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Case Study

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# **AYURVEDIC MANAGEMENT OF ASCITIS: A CASE STUDY**

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#### **ABSTRACT**

Ascites is the accumulation of fluid in the peritoneum. Inspite of advanced medical facilities, still, there is no sure treatment which cures a patient of ascites totally. In modern era, the ratio of alcoholic addiction increases day by day. Which may cause ascitis which closely resemble with 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. 50 year male patient have been suffering from Udarvruddhi (Increased abdominal girth), Dourbalya (Gen.Weakness), kshudhamandya (decreased appetite), Ubhay padshotha (pedeal oedema) since 6 months which got relief in 15 days

and disappear within 1month treated with Ayurveda.

## INTRODUCTION

Ascites is a gastroenterological term for an accumulation of fluid in the peritoneal cavity that exceeds 25 ml.<sup>[1]</sup> Ascites can be considered in Ayurveda under the broad spectrum of Udararoga (diseases of abdomen).<sup>[2]</sup> Among Tridosha, the Prakupita Vata (aggravated Vata) gets accumulated in Udara between Twaka (skin) and Mamsa (muscles tissue) leading to Shotha (swelling); this is being termed as Udararoga.<sup>[3]</sup> Vata is one of the prime causative factors in the manifestation of Udararoga.<sup>[4]</sup> There are eight types of udar.<sup>[5]</sup> in which vataj, pittaj, kafaj, yakrutodar, plihodar, sannipataj, Chhidrodar, jalodara is sequencely more hard to treat.<sup>[6]</sup> udar vyadhi is kruchasadhya (hard to treat). According to modern, ascites can be

happened due to hepatic cirrhosis, portal hyper tension, sub acute nephritis, cardiac failure, peritonitis, carcinoma "Nityameva Virechayet" This short chikitasa Sutra describes MaharshiCharaka for Jalodar (ascites).<sup>[7]</sup>

"Roga Sarvapi Mandagni Suturaudarani Tu". Functionally weak agni that is mandagni causes improper digestion of ingested food which leads to Udara roga. Udara roga denotes the generalized distension or enlargement of abdomen of varied etiology. It is one among the Ashtamahagada. From the orgin of the illness it is difficult to manage. Agni dosha and mala vriddhi causes vitiation of Prana, agni & Apana and obstruction of the upward and downward channels of circulation. The vitiated doshas get lodged between skin and muscle tissue and causes extensive distension of the abdomen resulting in Udara roga. The cardinal features are Kukshi adhmana (Enlargement of abdomen), Karapada shopha (oedema in the limbs), Mandagni/ Atyanta Nastagni, Krushagatra (Emaciation).

#### **CASE REPORT**

Patient - XYZ

Age/sex-50yrs/M IPD/OPD- 540/6735

Occupation- Transport dept employee Education- B com

On Admission c/o- -Breathlessness, Abdominal distension & discomfort, Bipedal odema Anorexia, Constipation, Udarvruddhi (Increased abdominal girth), Dourbalya (Gen. Weakness), kshudhamandya (decreased appetite), Ubhay padshotha (pedal oedema) since 6 months.

No H/o-DM/HTN/BA or any other major illness

H/o-jaundice (1 year ago)

A/H-Alcohol consumption (since 7 yrs)

O/E-

**GC-Moderate** 

BP-110/80mmhg

P-76/min

SPO2-98%

Wt- 45kg

Abdominal Girth- 80, 78, 73cm

Inv-

CBC-

HB-11.2g%

WBC-12500

LFT-Total Bili- 7.8, D-2.1,I-5.7

SGOT-196, SGPT-45

SR.ALBUMIN-2.9g%

Total protein-5.1g%

USG-Mod splenomegaly, Mild Hepatomegaly

**Moderate Ascites** 

CXR-

Cardiomegaly noted

Urine-

Albumin ++present

Bile salt ++present

Bile pigment ++present

Pus cells 10-12/hpf

RBC 5-10/hpf

RFT-

Blood Urea-12mg%

Sr.Albumin 2.9mg%

Tests to be performed

1-SHIFTING DULLNESS

Needs 1000ml fluid

Used to detect free fluid

2-FLUID THRILL

Needs >2000ml

**3-DISTENDED VEINS** 

Should be examined in standing position

Flow from umbilicus-Portal HTN

Flow from below upwards-IVC Obstruction

Flow from above downwards-SVC Obstruction

FLUID ANALYSIS-

Ascitic fluid Protein

Transudate < 2.5 g/dl

Exudate >2.5g/dl

SAAG (Serum Ascites Albumin Gradient)

For determining cause of Ascites

Calculated by-

SAAG=Serum albumin value- Ascitic fluid Albumin value

>1.1 g/dl- Portal HTN

<1.1 g/dl- Non portal HTN

#### Treatment plan

Aarogyavardhini vati 250gm -----250gm

Erand snehapan 30ml morning Nitya Virechana

Punarnavashtak kwatha 40ml----40ml

Arkapatra udarpattabandhan

Dugdhahar 1-2 L/day

Pathya-Apathya

Diet was restricted to the patient and he was kept on only cow milk (Shunthi Siddha Godugdha). All types of food items and water were restricted for 3 months. When the patient was hungry or thirsty, he was given lukewarm Shunthi Siddha Godugdha only. Medicines were also given with cow milk as an adjuvant.

#### **OBSERVATIONS**

Abdominal distension reduced, patient improve symptomatically.

#### **DISCUSSION**

Arogyavardhini Vati is known for its benefits especially to the liver. Arogyavardhini maintains the liver function and promotes balance as well as a healthy digestive system. Its main content is Katuki (Picrorhiza kurroa) which acts as Pitta Virechana and acts on Yakrita. Ascites may be caused due to any pathology of liver, heart, kidney etc, but ascites from liver disease is difficult to be treated; hence, there comes the need to correct the pathology from its root cause. In the present case, the patient also has hepatomegaly hence these drugs were administered. Its main content is Kutki, which acts as pitta Virechana and act on Yakruta (liver). Arogyavardhini Vati maintains the liver function and promote the balance as well as healthy digestive system. It also contains Tamra, Loha and Abhraka Bhasma (purified metals power). These Bhasma also having Chedana, Bhedana property and helps to open the obstructed channels. In the management of Udarroga and it also reduces the Shotha (swelling). In the present case, patient had all these symptoms with Jalodara. Arogyavardhini

Vati is known for its benefits especially to the liver. Arogyavardhini Vati maintains the liver function and promotes balance as well as a healthy digestive system. Its main content is Katuki (Picrorhiza kurroa Royle ex Benth.) which acts as Pitta Virechana and acts on Yakrita. Ascites may be caused due to any pathology of liver, heart, kidney, etc., but Ascites from liver disease is difficult to be treated; hence, there comes the need to correct the pathology from its root cause. In the present case, the patient also has hepatomegaly hence these drugs were administered. Sharapunkha is the drug of choice in spleen and liver diseases. It corrects the working of digestive system. It improves the functioning of liver. The study shows that Sharapunkha has hepatoprotective activity.

Punarnavadi Kwatha is indicated in the treatment of Udara Roga and it also reduces Shotha (swelling). It corrects Pandu and Shwasa too. The patient had all these symptoms with Jalodara, hence this Kwatha was prescribed which had shown significant result in all the symptoms. Mandura is also indicated in Pandu (anemia), Shotha (oedma) and Shwasa (bronchial asthama) which significantly improves Pandu.<sup>[10,11]</sup>

Virechana: chikitsa sutra of jalodar is -'NityaVirechna'. Liver (yakrit) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashraayisambandha, 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 Erandasnehapana for virechan.

Arkapattabandhana-Arkapattabandhana avoids Vataprakop, due to its Mruduswedana and reduce the srotorodh in udar.

#### **CONCLUSION**

The pathological factors responsible for udarvyadhi are tridosha and reduced status of agni. Virechana is unique treatment mentioned for udar. Removal of doshas mainly pitta and normalise yakritdushti which was caused due to atimadyapan was achieved by this integrated approach of ayurvedic treatment successfully. By this line of treatment, there is significant improvement in abdominal girth, appetite, strength. There is also significant improvement in laboratory findings. So ayurveda can play very important role in treating patients of ascites.

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