

AYURVEDIC PRINCIPLE AND MANAGEMENT OF JALODARA- A CASE STUDY

Sujaya koti¹, Vibha joshi², Pooja S³, Prashanth A S⁴¹⁻³PG Scholar, ⁴HOD and Principal

Department of Kayachikitsa Ayurveda Mahavidyalaya and Hospital Hubballi, Karnataka, India.

Corresponding Author: Author-sujayak111@gmail.com<https://doi.org/10.46607/iamj3011012023>

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ABSTRACT

The most common manifestation of liver dysfunction is *Jalodara* which can be studied under the heading of Ascites in contemporary science. Ascites are the accumulation of fluid in the peritoneum. In spite of advanced medical facilities, still, there is no sure treatment that cures a patient of ascites. Modern treatments only provide provisional relief with time, but the fluid gets collected in the abdominal cavity repeatedly. In such cases, *Ayurvedic* treatment gives relief without any side effects. Diet restriction, oral medications, and surgical procedures are mentioned in *Samhita*. Diet restriction is an important feature of the management of this condition.

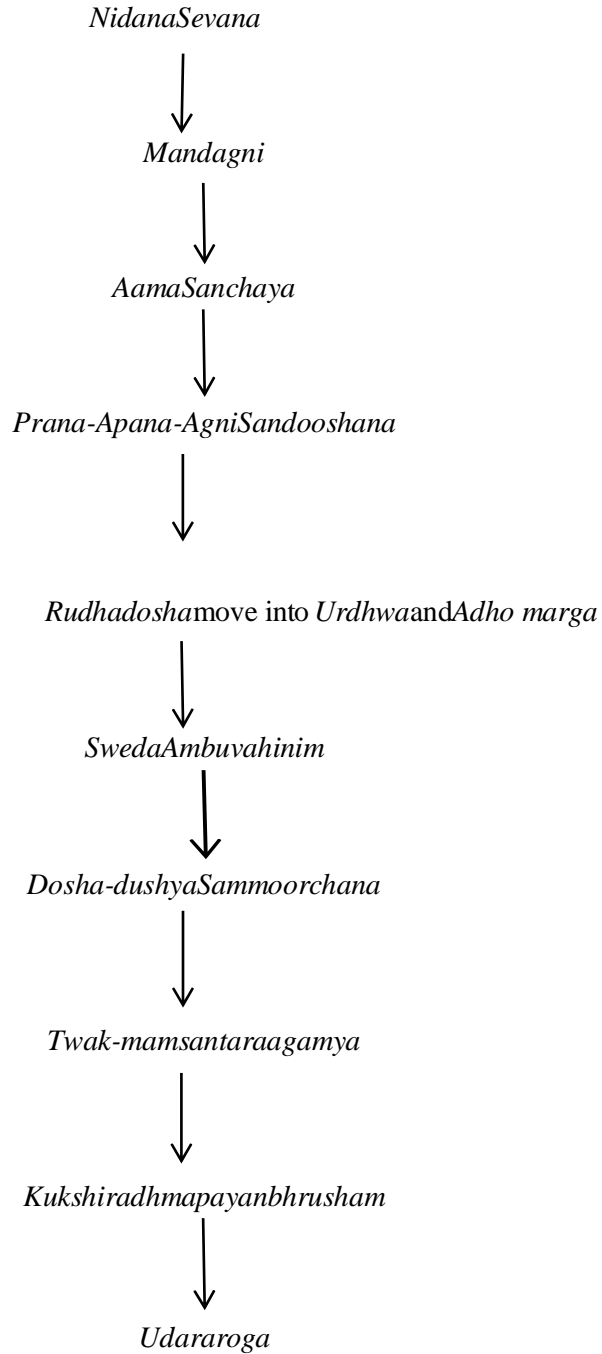
Keywords: *Udara, Udararoga, Ascites* etc.

INTRODUCTION

Udararoga (*Ascites*) is one among the *Ashtamahagada*. Diseases that manifest in *Udara* are termed as *Udara*. In this condition, *Agni* plays a major role in the manifestation of disease where the *Aprakruta ahara paka mala* and all *malaswaroopa* is accumulating in the *Udara* leading to this *ghora vyadhi* where *mandagni*, *malinabhojana*, and *malasanchaya* are considered as *main nidanas*.

Purvarupa of *udara* includes *Bala-Varna nasha*, *Vali nasha*, the Appearance of veins on the abdomen, *Bastiruja*, and *Padashopha*.¹ According to *Acharya Charaka*, *Kshut nasha*, Delayed digestion of *madhura*, *atisnigdha* and *guru ahara*, *Vidaha*, *Shwasa* on *alpachesta*.² *Samanya Roopa* of *Udararoga* include: *Adhmana*, *Atopa*, *Dourbalya*, *Gamane ashakti*, *Shopha*, *Daha*, *Durbalagni*, *Vata pureeshasanga*, *Trushna* etc.³

Samprapti:⁴



SampraptiGhataka:⁴

Dosha-
PranaandApanaVa-
ta,PachakaPitta,KledakaandShleshakaKapha
Dushya-Rasa,Rakta
Agni-Jatharagni
Aama-Jataragnimandyajanya

Srotas-Swedavaha,Udakavaha,Annavaha
Udbhavasthana-Amashaya
Sancharasthana- Rasayani (Tvak-
Mamsantara)Adhithana-BahirantragaofUdara
Types:⁵
Thereare8typesofUdararoga-

1. Vatodara
 2. Pittodara
 3. Kaphodara
 4. Sannipatodara
 5. Pleehodara/Yakrutdalyudara
 6. Badhodara
 7. Kshatodara
 8. Jalodara
- VisheshaLaxana:⁶

1. Vatodara Laxana – Pressure on the sides of the abdomen, stomach, back, and umbilicus which bloats the abdomen; Paani-Paada-Nabhi-Kuk-shiShohta; RukinKukshi, Parshwa, Udara, Kati, Prushtha; Angamarda and Malasangraha.
2. Pittodara Laxana – Jwara, Moorcha, Daha, Trushna, Katukasyata, Bhrama, Atisara, Peetatva/Haritatva oftvak etc.
3. Kaphodara Laxana – Guruta; Aruchi; Shohta in feet, hands, scrotum, and thighs; Shwasa; Shuklata of eyes, nails, face, skin, urine, and stool; Appearance of sira over abdomen.
4. Sannipatodara Laxana – Panduta, Krush-

i) Ajatodakavastha

ii) Pichavastha

iii) Jatodakavastha

} these 3 stages constitute Jalodarasamprapti

- i) Ajatodakavastha – the abdomen appears reddish, resonant, not heavy, and without shohta. There is continuous gudagudayana, the appearance of sirajala, and then nabhi distends with vayu and restores on releasing the urge. Pain in hrut-nabhi-vankshana-kati-guda. In this stage itself, the Vaidya should hasten his plan of treatment to accomplish better results, and patients with good strength would comply with the treatment rapidly.
- ii) Pichavastha – if the condition is neglected in the initial phase, the morbidity dislodged from their normal site, gets liquefied. In this stage, the abdomen assumes a round shape, becomes heavy, still, and dull on percussion, soft on palpation, and free from striae and the fluid accumulating around the

ata, Trushna etc.

5. Pleehodara and Yakrutdalyodara Laxana – Due to excessive jerks on travelling in vehicles, excessive movements soon after food, walking on bare-foot, vomiting, etc, the pleeha located in the left hypochondrium enlarges due to accumulation of rasa. Plee-hais palpable like a hard stony mass in the early stage and gradually begins to resemble Kachapa Samsthana. Laxana is- dourbalya, arochaka, avipaka, anaha, parvabheda, streaks on the abdomen with aruna/neela/harita/haridravarana.

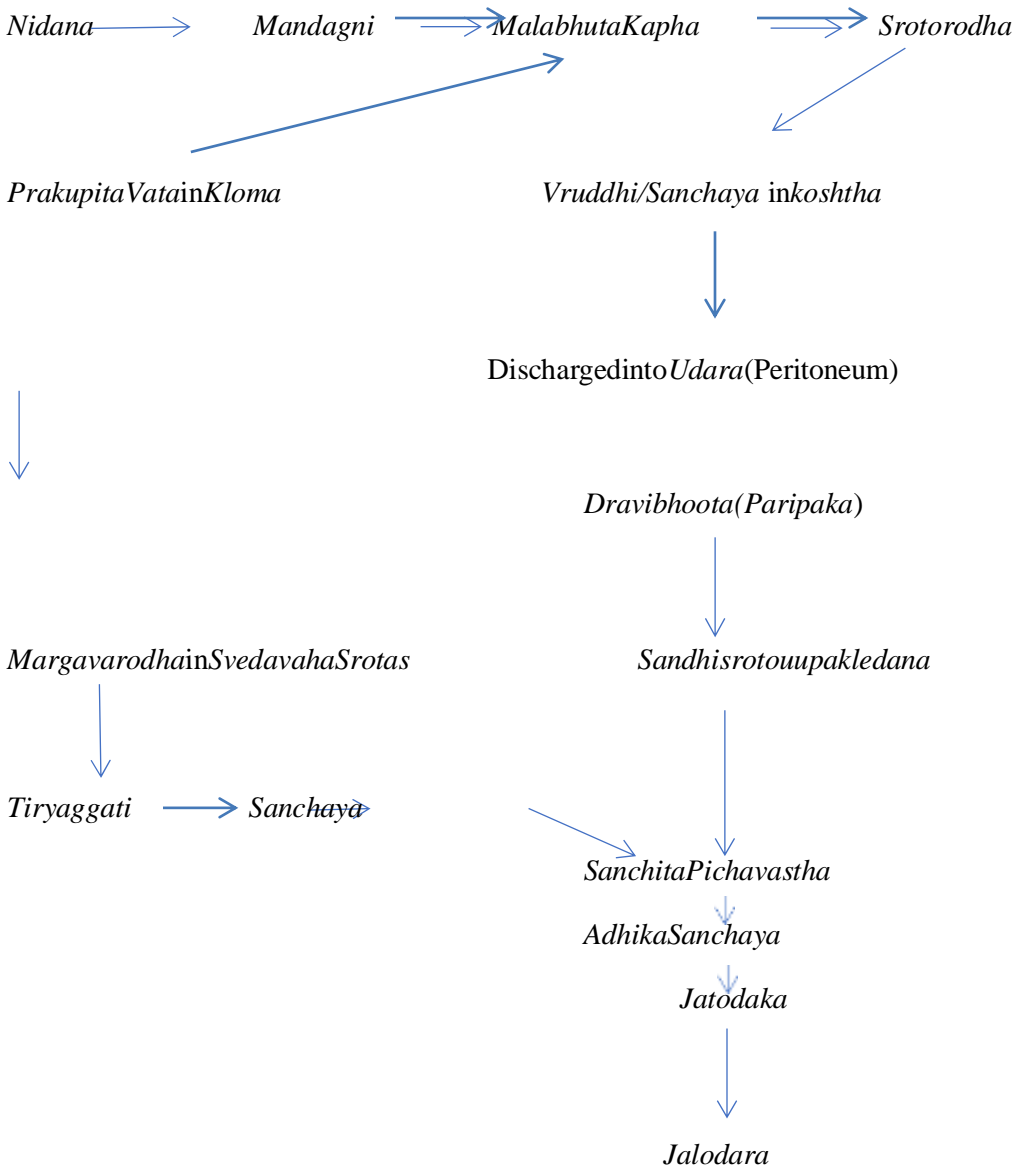
Similarly, if it occurs in the right hypochondrium, it is a condition known as Yakrutdalyodara.

6. Badhodara laxana – Trushna, jwara, shoolain shirashrudaya-nabhi-guda, streak over the umbilical area with aruna/neelavarana, gopuchavatnabhi.
7. Kshatodara laxana – The swelling manifests below the nabhi. The patient may discharge excreta with blood, with neela/peeta/pichila/kunapagandhi/amayukta, and maybe associated with hik-ka, shwasa, kasa, trushna, prameha, and avipaka.
8. Jalodara laxana – the occurrence of Jalodara takes place in 3 characteristic phases:

nabhi. Chakrapani comments that the consistency of fluid is comparable to the viscosity of GHRUTAMANDA.

- iii) Jatodakavastha – Acharya Sushruta while describing samprapti of Udarastates that the Annarasasara and sanchita pichodaka oozes out into the peritoneal cavity due to the vega of Vata and collected in the abdominal cavity giving rise to gradual elevation and enlargement of the abdomen. Acharya Charaka describes as follows: The progressive pichavastha when left uncared leads to the Jatodak phase with a laxana-like collection of fluid in the peritoneal cavity, enlarged abdomen, disappearance of veins and fluctuation of fluid on palpation is felt like a water-filled bag.

SampraptiofJalodara:-⁶



Sadhya-Asadhyata:-⁶

The Vata-ja, Pittaja, Kaphaja, Sannipatodara, Pleehodara, and Jalodara should be considered as more serious in progressive order. The Badhodara is mostly fatal after a Paksha and all Udara with a collection of fluids including Chhidrodara (kshatodara) endanger life. The Udararogis associated with oedema around the eyes, curved genitals, damp and thin skin, loss of strength, anaemia, emaciation, and loss of appetite should be discarded. The Udararogis with oedematous vital-

parts (all), dyspnea, hiccup, anorexia, thirst, fainting, vomiting, and diarrhoea amount to death. In general, all Udararogas are difficult to cure at the onset only. However, Udara roga in the early onset devoid of fluid collection, in a strong patient becomes curable with alo-to effort.

CASE STUDY

A 42 years old Male came with the following complaints of distension and heaviness of the abdomen, Distension, and Heaviness of Abdomen, swelling in the Lower Extremities, hardness of the Abdomen, breath-

lessness on walking, pain in the Flanks, and yellowish discoloration of sclera and nails. Since 2 months.

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy 2 months before. Pt started feeling a burning sensation in the epigastric region, hardness, heaviness in the abdomen, and breathless-

ness, then pt. visited KIMS Hubli. Where he was diagnosed with HBsAG positive on 2/8/21. Then pt. visited a local physician for further treatment. And was treated for 1 week but pt. was not happy with the treatment. Then on 16/9/2021 pt. visited our hospital and was on *Shamanoushadhi*. The patient then visited for follow-up on 23/9/2021 and got admitted on the same day for further treatment

PAST HISTORY: The patient was alright according to him and his attenders. His general condition was Satisfactory till the onset of the above symptoms

FAMILY HISTORY:

Mother K/C/OHTN PERSONAL HISTORY

Diet: mixed (veg & non veg) Appetite: Reduced

Bowel: constipated Micturation: 3-

5 times/day Sleep: disturbed

Hab-

its: chronic alcoholic, smoking since 10 yrs Occupation: driver for 20 years

PHYSICAL EXAMINATION

Pulse=78/min BP=110/70mm/hg Temperature=afebrile Respiratory rate=18/min Heart rate=78bpm

Bilateral Pedal Edema Present+++

Icterus Present++

SYSTEMIC EXAMINATION [PER ABDOMEN]

ON INSPECTION=Shape-distended, Umbilicus-inverted ON PALPATION=soft, non-tender, Organomegaly non-elected Fluid Thrill++

ON PERCUS-

SI-

ON=Shifting dullness noticed (Rt Lumbar region to Midline)

AUSCULTATION= Bowel sounds heard.

ABDOMINAL GIRTH= Around Umbilicus=43inch, From RT to LFT Iliac Crust=38inch Measurement= From Xiphi Stemum to umbilicus=10inch, From Umbilicus to Symphysis Pubis=9inch

INVESTIGATION

Table 01: summarize the blood profile investigation before treatment and after treatment

Investigation	2/8/2021	28/9/2021	7/10/2021
HBsAG	Positive	Positive	
T. Protein	6.3gm/dl	7.2gm/dl	
Hb%	12.8g/dl	-	10.8g/dl
Albumin	2.0gm/dl	4.2gm/dl	
Bilirubin Total	2.4gm/dl	3.8gm/dl	1.7gm/dl
Direct Indirect	1.1gm/dl	0.7gm/dl 3.1gm/dl	0.4gm/dl 1.3gm/dl
SGOT	64IU/L	40.9IU/L	50.0IU/L
SGPT	37IU/L	46.2IU/L	27.7IU/L
Alk Phosphate	126IU/L	159IU/L	103.9gm/dl
Glucose (RBS)	80mg/dl	118.3mg/dl	

Blood Urea	16mg/dl		
Serum Creatinine	0.9mg/dl		
Serum Uric Acid	4.2mg/dl		
Globulin		3.0g/dl	

USGABDOMEN[2/8/21]

Findings

- CirrhosisofLiver
- MildSplenomegaly
- ModerateAscites

TREATMENT
Table02:summarizesbeforetreatmentandaftertreatmentfrom23/9/2021up to30/9/2021

MEDICINES	DOSE	TIME	ANUPANA
TabPunarnavadiKashaya	1tablet	3times/daily	WithJala
DashamoolaKadha	10ml	Twicedaily	WithSukhoshnaJala
Arogyavardhini vati	1tablet	3times/daily	WithJala
Triphala guggulu	1tablet	3times/daily	WithJala
ShothagnaKashayaChurna	1Tsf	Twicedaily	WithSukhoshnaJala

PATHYA-APATHYA

Table03:summarizespathya-apathyagiventothe patientin a hospital

PATHYA- APATHYA	AHARA	VIHARA
PATHYA	Dugdha, paya, yava, mudga	Vishrama
APATHYA	katu, amla, guru, abhishyandi.Mamsa, madyapana,	Divaswapna, Ativyama

SYMPTOMATICIMPROVEMENT

Table4summarizessystematic improvementbeforeandaftertreatment

ON23/9/2021	30/9/2021
Heavinessofabdomen	The heavinessofabdomenreduced
Hardnessofabdomen	Softabdomen
Paininflanks	Paininflanksreduced
Breathlessonwalking	Nobreathlessnessonwalking
Disturbedsleep	Soundsleep
Alcoholintakeandsmoking	Stoppedalcoholintakefor 10days
Appetitereduced	Normalappetite
Icterus+++	Icterus+

Lavana, Kshara, Vidahi, Ashuchibhojana, poorlifestyle habits such as Vegadharana and excess intake of alcohol. All these has to be avoided.

DISCUSSION

NidanaParivarjana (Toavoidcausativefactors):

Jalodara can occur due to indulgence in several causative factors, it can be poor food styles such as Ushna,

Table 05:Summarize the actionof medicines given to the patient

SI No	Dravya	Action
1	Arogyavardhini vati	Deepana,pachana, antioxidant
2	DashamoolaKadha	Anti-inflammatory,antioxidant
3	Triphala guggulu	Carminative,laxative
4	TabPunarnavadikashaya	Anti-inflammatory

For Agnideepana

Mandagni is the main cause of any disease⁷. For Agnideepana, Arogyavardhini Vati is enhances Agni and helps in Samprapti vighatana(Break down of pathogenesis).It improves appetite and weight gain,it acts as hepatoprotective drug.

ApyamDoshaharanamandSrotoShodhana(removingtheaccumulatedfluid)

Since Sotosanga occurs in Udara, it is necessary to go for Sroto Shodhana in order to remove the obstruction by using Teekshna,Ushna aushadhis. Simultaneously there will be the removal of Apya dosha and Abaddha Asthira kapha samurchana

with *Udaka* gets broken by *Ruksha*, *Teekshna*, *Ushna* gunas of medicines and enhances *agni*⁸. Tab. *PunarnvadiKashaya* is indicated in *Udararoga* and also reduce *Shotha* and helps improvement of liver health.

NityaVirechana(Dailytherapeuticpurgation)

Restoring the *Agni* by expelling *Bahudo-shavasthaby* means of "*Stoka Stoka Nirharanam*" and preventing further accumulation. This can be done by administering *Nityavirechana*. "*NityaVirechana*" is the *chikitsa sutra* of *Jalodara*. *Triphala guggulu* was given for *Vatanulomana* purpose. *Apana vayu* is also included in the *Samprapti* of *Jalodara*. Above said medicines help in counteracting pathology. They also possess a laxative effect.

Conclusion

Udara is one among the *Ashtamahagada* where *tridoshas* are involved⁹. So, it is necessary to breakdown the pathogenesis. In contemporary science, only diuretics and paracentesis are mentioned. But recurrence is more so in this case was managed by only ayurvedic medicines. *Yakrita* is the *Mulasthana* of *Rakta*¹⁰.

Rakta and *Pitta* have *Ashraya* and *Ashrayi sambhadha*¹¹. Hence *Virechana* is the best treatment for the elimination of *Pitta dosha*¹². Daily therapeutic purgation, diet restriction, and Ayurvedic medicines had shown improvement in all the symptoms of *Jalodara*. In the present case abdominal girth, pedal edema, and all the above-mentioned symptoms were significantly improved without any side effects. Hence it can be concluded that Ayurvedic medicines with *Nitya virechana* give better results in ascites without side effects.

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