Critical analysis of *Jalodara* (Ascites) - A Review

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**ABSTRACT**

Ascites is a gastroenterological term for an accumulation of fluid in the peritoneal cavity that exceeds 25ml. Ascitic fluid can accumulate as a transudate or an exudate, this is secondary diseases to such as portal hypertension, spontaneous bacterial peritonitis and liver cirrhosis. Hence it is considered as one of the leading cause of death in the developing countries. Here Ascites has been understood as *Jalodara*. *Udara* is manifested because of *Rasa* *Dhatu* portion which gets extravasated from *Kosta*, *Grahanyadi* gets collected in *Udara* being influenced by *Prakupita Vata* the disease is called as *Jalodara*. For *Dosha* *Nirharana Nitya Virechana*, and other oral Ayurvedic medications are used as a mode of treatment. This paper throws an insight to the understanding and management of Ascites under the heading of *Jalodara* and also highlights the role of *Nitya Virechana* in the management of *Jalodara*.

**Key words:** Ascites, Jalodara, Nitya Virechana.

**INTRODUCTION**

Abdominal swelling is the manifestation of numerous diseases. Patient may complains of blotting or abdominal fullness and may note increasing abdominal girth on the basis of increased clothing or belt size.

This abdominal swelling can be because of 5F. They are Fat, Fetus, Flatus, Fluid, Feces. Among these fluid within the abdominal cavity or ascites often results in abdominal distention and is discussed below. Ascites is a gastroenterological term for an accumulation of fluid in the peritoneal cavity that exceeds 25 mL.¹

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**Types of Ascites**

Ascites exists in three grades²

a. Grade 1: mild, only visible on ultrasound and CT

b. Grade 2: detectable with flank bulging and shifting dullness

c. Grade 3: directly visible, confirmed with the fluid wave/thrill test

**Pathogenesis of Ascites**

Ascitic fluid can accumulate as a transudate or an exudate. Transudates are a result of increased pressure in the hepatic portal vein (>8 mmHg, usually around 20 mmHg), e.g. due to cirrhosis, Transudates have low protein (<30 g/L), low LDH, high pH, normal glucose and fewer than 1 white cell per 1000 mm.³ While exudates are actively secreted fluid due to inflammation or malignancy. As a result, exudates are high in protein, high in lactate dehydrogenase, have a low pH (<7.30), a low glucose level, and more white blood cells. Clinically, the most useful measure is the difference between ascitic and serum albumin concentrations. A difference of less than 1 g/dl (10 g/l) implies an exudate.³
Management of Ascites

1. Limiting the amount of sodium intake that’s 2gm/day in ones diet.
2. Oral diuretics typically the combination of spironolactone and furosemide.
3. Paracentesis

Ayurvedic understanding of Ascites

Ascites can be taken in Ayurveda under the broad spectrum of Udara. Udara is a disease in Ayurveda where there is characteristic swelling in the Udara Pradesha and in Ayurveda classic its been told as Ekangashotha. Among Tridosha the Prakupta Vata takes Ashraya in Udara between Twak and Mamsa leading to Shotha this Vikrithi being termed as Udara. Hence Vata is one of the prime causative factor in the manifestation of Udara. Along with the Prakupta Vata, Agni which is Manda also causes Udara. Hence there are multiple factors involved in the causation of Udara. In other terms Udara is manifested because of Rasa Dhatu portion which gets extravasated from Kosta, Grahanyadi gets collected in Udara being influenced by Prakupta Vata the disease is called as Jalodara.

Analysis of Samprapti of Jalodara

Mandagni along with Nidana Sevana leads to occurrence of Ajirna causing Dosha Sanchaya and leading to Dushti of Pranavayu, Apanavayu and Agni, causing Avarodha to Urdhwa and Adhomarga, further Doshas reaches the inter space between Twak and Mamsa of Udara causing Kukshir Admapayan Bhrusham leading to the manifestation of Jalodara.

Dosha Dushya Vivechana in Jalodara

- **Dosha**: Tridosha - Prana, Agni, Apana
- **Dooshya**: Rasa, Udaka, Sweda
- **Agni**: Jataragni, Dhatwagi
- **Ama**: Jataragni Mandajany, Dhatwagni Mandajanya
- **Srotas**: Rasa, Sweda, Ambu

- **Srotodusti**: Sanga, Vimargagamana
- **Udbhavasthana**: Amashaya
- **Sancharasthana**: Udara, Twakmamsanthara
- **Adhistana**: Udara
- **Roga Marga**: Abhyanthara, Bahya

Types of Udara

1. Vatodara
2. Pittodara
3. Kaphodara
4. Sannipathodara
5. Chidrodara
6. Yakruthodara/Plihodara
7. Baddhagudodara
8. Jalodara

Analysis of Jalodara

**Nidana**

Adhika Jala Sevana by a Krusha person after Snehapana, Tikshna, Ushnaahara Sevana.

**Purvarupa**

Padashotha, disappearance of the wrinkles over abdomen.

**Avasthas of Jalodara**

1. Ajathodakavastha
2. Picchotpatthi
3. Jathodakavastha

**Ajathodakavastha**


**Picchotpatthi**

**Dosha**: Swasthanath Apavrutha Paripakath
**Dravi Bhoothath:** Srothamsi Upakledayati Sveda - Bahya, Srotoprathihata.

**Avatishta in Tiryakgatamarga:** Accumulates Pichodaka in Udara.

**Jathodakavastha**

Annadwesha, Pipasa, Gudasrava, Sula, Shwasa, Kasa, Durbalata, appearance of different kind of Sira over abdomen.

Other symptoms: Udara Kshobha

On Pariksha: Udarasparsha will be similar to that of pot containing a water.\[9\]

**Sadhyasadhhyatha**

- Ajathodaka Avastha which is Achirotpanna, Anupadrava, Anudakaprapthi is Sadhya.
- Jalodara with Upadrava is Asadhya.
- If the person is Balavan, Jatambunavotthitham is Yathnena Sadhya.\[10\]

**Analysis of Jalodara Chikitsa**

- Nidana Parivarjana
- Correcting Agni
- Sroto Shodhana

**Apyam Doshaharanam:** Removing the fluid accumulated, without harming the Bala of the Rogi.

- Restoring the Agni by expelling Bahu Doshavastha by means of Stoka Stoka Nirharanam and preventing further accumulation.
- Nitymeva Udaranam Samprapthi Prapnothi = Nitya Virechana.\[11\]

**Correcting Agni**

Above Nidanas leads to Jatharagni and Dhatwagnimandya. Hence Mandagni is considered as the prime factor in the manifestation of Udara. Hence correction of Agni has to be done with the Vatulanomana Dravyas like Vaishwanarachurna, Hingvastakachurna, Triphala Churna and Haritaki with Gomutra does Deepana, Pachana and further supports Samprapthi Vighatana.

**Sroto Shodhana and Apyam Dosa Haranam**

Since Srotsosanga occurs in Udara, it is necessary to go for Sroto Shodhana in order to remove the obstruction by using Teekshna, Ushna, Kshara Aushadhis. Simultaneously there will be removal of Apya Dosa by means of Mutra Yukta Teekshna Ksharadi Aushadhis. Abaddha Asthira Kaptha Samurchana with Udaka gets broken by Rooksha Teekshna Ushna Gunas of Mutra and enhances Agni.

**Nitya Virechana**

Restoring the Agni by expelling Bahudoshavastha by means of Stoka Stoka Nirharanam and preventing further accumulation. This can be done by administering Nityavirechana.

**Indication of Nitya Virechana**

**Durbaloapi Mahadosha** - Patient who are weak in whom there is excessive accumulation of Dosha.

Dosha Atimathra Upachayath - If the Doshas are in morbid state.

**Margavarodhath** - When morbid Doshas causes the obstruction to the channels.

**Drugs used**

- Eranda Taila with Gomutra
- Eranda Taila with Godugdha
- Mahishamutra or Gomutra Prayoga
- Gomutrahareethaki Prayoga : For Shesha Dosa Nirharanartham
- Katuki Churna
- Ksheera Prayoga
CONCLUSION

Concept of Jalodara can be understood as a pathology occurring at 3 stages, last is Jatodakavastha. Agnimandya, Srotoavarodha are considered as one such causes leading to the accumulation of fluid in Udarapradesha. This can be considered as disease called Ascites. The Ayurvedic management of Jalodara mainly focuses upon Nidana Parivarjana, correcting Agni, Sroto Shodhana and Nitya Virechana.

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