

CASE STUDY

Integrative Ayurvedic Management of Ascites: A Case Study on the Efficacy of Nitya Virechana and Herbal Formulations

Vijaykumar J. Rathod¹*, Omprakash Dave²

1-2Department of Shalyatantra, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India

*Corresponding author:

Dr. Vijaykumar J. Rathod*

Email: vijayrathod626406@gmail.com

ABSTRACT

Ascites, the accumulation of unwanted fluid in the peritoneal cavity, is a significant condition associated with Udararoga in Ayurveda. Aggravated Vata and impaired Manda Agni (digestive fire) are primary contributors. Ayurvedic literature offers both medicinal and surgical approaches to managing ascites, with an emphasis on dietary restrictions and enhancing liver function. Method: A 55-year-old male presented with symptoms of abdominal bloating, post-meal vomiting, pedal edema, and loss of appetite. Despite conventional treatments, no improvement was seen. Upon admission to Parul Ayurveda Hospital, the patient was treated with an exclusively Goat milk-based diet, regular therapeutic purgation (Nitya Virechana), and Ayurvedic medications such as Hingvashtaka Choorna, Arogyavardhini Vati, Bhringraj Swarasa, and Punarnavashtaka Kwatha. Egg yolk basti and Arka Patra Bandhana were also administered. Observation: Physical examination revealed hepatomegaly, pedal edema, and shifting dullness. Blood investigations showed reduced hemoglobin and elevated total leukocyte counts. After treatment, significant improvements in all symptoms were noted. Results: The patient showed a reduction in abdominal girth, decreased pedal edema, and improvements in appetite and general weakness. Investigative parameters, including TLC and APTT, normalized. No complications were observed, and the patient tolerated the milk-based diet well. Conclusion: Ayurvedic treatments, including dietary restrictions, purgation, and herbal formulations, effectively managed the patient's ascites, demonstrating significant improvements in both clinical symptoms and investigative parameters.

Keywords: Case Report, Ascites, Nitya Virechana, Bhringraj Swarasa, Egg Yolk Basti

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INTRODUCTION

Ascites is a gastrointestinal term for accumulation of fluid in the peritoneal cavity exceeding 25 ml. [1] Ascites can be considered as a part of Udararoga (abdominal disease) in Ayurveda.[2] Among the Tridoshas, Prakupita Vata (aggravated Vata) accumulates in Udara between Twaka (skin) and Mamsa (muscle tissue), resulting in Shotha (swelling); this is called Udararoga. [3] Vata is one of the main causative factors leading to the manifestation of Udararoga. [4] Along with the aggravated Vata, Agni (digestive fire) which is Manda (low) also causes Udararoga.[5] So, there are factors involved in the cause of Udararoga. In other words, Udara manifests due to a contaminated portion of Rasa Dhatus taken from Koshtha and Grahani collected in Udara. Ascites is thoroughly discussed in Ayurvedic literature, encompassing both medicinal and surgical approaches for managing the condition. Dietary restrictions play a crucial role in its treatment. Ayurvedic therapies, which include enhancing digestion, administering regular therapeutic purgation, stimulating liver function, and prescribing a Goat milk-only diet, target the root cause of ascites. By addressing the underlying pathology and disrupting the disease's progression, these treatments yield effective results in managing ascites.

CASE REPORT

A 55-year-old male presented with the following primary complaints: Loss of appetite for the past 1 years, Abdominal bloating for 6 months, Post-meal Vomiting for 3 months, Generalized Weakness, Disrupted Sleep, and Swelling in both feet for 6 months.

History of Presented Illness:

The patient had been in good health for 1.5 years. Subsequently, he had begun experiencing pain in the right and left hypochondriac regions and started frequently using over-the-counter painkillers without a prescription. Following this, he had developed symptoms such as loss of appetite, vomiting, abdominal heaviness and swelling in the feet. Despite taking allopathic medications for two months, there was no improvement, prompting him to visit the Shalyatantra OPD at Parul Ayurveda Hospital, Limda, Vadodara, where he was admitted for daily monitoring in the inpatient department.

Past History:

There was no any such relevant history or past illness, but patient had taken Anti-tuberculosis Therapy (ATT) taken for 6 months as per schedule before 1 Year ago. After that patient was having some mild digestive problem and general disability.[6]

There was no history of diabetes, hypertension, hypothyroidism, prior surgeries, or any chronic illnesses.

Family History:

There was no family history.

Physical Examination:

- Bilateral Pedal Edema: +++
- Mild pallor
- Blood pressure: 124/80 mmHg
- Pulse: 94/min
- No Icterus
- Respiratory Rate: 18/min

Systemic Examination:

- Inspection: Distended Abdomen.
- Palpation: Hepatomegaly (2cm below the Right costal margin), Splenomegaly, Tenderness in the right and left hypochondriac region.
- Percussion: Shifting Dullness present.

Investigation:

Table 1 summarizes the results of blood tests and ultrasound before and after treatment.

Treatment:

Table 2 shows the patient's treatment plan.

Pathya- Apathya:

The patient's diet was limited exclusively to Goat's milk (Shunthi Siddha Ajadugdha), with all other food and water being restricted for a duration of three months. Whenever the patient experienced hunger or thirst, he was provided with warm Shunthi Siddha Ajadugdha. Additionally, all medications were administered with Goat's milk as a supportive medium.

DISCUSSION

The Ayurvedic condition Jalodara Vyadhi corresponds to Ascites as described in modern medical terminology.

Acharya Charaka has outlined several factors contributing to Udararoga, or abdominal diseases, including ascites. In this particular case, the patient had weakened digestive strength, consumed excessive quantities of food, and frequently ate meals that were overly hot, salty, spicy, and acidic. Additionally, the patient followed a dry and contaminated diet, neglected proper treatment for serious illnesses, and habitually suppressed natural bodily urges.[7]

Samprapti Ghatak:

Dosa: Vata, Pitta

Dushya: Rasa

Mala: Sweda

Srotas: Ambuvaha, Swedavaha

Sthana: Udara

Samprapti:

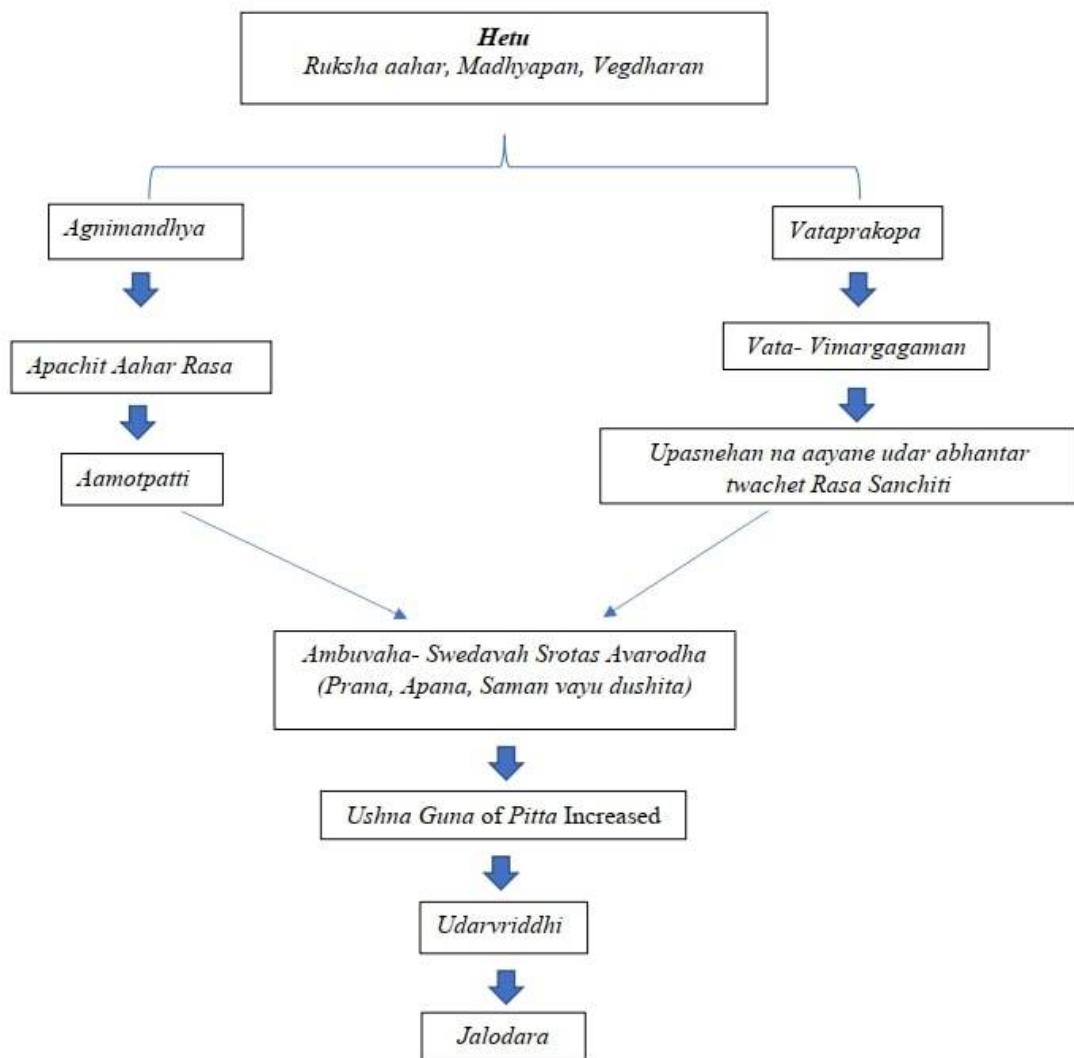


Figure 1:Samprapti of Jalodara

Discussion on Treatment of Ascites [8]:

Nidan Parivarjan (Avoid Causative Factor):

In this case, both food and water intake were limited, and the patient was maintained solely on a Goat milk-based diet.[8]

Agnidipti (Provocation of Digestion):

Mandagni (Impaired digestive fire) is the primary cause of all forms of Udararoga. For Agnidipana, Hingvashtaka Choorna [8] was given. It boosts agni (digestive power) and aids in samprapti vighatana (disrupting the pathogenesis).

Sroto Shodhan and Apathya Doshaharan:

Srotosangha (obstruction of channels) is commonly seen in udarropa (abdominal disorders), and it is essential to perform srotoshodhana (channel cleansing) to clear this blockage. This can be achieved through the use of tikshna (sharp), ushna (hot), and kshara (alkaline) medicines such as gomutraharitaki [9], and punarnavashtaka kwatha [10]. These formulations help in removing the srotosanga (obstruction of the channels) and assist in samprapti vighatana (disrupting the pathogenesis). Additionally, they facilitate the elimination of apya dosha (water retention).

Daily nitya virechana (therapeutic purgation) is recommended for restoring Agni (digestive fire) by gradually expelling the excessive doshas (bahudoshatva) and preventing further accumulation. This process involves administering nitya virechana.

Indications for Nitya Virechana:

- Durbalapi mahadosha: For weak patients with excessive dosha accumulation.
- Dosha atimatra upachayath: When doshas are in a morbid state.
- Margavarodhath: When morbid doshas cause obstruction in the channels.

In the chikitsa sutra (treatment) of Jalodara (ascites), nitya virechana is essential to break the congestion of all doshas and retained fluids, aiding in their separation and elimination.

Arogyavardhini [8] Vati and Bhringraj Swarasa [9]:

Arogyavardhini Vati is renowned for its liver benefits. It supports liver function, promotes balance, and aids in maintaining a healthy digestive system. Its primary ingredient, Katuki (Picrorhiza kurroa Royle ex Benth.), acts as a Pitta Virechana and targets the Yakrita (liver). Ascites can result from various pathologies of the liver, heart, kidneys, etc., but liver disease-induced ascites is particularly challenging to treat, necessitating addressing the root cause of the pathology. In this case, the patient also had hepatomegaly, so these medications were administered. Bhringraj is the preferred remedy for liver ailments. It enhances digestive system performance and boosts liver function. Research indicates that Bhringraj possesses hepatoprotective properties.

Punarnavashtaka Kwatha:

Punarnavashtaka kwatha is recommended for the treatment of udarropa (abdominal disorders) and is effective in reducing shotha (swelling). In the current case, the patient exhibited all these symptoms along with Jalodara (ascites). Therefore, this kwatha has demonstrated notable improvement in the symptoms associated with udarropa.

Gomutra haritaki:

This was administered for the purpose of Vatanulomana. Apana Vayu is also involved in the pathogenesis of Jalodara. This was administered for the purpose of Vatanulomana. Apana Vayu is also involved in the pathogenesis of Jalodara.

Egg Yolk Basti [11]:

Egg yolk basti can help reduce pedal edema in liver disease by increasing serum albumin and globulin levels through nutrient absorption. Additionally, its anti-inflammatory properties and support for liver function contribute to better fluid balance and reduced edema.

Arka patra bandhan [12]:

Arkapatrapatta bandhan helps prevent the aggravation of Vata through Mridu Swedana (mild sweating) and also aids in promoting diuretic activity.

Aahara:

The role of diet is as crucial as medication. For Jalodara (ascites), the diet should consist solely of milk (Ajadugdha). Goat milk (Ajadugdha) is a complete food, rich in nutrients and easy to digest. Along with Ajadugdha, we recommend the patient consume Takrapaana and Jwari Roti as supplementary foods.

Following integrative Ayurvedic management, the patient showed marked clinical and laboratory improvement over the treatment period. There was a progressive reduction in abdominal distension, evidenced by serial abdominal girth measurements, along with complete resolution of bilateral pedal edema, anorexia, post-meal vomiting, respiratory distress, and generalized weakness by the fourth week of treatment. Appetite and sleep patterns improved significantly, indicating restoration of digestive strength. Hematological and biochemical parameters demonstrated favorable changes, including normalization of total leukocyte count, activated partial thromboplastin time, and serum potassium levels, while renal function remained stable throughout therapy. No treatment-related complications, electrolyte disturbances, or adverse effects were observed, and the patient tolerated the prolonged goat milk-based diet and daily Nitya Virechana well, confirming both the efficacy and safety of the therapeutic approach in managing ascites.

PATIENT PERSPECTIVE

I was diagnosed with ascites, and after trying conventional treatments, I decided to explore Ayurveda at Parul Ayurved Hospital, Vadodara where I suggested to start herbal medicines, dietary changes, and detox therapies like Nitya virechana (therapeutic purgation) and herbal diuretics. At first, I was skeptical, but within a few weeks, I noticed a reduction in bloating and discomfort. The treatments focused not just on draining the excess fluid but also on improving my digestion and liver health. The diet was strict, mostly warm, light foods, and avoiding salty or heavy meals, but it made me feel lighter and more energetic.

The most challenging part was adapting to the herbal formulations and therapies, as some had strong tastes and effects. However, my body gradually adjusted, and I felt overall relief. Unlike conventional treatments that mainly targeted symptom management, Ayurveda seemed to address the root cause.

Though the process took time and required patience, I felt that my overall well-being improved. I believe Ayurveda provided me with a holistic way to manage my condition, and I would recommend it to others looking for natural and supportive care.

Table 1:Investigation Before and After Treatment

Parameters	B.T.	A.T.
Hematological Parameters:		
HB (g/dL)	9.3	8.6
TLC (/uL)	17040	7860
RBC (Mill/uL)	3.81	3.55
Platelet Count (/uL)	114000	99000
APTT (Sec.)	53.3	40.7
Prothrombin (Sec.)	32.6	28.4
S. Creatinine (mg/dL)	1.4	1.3
S. Total Bilirubin	9.1	
S. Direct Bilirubin	3.1	
S. Albumin	2.4	
S. Globulin	4.4	
A/G Ratio	0.55	
S. Potassium	3.40(mmol/L)	4.90
Radiological Parameter:		
USG	Moderate Ascites	

Table 2:Treatment Schedule for Patient

Sr.No.	DRUG	DOSE	DURATION	ANUMANA
1.	Hingvashtak Choorna	2gms	Twice a day	Luke Warm Water
2.	Bhringraj Swarasa	20ml	Twice a day	Luke Warm Water
3.	Arogyavardhini vati	2 Tab(500mgs)	Thrice a day	Luke Warm Water
4.	Gomutra Haritaki	2 Tab(500mgs)	Thrice a day	Luke Warm Water
5.	Punarnavashtak Kwatha	40ml	Twice a day	-
6.	Egg Yolk Basti	Approx. 40ml	Once a Day	-
7.	Arka Patra Bandhan + Eranda Taila		Local Application	

Table 3:Relief in Symptoms

Date	Anorexia	Respiratory Distress	Generalized Weakness	Vomiting after Meal	Bilateral Pedal Oedema
06/08/2024	+++	+++	+++	+	++
13/08/2014	++	+	++	-	+
20/08/2024	+	-	+	-	+
27/08/2024	-	-	-	-	-

Table 4:Measurement of Abdominal Girth

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Date	4 cm before Umbilicus (cm)	At Umbilicus (cm)	4 cm After Umbilicus (cm)
06/08/2024	90.5	87.0	86.0
13/08/2014	89.0	86.5	85.0
20/08/2024	85.0	84.5	83.0
27/09/2024	82.0	80.0	81.5

CONCLUSION

Daily therapeutic purgation, dietary restrictions, and Ayurvedic medicine have shown improvements in all symptoms of Jalodara. In this case, abdominal distension, bipedal edema, anorexia, and other symptoms significantly improved without any side effects, even though the patient was on a milk-only diet. No complications were noted during or after the treatment. Therefore, it can be concluded that

Ayurvedic medicines, combined with regular purgation and a restricted diet, yield better results in treating ascites.

No Adverse Effects

Throughout the course of this treatment, the patient exhibited no significant adverse effects related to the Ayurvedic interventions employed. Regular monitoring of vital signs, liver and kidney functions, and overall systemic health was conducted. The use of Nitya Virechana (daily purgation) and the accompanying herbal formulations were well-tolerated by the patient. Occasional mild gastrointestinal discomfort, which is expected with purgative treatments, was managed with supportive care and resolved promptly without lasting effects. Importantly, no severe electrolyte imbalances, dehydration, or other complications typically associated with conventional treatments for ascites were observed. The therapy was deemed safe, effective, and aligned with the patient's overall health needs.

Declaration of Patient consent:

The authors confirm that they have obtained all necessary patient consent forms. The patient has given her consent for her medical details to be published in the journal. The patient acknowledges that while her name and initials will not be disclosed and efforts will be made to protect her privacy, complete anonymity cannot be guaranteed.

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Conflicts of Interest:

There are no competing interests to declare.

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