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Case Report

Management of Jalodara (Ascites) through Ayurvedic Intervention – A Case Report

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ABSTRACT

Jalodara, described in Ayurveda as abnormal accumulation of fluid within the peritoneal cavity, corresponds clinically with ascites. Owing to its chronicity and severity, it is classified among Ashtamahagada and considered Krichrasadhya. Management remains challenging due to poor prognosis and recurrent fluid accumulation.

A 45-year-old male diagnosed with ascites secondary to chronic liver disease presented with abdominal distension, jaundice, and pedal oedema. Ayurvedic Shamana Chikitsa along with dietary regulation was administered for two months. Significant reduction in abdominal girth, improvement in oedema, and better liver function parameters were observed.

This case highlights the role of Ayurvedic interventions in improving symptoms and quality of life in patients suffering from Jalodara.

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INTRODUCTION

Jalodara is a complex clinical condition characterised by fluid accumulation in the abdominal cavity. Classical Ayurvedic texts, including works of Acharya Sushruta and Vagbhata, describe it under Udara Roga and classify it among serious diseases due to its progressive nature.

Modern medicine correlates ascites predominantly with chronic liver disease and portal hypertension. Ayurveda emphasises the correction of Agni, removal of Srotorodha, and pacification of vitiated Doshas. The present case report

demonstrates the effectiveness of an Ayurvedic management protocol in a patient suffering from Jalodara.

Case Presentation

Parameter	Details
Name	Sanjeeva
Age	45 years
Gender	Male
Religion	Hindu

Occupation	Fisherman
Marital Status	Married
Residence	Kazhakkuttam
Date of Admission	17-08-2023
Date of Discharge	24-08-2023

Chief Complaints

Abdominal distension – 20 days
 Yellowish discolouration of sclera – 4 months
 Bilateral pedal oedema – 1 month
 Associated Complaints
 Fever with chills and occasional vomiting.

History of Present Illness

The patient was asymptomatic until four months prior to admission when he developed progressive weakness, anorexia, and evening rise of temperature. Gradually, yellow discoloration of sclera, nails, and urine appeared. He initially sought treatment from a local practitioner with temporary relief.

Two weeks later, he experienced nausea, vomiting, and pricking abdominal pain localised to the right hypochondrium. Pain worsened during walking and lying on the right side and aggravated approximately one hour after food intake. Subsequently, abdominal distension and bilateral pitting pedal oedema developed, along with weight loss of 5–6 kg.

Past History

No history of diabetes mellitus, hypertension, or major surgical procedures.

Personal History

Appetite: Reduced

Diet: Mixed

Alcohol consumption: Approximately 180 ml/day for 20 years

Tobacco chewing: 15 years

Bowel habits: Constipation with dark stools

Micturition: Yellowish-brown urine

Sleep: Disturbed

General Examination

Height: 163 cm

Weight: 66 kg

Built & Nourishment: Moderate

Pallor: Present

Scleral icterus: Present

Tongue: Coated

Vital Signs:

Temperature: 100°F

Pulse: 84/min

Respiratory Rate: 18/min

Blood Pressure: 110/80 mmHg

Systemic Examination

Respiratory System

The chest is bilaterally symmetrical with vesicular breathing.

Cardiovascular System

Normal S1 and S2; no added sounds.

Gastrointestinal System

Globular, distended abdomen

Visible veins in the right lumbar region

Positive shifting dullness and fluid thrill

Tenderness in the right hypochondrium

Umbilicus transversely stretched

Central Nervous System

Conscious, oriented, normal higher mental functions.

Parameter	Findings
Prakriti	Pitta–Kapha
Vikriti	Tridosha Vaikruta
Agni	Manda
Koshta	Mridu
Nadi	Kapha–Pitta
Mutra	Reduced
Mala	Irregular
Jihwa	Lepana present

Total Bilirubin: 14.4 mg/dl

SGOT: 129 U/L

SGPT: 70 U/L

Albumin: 3.3 g/dl

USG Abdomen: Liver cirrhosis with splenomegaly, ascites, portal hypertension.

Differential Diagnosis

Congestive cardiac failure

Hepatocellular carcinoma

Nephrotic syndrome

Tubercular ascites

Diagnosis

Yakritodara Janya Jalodara

Alcoholic liver cirrhosis with ascites and portal hypertension.

Treatment Protocol

Medications

Arogyavardhini Vati – 1 tablet thrice daily

Liv-52 – 1 tablet thrice daily

Punarnava Mandoora – 1 tablet thrice daily

Kumaryasava – 4 teaspoons daily

Punarnavadi Kashaya – 15 ml twice daily before food

Pathya-Apathya

Recommended: Mudga yusha, purana shali, buttermilk, vegetables, green gram.

Avoided: Alcohol, oily and spicy food, excess salt, sweets, junk food, and daytime sleep.

Follow-Up and Outcome

The patient was reviewed every 15 days for 45 days.

Parameter	Before Treatment	After Treatment
Abdominal girth	100 cm	84 cm
Weight	66 kg	60 kg
Pedal oedema	Present	Absent
Appetite	Poor	Improved
Breathlessness	Present	Absent

DISCUSSION

According to Ayurveda, Mandagni and Srotorodha result in the accumulation of Kleda within the abdominal region, leading to vitiation of Tridosha and manifestation of Jalodara. Punarnava exhibits Shothahara and Mutrala properties, assisting in reduction of fluid accumulation. Arogyavardhini Vati and Liv-52 support hepatic metabolism, while Kumaryasava enhances digestion. Punarnava Mandoora aids in managing oedema and improving liver function.

CONCLUSION

Jalodara is traditionally described as a difficult-to-manage condition; however, this case demonstrates that Ayurvedic management can significantly reduce symptoms and improve quality of life. Integrated therapeutic strategies focusing on Agni Deepana, Shothahara, and Mutrala actions appear beneficial in chronic liver disease with ascites.

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