



## A SINGLE CASE STUDY ON JALODARA W.S.R. TO ASCITES WITH SECONDARY DEPRESSION

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### ABSTRACT

A male patient 63 year old was brought to SDM Ayurveda hospital with complaints of yellowish discoloration of eyes and urine, blackish discoloration of stools, itching all over the body, decreased strength, blackish discoloration of skin, reduced appetite and increased abdominal size since 1 year which had increased in last 3 months along with symptoms of reduced interest in daily activities. He was given line of treatment of *udara chikitsa* and was treated for 3 months. Significant reduction in almost all signs and symptoms of *jalodara* was seen along with improvement of the mood.

**KEYWORDS:** *Udara chikitsa, jalodara.*

### INTRODUCTION

Chronic liver disease reflects features of chronic irreversible damage of the hepatic parenchyma and it includes fibrosis of the tissues in association with regenerative nodule formation.<sup>[1]</sup> This happens due to the reduced functioning of the hepatocellular mass and it leads to presentations like that of jaundice, edema, coagulopathy, splenomegaly, portal hypertension, gastroesophageal varices and ascites. Other symptoms include spider nevi, nail clubbing, anemia, caput medusa, increased skin pigmentation, etc.

Ascites occurs as a result of both hepatocellular insufficiency and portal hypertension.<sup>[2]</sup> It is defined as the accumulation of excessive fluid within the peritoneal cavity, which shows increase in abdominal size, increased weight and abdominal girth, abdominal discomfort and shortness of breath. Treatment of specific conditions is done with corticosteroids, bile acids and supportive therapies are given with diuretics, albumin, vit k, antibiotics, etc. Transplant of the liver is the final alternative to this disease. Secondary depression is commonly seen in such chronic diseases and it has presentation like that of depressed mood, decreased psychomotor activities, suicidal ideations, etc.

In Ayurveda *jalodhara* is said to happen in patients with *mandagni* and person who is emaciated.<sup>[3]</sup> The vitiated *kapha* and *vata* leads to the accumulation of water in the *udara* and it causes symptoms like *pipasa*, *anamakanksha*, *shwasa*, *kasa*, *dourbalya*,

*nanavarnarajisira*, *udaka purnadruti sansparsha*,<sup>[4]</sup> etc. The treatment is advised to be done with restricting the water intake and using *tikshana kshara dravyas* and alleviating the *kapha dosha*.<sup>[5]</sup>

### A CASE REPORT

A 63 year old male patient resident of Chikmangaluru, was brought to SDM college of Ayurveda and hospital with complaints of yellowish discoloration of eyes and urine, itching all over the body, decreased strength, blackish discoloration of skin, reduced appetite and increased abdominal size since 1 year which had increased in last 3 months. He had history of episodes of fever very often since 1 yr, and history of blood in stools since one month. He was diagnosed as decomposing liver disease and was treated with allopathic medications since last 1 year. 3 months back he was given life span of 6 months by the doctor since then he developed complaints of sadness of mood, overthinking, reduced sleep, decreased interest in daily activities, reduced social interactions, hopelessness and suicidal ideations.

**Past history-** No H/O diabetes mellitus, hypertension, thyroid disorder, alcoholism or smoking.

**Personal history-** diet- veg, bowel habits-regular, micturition-yellowish, sleep-disturbed.

**Medication history-** patient was on following allopathic medications-

1. Tab Norflox 400 1-0-1
2. Tab rabeprazole 20 1-0-1
3. Tab rifaximin 400 0-0-1
4. Tab actibile 300 0-0-1

5. Tab fruselac 40/60 1-0-0
6. Tab clonazepam 1mg 0-0-1
7. Sy lactilaeap 1 tsp tid
8. Sy sucrafil 1 tsp tid.

### General examination

Consciousness- conscious, built- moderate, nourishment- moderate, pallor- present, icterus- present, cyanosis- absent, clubbing- absent, lymphadenopathy- absent.

**Vitals-** P- 84/min, BP- 110/70, RR- 18/min, Temp- 98.6.

**Systemic examination-** CVS-S1S2 Normal, no added sounds, RS-NVBS heard, no added sounds,

### GIT:-

**Oral cavity:** - hygiene- maintained, teeth- blackish discoloration, gum- pink, tongue- reddish with cracks, palate- normal, tonsil- normal, breath smell- no foul odor.

**Inspection:** - shape- uniformly distended, umbilicus- everted, skin- stretched, visible masses- absent, visible dilated veins- absent, visible gastric peristalsis- absent, visible pulsations- absent, visible scar- absent.

**Palpation:** - local rise in temp- present, tenderness- present in all quadrants, guarding- absent, rigidity- absent, liver- not palpable, spleen- not palpable and kidneys- not palpable.

**Percussion:** - shifting dullness- present, horse shoe dullness- present, fluid thrill test- present.

**CNS:** - no sensory or motor deficit.

**HMF:-** general appearance- comfortable, hygiene maintained, cooperative, speech- reduced rate, reduced volume and tone, hesitant, mood- sadness present, thought- negative thoughts,, helplessness, hopelessness, suicidal ideations, perception- normal, cognition- normal, judgement- normal, insight- present.

### Dashavidha pariksha-

**Prakruti-**pittavata, **vikruti-** tridosha and **tamas, pramana-** madhyama, **sara-** madhyama, **samhanana-** madhyama, **satva-** avara, **satmya-** madhyama, **ahara shakti-** avara, **vyayama shakti-** avara, **vaya-** vriddhavastha.

### On examination

**Table 1 – Examination.**

Date	Abdominal girth	Body weight
15/09/19	87cm	54kg
15/10/18	83cm	51kg
7/12/18	82cm	56kg
4/02/19	80cm	54kg

**Diet advised:-** 8am- papaya fruit bowl with honey, 10.30am- *kharjuradi mantha* 150ml, 11.30am- *lajamanda* 150ml, 12.30pm- *bhargavprokta rasayana*

15grm tid with milk, 2.30pm- sugarcane juice 150ml, 4.30pm- tender coconut water 150ml, 6.30pm- protein powder with milk.

### Investigations

**Table 2 – Investigations.**

Test	14/09/18	15/10/18	7/12/18	4/2/19
Hb%	8.5	8.75	9.5	10.2
ESR	150	84	60	60
Platelet	1.0	1.3	1.3	1.3
Total bilirubin	3.4	1.6	2.1	1.9
Direct bilirubin	1.6	0.8	1	0.8
Indirect bilirubin	1.8	0.8	1.1	1.1
SGOT	70	55	53	58
SGPT	26	25	28	16
ALK PHOS	133	119	143	122
Proteins	6.0	6.5	8.6	7.0
Albumin	3.0	3.0	3.6	3.0
Occult blood	Positive	Negative	negative	Negative

### Treatment

**Table 3- Treatment.**

Date	Treatment given	Modern medicines
14/09/18	<i>Bhoonimbadi kadha</i> 15ml tid Tab <i>Sudarshana Ghana vati</i> 1-0-1 Tab <i>Punarnava Madura</i> 2-2-2 Tab <i>Arogyavardhini rasa</i> 1-1-1 Tab <i>jalodharari rasa</i> 2-0-0 Protein powder 0-0-2tsp	Tab Norflox 400 1-0-1 Tab rabeprazole 20 1/2-0-1/2 Tab rifaximin 400 0-0-1 Tab actibile 300 0-0-1/2 Tab fruselac 40/60 1/2-0-0 Tab clonazepam 1mg 0-0-1/2

	<i>Avipattikar churna</i> 1 ½ tsp tid <i>Takradhara</i> <i>Dashamula kshara basti</i> and <i>dashamula taila sneha basti</i>	
15/10/18	<i>Bhoonimbadi kadha</i> 15ml tid Tab <i>Sudarshana Ghana vati</i> 1-0-1 Tab <i>Punarnava Madura</i> 2-2-2 Tab <i>arogyavardhini rasa</i> 1-1-1 Tab <i>jalodharari rasa</i> 2-0-0 Protein powder 0-0-2tsp <i>Avipattikar churna</i> 1 ½ tsp tid	Nil
7/12/18	<i>Bhoonimbadi kadha</i> 15ml tid Tab <i>Sudarshana Ghana vati</i> 1-0-1 Tab <i>Punarnava Madura</i> 2-2-2 Tab <i>arogyavardhini rasa</i> 1-1-1 Tab <i>jalodharari rasa</i> 2-0-0 Protein powder 0-0-2tsp <i>Avipattikar churna</i> 1 ½ tsp tid	Nil

### DISCUSSION

*Jalodhara* is a disease which is caused due to the involvement of *udakavaha* and *swedavaha srotas*. Due to the *mandagni* and vitiated *vata* and *kapha dosha* it causes the accumulation of fluid. Main line of treatment is to excrete out the vitiated *doshas* by giving *tikshna kshara aushadhis*. In this study the patient was treated with *virechaka dravyas*, *basti* and medicines indicated in *jalodara vikara* and also was treated for secondary depression in the first visit, symptoms of which subsided during the follow up. *Bhoonimbadi kadha* is pitta shamaka and is helpful in liver disease and bleeding disorders. *Sudarshana Ghana vati* helps in strengthening digestive and immune system, helps in preventing infections, stimulates the liver and promotes detoxification and balances *tridoshas*. *Punarnavamandura* is effective in anemia, jaundice as well as all liver disorders. It is diuretic and helps in removing excessive accumulated fluid. *Arogyavardhini rasais* useful in treatment of liver diseases, impaired digestion and balances *tridoshas* and acts as *rasayana*. *Jalodarari rasa* facilitates *virechana* and helps in treatment of ascites and liver disorders. It balances *vata* and *pitta*. *Avipattikar churna* helps in improving the *mandagni* as well as helps in *mrudu virechana*. Along with the above treatment, specific diet was advised to the patient and significant improvement was seen in digestion, reduction in abdominal size and reduction in yellowish discoloration of eyes and urine, there was no episode of vomiting, fever and blood mixed stools during the treatment.

### CONCLUSION

Ascites is caused due to cirrhosis of liver which is a difficult condition to cure. The last measure for its treatment is liver transplant which is again not supportive at all age groups. Through this study we can conclude that Ayurvedic medicines are very effective in reducing the symptoms along with improving blood parameters and also significantly improves the quality of life of the patient.

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