

A CASE DISCUSSION ON ASCITIS

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ABSTRACT

Ascitis is disease of accumulation of free fluid in peritoneal cavity. This disease is caused due to cirrhosis, as well as, portal hypertension, congestive heart failure, nephrosis, or disseminated carcinoma. The common cause of ascitis were alcohol liver cirrhosis (62%), malignancy (13%), non alcoholic cirrhosis (5%), malignancy with cirrhosis (5%). Over all mortality rate at 1 month, 6 month and 1 year were 22%, 40%, 48% respectively. The patient came to us with the complaint of abdominal distension, bilateral pedal oedema decreased appetite and generalized weakness. Management by modern medicine aims to control abdominal distension by surgical method of paracentesis. Still recurrence of fluid accumulation is found. So, the treatment like purgative, stimulant to hepatic function and treatment to improve appetite was selected in present case. The result replicated the original study and showed substantial improvement in the patient. Nitya virechana means purgation and agnideepan means treatment to improve appetite showed effective result in the patient.

KEYWORDS: Ascitis, Purgation, Appetitor, Stimulant for liver.**INTRODUCTION**

Ascitis is accumulation of excess fluid in peritoneal cavity.^[1] It is caused due to cirrhosis and severe lung disease. This disease is caused due to cirrhosis, as well as, portal hypertension, congestive heart failure, nephrosis, or disseminated carcinoma.^[2] The common cause of ascitis were alcohol liver cirrhosis (62%), malignancy (13%), non alcoholic cirrhosis (5%), malignancy with cirrhosis (5%).^[3] Over all mortality rate at 1 month, 6 month and 1 year were 22%, 40%, 48% respectively.^[4] Modern medicine management includes salt-water restriction, diuretic drugs, paracentesis, Le Veen shunt and transjugular intra hepatic portosystemic stent shunting.^[5] Sometimes due to mild fluid accumulation fluid cannot be detected externally but in severe ascitis abdominal distension is seen. According to ayurveda, main cause of ascitis is agnimandya, vitiation of prana and apana vayu causing obstruction in their normal functioning.^[6,7] Due to which dushit mala – waste excretory product's and vata- pitta-kapha begin to accumulate in between twak-skin and maans-muscle, causing abdominal distension which leads to Udara vyadhi.^[6,7] Its treatment include purgatives –help to decrease accumulated fluid, agnideepan- help to increase appetite and sheerapan- ingestion of milk.^[6,7]

CASE REPORT

Patient name - XYZ

Gender - Male

Age - 40 yr

Built - Thin

DOA - 08/07/2016

Chief complaints

A 40 yr old male patient presenting complain of increased abdominal girth, decreased appetite, generalised weakness, bilateral pedal oedema and weight gain was noted.

Past History

Patient had history of alcohol consumption since 5 yrs and history of paracentesis 2 yrs back.

On examination

Per abdomen examination showed abdominal distension, tense and shiny skin over abdomen, everted umbilicus. On palpation findings were tenderness at right hypochondrium, splenomegaly. On percussion findings were positive fluid thrill and positive shifting dullness.

Investigation

Hb - 9.2 gm%

BSL(R) - 68 mg/dl

Urine - Albumin - Nil

Sugar - Nil

Patient was not affordable for Liver function test.

USG (abdomen) –Liver parenchyma disease cirrhosis with splenomegaly with severe ascitis

DOA - 08/07/2016

DOD – 28/07/2016

PRINCIPLES OF TREATMENT

Procedure	Medication	Dose	Duration
1)Mrudu virechana (purgative), Shoth nashak (diuretics)	Tab. Gomutra haritaki	2 tab (500mg)	20 days
2)Yakruttejaka (hepatic stimulant), Dipana- pachana (appetizer)	Tab. Valiliv-forte	2 tab (500mg)	20 days
3) Mutra Virechaka, (Diuretic action), Hepatoprotective	Bhumiamalaki swarasa (fresh extract of leaves of <i>Phyllanthus niruri</i>)	20 ml	15 days
4) Mrudu Swedan (Mild sudation)	Arka patra bandhan (<i>Calotropis procera</i>)	4-5 leaves	1 hour daily

Observations in present case**Findings in abdominal girth and weight**

Date	Body Weight in kilogram	Circumference of abdomen 2 inches above umbilicus	Circumference of abdomen at umbilicus	Circumference of abdomen 2 inches below umbilicus
09/07/2016	58.4 kg	91 cm	84.5 cm	80 cm
10/07/2016	58 kg	91 cm	84 cm	80 cm
11/07/2016	54 kg	89 cm	83.5 cm	78 cm
12/07/2016	55 kg	88 cm	82 cm	76 cm
13/07/2016	54 kg	88 cm	82 cm	76 cm
14/07/2016	54 kg	88 cm	82 cm	76 cm
15/07/2016	54 kg	87 cm	81 cm	76 cm
16/07/2016	54 kg	83 cm	80 cm	75 cm
17/07/2016	54 kg	82 cm	76 cm	74 cm
18/07/2016	54 kg	82 cm	76 cm	74 cm
19/07/2016	53 kg	82 cm	74 cm	74 cm
20/07/2016	53 kg	81 cm	74 cm	74 cm
21/07/2016	52 kg	78 cm	74 cm	74 cm
22/07/2016	51 kg	77 cm	74 cm	74 cm
23/07/2016	50 kg	76 cm	74cm	73 cm
24/07/2016	50 kg	76 cm	74 cm	73 cm
25/07/2016	49 kg	76 cm	73 cm	73 cm
26/07/2016	49 kg	75 cm	73 cm	73 cm
27/07/2016	49 kg	75 cm	73 cm	73 cm
28/07/2016	49 kg	75 cm	73 cm	73 cm

Circumference of leg and foot before treatment

	Right Leg	Left Leg
At calf muscle	23.5cm	23.5cm
At dorsum of foot	24cm	24cm

Circumference of leg and foot after treatment

	Right leg	Left leg
At calf muscle	22 cm	22 cm
At dorsum of foot	21 cm	21 cm

DISCUSSION

The classical text has described virechana (purgation) which is carried out by Gomutra haritaki, along with it has action to reduce odema. Tablet Valiliv forte main constituent is Somnathi tanra bhasma which is hepato stimulant and act as an appetisor. Bhumiamalaki (*Phyllanthus nirus*) swarasa has hepatoprotective action, liver detoxifier and diuretic action. Arkapatra (*Calotropis procera*) applied locally by warming it in tila tail (sesame oil) cause local sudation which prevents in vitiation of vata doshas.

CONCLUSION

Daily purgation like nitya virechana, agnidipan and medicine for stimulation of hepatic function showed effective improvement in patient. Clinically, pedal odema, abdominal distension was reduced, there was rise in appetite. This is the original study showing clinical improvement in the patient.

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