"MANAGEMENT OF JALODARA WITH SPECIAL REFERENCE TO ASCITES - AN AYURVEDIC CASE STUDY "

Dr. Madhuri Phaltankar[1], Dr. Mritunjay Sharma[2], Dr. Archana Dachewar[3]

1. MD Scholar, Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur
2. Guide, Associate Professor, Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur
3. HOD, Professor, Kayachikitsa , Shri Ayurved Mahavidyalaya, Nagpur

ABSTRACT:

Hepatic cirrhosis is a major cause of mortality worldwide, with ascites—pathological accumulation of fluid within the peritoneal cavity—being the most common clinical manifestation of advanced liver disease[1]. In Traditional Indian Medicine, particularly Ayurveda, this chronic condition along with ascites is correlated with *Jalodara*, which is classified under the eight varieties of *Udararoga*. Conventional medical management often offers primarily symptomatic relief and is frequently associated with recurrence, prompting exploration of alternative therapeutic approaches.

The patient presented with multiple clinical features, including abdominal pain (*Udara Shoola*), abdominal swelling (*Udara Shotha*), distension (*Adhmana*), bilateral pedal edema (*Ubhaya Pada Shotha*), facial edema (*Mukha Pradesha Shotha*), generalized weakness (*Daurbalya*), and dyspnea (*Shwasa Kashtata*)[2]. A comprehensive Ayurvedic treatment regimen was administered over a three-month period, comprising *Nitya Virechana* (daily purgation therapy) using *Triphala Churna*, appropriate *Shamana Chikitsa* (internal palliative and curative medicines), and a regulated dietary protocol incorporating cow's milk.

After one month of therapy, the patient demonstrated marked clinical improvement in all presenting symptoms. These findings suggest that a structured and holistic Ayurvedic management approach may be effective and beneficial in the treatment of *Jalodara*, offering a potential non-invasive therapeutic option for patients with ascites associated with hepatic cirrhosis.

KEY WORDS:- Jalodara ,Ascites,Nitya Virechana; Godugdha, Triphala churna

Corresponding Details:

Dr. Madhuri Phaltankar
Kayachikitsa Department,
Shree ayurveda mahavidyala, Nagpur
Mobile No. 9284825512
E-Mail: madhurisp11@gmail.com

How to cite article:

Dr. Madhuri Phaltankar, Dr. Mritunjay Sharma, Dr. Archana Dachewar
Management of Jalodara with Special Reference to Ascites - An Ayurvedic Case Study, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2025; 3(4): 58-65 : http://doi.org/10.55552/SDNJAY.2025.3408

INTRODUCTION

In Traditional Indian Medicine, particularly Ayurveda, chronic liver disease and its associated complications are correlated with *Jalodara*, which is classified under the eight types of *Udararoga* (abdominal disorders). As conventional therapeutic approaches often provide only temporary symptomatic relief and are commonly followed by recurrence, Ayurvedic interventions were explored as a potential alternative therapeutic strategy[3].

The present case involves a 53-year-old male patient who presented with multiple clinical manifestations, including abdominal pain (*Udara Shoola*), abdominal distension and swelling (*Udara Shotha* and *Adhmana*), bilateral pedal edema (*Ubhaya Pada Shotha*), facial edema (*Mukha Pradesha Shotha*), generalized weakness (*Daurbalya*), and respiratory discomfort (*Shwasa Kashtata*)[4]. The patient underwent a comprehensive three-month Ayurvedic treatment protocol consisting of *Nitya Virechana* (daily purgation therapy) with *Triphala Churna*, appropriate *Shamana Chikitsa* (palliative and curative internal medications), and adherence to a regulated dietary regimen that prominently included cow's milk[5].

Marked clinical improvement across all presenting symptoms was observed within the first month of treatment, indicating that this structured and holistic Ayurvedic management approach was both effective and beneficial in the treatment of *Jalodara* (ascites).

CASE REPORT

Patient Profile

Age: 53 years

Gender: Male

Weight: 52.4 kg

Chief Complaints (Duration):

1.Udar shool and shoth (since 15 days)

2.Adhamana (since 10 days)

3.Ubhaya paad shool and shoth (since 15 days)

4.Mukhpradeshi shoth (since 3-4 days)

5.Daurbalya (since 10 days)

6.Shwaskashtata (since 10 days).

History and Present Illness

The patient reported an acute onset of symptoms, stating that he was apparently healthy until approximately 15 days prior to presentation. Within this short duration, he developed the complete spectrum of presenting complaints, including abdominal distension, abdominal pain, peripheral edema, and generalized weakness. The rapid progression of symptoms prompted him to seek medical care.

He subsequently presented to the Outpatient Department of *Kayachikitsa* at Shri Ayurved College and Pakwasa Samanvaya Rugnalaya. Following initial evaluation, the patient was admitted to the Inpatient Department to enable comprehensive Ayurvedic management and to allow continuous daily monitoring of his clinical status and therapeutic response.

Past Medical History (H/O): Jaundice (3 years ago).

Surgical History: 2 times Blood Transfusion (5 years ago and 3 years ago).

Addiction History: Chronic Alcoholism for 30 years.

Physical Examination (Systemic: Per Abdomen)

Inspection:

- Generalized distention of abdomen – 81 cm
- Umbilicus-Transversely Stretched • Dilated veins- veins are prominent on abdomen.
- Skin over the abdomen -smooth and glossy skin indicating distended abdomen

Palpation:

- Tenderness was noted in the Right Hypochondriac Region.
- Hepatomegaly (enlarged liver) was confirmed, palpable 2 cm below the Right Costal Margin.

Percussion:

- Fluid thrill was present, indicating a large amount of free fluid (ascites).
- Shifting dullness was present, further confirming the presence of ascites.

Laboratory Investigations

Complete blood count (CBC):Haemoglobin of 6.5 gm/dL, MCV 110 cu micron, platelet count 1,47,000/cmm, white blood cell counts 3.69 /cmm, Haematocrit 19.72%, RDW (Red cell distribution width) 37.6 %. Blood. Blood group is 'B' Rh positive.

Liver Function Test: Total Bilirubin- 1.89 mg/dl, Direct Bilirubin- 0.72 mg/dl, Indirect Bilirubin- 1.17 mg/dl, SGPT-31.3 IU/L, SGOT-104.1 IU/L, ALP- 59.2.

TREATMENT

As patient is known case of Ascites *Nidana Parivarjana*, *Shodhana Chikitsa* with *Nitya Virechana* has been planned for the patient along with *Shamana Chikitsa*.And the treatment commenced with written informed consent.

दोषातिमात्रोपचयात् स्रोतोमार्गनिरोधनात् ।

संभवत्युदरं तस्मान्नित्यमेव विरेचयेत् ।।[7]

Total Duration: 3 months

Internal Drugs

- *Nitya Virechana*[6]- *Triphala Churna* -2 teaspoonful daily early morning at 4 am.
- **Shamana Aushadhis**[6]- 1. *Arogyavardhini vati*
  2. *Punarnavadi Guggul*
  3. *Yakrutplihari Loh*
  4. *Tab. Yakrutojjay*
  5. *Tab.Raktada*
  6. *Triphala Churna*

External Applications

- *Udara Patta bandhanaWith koshna Arka Patra* for first 1 month.

.Diet:

Only *Ksheerpana* (Milk) for 6 months.[5]

Patient was assessed after completion of one month and three months from starting of treatment. During all three month alcohol intake was completely stopped.

Ayurvedic Management

SR.NO	MEDICINE	DOSE	ANUPANA	TIME
1	*Arogyavardhini vati*	250 mg	*Dugdha*	2 BD
2	*Punarnavadi Guggul*	250 mg	*Dugdha*	3 BD
3	*Yakrutplihari Loh*	250 mg	*Dugdha*	½ OD
4	*Tab. Yakrutojjay*	250 mg	*Dugdha*	1 BD
5	*Tab.Raktada*	250 mg	*Dugdha*	1 BD
6	*Triphala Churna*		*Dugdha*	½ TSF TDS

Pathya-Apathya

Precise and restrictive dietary regimen implemented as a critical part of the three-month treatment plan (*Pathya).*

- Duration: The strict protocol was maintained for the full three-month treatment period.
- Total Restriction: The patient was prohibited from consuming all conventional food items and external water sources.
- Exclusive Diet: The patient's diet consisted exclusively of *Shunthi Siddha Godugdha* (Cow's milk processed/boiled with dried ginger).[5]
- Hydration and Satiation: To manage both hunger and thirst, the only substance administered was the lukewarm *Shunthi Siddha Godugdha*.[5]
- Adjuvant (*Anupana*): This medicated cow's milk was utilized as the adjuvant (*Anupana*) for administering all prescribed Ayurvedic medicines, ensuring uniformity in the internal environment.

RESULTS

Significant results were found in all the symptoms, abdominal girth and Weight

Date	Weight (in kgs)	5 cms below umbilicus	At Umbilicus (in cms)	5 cms Above umbilicus
07/06/2024	52.4	79	81.5	82.3
22/06/2024	52.3	77.4	78.8	78
07/07/2024	50.6	75	76.3	75.9
22/07/2024	50.0	72	73.5	72.8
07/08/2024	49.2	70.2	71.8	71
22/08/2024	48.0	70	70	69.2

Relief in symptoms

Sr.No	Chief Compliants	Before Treatment	After Treatment
1.	*Udar shool and shoth*	++++	+
2.	*Adhamana*	+++	+
3.	*Ubhaya paad shool and shoth*	+++	+
4.	*Mukhpradeshi shoth*	++	+
5.	*Daurbalya*	+++	++
6.	*Shwaskashtata*	++	+

		Before Treatment	**After Treatment**
1.	Total Bilirubin	1.89 mg/dl	0.78 mg/dl
2.	Direct Bilirubin	0.72 mg/dl	0.65 mg/dl
3.	Indirect Bilirubin	1.17 mg/dl	0.98 mg/dl
4.	SGPT	31.3 IU/L	27.2 IU/L
5.	SGOT	104.1 IU/L	87.7 IU/L
6.	Alkaline Phosp.	59.2 IU/L	48.0 IU/L
7.	Abdominal Girth	81.5 Cms	69 Cms
8.	Pedal Edema	+++	+
9.	Weight	52.4 kgs	48 kgs

DISCUSSION

According to classical Ayurvedic descriptions of *Udararoga* and *Jalodara* (ascites) as documented by Acharya Charaka, *Mandagni* (diminished digestive fire) is considered the primary initiating factor in the disease process. Impaired digestive and metabolic activity leads to the formation and systemic accumulation of *Ama*, which sets in motion the subsequent pathological cascade. In the present case, several lifestyle and dietary factors contributed to disease aggravation in accordance with classical etiological descriptions. These included habitual *Adhyashana* (overeating) and frequent consumption of foods possessing excessive *Ushna* (hot), *Lavana* (salty), *Katu* (pungent), and *Amla* (sour) qualities, along with intake of *Ruksha* (dry) and incompatible or irregular diets (*Vishama Ahara*).

A significant contributing factor was the patient's history of chronic alcohol consumption, which severely compromised hepatic function—a critical determinant in the development of ascites. Classical texts also emphasize neglect in the timely management of severe diseases as an important etiological component. Additionally, the patient's habitual *Vega Dharana* (suppression of natural bodily urges) played a pivotal role by markedly aggravating *Vata Dosha* and producing obstructions within the *Srotas* (body channels).

The cumulative effect of impaired digestion (*Mandagni*), improper dietary practices, chronic intoxication, and *Vata*-provoking behaviors created a pathological milieu conducive to obstruction of the *Udakavaha* and *Rasavaha Srotasas*, which are responsible for the regulation of body fluids and plasma circulation. This obstruction ultimately resulted in the extravasation and accumulation of fluid within the abdominal cavity, manifesting clinically as *Jalodara*.

CONCLUSION

The comprehensive Ayurvedic treatment protocol implemented in this case of *Jalodara* (ascites), comprising *Nitya Virechana*[7] (daily therapeutic purgation), strict dietary regulation (*Pathya*), and specific Ayurvedic medications, resulted in marked improvement across all presenting symptoms. Notably, the primary complaints of abdominal distension, bilateral pedal edema, and anorexia were significantly alleviated, indicating effective resolution of pathological fluid accumulation and associated systemic manifestations.

A key factor contributing to the therapeutic success was the patient's strict adherence to the prescribed restricted diet, which consisted exclusively of *Shunthi Siddha Godugdha* (cow's milk processed with dried ginger). Importantly, these significant clinical outcomes were achieved without any observed adverse effects or complications during the three-month treatment period or the immediate follow-up phase.

This favorable outcome supports the conclusion that the strategic and combined application

of *Nitya Virechana*, targeted Ayurvedic medications, and a strictly regulated diet constitutes an effective and safe approach for the management of chronic ascites.

REFERENCES

1. Garcia-Tsao G., Lim J. K. Management and treatment of patients with cirrhosis and portal hypertension: recommendations from the department of veterans affairs, Hepatitis C Resource Center Program and the National Hepatitis C Program. The American Journal of Gastroenterology. 2009;104(7):1802–1829. doi: 10.1038/ajg.2009.191. - DOI - PubMed

2. Acharya YT, editor. Charaka samhita, chakrapani commentary, chikitsasthana, Udara chikitsa. 5th ed.vols. 50-51. Varanasi: Chaukhamba Sanskrit Sans- thana; 2001. p. 494. 5th ed.

3. Pedersen JS, Bendtsen F, Møller S. Management of cirrhotic ascites. Therapeutic advances in chronic disease, May. 2015;6(3):124–37. doi: 10.1177/2040622315580069. [DOI] [PMC free article] [PubMed] [Google Scholar]

4. Kotihal M, Muttappa T, Vasantha B, Sandrima KS. Critical analysis of Jalodara (Ascites) – A review. J Ayurveda Integr Med Sci. 2017;2:150–3. [Google Scholar]

5.Patel ED, Maurya S, Kamemori N, Dudhamal TS, Role of Kshira in Management of Jalodara (Ascites) - Brief review, The Healer Journal, 2020;1(1):1-9. 10. Shastri R., Bhaisajyaratnawali, Chaukhamba Prakashan, Varanasi 2018, Agnimandya Chikitsadhyay no. 10, verse no. 59, page no. 338

6. Acharya YT, editor. Reprint Edition. Ch 13 Ver 11. New Delhi: Chaukhambha Publications; 2016. Charaka Samhita of Charaka, Chikitsa Sthana; p. 491.

7. Acharya YT, editor. Reprint Edition. Ch 13 Ver 11. New Delhi: Chaukhambha Publications; 2016. Charaka Samhita of Charaka, Chikitsa Sthana; verse 61.

Source of Support : None Declared
Conflict of Interest : Nil