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## The effect of *Gandharvahasta Sneha* with *Dashmula Kwatha* in the management of hyperammonaemia in alcoholic liver cirrhosis w.s.r. to *Dushyodara/Sannipatodara* - A Case Study

Dr. Mayur Mahadev Madake<sup>1</sup>, Dr. P. D. Londhe<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, <sup>2</sup>Associate Professor & HOD, S. C. Mutha Aryanglavaidyaka Mahavidyalaya, Satara, Maharashtra, INDIA.

### ABSTRACT

A 45yrs aged male patient presenting with *Udarvridhi* (abdominal distention), *Kshudhamandya* (decreased appetite), *Dourbalya* (gen. weakness), *Ubhaypadshoth* (bilateral pedal edema) diagnosed as *Udarvyadhi* (ascites) was brought to Dr. M. N. Agashe Charitable Hospital, Satara. 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 *Arkapattbandhan* (belt made by leaves of *Calotropis procera*). In this study we used the *Gandharvahasta Sneha* with *Dashmula Kwatha* as purgative. Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal edema, increased appetite, increased strength and significant changes in investigations.

**Key words:** Ayurveda, Udar, Ascites, Virechana, Gandharvahasta Sneha, Dashmula Kwatha, Hyperammonaemia.

### INTRODUCTION

*Charak* has described *Dushyodara* as one of the *Ashtomahagada*, so it's difficult to cure. Considering its chronicity and severity due to excessive accumulation of *Mala* and toxins, the disease become difficult to cure. The *Vatadosha* becomes dominating and affects whole body metabolism and patients become prone for having its complications including hepatic failure, hepato-renal syndrome, muscle wasting, hyper ammonia and encephalopathy.

#### Address for correspondence:

Dr. Mayur Mahadev Madake  
S. C. Mutha Aryanglavaidyaka Mahavidyalaya, Satara,  
Maharashtra, INDIA.  
E-mail: drpdlondhe4@gmail.com

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As per modern science elevation in blood ammonia may cause hepatic encephalopathy. To combat this chain of pathogenesis we have selected *Gandharvahasta Sneha* with *Dashmula Kwathkalpa*.

The major cause of liver disease are chronic and excessive alcohol consumption.

Alcoholic liver disease are of three types;

1. Alcoholic fatty liver
2. Alcoholic hepatitis
3. Alcoholic liver cirrhosis

Alcohol is a direct hepatotoxic and they will develop alcoholic hepatitis and liver disease. The disease progresses with some facility in factors such as diet, obesity, gender and drinking pattern. Cirrhosis is present up to 50% of patients and develops further complication like encephalopathy, in liver cirrhosis presence of portal hypertension contributes to development of ascites.

As the disease becomes advanced serious complications of cirrhosis occurs. In chronic liver

disease, gut derived neurotoxins that are not removed by the liver because of vascular shunting and decreases hepatic mass get to the brain.

Ammonia is produced during normal protein metabolism in the colon. Liver and striated muscle plays a major role in detoxification of ammonia. Patients with advance liver disease typically have significant muscle wasting and renal dysfunction as well. When patients present in this situation all the sings resembles with *Dushyodara* in which there are all mixed clinical features. Including abdominal distension, peripheral oedema, ascites, breathlessness, hepatic hydrothorax, malnourishment, muscle wasting, with gases accumulation and weakness.

### AIM AND OBJECTIVES

1. To study the etiopathology of *Dushyodara*.
2. To study the standardization of ingredient of *Gandharvahasta Sneha* with *Dashmula Kwatha*.
3. To study the mode of action of action of *Gandharvahasta Sneha* with *Dashmula Kwatha* by Ayurvedic point of view.
4. To study the adverse effect of *Gandharvahasta Sneha* with *Dashmula Kwatha* if any.

### CASE REPORT

The present case study is successful Ayurvedic management of hyperammonemia in the patients of alcoholic liver cirrhosis.

A 45yr old patient came with

#### Complaints of

Udarvridhi

Kshudhamandya

Dourbalya

Ubhaypadshotha

Aayesen Shwasa, since 2-3 month

H/O - Typhoid fever, Jaundice.

No H/O any major illness

Sx H/O - Appendectomy

Addiction - Smoking; tobacco chewing, alcohol consumption from 22 yrs.

#### On Examination

- *Nadi* (Pulse) - 78/min
- *Mala* (Stool) - *Asamyakpravrutti, Malavshambha* (occasional)
- *Mutra*(Urine) - *Samyakpravrutti, Peetavarni*
- *Jivha*(Tongue) - *Sama*
- *Kshudha* - *Mandya*
- *Nidra* - *Khandita*
- *Ura* - B/L Air entry decreased
- *Udara* - 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, Bipedal pitting edema present.
- *Bala* - *Alpa*
- *Akruti* - *Krusha*
- *Twak* - *Ruksha*
- *B.P.* - 110/70 mm of Hg

#### Investigations

1. Serum Ammonia (NH<sub>3</sub>)
2. LFT's
3. KFT's
4. CBC
5. Urine - Routine and Microscopic
6. USG - Abdomen and Pelvis

### MATERIAL AND METHODS

In the present study, a single patient of symptoms of Alcoholic liver Cirrhosis selected from *Dr. M.N. Agashe Charitable Hospital, Satara*.

**Details of Gandharvahasta Sneha with Dashmula Kwatha**

SN	Drug	Latin Name	Part used	Quantity
1.	<i>Erand</i>	<i>Ricinus communis</i> Linn.	<i>Sneha</i>	20 ml
2.	<i>Bilva</i>	<i>Aegle marmelos</i>	<i>Mula</i>	1 Part
3.	<i>Agnimanth</i>	<i>Premna mukrunata</i>	<i>Mulatwaka</i>	1 part
4.	<i>Shonyak</i>	<i>Oroxylum indicum</i>	<i>Mulatwaka</i>	1 part
5.	<i>Kashmari</i>	<i>Gmelina arborea</i>	<i>Mula</i>	1 part
6.	<i>Patala</i>	<i>Stereospermum sauveolens</i>	<i>Mulatwaka</i>	1 part
7.	<i>Prushniparni</i>	<i>Uraria picta</i>	<i>Mula</i>	1 part
8.	<i>Shaliparni</i>	<i>Desmodium gangeticum</i>	<i>Mula</i>	1 part
9.	<i>Bruhati</i>	<i>Solanum indicum</i>	<i>Mula</i>	1 part
10.	<i>Gokshura</i>	<i>Tribulus terrestris</i>	<i>Mula</i>	1 part
11.	<i>Kantkari</i>	<i>Solanum suratense</i>	<i>Mula</i>	1 part

**Method of preparation of Gandharvahasta Sneha with Dashmula Kwatha**

- Take 20 ml *Gandharvahasta Sneha*.
- The useful part of *Bilva*, *Agnimantha*, *Shyonyak*, *Kashmari*, *Patala*, *Prushniparni*, *Shaliparni*, *Bruhati*, *Gokshura*, *Kantakari* will be taken in same quantity and 60 parts of water added in it.
- Allow the herbs to completely get soaked in water for 1 to 2 hrs. Start boiling the mixture in wide mouth container in a mild fire. Keep on stirring

the contents with a ladle, boil the kwath till it reduces to 1/4<sup>th</sup> quantity.

- After preparation of *Dashmula Kwath* add *Gandharvahasta Sneha* 20 ml.

**Details of Drug administration**

Drug	<i>Gandharvahasta Sneha with Dashmula Kwatha</i>
Form of drug	<i>Sneha / Kwatha</i>
Dose	20 ml/20 ml (At 7.00 AM)
<i>Anupana</i>	-
<i>Sevana Kala</i>	<i>Abhakta</i> (onces in a day)
Duration	7 days
<i>Ahara</i> (Diet)	As per <i>Pathyakara Ahara</i> mentioned in Ayurvedic texts.
<i>Vihara</i>	As per <i>Pathyakara Vihara</i> mentioned in Ayurvedic texts. Use of appropriate masks

**OBSERVATION**

In the patient of Alcoholic Liver Cirrhosis (*Dushyodara/Sannipatodara*) having the symptoms like hyperamonaemia and jaundice are observed. In this single case study after the intake of *Gandharvahasta Sneha with Dashmula Kwatha* we see the changes regarding the Ammonia and Serum bilirubin before and after the treatment.

It is observed that, the *Gandharvahasta Sneha with Dashmula Kwatha* is effective in the management of Hyperamonaemia in alcoholic liver cirrhosis w.s.r. to *Dushyodara/Sannipatodara*.

Test	Before Treatment	After Treatment
Total Bilirubin	11.7 mg/dl	2.4 mg/dl
Direct Bilirubin	7.50 mg/dl	1.2 mg/dl

Indirect Bilirubin	4.20 mg/dl	0.8 mg/dl
Serum Ammonia	246 Ug/dl	74 Ug/dl

## DISCUSSION

According to *Ayurveda* treatment of *Udara* is *Nityavirechana* (purgative). The *Eranda* in the form of *Gandharvahasta Sneha* is very useful as a purgative. Appreciable results were observed in the form of reduction in abdominal girth, decreased pedal oedema, increased appetite and increased strength.

Also the parameters like increased serum ammonia (NH<sub>3</sub>) and Serum bilirubin levels are also goes on lower side after the intake of *Gandharvahasta Sneha* with *Dashmula Kwatha*. That is one of the sign of good health.

*Chikitsa Sidhantha* for *Udarvyadhi* is '*Nityamev Virechayet*'. *Virechana* checks improper *Jatharagni* and *Dhatvagni*, after *Virechana*, *Jatharagni* and *Dhatvagni* increases. It has laxative action which helps to eliminate toxins out of the body, which is caused due to chronic constipation in ascites. It possesses Cholagogue, hepatoprotective and liver stimulant action. Therefore it is useful in generalised oedema and ascites as it has laxative and diuretic action which helps to excrete excess fluid outof body.

## CONCLUSION

Thus, *Gandharvahasta Sneha* with *Dashmula Kwatha* is effective in the management of Hyperamonaemia in alcoholic liver cirrhosis w.s.r. to *Dushyodara / Sannipatodara*.

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