

## AN AYURVEDIC APPROACH OF JALODARA

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### ABSTRACT

In *Ayurveda* *Jalodara* (ascites) is being considered under the broad spectrum of *Udara Rogas*. In *Ayurveda*, 8 type of *Udara Roga* are being mentioned and every *Udara Roga* finally converted into incurable *Jalodara*, not being treated. This is the last stage of every *Udara Roga*. The common cause of *Jalodara* is *Mandagni* and *Srotorodha*, as per mentioned in *Ayurveda*. Whereas, Ascites is the most common complication of liver cirrhosis and occurs in about 50% of patients with decompensated cirrhosis in 10 years. In *Ayurvedic* literature both *Shodhana* & *Shaman Chikitsa* and diet restriction is being mentioned for *Jalodara*. In modern science there is no any medicine available for ascites only one surgical treatment is available that is tapping which also gives temporary relief while *Ayurveda* gives best results without any injury to body. Mortality increases from complications such as spontaneous bacterial peritonitis and hepatorenal syndrome. Mortality ranges from 15% in a year to 44% in 5 years.

**Keywords:** Ascites, liver cirrhosis, *Nitya Virechan*, *Jalodhara*, *Udara Roga*, Diet restriction.

### INTRODUCTION

*Jalodara* (ascites) is one of the critical diseases and one among the eight *Udara roga* popularly known to the common people. Among *Tridosha*, the *Prakupita vata* (*Aggravated Vata*) gets accumulated in *Udara* between *Twak* (skin) and *Mamsa* (muscle tissue) leading to *Shotha*, this is being termed as *Udara roga*. *Mala Samchaya* and *Dosha Samchaya* occur because of *Mandagni* which causes *Srotorodha* of *Udakavaha* and *Rasavaha Srotas*. Further it vitiates *Prana* (heart), *Apana* (renal), *Agni* (liver) and ultimately causes accumulation of *Udaka* in the body mainly in *Udara*, which is cardinal feature of *Jalodara*. *Jalodara* consi-

dered as a disease, instead of a symptom or a sign of other diseases.

It is of two types i.e. *Svatantra* (primary or independent) and *Paratantra* (secondary) that is due to some other disease. Among the *six Kriyakala* (stages), it corresponds to the fifth stage (manifestation stage) or the 6<sup>th</sup> stage (the stage of busting open). The *Svatantra* or primary *Jalodara* has been described as *Dakodara*. *Charak* has proclaimed it to be an incurable disease. *Susruta* called all *Udararoga* as “*Mahagada*” grave ailments and difficult to treat.

According to modern medical science accumulation of free fluid in peritoneal cavity (ascites) occurs in the

complication of hepatic cirrhosis, which can be correlated with *Jalodara*.

According to modern conception ascites is sequel to some other diseases or its complication. Ascites, which is the accumulation of excess fluid in the peritoneal cavity, is often among the first stage of decompositions in the patients with chronic liver disease. Cirrhosis is the underlying cause of the ascites in at least 80% of patient, but other factors (e.g. heart failure, nephritic syndrome, tuberculous peritonitis) must also be considered. The development of ascites in the setting of cirrhosis is an important landmark in the natural history of chronic liver disease, because approximately 50% of patients die within in years.

Ascites usually occurs when the liver stops working properly. It is a common clinical finding with a wide range of causes, but develops most frequently as a part of the de-compensation of previously asymptomatic chronic liver disease. The symptoms of ascites vary from patient to patient and depend largely on the quantity of fluid. If trace ascites is present, the patient may be asymptomatic, and fluid is detected only on physical or radiologic examination. If a large amount of fluid is present, the patient may complain of abdo-

minimal fullness, early satiety, abdominal pain, or shortness of breathing.

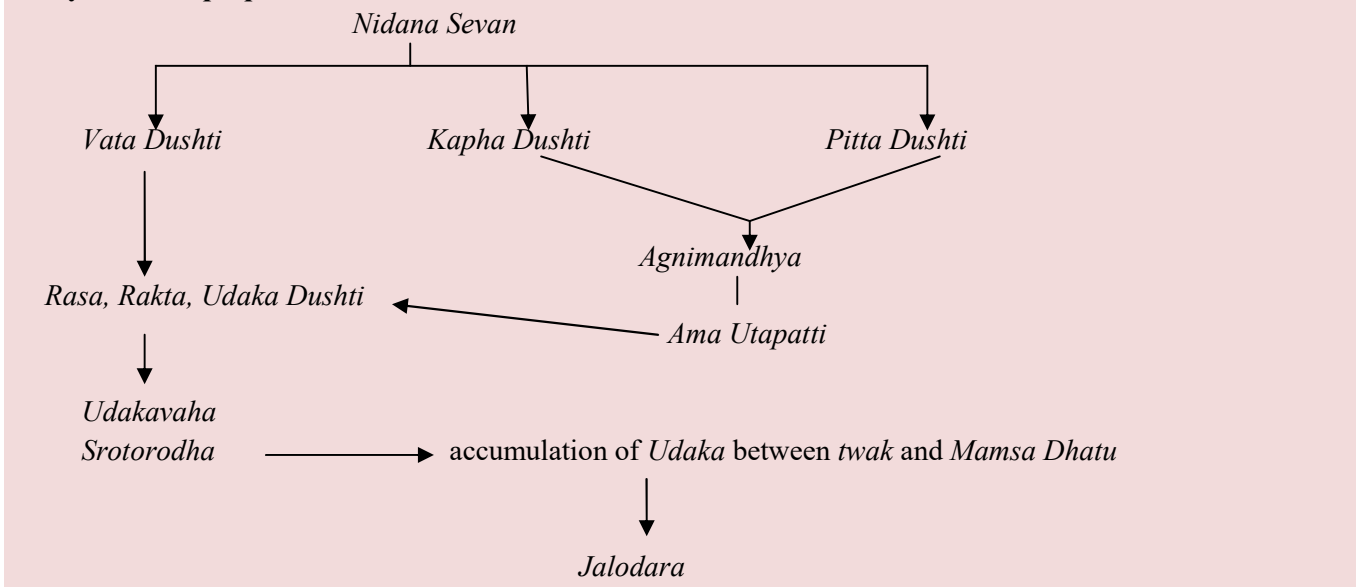
**Sign & symptoms**

1. *Aruchi* (anorexia)
2. *Pipasa Vridhi* (excessive thirst)
3. *Shool* (abdominal pain)
4. *Shwaskrichchta* (dyspnoea)
5. *Kaas* (cough)
6. *Dorbalya* (weakness)
7. *Udara Utsedha* (abdominal distension)
8. *Samparivrita Nabhi* (Everted umbilicus)
9. *Hrida Spandan* (palpitation)
10. Unable to walk
11. *Drati Shubyati Kampate*(shifting dullness)

**Complication**

1. *Vaman* (vomitting)
2. *Atisaar*(diarrhea)
3. *Trishna* (excessive thirst)
3. Pleural effusion
4. *Hikka* (hiccough)
5. *Mutraghata* (retention of urine)
6. *Parshwa Shool*
7. *Tamak Shwasa*
8. *Kaas*

**Analysis of Samprapti Chakra of Jalodara -**



**Dosha Dushya Vivechan in Jalodara –**

*Dosha – Tridosha – Prana, Agni, Apana*

*Dushya – Rasa, Udaka, Sweda*

*Agni – Jatharagni, Dhatwagni*

*Ama – Jataragni, Dhatwagni*

*Srotas – Rasa, Sweda, Ambu*

*Srotodusti – Sanga, Vimargagaman*

*Udbhava Sthana – Amashaya*

*Sanchayasthana – Udara, Twakmamsanthara*

*Adhistana – Udara*

*Roga Marga – Abhyantara, Bahya*

**Management**

Ascites as a disease has been described extensively in *Ayurvedic* literature along with medical treatment and surgical procedure related to the management of this condition. Diet restriction is an important feature of the management of this condition.

**“Sharirdoshprakope Khalu Sharirmevashrityaya-prayashtrividhnamaushamichchanti- Antaparimarjanam, Bahiparimarjanam, shastrapranidhanam cheti.” (Cha.Su.11/55)**

*Ayurvedic* management with drugs such as provocation of digestion, daily therapeutic purgation, stimulant for hepatic function and only milk diet that acts on root of pathology of ascites and by doing *Samprapatti Bhanga* it give good result in *Jalodara*.

In *Ayurveda* there is mainly three type of *Chikitsa* has to be done for *Jalodara* as

- *Niranna, Nirjala* and *Nirlawan Chikitsa*

**“Apam Doshaharanyado pradadhyadudkodare.”**

**(Cha.Chi.13/93)**

As mentioned in *Charaka* that in *Jalodara* excessive accumulated waste fluid have to be washed out. So we can use the drugs which have *Pittavirechaka* or *Mutravirechaka* properties.

- Due to accumulation of excess amount of *Doshas* and obstruction in the *Shrotomarg*, therefore, we should give *Shodhan* in the *Jalodara* patient by giving regular *Virachana* medicine. By giving *Virechana* accumulated *Doshas* and fluid goes out and the mouth of the *Srotas* opens.
- *Acharya Vagbhatta* has described the *Pathya Kalpana* in *Jalodara*. The *Jalodara* patient is kept on milk only till 6 months. *Ushtri* milk is said to be

best milk in *Jalodara*. For 3 month one should be given milk and *Peya* (boiled mashed rice in profuse water). After that liquid *khichdi* (hotchpoth) with milk must be given for 3 month. Salt and oil is prohibited, during this period. Such kind of treatment should be strictly followed for one year in *Jalodara*.

**Importance of milk in Jalodara-**

Milk is being mentioned in the management of all kind of *Udara rogas* to restore the vital capacity of body & to state the contract of *Doshas*. *Ushtri Dugdha* is specially mentioned for *Jalodara* by *Acharyas*. In the absence of *Ushtri Dugdha Godugdha* is preferred by *Acharyas*. *Godugdha* (cow milk) is only complete food which is full of nutrients and easily digestible. Milk is said to be as beneficial as nectar for gods, in the patient, who's body becomes impaired by drug use in *Udara Rogas*.

*Ayurveda* too has suggested surgery and removal of fluid as the first line of treatment in *Jalodara*.

like –

**Vyadhan** – Should be done over the *Udara* or abdomen. *Vyadhana* means puncturing and removal of fluid. The *Vyadhan* should be done using *Vrihi Mukha Shastra* at a distance of 4 *Angulas* towards the left of *Nabhi*. The depth should be of the length of half finger. The puncture should be done after having tied a sterile cloth tightly around the abdomen. Into the depth of the opening a *Nadi* (cannula) should be inserted and the fluid should be drained. The opening should later be applied with *Tail* and *Lavan* and later should be cauterized with fire.

**Shodhan Chikitsa-**

**Nitya Virechan** – *Virechan* or therapeutic purgation should be administered regularly so as to avoid recurrence and restore the *Agni* by expelling *Bahudoshavastha* by means *Stoka Stoka Nirharanam*. It should also be administered once there is evidence of accumulation of even a small amount of fluid.

**“Doshatimatrupchayat Srotomarganirodhnata, Sambhavatiudaram Tasmannitymevavirechayet.” (Cha.Chi. 13/61)**

**Vasti chikitsa-** In case of *Jalodara*, if the *Doshas* are not properly expelled out by giving the *Virechana*,

then such patients should be given *Niruha Basti* by mixing of *Kshara* and *Gomutra*.

### Medicines mentioned in Ayurveda for Jalodara and their properties

*Gokshura* – *Mutra Rechan*

*Punarnava* – *Rechan, Shothahara, Deepan*

*Jaipal* - *Deepan, Kaphavataghna, Rechan*

*Gomutra* – *Mutravirechan, Sweda*

*Katuki* – *Bhedniya, Lekhaniya, Kaphahara*

*Manjishtha* – *Vishahara, Shothahara, Kaphahara*

*Markandika(Sanaya)* – *Urdhwa-Adhahkaya Shodhini, Vishahara*

*Makoya* – *Shothahara, Yakritauttejak, Pittasarak*

*Kasani* – *Potent hepatoprotective action & Yakrituttejak*

*Mishi* – *Agnimandhyahara, Ushna, Pachani*

*Munakka* - *Virechnopaga, Deepan*

*Ksheera* – *Pittavirechan, Balya, Trishna Shaman*

### Drug used in Jalodara

*Eranda Taila* with *Gomutra*

*Eranda Taila* with *Godugdha*

*Ashwagandha Churna* with *Gomutra*

*Narayana Churna* – with *Takra*

*Aarogyavardhini Vati* – *Grahanishodhak, Deepan, Pachan, Pakwasgayashodhaka.*

*Tapyadi Loha* – *Raktavardhak, Agnideepak, Yakritshakti Vardhak.*

*Ichchabhedi Rasa* – *Deepan, Rechak.*

*Punarnava Mandur- Tridoshaghna, Shothahar, Lekhan.*

*Vardhmana Pippali* – 1000 long *pippers* taken over a period of 20 days, initially increased by 10 *Pippalis* for first 10 days and later tapered in the same order so as to finish with 10 *Pippali* on 20<sup>th</sup> day (according to strength of the patient and quantity of fluid collection, the *Pippalis* may be used in 5 or 3 numbers, increased in same proportion. *Pippali* is either used in the form of paste or decoction. Milk should be kept as diet during the procedure).

*Arkapatra Bandhan*- Belt made by *Arka* leaves avoids *Vataprakop* due to its *Mruduswedana*. It reduced the *Srotorodha* in *Udara*.

**Table No.1 Showing Pathya and Apathya**

<b>Pathya</b>	<b>Apathya</b>
<i>Raktashaali</i>	<i>Anoopaja Mamsa/Shaaka</i>
<i>Yava</i>	<i>Tilaan</i>
<i>Mudga</i>	<i>Vyayama, Adhwa</i>
<i>Ajmoda , Jeera, Mishi</i>	<i>Divaswapna</i>
<i>Ksheera</i> (Camal milk)	<i>Abhishyandi Dravya- Dahi</i>
<i>Gomutra</i>	<i>Matradhikya Anna</i>
<i>Arishta</i>	<i>Smoking</i>
<i>Asava</i>	<i>Ushna/ lavan/ Amla Dravya</i>
<i>Takra</i>	<i>Snehpaan</i>
<i>Lahsun, Ardraka</i>	<i>Guru Anna</i>
<i>Anaara</i>	<i>Yaan / Vahan Savari</i>
<i>Haritaki</i>	<i>Ati Jalapana</i>
<i>Langhan</i>	<i>Starchi food- rice, potato</i>
<i>Vastra Patta Bandhan</i> on abdomen	<i>Dairy products, processed food- pizza, burger</i>

## DISCUSSION

*Udara roga* is *Swedavaha* and *Ambuvaha Srotodushti Vikar* due to *Jatharagnimandata, Pranavayu* and *Apanvayu Dushti*. Due to obstruction of *Swedavaha Ambuvaha Srotas* excessive accumulation of fluid, especially in peritoneal cavity occurs.

According to *Ayurveda* treatment of *Udara Roga Nitya Virechana* (purgative), *Agnideepan* (increase appetite), *Balaprapti* (increase strength) and *Yakrituttejjak* (stimulant for hepatic function).

*Nitya Virechana* is the line of treatment in *Udara Roga* and hence *Virechana Aushadha* are the first choice of drug in such a case.

*Virechana* checks improper *Jatharagni* and *Dhatvagni*, after *Virechana Jatharagni* and *Dhatvagni* increases. It has laxative action which helps to eliminate toxins out of the body, which are caused due to chronic constipation in *Jalodara*.

Above *Nidanas* lead to *Jatharagni* and *Dhatwagni-mandya*. Hence *Mandagni* is considered as the prime factor in the manifestation of *Udara*. Hence correction of *Agni* has to be done with the *Vatanulomana Dravyas* like *Hingvashtaka Churna* and *Haritaki* with *Gomutra* does *Deepan*, *Pachana* and further support *Samprapthi Vighatana*.

Since *Srotorodha* occurs in *Udara*, it is necessary to go for *Srotoshodhana* in order to remove the obstruction by using *Teekshna*, *Ushna*, *Kshara Dravya*. Simultaneously there will be removal of *Apya Dosha* by means of *Mutra Yukta Teekshna Ksharadi Aushadhis*.

## CONCLUSION

*Jalodara* is described in *Ayurveda* as the type of *Udara Roga*. The management of this disease complex is difficult due to presence of complications. The pathological factors are responsible for *Udarvyadhi are Tridosha* and reduced status of *Agni*. *Virechana* is unique treatment mentioned for *udara*. Removal of *Doshas* mainly *Pitta* and normalize *Yakritdushti* which was caused due to *Agni Mandhya* was achieved by this integrated approach of *Ayurvedic* treatment successfully. *Ayurvedic* treatment is found very effective in the management of *Jalodara*. Through the *Srotoshodhak* principle the root cause is treated and this improved the normal functioning of body. The *Ayurvedic* treatment is safe, cost effective and has no side effect. The *Ayurvedic* management of *Jalodara* mainly focuses upon *Nidana Parivarjan*, *correcting Agni*, *Srotoshodhan* and *Nitya Virechana*.

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