to health that complements conventional medical practices.

KEYWORDS : *Jalodara*, Ascites, *UdaraRoga*, Liver Cirrhosis, Ayurveda management, Dietary modifications in *Jalodara*

INTRODUCTION

Ascites, accumulation of excess fluid in the abdomen, is often among the first signs of decomposition in patients with chronic liver disease. Cirrhosis is the underlying cause of ascites in at least 80% of patients, but other factors (e.g., heart failure, constrictive pericarditis, nephrotic syndrome, tuberculous peritonitis, peritoneal malignancy, and pancreatic duct leak) must also be considered. Approximately 50% of patients with cirrhosis develop ascites within 10 years. The development of ascites in the setting of cirrhosis is an important landmark in the natural history of chronic liver disease because approximately 50% of patients die within years.[1]

Ayurveda, the Ancient Indian System of Medicine, offers a holistic approach to health and disease management. *Jalodara*, classified under *Udara Roga*[2] (abdominal diseases) in Ayurveda, corresponds to ascites in modern medicine. *Charaka Samhita* describes its pathogenesis as Excessive consumption of water on occasions like oral medication with medicated *Ghrit*, impaired state of *Agni*, debility and emaciation causes destruction of *Agni* and vitiation of *Vata* situated at *Kloma*. These vitiated factors obliterate *Udaka-vaha-srotas*. Thus obliterated *Kapha* mixed water further increases the fluid contents which by disloging from its site and accumulating in *Udara* produce *Jalodara*.[3]

In this case, the treatment protocol followed was *Rasayan Chikitsa* by *Vardhman pippali rasayan, Mutravirechaka and Yakrit dosha shamak aushadha* along with strict diet restriction i.e. only *Dugdha ahara* during IPD stay of the patient.

CASE STUDY

Patient Information

A 38-year-old male patient presented with symptoms including abdominal distention, bilateral pedal edema, difficulty in breathing, anorexia, generalised weakness, and abdominal pain since 2 years.

History Of Present Illness:

According to the patient, he was relatively healthy before two years. Gradually, he developed the above-mentioned symptoms of abdominal pain, pedal oedema, generalised weakness, abdominal distension. The patient had a history of chronic alcoholism and had undergone multiple hospitalisations without significant relief from conventional treatments. He had undergone abdominal paracentesis two times in the interval of 20 days in last month. He is on allopathic medicines (Tab. Lasix 40mg 1 tab OD, Tab. Spirolectone ½ tab OD, Tab. Refaximin 1 tab BD, Tab. Supradyn 1 OD), but he was not getting relief in symptoms. Seeking alternative treatment, the patient approached the Ayurvedic Treatment and admitted to P.D. Patel Ayurveda hospital, Nadiad.

Clinical Findings

Sr.No.	Chief Complaints	Onset (On/off)
1.	Abdominal pain	6 months
2.	Anorexia	9 months
3.	Pedal Oedema	10 months
4.	Generalised Weakness	1 year
5.	Abdominal distension	2 years
6.	Respiratory distress	2 years
7.	Burning B/L Soles	2 years

Physical Examination

- Bilateral pedal edema: Severe (Grade 3)
- Dyspnoea: Severe
- Body temperature: 99.0 F
- Mild pallor
- Blood pressure: 110/80 mmHg
- Pulse: 90/min
- Icterus
- Respiratory rate: 26/min.

Systematic examination (per abdomen)

Inspection: Distended abdomen,

Tensed abdomen,
Spider navi,
Everted umbilicus.

Palpation: Tenderness in the right and left hypochondriac region

Percussion: Shifting dullness- present
Horse shoe dullness- present
Fluid thrill: Present

Laboratory Findings:

Sr. No.	Investigations	Findings
1	Hb (gms%)	9.2
2	ESR (mm/hr)	35
3	HBsAg	Negative
4	SGPT	24
5	SGOT	88
6	Alkaline Phospate	188
7	S.Protein	4.0
8	S.Albumin	2.0
9	S.Globuline	2.8
10	Bilirubin (total)	5.6
11	Direct Bilirubin	4.8
12	In direct Blirubin	0.8
13	Sodium	120
14	Potassium	3.8
15	Chloride	83

Imaging Findings:

USG abdomen: Enlarged liver and shows raised echogenicity with surface nodularity with collaterals of porta hepatic artery appears dilated. Gross ascites.

Therapeutic Interventions.

The patient was managed with *Pippali Vardhaman Rasayan kalpa* followed by *Virechana* with *Katuki churna* followed by multi herbal *Yakritdosha shamak* and *Mutral* therapy.

Sr. No.	Interventions	Dose	Anupana	Days
1.	*Vardhmana pippali rasayana*	Starting from 1gm twice a day increasing upto 5 gm, 5gm continued for 5 days then decreasing upto 1 gm.	*Dugdha*	12/07/2023 to 24/07/2023
2.	*Shweta parpati*	500mg twice a day	*Dugdha*	12/07/2023 to 20/08/2023
3.	*Punarnavadi kwath*	40ml twice a day		
4.	*Virechana with katuki churna*	5gm	*Dugdha*	On 25/07/2023
5.	*Bhumiamalakai churna*	3gm twice a day	*Dugdha*	26/07/2023 to 20/08/2023
1.	*Sharpunkha churna*	2gm twice a day	*Dugdha*	
6.	*Bhringraj churna*	3gm twice a day	*Dugdha*	
7.	*Kakmachi churna*	3gm twice a day	*Dugdha*	

Diet: Only *Dugdha* diet

OUTCOMES & Follow-up:

Clinical Improvement:

After six weeks of treatment, the patient showed significant improvement in symptoms. Abdominal distention reduced, pedal edema subsided, and breathing difficulties eased. Appetite improved, and the patient reported increased energy levels and reduced pain. Follow up after 15 days.

Date	Anorexia	Abdomen distension	Respiratory distress	Generalised weakness	B/L Pedal edema	Pain in abdomen
12/7/2023	++++	+++++	++++	++++	++++	++++
15/7/2023	++++	+++++	+++	++++	++++	++++
18/7/2023	+++	++++	+++	+++	+++	+++
21/7/2023	+++	++++	++	+++	+++	+++
24/7/2023	+++	++++	++	++	+++	++
27/7/2023	++	+++	+	++	++	++
30/7/2023	++	+++	+	++	++	++
02/08/2023	++	+++	-	++	++	+
05/08/2023	+	++	-	++	++	+
08/08/2023	+	++	-	++	+	+
11/08/2023	-	++	-	+	++	+
14/08/2023	-	+	-	+	+	-
17/08/2023	-	+	-	+	+	-
18/08/2023	-	+	-	+	+	-

+ Indicates severity of complaints, - Indicates absence of sign & symptoms

Improvement In Systemic Examination:

	Findings	Before treatment	After treatment
Inspection	Distended abdomen	Severe	Mild
	Tensed abdomen	Severe	Mild
	Everted umbilicus	Present	Inverted umbilicus
	Spider navi	Present	Absent
Palpation	Tenderness in right hypochondriac region	Severe	No tenderness
Percussion	Shifting dullness	Positive	Negative
	Horse shoe dullness	Positive	Negative
	Fluid thrill	Positive	Negative

Improvement In Laboratory Parameters:

Follow-up laboratory tests indicated normalization of albumin levels, reduction in liver enzymes, and improved electrolyte balance. These results aligned with the clinical improvements observed, underscoring the effectiveness of the Ayurvedic regimen.

No	Investigations	Before treatment	After treatment
1	Hb (gms%)	9.2	10.8
2	ESR (mm/hr)	35	10
3	HBsAg	Negative	Negative
4	SGPT	24	19
5	SGOT	88	40
6	Alkaline Phospate	188	198
7	S. Protein	4.0	5.4
8	S. Albumin	2.0	2.6
9	S. Globuline	2.8	2.8
10	Bilirubin (total)	5.6	2.0

11	Direct Bilirubin	4.8	1.5
12	In direct Blirubin	0.8	0.4
13	Sodium	120	125
14	Potassium	3.8	4.6
15	Chloride	83	100

Images:

DISCUSSION

Nidana Parivarjana (avoid causative factors): For this diet and water, intake was restricted, and the patient was kept only on *Dugdha ahara*.[4]

Initially, a procedure, which consists of a specific administration pattern of *Pippali* in increasing and tapering doses (***Vardhamana Pippali Rasayana***), was performed on the patient. According to classical Ayurveda, this procedure exerts a *Rasayana* effect, which can be interpreted as being *Udararoga nashak*.[5]

The multidimensional approach of Ayurveda calls for certain purification measures, i.e., *Shodhana,* in most diseases. Here, ***Virechana*** *is* induced by *Churna* of rhizomes and roots of ***Katuki***. Kutkin, a glycosidal bitter component of *Picrorhiza kurroa*, exhibited hepatoprotective activity in alcohol-induced hepatotoxicity[6].

Punarnava exhibits anti-inflammatory, hepatoprotective, and antioxidant effects, and therefore it can be considered as an option in this type of cases[7].

To promote diuresis, the herbal compound formulation ***Punarnavadi-kvatha*** based on the whole plant of *Boerhavia diffusa,* and the herbomineral combination ***Shveta-Parpati*** were chosen[8].

Bhringaraja (*Eclipta prostrata*) holds a prominent position in the traditional use for hepatitis and spleen enlargements in Ayurveda and is considered to be a liver tonic[9].

Sharpunkha (*Tephrosia purpurea*) is widely used in the treatment of inflammation of the spleen and liver in the Ayurvedic tradition. Its powdered aerial parts prevent an elevation of SGOT, SGPT, and bilirubin levels[10].

Kakamachi (*Solanum nigrum Linn.*)is a proven hepatoprotective and anti-inflammatory medicine[11.] hence administered in this patient.

Hence, by using Ayurveda principles of treatment in ascites w.s.r. *Jalodara* patient got significant relief in signs and symptoms as well as in laboratory parameters.

CONCLUSION

This case study underscores the effective management of ascites (*Jalodara*) using Ayurveda principles, showcasing both general and specific approaches integrated into treatment. The notable improvements observed in clinical and laboratory parameters highlight Ayurveda's potential in addressing complex conditions such as ascites. However, to establish Ayurveda as a credible alternative for ascites management, further research, including larger clinical trials, is essential to validate these findings rigorously. Such studies would contribute to the broader acceptance and integration of Ayurveda approaches in contemporary healthcare practices for ascites and potentially other conditions.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Conflicts Of Interest

There are no conflicts of interest.

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