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Role of Ayurveda in Jalodar: A case study

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Abstract

Ayurveda emphasises that all the diseases are the result of weak state of Agni. Improper functioning of Agni leads to various metabolic disorders. Ascites is the accumulation of free fluid in the peritoneal cavity. In Ayurveda, it can be compared with Jalodar and Yakritadaludar. Cirrhosis is the final phase of Alcoholic liver disease which is one of the major cause of ascites associated with hepato-splenomegaly. Due to mandagni and malavriddhi udar Roga occurs. A 51 year old male patient approached with grade II ascites with bilayeral pedal oedema. He was alcoholic since 8 years. He was subjected to treatment involving Ayurvedic drugs in specific dosing pattern with restricted diet plan for 1 month. This case report demonstrated the successful treatment of ascites due to alcoholic liver disease.

Keywords: Ayurveda, jalodar, yakritadaludar

Introduction

Alcoholic liver disease (ALD) causes damage to the liver and its functions. Alcohol induced liver injury may be classified as, Alcoholic fatty liver (AF), Alcoholic hepatitis (AH), Alcoholic cirrhosis of liver (AC). ALD occurs after years of heavy drinking over time scarring and cirrhosis can occur. Cirrhosis is the final phase of ALD. Cirrhosis is hardening of the liver due to the formation of fibrous tissue. The clinical presentation of cirrhosis is highly variable. Some patients are asymptomatic and diagnosis is made incidentally at ultrasound or at surgery. Others present with isolated ascites, hepatomegaly, splenomegaly or signs of portal hypertension. When symptoms are present, they are non-specific and include weakness, fatigue, muscle cramps, weight loss, anorexia, nausea, vomiting and upper abdominal discomfort. Hepatomegaly is common when the cirrhosis is due to alcoholic liver disease and hemochromatosis. Jaundice is usually mild when it first appears. Hepatomegaly may occur as the result of a general enlargement of the liver. Although all causes of cirrhosis can involve hepatomegaly, it is much more common in alcoholic liver disease. Ascites is present when there is accumulation of free fluid in the peritoneal cavity. Small amounts of ascites are asymptomatic, but with larger accumulations of fluid (>1L) there is abdominal distension, fullness in the ascites is marked, a fluid thrill is present on palpation. The spleen has to be enlarged two to three times its normal size to be clinically palpable. According to Ayurveda it's a disease of Swedavaha and Ambuvaha strotodushti in which symptoms of Hepatosplenomegaly and Ascites i.e. Nausea, vomiting, swelling of feet and ankles, High blood pressure, loss of appetite, weakness etc. symptoms are quietly similar to udara Roga in which abdominal distension, swelling on ankle, feet & hand, Indigestion and loss of appetite, anemia & jaundice, lean and thin body, mild fever weakness, fluid thrill etc. symptoms and signs are quite similar. The line of treatment followed in such a case is Udara roga chikitsa.

A case report

A 51 year old male patient came to us with chief complaints of -

- 1) udarvridhi (increased abdominal girth)
- 2) jwarprachiti (fever)
- 3) dourbalya (gen. weakness)
- 4) kshudhamandya (decreased appetite)
- 5) ubhaypadshoth (pedal oedema)

Patient had above complaints since 6 months

H/O alcoholic liver disease

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N/H/O Dm/HTN

History of Personal Illness

The patient was normal 1 year back. Since then patient have been suffering from *Udarvridhhi* (increased abdominal girth), *Jwaraprachiti* (fever), *Droubalya* (Gen. Weakness), *Kshudhamandya* (decreased appetite), *Ubhaypadshoth* (pedal edema). For this patient took treatment from different modern doctor & tapping was done several times but got no relief, then he came to our hospital – Rajkiya ayurved college & hospital Varanasi in Panchkarma department opd. For better Management we admitted patient in Ipd.

Personal History

Occupation: Businessman

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* = *madhyama**Bala* = *heena*.*Raktadaaba* (B.P) = 130/80 mm/Hg.**Systemic examination (per abdomen)**

- Inspection: Distended abdomen
- Palpation: Hepatomegaly (2 cm below the right costal margin), Splenomegaly, tenderness in the right & left hypochondriac region
- Percussion: Shifting dullness and fluid thrill present

Investigation

1. CBC
2. Liver function test
3. Renal function test
4. Urine analysis
5. USG

Material and Method**Material**

1. Chitrakadi vati 1 tab tds
2. Jalodarari ras 250mg
Shwet parpati 250mg bd
Yava kshara 250mg
Punarnava mandur 250mg
3. Arogyavardhini vati 250mg bd
4. Punarnavadi kwath 50ml bd
5. Haritaki churna 3gm Hs

All above medicine was taken with cow milk

Panchkarma

1. Nitya virechana with eranda tail 10 ml in 1 cup cow milk Hs
2. Ichhabhedhi rasa 250 mg OD with cow milk (It was given every 7th day for 1 month)

Pathya-Apathya

Diet was restricted to the patient and he was kept on only cow milk. All types of food items were restricted for 1 month. When the patient was hungry or thirsty, she was

given luke warm godugdha only. Medicine were also given with cow milk as an adjuvent.

Method**Type of study:** simple random single case study**Duration of treatment:** 1 month**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), *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**1) Ahar**

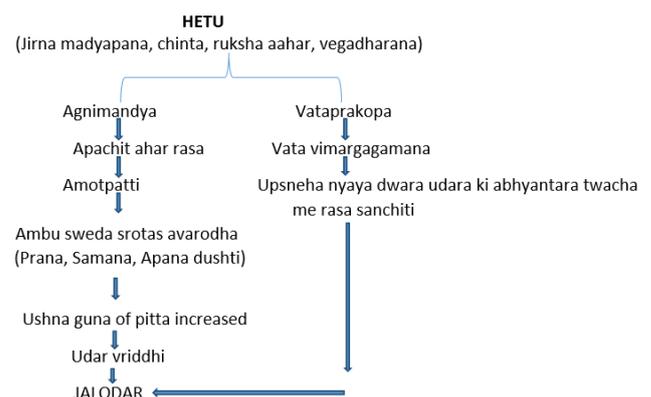
- Improper and irregular diet causes the disturbance of vatadosha.
- Jirna Madyapana (Chronic Alcoholism).
- Ati-ruksha, Lawan, Vidahi Annasevan.

2) Vihar

- Suppression of natural urges
- Ratri jagran

Table 1: Samprapti Ghatak

Dosha	Vata (Prana, Samana, Apana) Pitta (Pachak, Sadhak)
Dushya	Rasa
Mala	Sweda
Srotas	Ambuvaha, Swedavaha
Sthana	Udara

Samprapti**Discussion on Action of Drug and Other Procedure**

- **Aarogyavardhini vati:** Grahanishodhak, dipan, pachan, pakwashyadushti nashka.
- **Punarnawadi kwatha & Punarnava mandura:** Shotaghna, mutral. Both corrects pandu, shotha& swash.
- **Chitrakadi vati:** Dipan, pachan
- **Haritaki churna:** Vatanulomana
- **Yavakshara & Shweta parpati:** Mutral, used in shula, anaha, adhman & amlapitta.

- **Jalodarari rasa:** vata pitta shamaka, virechaka
- **Ichhabhedi rasa:** virechaka, vatanulomana, shulaghna & shothaghna.
- **Virechana:** chikitsa sutra of jalodar is - 'Nitya Virechana'. 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 Ichhabhedi rasa 250 mg od & Eranda tail 10 ml Hs with 1 cup luke warm cow milk 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 Supplementary food with Godugdha.

Observation and result

Table 2: Showing Abdominal Girth Measurement

Date	8 cm above umbilicus	at umbilicus	8 cm below umbilicus
6.3.2018	80 cm	80.5 cm	75.5 cm
10.3.2018	80 cm	81 cm	76 cm
14.3.2018	81 cm	81.5 cm	75 cm
18.3.2018	76.5 cm	76 cm	71 cm
22.3.2018	70.5 cm	69 cm	67.5 cm

Table 3: Showing Improvement In Pedal Oedema

Date	Just Above Knee	Just Below Knee
6.3.2018	Rt 30 Cm	Rt 26 Cm
	Lt 31 Cm	Lt 25 Cm
12.3.2018	Rt 28 Cm	Rt 23 Cm
	Lt 29 Cm	Rt 23 Cm
22.3.2018	Rt 26 Cm	Rt 19 Cm
	Lt 25.5 Cm	Lt 19.5 Cm

Table 4: Invstigation Before and After Treatment

Test	Before treatment	After treatment
Hb%	7.8 gm/dl	10.2 gm/dl
WBC count	10,000/cmm	6300/cmm
Platelet count	1,24000	1,29000
Urine analysis	Pus cells 3-5 hpf, Albumin trace	normal
RFT	Sr. Urea-40mg/dl	Sr. Urea-40mg/dl
	Sr. Creatinine 94 mg/dl	Sr. Creatinine 94 mg/dl
LFT	Sr. Billirubin Total- 4.3, Indirect- 2.8, Direct- 2.0	Sr. Billirubin Total- 1.6, Indirect- 0.8, Direct- 0.8
USG Abdomen	Liver cirrhosis, Mild Splenohepatomegaly, Grade II ascites	Liver cirrhosis, mild Hepatomegaly, Ascites absent

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.

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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