AN EXCELLENT AYURVEDIC MANAGEMENT OF JALODAR (ASCITES): A CASE STUDY

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ABSTRACT
Jalodara is one type of udara. udhar vyadhi is included among Ashtomahagada by acharya charaka which denotes its importance itself. udar vyadhi can not possible without the mandagni.madagni have a important region in the development of udar. In modern era, the ratio of alcoholic addiction increases day by day.which may be causes ascitis which are closely resemble with jalodara In modern science there is no any medicine available for ascitis only one surgical treatment is available that is tapping which also gives temporary relief while Ayurveda gives best results without any injury to body. In Present case study, 65year male patient have been suffering from Udarvridhdi (Increased abdominal girth), Droubalya (Gen.Weakness), kshudhamandya (decreased appetite), Ubhay padshothi shotha (pedeal oedema) since 6 month which get relive in 15 days and disappear within 1month.

KEYWORDS: Jalodara, ascitis, ayurvedic hearbs, panckarma, effective therapy.

INTRODUCTION
There are eight types of udar.1 in which vataj, pittaj, kafaj, yakrutplihodar, sannipataj, jalodara is sequensaly more hard to treat.2 udar vyadhi is kruchasadhya (hard to treat). According to modern ascitis can be happeed due to hepatic cirrhosis, portal hyper tension, sub acute nephritis, cardiac failure, peritonitis, carcinoma “Nityameva Virechayet” This short chikitasa Sutra describe MaharshiCharaka for Jalodar (ascites).3
Ayurvedic management such as herbal drug, *Nityavirechana* (purgative), *Agnideepan* (Increase appetite), *Balaprapti, Yakrituttejjak* (stimulant for hepatic function, external application of *Arka-pattabandhana* (belt made by leaves of *Calotropis procera*)), only *Dugdha Aahar* act on root of pathology of *Jalodar* and by doing *Samparpti bhanga* it give best result in *Jalodar*. Ayurvedic management still stand test to time.

**A CASE REPORT**

A 65 year old male patient came to us with chief compliant of—
1) *Udarvriddhi* (Increased abdominal girth).
2) *Droubalya* (Gen. weakness).
3) *Kshudhamandya* (Decreased appetite).
4) *Ubhaypadshoth* (Pedal edema).

Patient had above complaints since 6 months.

*H/O chronic alcoholic since 20 year*

No H/o Dm / HTN, Asthma

**History of personal illness**

The patient was normal 6 month back. Since then patient have been suffering from *Udarvriddhi* (increased abdominal girth), *Jwaraprachiti*(fever), *Droubalya* (Gen. weakness), *Kshudhamandya*(decreased appetite), *Ubhaypadshoth* (pedal edema).\(^4\) For this patient took treatment from different modern doctor but got no relief, then he came to our hospital – Seth Sakharam Nemchand Jain Ayurvedic Rugnalaya in Kaychikitsa department opd. For better Management we admitted patient in Ipd.

**Personal History**

Occupation: labour worker.

Bad Habits: Chronic alcoholism, tobacco chewing.

O/E

*Nadi* (pulse) = 80/min.

*Mala* (stool) = Normal.

*Mutra* (urine) = Normal.

*Jeeva* (tounge) = Eshathasaam.

*Agni* = Kshudhamandya.

*Shabda* (speech) = Normal.
**Druka** (eyes) = Pallor ++, icterus +.

**Akruti** = madhyam.

**Bala** = heena.

**Raktadaaabha** (B.P) = 110/70 mm/Hg.

**MATERIAL AND METHOD**

**Material**

**Chart No-1: Showing material for Management of Jalodara as**-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Dravya</th>
<th>Dose</th>
<th>Duration</th>
<th>Anupan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tb. Tapyadi loha</td>
<td>500mg</td>
<td>BD</td>
<td>ghrita</td>
</tr>
<tr>
<td>2</td>
<td>Tb. Arogyavardhini</td>
<td>500mg</td>
<td>BD</td>
<td>ghrita</td>
</tr>
<tr>
<td>3</td>
<td>Daruharidra choorna Nimba choorna Patol choorna Punarnava choorna Haritaki choorna kutaki choorna</td>
<td>each choorna taken 1gm 6gm choorna + 48 ml water</td>
<td>12 ml kwath twice in a day luke warm water</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tb. Suverana Sutshekha</td>
<td>250 mg</td>
<td>BD</td>
<td>Adrakswarasa</td>
</tr>
</tbody>
</table>

**Chart No-2: Showing Panchkarma Management of Jalodara as**-

<table>
<thead>
<tr>
<th>Panchkarma</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkapatta bandhan</td>
<td>araka patra (calatropis procera) + errand tail</td>
</tr>
<tr>
<td>virechana</td>
<td>ichabhedi ras with luke warm water</td>
</tr>
</tbody>
</table>

**Method**

- Center of study: S. S. N. J. Ayurvedic Rugnaayan, Solapur.
- Type of study: Simple random single case study.

**DISCUSSION**

**Discussion on Jalodar (Ascites)**

Ayurvedic term *Jalodar* Vyadhi is homologous to Ascites described in modern medicine. According to Ayurveda Chikitsa sutra of Udara choice of treatment is, ‘Nitya Virechana’ (purgative), *Agnidipan* (increase appetite), *Balaprapati* and *Yakritottejaka Chikitsa* (Stimulating hepatic function) and also *Arkapatta bandhan* over abdomen as external application. Appreciable results were observed in the form of reduction of abdominal girth, bipedal oedema, increase appetite, increase strength.

**Hetu of jalodar as**[^5] -

- **Ahar:**
  - mandagni (loss of appetite)
- **JirnaMadyapana** (Chronic Alcoholism).
- **ushna, lawan, ksharyukta ahar seven**
- **malawastambha.**
- **Vihar:**
  - lebour work.
  - mutra veg dharan.

**SAMPRAPTI GHATAK**
- **Dosha**: vata (Prana, Saman, Apan)
  - Pitta (pachak, sadhak)
- **Dushya**: rasa
- **Mala**: sweda
- **Srotus**: Ambuvaha, swedavaha
- **Stana**: udar

**SAMPRAPTI**
DISCUSSION ON ACTION OF DRUG & OTHER PROCEDURE

- **Daruharidra**[^6]-Pittaghana, Dipan, Yakruttejak, Kandughana, Vrana.
- **Nimba**[^7]-Pittaghana, kledaghna, Rasayana, Agnidiapn & Aampachan.
- **Patol**[^8]-Tikta rasatamak, vedanastapak, kledashodak
- **Punernava**[^9]–tridoshagna, lekhan, shothahar
- **Haritaki**[^10]-katutikta, anulomak, dipan, pachan
- **Kutaki**[^11]-kapha pittagna, specially malabhedhan shodhak, pakwashaya shul nashak
- **Tapyadi loha**[^12]–raktavardhak, agnidipak, pachak mainly yakrutshakti vardhak.
- **Aarogyavardhinivati**[^13]-Grahamishodhak, Diapan, Pachan, Pakwashyadushtinasha.
- **suverna sutshekar**[^14]- Amlapittanashak, udavarta nashak, aamashaya pakwashay vatpitta nashak.
- **Arkapattabandhana**-Arkapattabandhana is avoid Vataprakop due to its Mruduswedana. It reduced the srotorodh in udar.
- **Virechana**: chikitsa sutra of jalodar is - ‘NityaVirechna’. Liver (yakrit) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashrayisambhnda, hence for elimination of vitiated Pitta Dosha virechan is the best Chikitsa. Virechana also decreases abdominal girth and oedema by decreasing fluid in the abdominal cavity. Here we use tablet. AbahyadiModak for virechan.
- **Aahar**[^15]: Role of diet also important as equal to medicine. Diet in jalodar(acitis) should be milk (Godugdha) only. Godugdha (Cow Milk) is only complete food which is full of nutrients and easily digestible. With Godugdhawe advised patient to take Takrapaan and jwariRoti as Supplementary food with Godugdha.

**OBSERVATION AND RESULT**

Showing Abdominal Girth Measurement: ON 1ST DAY

![Abdominal Girth Measurement Diagram]

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[^6]: Jain et al.
[^7]: World Journal of Pharmacy and Pharmaceutical Sciences
[^8]: www.wjpps.com
EXAMINATION ON 7\textsuperscript{th} DAY

Chart No.-3: Showing Table showing improvement Pedal oedema.

<table>
<thead>
<tr>
<th>Date</th>
<th>Just bellow knee</th>
<th>Just above knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.3.2017</td>
<td>Rt. 29cm</td>
<td>Rt.28cm</td>
</tr>
<tr>
<td></td>
<td>left.28cm</td>
<td>left 27 cm</td>
</tr>
<tr>
<td>27.03.2017</td>
<td>Rt.28cm</td>
<td>Rt.27cm</td>
</tr>
<tr>
<td></td>
<td>left.27.5cm</td>
<td>left26cm</td>
</tr>
<tr>
<td>5.03.2017</td>
<td>Rt.26.5cm</td>
<td>Rt.26cm</td>
</tr>
<tr>
<td></td>
<td>left 26cm</td>
<td>left26cm</td>
</tr>
</tbody>
</table>

The patient had started improving during hospital stay & at end of 15\textsuperscript{th} days, there is good improvement in all symptoms of patients. After one month follow up there is nearly nil of all symptoms.
Before Treatment: abdominal girth 37cm.

After Treatment of 15th Day: abdominal girth 32cm.

Arkapatta- Bandhana
CONCLUSION
Ayurveda has unique concepts with all disease its chikitsa siddhanta work and stand test to the time.

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