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CASE STUDY

Role of *Ayurveda* in Jalodara (Ascites): A case study

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ABSTRACT
Cirrhosis of the liver is a progressive and often unnoticed disease that results from various chronic liver conditions, eventually leading to scarring (fibrosis) of liver tissue. This scarring occurs as a consequence of the liver's attempt to heal injured cells. Cirrhosis is the most common cause of ascites, accounting for nearly 85% of all cases. Cirrhotic ascites is one of the major complications of liver cirrhosis. Ascites refers to the accumulation of fluid in the peritoneal cavity and is one of the most common manifestations of liver dysfunction. In modern medicine, there is no definitive cure for ascites. Conventional treatments only provide temporary relief, but leading to repeated fluid accumulation in the abdominal cavity. These treatments primarily offer symptomatic relief rather than a permanent solution. In such cases, Ayurvedic therapy has shown promising results without causing side effects. Ayurveda describes eight types of Udara Roga (abdominal diseases), and ascites due to cirrhosis is specifically correlated with Jalodara (Ascites). A 55-year-old male patient presented to the OPD with complaints of abdominal distension, bipedal edema, anorexia, icterus, respiratory distress, and general weakness for the past three months. He was treated with Nitya Virechana using Abhayadi Modaka, along with Ayurvedic Shamana Chikitsa and a dietary modification plan that included cow's milk for three months.
Key words: *Jalodara, Ascites, Nitya virechana,Udara roga, Liver Cirrhosis.*

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INTRODUCTION

Ascites, a gastroenterological condition, refers to the accumulation of fluid in the peritoneal cavity. In *Ayurveda*, it falls under the broad category of *Udararoga* (abdominal diseases). Among the *Tridoshas*, aggravated *Vata* (*Prakupita Vata*) accumulates in the abdomen between the *Twaka* (skin) and muscle *mamsa*(tissue), leading to *Shotha* (Swelling), which is identified as *Udararoga*. Vata is considered a primary causative factor in the development of *Udararoga*. Additionally, impaired digestive *Agni*, which becomes *Manda(*weak*)*, also contributes to its manifestation. Therefore, multiple factors are involved in the pathogenesis of *Udararoga*. In other words, *Udararoga* occurs due to the vitiation of *Rasa Dhatu*, which, after being displaced from *Koshtha* and *Grahani*, accumulates in the *Udara* (Abdomen) [1].

Alcoholic liver disease (ALD) damages the liver and impairs its functions. Alcohol-induced liver injury is classified into Alcoholic Fatty Liver (AF), Alcoholic Hepatitis (AH), and Alcoholic Cirrhosis (AC). ALD develops after years of heavy drinking, leading to scarring and cirrhosis, the final stage of the disease. Cirrhosis results in liver hardening due to fibrous tissue formation [2].

The clinical presentation of cirrhosis varies. Some patients are asymptomatic, with diagnosis made incidentally through ultrasound or surgery, while others present with ascites, hepatomegaly, splenomegaly or signs of portal hypertension. When symptoms appear, they are not specific and may include feeling weak, tired, muscle cramps, weight loss, loss of appetite, nausea, vomiting, and pain in abdomen. Hepatomegaly is common in cirrhosis due to ALD and hemochromatosis. Jaundice is usually mild in the early stages [3-6].

Ascites occurs when fluid accumulates in the peritoneal cavity. Small amounts are asymptomatic, but larger volumes (>1L) cause abdominal distension and fullness. In severe cases, a fluid thrill is detected on palpation.

CASE REPORT

A 55-year-old male patient visited the OPD with primary complaints of abdominal distension with bipedal edema for three months also complaints anorexia, icterus, respiratory distress, general weakness etc for two months.

History of present illness:

The patient was apparently healthy until three months ago. Since then, he has been experiencing loss of appetite, abdominal swelling, swelling in both legs, mild jaundice, and general weakness. As a result, he visited the Parul Institute of *Ayurveda* in Baroda, Gujarat. He was admitted to the inpatient department for *Ayurvedic* treatment and daily monitoring.

Past history:

- No history of Malaria, Typhoid, Koch's, HTN, DM etc.
- No past surgical history.

Family history:

- No evidence of this type of disease in the family.

Personal History:

- Addiction- Chronic Alcoholic since 5 -7 yrs.
- Tobacco chewing since 20 yrs.

Physical examination:

- Icterus - ++
- Bilateral pedal edema - ++
- BP - 130/ 80 mmHg
- P - 96/ min
- SPO2 - 96%
- Respiratory rate - 22/ min
- Temperature - 98.6 °F
- Weight- 60 kg (At the time of Admission)
- Abdominal Girth- Above umbilicus – 84 cm, At umbilicus –87 cm, Below umbilicus – 85 cm (At the time of Admission)

Systemic examination (per abdomen)

- Inspection- Distended abdomen with everted umbilical
- Palpation- Tenderness in the right hypochondriac region. Mild Hepatomegaly (2cm below the right costal margin)
- Percussion- Fluid thrill and Shifting dullness - present

Medicine	**Dose**	**Anupana**	**Time**
Chitrakadi vati	250 mg	Cow milk	2 time a day
Jalodarari ras + Shwet parpati+ Yava kshara + Punarnava mandur	Each ingredient 250 mg (total 1 gm)	Cow milk	2 time a day
Arogyavardhini vati	500 mg	Cow milk	2 time a day
Punarnavasthka kwatha	50 ml	Cow milk	2 time a day
Haritaki churna	3 gm	Cow milk	1 time night
Lohasava	10 ml	Cow milk	2 time a day
Pratap Lankeshwar Rasa	250 mg	Cow milk	2 time a day

Table 1 Treatment schedule

Panchakarma

1. *Nitya virechana* with *Eranda tail* 10 ml in 1 cup cow milk Hs.
2. *Abhayadi modaka* 500mg with luke warm water 1 time morning.
3. *Udarpattabandhan* with *Eranda Patra* Once Daily.

***Nidana Parivarjana* (Avoidance of Causative Factors)**

1. Avoid Alcohol: - Alcohol as it is a major cause of liver damage and ascites.
2. Dietary Control: - Avoid salty, spicy, heavy, and oily foods.

3. Fluid Restriction: - Minimize excessive water intake to control fluid accumulation.
4. Avoid Heavy Meals: - Overeating worsens digestive weakness (*Mandagni*).

Pathya-Apathya

Diet was restricted to the patient and he was kept on only cow milk. All types of food items were restricted for three months. When the patient was hungry or thirsty, he was given Luke warm *Shunthi* Siddha *godugdha* only. Medicine was also given with cow milk as an adjuvant.

RESULTS

The patient demonstrated significant clinical, biochemical, and radiological improvement following three months of Ayurvedic management consisting of *Nitya Virechana, Shamana Chikitsa*, and strict dietary regulation. Clinically, there was a gradual and sustained reduction in abdominal distension, with complete resolution of bipedal edema by the end of therapy. The patient reported marked improvement in appetite, reduction in icterus, relief from respiratory distress, and enhanced general strength and functional capacity during treatment as well as at follow-up visits.

Haematological and biochemical investigations revealed substantial improvement after treatment. Haemoglobin levels increased from 9.8 g/dl to 11.4 g/dl, indicating correction of anaemia, while the total leukocyte count reduced from 14,200/cmm to 8,000/cmm, suggesting resolution of inflammatory status. Liver function tests showed marked improvement, with total bilirubin decreasing from 2.19 mg/dl to 1.3 mg/dl along with a significant reduction in direct bilirubin, reflecting improved hepatic function. Renal parameters also showed favorable changes, as evidenced by a reduction in serum creatinine from 2.5 mg/dl to 1.8 mg/dl and blood urea from 56 mg/dl to 38 mg/dl, indicating improved systemic metabolism and reduced disease burden. Serum electrolytes remained within normal physiological limits throughout the treatment period, demonstrating that the therapeutic protocol was safe and well tolerated without causing metabolic imbalance.

Radiological assessment through ultrasonography of the abdomen showed remarkable improvement. Prior to treatment, findings revealed moderate ascites with mild hepatomegaly and Grade-1 fatty liver. Post-treatment ultrasonography demonstrated absence of hepatosplenomegaly with only minimal free fluid in the abdominal cavity, confirming effective control of ascites and improvement in hepatic pathology.

Serial measurements of abdominal girth showed a progressive and consistent reduction at all three measured levels. At the level of the umbilicus, abdominal girth reduced from 87 cm to 72 cm, indicating a significant decrease in intra-abdominal fluid accumulation. Corresponding reductions were also observed above and below the umbilicus, providing objective evidence of regression of ascites. Additionally, the patient's body weight reduced from 60 kg to 54 kg, which correlated with the reduction in ascitic fluid rather than loss of muscle mass, as supported by improvement in haemoglobin levels and overall physical strength.

PARAMETERS	Before treatment	After treatment
Hb	9.8 g/dl	11.4 g/dl
WBC	14200 /cmm	8000 / cmm
Platelet	255000 / cmm	249000 / cmm
BT	1 mim 40 sec	1 min 20 sec
CT	2min 08 sec	2 min 10 sec
S. Sodium	140 mmol/L	137 mmo/L
S. Potassium	4.3 mmol/L	3.5 mmol/L
S. Chlorides	102 mmol/L	105 mmol/L
S. Creatinine	2.5 mg/dl	1.8 mg/dl
HIV	Negative	Negative
HBsAG	Negative	Negative
VDRL	Negative	Negative
Total Bilirubin	2.19 mg/dl	1.3 mg/dl
Direct bilirubin	1.33mg/dl	0.6 mg/dl
Indirect bilirubin	0.86 mg/dl	0.7 mg/dl
Blood urea	56 mg/dl	38 mg/dl
RBS	108 mg/dl	100 mg/dl

Table 2 Haematological & biochemical Investigation

Before treatment	After treatment
Mild hepatomegaly Moderate Ascites Grade-1 fatty liver	N/O - Hepato & splenomegaly Minimal free fluid in abdominal cavity Grade - 1 fatty liver

Table 3 Ultra Sonography

Date	4 cm below umbilicus	At umbilicus	4 cm above umbilicus
10/05/2024	**85 cm**	**87 cm**	**84 cm**
15/05/2024	**84 cm**	**87 cm**	**83 cm**
20/05/2024	**82 cm**	**86 cm**	**80 cm**
25/05/2024	**82 cm**	**84 cm**	**81 cm**
30/05/2024	**79 cm**	**81 cm**	**80 cm**
05/06/2024	**76 cm**	**79 cm**	**78 cm**
10/06/2024	**75 cm**	**77 cm**	**74 cm**
09/07/2024 (1st follow up)	**73 cm**	**72 cm**	**70 cm**
10/08/2024 (2nd follow up)	**70 cm**	**72 cm**	**70 cm**

Table 4 Measurement of Abdominal girth

Weight
Before treatment: 60 kg
After treatment: 54 kg

DISCUSSION
In Ayurveda, *Yakritdaly udara* is classified under *Udara Roga* and is comparable to hepatic enlargement in modern medicine. Acharya Charaka has described various causes of *Udara Roga,* with *Mandagni* (weak digestion) and *Malasanchaya* (toxin accumulation) being the primary factors.
In this case, excessive alcohol consumption, along with the intake of *Ati Ushna* (excessively hot), *Ati Lavana* (excessively salty), *Ati Kshara* (excessively alkaline), and *Atividahi Ahar* (highly acidic and pungent foods), leads to the vitiation of *Pitta* and *Vata Dosha*. This also affects *Rasa* and *Rakta Dhatu*, resulting in the accumulation of toxins in the liver. The deranged *Rakta dhatu* gets deposited in the liver and spleen, which are the roots of the *Raktavaha Srotas* (channels responsible for blood circulation), ultimately causing their enlargement (hepato-splenomegaly).

Action of Drug and Other Procedure [1, 7-10]:

- ***Chitrakadi vati :*** *Dipan, pachana , agnivardhaka.*
- ***Jalodarari rasa****: vata pitta shamaka, virechaka.*
- ***Yavakshara & Shweta parpati****: Mutral, shula, anaha, adhman & amlapitta.*
- ***Punarnavadi mandur:*** *Yakrit Uttejaka, Raktavardhaka, Shothahar, Mutravirechaka*
- ***Aarogyavardhini vati***: *Arogyavardhini Vati* acts as hepatoprotective thus improves liver function. Its main content is *kutki*, which acts as *pitta virechana* and act on *yakruta* (liver) thus it maintains the liver function and promotes the balance as well as healthy digestive system.
- ***Punarnavadi Kwatha*****:** It is indicated for the treatment of *Udara Roga* and effectively reduces *Shotha* (swelling). It also helps in managing *Pandu* (anemia) and *Shwasa* (respiratory disorders). Since the patient exhibited these symptoms along with *Jalodara* (ascites), this *Kwatha* was prescribed, showing significant improvement in all symptoms. *Mandura* is particularly beneficial for *Pandu* (anemia), *Shotha* (edema), and *Shwasa* (bronchial asthma), leading to a noticeable improvement in anemia.
- ***Haritaki churna*****:** This was administered to promote *Vatanulomana* (proper movement of *Vata*). *Apana Vayu* plays a role in the *Samprapti* (pathogenesis) of *Jalodara* (ascites). Due to the presence of *Erandabhrishta*, Haritaki, *Apana Vayu* is directed back to its normal course, aiding in correcting the underlying pathology. Additionally, it also exhibits a laxative effect.
- ***Lohasava*****:** *Raktavardhaka* (Blood Booster), *Yakrit Shodhaka* (Liver Detoxifier), *Balya* & *Ojovardhaka* (Strength & Immunity Booster)
- ***Pratap Lankeshwar Rasa****: Yakrit Shodhaka* (Liver Detoxifier), *Udara Shamana* (Reduces Abdominal Disorders), *Udara Shamana.*

- ***Virechana*: -***Acharya charak* mention in *chikitsa sthana* in *udara roga* '*Nitya Virechna'*. 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 *Abhayadi modaka* 500mg with luke warm water one time morning & *Eranda tail* 10 ml with 1 cup cow milk Hs for *virechan*.

Jalodara is a grave condition among Udara Rogas and is considered difficult to manage due to its chronicity and association with *Yakrit Vikriti*. In the present case, chronic alcohol intake acted as the primary *Nidana*, leading to *Mandagni*, *Pitta-Vata Dushti, Rakta Dhatu Pradosha*, and *Srotorodha*, culminating in ascites [8].

The observed reduction in abdominal girth, ascitic fluid, and edema can be attributed to *Nitya Virechana*, which is the line of treatment specifically advocated by Acharya Charaka in Udara Roga. *Virechana* eliminates vitiated Pitta and Rakta Dosha from their *Mula Sthana (Yakrit)*, thereby reducing fluid accumulation and abdominal pressure.*Shamana* drugs such as *Punarnava Mandura, Arogyavardhini Vati, Punarnavadi Kwatha,* and *Lohasava* acted synergistically as hepatoprotective, diuretic, anti-edematous, and hematinic agents. Improvement in haemoglobin and reduction in bilirubin levels validate their *Yakrit-Uttejaka* and *Raktavardhaka* properties. *Haritaki Churna* facilitated Vatanulomana, correcting Apana Vayu dysfunction, which is crucial in the *Samprapti* of *Jalodara*. *Udarpattabandhana* with *Eranda Patra* aided in reducing abdominal wall laxity and discomfort.Strict *Nidana Parivarjana*, especially alcohol cessation, along with exclusive cow-milk diet (*Pathya*), played a vital role in reducing metabolic load on the liver and supporting regeneration [9]. The absence of electrolyte imbalance and adverse effects highlights the safety and tolerability of the Ayurvedic treatment protocol.

CONCLUSION

This case study demonstrates that Ayurvedic management of *Jalodara* (ascites) through a combination of *Nitya Virechana, Shamana Chikitsa*, and strict dietary regulation can lead to significant clinical, biochemical, and radiological improvement.

Marked reduction in ascitic fluid, abdominal girth, edema, improvement in liver and renal function tests, and enhanced quality of life were observed without any complications or side effects. This highlights the effectiveness of Ayurveda not only in symptomatic relief but also in addressing the underlying pathology of cirrhotic ascites.

Thus, Ayurvedic therapy offers a safe, holistic, and effective alternative for the management of ascites, especially in chronic liver diseases where conventional medicine provides limited long-term solutions.

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