

## ROLE OF VIRECHANA IN THE MANAGEMENT OF JALODARA WITH SPECIAL REFERENCE TO ALCOHOLIC LIVER DISEASE: A CASE REPORT

Grampurohit Pradeep<sup>1</sup>, Angadi Vinayak<sup>2</sup>, Ragi Madhushree<sup>3</sup>, Patil Ashwini<sup>4</sup>

<sup>1</sup>Reader; <sup>2</sup>2<sup>nd</sup> Year PG Scholar; <sup>3</sup>Assistant professor; <sup>4</sup>Assistant Professor;

Department of Panchakarma, KAHER's Shri B M Kankanawadi Ayurveda Mahavidyalaya Shahapur, Belagavi, Karnataka, India

Email: [angadivinayak100@gmail.com](mailto:angadivinayak100@gmail.com)

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### ABSTRACT

The most common cause of Ascites is Liver disease where in this case the *nidana* which is involved is excessive consumption of Alcohol, here the fluid gets collected in the abdominal cavity repeatedly. Ayurveda treatment gives relief without any much complication; the case can be correlated to *Jalodara* which is mentioned in Ayurveda classical text. A 45 years old male patient with the complaints of distension of abdomen since 6 months, low back pain since 1 month, burning sensation in the epigastric region since 1 month and irregular bowel movements 1 month patient was administered with *Haritaki churna* and *Gomutra* along with restricted diet plan for 7 days, a significant improvement was observed in all the complains of the patient, significant changes were observed in pre and post treatment USG Abdomen scan reports.

**Keywords:** Ascites, *Jalodara*, *Nityavirechana*, Alcoholic liver disease.

### INTRODUCTION

Udara is characterized by distension of the abdomen<sup>(1)</sup>. In contemporary science it can be compared with Ascites. *Nidana sevana*, that produces *chira mala sanchaya* causing *ajirna*, *dushti* of *Pranavayu*, *Apanavayu* and *Agni*, leads to *urdhwa* and *adhomarga avaroda*. *Doshas* reaches the inter space between *Twak* and *Mamsa* of *Udara* causing *Kukshir admapayan bhrusham* leading to the manifestation of *Jalodara*<sup>(2)</sup>. Patient may complain of blotting or abdominal fullness and may note due to increase in abdominal girth size. In Ayurveda classic it

has been told as *Ekangashotha*. *Jalodara* considered as a disease<sup>(3)</sup>, instead of a symptom or a sign of other diseases. It is of two types i.e. *svatantra* (independent or primary) and *paratantra* (secondary)<sup>(4)</sup>.

#### Aim:

To know the effect of *Virechana* in the management of *Jalodara* with special reference to Alcoholic liver disease.

#### Case Report:

A 45 years old male patient came to our hospital with the complaints of distension of abdomen since 6 months, low back pain since 1 month, burning sensation in the epigastric region since 1 month and irregular evacuation of stools since 1 month. At the time of admission patient was conscious and vital functions were normal.

**Past History:**

H/o Alcohol consumption for 8 years, H/o Chewing tobacco for 3 years, No H/o any significant family history found, No H/o DM, HTN or any surgical interventions

**On Examination:**

General Condition – Patient had discomfort in abdomen, Blood Pressure - 110/80 mmHg, Pulse Rate – 80 Beats per minute, Temperature – Afebrile, Weight – 73 Kgs

**Systemic Examination:**

Umbilicus- Slightly everted, Veins around the umbilicus – Slightly engorged around the umbilicus Shifting dullness – Present, Fluid thrill – Present, Liver – Not palpable, Spleen – Not palpable

**USG abdomen and pelvis scan 01/11/2018:**

Diffused liver parenchymal disease, Portal hypertension with portal vein thrombosis, Multiple peri, splen-

ic / periportal collaterals, Mild Splenomegaly, Moderate ascites

**Blood Investigations:**

Hemoglobin – 7.2gm%, WBC – 22200 cells/cumm, Differential count – Polymorphs 82%, Lymphocytes – 12%, Eosinophils – 00%, Monocytes – 01%, RBC Count – 3.11 millions/ cumm, Platelet count – 3.53 lakh/cumm

**Biochemistry Reports 01/11/2018:**

RBS – 164 mg/dl, Serum Creatinine – 1.3 mg/dl, Blood Urea – 32.0 mg/dl

**Liver Function 01/11/2018:**

Direct Bilirubin – 0.9 mg/dl, Indirect Bilirubin - 05 mg/dl, SGPT – 46 IU, SGOT – 77 IU, Alkaline phosphate – 76.0 IU, Total Protein – 6gm/dl, Albumin – 3.8 gm/dl, Globulin – 2.2 gm/dl

**USG abdomen and pelvis scan 01/11/2018:**

Diffused Parenchyma disease, Portal hypertension with portal vein thrombosis, Grade II Splenomegaly Moderate ascites

**USG abdomen and pelvis scan 27/11/2018:**

Diffused fatty infiltration of liver, Findings are suggestive of cavernous transformation of portal vein Mild Splenomegaly, Minimal ascites

**Intervention:**

Date	Medicine	Dose	Frequency
21/11/2018	<i>Haritaki Churna</i>	10gm	1-time empty stomach in the morning
	<i>Gomutra</i>	25ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga to the low back with Mahanarayana taila</i>		
	<i>Nadisweda to low back</i>		
21/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
21/11/2018	<i>Ganji</i> for lunch		
	<i>Kichadi</i> for dinner		
22/11/2018	<i>Haritaki Churna</i>	15gm	1-time empty stomach in the morning
	<i>Gomutra</i>	30ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga to the low back with Mahanarayana taila</i>		
	<i>Nadisweda to low back</i>		
22/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
22/11/2018	<i>Ganji</i> for lunch		
	<i>Kichadi</i> for dinner		
23/11/2018	<i>Haritaki Churna</i>	20gm	1-time empty stomach in the morning
	<i>Gomutra</i>	35ml	

	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga</i> to the low back with <i>Maharararyana taila</i>		
	<i>Nadisweda</i> to low back		
23/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
23/11/2018	<i>Ganji</i> for lunch, <i>Kichadi</i> for dinner		
24/11/2018	<i>Haritaki Churna</i>	25gm	1-time empty stomach in the morning
	<i>Gomutra</i>	40ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga</i> to the low back with <i>Maharararyana taila</i>		
	<i>Nadisweda</i> to low back		
24/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
24/11/2018	<i>Ganji</i> for lunch		
	<i>Kichadi</i> for dinner		
25/11/2018	<i>Haritaki Churna</i>	25gm	1-time empty stomach in the morning
	<i>Gomutra</i>	40ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga</i> to the low back with <i>Maharararyana taila</i>		
	<i>Nadisweda</i> to low back		
25/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
25/11/2018	<i>Ganji</i> for lunch		
	<i>Kichadi</i> for dinner		
26/11/2018	<i>Haritaki Churna</i>	30gm	1-time empty stomach in the morning
	<i>Gomutra</i>	40 ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga</i> to the low back with <i>Maharararyana taila</i>		
	<i>Nadisweda</i> to low back		
26/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
26/11/2018	<i>Ganji</i> for lunch <i>Kichadi</i> for dinner		
27/11/2018	<i>Haritaki Churna</i>	30gm	1-time empty stomach in the morning
	<i>Gomutra</i>	40 ml	
	<i>Nimbu Swarasa</i>	20 drops	
	<i>Stanika Abhyanga</i> to the low back with <i>Maharararyana taila</i>		
	<i>Nadisweda</i> to low back		
27/11/2018	<i>Sootashekara rasa</i>	2 tablets	Two times
27/11/2018	<i>Ganji</i> for lunch		
	<i>Kichadi</i> for dinner		

**Results: Abdominal Measurements:**

Dates	Measurements	Before in CM
21/11/2018	At Umbilics	76
	1inch above umbilicus	77
	1inch below umbilicus	74.5
22/11/2018	At Umbilics	76
	1inch above umbilicus	77
	1inch below umbilicus	74
23/11/2018	At Umbilics	75.5
	1inch above umbilicus	76

	1inch below umbilicus	74
24/11/2018	At Umbilics	73.5
	1inch above umbilicus	76
	1inch below umbilicus	74.5
25/11/2018	At Umbilics	72
	1inch above umbilicus	74.5
	1inch below umbilicus	73
26/11/2018	At Umbilics	72
	1inch above umbilicus	74.5
	1inch below umbilicus	73
27/11/2018	At Umbilics	71.5
	1inch above umbilicus	72
	1inch below umbilicus	71



**BEFORE TREATMENT**



**AFTER TREATMENT**

## DISCUSSION

*Nitya virechana* produces local stimulant effect on motility, following mechanisms may be responsible. Inhibition of  $\text{Na}^+$   $\text{K}^+$  cycle in crypt cell, hence increase the secretion of water and electrolyte. PAF a phospholipid pro inflammatory mediator and it produces significant stimulation of colonic secretion and gastrointestinal motility. Nitric oxide also involved in stimulation of intestinal secretion via prostaglandin and cyclic – gMP – dependent mechanisms. Stimulant purgatives increase the activity of nitric oxide synthesis and further increase the biosynthesis of PAF phospholipid pro inflammatory in the gut. *Haritaki* is a *mrudu anulomaka dravya* acts on *amashaya* and *pachamanashaya* produces mild effect increases slight motility of the gastrointestinal tract. *Haritaki* contains anthraquinone that produces purgative effect.

## CONCLUSION

Concept of *Jalodara* can be understood as a pathology occurring at 3 stages, last is *Jatodakavastha Agnimandya Srotoavarodha* are considered as one such causes leading to the accumulation of fluid in *Udarapradesha*. 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 symptoms were significantly improved without any side effect. Although the patient was kept on *Virechana* (therapeutic purgation) for 7 days no any side effects were noted during and after the treatment. it can be concluded that Ayurvedic medicines with *Nitya Virechana* give better result in alcoholic liver disease without side effect.

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