



Science

AN AYURVEDIC APPROACH IN THE MANAGEMENT OF JALODAR (ASCITES): A CASE STUDY

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Abstract

“AKRIYAYAM DHRUWO MRUTYU, KRIYAYAM SHANSHYO BHAWET” this is interesting statement regarding jalodar found in charak samhita. If we are not doing treatment then patient will die and even we do treatment then also patient will die. Udar (ascities) is such kind of disease.

Shakespeare very well said that, ‘To be or not to be’ was my question. Being doctor we are mounting to be care, which may be border of life & death. In such condition sending back to patient it may be criminal act to doctor. So we must treat the patient until he breath last.

After all Morden technics and medical facilities and development still there is no sure treatment which cure patient totally. In jalodar Tapping and all treatment gives temporary relief. Again fluid gets collected in abdominal cavity. In such case Ayurvedic treatment is the best.

In Present case study, 45 year male patient have been suffering from Udarvridhi (Increased abdominal girth), Jwaraprachiti (fever), Droubalya (Gen.Weakness), kshudhamandya (decreased appetite), Ubhaypadshoth since 4 month which get relive in 15 days and disappear within 1 month. Ayurvedic management on Jalodar such as herbal drug, Nityavirechana (purgative), Agnideepan (increase appetite), balaprapti, yakrituttejjak, external application of Arka-patta bandhana, only Dugdha Aahar act on root of pathology of Jalodar and by doing Samparptibhanga it give result in Jalodar.

Keywords: Jalodar; Ascities; Ayurvedic Management.

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1. Introduction

Jalodar is generalised abdominal enlargement. *Madagni* (poor Appetites), *doshati sanchaya* (collection of toxic substance in body), and *Paap karma* (bad nature) are main cause of *jalodar*^[1]. *pran-apan-agni dushti* are main pathology in *Jalodar*^[2]. In modern science we can co-relate it with ascites.

The word ascites is of Greek origin (askos) and means bag or sacacities describe the condition of pathological fluid collection within the abdominal cavity.^[3]

“**Nityameva Virechayet**” This short chikitasa Sutra describe Maharshi Charaka for Jalodar (ascites)^[4].

Ayurvedic management such as herbal drug, Nityavirechana (purgative), Agnideepan (Increase appetite), Balaprapti, Yakrituttejjak (stimulant for hepatic function, external application of Arkapatta bandhana (belt made by leaves of Calotropisprocera), only Dugdha Aahar act on root of pathology of Jalodar and by doing Samparptibhanga it give best result in Jalodar . Ayurvedic management still stand test to time.

A case report

A 45 year old male patient came to us with chief compliant of –

- 1) *udarvridhi* (Increased abdominal girth).
- 2) *Jwaraprachiti* (fever).
- 3) *Droubalya* (Gen. weakness).
- 4) *Kshudhamandya* (Decreased appetite).
- 5) *Ubhaypadshoth* (Pedal edema).

Patient had above complaints since 4 months.

H/O Amalpitta.

No H/o Dm / HTN, Asthma

History of Personal Illness

The patient was normal 4 month back. Since then patient have been suffering from *Udarvridhi* (increased abdominal girth), *Jwaraprachiti* (fever), *Droubalya* (Gen. weakness), *Kshudhamandya* (decreased appetite), *Ubhaypadshoth* (pedal edema)^[5]. 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: Farmer.

Bad Habits: Chronic alcoholism.

O/E:

Nadi (pulse) = 80/min.

Mala (stool) = Normal.

Mutra (urine) = Normal.

Jeeva (tounge) = Eshatha saam.

Agni = Kshudhamandya.

Shabda (speech) = Normal.

Druka (eyes) = Pallor ++, icterus +++.

Akruti = *krusha*.

Bala = heena.

Raktadaaba (B.P) = 110/70 mm/Hg.

2. Material and Method

Material

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

SR.NO	DRAVYA	DOSE	DURATION	ANUPANA
1.	<i>Sharapunkaha</i>	500 mg	1 pack TDS	Luke warm water.
2.	<i>Daruharidra</i>	1 gm		
3.	<i>Amalaki</i>	300 mg		
6.	<i>Pachak vati</i>	250 mg	1 BD	Luke warm water.
7.	<i>Aragyawardhini</i>	250 mg	1 BD	Luke warm water.
8.	<i>Pittashekahr rasa</i>	250 mg	1 BD	Luke warm water.
9.	<i>Laxmivilaas Guti</i>	125 mg	1 BD	Luke warm water.
10.	<i>Punarnavadi kwatha</i>	2 TSF	Twice in days	Luke warm water.

CHART.NO - 2: Showing Panchkarma Management of *Jalodar* as –

PANCHKARMA	
<i>Arkapatta Bandhana</i>	<i>Arkapatra + Eranda taila</i>
<i>Basti</i>	<i>Triphala + Til tail + Sendhawa</i>
<i>Virechana</i>	<i>Abahaydi modak (1/2 tablet with Triphala Kwath)</i>

Method

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

3. Discussion

Discusion 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), *Balaprapti* and *Yakritottejaka Chikitsa* (Stimulating hepatic function) and also *Arka pattabandhan* 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 [6].

- 1) Ahar
 - Improper and irregular diet Causes the disturbance of vatadosha.
 - Jirna Madyapana (Chronic Alcoholism).
 - Ati-ruksha, Lawan, Vidahi Annasevan.
- 2) Vihar

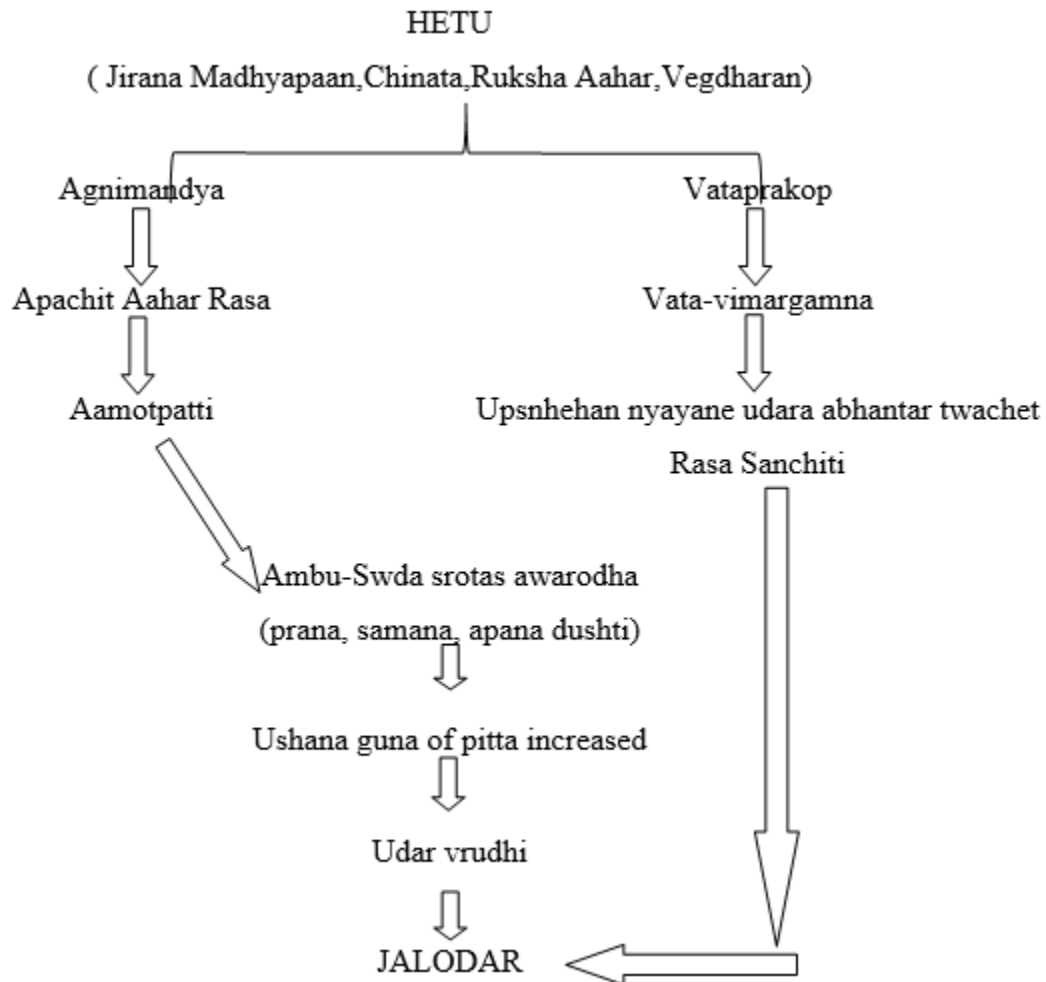
- Supresion of natural urga (chhardi vega dharan).
- Ratri jagran.

SAMPRAPTI GHATAK

CHART.NO-3: Showing samprapti Ghatak of Jalodar as -

DOSHA	<i>Vata (Prana, Saman, Apan)</i> <i>Pitta (Pachak, Sadhak)</i>
DUSHYA	<i>Rasa.</i>
MALA	<i>Sweda.</i>
SROTUS	<i>Ambuvaha, Swedavaha.</i>
STANA	<i>Udar</i>

SAMPRAPTI



Discusion on Action of Drug and Other Procedure

- **Sharapunkha**^[7]- yakrutojaak, diapn, pachan.
- **Daruharidra**^[8]-Pittaghana, Dipan, Yakruttejak, Kandughana, Vrana.

- **Aamalki**^[9]- Pittaghana, kledaghna, Rasayana, Agnidiapn & Aampachan.
- **Pachak vati**^[10] - Pacchana mainly Amadosa nasaka & Agni vardhaka.
- **Aarogyavardhini vati**^[11] -Grahanishodhak, Diapan, Pachan, Pakwashyadushti nashka.
- **Laxmivilaas Gutti**^[12] - Rasayana, Rudhya, Balya, Krumighna, Vednastapana, Mutral, Pachaka.
- **Pittashekahar rasa**- Vata-pittghna, virechyia
- **Punarnawadi kwatha**^[13] - Shotaghna, mutral.
- **Arka pattabandhana** - Arka pattabandhana is avoid Vataprakop due to its Mrudu swedana. It reduced the srotorodh in udar.
- **Basti** - [Triphala+ Til tail+ Sendhawa] = for Vatanulomana, Malavibandhanashk, Grahanidoshnashaka
- **Virechana**: chikitsa sutra of jalodar is - 'Nitya Virechna'. Liver (yakrit) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashraayi sambhnda, 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. Abahyadi Modak for virechan.
- **Aahar**^[14] : 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 Godugdha we advised patient to take Takrapaan and jwari Roti as Supplimentary food with Godugdha.

Observation and Result

CHART.NO-4: Showing Abdominal Girth Measurement

	Date	8 cm above umbilicus	At umbilicus	8 cm below umbilicus
	24.1.2015	80 cm	80.5 cm	75.5 cm
	26.1.2015	80 cm	80.5 cm	75.5 cm
	28.1.2015	80 cm	81 cm	76 cm
	30.1.2015	78.5 cm	78 cm	72 cm
	1.2.2015	81 cm	82.5 cm	74.5 cm
	3.2.2015	81 cm	81.5 cm	75 cm
	4.2.2015	79 cm	78 cm	72.5 cm
	5.2.2015	76.5 cm	76 cm	71 cm
	6.2.2015	75 cm	74 cm	70 cm
	7.2.2015	70.5cm	69 cm	67.5 cm

CHART.NO-5: Showing Table showing improvement Pedal oedema

Date	Just below knee	Just above knee
24.1.2015	Rt.30cm	Rt.26cm
	Lt.31cm	Lt.25 cm
30.1.2015	Rt.28 cm	Rt .23.5 cm
	Lt .29 cm	Lt .23 cm
7.2.2015	Rt.26 cm	Rt.19. cm
	Lt.25.5 cm	Lt.19.5 cm

The patient had started improving during hospital stay & at end of 15th days, there is good improvement in all symptoms of patents. After one month follow up there is nearly nil of all symptoms.

4. Conclusion

Ayurveda has unique concepts with all disease its chikitsa siddhanta work and stand test to the time. Since the therapy for *jaodar (acitis)* has limitation in other pathies, Ayurvedic management of *jalodar (acitis)* is one of the most effective therapy.

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