AN AYURVEDIC APPROACH FOR ASCITES – A CASE STUDY
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ABSTRACT
A 58yrs male patient presenting with complaints of Udaravridhi (increased abdominal girth), Kshudha mandhya (decreased appetite), Dourbalya (general weakness), Udbhayapadashotha and Krishna varna (bilateral pedal edema 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 “Garbhhasya 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 raktha 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 Udaravridhi (increased abdominal girth), Kshudha mandhya (decreased appetite), Dourbalya (general weakness), Udbhayapadashotha and Krishna varna (bilateral pedal edema 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
Dr. Bhagyalaxmi Et Al: K San Ayurvedic Approach For Ascites – A Case Study

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), balaprapti 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 vataprapkopa. 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, rujahara, 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 nirhana 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.

**REFERENCES**

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**Table no 1: ABDOMINAL GIRTH ASSESSMENT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Abdominal Girth(at umbilicus in cms)</th>
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</thead>
<tbody>
<tr>
<td>30/8/16</td>
<td>83</td>
</tr>
<tr>
<td>31/8/16</td>
<td>83.5</td>
</tr>
</tbody>
</table>
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Conflict of Interest: None Declared

TABLE NO: 2 INVESTIGATIONS BEFORE AND AFTER TREATMENT

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