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MANAGEMENT OF JALODAR ACCORDING TO AYURVED – A CASE REPORT.

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Abstract

Agnidushti is the key etiological factor in the pathogenesis of almost all diseases. Healthy yakrut (liver) and mahasrotas (gastro intestinal tract) are very necessary to maintain the health of an individual. In case of jalodar agni becomes very weak and unable to digest the food. The swedvaha and ambuvaha srotasas are occluded prominently. The waist and unwanted metabolites remain at the level of tissues which can cause further occlusion. This leads to vimargagaman of the body fluids. Hence jalodar takes place.

Early detection of jalodar with the help of signs and symptoms was done. This is very necessary to start treatment earlier. Nitya virechan i.e. removal of vitiated doshas through daily purgation is the main stem of treatment. At the same time agni must be taken care of. Pippali siddha dudh could nourish the patient and can could break the pathogenesis. Shothari loh vati was given to patient. It could overcome the edema on the body. Punarnavadi kadha worked well in the patient. Daily record of bllod pressure, intake and out put, abdominal girth, weaight, etc. was kept promptly.

Key words – agni dushti, vimargagaman, ambuvaha srotas, swedvaha srotas jalodar.

Introduction-

Jalodar (ascites) is very common entity in Indian population. Ayurveda has gone far ahead in the treatment of jalodar and many similar pathological conditions of abdomen. To break down the pathogenesis of this disease completely ayurveda has more emphasis on the basic principles of agni and daily shodhan regeimen (nitya virechan).

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The chronic etiological factors usually vitiate the tridosha, agni and srotasas (sweda, ambu etc.). ultered metabolic processes with occlusion in different major and minor ducts in the body can develop the fatal conditions like jalodar. The agnibala (digestive power) of the patient becomes weak and unable to digest food. At the same time yakrut which is one of the main organs of metabolism

shows hepatocellular failure. The important channels of the body are occluded e. g. swedavaha, ambuvaha etc. as a result of that the vimargagaman takes place.

While treating this disease we must follow the principles stated in Charak, Sushrut and Wagbhat. The vitiated and accumulated doshas must be drained daily by the means of virechan karma. Nutritious and easy to digest food must be given to patient. The medicines like punarnavadi kadha, shothari loha vati ect.could break the pathogenesis completely and finally patient was cured completely.

Name- ABC

Age- 72yrs

c/0- Edema on both lower limb,

Edema on pelvic region on dependent parts,

Anorexia,

Weakness, all these symptoms were since 15 days.

H/O- Loose motions 15days back, treated with antibiotics essentially and with rehydration therapy.

No H/O D.M. / HTN/ Hemorrhoids.

No H/O any major illness or surgery.

H/O Teeth extraction 3 yrs back, patient didn't like to use artificial dentures.

O/E- PR- 80/min,

Bp- 120/80mmHg,

Rs- clear/ AEBE adequate,

CVS- S1S2 +

CNS- NAD

P/A- fluid thrill ++, L4 S0 K0,

Skin shining ++,

Abdominal girth 78cm,

Umbilicus everted (laughing),

Pitting edema on scrotum + & pelvis +,

Pitting edema on lower limbs

Eyes- Pale, no Icterus,

Tongue- coated (saam),

wt. of patient 56kg

Wks	Hb%	Wt (kg)	Abd girth(cm)
1st	5	56	78
2nd	7	53	72
3rd	8	50	68
4th	8.5	48	66

Investigations- CBC, Urine, BSL(R), LFT, RFT,

C. B. C.	HB %	T W C/ microliter	R B C mil/m. lit.	Diffential count N/L/M/E/B	ESR mm
1st week	5	9800	3.6	57/36/5/2/0	103
2nd week	7	8600	4.2	58/40/2/0/0	74

3rd week	8	7900	4.3	53/38/6/2/1	38
4rth week	8.5	7200	4.6	61/33/4/1/1	14

WEEK	BSL mg/dl	CREATININE Mg/dl	UREA Mg/dl	SGPT u/l	SGOT u/l	BILIRUBIN Mg/dl Indirect/ dir.
1st week	93	2.2	63	56	52	0.8/ 0.2
1nd week	98	1.8	57	36	32	0.7/0.3
1rdweek	96	1.7	44	28	25	0.63/0.37
1rthweek	100	1.2	28	30	18	0.78/0.22

USG – free fluid in the abdomen (approximately 1500ml). hepatomegaly is seen. Mild enlargement of prostate is seen with cystitis.

Rx- 1. TPR chart/ Bp- 8hrly,

2. Weight record daily,

3. I/O chart / Abdominal girth daily,

4. Punarnavadi kwath with gomutra

3ts bd(40 ml),

5. Shothari lohavati 2BD (500mg),

6. Gomutra haritakivati 2HS, (500mg),

Diet- pippali siddha dugdha preferably (quantity sufficient),

Dadim juice 200ml daily,

Mutton soup 100ml daily,

4wks- with above diet .

Mudga yush 100ml BD (after 4 weeks).

-Application of lumbar belt (daily) .

2nd week- O/E- PR- 84/min

Bp- 110/80mmof Hg,

Rs- Clear, AEBE adequate.

CVS- S1 S2 +,

CNS- NAD,

P/A- L3 S0 K0,

Fluid thrill ++,

Skin shine +,

Umbilicus deep,

Abdominal girth- 72cm,

Edema decreased,

Weight- 53kg,

Pallor +.

3rd week- O/E- PR- 80/min,

Bp- 110/80mm of Hg,

RS- Clear/ AEBE adequate,

CVS- S1 S2 +,

CNS- NAD,

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P/A- Soft L2 S0 K0,

Fluid thrill- +,

Skin shine +,

Umibilicus deep,

Pallor +,

Weight 50 kg,

Edema significantly decreased,

Abdominal girth- 68cm,

4rth week- O/E- PR- 82/min,

Bp- 110/70mm of Hg,

RS- Clear AEBE adequately,

CVS- S1 S2+,

CNS- NAD,

P/A- Soft, L0 S0 K0,

Edema- fully decreased,

Fluid thrill absent,

Skin- normal,

Umbilicus normal,

Weight- 50kg,

edema totally decreased,

Abdominal girth- 66cm,

Pallor- +.

Usg- no free fluid in the abdomen. Liver is normal in shape, size and ecotexture. Mild enlargement of prostate is seen.

Pathogenesis (samprapti)-

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AJIRNAT MALINAISCHANAIRJAYANTE MALASANCHAYAT // 1//

URDHWADHO DHATAVO RUDHWA VAHINIRAMBU VAHINI /

PRANAGNYA PANAN SANDUSHYA KURYUSTWANK MANS SANDHIGA//2//

AADMAPYA KUKSHIMUDARAM "- WAGBHAT NIDAN -12

Patient was 72 yrs old male. He had anorexia and weakness since one month. Patient had to use artificial dentures which bothered him a lot. He used to prefer only liquid diet many times. Agnimandya and recurrent fasting (anashan) leaded to vaat, kapha, pitta and rakta prakop.Ambuvahini, swedvahini were occluded due to vitiated doshas (body humers). Finally patient came with jalodar (ascites and edema). Nutritional anemia and protein malnutrition lead to hypoprotenemia. Hence the cell wall became loose and perforated. Due to which the intracellular fluid became extracellular and ascites is developed.

Chikitsa-(treatment)-

To break the pathogenesis of jalodar, removal of vitiated dosha from body was very necessary, hence daily virechan by gomutra haritaki was given to patient . Punarnavadi kwath worked well, it removed the excessive liquid (ambu) from body, it also helped to treat the

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edema of liver (yakrut shoth). Urine output is increased notably. Shothriloha vati helped the patient to treat anemia (raktalpata) and also to decrease edema of lower limb. When it is combined with other medicines the synergistic effect was achieved. Immediately patient started losing excessive water content from body. Hence abdominal girth went down immediately.

Application of abdominal belt (udar pattbandhan)-

Application of abdominal belt was very important . Soon after removal of peritoneal fluid from body vata dosh may enter the vacated place hence continuous application of abdominal belt was very essential modality.

Diet-

pippalisiddh dudh- The combination of pippali with cow milk was the main food for patient. This patient was kept only on this food essentially. Milk was the source of all essential food components for patient. This milk was processed with pippali which help reduce udar (ascites) and edema. for complete one month this liquid diet was given as a food to patient.

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Mutton soup- Mutton soup was also given to patient to treat hypoprotenimia once a day. Occasionally dadim juice was advised. From 4rth week we started giving mudga yush along with the above mentioned diet.

Discussion and conclusion-

Age related Agnimandya was seen predominantly in this case. Tendency to avoid use of artificial dentures was the root cause of malnutrition. Swed, Ambu srotasas are partially or completely occluded by the different unwanted waist metabolites. The digestive power of the patient was very poor hence patient could not digest the food, then malnutrition was developed. Essential food component like proteins do not undergo the metabolism hence digestion remains incomplete. This leads to hypoproteinemia in the body. The walls of the cells of human body are made up of proteins, when hypoprotinemia is developed then the cell walls are shade off and they become weak and porous. Hence the intracellular fluid becomes extracellular and oedema is developed.

This patient showed hepatomegaly in ultrasound study. Liver is the main site for protein metabolism. Diseased liver parenchyma cannot actively participate in protein metabolism which leads to hypoprotinemia and impaired nutrition of the body.

The hepatomegaly created congestion in portal circulation. The serous fluid from portal vein oozed out and usually accumulated in peritoneal cavity and jalodar (ascites) is developed.

The patient had pallorness initially, due to pandu (anaemia). Shothari loha vati could treat pandu (anaemia) very well. When we started treating the patient ,nitya virechan (shodhan) was to be done. This was achieved by using gomutra haritaki and pippali siddha milk.

Shothari loha vati helped to treat the anaemia and shotha (edema). Punarnavadi kwath with gomutra was very very effective to treat hepatomegaly and ascities. It also increased urine output of the patient.

Pippalisiddh milk was the main food for patient, poor digestive system could digest only this milk. It is also effective medicine for jalodar and shotha according to Sushruta. Mutton soup and mudga yush were also nutritious for patient. Dadim juice was also advised to have. Patient was observed for weight, abdominal girth, urine output, Hb% time to time. In this way patient was cured completely.

Refrences

1.

"ROGAH SAREVE API MANDEGNAU SUTARAM UDARANI TU //

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4. Sharangadhar samhita (purva khand-kwath parakaran-77,78.) page no. 204, 4th edition. shri baidyanath prakashan.

5. Ayurved sar sangraha (shothari loha vati) page no. 508, 10th edition. Shr baidyanath prakashan.

7. Charak chikitsa -12

8.Sushrut uttar tantra

9. Davidson's Principles And Practice Of Medicines – 18th Edition page no. 698 to 700.

10. P. J. Mehta's – Practical Medicine – 15th Edition Page No. 56, 57.

11.API Medicine- page no. 603, 5th edition.