



ORIGINAL RESEARCH PAPER

Ayurveda

EFFECT OF AYURVEDIC TREATMENT IN UDAR (ASCITES) W.S.R. TO NON-ALCOHOLIC LIVER CIRRHOSIS: A CASE STUDY

KEY WORDS: Ayurveda; Yakrut; Udara; Ascites; Virechana.

Dr. Santosh I. Swami

Associate Professor Kayachikitsa Department, SGR Ayurvedic Mahavidyalya, Solapur

Dr. Punam S. Katariya*

PG Scholar Kayachikitsa Department, SGR Ayurvedic Mahavidyalya, Solapur
*Corresponding Author

ABSTRACT

A 50 yrs. male patient presenting with *udarvrudhi*, (abdominal distention), *dourbalys* (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 *Calotropis procera*). Appreciable result were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

INTRODUCTION

Ascites is accumulation of fluid in the peritoneal cavity. Ascites is caused very commonly due to cirrhosis & 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 distension. 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 portal hypertension, 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*¹. In this case subject having no H/o of alcohol consumption or any type of addiction but he has habit of eating *atiushna*, *lavan*, *Kshar Vidahi* *amla sevan*, *adhyashan*, *diwaswap* etc.. 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 important 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.

A Case Report:-

A 50 years male Hindu patient brought by relatives to Seth Sakharam Nemchand Jain Ayurved Hospital, Solapur belonging to the middle socio economic class presenting with complaints of

<i>Udaravriithi</i> (increased abdominal girth)	since 8 month ago
<i>Ubhay-pad-shotha & Krushnabh twak</i>	
<i>Dourbalya</i> (gen. weakness)	since 6 month ago
<i>Kshudhamandya</i> (decreased appetite)	since 1 month ago
<i>Sarvangkandu</i>	- 15 Days ago
<i>Nakh, netra, shakrut, mutra - pitavarni</i>	since 1 month ago

H/O -

Patient has no H/O of alcohol consumption any type of addiction. Patients relative confirmed that.

N/H/O -

DM/HTN/Allergy or any other diseases.

On Examination:-

Pulse rate- 78/min
B.P- 110/70 mm of hg
Pallor- ++
Icterus- ++
Weight - 83/kg

RS-AE-BE clear CVS-S1 S2 normal

No abnormal sound CNS-well conscious oriented.

P/A- Inspection -

abdomen enlarged with umbilical hernia, fullness in flanks.

Umbilicus -

Everted, displaced downwards blackish discoloration to nails, sclera. Pedal edema.

Palpation -

Mild pain in umbilical region on superficial palpation, liver, spleen were not palpable.

Percussion -

Dull note in flanks in supine. Shifting dullness was present. Fluid thrill present.

Auscultation -

Normal bowel sounds heard on the basis of signs, symptoms & examinations patient was diagnosed with *jalodar*.

Ashtavidhpariksha:-

- 1) *Nadi*-74/min
- 2) *Mala-Samyak*
- 3) *Mutra*-4 to 5 times day (*pitvarni*)
- 4) *Jivha*-sasa
- 5) *Shabd*-spashta
- 6) *Sparsh*-ishat *ushana*
- 7) *Druk*-*pitvarni*
- 8) *Akruti*-*Madhyam*

Srotodushti- *Rasavahasrotas*, *Annavaahasrotas*, *Udavaahasrotas*, *Pranavaahasrotas*.

Hetu:-

- *Ati sanchit doshanam* - (h/o recurrent *amlapitta*, *hrullas*)
- *Ati ushna*, *lavana*, *kshar*, *vidahi amla sevan* -habit of eating salted peanuts, wafers, namkins, etc daily for 14 years.
- *Aamata*, *Atipurnata* (*adhayshan*)
- *Diwaswap pratidin* (1/2 to 1 hr)

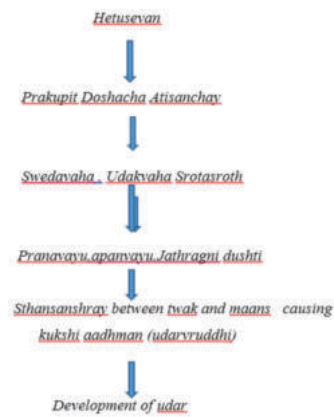
Purvarupa:-

- *Bhuktam vidahyate*
- *Ishat shopha at pada*
- *Aadhmana*
- *Udarvrudhi* (due to *purish sanchay* or *udavart*)
- *Walinasha*

Rupa:-

- Udarvrudhhi
- Ubhay pada shotha
- Nabhi shoth, utsanna nabhi
- Sarvang kandu
- Krushnabh twak
- Nakh, netra, shakrut, mutra pitavarni

Samprapti:-



Investigation:

Table 2: CBC (Before Treatment after Treatment)

DATE	RBC	WBC	PLATELETE	Hb
15/11/21	2.41	2900	61000	8.0
19/11/21	2.53	2300	63000	8.5
25/11/21	2.71	1800	62000	8.6
6/12/21	3.08	2600	74000	10.2
27/12/21	2.91	3500	86000	9.4

Table 3: LFT (Before Treatment after Treatment)

Date	Total bilirubin Mg/dl	Direct Mg/dl	Indirect	SGPT	SGOT	Total protein gm./dl	Alka.phos phatase IU/L
15/11/21	3.2	2.0	1.20	92	54	7.6	266
24/11/21	6.5	1.7	4.80	56	104	7.4	168
6/12/21	4.5	1.4	3.10	52	98	6.2	163
27/12/21	3.2	1.1	2.10	30	60	7.4	187

Table 4: Prothrombin Time (before Treatment After Treatment)

Date	PT in sec	PT ratio	P.T.I.N.R	PT INDEX
16/11/21	17.4	1.33	1.37	75.29%
19/11/21	24.2	1.85	1.96	54.13%
22/11/21	27.8	2.12	2.29	47.12%
6/12/21	20.8	1.58	1.66	62.98%

Table 5: Urine Examination (before Treatment After Treatment)

Date	Bile salt	Bile pigment	Pus cells	Epithelial cell
15/11/21	Nil	Nil	occasional	6-8/hpf
24/11/21	Present +	Present+	occasional	4-6/hpf

Table 6: Measurements (before Treatment After Treatment)

Date	Girth at Umbilicus	Xiphi to umbilicus	Umbilicus to pubis	Spinoumbilical dist		weight
				RT	LT	
15/11/21	112cm	26	17	21	22	83
22/11/21	104	24	16	20	21	79.3
29/11/21	100	24	16	20	21	74.9
6/12/21	98	20	15	20	21	71.5

13/12/21	96	21	16	19	20	70.4
20/12/21	94	20	15	19	19	69
29/12/21	91	19	14	18	18	68.8

M.D.C.T. Scan Abdomen –plain & Contrast Study, On 06/03/21

Liver- tiny calcification in right lobe of liver, CBD and PV (12-13 mm of hg) are of normal caliber Gall bladder – well distended with normal wall thickening, edema around gall bladder wall.

Mild hepato-splenomegaly with grade 1 fatty liver With moderate to massive ascites.

Minimal right basal pleural effusion with mesenteric and omental thickening Small bowel wall edema.

USG Abdomen & Pelvis 12/11/21

Liver shrunken (RL- 107 mm, LL- 69 mm), moderate splenomegaly (142 mm)

Liver cirrhosis with portal HTN with moderate to gross ascites E/o umbilical hernia with defect about 8mm* 7mm with ascites

E/o gall bladder wall edema due to ascites (5.4 mm)

27/11/21

Liver shrunken (RL 116 mm, LL 62 mm), mild splenomegaly (134 mm)

Liver cirrhosis with portal HTN with moderate ascites E/o umbilical hernia with defect about 12mm* 10.8mm with herniation of bowel loops/ometum with ascites

E/o gall bladder wall edema due to ascites (5.6 mm)

Table 1: Treatment Approach

Sr.no	Aoushadhi dravya	Matra	kala	Anupan
1	Aarogyavardhini	500mg	Twice a day	milk
	Tapyadi loha	500mg		
	Triphala	500mg		
	Haridra	500mg		
	Daruharidra	500mg		
	Kutaki	500mg		
	Loha bhasma	250mg		
2	Kamdudha ras	1gm	Twice a day	Dugdha
3	Punarnawasav	15ml	Twice a day	Jal
4	Phaltrikadi kwath	15ml	Twice a day	-
5	Trivruttavleha	20gm	In morning	Triphala kashaya-100ml
6	Tab.planteza	250mg	Twice a day	Dugdha
7	Suvaransutshekhhar ras	250mg	Twice a days	Madhu
8	Gomutra arak	15ml	Twice a day	Jal

- Arkapatrapattabandhan –udar pradeshi
- Patient is only on Dugdhaahar².

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 treatment.

3. DISCUSSION

Patient was treated with an integrated approach of ayurvedic treatment. According to ayurveda treatment of udara nityavirechana (purgative), agnideepan (increase appetite), balaprapti (increase strength), yakrituttejjak (stimulant for hepatic function) and external application of arkapattbandhan (belt made by leaves of (alotropisprocera). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength. Chikitsasidhanth for udariyadhis nityamevirechayet. Virechana checked improper Jathragni

and *dhatvagni*, after *virechanajatharagni* and *dhatvagni* increases³. It has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites⁴. It possesses cholagogue, hepato protective and liver stimulant action. Therefore it is useful in generalized edema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body, *Arogyavardhini vati* acts as *yukrituttejak* hepatoprotective activity⁵. *Tapyadi loha & loha bhasm* is *raktaprasadak* and useful in *raktashay*. *Haridra, Daruharidra, Triphla* work as *dosh sanghat vighatak, anulomak, kleda nirharan, virechak* and also work on *ras raktavaha srotas* by acting as *pittashodhan*, restoring pitta to its original *aashay*. *kutaki* acts as *bhedan, deepan, pittahara*. *kamdudha ras* acts as *raktaprasadak, shitavirya, stambhak dravya* which acts on *pittadosha* and *rakta*. *Punarnavasav* acts as improve the renal function. *Rohitakarishtha* started as it acts on *jirna dosha*, by its *tikta kashay ras* acts as *kleda, drava shoshak, raktprasadak* and *stambhak*. *Suvaransutshekhra* for *vatpittashamak aampachan* and pitta *samyavasta*. *Trivittavleha* 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 *ushnatiksknavyavuyi gunas*. *Tab. Platenza* acts as a boots platelet count and reverse the thrombocytopenia. *Gomutra arka is ushna, tikshna* and *ruksha gunatmak* ⁶ *Arkopatrappatabandhan* avoids *vataprakop* by *mriduswedan* and is supportive 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 *mandaagni* and *aatiushna, lavan, kshara, diwaswap* 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.

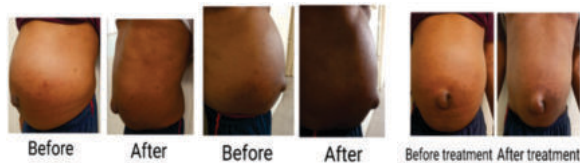


Figure 1: Before And After Treatment Of Patient

REFERENCES

1. Garde G.K.Sarth Vagbhat –Ashtang Hrudaya, Nidansthan, Chapter 12, Verse 1. Varanasi: Choukhamba Surbharati Prakashan; 2016. p. 197
2. Tripathi B. Charak-Samhita of Agnivesh, Chikitsasthan, Chapter 13, Verse 60, Varanasi: Choukhamba Surbharati Prakashan; 2014. Vol. 2p. 506
3. Prof. Ravidatta Tripathi, 2007 Editor Charak Samhita, Choukhamba Prakashan, Varanasi, Siddhishtana 1/17, 879.
4. Kajaria Divya, Tripathi J.S, Tiwari S.K, Utilization Of Panchakarma In Health Care: Preventive, Nutritive and Curative Treatment of Disease, jpsi 2(5) Septocto. 2013 1-5.
5. Antarkar D.S, Vaidya A.B., Joshi J.C; A Double Blind Clinical Trial Of Arogyavardhini An Ayurvedic Drug In acute Viral Hepatitis. Ind. J. Med. Res 72 588-593.