

AN AYURVEDIC APPROACH FOR ASCITES – A CASE STUDY**Dr. Bhagyalaxmi K S¹ Dr. Swati Deshpande² Dr. Kiran M Goud³**¹MD Scholar, ²Professor & HOD, ³Head of Institution,
Dept.of Panchakarma, SKAMCH & RC, Bangalore, Karnataka, India**ABSTRACT**

A 58yrs male patient presenting with complaints of *Udaravidhi* (increased abdominal girth), *Kshudha mandhya* (decreased appetite), *Dourbalya* (general weakness), *Ubhayapadashotha* and *Krishna varna* (bilateral pedal oedema and discoloration), was brought to SKAMCH & RC, Bangalore. The treatment planned in the present case was *Gomutra Haritaki* as *Nithyavirechana*, and *Lepa chikitsa* with oral medications. The results were significant both on laboratory parameter and the clinical observations.

Keywords: *Ayurveda, Yakrut, Udara, Ascites, Virechana, Lepa.*

INTRODUCTION

In *Ayurveda* literature Liver is called as *Yakrut*. According to *Susrutha Samhita* “*Garbhasya yakruth pleehano shonitha-jo.....*” *Yakruth* and *Pleeha* are formed from *Raktha dhatu*, Acharya Charaka while describing 13 types of *srotas* classified spleen and liver under *Rakta vaha srotas*. The pathophysiology involving liver is mainly concerned with the abnormalities of *Rakta dhaatu* when the vitiated *doshas* cause an irregularity in the normal function of the *rakta dhaatu*. Ascites is an accumulation of excess of fluid in the peritoneal cavity although most commonly due to cirrhosis of liver, Functions of Liver (*Yakrut*) in *Ayurveda*, it is abode of one of the five types of *pitta* (*Ranjaka*), it helps in the formation of *rakta dhaatu*, It forms the root of all the diseases occurring in the *raktavaha srotas*.

A CASE REPORT

A 58yrs male Hindu patient belonging to the

middle socio economic class presenting with complaints of *Udaravidhi* (increased abdominal girth), *Kshudha mandhya* (decreased appetite), *Dourbalya* (general weakness), *Ubhayapadashotha* and *Krishna varna* (bilateral pedal oedema and discoloration), was brought to SKAMCH & RC, Bangalore.

ON EXAMINATION

- General condition of the patient is stable.
- Temperature - Afebrile
- Pulse rate- 78/min
- BP – 130/80 mm of Hg
- Pallor ++
- Icterus ++
- Weight – 156 cms
- Height – 65 kg
- RS – NBVS
- CVS – S1 S2 heard
- CNS – Conscious, well oriented to time

How to cite this URL: Dr. Bhagyalaxmi Et Al: K San Ayurvedic Approach For Ascites – A Case Study. International Ayurvedic medical Journal {online} 2016 {cited 2016 July} Available from:

http://www.iamj.in/posts/images/upload/3267_3270.pdf

place and person.

- P/A – Abdominal distention ++
Umbilicus everted.
Fullness of the Flanks
Prominent visible veins
On palpation Organomegaly was not elicited due to pain
Fluid thrill ++
- Bilateral pitting oedema ++

ASHTAVIDHPARIKSHA

- *Nadi* – 78bpm
- *Mala* – once per day hard stools
- *Mutra* – 4 to 5 times/day
- *Jivha* – *Alpaliptata*
- *Shabda* – *Prakrutha*
- *Sparsha* – *Prakrutha*
- *Druk* – *Prakrutha*
- *Akriti* – *Madhyama*

DASHAVIDHAPARIKSHA

- *Prakriti* – *Pitta Kapha*
- *Vikriti* – *Pravara*
- *Saara* – *Avara*
- *Samhanana* – *Madhyama*
- *Pramana* – *Madhyama*
- *Sathmya* – *Sarvarasa satmya*
- *Satva* – *Avara*
- *Aahara Shakti* –
- *Abhyavarana shakthi* – *Madhyama*
- *Jarana shakthi* – *madhyama*
- *Vyayama shakti* – *Madhyama*
- *Vaya* – *Madhyama*

INVESTIGATIONS

- CBC
- LFT
- RFT
- Urine analysis
- USG abdomen

PAST HISTORY

No H/O of DM, HTN, T.B, Asthma or any major illness.

No H/O of any Surgery.

H/O of Alcohol intake for 10 yrs left since 5 months.

TREATMENT APPROACH

- *Haritaki choorna* (12 gms) + *Gomutra* (10ml) + *Ksheera* (50ml)(once in the early morning in empty stomach)
- *Muktha Bhasma* – 2gms + *Godanthi Bhasma* – 40gms + *Guduchi satva* – 50 gms(1tsf TID with luke warm water)
- Tab Live 52 DS (2TID)
- *Dashanga lepa* + *Katuki choorna* (Local application over abdomen)

DISCUSSION

In *Charaka Samhita*, *Acharyas* while explaining *Udara Samprapthi*, *Agni dosa* (defective digestion strength) and *Mala Vruddhi* (increase in waste products/morbid matter) these two are the main reasons for diseases like *Udara* (Abdominal diseases including ascites). If there is suppression of *agni* (power of digestion and metabolism) and if the person takes polluted food, this leads to indigestion as a result of which *doshas* get accumulated this causes vitiation of *Prana(Vata)*, *Agni*(digestive enzymes) and *Apana(Vata)* and obstruction to the upward and downward channels of circulation. Thereafter, the vitiated *doshas* get lodged between the skin and the muscle tissue and cause extensive distension of lower part of Abdomen. This gives rise to *udara*. According to Ayurveda Chikitsa sutra of *udara*, choice of treatment is *Nitya virechana* (Purgative), *Agnidipana* (increase appetite), *balaprapthi* and *yakritottejaka chikitsa* (stimulating hepatic function) so here in this case study the treatment given to the patient was *Haritaki choorna* (12gms) + *Gomutra* (10ml) + *Ksheera* (50ml) was given on empty stomach in early morning. *Haritaki* is

considered as *Tridosahara*, *Anulomana*, *Rasayana*, *Prajasthapana*, *Hrudya* and *Lekhana* in *Ayurvedic* text and has the capacity for the regeneration of hepatocytes. Liver is the *sthana* for *Pitta* hence for elimination of vitiated *pitta dosa virechana* is the best *chikitsa*. *Haritaki* as *Anulomana* helps in relieving of the bacterial over growth in the intestine and the reduces the conversion time of the urea into ammonia and reduces the chances of the hepatic encephalopathy. *Gomutra* is having *katu rasa*, *laghu*, *ushna*, *teekshna*, *kshara guna*, *kapha vata hara* it also acts as antibiotic, antifungal and anti-cancer agent. *Ksheera* is full of nutrients and easily digestible. *Agni* is very weak in this disorder so it can no digest solid food and food rich in fat and protine. In *Ayurveda*, *Acharyas* has explained similarities between *visha* and *madya*, here in this case study *Dushi visha* is also one of the cause for *udara*. *Dashanga lepa* has ten drugs and also *Katuki choorna* has *tiktha* and *katu rasa*, *sheeta virya* and *laghu* and *rooksha guna* where here both acts as *kapha* and *pitta shamaka*. It detoxifies the liver and blood but also simultaneously strengthens this vital organ while enhancing cellular growth and tissue regeneration. *Lepa chikitsa* helps in avoiding the *vataprakopa*. Tab Liv 52 DS was advised because it exhibit potent hepatoprotective properties against chemically induced hepatotoxicity. It restores the functional efficiency of the liver by protecting the hepatic parenchyma and promoting hepatocellular regeneration. *Muktha bhasma* acts as *agnipustikara*, *vishahara*, *deepana*, *pachana*, *ru-*

jahara, *ayushya*. *Guduchi satva* is a good immune modulator. *Godanthi bhasma* is helpful in all the *dosas* especially in *pittadosha*.

CONCLUSION

Udara vyadhi is generally caused by involvement of all the three *Doshas*. Therefore, therapies which cause alleviation of all the 3 *doshas* are administered for the treatment. The *chikitsa sidhantha* for *udaravyadhi* is “*Nityamevavirechayet*” in this case study *Gomutra haritaki* is helpful in *stoka stoka dosha nirharana* mainly *pitta dosa*. Since the abdomen is filled with vitiated *doshas*, the power of digestion gets diminished therefore here the *pathya* also plays a major role where *ksheera* is considered *pathya* in *udara vyadhi*.

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Table no 1: ABDOMINAL GIRTH ASSESSMENT

Date	Abdominal Girth(at umbilicus in cms)
30/8/16	83
31/8/16	83.5

1/9/16	83.5
2/9/16	83
3/9/16	82
4/9/16	82.5
5/9/16	82
6/9/16	82.5
7/9/16	81.5
8/9/16	81
9/9/16	81
10/9/16	80.5
11/9/16	80
12/9/16	79
13/9/16	78.5
14/9/16	77
15/9/16	76.5
16/9/16	75.5
17/9/16	75
18/9/16	74
19/9/16	73.5
20/9/16	73
21/9/16	72
22/9/16	71

TABLE NO: 2 INVESTIGATIONS BEFORE AND AFTER TREATMENT

TEST	Before Treatment	After Treatment
Total Bilirubin(DPD)	3.33mg/dl	2.45mg/dl
Direct Bilirubin(DPD)	1.14mg/dl	0.60mg/dl
Indirect Bilirubin(Calculated)	2.19mg/dl	1.85mg/dl
Total protein(Biuret)	6.3g/dl	7.8g/dl
Albumin(BCG)	2.1g/dl	2.5g/dl
Globulin(calculated)	4.2g/dl	5.3g/dl
AG Ratio(calculated)	0.5	0.5
SGOT (AST)	49.0 u/l	58.6 u/l
SGPT(ACT)	40.0 u/l	46.7 u/l
Gamma GT (IFCC)	31.0 u/l	38.8 u/l
Alkaline phosphates(PNPP)	140.0 u/l	131.8u/l

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Source of Support: Nil

Conflict of Interest: None Declared