MANAGEMENT OF ASCITES THROUGH THE GLASS OF AYURVEDA W.S.R., UDAR ROGA - A CASE STUDY

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ABSTRACT
Ascites is defined as accumulation of fluid within peritoneal cavity. Alcohol Induced Liver cirrhosis is one of the most common cause of Ascites. Hepatosplenomegaly is one of the commonest clinical finding in Ascites. According to Ayurveda this condition can be correlated to Udara roga i.e., Jalodara (Yakriddalyudara) & Plihodara characterized by Anorexia, Indigestion, Constipation etc., The ideal treatment for Udar Roga is Virechana. Aacharya Charak has mention Basti in Pleehodara. Here we present a Case of Ascites with Hepatosplenomegaly where Basti Chikitsa was given after Virechana along with Yakrututtejaka, deepan paachana chikitsa. Significant Improvement was seen in both subjective & Objective assessment of the patient.

KEYWORDS: Ascites, Udar Roga, Virechana, Basti.

INTRODUCTION
Ascites is the accumulation of fluid within the peritoneal cavity. Overwhelmingly, the most common cause of ascites is portal hypertension related to Cirrhosis. The presence of Portal Hypertension contributes to the development of Ascites in patients who have cirrhosis. Congestive Hepatosplenomegaly is common in patient with portal hypertension.
Haemodynamic changes such as vasodilation & activation of rennin–angiotensin aldosterone system which results into sodium retention. Sodium retention causes fluid accumulation and expansion of extracellular fluid volume, which results in the formation of Ascites & peripheral oedema.

According to ayurveda main cause of Udar Roga is Agni maandya. Samprapti occurs by avrodha of sweda vaha & Ambuvaha Strotas by dusti of Prana, Agni & Apaan Vaayu. In Jalodar due to Mandagni, Vaata dosha present in Kloma blocks the Udakavaha strotas by Kapha. Also According to sushrut Yakruddpilhodar is caused by Vidaahi, Abhishayandi Aahar which causes dusti of Asruk (also Pitta –Dalhan) & Kapha which causes enlargement Yakrut & Pleeha.

Here we present a case of Alcoholic Liver Disease –Ascites with Hepatosplenomegalgy. Virechana was given to the patient followed by Panchtikta Niruh Kaala Basti.

MATERIALS AND METHOD
Case Report
In this present Case study, A 35yrs old male patient came to OPD of Kaaychikitsa worli with CR No.- 26259 at MAPH Worli as on 15/04/2018 having following complaints.

Intermittent Abdominal pain since 1yr, aggravated since 1month, Abdominal distension Bipedal oedema with facial edema, anorexia, dyspepsia, constipation & intermittent burning micturition.

History of Present Illness
According to Patient, He had history of Ascites 1year back & was admitted at civil hospital the then was diagnosed as Alcoholic Liver Disease with Portal Hypertension. He has undergone diuretic therapy (Tab Ciplar 20mg 1 BD, Tab Lasilactone (50/20) ½ BD) & Ascitic Tapping the then. At that time he got symptomatic relief but he had intermittent abdominal pain. Now since 1 month he noticed abdominal distension with facial & Bipedal edema again, anorexia, dyspepsia, burning micturition, constipation & also frequent abdominal pain. Due to recurrence of ascites patient was willing for ayurvedic treatment. Patient was not taking any sort of medication when he came to OPD of Kaaychikitsa at MAPH.
**Personal History**
Occupation- Security Guard
Addiction- Alcohol
Cigarette smoking
Gutka & Tobacco Chewing
Allergy- Allergic to Fluoroquinolones & Metronidazoles
History of Plasma Transfusion 1yr back.

**General Examination**
General Condition - Fair & Afebrile
Pulse rate- 88/min
B.P.- 100/60mm of Hg.
Icterus +
Pallor+
Height- 162cm
Weight- 70kg

**Systemic Examination**
R/S - Air Entry decreased in Right Lower Zone.
CVS – S1, S2 audible with no murmur.
CNS – Conscious & well oriented to date, place & time.
P/Abdomen - Mild distented & tender at Rt & Lt hypochondriac Region.
Mild fluid thrill +
L³KoS₁
Urine- Intermittent Burning Micturition
Stool- Constipation
S/o- Gynaecomastia
Muscle Power grade and Reflexes of the patient were normal.

**Investigations**
Treatment Plan
1. Aarogyavardhini Vati 2 tab thrice a day for 1 month.
2. Phaltrikadi Kwath 30 ml twice a day for 1 month.
3. Nitya Virechan with Abhyadimodak 1 tab (250mg) at morning for 15 days
4. Panchatikta nīruха kāla basti was given for next 15 days.
   (Nīruха basti-350ml, Anuvasaṇa with Sāchar tāilam- 60ml)

Diet Plan
1. Cow milk diluted with same quantity of water.
2. Mudga Yusha (Kanji of green gram) with pinch of saindāv lāvan.
3. Dadima phala swaras(juice of pomengranate).
4. Kharjuradi mantha kalpana (dates, raisin, were soaked overnight and grinded well with 1 tsp of Amlaki powder)
5. Flakes of Jowar etc all laghu aahar was given to the patient.

Criteria of Assessment
2. Gradation of Mandagni.
3. Abdominal Girth measurement.

Gradation of Ascites

<table>
<thead>
<tr>
<th>Grades</th>
<th>Severity of symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No fluid</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Gross</td>
</tr>
</tbody>
</table>

Mandagni

<table>
<thead>
<tr>
<th>Grade</th>
<th>Hunger after taking food in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Patient feeling complete digestion &amp; hunger after 3 hour of taking meal.</td>
</tr>
<tr>
<td>1</td>
<td>Patient feeling hunger after 4-7 hour of taking meal.</td>
</tr>
<tr>
<td>2</td>
<td>Patient feeling hunger 8-11 hour of taking meal.</td>
</tr>
<tr>
<td>3</td>
<td>No feeling of hunger even after 12 hour of taking meal.</td>
</tr>
</tbody>
</table>
OBSERVATION AND RESULT

1. Gradation of Ascites

<table>
<thead>
<tr>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

1. Gradation of Mandagni

<table>
<thead>
<tr>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

2. Abdominal Girth

Before Treatment

![Abdominal Girth Diagram Before Treatment]

After Treatment

![Abdominal Girth Diagram After Treatment]

3. Investigations

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>9.8g/dl</td>
<td>11.4g/dl</td>
</tr>
<tr>
<td>Platelet</td>
<td>82*10^3/uL</td>
<td>81*10^3/uL</td>
</tr>
<tr>
<td>SGOT</td>
<td>60U/L</td>
<td>58U/L</td>
</tr>
<tr>
<td>SGPT</td>
<td>31U/L</td>
<td>33U/L</td>
</tr>
<tr>
<td>Bilirubin (Total/Direct)</td>
<td>4.6mg/18mg/dl.</td>
<td>2.2mg/0.9mg/dl</td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td>152IU/L</td>
<td>122IU/L</td>
</tr>
</tbody>
</table>
4. Sonography of Abdomen & Pelvis

Before Treatment-(dated 17.04.2018)
Liver is enlarged-16cm. Spleen is enlarged 15.8cm. Liver Parenchymal disease. Mild to
Moderate Ascites. Mild left side Pleural effusion.

After Treatment-(dated 19.5.2018)
Liver is normal in size-14.2cm. Spleen is enlarged 15.0cm (but reduced by 0.8). No Ascites
or enlarged Lymphnodes are seen.

USG REPORTS
Before treatment
DISCUSSION
In Alcoholic Liver disease, Liver Cells are hampered and normal portal vein pressure is increased which cause sodium retention as well as water retention. By regular virechana excessive of water is expelled out of the body, it also balances the Ambu dhatu (water content) of the body. Virechana is also dhatavagni vardhana, hence improve bala and agni. After Virechana Kala Basti of Panchatikta dravya was given. Basti aids in removing Malasanchiti, Tikta Dravya in basti acts on Raktavaha strotasa and improve the quality of rakta dhatu and helps in normal functioning of moolsthana i.e., Yakrut and Pleeha. Along
with virechana and basti, Yakrututtejaka & Pachan chikitsa like Aarogyavardhini Vati and Phalatrikadi Kwath is also used. Aarogyavardhini Vati balances all the three doshas. It is beneficial for reducing water retention. It is natural liver detoxifying and fatty Liver remedy. It does the shoshan of different excess snigdha dravya also does Pachan of Kleda & does Raktavardhan. Phalatrikadi kwath is Hepatoprotective i.e., Pittahara, Pitta pachana, Yakrututtejaka, Deepana & Kaphapitta Shamak.

In this present case, the treatment is done by following principle of management of Udar vyadhi i.e., NITYAMEV VIRECHYET, agnideepan, Yakrututtejaka, Kapahapitta shamak, Raktvaha strotas Niyaman.

CONCLUSION
Agnimaandya, Malasanchiti along with Vitiation of three doshas are responsible for Udar Vyadhi. Nitya Virechana aids in removing the excessive Aap dhatu (water content) and normalizes the function of Liver. Basti removes malasanchaya and also tikta dravya helps in raktvaha strotas niyaman. Along with deepan, Yakrututtejaka chikitsa, there is marked improvement in Abdominal Girth, Appetite, Facial and Bipedal edema. There was also marked improvement in Laboratory and Sonography findings. Thus Ayurvedic treatment can be opted for treating the patient of Liver Parenchymal Disease with Ascites.

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REFERENCES


6. Review of Virechana Karma in classical texts of Ayurveda By Sudarshan et al.