



MANAGEMENT OF UDAR JATODAK AWASTHA – A CASE STUDY

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ABSTRACT Ascitis is a gastro-enterological term for accumulation of fluid in peritoneal cavity that exceeds 25ml. It is commonly presented due to cirrhosis, any severe liver disease, or metastasis. Ascitis in modern science that is Udar in Ayurveda is troublesome to treat in an effective manner and is irritating disease for patients too. Many of the patients succumb to this disease who are alcoholic as men being the common sufferers. Mild ascitis is difficult to diagnose but severe is visible enough leading to tense abdominal distension. Patients with ascitis generally complain of progressive abdominal heaviness and distension as well as shortness of breath. Other symptoms and signs may be present due to underlying cause. Ascitis exists in 3 grades they are

- 1) Mild- only visible in USG or CT
- 2) Moderate- flank bulging and shifting dullness
- 3) Severe- directly visible, fluid thrill test.

In modern science the agenda of treatment includes diuretics, paracentesis, diet (Salt restrictions). Whereas in ayurveda the treatment principle depends on the stage of the disease.

Here I present the case of a 60 yrs old male patient who was diagnosed with moderate ascitis along with portal hypertension, liver cirrhosis using the principle of Nityameva virechanat.

KEYWORDS :

Case

Patient name- ABC
Age-60yrs
Sex- male
Reg no-7013/17
D.O.A- 20/3/2017
c/o- pain in abdomen +++
heaviness of abdomen+++
difficulty in walking+++
b/l pedal oedema++
H/O- DM treatment taken for 1 year
N/H/O- HTN/PTB/BA/IHD/Epilepsy
H/O- malaria
N/H/O- Typhoid/Dengue/Jaundice/Chikengunea
N/H/O- any major surgical illness
H/O- BT in 2014
O/E-
GC- fair and afebrile
P-120/min
BP-130/80mm of hg
S/E-
RS- AEBE clear
CVS-S1S2 normal
CNS-conscious and oriented
Pupils B/L NSRTL
Plantars B/L Flexors
P/A- tenderness all over abdomen L2S0K0

Investigations- all routine investigations were done in which it was found that patient had impaired LFT and low Hb count which was taken into consideration for treatment purpose. USG reports revealed that patient was having moderate ascitis.

Treatment given-

- 1) Shunthi siddha ksheer for agni deepti with bal rakshan
- 2) Kutki kwatha 30ml at 6.30AM daily for virechan
- 3) Phaltrikadi kashay 30ml BD for virechan and impaired LFT
- 4) Trivruttavaleha 10gm daily morning
- 5) Eranda+ arka patra udar pattabandhan

Observation-

Girth of abdomen – it was recorded with the following method

Three readings were taken first 4 angul above umbilicus, second at

umbilicus and third 4 angul below umbilicus. Which was taken on admission and after a course treatment of 21 days which are as follows:
On admission- 95cm, 94cm, 95cm.

After 21 days- 85cm, 84cm, 84cm.

Symptomatically-
pain in abdomen 0
heaviness of abdomen+
difficulty in walking+
b/l pedal oedema+

DISCUSSION-

Initially when patient came to hospital he came with a USG diagnosis and also after physical diagnosis with moderate ascitis after treating the patient for 21 days a repeat USG was done which showed mild ascitis. Here it can be said that without performing any invasive procedure patient was kept whole n sole on milk diet and following the ayurvedic principle of nityameva virechanat means to be given purgation as per patient's condition.

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