



Review Article

A REVIEW ON THE SIGNIFICANCE OF *NITYA VIRECHANA* IN THE MANAGEMENT OF *JALODARA* (ASCITES)

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ABSTRACT

Jalodara is a type of *Udara roga*. It is such type of a disease which is difficult to cure. Its occurrence is increasing day by day in our society. In *Jalodara*, there is accumulation of fluid in between *Tvak* and *Mamsa* of *Udara pradesha* (abdomen). As a result, there is distension of abdomen. Its main causes are *Mandagni*, *Srota avarodha* and *Apa dosha* etc. Here vitiated *Kapha* and *Vata* are mainly involved. In this disease accumulated *Doshas* are mainly obstruct the *Swedavaha* and *Ambuvaha srotas*. It has three stages which are *Ajatodakavastha*, *Picchavastha* and *Jatodakavastha*. *Jalodara* in its *Jatodakavastha* is incurable. It can be correlated with Ascites based on its clinical features. Ascites is the abnormal accumulation of free fluid in the peritoneal cavity. Its most common cause is portal hypertension related to hepatic cirrhosis. Ascites is asymptomatic when there is small accumulation of fluid in peritoneal cavity. But when there is larger accumulation of fluid (> 1 lit), it shows symptoms. In this article, Ayurvedic treatment principles for *Jalodara* have been discussed in details. These include *Nidan parivarjana*, *Nitya virechana*, therapies which remove the defects of liquid elements (*Apam doshaharanam*), *Dipana* and *Shastra karma* (abdominal tapping). This article is mainly based on the review of the significance of *Nitya virechana* in the management of *Jalodara* (Ascites).

KEYWORDS: Ayurveda, *Udara roga*, *Jalodara*, Ascites, *Nitya virechana*.

INTRODUCTION

In Ayurveda, there is concept of *Ashta mahagada* (eight great diseases) which are dreadful and difficult to treat. *Udara roga* is accepted as one of the *Ashta mahagada*. The *Sanchita doshas* by obstructing the *Swedavaha* and *Ambuvaha srotas* and affecting *Prana vayu*, *Agni* and *Apana vayu*, produce the *Udara roga*.^[1] It is characterised by abnormal distension or enlargement of abdomen. There are eight types of *Udara roga*. *Jalodara* is one among them. *Udakodara* and *Dakodara* are its synonyms. In *Jalodara*, there is accumulation of fluid in between *Tvak* and *Mamsa* of *Udara pradesha* (abdomen).^[2] Due to this, there is abnormal increase in abdominal girth of the patient. It is of two types – *Swatantra Jalodara* (which occurs independently) and *Paratantra Jalodara* (which arises as a complication of other diseases).^[3] It can be correlated with Ascites due to similarity in their clinical features. The term 'Ascites' is derived from Greek word 'Askites' meaning 'bag like'. It is the abnormal accumulation of free fluid in the peritoneal cavity. Technically, it is more than 25ml of fluid in the peritoneal cavity, although volumes greater than 1 lit may occur.^[4]

The main lines of treatment for *Jalodara* are *Nidana parivarjana* (avoidance of etiological factors), *Shodhana chikitsa* (purificatory therapy), *Shamana chikitsa* (Palliative therapy) and *Shastra karma* (Surgical measure). Proper *Pathya-Apathya* should also be followed along with these treatments. *Nitya virechana* has been described as one of the most effective *Shodhana* therapies in the management of *Jalodara*.

AIMS AND OBJECTIVES

1. To discuss about *Jalodara* (Ascites) in details.
2. To evaluate the significance of *Nitya virechana* in the management of *Jalodara* (Ascites).

MATERIALS AND METHODS

As the present study is a review article, different Ayurvedic texts, modern books, published research papers and available materials on internet have been reviewed for this article.

Concept of *Jalodara* (Ascites)

Etiopathogenesis of *Jalodara*

As per Acharya Caraka- If there is *Atyambupana* (excessive intake of water) in the conditions like

Snehapitasya (after administration of oleation therapy) or *Mandagni* (suppressed power of digestion) or *Kshinasya atikrishasya* (cachexia or excessive emaciation) then *Agni* loses its power. As a result of this, *Vayu* located in *Kloma* (a visceral organ located adjacent to the heart, i.e. right lungs) gets interrupted with *Kapha* and *Udaka dhatu* (a liquid element of the body) increases the quantity of water in the obstructed channels of circulation. Both vitiated *Kapha* and *Vayu* displace this water from its place and cause its accumulation into the abdomen, due to which *Udakodara* is caused.^[5]

As per Acharya Sushruta- The person who is undergoing therapies such as *Sneha pana* (Oleation), *Anuvasana* (Oil enema), *Vamana* (Emesis), *Virechana* (Purgation) or *Niruha* (Decoction enema), if he drinks cold water immediately, then channels of water become smeared with fatty materials and give rise to *Dakodara*.^[6]

Signs and symptoms of *Jalodara*^[7-9]

- I. *Aruchi* (Anorexia), *Pipasa* (morbid thirst), *Guda srava* (discharge from the rectum), *Shula* (colic pain), *Swasa* (dyspnoea), *Kasa* (cough) and *Daurbalya* (general weakness).
- II. The abdomen is *Snigdha* (unctuous), *Mahat* (big) and *Sthira* (static). There is presence of *Vritta nabhi* (bulging umbilicus).
- III. *Udaram nanavarna raji sira santatam*— appearance of network of veins having different colour over the abdomen.
- IV. *Udaka purna driti kshobha samsparsa*— in percussion and palpation, the physician feel as if the abdomen is a leather bag filled with water.

Stages of *Jalodara*

There are three *Avasthas* (stages) of *Jalodara* which are as follows ^[10]

- I. *Ajatodakavastha* (Accumulation of water does not take place in the abdomen in this stage)
- II. *Picchavastha* (Accumulation of *Piccha* i.e., sticky liquid takes place in the abdomen in this stage)
- III. *Jatodakavastha* (Accumulation of water takes place in the abdomen in this stage)

These three stages are the progressive conditions of *Srota avarodha* in *Jalodara*.

Prognosis of *Jalodara*

- I. All varieties of *Udara roga* are considered as *Kriccha sadhya* (difficult to cure) right from their origin. But it can be cured with proper care soon after its origin when patient is strong and water has not started accumulating in abdomen.^[11]
- II. *Jalodara* in its *Jatodaka* stage is *Asadhya* (incurable) right from its origin.^[12]
- III. *Jalodara* with complications is also *Asadhya* (incurable).

Treatment principles for *Jalodara*

- I. *Nidan parivarjana* (Avoidance of etiological factors)
- II. *Nitya virechana* – Patient of *Jalodara* should be given purgation therapy everyday.^[13]
- III. *Apam doshaharanyadau praddhyat udakodare* – At first the patient of *Jalodara* should be administered therapies which remove the defects of the liquid elements. For this purpose, patient should be given drugs having *Tikshna* properties and different types of *Kshara* mixed with *Gomutra*. Patient should be given *Dipaniya* (digestive stimulant) and *Kaphaghna ahara*. Gradually, the patient should be prohibited to take water and such other liquids.^[14]
- IV. *Takra* (butter milk) mixed with *Trikatuurna* is beneficial in *Jalodara*.^[15]
- V. *Shastra karma* (Abdominal tapping)–The physician should puncture the left side of the abdomen below the umbilicus with the help of *Vrihimukha shastra*. After that fluid should be drained out with the help of *Nadi yantra*. After draining the fluid, abdomen should be tied tightly with the help of a cloth bandage.^[16]
- VI. Diet regimen after abdominal tapping^[17]– Patient should be made to fast after abdominal tapping then he should take *Peya* (thin gruel) without adding *Sneha* (fat) and *Lavana* (salt). Thereafter, he should take following diet for one year.
 - For first six months – Milk diet.
 - For next three months – *Peya* + milk.
 - For last three months – Cereals like *Shyamaka* or *Kordusha* along with milk.

These are light for digestion and no salt should be given during this period.

Jalodara can be correlated with Ascites due to similarity in their clinical features. Ascites is the abnormal accumulation of free fluid in the peritoneal cavity. Common causes of Ascites are hepatic cirrhosis, cardiac failure and malignant disease (hepatic and peritoneal). Its other causes are hypoproteinaemia (Nephrotic syndrome), hepatic venous occlusion (Budd-chiari syndrome, veno-occlusive disease), pancreatitis, lymphatic obstruction and infection like tuberculosis. It's rare causes are Meigs' syndrome and hypothyroidism.^[18]

Ascites is asymptomatic when there is small accumulation of fluid in peritoneal cavity. On the other hand with larger accumulation of fluid (> 1 lit), it is manifested with abdominal distension, fullness in the flanks, shifting dullness on percussion and fluid thrill. Other features include eversion of umbilicus, hernia and abdominal striae etc. Dilated superficial abdominal veins may be appeared if it is occurred due to portal hypertension.^[18] If ascitic fluid is

massive patient will develop shortness of breath. Patients with massive ascites are often malnourished and have muscle wasting.^[19]

Its treatment includes sodium and water restriction, administration of diuretics, paracentesis, insertion of peritoneo-venous shunt and TIPS (Transjugular intrahepatic portosystemic shunt).^[18] If ascites does not respond to treatment then liver transplant may be recommended.^[20]

Concept of Nitya virechana

The term 'Nitya virechana' is made up of two words 'Nitya' and 'Virechana'.

- **Derivation of Nitya:** The word 'Nitya' is derived from - Ni (*upasarga*) + Avyayat (*dhatu*) + Tyap (*pratyay*). 'Ni' *upasarga* along with 'Avyayat' *dhatu* and 'Tyap' *pratyaya* give the meaning 'Nirantara kriya'.^[21]
- **Derivation of Virechana:** The word 'Virechana' is derived from - Vi (*upasarga*) + Rich (*dhatu*) + Lyut (*pratyay*). 'Vi' *upasarga* along with 'Rich' *dhatu* and 'Lyut' *pratyaya* give the meaning 'Visheshena rechayati iti'.^[22]
- **Definition of Virechana (Purgation therapy):** The process of expelling out *Doshas* through downward tract (anus) is called *Virechana*.^[23]
- **Definition of Nitya virechana:** It can be defined as a type of *Virechana karma* which is done to eliminate the excessively aggravated *Doshas* (*Bahu dosha*) in small quantity (*Stoka stoka dosha nirharana*) in *Alpa bala rogi* on daily basis by administering *Mridu virechaka aushadha*.^[24]

Application of Nitya virechana in Jalodara

In *Jalodara*, there are *Dosha atimatra upachayat* (excessive accumulation of *Doshas*) and *Srotomarga nirodhanat* (obstruction to the opening of *srota*). That's why, the patient of *Jalodara* should be given purgation therapy everyday (*Nityameva virechayet*).^[25] For this purpose following medicines are administered^[26].

- Eranda taila* (castor oil) mixed with cow's urine or cow's milk should be given daily for one or two month(s).
- Mahisha mutra* (buffalo's urine) mixed with milk for seven days.
- Gomutra haritaki prayoga*.

When body is cleansed by the help of *Virechana* then *Samsarjana karma* should be followed. Thereafter, the patient should be given to drink milk for the promotion of his strength. Drinking of milk should be stopped when *Utklesha* (nausea) has started to develop. That means when patient has regained his strength then milk should be stopped.^[27]

DISCUSSION

In *Jalodara*, there is distension of abdomen due to accumulation of fluid. So, such type of treatment should be adopted which removes the accumulated fluid from the body and prevent further accumulation of fluid in the abdomen. Ayurveda has described the management of *Jalodara* in details. In this article all these treatment principles have been discussed. These include *Nidan parivarjana*, *Nitya virechana*, therapies which remove the defects of liquid elements (*Apam doshaharanam*), *Dipana* and *Shashtra karma* (abdominal tapping). Among all these treatment principles, *Nitya virechana* has been discussed in details. *Nitya virechana* is a type of *Virechana karma* which can be used on regular basis. It helps to remove the accumulated *Doshas* from the body of *Jalodara rogi*. On the other hand it also removes the *Srota avarodha* which is one of the important causes for the accumulation of fluid. Thus all the above mentioned treatment principles help to remove the accumulated fluid from the body. Somehow, also prevent the further accumulation of fluid in the abdomen.

Proper *Pathya-apathya* should also be followed along with above mentioned treatment. *Takra* (butter milk) and *Kshira* (milk) are very beneficial for *Jalodara rogi*. In *Jalodara*, *takra* mixed with *Trikatuurna* should be given.^[15] After the body is cleansed of impurities and it has become emaciated then cow's milk, goat's milk, and buffalo's milk are very useful.^[28] All the eight types of *Mutra* (urine) should be used for *Seka* (sprinkling over the abdomen) and *Pana* (drinking) in *Udara roga*.^[29] Salt and water restricted diet should be given to the patient of *Jalodara*.

CONCLUSION

Jalodara is one among the eight types of *Udara roga*. It is mainly manifested by distension of abdomen due to accumulation of fluid. It can be managed by proper treatment in its initial stage. But in *Jatodaka avastha*, it becomes incurable. The main lines of treatment for *Jalodara* are *Nidana parivarjana* (avoidance of etiological factors), *Shodhana chikitsa* (Purificatory therapy), *Shamana chikitsa* (Palliative therapy) and *Shashtra karma* (Surgical measure). *Niranna*, *Nirjala* and *Nirlavana chikitsa* are proved to be very beneficial for this disease. *Nitya virechana* is one of the most effective *Shodhana* therapies for *Jalodara*. It helps to remove the accumulated *Doshas* from the body and also helps in *Srota shodhana*. Hence, *Nitya virechana* is very significant in the management of *Jalodara* (Ascites).

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