

**A CLINICAL CASE STUDY OF NITYA VIRECHAN ALONG WITH SHAMANA  
AUSHADHIS IN THE MANAGEMENT OF UDAR VYADHI WITH SPECIAL  
REFERENCE TO LIVER PARENCHYMAL DISEASE**Vd. Rohini A. Kathale\*<sup>1</sup>, Vd. Sharmili V. Suryavanshi<sup>2</sup> and Vd. M. W. Nalkande<sup>3</sup><sup>1</sup>PG Scholar, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India.<sup>2</sup>Professor and HoD, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India.<sup>3</sup>Assistant Professor, Dept of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India.**\*Corresponding Author: Vd. Rohini A. Kathale**

PG Scholar, Dept. of Kayachikitsa, Govt. Ayurved College, Nanded, Maharashtra, India.

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**ABSTRACT**

Ascites is present when there is abnormal collection of free fluid in the peritoneal cavity. Ascites can be correlated with *udar vyadhi* in Ayurveda as signs and symptoms of both are same. According to *Acharya Charaka udar* is condition where *shotha* is presented when vitiated *vata dosha* takes *stanasamsraya* in *kukshi* (abdomen/ flank region) in between the *twacha* and *mansa dhatu*. Present article explains a case of ascites caused due to liver parenchymal disease which was successfully treated with *Nitya virechana*, an ayurvedic *chikitsa siddhanta* of *udar vyadhi*.

**KEYWORDS:** Ascites, *Udar*, liver parenchymal disease, *Nitya virechana*.**INTRODUCTION**

Ascites is caused by imbalance between plasma oncotic pressure and total body sodium- water excess, resulting into abnormal collection of free fluid in the peritoneal cavity. The most common causes of ascites are alcoholic liver cirrhosis (62%), non- alcoholic cirrhosis (5%), malignancy with cirrhosis (5%), malignancy (13%).<sup>[1]</sup> Other causes are infections, congestive heart failure and hypoalbuminemia due to nephrotic syndrome, malnutrition and protein losing enteropathy.

Ascites can be correlated with *udar vyadhi* in Ayurveda as signs and symptoms of both are same. According to *Acharya Charaka udar* is condition where *shotha* is presented when vitiated *vata dosha* takes *stanasamsraya* in *kukshi* (abdomen/ flank region) in between the *twacha* and *mansa dhatu*.<sup>[2]</sup> *Udar* is *kruchhra sadhya vyadhi*<sup>[3]</sup> and is one of the *astoumahagad vyadhi* (8 major illnesses in ayurveda classics).<sup>[4]</sup>

Present article explains a case of ascites caused due to liver parenchymal disease which was successfully treated with *Nitya virechana*, an ayurvedic *chikitsa siddhanta* of *udar vyadhi*.

**CASE REPORT**

A. Primary data –  
Patient name – XYZ  
Age /sex -65 years/male  
OPD No.- 17432

Address – Sidco, Nanded, Maharashtra.

Occupation -Retired government official

**PRESENT COMPLAINT WITH DURATION**

<i>Udaraadhmana</i> (fullness in abdomen)	6 months
<i>Udarvruddhi</i> (abdominal distension)	6 months
<i>Ubhaya pada shotha</i> (pedal edema)	6 months
<i>Kshudhamandya</i> (loss of appetite)	6 months
<i>Asamyaka malapravartana</i> (disturbed bowel habit)	6 months
<i>Dourbalya</i> (weakness)	2 months
<i>Shwasa kashata</i> (dyspnoea at rest)	2 months

**Past history of illness-** No H/O DM/ HTN/ Bronchial asthma

K/C/O – hypothyroidism – taking levothyroxine - 100mcg

**Present history** - A 65year male patient was apparently healthy before 6 months. Gradually he observed symptoms like *udaraadhman*, *udarvruddhi*, *kshudhamandya* and *asamyaka malapravrutti* so he consulted a general physician where he was diagnosed with liver parenchymal disease with portal hypertension and treated with modern medicines (tablet lasilactone 20/50 twice daily) but during treatment, he gradually developed gross ascites and *shwas kashata* and *dourbalya*. So, he came to OPD of Government Ayurveda Hospital Nanded, Maharashtra where he was

diagnosed with *udarvyadhi* and treated according to the *chikitsa siddhant* of *udaravyadhi*.

**Samanya parikshana**

Nadi – 104/minute	Shabda – <i>spashta</i>
Mala – <i>asamyaka</i> and <i>grathit malapravrutti</i> 2veg/day	Sparsha – <i>samashitoshna</i>
Mutra – <i>samyaka</i> 5-6 veg/day	Druk – <i>drustimandya</i>
Jivha- <i>saam</i>	Aakruti – <i>madhyama</i>

**General and systemic examination –**

Pallor	Present
Icterus	Not seen
BP	130/90 mmHg
Respiratory rate	28/minute
SpO2	98%
Weight	65 kg
RS	AEBE Rt lower lobe crepitations present
CVS	S <sub>1</sub> S <sub>2</sub> heard normal
CNS	Conscious and oriented to time, place and person

**Abdominal examination**

Inspection – distended abdomen with everted umbilicus, dilated superficial veins over anterior abdominal wall.

Palpation – liver and spleen not palpable.

Percussion- shifting dullness and fluid thrill were present.

**Investigation**

**CBC EXAMINATION REPORT**

Normal Range

Hemoglobin (cyanmethemoglobin)	: 5.0 gms/dl	13.5 - 16 gms/dl
RBC Count	: 3.5 millions / cu-mm	4.5 - 6.5 millions / cu-mm
WBC Count	: 7,600 per cmm	4000-11000 per cmm
CV	: 18 %	40 - 54 %
RCV	: 58 fL	80 - 97 fL
RDW	: 16 Pg	26.5 - 33.5 Pg
RDW -SD	: 28 %	31.5 - 35 %
RDW -CV	: 17 %	11.0 - 14.5 %
Platelet Count	: 3,98,000	1,50,000 - 4,50,000 /cmm

**DIFFERENTIAL COUNT**

Neutrophils	: 69 %	45 - 75 %
Lymphocytes	: 37 %	20-45 %
Eosinophils	: 02 %	1 - 6 %
Monocytes	: 02 %	2 - 10 %
Basophils	: 00 %	0 - 1 %

RBC Morphology : REDUCED ERYTHRON, HYPOCHROMASIA +++ MICROCYTOSIS +++ ANISOPOIKILOCYTOSIS +++ PENCIL CELLS AND FEW TARGET CELLS SEEN.

W.B.C Morphology : WITHIN NORMAL LIMIT.

Platelets on Smear : ADEQUATE AND NORMAL IN MORPHOLOGY.

Parasites : ABSENT

Sample tested on fully automated Haematology analyser 'BECKMAN COULTER'.

Test Name	Result	Unit	Reference Range
<b>HAEMOGRAM ON CELL COUNTER</b>			
RBC COUNT	3.75	mill/cmm	4.5 - 6.5
HAEMOGLOBIN	7.1	gm/dl	12.5-18
PACKED CELL VOLUME (PCV)	24.1	%	37 - 54
RBC Indices			
MCV	64.3	fL	82 - 98
MCH	18.9	pgms	27 - 33
MCHC	29.5	%	32 - 36
RDW -SD	41.3	fL	35.0-56.0
RDW -CV	18.2	%	11.0-14.5
WBC COUNT	11800	/cmm	4100 - 11000
Total WBC count			
WBC Differential Count			
Neutrophil	81	%	50 - 70
Eosinophils	03	%	02 - 06
Lymphocytes	14	%	20 - 40
Basophils	00	%	00 - 01
Monocytes	02	%	00 - 12
Peripheral Smear Findings			
WBC Morphology	TLC Increased On Smear		
RBC Morphology	Hypo+++Aniso+ Micro+		
Platelets	Platelet Adequate on Smear		
Platelet Count	335000	/cmm	150000 - 450000

Test Name	Result	Unit	Reference Range
Creatinine	1.09	mg/dl	0.6 to 1.4
<b>SERUM PROTEINS</b>			
Total Proteins	5.5	gm/dl	0 to 5 year - 6.0 - 8.0 Adult - 6.7 - 8.7
Serum Albumin	2.2	gm/dl	4 days to 14 year - 3.8 - 5.4 Adult - 3.7 - 5.3
Serum Globulin	3.3	gm/dl	2.3 - 3.6
A/G ratio	0.67		
<b>SGPT</b>			
SGPT	23.1	IU/L	Upto 40.0
<b>SERUM ELECTROLYTES</b>			
Serum Sodium	138.0	Meq/L	135.0 - 145.0
Serum Potassium	3.3	Meq/L	3.5 - 5.6
<b>BLOOD AMMONIA</b>			
Blood Ammonia	156.1	mg/dl	27 - 90
<b>PERIPHERAL BLOOD SMEAR</b>			
PARASITES	No Malarial Parasite Seen		
<b>Hepatitis B surface antigen (AuAg) Rapid</b>			
Result	Non Reactive		

Test Name	Result	Unit	Reference Range
<b>Bilirubin</b>			
Bilirubin (Total)	0.71	mg%	Upto 1 mg%
Bilirubin (Direct)	0.31	mg%	Upto 0.4 mg%
Bilirubin (Indirect)	0.40	mg%	Upto 0.8 mg%
emulsified blood will falsely elevate bilirubin level exposure to sunlight decrease bilirubin content Done by diazo method of Jendrassik & Grof			
<b>S.GPT</b>			
S.G.P.T	50.5	Units/l	Normal Range 5 - 35 Units/l

PTINR Plasma Prothrombin Times	Result	Unit	Reference Range
Patient's PT	19.9	SEC	
Control PT	12.4	SEC	
ISI Value	1		
Prothrombin Ratio	1.6		
Prothrombin Index	62.31		
Internationalized Normalised Ratio (INR)	1.6		

**Note :**  
PT is time taken by the liquid portion of plasma of blood to form the clot. It is measure of extrinsic pathway of coagulation. PT is prolonged in deficiency of clotting factors Fibrinogen I, Prothrombin II, Factor V, Factor VII and Factor X. It is also prolonged in Vit. K deficiency, Liver damage, DIC, patient on Anticoagulant Therapy and Congenital Afibrinogenemia.

**Ultra Sensitive TSH**

Ultra TSH	1.31	mIU/mL	0.20 - 6.00
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Method: Enzyme Linked Fluorescent Assay ( ELFA )  
Instrument Used: MINI VIDAS

**Interpretation :**  
TSH, These hormones are secreted by the thyroid gland. Used to access metabolic status of the body, screening of thyroid disorders and monitoring Hormonal Therapy.

**Thyrotropin/Thyroid Stimulating Hormone [TSH]:**  
Increases levels found in 1ry/subclinical/clinical Hypothyroidism and in TSH/TRH secreting tumors.  
Decreased levels found in 1ry/subclinical/clinical Hyperthyroidism. The levels are normal to decreased in 2ry/3ry Hypothyroidism.  
Variable levels found in Hashimoto Disease. Some drugs and autoimmune diseases interfere with the assay.

**SONOGRAPHY OF FULL ABDOMEN**

- LIVER**-The liver is normal in size and shows altered, heterogeneous echo pattern. No solid or cystic mass lesion is seen. Portal vein is dilated (diameter 14 mm). Periportal echogenicity is noted. Few perigastric collaterals are noted. Caudate-right lobe ratio -0.58. (Note: caudate width, right lobe width >0.65 in cirrhosis)
- GALL BLADDER**-The gall bladder is collapsed.
- PANCREAS**-The pancreas appears normal in size. No obvious ductal dilatation or focal lesion is seen.
- SPLEEN**-The spleen is 12 cm in size. No focal lesion seen within.
- KIDNEYS**-Both kidneys are normal in size, shape, echogenicity and location. No evidence of calculus or hydronephrosis is seen. Right Kidney - 88x38 mm. Left Kidney - 105x53 mm.
- URINARY BLADDER**-The urinary bladder is well distended, shows uniformly thin wall and mucosa. No obvious intraluminal lesion is seen.
- PROSTATE**-The prostate is normal in size with homogenous echo texture. (Volume 20 cc).

There are no enlarged mesenteric lymph nodes seen.  
Mild free fluid seen in peritoneal cavity.  
No bowel dilatation or focal wall thickening seen in visualized bowel loops.

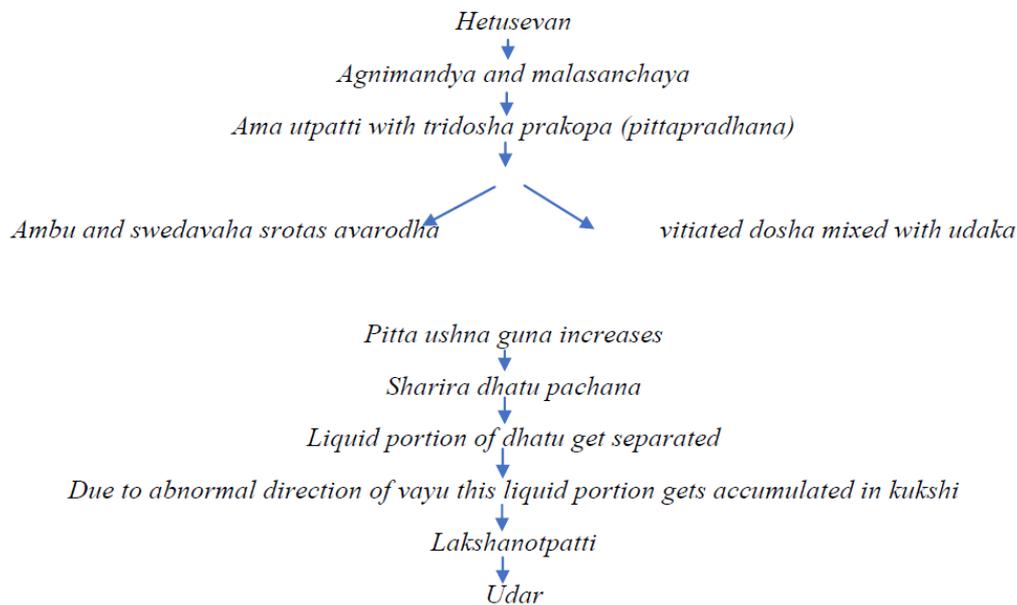
**IMPRESSION**  
ALTERED, HETEROGENEOUS LIVER ECHOPATTERN S/O LIVER PARENCHYMAL DISEASE (Suggest LFT correlation)  
DILATED PORTAL VEIN WITH PERIportal ECHOGENICITY AND COLLATERALS FORMATION  
MILD SPLEENOMEGALY  
MILD ASCITES  
These findings are suggestive of portal hypertension.  
Thanks for reference.

**Nidan panchak**

**Hetu** – ushhapana (daily 100 ml), ajeerna bhojana, malavegadharana, virrudhha aahar (fruit and milk), katurasa sevana, bhojanottar jalpaan, sheeta and guru ahar sevana, vidahi ahar sevana

**Purvaroop** – udaradhmaan only bhojanottar, kshudhamandya and ayasen shwaskastata  
**Roopa**- Udaradhmaan, Udarvrudhi, Ubhaya pada shotha, Kshudhamandya, Asamyaka malapravartana, Dourbalya and Shwasa kasthata at rest  
**Upashaya** – after treatment

**Samprapti**



**Dosha** – tridosha and mainly pitta  
**Dushya** – rasa, rakta  
**Srotas** – Udakavaha srotas, Pranwaha srotas, Rasavaha srotas, Annavah srotas  
**Srotodusti parkar** – sanga  
**Sadhyasadhya**- kruchhrasadhya

After agnisandhukshana Mugdal and roti (Pratham annakale) and after that shunthi siddha godugdha

**Treatment protocol given**

**Diet** – shunthi siddha godugdha at the time of kshudhaprachiti – for first 15 days

## Medicine

Sr no	Medicine	Dose	Anupana	Duration
1	<i>Trivrrutta avaleha</i> <sup>[5]</sup>	5 gm 3 gm at morning empty stomach	Warm water	10 days 10 days
2	<i>Vasaguducyadi kashayam</i> <sup>[6]</sup>	15 ml thrice a day	warm water	20 days
3	<i>Phalatrikadi guggula</i> <sup>[7]</sup>	500 mg twice a day	warm water	20 days
4	<i>Taapyadi loha</i> <sup>[8]</sup>	500mg thrice a day	warm water	2 months
5	<i>Dadimavaleha</i>	15 ml twice a day	Warm water	2 months
6	<i>Udarpattabandhan with eranda patra</i>	Once a day for 6 hrs	-	-

Previous allopathy treatment continued as it is.

## RESULT

There was significant relief in all symptoms like *Udaraadhmana, Udarvrudhi, Ubhaya pada shotha,*

*Kshudhamandya, Asamyaka malapravartana, Dourbalya and Shwasa kashthata.*

## OBJECTIVE PARAMETERS

Sr no	Parameter	Before treatment	After treatment
1	Weight	65 Kg	58 Kg
2	Abdominal girth (supine position) ▪ 4 cm above umbilicus ▪ At umbilicus ▪ 4 cm below umbilicus	96 cm	85 cm
		88 cm	81 cm
		84 cm	79 cm
3	Midcalf region	Rt – 39cm Lt – 38.5 cm	Rt – 36 cm Lt – 36 cm
4	Ankle joint	Rt – 36cm Lt – 36 cm	Rt – 34.5 cm Lt – 34 cm
5	Respiratory rate	28/ minute	21/ minute
6	Haemoglobin	5.8gm/dl	7.1gm/dl
7	Red blood cell count	3.5mil/cmm	3.75mil/cmm
8	Total leukocyte count	7600/cmm	11800/cmm
9	Platelet count	398000/cmm	335000/cmm

## DISCUSSION

When patient came to our hospital, he was having *Udaraadhmana, Udarvrudhi, Ubhaya pada shotha, Kshudhamandya, Asamyaka malapravartana, Dourbalya and Shwasa kashthata* even at rest. So, diagnosed as *udar vyadhi* and treated according to *chikitsa sidhanta of udar* as it causes both relief in symptoms and also *sampraptibhanga* (reverses pathophysiology of disease).

The probable mode of action of mentioned *chikitsa upakrama* can be explained as follows:

- Dugdha (shunthi sidhha dugdh)** – Cow milk is complete food and it was medicated by boiling with *shunthi churna* as *kshudhamandya* was one of the symptoms. *Shunthi* showed these effects because it has *agnideepana* and *amapachana* properties. Patient was treated with daily *virechan*, so *dugdha* was given with an intention to improve the physical strength and to relieve the strain during purgation. After improvement of *agnibala mugdal* and *roti* was given at first meal time as it is *pathyakara* and after that *shunthi sidhha dugdh* was given.
- Nitya virechana with Trivrrutta avaleha** – was given as one of the pathological factors in *udar* is *malasanchya* and *nityavirechana* is main treatment modality for *udar*. The patient had liver

parenchymal disease which is *moolasthan* of *rakta dhatu* and *pitta* resides in *rakta (ashrayashrayi sambandha)* so, *pradhana shodhan upakrama* of *pitta dosha* which is *virechan* was used as main treatment. *Trivruuta* is *sukhavirechana dravya* (not causes harm) and according to *Acharya Vagbhata trivrrutta leha* is *hrudya virechana yog* so it was used.

- Vasaguducyadi kashayam** - according to *Acharya Vagbhata vasaguduchyadi Kashaya* is used in *kamala* (liver diseases), *panduroga* (anemia), *pitta imbalance* condition and *bleeding disorders*.
- Phalatrikadi guggula** - it is commonly used drug of *panchabhoutik chikitsa* to manage the diseases of liver as it helps to remove the toxins accumulated in liver and excrete them through stool.
- Taapyadi loha** – according to *Acharya Vagbhata tapyadi loha* can be used in patient of *anaemia, kshudhamandya* and *liver diseases*.
- Syrup Dadimavaleha** - it is proprietary medicine used to treat *anaemia* and as *pittashaman*.
- Udarpattabandhan with eranda patra** - it was given to avoid *vataadosha prakopa* and to give *mrudu swedana* and to reduce *srotorodha* in *udar*.

Patient was given proper diet plan so he got relief in *udaraadhmana* and *ignition of agni* also occurred

resulting in increased diet intake of patient without having fullness in abdomen after meals. Due to virechana karma fluid accumulated in peritoneal cavity was reduced so abdominal distention relieved and because of that dyspnoea also decreased as a result patient was able to do his daily routine work, weakness was managed with proper diet plan of dugdhahara.

### CONCLUSION

*Udar* can be successfully managed with *ayurvedic* treatment. In present case study *nityavirechana*, *agnideepana* and *raktavardhana chikitsa* was given to treat *malasanchaya agnidusti* and *raktakshaya*. During the continuous *shodhana chikitsa rugna bala* was maintained with proper diet. *Pittashamana* and *srotorodha nashana chikitsa* was also given to break the chain of pathophysiology of disease. outcome was relief in all symptoms, remarkable changes in objective parameters and also there was significant improvement in quality of life of patient.

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