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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 grades^[2]

- Grade 1: mild, only visible on ultrasound and CT
- Grade 2: detectable with flank bulging and shifting dullness
- 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^[4]

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 *Ekgangashotha*. Among *Tridosha* the *Prakupita 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*.^[5]

Along with the *Prakupita 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 *Prakupita 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*.^[6]

Dosha Dushya Vivechana in Jalodara

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

- **Srotodusti:** *Sanga, Vimargagama*
- **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*^[7]

Analysis of Jalodara**Nidana**

Adhika Jala Sevana by a *Krusha* person after *Snehapana, Tikshna, Ushnaahara Sevana*.^[8]

Purvarupa

Padashotha, disappearance of the wrinkles over abdomen.

Avasthas of Jalodara

1. *Ajathodakaavastha*
2. *Picchotpatthi*
3. *Jathodakavastha*

Ajathodakavastha

Ishath Shotha, Arunabhasa, Shashbda Sirajala Gavakshitham, Sada Gudagudayascha Nabhi Vistambhaya, Alpa Mutra Pravrutthihi.

Shula in Nabhi, Hruth, Vankshana, Kati, Guda, Karkashe Srujatho Vatam, Na Ati Mande Paavake, Na Asya Vairasya, Vayotu Vegam Krutwa Pranashyathi.

Picchotpatthi

Dosha: *Swasthanath Apavrutha Paripakath*

Dravi Bhoothath: *Srothamsi Upakledayati Sveda - Bahya, Srotoprathihata.*

Avatishta in Tiryakgamarga: Accumulates Pichodaka in Udara.

Jathodakavastha

Annadwesa, 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]

Sadhyasadhyatha

- *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]

DISCUSSION

Nidana Parivarjana

This can occur due to indulgence in multiple causative factors, it can be poor food style such as *Ushna, Lavana, Kshara, Vidahi, Amlaahara, Viruddha, Jalasevana, Ashuchibhojana*, poor lifestyle habits such as *Vegadharana*. All these has to be avoided.

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 *Vatanulomana Dravyas* like *Vaishwanarachurna, Hingvastakachurna, Triphala Churna* and *Haritaki* with *Gomutra* does *Deepana, Pachana* and further supports *Samprapthi Vighatana*.

Sroto Shodhana and Apyam Doshaharanam

Since *Srotosanga* occurs in *Udara*, it is necessary to go for *Sroto Shodhana* in order to remove the obstruction by using *Teekshna, Ushna, Kshara Yuktha Aushadhis*. Simultaneously there will be removal of *Apya Dosh* by means of *Mutra Yukta Teekshna Ksharadi Aushadhis. Abaddha Asthira Kapha 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 Dosh 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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