

**AYURVEDIC APPROACH FOR ASCITES: A CASE STUDY****Khot Varsha Sadashiv**

Assistant Professor, Department of Kayachikitsa, Yashwant Ayurved College Kodoli.  
Tal. Panhala, Dist. Kolhapur, Maharashtra, India.

**ABSTRACT**

58yrs aged male patient presenting with *udarvridhi* (abdominal distention), *kshudhamandya* (decreased appetite), *dourbalya* (gen. weakness), *ubhaypadshoth* (bilateral pedal edema) diagnosed as *udaryadhi* (ascites) was brought to Yashwant Ayurved Hospital, Kodoli, Kolhapur. Patient was treated with an integrated approach of ayurveda. According to ayurveda, treatment of *udar* is *nityavirechana* (purgative), *agnideepan* (increase appetite), *balaprapti* (increase strength), *yakrituttejjak* (stimulant for hepatic function and external application of *arkapatbandhan* (belt made by leaves of *Calotropisprocera*). Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

**KEYWORDS:** Ayurveda, *Udar*, Ascites, *Virechana*, *Arkapatrapattbandhan*

**INTRODUCTION**

Ascites is accumulation of fluid in the peritoneal cavity. Ascites is caused very commonly due to cirrhosis and severe liver diseases. Sometimes the fluid buildup is mild and cannot be detected externally. But in extreme cases, the fluid builds up to such a large extent that it causes severe abdominal distention. The condition is quite painful and the person suffering from it finds it extremely inconvenient to even move around. Ascites itself is a symptom of several serious problems. The presence of ascites may indicate liver cirrhosis, portal hypertension, hepatitis, heart failure, pericarditis and even cancers. People who consume excessive alcohol are at very high risk of developing cirrhosis, which may cause ascites.

According to ayurveda main causes for *udaryadhi* are *mandagni* and *garvisha* like *atimadyapan*. Ayurvedic management for this disease includes oral medications as

well as *virechan* for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction. *Ksheerpan* for diet regulation plays an important part of management of this disease. Ayurvedic line of treatment for ascites is mainly *virechan*. It is useful in cases of ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.

**A CASE REPORT**

A 58yrs. male patient brought by relatives to Yashwant Ayurved Hospital Kodoli, Kolhapur. Patient presenting with complaints of *udarvridhi* (increased abdominal girth), *kshudhamandya* (decreased appetite), *dourbalya* (gen. weakness), *ubhaypadshoth* (bilateral pedal edema).

**On Examination**

1. General condition of patient is moderate.
2. Pulse rate: 98/min

3. B.P. 130/80 mmofHg
  4. Pallor ++ icterus +
  5. Weight- 72kg, Height- 164cm
  6. RS - AE=BE clear CVS – S1 S2 normal.no abnormal sound CNS – well conscious oriented
  7. P/A - Abdomen was distended with bulging of flanks. Veins on the wall appears prominent.Umbilicus transverse. On palpation live enlarged. Shifting dullness present. Fluid thrill positive.
  8. Bipedal pitting edema present.
- Ashtavidhpariksha : 1. Nadi – Vatpradhan pitta 2. Mala – malavshambha (occasional)3.Mutra – samyakpraritti4. Jivha – sama5. Shabd – spashta 6.Sparsh – ushana7.Druk –panduta8. Akriti - madhyam
- Srotodushti: Rasavahasrotas, Annavahasrotas, Udakvahasritas, Pranavahasrotas.

#### Investigations

1. CBC 2. Liver function test 3. Renal function test 4. Urine analysis 5.USG abdomen

#### Past History

Patient was alright before 1 month. Since 1 month patient having said previous complaints. for the said complaints he attended a private hospital for last15 days. Patient having an addictive history of *madyapana*(alcoholic)since10yrs.

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

#### Treatment Approach

1. *ArogyavardhiniVati* 500 mg thrice daily.
2. *Tb.IcchabhediRas* 120mg early morning daily.
3. Syp. R.D.Liv 10 ml twice daily.
4. *Tb. Gomutra* twice a day.
5. *Punanrnvasava* 40ml twice daily.
6. *Arkapatra* with *eranda tail bandhan* over abdomen.
7. Patient is only on cow milk.

#### DISCUSSION

Patient was treated with an integrated approach of ayurvedic treatment. According to ayurveda treatment of *udar* is *nityavirechana* (purgative), *agnideepan*(increase appetite), *balaprapti* (increase strength), *yakritutejjak* (stimulant for hepatic function) and external application of *arkapattbandhan* (belt made by leaves of *Calotropisprocera*).Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, and increased strength.

*Chikitsa sidhanth* for *udaryadhi* is '*nityamevvirechayet*'.Virechana checkes improper jatharagni and dhatvagni, after virechanajatharagni and dhatvagni increases.<sup>1</sup>it has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites.<sup>2</sup>ItpossessesCholagogue, hepatoprotective and liver stimulant action. Therefore it is useful in generalisedoedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid out of body.

*Arogyavardhinivati* acts as *yakritutejjak*, *hepatoprotective activity*.<sup>3</sup>*IchchabhediRas* has action of virechana prominently and is used in ascites cases. It is a bowel regulator in chronic constipation and induces therapeutic *mutral* (diuretic) as well as *shothaghna* (reduces edema) and it purgation by its *ushnatikshnavyavayigunas*.Syp. R.D. Liv(Kalmegh (*Andrographispaniculata*), *Bhringraj(Ecliptaalba)*, *Pittapda (Olenlandiaherbaceae)*, *Bhuiawala(Phylanthusniruri)*) acts ashepatoprotective. *Gomutraghanavati* has action of *virechana*. Antimicrobial activity, bio-enhancer activity, hepatoprotective acti.<sup>4</sup>*Punarnavasava* acts as improves renal function *Arkapatrapattbandhan* avoids

*vataprapkop by mriduswedan and is supportive to diuretic action. Cow milk gives strength to the patient without increasing body fluid level in the body Udar is asadhyavyadhi (incurable) as per ayurveda but we could give symptomatic relief, reduction in fluid, improvement in quality of life to the patient.*

### CONCLUSION

The pathological factors responsible for *udaryadhi are tridosha and reduced status of agni. Virechana is unique treatment mentioned for udar. Removal of doshas mainly pitta and normalize yakritdushti which was caused due to atimadyapan was achieved by this integrated approach of ayurvedic treatment successfully. By this line of treatment there is significant improvement in abdominal girth, appetite, strength. There is also significant improvement in laboratory findings. So ayurveda can play very important role in treating patients of ascites.*

TABLE NO. 1 : ABDOMINAL GIRTH ASSESSMENT

Date	At umbilicus (in cm)
23.07.2014	106
24.07.2014	107
25.07.2014	106
26.07.2014	105
27.07.2014	104.5
28.07.2014	104
29.07.2014	102
30.07.2014	100
31.07.2014	98.5
1.08.2014	97

TABLE NO. 2 PEDAL EDEMA ASSESSMENT

Date	Just below knee	Just above ankle
23.07.2014	Rt.30cm	Rt.25.5cm
	Lt.31cm	Lt.25cm
24.07.2014	Rt.30cm	Rt.25cm
	Lt.30cm	Lt.25cm

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<b>25.07.2014</b>	Rt.30.5cm Lt.30cm	Rt.23.5cm Lt.23.5cm
<b>26.07.2014</b>	Rt.29cm Lt.29.5cm	Rt.23cm Lt.23cm
<b>27.07.2014</b>	Rt.28.5cm Lt.28.5cm	Rt.21.5cm Lt.21.5cm
<b>28.07.2014</b>	Rt.26cm Lt.27cm	Rt.21cm Lt.21cm
<b>29.07.2014</b>	Rt.25cm Lt.26.5cm	Rt.21cm Lt.21cm
<b>30.07.2014</b>	Rt.25cm Lt.25cm	Rt.19.5cm Lt.19.5cm

**TABLE NO.3 : INVESTIGATIONS BEFORE AND AFTER TREATMENT**

<b>Test</b>	<b>Before Treatment</b>	<b>After Treatment</b>
<b>Hb%</b>	7.7gm/dl	8.7gm/dl
<b>WBC count</b>	6900/cmm	6400/cmm
<b>Platelet count</b>	1,28,000	1,30,000
<b>Urine analysis</b>	Albumin trace. Pus cells 3-5/hpf	Albumin absent. Pus cells absent
<b>Liver Function Test</b>	Sr. BilirubinTotal- 4.8 Indirect- 2.8Direct- 2.0 SGOT 43 IU/LitSGPT 36 IU/Lit	Sr. BilirubinTotal- 1.6 Indirect- 0.82Direct- 0.78 SGOT 40 IU/LitSGPT34 IU/Lit
<b>Renal Function Test</b>	Sr.Urea – 37mg/dl Sr.Creatinine.96mg/dl Sr. Na – 140mg/dlSr. K – 3.1mg/dl	Sr. Urea 35mg/dlSr.Creatinine.96mg/dl Sr. Na – 142mg/dlSr. K – 3.4mg/dl
<b>USG Abdomen</b>	Small sized liver with coarseecho texture withNodular surface – liver cirrhosis Mild splenomegaly.Nonspecific thick walled gall bladder.Moderate ascites.	Small sized liver with coarseecho texture withNodular surface – liver cirrhosis No ascites.

**CORRESPONDING AUTHOR**

**Dr. Khot Varsha Sadashiv.**

Assistant Professor,

Department of Kayachikitsa,

Yashwant Ayurved College Kodoli.

Tal. Panhala, Dist. Kolhapur, Maharashtra, India.

**Email address:** drvarshashkhot@gmail.com