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Management of *Jalodar* (Abdominal Ascites) through Ayurvedic Medicine: A Successful Case Report

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Abstract

A 75 years old Hindu female unmarried patient [Registration No. AYUR/RG1700 002088#1] residing at Dakshineswar, Kolkata clinically diagnosed as Jalodar or abdominal ascites, attended OPD of Kaya Chikitsha, IPGAE & R at S.V.S.P, Kolkata dated July 3, 2017 with the primary complaints of distension of abdomen, breathing difficulty on exertion, bilateral pedal oedema, generalized weakness, loss of appetite, fullness of flank, mild fever, palpitation for last one year along with other associated complaints including indigestion, flatulence, difficulties in sleeping, frequent micturition, and irregular bowel habit. She had gone through abdominal paracentesis in February and March 2017.

The patient was treated with

a) Nitya Virechan which helped to eliminate excess fluid from the body,
b) Oral medicines like Vardhamana Pippali Rasayana, Panchamrita Parpati, Vasa Guduchyadi Kashayam, Swalpa-agnimukh Churna, and Navayasa Louha which cause enhancement of Agni as well as rejuvenation.
c) Water restriction reduced soumya bhava and drinking of pure cow milk maintained sarir posan.

After 60 days of treatment, liver function test found satisfactory where SGOT, SGPT, and Bilirubin were in normal range. No ascetic fluid found in sonological study. Anaemia corrected where Hb% became 9.60 gm%. No pedal oedema found. B.P. became 120/80 mm of Hg without any modern antihypertensive drug, measurement of abdominal girth became 48 inches, and weight became 52 kgs.

Personal History: Patient was a Lady Monk (Sannyasini) and reputed writer residing in a Math (Ashram), usually vegetarian, having no addiction to tobacco, tea, coffee, or alcohol etc.

Keywords: Ascites, Jalodar, Udar Vriddhi, Sotha

Introduction

Ayurveda has described *Udar rogas* (abdominal diseases) in eight different categories as per the dosic predominance and sthanik (systemic) involvement. It has been also mentioned in ayurveda that if all sorts of Udara rogas are ignored then most hardly curable or incurable Jalodar might be developed.

Agni is the pivot of all physiological activities of living body. *Jatharagni* as well as *dhatagnis* are liable for transformation of *dhatus* through *dhatupaka* (metabolism). If certain *Ahar* (diet and regimen), *Vihar* (lifestyle) and *Achar* (conducts) causes *Mandagni* (*lowering of Agni*) than *Udar roga* may appear along with other diseases. The *Soumya bhava* of body become enhanced naturally and that Soumya bhava or *Jala* (ambu) accumulated in *Twak*, *Mamsa* and peritoneal cavity, gradually pedal oedema may be developed.

In modern medicine, cirrhosis of liver is one of the complicated and critical liver disease, which is liable for genesis of ascites, anaemia along with oedema, anorexia etc. As liver is the store house of energy and heat, through consolidation of hepatocellular architectures, generation of heat might be stopped. Therefore, increase of *Soumya bhava* or deposition of watery portion in the body is conceptually same.

In Ayurveda, preservation of Agni and stimulation of Agni had been given foremost importance and considered as the treatment protocol towards Jalodar.

In present study, the female diabetic patient having distended abdomen with huge fluid, profuse pedal oedema, anaemia, general weakness, palpitation, anorexia, and loss of appetite like complaints. These symptoms clearly indicate that the patient was provoked by *Kapha* and was persisting the condition of *Mandagni* for a long period.

Aiming to reduce the watery portion, *nitya virechan* had been advocated to this case. Through introduction of *Parpati* and *Vardhaman pippali rasayana*, it has been tried to enhance *Agni bala* as well as *Deha bala* of the patient. Restriction of water intake and introduction of *Go-dugdha* (cow milk) is prescribed to supply nutrition through easily digestible and

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absorbable nutritious substances as drink, and to stimulate the organ liver [Yakrit & Pleeha]. *Navayasa louha* as well as *Panchamrita parpati* had been introduced to generate heat and energy to enhance the circulatory haemoglobin.

Laboratory Findings

Table 1: Laboratory findings: before treatment, after 20 days of treatment, and after 60 days of treatment

Sl. No.	Before Treatment		After 20 Days Treatment	After 60 Days Treatment
1.	Hb%	6.80 gm%	7.00 gm%	9.60 gm%
2.	Urea	42 gm/dl	42 gm/dl	37 gm/dl
3.	Creatinine	1.10 mg%	0.99 mg%	0.96 mg%
4.	Sodium	152 mmol/L	150 mmol/L	132.00 mmol/L
5.	Potassium	5.98 mmol/L	5.78 mmol/L	4.80 mmol/L
6.	**LFT**			
	▪ Serum Bilirubin	0.80 mg/dl	0.82 mg/dl	0.84 mg/dl
	▪ Conjugated	0.32 mg/dl	0.47 mg/dl	0.49 mg/dl
	▪ Unconjugated	0.48 mg/dl	0.35 mg/dl	0.35 mg/dl
	▪ SGPT	60 µ/L	46 µ/L	39 µ/L
	▪ SGOT	52 µ/L	48 µ/L	38 µ/L
	▪ Total Protein	5.88 gm/dl	6.20 gm/dl	6.80 gm/dl
	▪ Albumin	3.98 gm/dl	4.02 gm/dl	4.20 gm/dl
	▪ Globulin	1.90 mg/dl	2.18 gm/dl	2.60 gm/dl
	▪ Alb: Glb	0.6: 0.5	0.64: 0.35	0.61: 0.38
	▪ Alkaline phosphatise	354 IU/L	342 IU/L	244 IU/L
7.	**Total Cholesterol**	158 mg/dl	164 mg/dl	172 mg/dl
	▪ HDL	34 mg/dl	42 mg/dl	48 mg/dl
	▪ LDL	18 mg/dl	20 mg/dl	25 mg/dl
	▪ VLDL	57 mg/dl	38 mg/dl	27 mg/dl
	▪ Triglycerides	149 mg/dl	136 mg/dl	132 mg/dl
	Sonological Findings:			
	▪ Parenchymal disorder of liver-cirrhotic changes with portal hypertension, hepatomegaly & very mild splenomegaly with huge ascitic fluid minimal right plural effusion.		▪ Parenchymal disorder of liver-cirrhotic changes ▪ No portal hypertension ▪ Mild hepatomegaly ▪ No splenic enlargement ▪ No ascitic fluid seen. ▪ No pleural effusion	▪ Chronic parenchymal disorder of liver-cirrhotic changes ▪ No portal hypertension ▪ No hepatosplenomegaly seen. ▪ No plural effusion seen. ▪ No ascitic fluid seen
	MRI Findings-			
	▪ Liver is enlarged measuring 18.7 cm in Cranio-caudal axis, inhomo-genous parenchymal enhancement but without obvious SOL. liver is also enlarged & very mild splenic enlargement noted. This is ascites with widening of main portal vein, suggesting associated portal hypertension.		▪ Not done	▪ No hepatosplenomegaly liver is measuring 17.2 cm in cranio-caudal axis, inhomo-genous parenchymal changes noted with-out obvious SOL. ▪ No ascitic fluid. ▪ No portal hypertension seen.

Common Physical Examinations

Table 2: Common physical examinations: before treatment, after 20 days of treatment, and after 60 days of treatment

	Before Treatment	After 20 days of Treatment	After 60 days of Treatment
Inspection			
Distended abdomen	+++	++	-
Caput Medusae	+++	++	+
Palpation			
Mild tenderness in epigastric region	+++	+	-
Splenomegaly	++	+	-
Abdominal girth	55 inches	48 inches	48 inches
Percussion			
Shifting dullness	+++	+	NIL
Fluid thrill test	+++	+	NIL
Auscultation			
Venous hum present with portal hypertension due to collateral connections between remnat of umbilical vein & portal system in epigastrium	+++	+	+
B.P.	160/90 mm of Hg	140/80 mm of Hg	130/80 mm of Hg
Pulse	98/min	86/min	80/min
Anaemia	+++	+	-
Jaundice	+++	+	+
Bilateral pedal oedema	+++	+	-
Muscle atrophy	+++	+	+
Clubbing	+++	+	+
Spider angiomata	+++	++	+
Palmar erythema	+++	+	+
Telangiectasia	+++	++	+
Parotid gland enlargement	+++	+	NIL
Umbilicus	Pushed out prominently	Pushed out mildly	Not Pushed out

Treatment

Table 3: Initial treatment, after 20 days of treatment and after 60 days of treatment

Sl. No.	Initial Treatment	After 20 days of Treatment	After 60 days of Treatment
1.	Complete prohibition of salt and water, restricted diet, drinks, and drugs.	Vardhamana Pippali Rasayan had been stopped after 20 days and other diet and medications had been continued as before for another 40 days.	Patient continued to take shali-tandul rice and vegetable soup with patola, green papaya, green banana & carrot etc.
2.	Patient had taken as diet Mana-Manda 15 gm Mana + 15 gm Shali tandul which had been boiled with 150 ml milk; reduced to about 100 gm of Mana-manda and given to the patient thrice	Additionally, swalpa agnimukh churna 1.5 gm + Sweta parpati 250 mg twice daily given with lukewarm milk.	Quantity of milk reduce & given 1 litre daily, Mana-Manda had also been reduced and given once daily as prepared previously.
3.	As drink 2 litre milk (pure cow milk without water) had given to the patient in divided dosages for 4-6 times in 24 hours.	Panchamrita parpati 250 mg + jirak ch. 250 mg + honey twice daily before meal had been introduced for 40 days.	Drink normal water 1 to 1½ litre daily.
4.	As drug-vardhaman pippali rasayana had been introduced to the patient with the form of churna in hina matra and introduced with lukewarm milk in the following manner: [3-6-9-12-15-18-21-24-27-30] Then [30-27-24-21-18-15-12-9-6-3-0]	Vasa-Guduchyadi Kashayam 30 ml daily with equal quantity of lukewarm milk + Navayasa louha 500 mg once daily at empty stomach morning.	Loknath Rasa 250 mg + Navayasa louha 250 mg BDAC twice daily with honey.
5.	Punarnava Mandur 500 mg twice daily for 20 days	-	Swalpa agnimukh churna 1.5 gm + Sweta parpati 250 mg, BD twice daily.
6.	2 tab Icchabhedi had been given once daily at morning in empty stomach.	-	Vasa-Guduchyadi Kashayam 30 ml daily with equal quantity of lukewarm milk at empty stomach morning.
7.	Stopped all sorts of modern medicine.	-	-

Discussion

As per ayurvedic point of view, all the diseases are caused by Madagni. *Dakodar*, *Udakodar*, *Jalodar* and *Jatodak* are synonymous, and these ailments are originated through Mandagni. *Vata-pradhan tridosa* mainly vitiate rasa, rakta and udak dhatus and Udak-vaha, Rasa and Rakta vaha srotas become effected by dosas. Formation of ama due to Mandagni takes place in the system which usually obstructs the srotas and accumulation of ambu and rasa takes place in hollow space like Kostha or peritoneal cavity as known as jalodar (ascites).

In this disease apparently Soumya bhava (snigdha, sita, drava guna of ambu) become increased and Agneya bhava (usma) become decreased in the body.

As per modern view, ascites may be caused by inference in venous return as occurs in cardiac diseases, obstruction of flow in venacava or portal vein, obstruction in lymphatic drainage, disturbances in electrolytic balance as occurs in sodium retention, depletion of plasma proteins or cirrhosis of liver.

In present case, clinical observations, pathological findings, sonological study as well as M.R.I. report confirmed the case as ascites followed by cirrhosis of liver. Patient had the history of ascites related complaints for one year and she had gone through abdominal paracentesis for two times and several antidiuretic drugs, protein supplementation and other cardiac drugs had been introduced to her for about one year. But no such effective result had been observed. When the patient attainted O.P.D. at SVSP, the diagnosis made as Jalodar with upadrava (ascites with complications).

Naturally, the big issue Mandagni struck our mind and efforts given to reduce Soumya bhava by elimination of fluid through nitya virechan with Icchebhedi 2 tab daily at morning. Initially advice had also been given to complete prohibition of drinking water. Water less pure cow milk 2 litres daily which is nutritious and easily digestible diet and mana-manda had been introduced. By the same time to enhance the power of Agni and also for rejuvenation Vardhaman Pippali rasayana in Hina Matra (lower dosages) (as mentioned in the treatment chart) had been introduced. Punarnava Mandur 500 mg twice daily had been given for correction of Pandu (anaemia) as well as proper urination. Interestingly, just after 20 days the abdominal girth become reduced ± 52 inches to ± 48 inches, weight reduced from 58 to 53 kgs, anaemia corrected and haemoglobin became enhanced 6.80% to 7.00%, pedal oedema became reduced to half. Overall patient become relieved from debility, nausea, palpitation, exertional dyspnoea. Interestingly without modern antihypertensive drug patient's Blood pressure became normal, i.e., 134/82 mm of Hg.

After getting such positive curative effect just 20 days of therapy, we were satisfied, and further treatment protocol had been introduced for 40 days where Vardhama Pippali Rasayana and punarnava mandur omitted and swalpa-agnimukh churna-1.5 gm + sweta-parpati 250 mg had been given twice daily after food and parpati therapy started with Panchamrita parpati 250 mg + Jirak churna 250 mg along with honey twice daily. Simultaneously, for correction of Yakrit Vikar (Liver disorder) Vasaguluchyadi Kashayam 30 ml and Navayasa louha 500 mg once daily given in empty stomach for 40 days.

It's pleasure to mention here that after 40 days of such therapy or after total two months of treatment the findings of liver function test found satisfactory where SGOT, SGPT, Bilirubin all were in normal range. No ascitic fluid found in sonological study. Anaemia corrected where Hb% became 9.60 gm%. No pedal oedema found. B.P. became 120/80 mm of Hg without any modern antihypertensive drug, measurement of abdominal girth became 48 inches, and weight became 52 kgs.

The general condition of patient as well as appetite of patient found satisfactory enhancement and strength was notable. After careful observation, the patient had been permitted to perform light work and was advised to maintain the follow up treatment protocol as well as diet with easily digestible *Shali tandul* and veg soup, drinking water permeable upto 1 to 1½ litre, and milk 1 litre daily with medicine like *Loknath rasa* and *Panchamrita parpati* 250 mg twice daily each, *Swalpa agnimukh churna* 1.5 gm twice daily, *Vasaguluchyadi Kashayam* 30 ml + *Navayas louha* 500 mg once daily at empty stomach.

Balance of three humours is health. Imbalance is called disease. In present study patient had the history of certain diets and habits which enhanced the Soumya bhava or Agnibala of patient became lowered. Formation of Ama takes place in the system. Srotas become obstructed by ama. As a result, proper drainage and carrying of nutrition became hamper. Accumulation of extra fluid in Kostha (peritoneal cavity) happened. So, main aim and objective towards this case was enhancement of Agneya bhava and reduction of Soumya bhava, srota-sodhon (clearing of channels), filling up of nutrition (dhatu-pusti). So, in the treatment chart of this patient Nitya Virechan caused elimination of fluid from the body, vardhana pippali rasayana/panchamrita parpati/swalpa-agnimukh churna/navayasa louha caused enhancement of agni as well as rejuvenation. Water restriction reduced soumya bhava and drinking of pure milk maintain sarir posan.

Conclusion

From this successful clinical study, it could be concluded that Jalodar (ascites) in a case of cirrhosis of liver (Yakrit Shosha) could be treated interestingly where Mana-manda, and nirjala Go-dugdha (waterless pure cow milk) may act as a good ahar and paniya and vardhamana pippali rasayan/panchamrita parpati/swalpa agnimukh churna/sweta parpati/Vasa-Guduchyadi Kashayam/Navayasa Louha/Punarnava mandur etc. act as curative therapeutic agent with the judicial use of Icchebhedi rasa as Nitya Virechak. In a nutshell, this successful result could inspire the ayurvedic practitioner and scholars of this field. In modern medicine, it has no such effective management but ayurveda would play positive role to combat such problem and to management such ailments.

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